

# Title X Policy Templates

## Purpose

Title X recipients, i.e., direct grantees of funds from OPA, are required to have written policies
in accordance with [Title X statutes and regulations](https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/statutes-and-regulations/index.html). This package of policy templates provides
a foundational structure toward being in compliance with expectations of the Title X Program. These templates do not include policies that an individual Title X agency may require above and beyond the expectations presented in the Title X Handbook. Recipients are meant to tailor the following policy templates to their specific needs. For example, policies should:

* be modified to include the agency’s logo
* reflect the agency’s own practices
* be responsive to the cultural needs of the populations served by the agency

Recipients who contract with subrecipient agencies to deliver Title X services may find it
helpful to provide them with templates, ensuring that they also meet the expectations of
the Title X Program.

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U.S. Government.*

*Updated March 2023*

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## Project Administration

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #1, #2, #3: Non-Coercive Services

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that projects provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning (42 CFR § 59.5(a)(2)); ensure that acceptance of services is solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient (Sections 1001 and 1007, PHS Act; 42 CFR § 59.5(a)(2)); and ensure that staff are informed that any officer or employee of the United States, officer or employee of any State, political subdivision of a State, or another entity, which administers or supervises the administration of any program receiving federal financial assistance, or person who receives, under any program receiving federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal financial assistance shall be fined not more than $1,000 or imprisoned for not more than one year, or both. (42 U.S.C. § 300a-8, as set out in 42 CFR § 59.5(a)(2) footnote 1)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Non-Coercive Services** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Program Administration #1, #2, and #3 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=16>)Sections 1001 and 1007, Public Health Service (PHS) Act (<https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf>)2021 Title X Final Rule (42 CFR § 59.5(a)(2)) (<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>) |
| **Additional Resources** | Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) Appendix C (pages 45–46) [2014][(https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning)](https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning%29) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Services are provided without subjecting individuals to any coercion to accept services or to employ, or not to employ, any particular methods of family planning.
* General consent forms 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.
* Services are not made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient.
* Staff are informed that any officer or employee of the United States, officer or employee of any state, political subdivision of a state, or any other entity, which administers or supervises the administration of any program receiving federal financial assistance, or person who receives, under any program receiving federal assistance, compensation
for services, who coerces or endeavors to coerce any person to undergo an abortion
or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal financial assistance shall be fined not more than $1,000 or imprisoned for not more than one year, or both.

**Procedure:** *[Agency may want to include the following]*

* Process for ensuring family planning services, including contraception, are provided on a voluntary basis.
* Process for ensuring that staff are informed during their initial orientation and again, at a minimum of once per project period, that:
	+ clients may not be coerced to use contraception, or to use any particular method(s) of contraception or services,
	+ 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, and
	+ they may be subject to prosecution if they coerce, or try to coerce, any person to undergo an abortion or sterilization procedure.
* Process for documenting that clients are informed that services are provided on a voluntary basis (such as the use of general consent forms or other documentation maintained in an electronic health record).
* Instructions for obtaining signed general consent forms from clients.
* Subcontracts for family planning services specify that administrative policies used by service sites include a written statement that services are provided on a voluntary basis.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient,
and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #4: Non-Discrimination in the Provision of Services

The purpose of this policy is to describe **(insert Agency Name)** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that services are provided in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status. (42 CFR § 59.5(a)(4))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Non-Discrimination in the Provision of Services** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, #4(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=16>) 2021 Title X Final Rule 42 CFR § 59.5(a)(4)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Services are provided through the Title X-funded project without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.

**Procedure:** *[Agency may want to include the following]*

* Process by which staff are informed of this expectation during their initial orientation and again, at a minimum of once per project period.
* Types of documentation the recipient and subrecipients maintain to demonstrate compliance with this expectation (e.g., staff circulars, orientation documentation, training curricula).
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #5: Priority Services to Low Income Families

Project Administration #5 is also covered under Financial Accountability #1 and reviewed under Financial Accountability #1 in the Program Review Tool. Therefore, this expectation is covered with a policy template under [Financial Accountability #1.](#_Title_X_Policy)

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #6: Durational Residency/Physician Referral

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that services are provided without the imposition of any durational residency requirement or that the client be referred by a physician. (42 CFR § 59.5(b)(5))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Durational Residency/Physician Referral** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Project Administration #6(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17>)2021 Title X Final Rule 42 CFR § 59.5(b)(5)([https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59%20%20.5).5) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Services are provided without the imposition of any durational residency requirement.
* Services are provided without the imposition of a requirement that the client be referred by a physician.

**Procedure:** *[Agency may want to include the following]*

* Process for ensuring staff and clients are aware that the Title X-funded project does not impose durational residency or physician referral requirements for the receipt of services.
* Instructions for documenting compliance with this expectation.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #7: Clinical Services Provider Oversight

Project Administration #7 is also covered under Provision of High-Quality Family Planning Services #10 and is reviewed under Provision of High Quality Family Planning Services #10 in the Program Review Tool. Therefore, this expectation is covered with a policy template under [Provision of High Quality Family Planning Services #10](#bookmark=id.4h042r0).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #8:Collaborative Planning & Community Engagement

Project Administration #8 is also covered under Community Education, Participation, and Engagement #1 and #2 and is reviewed under Community Education, Participation, and Engagement #1 and #2 in the Program Review Tool. Therefore, this Expectation is covered with a policy template under [Community Education, Participation, and Engagement #1 and #2](#bookmark=id.2w5ecyt).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #9: Confidentiality

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual’s documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipients must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other
than the client. (42 CFR § 59.10(a))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Confidentiality**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Project Administration #9(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17>) 2021 Title X Final Rule 42 CFR § 59.10(a)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.10>)  |
| **Additional Resources** | Health Insurance Portability and Accountability Act (HIPAA) (<https://www.hhs.gov/hipaa/index.html>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Confidentiality is safeguarded.
* Contracts with subrecipients include this expectation.
* Medical record systems have safeguards in place to ensure adequate privacy, security, and appropriate access to personal health information.
* Clients are informed of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client.
* General consent forms are provided in a confidential manner and note any limitations that may apply.
* Third-party billing is processed in a manner that does not breach client confidentiality.

**Procedure:** *[Agency may want to include the following]*

* Process by which client confidentiality is safeguarded.
* Instructions for including language regarding confidentiality expectations in subrecipient contracts.
* Process by which all staff are informed (at least once per project period) about policies related to preserving client confidentiality and privacy.
* Process for documenting that staff have been informed about policies related to preserving client confidentiality and privacy (e.g., within staff circulars, new employee orientation documentation, training curricula).
* Process for ensuring clinical protocols and policies have statements related to client confidentiality and privacy.
* Process for safeguarding client medical records to ensure adequate privacy, security, and appropriate access to personal health information.
* Process for ensuring and documenting that HIPAA privacy forms are provided to clients and signed forms are collected (as required).
* Process for ensuring general consent forms or other documentation at service sites state that services are provided in a confidential manner and note any limitations that may apply.
* Instructions for obtaining signed HIPAA privacy forms from clients (as required).
* Process for ensuring that 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 policyholder could result in interpersonal violence).
* Process for ensuring that clients are aware of their choices for confidential billing.
* Process for ensuring that clients are informed of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client.
* Process for ensuring that educational materials noting clients’ rights to confidential services are available.
* Process for assessing the physical layout of the facility to ensure it allows for client services to be provided in a manner that safeguards client confidentiality and privacy.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient,
and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration Expectation #10, #11: Accessibility and Responsiveness of Services

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with
the expectation that clinic sites develop plans and strategies for implementing family planning services in ways that make services as accessible as possible for clients. Projects should also identify and execute strategies for delivering services that are responsive to
the diverse needs of the clients and communities served. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Accessibility and Responsiveness of Services** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Project Administration #10, #11(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17>) [PA-FPH-22-001 NOFO](https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156) (<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156>) |
| **Additional Resources** | HHS Office for Civil Rights(<https://www.hhs.gov/ocr/index.html>)Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) (page 24) [2014] (<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>)Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons(<https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html>)CDC Health Literacy Resources(<https://www.cdc.gov/healthliteracy/developmaterials/testing-messages-materials.html>)45 CFR § 84—Nondiscrimination On The Basis Of Handicap In Programs Or Activities Receiving Federal Financial Assistance(<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-84>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* When selecting new service sites, geographic accessibility is considered to ensure client access to transportation, clinic location, hours of operation, and other factors that influence clients’ abilities to access services.
* Services are provided in a manner that is consistent with the HHS Office for Civil Rights policy document and 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).
* Language translation services are readily provided, at no cost to clients, when needed.
* Written educational materials are provided in a manner that is clear and easy to understand for clients with limited literacy skills and are provided in the commonly used languages of the client population served by the clinic.
* When viewed in their entirety, facilities are readily accessible to people with disabilities (45 CFR § 84).

**Procedure:** *[Agency may want to include the following]*

* Process that is used to select new service sites.
* Process that is used to provide translation services (e.g., language assistance line,
on-site interpreters, or bilingual staff).
* Process for ensuring and documenting that staff are made aware of policies and processes to access language translation services.
* How clients are informed about availability of translation services at no cost (e.g., signage/posters in different languages).
* Process for ensuring that information presented in educational materials:
	+ Is clear and easy to understand.
	+ Is tailored to literacy, age, and language preferences of client populations.
* Process for ensuring that information presented during counseling:
	+ Is culturally appropriate and reflects the client’s beliefs, ethnic background,
	and cultural practices.
	+ Emphasizes essential points (e.g., limits the amount of information presented appropriately).
	+ Communicates risks and benefits in a way that is easily understood (e.g., using natural frequencies and common denominators).
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #12: Site Updates and Clinic Locator Database

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance with the expectation that they provide notice to OPA in the Title X Clinic Locator Database (https://opa-fpclinicdb.hhs.gov/) of any deletions, additions, or changes to the name, location, street address and email, services provided on-site, and contact information for Title X recipients and service sites. Changes must be entered into the database within 30 days from the official OPA/GAM prior approval for changes in project scope, in
Requirements)

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Site Updates and Clinic Locator Database** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Program Administration #12(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17>) Clinic Locator Database(<https://reproductivehealthservices.gov>)[PA-FPH-22-001 NOFO](https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156)(<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156>)FY 22 Notice of Award Special Terms and Requirements |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* The Title X Clinic Locator Database is updated within 30 days of any of the following approval from OPA:
	+ Addition of a new clinic site
	+ Closing of a clinic site
	+ Change in name of a clinic location
	+ Change in location of a clinic
	+ Change in point of contact for a clinic to include name, email address, and/or phone number
	+ Change in the services provided at a clinic

