**Implementing the Title X Program Guidelines: Program Review Tool**

# Background:

In 2014, the Office of Population Affairs (OPA) released updated Title X family planning program guidelines, hereafter referred to as “The Guidelines.” These Guidelines consist of two parts:

1. The Title X *Program Requirements*, which lays out the Federal statutory and regulatory requirements of the Title X program.
2. *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs* (QFP), which provides clinical recommendations for how to provide family planning services in a manner that is consistent with the best available scientific evidence.

**While this tool is intended for use by Office of Population Affairs staff and consultants, it may also be used by Title X grantees as a self-assessment and can also be adapted for use by grantees for monitoring their sub-recipients and service sites.**

The tool describes strategies that grantees may use to operationalize applicable Title X statutory and regulatory requirements and lays out the minimum expectations for compliance. The document also illustrates how a grantee can implement QFP in a way that ensures quality care is provided throughout the Title X project.

This tool focuses on Sections 8-13 of the *Program Requirements* because these are the sections that outline the key operational elements of a Title X family planning services project.

**In cases where the grantee relies on other entities (sub-recipients) for the provision of family planning services, the grantee is responsible for ensuring that sub-recipients are in compliance with the Title X program requirements.**

# Scoring Instructions:

There are two types of assessments that will be generated by OPA upon completion of the program review tool:

1. **Title X Program Requirements Assessment: Met/Not Met/N/A**

|  | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** |
| --- | --- | --- | --- |
| **Option A: Questions Applying to Grantee Only** | [ ]  | [ ]  |  |
| **Option B: Questions Applying to Grantee, with N/A Option** | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  |
| **Option C:** Questions Applying to Grantee **and** Sub-Recipient/Service Sites | [ ]  | [ ]  | Site A: MetSite B: MetSite C: Not Met |

This assessment relates to the grantee’s compliance with the statute and regulations. For these requirements, the grantee will receive an assessment of compliance and will receive a rating of “**met**” or” **not met**.” The evidence that minimum criteria have been met will be determined based on both grantee and sub-recipient records and observation at grantee administrative offices and selected service sites as part of the monitoring process. Grantees will be evaluated using the list of evidence items in the implementation strategy column. These are minimum elements that the grantee should have on site or otherwise readily available as evidence that the project meets requirements. Evidence may include but is not limited to, policies, procedures, protocols, documentation of training, direct visual confirmation per consultants and/or regional office staff to ensure that what is contained in written policy or instructions is actually being carried out, or any other form of documentation that substantiates that the project is operating in accordance with the Title X Program Requirements.

1. **QFP Quality Assessment Score**

**Quality Assessment Score Options**

| **Check** | **Scoring Option** |
| --- | --- |
| [ ]  | **Exceptional** ([all] Quality Indicators Evident + Best Practices In Place)  |
| [ ]  | **Good** ([half or more] Quality Indicators Evident) |
| [ ]  | **Fair** ([half or fewer] Quality Indicators Evident) |
| [ ]  | 0 Quality Indicators Evident |

This assessment reflects the extent to which the grantee has implemented key aspects of QFP within each item. Sections within the document identify where there is a relationship between the Program Requirements and QFP. Grantees will be assessed based on evidence that certain **Quality Indicators** are in place. Consideration is also given to additional quality indicators, best practices, or highly innovative approaches. The quality assessment score (0, Fair, Good, or Exceptional) is based on the number of Quality Indicators evident per section, and will serve as a tool for OPA and the grantee to recognize achievement in the individual sections assessed as well as identify areas in need of improvement and/or technical assistance.

# Definitions

| Term | Definition |
| --- | --- |
| Title X Program Requirement | Requirements applicable to the Title X program, as set out in the Title X statute and implementing regulations (42 CFR part 59, subpart A), and in other applicable Federal statutes, regulations and policies. |
| Implementation Strategy | Implementation strategy includes the grantee’s mechanism for ensuring compliance with Title X requirements. This includes providing evidence on site or otherwise readily available to document and demonstrate that the project meets requirements. The examples listed in the program review tool do not represent an exhaustive list. Evidence may include but is not limited to, policies, procedures, protocols, documentation of training, or any other form of documentation that substantiates that the project is operating in accordance with the Title X Program Requirements and Recommendations for Providing Quality Family Planning Services (QFP). |
| Family Planning Services | Services that are directly related to preventing unintended pregnancies as well as achieving planned pregnancies that result in healthy birth outcomes. This includes contraceptive services, pregnancy testing and counseling, services to assist with achieving pregnancy, basic infertility services, STD services, and other preconception health services. These services should be offered to both women and men in accordance with QFP. Title X providers should be trained and equipped to offer these services.  |
| Related Preventive Health Services  | Services that are considered to be beneficial to reproductive health, are closely linked to family planning services, and are appropriate to deliver in the context of a family planning visit but do not contribute directly to achieving or preventing pregnancy (e.g., breast and cervical cancer screening). Title X providers should be trained and equipped to offer these services. |
| Other Preventive Health Services | These include other preventive health services for women and men that are not listed above. Screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis are examples. Although important in the context of primary care, these have no direct link to family planning services. Clients should be provided referrals for these as well as other primary care services, but they should not be considered a Title X service. |

# Reviewer Codes

|  A Administrative Reviewer | These initials in the Implementation Strategy Column identify which reviewer will complete the assessment for that element. |
| --- | --- |
|  C Clinical Reviewer |
|  F Financial Reviewer |

# **Program Review Tool**

| **Grantee Information** | **Regional Information** | **Review Information** |
| --- | --- | --- |
| **Grantee Name:**  | **Region:** | **Reviewer Name:** |
| **Sites Evaluated:**1. **\_\_\_\_**
2. **\_\_\_\_**
3. **\_\_\_\_**
 | **Regional Project Officer:** | **Dates of Review:** |

# 8: Project Management and Administration

All projects receiving Title X funds must provide services of high quality and be competently and efficiently administered.

