# Title X Subrecipient Clinical Assessment and Onboarding Checklist

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

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

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

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

**Step 3:** At the onset of the onboarding process, the grantee should review the subrecipient’s existing protocols and procedures and approve any that meet Title X expectations immediately.

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

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

**Step 6:** Once all protocols and procedures have been approved, notify the subrecipient and grantee staff who participated in this task. Acknowledge everybody’s contribution, recognizing the team work involved, and celebrate!

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

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

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

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

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

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

| **REQUIRED DOCUMENTS**Subrecipients must have documentation and evidence, such as the items listed below, that support and demonstrate compliance with Title X Program requirements. These documents ensure that what is contained in written policy or instructions is actually being carried out and substantiate that the project is operating in accordance with Title X Program expectations. The [Title X Program Review Tool](https://www.fpntc.org/resources/title-x-program-review-tool) contains additional information. | **DUE DATE** | **DATE APPROVED** | **REVIEWER INITIALS** | **COMMENTS** |
| --- | --- | --- | --- | --- |
| Provision of High-Quality Family Planning Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: A broad range of methods is offered *(formulary)* |  |  |  |  |
| 1: Core QFP services are offered as reflected by clinical protocols (or other evidence) for the following:  |  |  |  |  |
| * Pregnancy testing and counseling
 |  |  |  |  |
| * Assistance to achieve pregnancy and basic infertility services
 |  |  |  |  |
| * Sexually transmitted infection (STI) services
 |  |  |  |  |
| * Preconception health services
 |  |  |  |  |
| * Adolescent services
 |  |  |  |  |

| **STAFF TRAININGS**Title X staff must receive appropriate and adequate training. These [required trainings](https://www.fpntc.org/sites/default/files/resources/fpntc_fed_training_reqs_2019-07-11.pdf) support staff to operate in accordance with Title X Program requirements and the QFP. The [Training Essentials for Title X Grantees Toolkit](https://www.fpntc.org/resources/grantee-training-essentials) provides a summary of training resources.  | **DUE DATE** | **DATE APPROVED** | **REVIEWER INITIALS** | **COMMENTS** |
| --- | --- | --- | --- | --- |
| Provision of High-Quality Family Planning Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 4: Provide services in a manner that protects the dignity of the individual. |  |  |  |  |
| 5: Provide services in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care. |  |  |  |  |
| 6: Staff are trained on the QFP. |  |  |  |  |
| 9: Staff are trained to provide options counseling. |  |  |  |  |
| 11: Non-clinical counseling services are provided by an adequately trained staff member. |  |  |  |  |

| **AGENCY PROCESSES**Subrecipients must implement processes, such as those listed below, to operationalize Title X requirements. | **DUE DATE** | **DATE APPROVED** | **REVIEWER INITIALS** | **COMMENTS** |
| --- | --- | --- | --- | --- |
| Provision of High-Quality Family Planning Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Detail the referral process for family planning methods and services that are unavailable on-site. |  |  |  |  |
| 2: For unavailable methods, the site provides a prescription to the client for their method of choice or referrals to another provider. |  |  |  |  |
| 4: Services are provided in a manner that protects the dignity of the individual. |  |  |  |  |
| 5: Clinical protocols are consistent with nationally recognized standards of care. |  |  |  |  |
| 6: Clinical protocols are consistent with the QFP. |  |  |  |  |
| 7: Advances health equity through the delivery of Title X services. |  |  |  |  |
| 10: Services are provided under the direction of a clinical services provider offered within their scope of practice and allowable under state law, and with special training or experience in family planning. |  |  |  |  |
| Adolescent Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 2: Adolescent-friendly health services are accessible, acceptable, equitable, appropriate, and effective for adolescents. |  |  |  |  |
| 6: There are no exemptions for Title X providers from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.  |  |  |  |  |
| Referral for Social and Medical Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 2: Social service referrals are provided when related to family planning.  |  |  |  |  |
| 4: Linkages to primary care providers and other medical providers, as needed, are available to ensure continuity of care. |  |  |  |  |
| Quality Improvement and Quality Assurance (QI/QA) | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: A QI/QA plan is in place to use data to monitor the delivery of quality family planning services. |  |  |  |  |
| Prohibition of Abortion | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 5: The agency does not permit pregnancy options counseling which promotes abortion or encourages a person to obtain an abortion. |  |  |  |  |
| 6: Referrals for medically indicated abortions (because of the client’s condition or the condition of the fetus) are permitted. |  |  |  |  |

| **CHART DOCUMENTATION**Subrecipients must ensure that chart documentation captures the following information. | **DUE DATE** | **DATE APPROVED** | **REVIEWER INITIALS** | **COMMENTS** |
| --- | --- | --- | --- | --- |
| Project Administration | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 2: General consent form is signed and in the record. |  |  |  |  |
| Provision of High-Quality Family Planning Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 3, 8: Medical record review demonstrates that services are provided in a client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed manner. |  |  |  |  |
| 9: Options counseling is provided for all clients with a positive pregnancy test. |  |  |  |  |
| 11: Non-clinical counseling services are documented in a manner that ensures proficiency in providing non-clinical counseling services. |  |  |  |  |
| Adolescent Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Documentation of services to adolescents demonstrates that all expectations listed under *Provision of Quality Family Planning Services* are met. |  |  |  |  |
| 3: Adolescent counseling to encourage family participation is clearly documented in the medical record. |  |  |  |  |
| 5: Counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities is clearly documented in the medical record. |  |  |  |  |
| Referral for Social and Medical Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Review of the medical record demonstrates that referrals to other medical facilities are offered when medically indicated. |  |  |  |  |

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

| **FAMILY PLANNING METHODS**All projects must provide a broad range of acceptable and effective family planning methods. If an agency offers only a single method or a limited number of methods of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning methods and services (listed below from most to least effective).  | **STOCK** | **SAME DAY** | **PRESCRIBE** | **REFER** | **COMMENTS** |
| --- | --- | --- | --- | --- | --- |
| Female sterilization |  |  |  |  |  |
| Male sterilization |  |  |  |  |  |
| Levonorgestrel intrauterine device (LNG IUD) |  |  |  |  |  |
| Copper IUD |  |  |  |  |  |
| Implant |  |  |  |  |  |
| Injectable |  |  |  |  |  |
| Combined hormonal pill |  |  |  |  |  |
| Progestin-only pill |  |  |  |  |  |
| Emergency contraception pills |  |  |  |  |  |
| Patch |  |  |  |  |  |
| Ring |  |  |  |  |  |
| Diaphragm |  |  |  |  |  |
| External (male) condom |  |  |  |  |  |
| Internal (female) condom |  |  |  |  |  |
| Sponge |  |  |  |  |  |
| Spermicide |  |  |  |  |  |
| Fertility awareness-based methods |  |  |  |  |  |
| Other: |  |  |  |  |  |