**Procedure:** *[Agency may want to include the following]*

* Identify the responsible Title X recipient staff member whose responsibility it is to update the Clinic Locator Database.
* Instructions for updating the Clinic Locator Database.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #13: 340B Program Enrollment

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that all clinic locations enroll in the 340B Program and comply with all 340B Program requirements, including annual recertification and avoiding diversion or duplicate discounts. 340B Program requirements are available at https://www.hrsa.gov/opa/program-requirements/index.html. (FY 22 Notice of Award Special Terms and Requirements)

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **340B Enrollment** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Project Administration #13(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17>) FY 22 Notice of Award Special Terms and Requirements |
| **Additional Resources** | 340B Program Requirements (<https://www.hrsa.gov/opa/program-requirements/index.html>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* All service sites enroll in the 340B Program and comply with all 340B Program requirements, including:
	+ initial certification
	+ annual recertification
	+ avoiding diversion or duplicate discounts

**Procedure:** *[Agency may want to include the following]*

* Identify the staff member responsible for enrolling and recertifying the project.
* Set appointment reminders to ensure timely recertification.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Project Administration #14: Duplication of Effort

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance with the expectation that in maximizing access and best serving individuals in need in the service areas, recipients should make reasonable efforts to avoid duplication of effort in the provision of services across the Title X network. For example, Title X recipients’ coverage areas may overlap geographically, but duplication of subrecipient sites could be minimized or avoided to create more opportunities for services. (FY 22 Notice of Award Special, Terms and Requirements)

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| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Duplication of Effort** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Project Administration #14(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17>) FY 22 Notice of Award Special Terms and Requirements |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** [Agency may want to include the following]

* Reasonable efforts are made to avoid duplication in the provision of services across the Title X network.

**Procedure:** [Agency may want to include the following]

* Process for identifying the location of Title X services, which may involve conducting a needs assessment.
* Process for identifying other Title X service sites in the (potential) service area and identifying how any new site would provide additional access for potential clients.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

##

## Additional Special Terms and Requirements and Standard Terms of the FY 2022 Title X Notice of Award

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Additional Special Terms and Requirements and Standard Terms of the FY 2022 Title X Notice of Award—Standard Terms Expectation #6: Intellectual Property and Data Rights

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with
the expectation that recipients may copyright any work that is subject to copyright and
was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes, and to authorize others to do so. The awardee is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR § 401.

The federal government has the right to: obtain, reproduce, publish, or otherwise use the data produced under this award; and authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. (43 CFR § 75.322)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Intellectual Property and Data Rights** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook Additional Special Terms and Requirements and Standard Terms of the FY 22 Title X Notice of Award—Standard Terms Expectation #6 ([https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=29](https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=18)) [37 CFR § 401](https://www.ecfr.gov/current/title-37/chapter-IV/part-401) - Rights To Inventions Made By Nonprofit Organizations And Small Business Firms Under Government Grants, Contracts, And Cooperative Agreements(https://www.ecfr.gov/current/title-37/chapter-IV/part-401)45 CFR § 75.322 Intangible property and copyrights.[(https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-D/subject-group-ECFR78b08d9c95aad03/section-75.322)](file:///C%3A%5CUsers%5Cjfoley%5CDownloads%5C%28https%3A%5Cwww.ecfr.gov%5Ccurrent%5Ctitle-45%5Csubtitle-A%5Csubchapter-A%5Cpart-75%5Csubpart-D%5Csubject-group-ECFR78b08d9c95aad03%5Csection-75.322%29) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* When copyrighting materials and resources created with Title X funding, ***(insert Agency Name)*** ensures that the federal government has the right to: obtain, reproduce, publish, or otherwise use the data produced under this award; and authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes.

**Procedure:** *[Agency may want to include the following]*

* Process for ensuring that staff understand this policy and permit access to the use of copyrighted materials by the federal government.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Additional Special Terms and Requirements and Standard Terms of the FY 2022 Title X Notice of Award—Standard Terms Expectation #7: Acknowledgement of Federal Grant Support

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that recipients acknowledge federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents—such as tool-kits, resource guides, websites, and presentations (hereafter “statements”)—describing the projects or programs funded in whole or in part with HHS federal funds, the recipient must clearly state the percentage and dollar amount of the total costs of the program or project funded with federal money and the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Acknowledgement of Federal Grant Support** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook Additional Special Terms and Requirements and Standard Terms of the FY 22 Title X Notice of Award – Standard Terms Expectation #7 ([https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=29](https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=18))  |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Federal funding is acknowledged when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents—such as toolkits, resource guides, websites, and presentations (hereafter “statements”)—describing the projects or programs funded in whole or in part with HHS federal funds.
* The federal award reflects total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement. Any amendments to the acknowledgement statement are coordinated with the Office of the Assistant Secretary for Health (OASH) federal project officer and the OASH grants management officer.
* Press releases concerning the outcome of activities supported by this financial assistance include notifying the OASH federal project officer and the OASH grants management officer in advance to allow for coordination.
* Funding statements must clearly state the percentage and dollar amount of the total costs of the program or project funded with federal money and the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.

**Procedure:** *[Agency may want to include the following]*

* When issuing statements resulting from activities supported by HHS financial assistance, acknowledgement of federal assistance using one of the following or a similar statement will be used:
1. If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources: This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].
2. The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources: This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and $XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].
* Process for ensuring that the federal award total reflects total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement and that any amendments to the acknowledgement statement are coordinated with the OASH federal project officer and the OASH grants management officer.
* Process for issuing press releases concerning the outcome of activities supported by this financial assistance includes notifying the OASH federal project officer and the OASH grants management officer in advance to allow for coordination.
* Process for identifying the percentage and dollar amounts of the total costs of the program or project funded with federal money and the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources.
* Process for ensuring this information is included in all relevant statements.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

##

## Provision of High-Quality Family Planning Services

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Provision of High-Quality Family Planning Services #1, #2: Range of Methods and Services

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation to provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, preconception health services, and adolescent-friendly health services). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of acceptable and effective medically approved family planning methods and services. (Section 1001, PHS Act; 42 CFR § 59.5(a)(1))

Title X service sites that are unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services, must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested. (42 CFR § 59.5(a)(1))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Range of Methods and Services** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #1, #2(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=18>) 2021 Title X Final Rule 42 CFR § 59.5(a)(1)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>)Section 1001, Public Health Service (PHS) Act (<https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf>) |
| **Additional Resources** | Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) (<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>)FDA-approved contraceptive products[(https://www.fda.gov/consumers/free-publications-women/birth-control)](file:///C%3A%5CUsers%5Cjfoley%5CDownloads%5C%28https%3A%5Cwww.fda.gov%5Cconsumers%5Cfree-publications-women%5Cbirth-control%29) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Female, male, and adolescent clients are provided with a broad range of acceptable and effective medically approved family planning services as appropriate, including: contraception, pregnancy testing and counseling, services for achieving pregnancy, as well as basic infertility, STI, and preconception health services either on-site, through prescription, or through referrals to another provider, as requested.
* Methods provided include the broad range of FDA-approved contraceptive products by direct provision, prescription, or referral ***[Agency may want to modify this list to align with the specific methods provided in their Title X project****]* long-acting reversible contraceptives (LARC), contraceptive injection, short-acting hormonal methods, barrier methods, emergency contraception, and permanent sterilization (https://www.fda.gov/consumers/free-publications-women/birth-control).
* Basic infertility services are provided for both partners of an infertile couple and include understanding the client’s reproductive life plan and the client’s and partner’s difficulty in achieving pregnancy through a medical history, sexual health assessment and physical exam, in accordance with recommendations developed by professional medical associations. Basic infertility services also include infertility counseling. (QFP, pp.15-16, https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014\_1.pdf).
* STI services are provided in accordance with CDC’s STI treatment and HIV testing guidelines and may include assessing, screening, treating, and counseling. STI services should be provided for persons with or without signs or symptoms suggestive of an STI. (QFP, pp.17-18, https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014\_1.pdf).
* Preconception health services are provided and may include counseling on folic acid; reproductive life planning; sexual health assessment; medical history intake; screening for intimate partner violence; alcohol and other drug use, and tobacco use; immunizations; depression; height, weight, and body mass index; blood pressure. (QFP, pp.16–17, https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014\_1.pdf).
* Services are provided in accordance with nationally recognized standards of care and align with agency specific clinical protocols.

**Procedure:** *[Agency may want to include the following]*

* Process for ensuring that a broad range of FDA-approved contraceptive methods are available through subrecipients and/or service sites, optimally on-site, by prescription or by referral.
* Process for ensuring that all contraceptive methods offered routinely remain adequately stocked.
* Process for providers to counsel and educate clients on the broad range of acceptable and effective medically approved family planning methods and services.
* Types of documentation subrecipients and service sites maintain to demonstrate that clients are offered a broad range of acceptable and effective medically approved family planning methods and services.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Provision of High-Quality Family Planning Services #3: Cultural Competency

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation to provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed. (42 CFR § 59.5(a)(3))

The Office Population Affairs (OPA) defines several terms relevant to this policy including:

* **Client-centered care** is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions.
(42 CFR § 59.2)
* **Culturally and linguistically appropriate services** are respectful of and responsive to the health beliefs, practices, and needs of diverse patients.
(42 CFR § 59.2)
* **Inclusive** is when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (42 CFR § 59.2)
* **Trauma-informed** means a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices,
and seeks to actively resist re-traumatization. (42 CFR § 59.2)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Cultural Competency** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #3(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=18>) 2021 Title X Final Rule 42 CFR § 59.5(a)(3)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>)2021 Title X Final Rule 42 CFR § 59.2(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.2>) |
| **Additional Resources** | National Standards for Culturally and Linguistically Appropriate Services (CLAS)(<https://www.thinkculturalhealth.hhs.gov/>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Client satisfaction surveys or other assessments are used to assess the degree to which clients feel staff is sensitive to and able to deal effectively with the client population and survey results are used for continuous quality improvement.
* Project staff receive training in culturally competent care in order to be sensitive to, and able to deal effectively with, the needs of key populations, including LGBTQ, adolescents, individuals with limited English-proficiency, and people with disabilities.
* The clinic environment is arranged with inclusivity, accessibility, and a trauma-informed perspective, including colors, images, layout, etc.
* Materials are translated into languages that are spoken by the clients within the service population.