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| --- |
| 8.1: Voluntary Participation |
| **Section 8.1.1: Voluntary and Non-Coercive Services**Family planning services are to be provided solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)). Clients cannot be coerced to accept services or to use or not use any particular method of family planning (42 CFR 59.5 (a)(2)).Grantees should institutionalize administrative procedures (i.e., staff training, clinical protocols, and consent forms) to ensure clients receive services on a voluntary basis. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee has written policies and procedures that specify services are to be provided on a voluntary basis. If the grantee does not provide all services directly, and sub-contracts for services to be performed, the grantee’s policies and procedures and contract language specifies that all sub-recipients provide services solely on a voluntary basis.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Documentation at service sites demonstrates (e.g., staff circulars, training curriculum and records) staff has been informed at least once during the current project period that services must be provided on a voluntary basis.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Administrative policies used by service sites include a written statement that clients may not be coerced to use contraception, or to use any particular method of contraception or service.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. General consent forms or other documentation at service sites inform clients that services are provided on a voluntary basis
 |  |
| A  | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 4a. Record Review at service sites demonstrates that each client has signed a general consent form or other documentation that demonstrates they have received assurance that services are voluntary. |  |
| **8.1.1 Link to QFP: Client-Centered Counseling**A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered, which includes providing services on a voluntary basis. The key principles of providing quality, client-centered counseling include: 1) Establish and maintain rapport with the client, 2) Assess the client’s needs and personalize discussions accordingly, 3) Work with the client interactively to establish a plan, 4) Provide information that can be understood and retained by the client, and 5) Confirm client understanding. These principles are useful when developing counseling protocols that ensure voluntary participation. (See Appendix C of QFP for additional detail.)Observation of counseling process, including I&E material provided, at service sites demonstrates that the five principles of quality counseling are utilized when providing family planning services. |
| **Reviewer Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| C | **Yes** [ ]  | **No** [ ]  | 1. Establish and maintain rapport with the client.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Assess the client’s needs and personalize discussions accordingly.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Work with the client interactively to establish a plan.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Provide information that can be understood and retained by the client.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Confirm client understanding.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | + Additional quality indicators, best practices, or highly innovative approaches | **If Yes, describe:** |
| **8.1.1 Quality Assessment Score:**  | [ ]  | **Exceptional** (All 5 Quality Indicators Evident + Best Practices In Place)  |
| [ ]  | **Good** (3 – 5 Quality Indicators Evident) |
| [ ]  | **Fair** (1 – 2 Quality Indicators Evident) |
| [ ]  | 0 Quality Indicators Evident |
| **Section 8.1.2: Acceptance of FP Services not a Prerequisite for Eligibility or Services**A client’s acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or sub-recipient (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).Grantee should institutionalize administrative procedures (e.g., staff training, clinical protocols, and consent forms) to ensure clients’ receipt of family planning services is not used as a prerequisite to receipt of other services from the service site. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. The grantee has a written policy that prohibits their service sites, and any sub-recipient service sites from making the acceptance of family planning services a prerequisite to the receipt of any other services.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Documentation at the service site(s) (e.g., staff circulars, training curriculum) indicates staff has been informed at least once during the current project period that a client’s receipt of family planning services may not be used as a prerequisite to receipt of any other services offered by the service site.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Administrative policies at service sites include a written statement that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. General consent forms or other documentation provided to clients states that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
 |  |
| C  | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Medical record review demonstrates that each client has signed a general consent form stating receipt of family planning services is not a prerequisite to receipt of any other services offered.
 |  |
| **Section 8.1.3: Personnel Awareness**Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee has written policies and procedures that require that all staff of the grantee, sub-recipients, and service sites is informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
 |  |
| A | [ ]  | [ ]  |  | 1. Documentation at the grantee level demonstrates that staff has been informed at least once during the current project period that they are subject to this requirement.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Documentation at sub-recipients and service sites (e.g., staff circulars, training records) demonstrates that staff has been informed at least once during the current project period that they are subject to this requirement.
 |  |
| **8.1 Additional Comments:** [e.g., “Met 10 out of 10 requirements”] |

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| 8.2: Prohibition of Abortion |
| Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning. Systems must be in place to assure adequate separation of any non-Title X activities from the Title X project. Grantee has documented processes to ensure that they and their sub-recipients are in compliance with Section 1008. Grantees should include language in sub-recipient contracts addressing this requirement. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee has written policies and procedures that prohibit sub-recipients and/or service sites from providing abortion as part of the Title X project.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Grantee includes language in sub-recipient contracts addressing this requirement.
 |  |
| F  | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. 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.
 |  |
| **8.2 Additional Comments:**  |

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| 8.3: Structure and ManagementFamily planning services under a Title X grant may be offered by grantees directly and/or by sub-recipient agencies operating under the umbrella of a grantee. However, the grantee is accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by sub-recipients. Where required services are provided by referral, the grantee is expected to have written agreements for the provision of services and reimbursement of costs as appropriate. |
| **Section 8.3.1: Written Sub-Recipient Agreements and Standards**The grantee must have a written agreement with each sub-recipient and establish written standards and guidelines for all delegated project activities consistent with the appropriate section(s) of the Title X Program Requirements, as well as other applicable requirements (45 CFR parts 74 and 92). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Grantee has written agreements documenting that any entity(s) carrying out the scope of the contract do so in accordance with Title X and other applicable federal requirements.
 |  |
| **Section 8.3.2: Sub-Recipient Subcontracts**If a sub-recipient wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the grantee must be maintained by the sub-recipient (45 CFR parts 74 and 92). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Grantee has a signed agreement with any sub-recipient who subcontracts for responsibilities or services, requiring the sub-recipient to include compliance with Title X requirements in their subcontracts.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Documentation shows the Grantee has approved sub-recipient subcontracts.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Review of Grantee and sub-recipient monitoring reports demonstrates that the grantee ensures that the sub-recipient is monitoring the entity for compliance with Title X requirements.
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| **Section 8.3.3: Authorized Purchases**The grantee must ensure that all services purchased for project participants will be authorized by the project director or his designee on the project staff (42 CFR 59.5(b)(7)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Policies clearly indicate the approval process for any services that are purchased for participants.
 |  |
| F | [ ]  | [ ]  |  | 1. Documentation of purchases demonstrates that the grantee’s established policies and procedures are followed
 |  |
| **Section 8.3.4: Schedule of Rates and Payment Procedures**The grantee must ensure that services provided through a contract or other similar arrangement are paid for under agreements that include a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary (42 CFR 59.5(b)(9)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  | Question N/A (No Contracts)[ ]  | 1. Grantee contracts clearly indicate the schedule of rates and payment procedures for services.
 |  |
| F | [ ]  | [ ]  | Question N/A (No Contracts)[ ]  | 1. The grantee can substantiate that the rates are reasonable and necessary. This includes demonstrating the process and/or rationale used to determine payments, examples of financial records, applicable internal controls.
 |  |
| **Section 8.3.5: Sub-Recipient Inclusion in Grantee Policy Establishment**Sub-recipient agencies must be given an opportunity to participate in the establishment of ongoing grantee policies and guidelines (42 CFR 59.5 (a)(10)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | Question N/A (No Contracts)[ ]  | 1. Grantee policies identify the mechanism(s) used to involve sub-recipient agencies in the development of policies and guidelines.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Contracts)[ ]  | 1. Documentation exists and may include meeting minutes, conference calls, and webinars that demonstrates that sub-recipients participate in this process as indicated in the grantee policy.
 |  |

