# Title X Subrecipient Policy 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!

## Title X Subrecipient Policy Assessment and Onboarding Checklist

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

*[Insert* ***Subrecipient 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). To ensure all policies pertaining to subrecipients and service sites listed in the PRT are addressed, they are listed individually with their corresponding PRT number. However, many of the topics can be combined and do not necessarily need to be addressed in separate policies.

| **TITLE X POLICIES**  Subrecipients are required to have the written policies listed below in accordance with Title X Program requirements. Subrecipients can use the [Title X Policy Templates](https://www.fpntc.org/resources/title-x-policy-templates) as the foundation for their policies.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** |
| --- | --- | --- | --- | --- |
| Project Administration | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Non-coercive methods |  |  |  |  |
| 2: Voluntary basis |  |  |  |  |
| 3: Non-coercion to undergo abortion or sterilization |  |  |  |  |
| 4: Non-discrimination |  |  |  |  |
| 5: Priority to low-income families |  |  |  |  |
| 6: Durational residency/physician referrals |  |  |  |  |
| Project Administration | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 7: Clinical services provider oversight |  |  |  |  |
| 8: Collaborative planning & community engagement |  |  |  |  |
| 9: Confidentiality |  |  |  |  |
| 10: Accessibility |  |  |  |  |
| 11: Responsive services |  |  |  |  |
| 12: Clinic locator database |  |  |  |  |
| 13: 340B Program enrollment |  |  |  |  |
| Additional Special Terms and Requirements  and Standard Terms of the FY 2022 Title X  Notice of Award | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Intellectual property and data rights |  |  |  |  |
| 2: Acknowledgement of federal grant support |  |  |  |  |
| Provision of High-Quality Family Planning Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Broad range of methods |  |  |  |  |
| 2: Prescription or referral for methods |  |  |  |  |
| 3: Cultural competency |  |  |  |  |
| Provision of High-Quality Family Planning Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 4: Client dignity |  |  |  |  |
| 5: Nationally recognized standards of care |  |  |  |  |
| 6: Services are consistent with the QFP |  |  |  |  |
| 7: Advancing health equity |  |  |  |  |
| 8: Client-centered services |  |  |  |  |
| 9: Pregnancy options counseling |  |  |  |  |
| 10: Clinical services provider oversight |  |  |  |  |
| 11: Provision of non-clinical counseling services |  |  |  |  |
| Adolescent Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Expectation of adolescent services |  |  |  |  |
| 2: Provision of adolescent-friendly services |  |  |  |  |
| 3, 4: Family participation counseling |  |  |  |  |
| 5: Sexual coercion counseling |  |  |  |  |
| 6: Mandated reporting |  |  |  |  |
| Referral for Social and Medical Services | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| ­1: Provision of Medical Services related to Family Planning |  |  |  |  |
| 2: Availability of social services |  |  |  |  |
| 3: Coordination and use of referrals and linkages |  |  |  |  |
| 4: Linkages to primary care |  |  |  |  |
| Financial Accountability | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Low-income clients |  |  |  |  |
| 2: Discount eligibility for minors |  |  |  |  |
| 3: Fee schedule and schedule of discounts |  |  |  |  |
| 4: Income assessment |  |  |  |  |
| 5: Copayments |  |  |  |  |
| 6: Income verification |  |  |  |  |
| 7: Third-party payments |  |  |  |  |
| 8: Authorized purchases |  |  |  |  |
| 9: Contracted rates of payments |  |  |  |  |
| 10: Compliance with grant terms and conditions |  |  |  |  |
| 11: [Purchasing of mobile health unit(s) or other vehicle(s)](https://docs.google.com/document/d/16Rr4HcLM_0Ru1HrvvT450WwNQo2yzGUA/edit#heading=h.c0c1vxti24fq) |  |  |  |  |
| 12: Non-federal share |  |  |  |  |
| 13: Program income |  |  |  |  |
| 14: Lobbying |  |  |  |  |
| Community Education, Participation, and Engagement | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Community education and engagement |  |  |  |  |
| 2: Collaborative planning and community engagement |  |  |  |  |
| Information and Education (I&E) | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Advisory committee |  |  |  |  |
| 2: I&E materials to approve |  |  |  |  |
| 3: Committee membership |  |  |  |  |
| 4: Committee requirements |  |  |  |  |
| Staff Training | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Orientation and in-service training |  |  |  |  |
| 2: Mandatory reporting |  |  |  |  |
| 3: Required adolescent counseling |  |  |  |  |
| 4: Routine training |  |  |  |  |
| Quality Improvement and Quality Assurance (QI/QA) | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: QI/QA Plans |  |  |  |  |
| 2: Family Planning Annual Report (FPAR) |  |  |  |  |
| Prohibition of Abortion | ­DUE DATE | DATE APPROVED | REVIEWER INITIALS | COMMENTS |
| 1: Prohibition of abortion |  |  |  |  |
| 2: Prohibition of abortion facilitation |  |  |  |  |
| 3: Prohibition of abortion advocacy |  |  |  |  |
| 4: Separation of Title X and non-Title X activities |  |  |  |  |
| 5: Permitted abortion counseling |  |  |  |  |
| 6: Referral for abortion |  |  |  |  |