**Procedure:** *[Agency may want to include the following]*

* Process for ensuring that project staff are sensitive to, and able to deal effectively with, all cultural characteristics of the client population (i.e., age, race, gender, creed, ethnicity, background, education, language spoken, and function).
* Process used by recipient and subrecipients to identify populations that may be in need of culturally competent care (e.g., needs assessment or other documentation).
* Process for and frequency of training staff in providing culturally competent care.
* Types of documentation the recipient and subrecipients maintain to demonstrate how the project supports and implements culturally competent services (e.g., staff training,
in-services, and client satisfaction surveys).
* Instructions for accessing certified translators who are knowledgeable about the community for which the materials are directed toward.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Provision of High-Quality Family Planning Services #4: Client Dignity

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with
the expectation that services are provided in a manner that protects the dignity of the individual. (42 CFR § 59.5(a)(3))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Client Dignity** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #4(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=19>)  2021 Title X Final Rule 42 CFR § 59.5(a)(3)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>) |
| **Additional Resources** | Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) (pages 4 and 24) [2014][(](file:///C%3A%5CUsers%5Cjfoley%5CDownloads%5C%28)[https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning)](https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning%29) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Client privacy is protected during all aspects of the visit, from scheduling to the clinic encounter.
* Documentation is posted in the service sites, clearly visible to all clients and outlines the client’s rights and responsibilities (e.g., a client/patient bill of rights).
* Services are provided in a client-centered, respectful, and culturally competent manner.

**Procedure:** *[Agency may want to include the following]*

* Process for ensuring client privacy during all aspects of their visit, from scheduling to the clinic encounter.
* Process for informing the client about their rights and responsibilities (e.g., client/patient bill of rights).
* Method of assessment that clients perceive providers and other clinic staff to be client- centered, respectful, and culturally competent (e.g., client surveys).
* Process for and frequency of training staff in providing culturally competent care.
* Process for ensuring the clinic environment is welcoming (i.e., privacy, cleanliness of exam rooms, ease of access to service, fair and equitable charges for services, including waiver of fees for “good cause,” and language assistance).
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Provision of High-Quality Family Planning Services #5, #6: Clinical Protocols and Standards of Care

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with
the expectation that services are provided in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care. (42 CFR § 59.5(a)(3))

Recipients must also provide quality family planning services that are consistent with the Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) and other relevant nationally recognized standards of care. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Clinical Protocols and Standards of Care** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #5, #6(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=19>) [PA-FPH-22-001 NOFO](https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156) (<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156>)2021 Title X Final Rule 42 CFR § 59.5(a)(3)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>)FY 22 Notice of Award Special Terms and Requirements |
| **Additional Resources** | Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) (pages 1-40) [2014] (<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Service sites operate within written clinical protocols aligned with nationally recognized standards of care.
* Clinical protocols are approved by the medical director or the clinical services provider overseeing the project.

**Procedure:** *[Agency may want to include the following]*

* Identification of the nationally recognized standards of care that will be utilized (e.g., USPSTF, CDC, ACOG).
* Process for updating clinical protocols to ensure they are current (i.e. revised within the past 12 months, or sooner when needed) and reflect current federal and professional medical associations recommendations for each type of service as cited in the QFP.
* Process for documenting clinical staff participation in training on the QFP.
* Process for assessing adherence to approved protocols through medical records reviews.
* Process for conducting client observations to assess adherence to approved protocols.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Provision of High-Quality Family Planning Services #7, #8: Ensuring Health Equity and Access to Services

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that all grant recipients ensure that they advance health equity through the delivery of Title X services. Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements, and 42 CFR § 59.2)

Recipients must also improve and expand accessibility of services for all clients, especially low-income clients by providing client-centered services that are available when and where clients need them and can most effectively access them. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Ensuring Health Equity and Access to Services** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #7,8(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=19>) [PA-FPH-22-001 NOFO](https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156) (<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156>)FY 22 Notice of Award Special Terms and Requirement2021 Title X Final Rule 42 CFR § 59.2(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.2>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

Health equity is advanced by ensuring that all recipient and subrecipient staff are trained in the historical and present-day inequities of the community and client populations being served, including but not limited to: historical trauma, forced sterilizations and other policies that dictate reproductive control, access to birth control and other reproductive technologies, among others.

* Subrecipients and service sites operate within client education protocols that address health equity by ensuring they identify, consider, and are sensitive to the needs and strengths of the populations being served.
* Observations and interviews are conducted to ensure staff have the skills they need to provide services such that clients can attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.
* Referrals are made in a manner that maximizes the potential for compliance by clients by taking into account factors such as transportation access, ease of scheduling, availability of translation services (when needed), sliding fee scale, and appointment availability.
* Referrals are made to partners and agencies that align with these health equity principles.
* The clinic environment is arranged with inclusivity, accessibility, and a trauma-informed perspective, including colors, images, layout, etc.
* Needs assessments are conducted to improve and expand accessibility of services for all clients.
* Needs assessments include an analysis of family planning services provided within the geographic area to avoid duplication of effort in the provision of services.
* Materials are translated into languages that are spoken by the clients within the service population.

**Procedure:** *[Agency may want to include the following]*

* How staff are trained in the historical and current inequities of your community and client populations, such as historical trauma, forced sterilizations, policies that dictate reproductive control, access to birth control and other reproductive technologies,
among others.
* Process for reviewing client education and counseling materials to ensure that they are sensitive to the populations served, through an Information & Education (I&E) committee that has diverse representation and aligns with the populations being served.
* Frequency and protocol for conducting observations and interviews.
* Process for updating referral lists and procedures.
* Process for identifying and implementing, to the extent feasible, evening and weekend clinic hours to ensure access.
* Process for conducting needs assessment, including frequency, and another process for using results to inform the public outreach and education, as well as delivery of Title X services.
* Instructions for accessing certified translators who are knowledgeable about the community for which the materials are directed toward.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Provision of High-Quality Family Planning Services #9: Nondirective Options Counseling and Referral

The purpose of this policy is to describe (insert Agency Name) process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the requirements that the project: 1) will not provide abortion as a method of family planning and 2) will offer pregnant clients the opportunity to be provided information and counseling regarding: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. This policy also describes the process by which, if requested to provide such information and counseling, (insert Agency Name) will provide neutral, factual information, and nondirective counseling on each of the options, as well as referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. (42 CFR § 59.5(a)(5), Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444.

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Nondirective Options Counseling and Referral** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #9(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=20>) 2021 Title X Final Rule 42 CFR § 59.5 (a)(5) (<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>)65 Fed. Reg. 41281 (July 3, 2000)(<https://www.govinfo.gov/content/pkg/FR-2000-07-03/pdf/00-16758.pdf>)Section 1008, PHS Act(<https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf>)Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022)(<https://www.congress.gov/117/plaws/publ103/PLAW-117publ103.pdf>) |
| **Additional Resources** | Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) (pages 4-20) [2014](<https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Abortion will not be provided as a method of family planning.
* Pregnant clients will be offered the opportunity to be provided information and counseling regarding each of the following options:
	+ Prenatal care and delivery
	+ Infant care, foster care, or adoption
	+ Pregnancy termination (42 CFR § 59.5(a)(5))
* If requested to provide such information and counseling, staff at the service site will provide neutral, factual information [RL(1)] and nondirective counseling on each of the options (except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling).
	+ Referral for additional services (e.g., for prenatal care, delivery, infant care, foster care, adoption, or pregnancy termination) will be made upon request (42 CFR § 59.5(a)(5)).
	+ When a client requests referral for pregnancy termination/abortion, they may be given a name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.). Staff will not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the client (65 Fed. Reg. 41281 (July 3, 2000)).
	+ Where a referral to another provider who might perform an abortion is medically indicated because of the client’s condition or the condition of the fetus (such as where the woman’s life would be endangered), such a referral by a Title X project is not prohibited by section 1008 of the Public Health Service Act and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications (65 Fed. Reg. 41281 (July 3, 2000)).
* Written policies and procedures detail how pregnant clients will be offered the opportunity to be provided information and nondirective counseling.

**Procedure:** *[Agency may want to include the following]*

* Description of which staff will provide nondirective options counseling at the service site (e.g., clinical services providers, physician, nurse practitioner, certified nurse midwife, physician’s assistant, nurses, or service site staff).
* Description of referral workflow for different types of referrals
	+ Note: Referrals for abortion services must comply with Title X regulations
	as summarized in the above sample policy.
* Where staff will be able to locate up-to-date referral names and contact information.

A list of agencies and/or websites that staff can use to provide information about resources (e.g., AbortionFinder.org).

* Description of the legal status of abortion in your state *(There is currently no federal right to an abortion. Abortion remains legal in some states, while other states have banned or severely restricted abortion. Pregnant clients who request a referral for pregnancy termination may benefit from general information about the status of abortion access in their states, if it is impacted by restrictions.)*
* Workflow and script for sharing information about specific options. (For instance, “Abortion is currently banned in [STATE] with very limited exceptions. For information about the current legal status of abortion in other states, visit [www.abortionfinder.org](http://www.abortionfinder.org).”)
* Process for referral out of state, if necessary.
	+ Title X providers have flexibility to refer clients for services across state lines if necessary (42 CFR § 59.5(b)(5)).
	+ Title X recipients cannot limit receipt of services to only residents from their states. Title X recipients are required to provide services without the imposition of any durational residency requirements (42 CFR § 59.5(b)(5)).
	+ There are no geographic limits for Title X recipients making referrals for their clients. Title X recipients are required to provide for coordination and use of referrals and linkages with primary health care providers, other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care (42 CFR § 59.5(b)(8)).
* Procedure for vetting referral resources
	+ Efforts should be made to ensure resources are neutral, factual, and nondirective. The Pregnancy Center Map provides location information about all of the crisis pregnancy centers operating in the United States. Crisis Pregnancy Centers may appear to be professional health care centers but do not follow prevailing medical standards of sexual and reproductive health care.
* Schedule for updating referral information.
* Location of written collaborative agreements.
* Schedule for updating and renewing written collaborative agreements.
* How staff will share referral resources with clients
	+ See the RHNTC Local Resource List for a template to keep track of free and low-cost health, social services, and other resources available in your community.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient,
and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Provision of High-Quality Family Planning Services #10: Clinical Program Oversight

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that family planning medical services are performed under the direction of a clinical services provider (CSP), with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. (42 CFR § 59.5(b)(6) and 42 CFR § 59.2)

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Clinical Program Oversight** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #10(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=20>) 2021 Title X Final Rule 42 CFR § 59.5(b)(6) and 42 CFR § 59.2 (<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Medical services are performed under the direction of a clinical services provider (CSP) with experience in family planning who is permitted by state-specific regulations to perform all aspects of the user physical assessment.
* Requirements or qualifications for the staff member in charge of the clinical program oversight (in order to meet the criteria listed above) to meet the expectation.