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| **Section 8.3.6: Financial Management System**The grantee and each sub-recipient must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Notice of Award, and which complies with Federal standards that will support effective control and accountability of funds, as required (45 CFR parts 74.20 and 92.20). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee financial policies and procedures can be referenced back to federal regulations as applicable.
 |  |
| F | [ ]  | [ ]  |  | 1. Grantee financial records and oversight documentation demonstrates that the financial management practices within all project sites are aligned with Title X and other applicable regulations and grants requirements.
 |  |
| **8.3 Additional Comments:** |

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| --- |
| 8.4: Charges, Billings, and CollectionsThe grantee is responsible for the implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the projects. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay. Projects should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services |
| **Section 8.4.1: FPL Guidance, Third Party Billing, and Income Verification**Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)).Although not required to do so, grantees that have lawful access to other valid means of income verification because of the client’s participation in another program may use those data rather than re-verify income or rely solely on the client’s self-report. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee has policies and procedures assuring that clients whose documented income is at or below 100% FPL are not charged for services and that third party payers are billed.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Financial documentation at the service site(s) indicates clients whose documented income is at or below 100% FPL are not charged for services.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Financial documentation at the service site(s) indicates that if a third party is authorized or legally obligated to pay for services, the project has billed accordingly.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Service sites follow a written policy and procedure for verifying client income that is aligned with Title X requirements.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Service site policy and procedures for verifying client income does not present a barrier to receipt of services.
 |  |
| **Section 8.4.2: Discount Schedules**A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL) (42 CFR 59.5(a)(8)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee has policies and procedures requiring that a schedule of discounts be developed for services provided in the project and updated periodically to be in line with the FPL.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Service site documentation indicates client income is assessed and discounts are appropriately applied to the cost of services.
 |  |
| **Section 8.4.3: Fee Waiver**Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee has policies and procedures that require sub-recipients to have a process to refer clients (or financial records) to the service site director for review and consideration of waiver of charges.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Documentation at the service site demonstrates a determination is made by the service site director, is documented and the client is informed of the determination.
 |  |
| **Section 8.4.4: Reasonable Costs/Fee Schedules**For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee has documented policies and procedures requiring sub-recipients and service sites to have a sound rationale and process for determining the cost of services.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Financial records indicate client income is assessed and that charges are applied appropriately to recover the cost of services.
 |  |
| **Section 8.4.5: Discount Eligibility for Minors**Eligibility for discounts for un-emancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee policies require service sites to have a process for determining whether a minor is seeking confidential services and stipulates that charges to adolescents seeking confidential services will be based solely on the adolescent’s income.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Client records at service sites indicate appropriate implementation of policy.
 |  |
| **Section 8.4.6: Third Party Payments**Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts (42 CFR 59.5(a)(9)).Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee policies and procedures require that all project sites bill insurance in accordance with Title X regulations.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. The grantee can demonstrate that it (and/or its sub-recipients) has contracts with insurance providers, including public and private sources.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Financial records indicate that clients with family incomes between 101%-250% FPL do not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
 |  |
| **Section 8.4.7: Title XIX / Title XX Agreements**Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or sub-recipient agency is required (42 CFR 59.5(a)(9)].. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee maintains written agreements and ensures they are kept current, as appropriate.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Documentation indicates that the grantee maintains oversight of its sub-recipients’ agreements with Title XIX and/or Title XX.
 |  |
| **Section 8.4.8: Confidential Collections** Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee has policies addressing collection by service sites that include safeguards that protect client confidentiality, particularly in cases where sending an explanation of benefits could breach client confidentiality.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Documentation at service sites demonstrates that clients’ services remain confidential when billing and collecting payments.
 |  |
| **Section 8.4.9: Voluntary Donations**Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Grantee policies and procedures indicate if the project service sites may request and/or accept donations.
 |  |
| F | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Onsite documentation and observation demonstrates that clients are not pressured to make donations and that donations are not a prerequisite to the provision of services or supplies. Observation may include signage, financial counseling scripts, or other evidence.
 |  |
| **8.4 Additional Comments:** |

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| --- |
| 8.5: Project PersonnelTitle X grantees must have approved personnel policies and procedures. |
| **Section 8.5.1: Personnel Policies**Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee has written policies and procedures in place that provide evidence that there is no discrimination in personnel administration at its organizations and within its sub-recipient network. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.
 |  |
| A | [ ]  | [ ]  |  | 1. There is evidence that the grantee monitors sub-recipients to ensure compliance with this requirement.
 |  |
| **Section 8.5.2: Cultural Competency**Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b)(10)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Written grantee policies and procedures that address how the project operationalizes cultural competency.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Documentation at service sites includes records of cultural competence training, in-services, client satisfaction surveys, or other documentation that supports culturally competent services.
 |  |
| **Section 8.5.3: Project Director**Projects must be administered by a qualified project director. Change in Status, including Absence of Principle Investigator/Project Director and Other Key Personnel requires pre-approval by the Office of Grants Management. For more information, see HHS Grants Policy Statement, 2007 Section II-54. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | Question N/A (No Changes)[ ]  | 1. Documentation that indicates any changes in project director have been submitted to and approved by the Office of Grants Management.
 |  |
| **Section 8.5.4: Clinical Leadership**Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5 (b)(6)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| C  | [ ]  | [ ]  |  | 1. Grantee organization demonstrates evidence that the medical/clinical services operate under the direction of a physician.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. There is evidence (e.g., medical advisory committee, board, and staff meetings) indicating involvement of the Medical Director in program operations.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Curriculum vitae of the Medical Director indicates special training or experience in family planning.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Clinic protocols are approved by the Medical Director.
 |  |

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| **Section 8.5.5: Salary**Appropriate salary limits will apply as required by law. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| F | [ ]  | [ ]  |  | 1. Documentation such as budgets and payroll records that indicate that the grantee is complying with required salary limits as documented in the most current family planning services Funding Opportunity Announcement (FOA).
 |  |
| **8.5 Additional Comments:** |

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| 8.6: Staff Training and Project Technical AssistanceTitle X grantees are responsible for the training of all project staff. Technical assistance may be provided by OPA or the Regional Office. |
| **Section 8.6.1: Personnel Training**Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites (42 CFR 59.5(b)(4)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee records demonstrate the assessment(s) of staff training needs and a training plan that addresses key requirements of the Title X program and priority areas.
 |  |
| A | [ ]  | [ ]  |  | 1. Grantee maintains written records of orientation, in-service and other training attendance by project personnel.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Grantee documentation demonstrates oversight of sub-recipient training plans and activities.
 |  |

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| **Section 8.6.2: Training on Federal/State Reporting Requirements**The project’s orientation/in-service training includes training on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee documentation includes evidence of staff training within the current project period specific to this area which may include attendance records and certificates.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Grantee documentation demonstrates oversight of sub-recipient training activities for these topics.
 |  |
| **Section 8.6.3: Training on Minors (Family Involvement and Coercion)**The project’s orientation/in-service training includes 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. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee policies ensure that staff has received training within the current project period on state-specific reporting/notification requirements.
 |  |
| A | [ ]  | [ ]  |  | 1. Documentation includes training attendance records/certificates which indicate that training on family involvement counseling and sexual coercion counseling has been provided.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Grantee documentation demonstrates oversight of sub-recipient training activities on these topics.
 |  |
| **8.6 Additional Comments:** |

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| 8.7: Planning and Evaluation |
| Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5 (b) (6) and (7)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee has a written plan for monitoring the delivery of all services described in approved grant application, including monitoring of sub-recipients.
 |  |
| A | [ ]  | [ ]  |  | 1. Grantee records document periodic assessment of work plan progress, including work plan revisions when needed.
 |  |
| A | [ ]  | [ ]  |  | 1. Grantee collects and submits data for the Family Planning Annual Report (FPAR) in a timely, complete, and accurate manner.
 |  |
| **8.7 Link to QFP: Framework for Program Evaluations**When designing evaluations, projects should follow the Recommendations for Providing Quality Family Planning Services, which defines what services to provide and how to do so and thereby provides a framework by which program evaluations can be developed. Projects should also follow the QFP that defines ‘quality’ care and describes how to conduct quality improvement processes so that performance is monitored and improved on an ongoing basis. QI activities should be overseen by the grantee and occur at both the grantee and sub-recipient levels. |
| **Reviewer Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| A | **Yes** [ ]  | **No** [ ]  | 1. Grantee demonstrates use of FPAR data to calculate for grantee level the percentage of adolescent and adult women at risk of unintended pregnancy who use: (a) a most or moderately effective method of contraception, and (b) long-acting reversible methods of contraception.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Grantee project records document the use of ongoing (i.e., at least annually) quality improvement processes related to the contraceptive use measure (see #1 above).
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Grantee demonstrates use of FPAR data to calculate for all service sites within the grantee’s network the percentage of adolescent and adult women at risk of unintended pregnancy who use: (a) a most or moderately effective method of contraception, and (b) long-acting reversible methods of contraception.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Grantee project records document the use of ongoing (i.e., at least annually) quality improvement processes related to the contraceptive use measure across all service sites within the grantee network (see #2 above), and a description of steps taken by the grantee, sub-recipients and service sites in response to findings.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Grantee project records demonstrate the use of data at service site level to monitor other aspects of quality care (e.g., client experience, chlamydia screening rates, timelines, and efficiency).
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Grantee has implemented HIT and can demonstrate how its use has increased its ability to monitor the quality of care.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | + Additional quality indicators, best practices, or highly innovative approaches | **If Yes, describe:** |
| **8.7 Quality Assessment Score:**  | [ ]  | **Exceptional** (All 6 Quality Indicators Evident + Best Practices In Place)  |
| [ ]  | **Good** (4 – 6 Quality Indicators Evident) |
| [ ]  | **Fair** (1 – 3 Quality Indicators Evident) |
| [ ]  | 0 Quality Indicators Evident |
| **8.7 Additional Comments:** |

# 9. Project Services and Clients

Projects funded under Title X are intended to enable all persons who want to obtain family planning care to have access to such services. Projects must provide for comprehensive medical, informational, educational, social, and referral services related to family planning for clients who want such services

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| 9.1: Priority Clients |
| Priority for project services is to persons from low-income families (Section 1006(c)(1), PHS Act; 42 CFR 59.5(a)(6)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Data submitted to the Family Planning Annual Report by the grantee demonstrates that more than half of clients served have incomes that are at or below 100% of the Federal Poverty Level (FPL).
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Grantee service site(s) are located in locations that are accessible for low-income persons.
 |  |
| **9.1 Additional Comments:** |

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| 9.2: Client Dignity |
| Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a)(3)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Grantee ensures protection of client privacy as evidenced in their policies and confirmed by consultant observation.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. A patient bill of rights or other documentation which outlines client’s rights and responsibilities.
 |  |