**Procedure:** *[Agency may want to include the following]*

* Name or position title of the person who is in charge of the oversight.
* Details of what the oversight responsibilities include, such as approving clinical protocols, leading chart audits or other quality improvement/quality assurance efforts, leading periodic staff meetings, and/or trainings/competencies.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Provision of High-Quality Family Planning Services #11: Non-Clinical Counseling Services

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with
the expectation that non-clinical counseling services (such as contraceptive counseling, nondirective options counseling, reproductive life planning, etc.) is provided by any adequately trained staff member who is involved in providing family planning services to Title X clients. An adequately trained staff member may include CSPs and non-CSPs (e.g., health educators). An “adequately trained staff member” has attended and participated in required orientation, courses, curriculums, and/or teaching/mentoring experiences, maintains appropriate competencies, and is knowledgeable and proficient in providing non-clinical counseling services. (2021 Final Rule FAQs)

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| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Non-Clinical Counseling Services** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Provision of High-Quality Family Planning Services #11(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=20>)  |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Non-clinical counseling services are provided by adequately trained staff. This may include CSPs and non-CSPs such as health educators and medical assistants.

**Procedure:** *[Agency may want to* include *the following]*

* Outline of which staff positions are approved to provide non-clinical counseling services.
* Details regarding what training (including refresher training) must be completed by staff members before they are approved to provide counseling.
* Instructions for documenting the oversight that is provided to ensure quality services are being provided, such as chart review, observation, etc.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

## Adolescent Services

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Adolescent Services #1, #2: Provision of Adolescent Services

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with all expectations listed in the Program Handbook section, “Provision of High-Quality Family Planning Services,” are applied when providing services to adolescent clients, and that projects provide adolescent-friendly health services, which are services that are accessible, acceptable, equitable, appropriate, and effective for adolescents. (42 CFR § 59.2)

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| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Provision of Adolescent Services** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Adolescent Services, #1, #2(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=20>) 2021 Title X Final Rule 42 CFR § 59.2(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59>)  |
| **Additional Resources** | Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) (pages 38-40) [2014] (<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>) |
| **Approval Signature** |   |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Services for adolescents are provided in an adolescent-friendly manner and in accordance with all expectations listed in the Title X Program Handbook.
* Minors are informed of their rights to confidential services.

**Procedure:** *[Agency may want to include the following]*

* Description of how the agency tailors services to adolescents, which may include having adolescent-friendly resources in the waiting and exam rooms or making same-day or next-day appointments available.
* Links to any adolescent-specific clinical protocols to ensure that mandated adolescent counseling is not overlooked in the provision of care.
* Description of how communication procedures with teens may be different from adults to help maintain confidentiality in services.
* Instructions for confidential billing, when requested.
* Process for informing minors of their rights to confidential services.
* Process for including language in subrecipient contracts and conducting monitoring activities related to the legislative mandates.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Adolescent Services #3, #4, #5: Required Adolescent Counseling

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with adolescent counseling requirements. To the extent practical, Title X projects shall encourage family participation. However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services. (Section 1001, PHS Act; 42 CFR § 59.10(b))

Projects must ensure that all applicants for Title X funds certify that they encourage family participation in the decision of minors to seek family planning services. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 466 (2022))

Projects must ensure that all applicants for Title X funds certify that they provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 466 (2022))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Required Adolescent Counseling** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Adolescent Services, #3, #4, #5(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=20>) Section 1001, Public Health Service (PHS) Act (<https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf>)2021 Title X Final Rule 42 CFR § 59.10(b) (<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.10>)Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022) (<https://www.congress.gov/117/plaws/publ103/PLAW-117publ103.pdf>) |
| **Approval Signature** |   |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* To the extent practical, minors seeking care receive counseling to encourage family participation in the decision to seek family planning services.
* Minors seeking care receive counseling on how to resist attempts to coerce minors into engaging in sexual activities.
* Staff are trained on these requirements upon hiring and again on an annual basis.
* Counseling regarding encouragement of family participation in adolescent clients’ decisions to seek family planning services, and how to resist attempts to be coerced into engaging in sexual activities is documented in the medical record.

**Procedure:** *[Agency may want to include the following]*

* Process for ensuring minors are encouraged regarding family participation in their decision to seek family planning services and counseled on how to resist attempts to be coerced into engaging in sexual activities.
* Process for ensuring and documenting (e.g., staff circulars, training curricula) that all project staff have been formally trained on: 1) encouraging family participation in the decision of minors to seek FP services, and 2) counseling minors on how to resist attempts to coerce them into engaging in sexual activities.
* Process for including language in subrecipient contracts and conducting monitoring activities related to the legislative mandates.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

**FAMILY PLANNING PROGRAM POLICY AND PROCEDURES**

#### Adolescent Services #6: Mandatory Reporting

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) that no Title X services provider shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444, 466–67 (2022))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Mandatory Reporting**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Adolescent Services, #6(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=21>) Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022) (<https://www.congress.gov/117/plaws/publ103/PLAW-117publ103.pdf>) |
| **Approval Signature** |   |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Staff adhere to the notification and reporting of child abuse, child molestation, sexual abuse, rape, or incest in accordance with state law.
* Staff are informed that state law must be followed requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.

**Procedure:** *[Agency may want to include the following]*

* Process for ensuring and documenting (e.g., staff circulars, training curricula) that all project staff have been formally informed upon hiring, and annually thereafter, about state law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
* Process (step-by-step instructions) for notification and reporting of child abuse, child molestation, sexual abuse, rape, or incest, including notification of supervisor that a report has been made.
* Process for including language in subrecipient contracts and conducting monitoring activities related to the legislative mandates.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

##

## Referral for Social and Medical Services

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Referral for Social and Medical Services #1: Provision of Medical Services Related to Family Planning

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that projects provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, and contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices. (42 CFR § 59.5(b)(1))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Provision of Medical Services Related to Family Planning** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Referral for Social and Medical Services #1(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=21>) 2021 Title X Final Rule 42 CFR § 59.5 (b)(1)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Needs assessments are conducted to determine the medical service needs of the community to be served.
* Needs assessments are conducted to determine which ancillary services are needed to facilitate clinic attendance, as well as identify relevant medical services available to help meet those needs.
* Clients are provided appropriate medical services related to family planning, including consultation by a clinical services provider, physical examination, prescription and continuing supervision, laboratory examination, and contraceptive supplies.
* Services are provided either in person or via telehealth.
* Necessary referrals are made to other medical facilities when medically indicated, including if a client’s method of choice is not available at this particular service site.
* Services are provided to ensure the effective usage of contraceptive devices and practices.

**Procedure:** *[Agency may want to include the following]*

* Process and frequency of needs assessment activities to determine the medical and ancillary service needs and availability of services for the community to be served.
* Description of the type of clinic visits (on-site and/or via telehealth) that are provided.
* Description of collaborative agreements with relevant referral agencies such as emergency care, HIV/AIDS care and treatment providers, infertility specialists, primary care, and chronic care management providers.
* Procedure for vetting referral resources.
* Process for making referrals.
* Process staff and providers follow to document in the medical record when referrals were made, based on documented specific condition/issue(s).
* Schedule for updating and renewing written collaborative agreements.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Referral for Social and Medical Services #2: Availability of Social Services

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that the project provide for social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services which may be necessary to facilitate clinic attendance. (42 CFR § 59.5(b)(2))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Availability of Social Services** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Referral for Social and Medical Services #2(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=21>) 2021 Title X Final Rule 42 CFR § 59.5 (b)(2)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>)  |
| **Additional Resources** | Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) (pages 4-20) [2014] (<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Needs assessments are conducted to determine the social service and medical needs of the community to be served.
* Needs assessments are conducted to determine the ancillary services that are needed to facilitate clinic attendance, as well as identify relevant social service and medical services available to help meet those needs.
* Plans are developed and implemented to address the related social service and medical needs of clients as well as ancillary services needed to facilitate clinic attendance.
* Staff refer clients to relevant social services agencies (e.g., child care agencies, transport providers, WIC programs), and have signed written collaborative agreements with these agencies when possible and if appropriate.
* Staff and providers document in the medical record when referrals were made, based on documented specific condition/issue(s).
* Awareness of the need for social service needs of the current client population is maintained.
* Plans are in place to address the related social service needs of clients as well as ancillary services needed to facilitate clinic attendance.
* Clients are provided relevant referrals.
* Referral agencies have signed agreements in place (where available).

**Procedure:** *[Agency may want to include the following]*

* Process and frequency of needs assessment activities determine the medical and ancillary service needs and availability of services of the community to be served.
* Process for developing and implementing plans to address the related social service and medical needs of clients as well as ancillary services needed to facilitate clinic attendance.
* Process for getting signed written collaborative agreements with these other agencies when possible and if appropriate.
* Process to refer clients to relevant social and medical services agencies (e.g., child care agencies, transport providers, WIC programs).
* Process staff and providers follow to document in the medical record when referrals were made, based on documented specific condition/issue(s).
* Where staff can locate up-to-date referral names and contact information.
* Procedure for vetting referral resources.
* Schedule for updating referral information.
* Location of written collaborative agreements.
* Schedule for updating and renewing written collaborative agreements.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Referral for Social and Medical Services #3: Coordination and Use of Referrals and Linkages

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that projects provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care. (42 CFR § 59.5(b)(8))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Coordination and Use of Referrals and Linkages** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Referral for Social and Medical Services #3(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=21>) 2021 Title X Final Rule 42 CFR § 59.5 (b)(8)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>) |
| **Additional Resources** | Providing Quality Family Planning Services Recommendations of CDC and the U.S. Office of Population Affairs (QFP) (pages 4-20) [2014] (<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Care coordination plans are developed and implemented to refer clients to other services (as listed above) when appropriate.
* Signed written collaborative agreements with other agencies when possible and if appropriate.
* Referrals are made to other providers and agencies in close physical proximity to the Title X service site, when feasible, in order to promote access to services and provide a seamless continuum of care.
* Staff and providers document in the medical record when referrals were made based on documented specific condition/issue(s).