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| **9.2 Link to QFP: Cultural Competency and Client Dignity**A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered, which includes providing services in a respectful and culturally competent manner. |
| **Reviewer Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| A | **Yes** [ ]  | **No** [ ]  | 1. The grantee needs assessments or other documentation (including those of the sub-recipients) describe populations that may be in need of culturally competent care.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. The grantee has written policies and procedures that require their sites and sub-recipients to receive training in culturally competent care. This should include how to meet the needs of the following key populations: LGBTQ, adolescents, individuals with limited English-proficiency, and the disabled.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Documentation (e.g., training records) that demonstrates staff have received training in providing culturally competent care to populations identified in the needs assessment.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Observation of the clinic environment demonstrates that it 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,” language assistance).
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Client surveys document that clients perceive providers and other clinic staff to be respectful.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | + Additional quality indicators, best practices, or highly innovative approaches | **If Yes, describe:** |
| **9.2 Quality Assessment Score:**  | [ ]  | **Exceptional** (All 5 Quality Indicators Evident + Best Practices In Place)  |
| [ ]  | **Good** (3 – 5 Quality Indicators Evident) |
| [ ]  | **Fair** (1 – 2 Quality Indicators Evident) |
| [ ]  | 0 Quality Indicators Evident |
| **9.2 Additional Comments:** |

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| --- |
| 9.3: Non-Discriminatory Services |
| Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee has written policies and procedures that require their service sites and any sub-recipient sites to provide service without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status, and to inform staff of this requirement on an annual basis.
 |  |
| A | [ ]  | [ ]  |  | 1. Documentation (e.g., staff circulars, orientation documentation, training curricula) demonstrates that staff has been informed at least once during employment that services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Grantee has documentation of monitoring of sub-recipients for compliance with non-discrimination requirements.
 |  |
| **9.3 Additional Comments:** |

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| 9.4: Availability of Social Services |
| Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. The grantee’s needs assessment or other activities has documented the social service and medical needs of the community to be served, as well as ancillary services that are needed to facilitate clinic attendance, and identified relevant social and medical services available to help meet those needs.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. Grantee has a written policy that requires sub-recipients to develop and implement plans to address the related social service and medical needs of clients as well as ancillary services needed to facilitate clinic attendance.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. There is evidence of process to refer clients to relevant social and medical services agencies for example: child care agencies, transport providers, WIC programs. (Optimally signed, written collaborative agreements).
 |  |
| C  | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Medical records indicate that referrals were made based on documented specific condition/issues.
 |  |
| **9.4 Additional Comments:** |

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| --- |
| 9.5: Availability and Use of Referrals |
| Projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5 (b)(8). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee has a written policy that requires sub-recipients and service sites to develop and implement plans to coordinate with and refer clients to other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Service sites have evidence of processes for effective referrals to relevant agencies exist, including: emergency care, HIV/AIDS care and treatment agencies, infertility specialists, and chronic care management providers, and providers of other medical services not provided on-site (Optimally signed, written collaborative agreements).
 |  |
| **9.5 Additional Comments:** |

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| --- |
| 9.6: Clinical Protocols and Standards of Care |
| All grantees should assure services provided within their project operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  |  | 1. The grantee has written policies and procedures requiring sub-recipients and service sites to operate within written clinical protocols aligned with nationally recognized standards of care and signed by the medical director or physician responsible for the service site
 |  |
| C | [ ]  | [ ]  |  | 1. Documentation exists that the grantee monitors all service sites and sub-recipients for the existence of current written clinical protocols that are aligned with nationally recognized standards of care (such as QFP) and signed by the medical director or physician responsible for the service sites.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Medical records document that clinical services align with approved protocols.
 |  |
| **9.6 Link to QFP**Grantees should follow QFP, which defines “family planning” services (i.e., contraception, pregnancy testing and counseling, achieving pregnancy, basic infertility services, STD services, preconception health services), describes what services should be offered by family planning providers, and recommends how to provide those services by citing specific Federal and professional medical associations’ recommendations for clinical care. |
| **Reviewer Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| C | **Yes** [ ]  | **No** [ ]  | 1. Written clinical protocols include the full scope of family planning services as defined in QFP including contraception, pregnancy testing, and counseling, achieving pregnancy, basic infertility, STD, and preconception health services.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Service sites have current clinical protocols (i.e., revised within the past 12 months) that reflect the most current version of Federal and professional medical associations’ recommendations for each type of service, as cited in QFP.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Documentation that clinical staff has participated in training on QFP (e.g., training available from the Title X National Training Centers).
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. A review of medical records and/or observational assessment confirms that the recommended services are provided in a manner consistent with QFP including those identified in Tables 2 and 3 on pages 22-23.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | + Additional quality indicators, best practices, or highly innovative approaches | **If Yes, describe:** |
| **9.6 Quality Assessment Score:**  | [ ]  | **Exceptional** (All 4 Quality Indicators Evident + Best Practices In Place)  |
| [ ]  | **Good** (2 – 3 Quality Indicators Evident) |
| [ ]  | **Fair** (1 Quality Indicator Evident) |
| [ ]  | 0 Quality Indicators Evident |
| **9.6 Additional Comments:** |

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| --- |
| 9.7: Provision of Family Planning and Related Services |
| All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician’s consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b)(1)). This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  |  | 1. The grantee has written policies and procedures requiring sub-recipients and service sites to provide medical services related to family planning as indicated in this section. This should also be included in sub-recipient contracts.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Current written (i.e., updated within the past 12 months) clinical protocols clearly indicate that the following services will be offered to female, male and adolescent clients as appropriate: a broad range of contraceptives, pregnancy testing and counseling, services to assist with achieving pregnancy, basic infertility services, STD services, and preconception health services.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Breast and cervical cancer screening are available on-site and offered to female clients.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Written collaborative agreements with relevant referral agencies exist, including: emergency care, HIV/AIDS care and treatment providers, infertility specialists, primary care and chronic care management providers.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Medical records document that clients are provided referrals when medically indicated.
 |  |
| **9.7 Additional Comments:** |

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| --- |
| 9.8: Range of Family Planning Methods |
| All Projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. (42 CFR 59.5(a)(1)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Medical record reviews demonstrate that clients are provided a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents).
 |  |
| C | [ ]  | [ ]  |  | 1. Services provided by the grantee and each sub-recipient, when viewed in its entirety provide, a broad range of effective and medically (FDA-approved) methods and services.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. A review of the current stock of contraceptive methods demonstrates that a broad range of methods, including LARCs, are available onsite (optimally) or by referral.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Clinic protocols state that the following services will be provided to female, male, and adolescent clients as appropriate: contraception, pregnancy testing and counseling, services for achieving pregnancy, basic infertility services, STD services, and preconception health services.
 |  |
| C | [ ]  | [ ]  |  | 1. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.
 |  |

|  |
| --- |
| **9.8 Link to QFP**QFP notes the special needs of adolescent clients and recommends ways to address those needs, e.g., how to tailor contraceptive counseling for adolescents and ways to make services more youth-friendly.QFP also notes the need to offer a broad range of contraceptive methods, and that this is an important part of providing client-centered care that respects the individual’s choice. Projects should have a system in place to ensure continuous access to a broad range of FDA-approved contraceptive methods, optimally on-site. |
| **Reviewer Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| C | **Yes** [ ]  | **No** [ ]  | 1. All services listed in QFP are offered to female and male clients, including adolescents as specified in clinical protocols.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. A review of clinic/pharmacy records demonstrates no stock-out of any contraceptive method that is routinely offered occurred during the past 6 months.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Documentation that clinical staff has participated in training on QFP (e.g., training available from the Title X National Training Centers).
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. A review of the service site’s FPAR data demonstrates that the proportion of males receiving family planning services is close to or above the national average.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. A review of medical records confirms that adolescents have been counseled about abstinence, the use of condoms and other contraceptive methods, including LARCs.
 |  |
| A / C | **Yes** [ ]  | **No** [ ]  | + Additional quality indicators, best practices, or highly innovative approaches | **If Yes, describe:** |
| **9.8 Quality Assessment Score:**  | [ ]  | **Exceptional** (All 5 Quality Indicators Evident + Best Practices In Place)  |
| [ ]  | **Good** (3 – 5 Quality Indicators Evident) |
| [ ]  | **Fair** (1 – 2 Quality Indicators Evident) |
| [ ]  | 0 Quality Indicators Evident |
| **9.8 Additional Comments:** |

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| --- |
| 9.9: Durational Residency Requirements |
| Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b)(5)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. The grantee has a written policy stating that sub-recipient and service sites must provide services without the imposition of any durational residence requirement or a requirement that the client be referred by a physician.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Written clinic policies explicitly address this requirement.
 |  |
| **9.9 Additional Comments:** |

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| --- |
| 9.10: Pregnancy Diagnosis and Counseling |
| Projects must provide pregnancy diagnosis and counseling to all clients in need of these services (42 CFR 59.5(a)(5)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  |  | 1. The grantee has a written policy requiring its sites and all sub-recipients to provide pregnancy diagnosis and counseling services to all clients in need of these services.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Clinic inventory and medical records review demonstrates that pregnancy testing and counseling is available and offered to all clients in need of these services
 |  |

|  |
| --- |
| **9.10 Link to QFP**Projects should follow QFP, which describes how to provide pregnancy testing and counseling services, and cites the clinical recommendations of the relevant professional medical associations. |
| **Reviewer Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| C | **Yes** [ ]  | **No** [ ]  | 1. Written clinical protocols regarding pregnancy testing and counseling are in accordance with the recommendations presented in QFP, including reproductive life planning discussions and medical histories that include any coexisting conditions.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Chart review demonstrates that clients with a positive pregnancy test who wish to continue the pregnancy receive initial prenatal counseling and are assessed regarding their social support.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Chart review demonstrates that clients with a negative pregnancy test who do not want to become pregnant are offered same day contraception, if appropriate.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Staff have received training on pregnancy counseling recommendations presented in QFP at least once during employment.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Observation and/or medical record review demonstrates counseling recommendations in accordance with the principles presented in QFP including reproductive life planning discussions.
 |  |
| C | **Yes** [ ]  | **No** [ ]  | + Additional quality indicators, best practices, or highly innovative approaches | **If Yes, describe:** |
| **9.10 Quality Assessment Score:**  | [ ]  | **Exceptional** (All 5 Quality Indicators Evident + Best Practices In Place)  |
| [ ]  | **Good** (3 – 5 Quality Indicators Evident) |
| [ ]  | **Fair** (1 – 2 Quality Indicators Evident) |
| [ ]  | 0 Quality Indicators Evident |
| **9.10 Additional Comments:** |

|  |
| --- |
| 9.11: Pregnancy Counseling Options |
| Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:* Prenatal care and delivery;
* Infant care, foster care, or adoption; and
* Pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (42 CFR 59.5(a)(5)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| C | [ ]  | [ ]  |  | 1. The grantee has written policies and procedures requiring its sites and all sub-recipients to offer options counseling to pregnant women.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Written clinical protocols ensure that pregnant clients are offered neutral, factual information, and non-directive counseling about all three pregnancy options except for those options that the woman does not wish to receive information, and that referrals requested by the client are provided to her.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Medical records of pregnant clients document that clients were offered the opportunity to be provided with information and counseling about all three pregnancy options, except those for which the woman did not want to receive information and counseling.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Medical records of pregnant clients document that referrals were made as requested.
 |  |
| **9.11 Additional Comments:** |

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| --- |
| 9.12: Compliance with Legislative Mandates |
| Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:“None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.” |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. The grantee has written policy and procedures requiring their sites and all sub-recipients to inform their staff periodically that: (a) clinic staff must encourage family participation in the decision of minors to seek FP services, (b) minors must be counseled on how to resist attempts to coerce them into engaging in sexual activities, and (c) State law must be followed requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. Grantee contracts with sub-recipients include these requirements.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Documentation (e.g., staff circulars, training curricula) demonstrates that all staff has been formally informed about items 1a-c above at least once during the current project period.
 |  |
| C | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Medical records of minors document encouragement regarding family participation in their decision to seek family planning services and counseling on how to resist attempts to being coerced into engaging in sexual activities.
 |  |
| **9.12 Additional Comments:** |