**Procedure:** *[Agency may want to include the following]*

* Process for developing and implementing plans to coordinate with and refer clients to other services (as listed above) when appropriate.
* Process for obtaining signed written collaborative agreements with other agencies when possible and if appropriate.
* Process for identifying providers and agencies who are in close physical proximity to the Title X service site for referrals, when feasible.
* Instructions for staff and providers to document in the medical record when referrals were made based on documented specific condition/issue(s).
* Where staff can locate up-to-date referral names and contact information.
* Procedure for vetting referral resources.
* Schedule for updating referral information.
* Location of written collaborative agreements.
* Schedule for updating and renewing written collaborative agreements.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

##

## Financial Accountability

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #1: Low-income Clients

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that no charge is made for services provided to any clients from a low-income family except to the extent that payment is made by a third party (including a government agency), which is authorized to or is under legal obligation to pay this charge.

Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. (Section 1006(c)(1), PHS Act; 42 CFR § 59.5(a)(7) and 42 CFR § 59.2)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Low-income Clients** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3 Financial Accountability #1(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=21>) Section 1006(c)(2), Public Health Service (PHS) Act [(https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a\_0.pdf)](file:///C%3A%5CUsers%5Cjfoley%5CDownloads%5C%28https%3A%5Copa.hhs.gov%5Csites%5Cdefault%5Cfiles%5C2020-07%5Ctitle-x-statute-attachment-a_0.pdf%29)2021 Title X Final Rule 42 CFR § 59.5(a)(7) (<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>) 2021 Title X Final Rule 42 CFR § 59.2(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.2>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Clients are not denied project services or subjected to any variation in quality of services because of inability to pay.
* Clients whose documented income is at or below 100% of the federal poverty level (FPL) are not charged for family planning services.
* Third-party payers are billed when authorized or legally obligated to pay for services.
* Clients with incomes that exceed 100% of the FPL but who are unable to pay for family planning services, may, at the discretion of the project director, have their fees waived.

**Procedure:** *[Agency may want to include the following]*

* Process for annually updating poverty guidelines and schedule of discounts that are used at recipient and/or subrecipient sites.
* Process to ensure that staff are using the most recent FPL guidelines and schedule of discounts.
* How clients with incomes over 100% of the FPL are referred to the project director for possible fee waiver, when appropriate.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #2: Discount Eligibility for Minors

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that unemancipated minors who wish to receive services on a confidential basis in regards to billing must be considered on the basis of their own resources. (42 CFR § 59.2)

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Discount Eligibility for Minors**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #2(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=22>) 2021 Title X Final Rule 42 CFR § 59.2(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.2>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Eligibility for discounts for unemancipated minors seeking or receiving confidential services in the Title X Project are based solely on the income of the minor.
* Unemancipated minors that are not seeking confidential services have their family income assessed.

**Procedure:** *[Agency may want to include the following]*

* Process for determining and documenting whether a minor is seeking confidential billing (e.g., question on intake form).
* Process for assessing and documenting a minor's income.
* Process for alerting all clinic and billing staff about minor clients who are seeking and receiving confidential billing.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #3: Fee Schedule and Schedule of Discounts

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that charges are made for services to clients other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) are made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR § 59.5(a)(8))

The schedule of discounts should be updated annually in accordance with the federal poverty level (FPL).

The HRSA Health Center Program and the OPA Title X Program have unique sliding fee discount schedule (SFDS) program expectations, which include having differing upper limits. Title X agencies (or providers) that are integrated with or receive funding from the HRSA Health Center Program may have dual fee discount schedules: one schedule that ranges from 101% to 200% of the FPL for all health center services, and one schedule that ranges from 101% to 250% FPL for clients receiving only Title X family planning services directly related to preventing or achieving pregnancy, and as defined in their approved Title X project. (OPA PPN 2016-11)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Fee Schedule and Schedule of Discounts** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #3(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=22>) 2021 Title X Final Rule 42 CFR § 59.5(a)(8)([https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59 - 59.5](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5)) OPA Program Policy Notice 2016-11(<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/program-policy-notices/opa-program-policy-notice-2016-11-integrating-with-primary-care-providers>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Services provided to individuals with family incomes between 101% and 250% of the FPL are based on individuals’ ability to pay.
* Services provided to those above 250% FPL are charged fees designed to recover the reasonable cost of providing services.

**Procedure:** *[Agency may want to include the following]*

* Process for assessing and documenting client income and discounts, including the frequency with which clients are reassessed and what is counted toward family income.
* Process by which the schedule of discounts was established (i.e., the reasoning behind the increments between 100% and 250% of poverty).
* Process for informing clients about the availability of the SFSD.
* Process by which fees are determined to recover the reasonable cost of providing services.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #4, #5, #7: Third-Party Payments, Copayments, and Additional Fees

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that family income is assessed before determining whether copayments or additional fees are charged. (42 CFR § 59.5(a)(8))

Title X-funded agencies must also ensure that, with regard to insured clients, clients whose family income is at or below 250 percent of the federal poverty level (FPL) should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. (42 CFR § 59.5(a)(8))

Title X-funded agencies should take all reasonable efforts to obtain the third-party payment without application of any discounts, if a third party (including a government agency) is authorized or legally obligated to pay for services. Where the cost of services is to be reimbursed under Title XIX, XX, or XXI of the Social Security Act, a written agreement with the Title XIX, XX, or XXI agency is required. (42 CFR § 59.5(a)(10))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Third-Party Payments, Copayments, and Additional Fees**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #4, #5, #7(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=22>) 2021 Title X Final Rule 42 CFR § 59.5(a)(8, 10)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* All reasonable efforts are made to bill and obtain third-party payment, without the application of discounts, from all public and private third-party reimbursement sources authorized or legally obligated to pay for services.
* Family income is assessed before determining whether copayments or additional fees are charged.
* Insured clients whose family income is at or below 250% of the FPL do not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

**Procedure:** *[Agency may want to include the following]*

* Process for obtaining and/or updating contracts with private and public insurers.
* Process for assessing and documenting family income before determining whether copayments or additional fees are charged.
* Process for ensuring that financial records indicate that clients with family incomes between 101%–250% of the FPL do not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
* Process for identifying third-party payers that the recipient and/or subrecipients should bill to collect reimbursements for the cost of providing services.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #6: Income Verification

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that projects take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client’s participation in another program may use those data rather than re-verify income or rely solely on clients’ self-report. If a client’s income cannot be verified after reasonable attempts to do so, charges are to be based on the client’s self-reported income. (42 CFR § 59.5(a)(9))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Income Verification**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #6(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=22>) 2021 Title X Final Rule 42 CFR § 59.5(a)(9)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#5>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Client income is verified, without burdening low-income families.
* If clients’ income cannot be verified after reasonable attempts to do so, charges are based on the client’s self-reported income.

**Procedure:** *[Agency may want to include the following]*

* Process by which the agency verifies client income.
* Process through which other program income data (such as WIC) are accessed when applicable.
* Definition of what is included (or excluded) in the client income.
* Process by which clients are able to self-declare their income.
* Frequency with which income is assessed.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #8: Authorized Purchases

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that all services purchased for project participants are authorized by the project director or their designee on the project staff. (42 CFR § 59.5(b)(7))

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| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Authorized Purchases** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #8(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=22>) 2021 Title X Final Rule 42 CFR § 59.5(b)(7)([https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59 - 59.5](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59%20-%2059.5)) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* All services purchased for project participants are authorized by the project director or their designee on the project staff.

**Procedure:** *[Agency may want to include the following]*

* Approval process for purchases.
* Process to designate staff other than project director who can approve purchases for the project.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #9: Contracted Rates of Payments

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that if family planning services are provided by contract or other similar arrangements with actual providers of services, services are provided in accordance with a plan that establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the recipient. The recipient must be prepared to substantiate that these rates are reasonable and necessary. (42 CFR § 59.5(b)(9))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Contracted Rates of Payment** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #9(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=22>) 2021 Title X Final Rule 42 CFR § 59.5(b)(9) (<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* A plan which establishes rates and method of payment for medical care is in place for all family planning services that are provided by contract or other similar arrangements.
* The rates for family planning services are reasonable and necessary.

**Procedure:** *[Agency may want to include the following]*

* How and with what frequency the agency approves the rates of payment.
* How the agency ensures and substantiates that the rates are reasonable and necessary.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #10: Compliance with Grant Terms and Conditions

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements (GPS), (note any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 45 CFR Part 75, and the SF269 is now the SF-425), and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. (FY 22 Notice of Award Special Terms and Requirements)

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Compliance with Grant Terms and Conditions** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #10(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=23>) [PA-FPH-22-001 NOFO](https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156) (<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156>)FY 22 Notice of Award Special Terms and Requirements |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* All financial policies are in compliance with:
	+ the terms and conditions outlined in the grant award.
	+ the HHS GPS; note any references in the GPS to 45 CFR Part 74 or 92 are now. replaced by 45 CFR Part 75, and the SF269 is now the SF-425.
	+ requirements imposed by program statutes and regulations.
	+ Executive Orders, and HHS grant administration regulations, as applicable.
	+ any requirements or limitations in any applicable appropriations acts.
	+ 45 CFR part 75, Uniform Administrative Expectations, Cost Principles and Audit Expectations.

**Procedure:** *[Agency may want to include the following]*

* Process through which the agency reviews policies to determine their compliance with the above outlined items.
* Frequency with which policies are reviewed and/or updated to ensure continuing compliance.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #11: Purchasing of Mobile Health Unit(s) or Other Vehicle(s)

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that no mobile health unit(s) or other vehicle(s), even if proposed in the application for the Title X award, is purchased with award funds without prior written approval from the grants management officer. Requests for approval of such purchases must include a justification with a cost-benefit analysis comparing both purchase and lease options. Such requests must be submitted as a Budget Revision Amendment in Grant Solutions. (FY 22 Notice of Award Special Terms and Requirements)

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| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Purchasing of Mobile Health Unit(s) or Other Vehicle(s)** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #11([https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=2](https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=23)2) FY 22 Notice of Award Special Terms and Requirements |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* No mobile health unit(s) or other vehicle(s), even if proposed in the application for the Title X award, is purchased with award funds without prior written approval from the grants management officer. Requests for approval of such purchases include a justification with a cost-benefit analysis comparing both purchase and lease options. Such requests are submitted as a Budget Revision Amendment in Grant Solutions.