# 10: Confidentiality

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| 10: Confidentiality |
| Every project must have safeguards to ensure client confidentiality. Information obtained by project staff about an individual receiving services may not be disclosed without the individual’s documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. The grantee has a written policy requiring that all service sites and sub-recipients safeguard client confidentiality. Grantee contracts with sub-recipients include this requirement.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Documentation (e.g., staff circulars, new employee orientation documentation, training curricula) demonstrates that staff has been informed at least once during the current project period about policies related to preserving client confidentiality and privacy.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Clinical protocols and policies have statements related to client confidentiality and privacy.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. The health records system has safeguards in place to ensure adequate privacy, security and appropriate access to personal health information.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. There is evidence that HIPAA privacy forms are provided to clients and signed forms are collected as required.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. General consent forms or other documentation at service sites state that services will be provided in a confidential manner, and note any limitations that may apply.
 |  |
| F  | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence).
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Client education materials (e.g., posters, videos, flyers) noting the client’s right to confidential services are available to clients.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.
 |  |
| **10 Additional Comments:** |

# 11: Community Participation, Education, and Project Promotion

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

|  |
| --- |
| 11.1: Collaborative Planning and Community Engagement |
| Title X grantees and sub-recipient agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community’s needs for family planning services (42 CFR 59.5(b)(10)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. The grantee has a written policy and procedures in place for ensuring that there is an opportunity for community participation in developing, implementing, and evaluating the project plan. Participants should include individuals who are broadly representative of the population to be served, and who are knowledgeable about the community’s needs for family planning services.
 |  |
| A | [ ]  | [ ]  |  | 1. The community engagement plan: (a) engages diverse community members including adolescents and current clients, and (b) specifies ways that community members will be involved in efforts to develop, assess, and/or evaluate the program.
 |  |
| A | [ ]  | [ ]  |  | 1. Documentation demonstrates that the community engagement plan has been implemented (e.g., reports, meeting minutes, etc.).
 |  |
| **11.1 Additional Comments:** |

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| --- |
| 11.2: Community Awareness and Access |
| Projects must establish and implement planned activities to facilitate community awareness of and access to family planning services (42 CFR 59.5(b)(3)). Each family planning project must provide for community education programs (42 CFR 59.5(b)(3)). The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Documentation demonstrates that the grantee conducts periodic assessment of the needs of the community with regard to their awareness of and need for access to family planning services.
 |  |
| A | [ ]  | [ ]  |  | 1. Grantee has a written community education and service promotion plan that has been implemented (e.g., media spots/materials developed, event photos, participant logs, and monitoring reports). The plan: (a) states that the purpose is to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial, (b) promotes the use of family planning among those with unmet need, (c) utilizes an appropriate range of methods to reach the community, and (d) includes an evaluation strategy.
 |  |
| A | [ ]  | [ ]  |  | 1. Documentation that evaluation has been conducted, and that program activities have been modified in response.
 |  |
| **11.2 Additional Comments:** |

|  |
| --- |
| 11.3: Community Education |
| Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial (42 CFR 59.5 (b)(3). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. The grantee has developed a community education and service promotion plan that: (a) states that the purpose is to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial, (b) promotes the use of family planning among those with unmet need, (c) utilizes an appropriate range of methods to reach the community, and (d) includes an evaluation strategy.
 |  |
| A | [ ]  | [ ]  |  | 1. There is documentation that the plan has been implemented and evaluated.
 |  |
| **11.3 Additional Comments:** |

# 12: Information and Education Materials Approval

Every project is responsible for reviewing and approving informational and educational materials. The Information and Education (I&E) Advisory Committee may serve the community participation function if it meets the requirements, or a separate group may be identified.

|  |
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| 12.1: Materials Review and Approval Process |
| Title X grantees and sub-recipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to their distribution (Section 1006 (d)(2), PHS Act; 42 CFR 59.6(a)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee has policies and procedures that ensure materials are reviewed prior to being made available to the clients that receive services within the project. If a grantee sub-contracts for services, the grantee must ensure that sub-recipients have a process in place that meets this requirement.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Committee meeting minutes (grantee or sub-recipient, as applicable) demonstrate the process used to review and approve materials
 |  |
| **12.1 Additional Comments:** |

|  |
| --- |
| 12.2: Advisory Committee Diversity |
| The committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex and age) of the population or community for which the materials are intended (42 CFR 59.6 (b)(2). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. The grantee has established a project advisory board that is comprised of members who are broadly representative of the population served.
 |  |
| A | [ ]  | [ ]  | Question N/A (No Sub-Recipients)[ ]  | 1. If a grantee sub-contracts for services, the grantee must ensure that sub-recipients have a process in place that meets this requirement.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Grantee (and/or sub-recipients) documentation (meeting minutes, lists of board members, etc.) demonstrates this requirement has been met.
 |  |
| **12.2 Additional Comments:** |

|  |
| --- |
| 12.3: Advisory Committee Membership |
| Each Title X grantee must have an Advisory Committee of five to nine members, except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6 (b)(1)). The Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X (Section 1006(d)(1), PHS Act; 42 CFR 59.6(a)). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee has policies and procedures addressing this element.
 |  |
| A | [ ]  | [ ]  |  | 1. Grantee maintains and updates Lists/Rosters of Advisory Committee members.
 |  |
| A | [ ]  | [ ]  |  | 1. Grantee maintains Advisory Committee written meeting minutes.
 |  |
| A | [ ]  | [ ]  |  | 1. Advisory committee minutes indicate that the committee is active.
 |  |
| **12.3 Additional Comments:** |
| 12.4: Grantee Oversight for Materials Review |
| The grantee may delegate I&E functions for the review and approval of materials to sub-recipient agencies; however, the oversight of the I&E review process rests with the grantee. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee policies and procedures indicate responsibility for this element. If the grantee chooses to delegate this activity, grantee policies indicate how the grantee will maintain oversight of the process.
 |  |
| A | [ ]  | [ ]  | Question N/A (Oversight Process Not Delegated)[ ]  | 1. Grantee documentation indicates that an oversight process has been implemented by the grantee.
 |  |
| **12.4 Additional Comments:** |