**Procedure:** *[Agency may want to include the following]*

* Process through which the purchase of a mobile health unit or vehicle will be proposed to the Office of Population Affairs and the grant management officer.
* Process through which the evaluation of leasing versus purchasing will be managed.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient,
and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Financial Accountability #12, #13, #14: Program Income and Non-Federal Share

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectations that:

* Recipients include financial support from sources other than Title X as no grant may be made for an amount equal to 100 percent of the project's estimated costs. Although projects are expected to identify additional sources of funding and not solely rely on Title X funds, there is no specific amount of level of financial match requirement for this program. (42 CFR § 59.7(c))
* Recipients must ensure that program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as state, local and other operational funding, is used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget.
* Program income and the level projected in the approved budget are used to further program objectives. Program income may be used to meet the cost sharing or matching requirement of the federal award. The amount of the federal award stays the same.
* Program income in excess of any amounts specified must be added to the federal funds awarded. They must be used for the purposes and conditions of this award for the duration of the project period. (45 CFR § 75.307(e); FY 22 Notice of Award Special Terms and Requirements)
* Recipients must ensure that Title X funds shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Program Income and Non-Federal Share** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #12, #13, #14(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=23>) FY 22 Notice of Award Special Terms and RequirementsP[A-FPH-22-001 NOFO](https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156) (<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156>)2021 Title X Final Rule [45 CFR § 75.307(e)](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#75.307) (<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#75.307>)Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022) (<https://www.congress.gov/117/plaws/publ103/PLAW-117publ103.pdf>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* The budget shows support from other income sources outside of the Title X grant.
* All program income is used to support the non-federal share of the project and used to further program objectives.
* Title X funds, including program income are not used to promote public support or opposition to any legislative proposal or candidate for public office.

**Procedure:** *[Agency may want to include the following]*

* Process for ensuring that there is a contribution of non-federal funds used to support
the project.
* Process for identifying if program income is used to meet the cost sharing or matching requirement of the federal award.
* Process to ensure that all program income (as defined above), including the level projected in the approved budget and any amounts which exceed the original estimate, is used to further program objectives.
* Process for ensuring that Title X funds (including any form of income derived from approved program activities) are not expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022)).
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this requirement.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

##

## Subrecipient Monitoring and Engagement

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Subrecipient Monitoring and Engagement #1, #5, #7, #9: Subrecipient Monitoring

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring appropriate monitoring of any subrecipient contracts to include the following:

* Detail a plan for monitoring the delivery of family planning services under the Title X project, including the monitoring and oversight of subrecipients (45 CFR § 75.352).
* In accordance with 45 CFR § 75.352(d), monitoring includes reviewing the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipient monitoring of the subrecipient must include:
* Reviewing financial and performance reports required by the recipient.
* Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the federal award provided to the subrecipient from the recipient detected through audits, on-site reviews, and other means.
* Issuing a management decision for audit findings pertaining to the federal award provided to the subrecipient from the recipient as required by 45 CFR § 75.521.
* Recipients should consider taking enforcement action against noncompliant subrecipients as described in 45 CFR § 75.371 and in program regulations. (45 CFR § 75.352(h))
* Verify that every subrecipient is audited as required by Subpart F of 45 CFR § 75 when it is expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 45 CFR § 75.501. (45 CFR § 75.352(f))

*Note: If the recipient does not have any subawards, they should still have a monitoring plan in place for their service sites that meet the same or similar criteria as outlined above.*

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Subrecipient Monitoring** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Subrecipient Monitoring and Engagement #1, #5, #7, #9 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=23>) 45 CFR § 75.371 Remedies for Noncompliance; 45 CFR § 75.352 Requirements for Pass Through Entities (<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#75>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* The recipient monitors service sites and subrecipients routinely.
* Subrecipients that meet the criteria in 45 CFR § 75 are audited annually, as required.

**Procedure:** *[Agency may want to include the following]*

* Description of the different types of monitoring that are done, review tools that are used, and the frequency with which it is done (i.e., monthly or quarterly financial statements/requests for reimbursements; annual desk audits; comprehensive site reviews, audit reports, management letters, etc.).
* How the agency follows up on monitoring findings.
* Identification of any enforcement action that may be taken and what constitutes the need for enforcement.
* How the agency obtains and monitors financial audits for subrecipient sites that meet audit requirements and how it follows up on any findings.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Subrecipient Monitoring and Engagement #2: Subrecipient Contract Requirements

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring that every subaward is clearly identified to the subrecipient as a subaward and includes the required information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the recipient (i.e., pass-through entity) must provide the best information available to describe the federal award and subaward.

As noted in 45 CFR § 75.352, the required information includes:

1. Federal Award Identification:
Subrecipient name (which must match the name associated with its unique entity identifier;
Subrecipient's unique entity identifier;
Federal Award Identification Number (FAIN);
Federal award date (see § 75.2 federal award date) of award to the recipient by the HHS awarding agency;
Subaward period of performance start and end date;
Amount of federal funds obligated by this action by the recipient to the subrecipient;
Total amount of federal funds obligated to the subrecipient by the recipient including the current obligation;
Total amount of the federal award committed to the subrecipient by the recipient;
Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);
Name of HHS awarding agency, recipient, and contract information for awarding official of the recipient;
CFDA number and name; the recipient must identify the dollar amount made available under each federal award and the CFDA number at time of disbursement;
Identification of whether the award is R&D; and
Indirect cost rate for the federal award (including if the de minimis rate is charged per § 75.414).
2. All requirements imposed by the recipient on the subrecipient so that the federal award is used in accordance with federal statutes, regulations, and the terms and conditions of the federal award.
3. Any additional requirements that the recipient imposes on the subrecipient in order for the recipient to meet its own responsibility to the HHS awarding agency, including identification of any required financial and performance reports.
4. An approved federally recognized indirect cost rate negotiated between the subrecipient and the federal government or, if no such rate exists, either a rate negotiated between the recipient and the subrecipient (in compliance with 45 CFR § 75), or a de minimis indirect cost rate as defined in § 75.414(f).
5. A requirement that the subrecipient permit the recipient and auditors to have access to the subrecipient's records and financial statements as necessary for the recipient to meet the requirements of 45 CFR § 75.
6. Appropriate terms and conditions concerning closeout of the subaward.

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Subrecipient Contract Requirements**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Subrecipient Monitoring and Engagement #2 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=24>) 45 CFR §75.352 Requirements for Pass Through Entities [(https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75/subpart-D/subject-group-ECFR8447823477e44a7/section-75.352)](file:///C%3A%5CUsers%5Cjfoley%5CDownloads%5C%28https%3A%5Cwww.ecfr.gov%5Ccurrent%5Ctitle-45%5Csubtitle-A%5Csubchapter-A%5Cpart-75%5Csubpart-D%5Csubject-group-ECFR8447823477e44a7%5Csection-75.352%29)2021 Title X Final Rule 42 CFR § 59.5(a)(11)(ii)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>)  |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* All subaward contracts include the required information contained in 45 CFR § 75.352.
* Indirect cost rate charged to the award is [*none/federally recognized and approved/ charged according to the de minimus rate*].

**Procedure:** *[Agency may want to include the following]*

* Description of what information is included in any subaward contract.
* If agencies allow subawards to claim indirect costs, and if so, how agencies approve indirect cost rates (in compliance with 45 CFR § 75).
* Outline any terms and conditions that are included on the subaward.
* Definition of terms and conditions related to closing out the subaward.
* Frequency and type of activities recipient conducts to involve subrecipients in the establishment of recipient policies and guidelines.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Subrecipient Monitoring and Engagement #3, #4, #6, #8: Subrecipient Risk Evaluation and Follow-Up

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring that each subrecipient is evaluated for risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring in accordance with 45 CFR § 75.352(d) and (e). (45 CFR § 75.352(b))

Recipients may consider imposing specific subaward conditions upon a subrecipient if appropriate as described in 45 CFR § 75.207. (45 CFR § 75.352(c))

Depending upon the recipient’s assessment of risk posed by the subrecipient, employ the following monitoring tools that may be useful for the recipient to ensure proper accountability and compliance with program requirements and achievement of performance goals; providing subrecipients with training and technical assistance on program-related matters; and performing on-site reviews of the subrecipient's program operations; and arranging for agreed-upon-procedures engagements as described in 45 CFR § 75.425. (45 CFR § 75.352(e))

Recipients should consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the recipient’s own records. (45 CFR § 75.352(g))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Subrecipient Risk Evaluation and Follow-Up** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Subrecipient Monitoring and Engagement #3, #4, #6, #8 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=24>)45 CFR § 75.352(d) and (e), 45 CFR § 75.352(b), 45 CFR § 75.352(g) - Requirements for Pass Through Entities(<https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#75.352>)45 CFR § 75.425 Audit Services([https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75 - 75.425](https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#75.425)) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Each subrecipient is evaluated for risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring.

**Procedure:** *[Agency may want to include the following]*

* How the agency evaluates potential subrecipients for their risk of noncompliance.
* Definition of any conditions that may be put on awards based on their risk level.
* List of monitoring tools that may be used for subawards.
* How the agency determines when a subaward’s noncompliance necessitates notification to the Office of Population Affairs and the process for doing so.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Subrecipient Monitoring and Engagement #10: Consolidation of Service Areas or Health Resources

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring that if an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential subrecipients that have previously provided or propose to provide family planning services to the area proposed to be served by the applicant. (42 CFR § 59.5(a)(11)(i))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | Consolidation of Service Areas or Health Resources |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Financial Accountability #10 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=24)>2021 Title X Final Rule 42 CFR § 59.5(a)(11)(i)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>)  |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Local or regional entities that would be affected by the consolidation of services are given, to the maximum feasible extent, an opportunity to participate in the development of the application.

**Procedure:** *[Agency may want to include the following]*

* How the agency identifies local and regional entities that would be affected by the consolidation of services.
* How the agency provides opportunities for such entities to have input on the project.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Subrecipient Monitoring and Engagement #11: Subrecipient Inclusion in Recipient Policy Establishment

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring existing and potential subrecipient agencies are given an opportunity for maximum participation in the ongoing policy decision making of the project. (42 CFR § 59.5(a)(11)(ii))

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| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Subrecipient Inclusion in Recipient Policy Establishment** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Subrecipient Monitoring and Engagement #11 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=25>) 2021 Title X Final Rule 42 CFR § 59.5(a)(11)(ii)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5> ) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Existing and potential subrecipient agencies are given an opportunity for maximum participation in the ongoing policy decision making of the project.

**Procedure:** *[Agency may want to include the following]*

* How the agency identifies potential subrecipients.
* How the agency provides opportunities for existing and potential subrecipient agencies to have input on the project.
* Frequency and type of activities recipient conducts to involve subrecipients in the establishment of recipient policies and guidelines.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

##

## Community Education, Participation, and Engagement

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Community Education, Participation, and Engagement #1: Community Education and Engagement

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation to provide for opportunities for community education, participation, and engagement to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client centered, quality family planning services. (42 CFR § 59.5(b)(3))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Community Education and Engagement** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Community Education, Participation, and Engagement #1(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=25>) 2021 Title X Final Rule 42 CFR § 59.5(b)(3)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Community education, participation, and engagement activities are conducted to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client centered, quality family planning services

**Procedure:** *[Agency may want to include the following]*

* How the agency provides community education, participation, and engagement to:
	+ inform the community of the objectives of the program to advance community understanding;
	+ inform the community of the availability of services; and
	+ promote continued participation in the project.
* How the agency identifies diverse audiences for whom family planning services may be beneficial, such as by conducting a needs assessment.
* How the agency engages diverse audiences for whom family planning services may be beneficial such as through developing a community education, participation and engagement plan that identifies objectives of engagement and intended audiences.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Community Education, Participation, and Engagement #2: Collaborative Planning and Community Engagement

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation to provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community’s needs for family planning services. (42 CFR § 59.5(b)(10))

|  |  |
| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Collaborative Planning and Community Engagement** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Community Education, Participation, and Engagement #2(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=25>) 2021 Title X Final Rule 42 CFR § 59.5(b)(10)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Community engagement plans are developed and implemented to ensure that individuals broadly representative of the population are being served, and those
who are knowledgeable about the community’s needs for family planning services,
participate in developing, implementing, and evaluating the Title X project.

**Procedure:** *[Agency may want to include the following]*

* Process by which diverse community members (identified through needs assessment) are involved in efforts to develop, assess, and/or evaluate the family planning project.
* Process for documenting community engagement activities (e.g., community engagement plan, reports, meeting minutes).
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

##

## Information and Education (I&E)

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Information and Education (I&E) #1, #2: I&E Materials Review and Approval

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation to have an advisory committee (sometimes referred to as information and education committee) that reviews and approves print and electronic informational and educational materials developed or made available under the project, prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of Title X. The project shall not disseminate any materials which are not approved by the advisory committee. (Section 1006(d)(1) and (2), PHS Act; 42 CFR § 59.6(a))

Think specifically about the print and electronic materials made available to Title X clients under the Title X project when considering which materials require review and approval by the advisory committee. To help identify which materials require review and approval by the advisory committee, Title X projects should think specifically about the materials that they are making available to Title X clients under the Title X project. For Title X projects that provide non-Title X services (e.g., hospitals, FQHCs), this does not include all possible materials that a Title X client may find on the organization’s website or as they walk through the building, but only those specific materials that are made available to the Title X client under the Title X project and those materials developed specifically for the Title X client. If the material is intended to be provided to the client as information and education, it should be reviewed by the advisory committee; this does not include tweets. (2021 Final Rule FAQs)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **I&E Materials Review and Approval** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Information and Education (I&E) #1, #2 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=26>) Section 1006(d)(1) and (2), Public Health Service (PHS) Act (<https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf>)2021 Title X Final Rule 42 CFR § 59.6(a)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.6#p-59.6(a)>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* All I&E materials developed or made available under the Title X project are reviewed and approved by an I&E Advisory Committee prior to their distribution.
* While I&E materials shared on social media undergo an I&E Advisory Committee review and approval process, social media posts themselves do not require I&E Advisory Committee approval and are instead subject to ***(reference Agency social media policy)***.

**Procedure:** *[Agency may want to include the following]*

* Identification of whether the recipient implements the materials review and approval process for all subrecipients and/or service sites at the recipient level, or requires that each subrecipient develop its own process for meeting this requirement.
* Process for reviewing materials (e.g., in person, virtually, electronically).
* Criteria (and any relevant review tools) I&E Advisory Committee members use for reviewing and approving materials to ensure that they are suitable for the population and community for which they are intended and to ensure their consistency with Title X Program Expectations.
* Frequency of materials review and approval process.
* Documentation (e.g., roster of committee members, list of materials reviewed including dates reviewed and approved, meeting minutes) to demonstrate compliance with this requirement.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Information and Education (I&E) #3: I&E Advisory Committee Membership

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation to establish and maintain an advisory committee that:

1. consists of no fewer than five members and up to as many members the recipient determines and
2. includes individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality). (Section 1006(d)(2), PHS Act; 42 CFR § 59.6(b))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **I&E** **Advisory Committee Membership** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Information and Education (I&E) #3 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=26>) Section 1006(d)(2),Public Health Service (PHS) Act (<https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf>)2021 Title X Final Rules 42 CFR 59.6(b)(1), and 42 CFR § 59.6(b)(2) ([https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.6 - p-59.6](https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.6#p-59.6)) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* I&E Advisory Committee(s) established for the materials review and approval process consists of at least five members.
* The committee includes individuals broadly representative of the population or community for which the materials are intended.

**Procedure:** *[Agency may want to include the following]*

* Specification of the number of members that are included in the I&E Advisory Committee (e.g., five or more).
* Specification of demographic factors that are met by the I&E Advisory Committee with special consideration given to client population needs specific to the clinic (or clinics) being served, such as foreign language-speaking populations or specific ethnic or minority groups served.
* Process to document compliance with the membership size requirement for any I&E Advisory Committee (e.g., updated lists/rosters, meeting minutes).
* Process to document that an I&E Advisory Committee is active (e.g., meeting minutes).
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Information and Education (I&E) #4: I&E Advisory Committee Requirements

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectations for an I&E Advisory Committee that must:

* Consider the educational, cultural, and diverse backgrounds of the individuals to whom the material is addressed
* Consider the standards of the population or community to be served with respect to such materials
* Review the content of the material to assure that the information is factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma-informed
* Determine whether the material is suitable for the population or community to which it is to be made available
* Establish a written record of its determinations. (Section 1006(d), PHS Act; 42 CFR § 59.6(b)(3))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **I&E Advisory Committee Requirements** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Information and Education (I&E) #4 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=26>) Section 1006(d)(1), Public Health Service (PHS) Act [(https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a\_0.pdf)](https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf%29)2021 Title X Final Rules 42 CFR § 59.6(b)(3)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.6#p-59.6(b)>) |
| **Additional Resources** | CDC Health Literacy Resources(<https://www.cdc.gov/healthliteracy/developmaterials/testing-messages-materials.html>) (<https://www.cdc.gov/healthliteracy/culture.html>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* The I&E Advisory Committee determines whether a material is suitable for the intended population or community through a documented review and approval process that includes:
	+ Consideration of the educational, cultural, and diverse backgrounds of the individuals to whom the materials are addressed,
	+ Consideration of the standards of the population or community to be served, and
	+ Assessment of whether material content is factually correct and medically accurate, culturally and linguistically appropriate, inclusive, and trauma-informed.

**Procedure:** *[Agency may want to include the following]*

* Process for conducting I&E material reviews.
* Process for assessing whether material content is factually correct and medically accurate.
* Process for assessing whether material content is culturally and linguistically appropriate.
* Process for assessing whether material content is inclusive.
* Process for assessing whether material content is trauma-informed.
* Criteria (and any relevant review tools) that I&E Advisory Committee members use to ensure that the materials are suitable for the population and community for which they are intended.
* Process for ensuring that reviewers are proficient in the language of the material being reviewed.
* Process for documenting compliance with all I&E Advisory Committee requirements (i.e., meeting minutes, review form used).
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

## Staff Training

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Staff Training #1, #2, #3, #4

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with
the requirements for staff training to include:

* Provide for orientation and in-service training for all project personnel. (42 CFR § 59.5(b)(4))
* Ensure routine training of staff on federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking.
* Ensure routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.
* Continue training as noted above on an annual basis. In addition, the Office of Population Affairs recommends that Title X recipients provide routine training in accordance with the Reproductive Health National Training Center’s (RHNTC) Title X Training Requirements Summary job aid.

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Staff Training**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Staff Training #1, #2, #3, #4 ([https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf - page=27](https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=27)) 2021 Title X Final Rules 42 CFR § 59.5(b)(4)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.5>) |
| **Additional Resources** | RHNTC Title X Training Requirement Summary Job Aid (https://rhntc.org/resources/federal-title-x-training-requirements-summary) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Orientation and in-service training for all project personnel is provided by the project.

**Procedure:** *[Agency may want to include the following]*

* Description of orientation provided to new staff members, and the time period they have to complete such training.
* Description of annual staff training and staff training that occurs once per project period.
* Instructions for where to access and document staff training.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

##

## Quality Improvement (QI) and Quality Assurance (QA)

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Quality Improvement (QI) and Quality Assurance (QA) #1, #2:QI/QA Plans

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation to develop and implement a QI/QA assurance plan that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision making regarding the provision of services, and assess patient satisfaction. (PA-FPH-22-001 NOFO)

These plans are expected to address oversight and service provision at the recipient level, the subrecipient level, and the service site level within their QI/QA plan. (PA-FPH-22-001 NOFO and FY 22 Notice of Award Special Terms and Requirements)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **QI/QA Plans** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Quality Improvement and Quality Assurance #1, #2 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=27>) [PA-FPH-22-001 NOFO](https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156) (<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156>)FY 22 Notice of Award Special Terms and Requirements |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* A QI/QA plan is in place that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision making regarding the provision of services, and assess patient satisfaction.

**Procedure:** *[Agency may want to include the following]*

* Description of the difference between QA, QI, and how each is implemented.
* Process for identifying QA/QI topics.
* The frequency with which each QA/QI topic is reviewed.
* What Family Planning Annual Report (FPAR) data is used to help inform the QA/QI plan.
* How QA/QI outcomes are followed up on and/or monitored.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Quality Improvement (QI) and Quality Assurance (QA) #3: Family Planning Annual Report (FPAR) Requirement

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring submission of a Family Planning Annual Report (FPAR). The information collection (reporting requirements) and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0479 (Expires 9/30/2024). The FPAR data elements, instrument, and instructions are found on the Office of Population Affairs (OPA) website at http://opa.hhs.gov. Recipients are expected to use the FPAR data to inform their QI/QA activities. (PA-FPH-22-001 NOFO and FY 22 Notice of Award Special Terms and Requirements)

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **FPAR Requirement**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Quality Improvement and Quality Assurance #3 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=27>) [PA-FPH-22-001 NOFO](https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156) (<https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156>)FY 22 Notice of Award Special Terms and Requirements |
| **Additional Resources** | FPAR Instructions (<https://opa.hhs.gov/research-evaluation/title-x-services-research/family-planning-annual-report/family-planning-annual>) |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* FPAR data is routinely collected and reported to OPA.