|  |
| --- |
| 12.5: Advisory Committee Responsibility for Materials Review |
| The Advisory Committee(s) may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, final responsibility for approval of the I&E materials rests with the Advisory Committee. |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee policies and procedures specify how the factual, technical, and clinical accuracy components of the review are assured.
 |  |
| A | [ ]  | [ ]  | Question N/A (Review Process Not Delegated)[ ]  | 1. If review of factual, technical, and/or clinical content has been delegated, there is evidence of advisory committee oversight and final approval.
 |  |
| **12.5 Additional Comments:** |

|  |
| --- |
| 12.6: Advisory Committee Requirements |
| The I&E Advisory Committee(s) must: * Consider the educational and cultural backgrounds of the individuals to whom the materials are addressed;
* Consider the standards of the population or community to be served with respect to such materials;
* Review the content of the material to assure that the information is factually correct;
* Determine whether the material is suitable for the population or community to which it is to be made available; and
* Establish a written record of its determinations (Section 1006(d), PHS Act; 42 CFR 59.6(b)).
 |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee policies and procedures document that the required elements of this section are addressed.
 |  |
| A | [ ]  | [ ]  |  | 1. Meeting minutes and/or review forms document that all required components are addressed.
 |  |
| **12.5 Additional Comments:** |

# 13: Additional Administrative Requirements

This section addresses additional requirements that are applicable to the Title X program and are set out in authorities other than the Title X statute and implementing regulations.

|  |
| --- |
| 13.1: Facilities and Accessibility of Services |
| Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (August 4, 2003) (HHS Grants Policy Statement 2007, II-23).Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities (45 CFR 84). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee policies assure language translation services are readily provided when needed.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Service site documentation indicates that staff is aware of policies and processes that exist to access language translation services when needed.
 |  |
| A | [ ]  | [ ]  |  | 1. Grantee policies and procedures ensure access to services for individuals with disabilities at their sites and at all sub-recipient sites.
 |  |
| A | [ ]  | [ ]  |  | 1. Grantee maintains documentation of any accommodations made for disabled individuals.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Project sites are free from obvious structural or other barriers that would prevent disabled individuals from accessing services.
 |  |

|  |
| --- |
| **13.1 Link to QFP: Communication and Education**When developing written policies that meet these requirements, projects implement the recommendations presented in “Appendix E” of the QFP.* Strategies that can make information more accessible for clients with Limited English Proficiency include:
* Presenting information in the client’s primary language.
* Providing translation services.

Ensure that information is culturally appropriate and reflects the client’s beliefs, ethnic background, and cultural practices. |
| **Reviewer Code** | **Evidence of Quality Indicator in Place?** | **Quality Indicator** | **Comments** |
| A | **Yes** [ ]  | **No** [ ]  | 1. Educational materials are clear and easy to understand (e.g., 4th-6th grade reading level).
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Observation demonstrates that information is presented in a way that emphasizes essential points (e.g., limits the amount of information presented appropriately).
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Observation demonstrates information on risks and benefits is communicated in a way that is easily understood (e.g., using natural frequencies and common denominators).
 |  |
| C | **Yes** [ ]  | **No** [ ]  | 1. Information provided during counseling is culturally appropriate and reflects the client’s beliefs, ethnic background, and cultural practices.
 |  |
| A | **Yes** [ ]  | **No** [ ]  | 1. Educational materials are tailored to literacy, age, and language preferences of client populations.
 |  |
| A / C | **Yes** [ ]  | **No** [ ]  | + Additional quality indicators, best practices, or highly innovative approaches | **If Yes, describe:** |
| **13.1 Quality Assessment Score:**  | [ ]  | **Exceptional** (All 5 Quality Indicators Evident + Best Practices In Place)  |
| [ ]  | **Good** (3 – 5 Quality Indicators Evident) |
| [ ]  | **Fair** (1 – 2 Quality Indicators Evident) |
| [ ]  | 0 Quality Indicators Evident |
| **13.1 Additional Comments:** |

|  |
| --- |
| 13.2: Emergency Management |
| All grantees, sub-recipients and Title X clinics are required to have a written plan for the management of emergencies (29 CFR 1910, subpart E) and clinical facilities must meet applicable standards established by Federal State and local governments (e.g. local fire, building, and licensing codes). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee disaster plans have been developed and are available to staff.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Staff can identify emergency evacuation routes.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Staff has completed training and understands their role in an emergency or natural disaster.
 |  |
| A | [ ]  | [ ]  | Site A: \_\_\_Site B: \_\_\_Site C: \_\_\_ | 1. Exits are recognizable and free from barriers.
 |  |
| A | [ ]  | [ ]  |  | 1. Grantee documentation demonstrates oversight of sub-recipients and service sites compliance with these requirements.
 |  |
| **13.2 Additional Comments:** |

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| --- |
| 13.3: Standards of Conduct |
| Projects are required to establish policies to prevent employees, consultants, or members of governing/advisory bodies from using their positions for purposes that are, or give the appearance of being motivated by a desire for private financial gain for themselves or others (HHS Grants Policy Statement 2007, II-7). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee policies address this requirement.
 |  |
| A | [ ]  | [ ]  |  | 1. There is evidence of grantee oversight of sub-recipients/service sites for compliance with this requirement.
 |  |
| **13.3 Additional Comments:** |

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| --- |
| 13.4: Human Subjects Clearance (Research) |
| Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The grantee/sub-recipient should advise their Regional Office in writing of any research projects that involve Title X clients (HHS Grants Policy Statement 2007, II-9). |
| **Reviewer Code** | **Met** | **Not Met** | **Sub-Recipient/ Service Site Score** | **Implementation Strategy** | **Comments** |
| A | [ ]  | [ ]  |  | 1. Grantee policies address this requirement.
 |  |
| A | [ ]  | [ ]  |  | 1. There is evidence of grantee oversight of sub-recipients/service sites for compliance with this requirement.
 |  |
| **13.4 Additional Comments:** |