**Procedure:** *[Agency may want to include the following]*

* How FPAR data elements are collected.
* The process for and frequency with which FPAR reports are obtained from service sites and/or subrecipients.
* How FPAR data is reviewed to ensure accuracy.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

##

## Prohibition of Abortion

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Prohibition of Abortion #1, #6: Medical Needs Referrals and Prohibition of Abortion as a Method of Family Planning

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that the project not provide abortion as a method of family planning as part of the Title X project. (Section 1008, PHS Act; Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022); 42 CFR § 59.5(a)(5))

Where a referral to another provider who might perform an abortion is medically indicated because of the patient's condition or the condition of the fetus (such as where the woman's life would be endangered), such a referral by a Title X project is not prohibited by section 1008 and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications. (65 Fed. Reg. 41281 (July 3, 2000))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Medical Need Referrals and Prohibition of Abortion as a Method of Family Planning**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Prohibition of Abortion #1, #6 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=27>) Section 1008, Public Health Service (PHS) Act (<https://opa.hhs.gov/sites/default/files/2020-07/title-x-statute-attachment-a_0.pdf>)2021 Title X Final Rule 42 CFR § Part 59.5(a)(5)(<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#59.5>)65 Fed. Reg. 41281 (July 3, 2000) Standards of Compliance for Abortion Related Services in Family Planning Services Projects (<https://www.govinfo.gov/content/pkg/FR-2000-07-03/pdf/00-16758.pdf>)Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022) (<https://www.congress.gov/117/plaws/publ103/PLAW-117publ103.pdf>)  |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Abortion is not provided as a method of family planning as part of the Title X project.
* Contracts with subrecipients include language on the prohibition against providing abortion as a method of family planning as part of the Title X project.
* Subrecipients have written policies and procedures that address this requirement.
* Financial documentation at service sites demonstrates that Title X funds are not being used for abortion services and adequate separation exists between Title X and non-Title X activities.
* A referral system to another provider is in place for a person when an abortion is medically indicated because of the client’s condition or the condition of the fetus.

**Procedure:** *[Agency may want to include the following]*

* Definition of what constitutes a medically indicated referral and resources for those clients in need of such a referral.
* Process that documents financial separation between Title X and non-Title X services.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this requirement.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Prohibition of Abortion #2: Prohibition of Abortion Facilitation

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the prohibition from providing services that directly facilitate the use of abortion as a method of family planning, such as providing transportation for an abortion, explaining and obtaining signed abortion consent forms from clients interested in abortions, negotiating a reduction in fees for an abortion, and scheduling or arranging for the performance of an abortion, promoting or advocating abortion within Title X program activities, or failing to preserve sufficient separation between Title X program activities and abortion-related activities. (65 Fed. Reg. 41281 (July 3, 2000))

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| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Prohibition of Abortion Facilitation** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Prohibition of Abortion #2 (<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=27>) 65 Fed. Reg. 41281 (July 3, 2000) Standards of Compliance for Abortion Related Services in Family Planning Services Projects (<https://www.govinfo.gov/content/pkg/FR-2000-07-03/pdf/00-16758.pdf>)  |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Services that directly facilitate the use of abortion as a method of family planning, such as providing transportation for an abortion, explaining and obtaining signed abortion consent forms from clients interested in abortions, negotiating a reduction in fees for an abortion, and scheduling or arranging for the performance of an abortion, promoting or advocating abortion, are prohibited using Title X funds.
* If services that directly facilitate the use of abortion as a method of family planning are provided, they are identified as non-Title X services
* Costs associated with non-Title X services are separated and distinguished from Title X costs.

**Procedure:** *[Agency may want to include the following]*

* How the agency ensures that staff do not facilitate the use of abortion.
* If the agency does provide services that directly facilitate the use of abortion as a method of family planning, the process by which non-Title X costs are separated and distinguished from Title X costs.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Prohibition of Abortion #3: Prohibition of Abortion Advocacy

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that projects prohibit promoting or encouraging the use of abortion as a method of family planning through advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning. Films that present only neutral, factual information about abortion are permissible. Title X-funded agencies may be a dues-paying participant in a national abortion advocacy organization, so long as there are other legitimate program-related reasons for the affiliation (such as access to certain information or data useful to the Title X project). Title X-funded agencies may also discuss abortion as an available alternative when a family planning method fails in a discussion of relative risks of various methods of contraception. (65 Fed. Reg. 41281, 41282 (July 3, 2000))

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| --- | --- |
| **Policy Information** | **Description** |
| **Title** | **Prohibition of Abortion Advocacy** |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Prohibition of Abortion #3(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=28>) 65 Fed. Reg. 41281 (July 3, 2000) Standards of Compliance for Abortion Related Services in Family Planning Services Projects (<https://www.govinfo.gov/content/pkg/FR-2000-07-03/pdf/00-16758.pdf>)  |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* ***[Agency]***does not promote or encourage the use of abortion as a method of family planning through advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning.
* Abortion may be discussed as an available alternative when a family planning method fails in a discussion of relative risks of various methods of contraception (65 Fed. Reg. 41281, 41282 (July 3, 2000)).

**Procedure:** *[Agency may want to include the following]*

* Reference to any clinical policy that provides information on how clients seeking abortion services are counseled.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Prohibition of Abortion #4: Separation of Title X and Non-Title X Activities

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that non-Title X abortion activities are separate and distinct from Title X project activities. Where Title X-funded agencies conduct abortion activities that are not part of the Title X project and would not be permissible if they were, the recipient must ensure that the Title X-supported project is separate and distinguishable from those other activities. What must be looked at is whether the abortion element in a program of family planning services is so large and so intimately related to all aspects of the program as to make it difficult or impossible to separate the eligible and noneligible items of cost. The Title X project is the set of activities the recipient agreed to perform in the relevant grant documents as a condition of receiving Title X funds. A grant applicant may include both project and non-project activities in its grant application, and, so long as these are properly distinguished from each other and prohibited activities are not reflected in the amount of the total approved budget, no problem is created. Separation of Title X from abortion activities does not require separate recipients or even a separate health facility, but separate bookkeeping entries alone do not satisfy the spirit of the law. Mere technical allocation of funds, attributing federal dollars to non-abortion activities, is not a legally supportable avoidance of Section 1008. Certain kinds of shared facilities are permissible, so long as it is possible to distinguish between the Title X-supported activities and non-Title X abortion-related activities:

1. a common waiting room is permissible, as long as the costs properly prorated,
2. common staff is permissible, so long as salaries are properly allocated, and all abortion-related activities of the staff members are performed in a program which is entirely separate from the Title X project,
3. a hospital offering abortions for family planning purposes and also housing a Title X project is permissible, as long as the abortion activities are sufficiently separate from the Title X project, and
4. maintenance of a single file system for abortion and family planning patients is permissible, so long as costs are properly allocated. (65 Fed. Reg. 41281, 41282 (July 3, 2000)

| **Policy Information** | **Description** |
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| **Title** | **Separation of Title X and Non-Title X Activities**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Prohibition of Abortion #4(<https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=28>) 65 Fed. Reg. 41281 (July 3, 2000) Standards of Compliance for Abortion Related Services in Family Planning Services Projects (<https://www.govinfo.gov/content/pkg/FR-2000-07-03/pdf/00-16758.pdf>)  |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*:

* Non-Title X abortion activities are separate and distinct from Title X project activities.
* Financial documentation at service sites demonstrates that Title X funds are not being used for abortion services and adequate separation exists between Title X and non-Title X activities.
* If services that directly facilitate the use of abortion as a method of family planning are provided, they are identified as non-Title X services
* Costs associated with non-Title X services are separated and distinguished from Title X costs.

**Procedure (for agencies providing abortion services):** *[Agency may want to include the following]*

* Process by which non-Title X costs are separated and distinguished from Title X costs.
* If the agency does provide services that directly facilitate the use of abortion as a method of family planning, the process by which non-Title X costs are separated and distinguished from Title X costs.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).

*[INSERT AGENCY NAME AND LOGO]*

### FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

#### Prohibition of Abortion #5, #6: Referral for Abortion

The purpose of this policy is to describe ***(insert Agency Name)*** process for ensuring compliance (including the recipient, subrecipient, and service sites, as appropriate) with the expectation that a Title X project may not provide pregnancy options counseling which promotes abortion or encourages persons to obtain abortion, although the project may provide patients with complete factual information about all medical options and the accompanying risks and benefits. While a Title X project may provide a referral for abortion, which may include providing a patient with the name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider, the project may not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the patient. (65 Fed. Reg. 41281 (July 3, 2000))

Where a referral to another provider who might perform an abortion is medically indicated because of the patient's condition or the condition of the fetus (such as where the woman's life would be endangered), such a referral by a Title X project is not prohibited by Section 1008 and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications. (65 Fed. Reg. 41281 (July 3, 2000))

| **Policy Information** | **Description** |
| --- | --- |
| **Title** | **Referral for Abortion**  |
| **Effective Date** |  |
| **Revision Dates** |  |
| **Review Due Date** |  |
| **References** | Title X Program Handbook, Section 3, Prohibition of Abortion #5, #6([https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=27](https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=28)) 65 Fed. Reg. 41281 (July 3, 2000) Standards of Compliance for Abortion Related Services in Family Planning Services Projects (<https://www.govinfo.gov/content/pkg/FR-2000-07-03/pdf/00-16758.pdf>)  |
| **Approval Signature** |  |
| **Approved Date** |  |

**Policy:** *[Agency may want to include the following]*

* Pregnancy options counseling which promotes abortion or encourages persons to obtain abortion is prohibited.
* Clients are provided with complete factual information about all medical options and the accompanying risks and benefits for all options in which they indicate interest.
* When a client requests referral for pregnancy termination/abortion, they may be given a name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.). Staff will not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the client (65 Fed. Reg. 41281 (July 3, 2000)).
* Referral to another provider who might perform an abortion when it is medically indicated because of the client's condition or the condition of the fetus (such as where the person's life would be endangered are provided. Such a referral by a Title X project is not prohibited by Section 1008 and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications. (65 Fed. Reg. 41281 (July 3, 2000))

**Procedure:** *[Agency may want to include the following]*

* Subrecipient contract has language to ensure that pregnancy options counseling which promotes abortion or encourages persons to obtain abortion is prohibited.
* Definition of what constitutes a medically indicated referral and resources for those clients in need of such a referral.
* Recipient’s process for monitoring subrecipients and service sites to ensure compliance with this expectation.
* Process for notifying staff about this policy.
* Where staff notification is documented (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the recipient, subrecipient, and service site levels.
* How staff are trained and updated on changes to this policy.
* How staff can access this policy (location of paper and/or electronic versions).