

**SITE VISIT PROTOCOLS FOR CONDUCTING
PROGRAM REVIEWS OF TITLE X
FAMILY PLANNING PROJECTS**

**REVISIONS FOR FEDERAL REGION VI
FROM THE 1990 COLLABORATIVE EFFORT OF
THE TEN REGIONAL FAMILY PLANNING
OFFICES**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
OFFICE OF POPULATION AFFAIRS
OFFICE OF FAMILY PLANNING
WASHINGTON, D.C. 20201**

JANUARY 2003

This document is a revision to the 1990 site review protocol developed jointly by the ten regional family planning offices of the U.S. Public Health Service (PHS). The document serves as a guide for the periodic review of Title X Family Planning grantees and delegates. It contains questions to structure on-site inquiry into four primary program areas: administration, finance, clinical counseling and educational services, and community outreach and information. The revisions include additional questions regarding grantee/delegate agency utilization of technical assistance and training, male, adolescent and other high risk population initiatives, electronic communication, new contraceptive method management, and community partnering.

This protocol has a dual function. First, it serves as a basic tool for determining, at a minimum, whether Title X grantees and delegates are complying with the provisions of Title X of the Public Health Service Act of 1970 and subsequent amendments. It provides a checklist for gathering quantifiable data and allows for suggesting benchmarks for corrective action within a given time frame. Secondly, use of this protocol by regional staff and grantees will establish priorities and document long term plans for program assistance which may include consultation, technical support, or specific training activities.

Consistent utilization of this document for site visit reviews nationally will support and promote a uniformly high standard of quality in family planning services without compromising the flexibility in services offering necessary to accommodate national, regional or local needs.

**REVIEW OF
FAMILY PLANNING PROJECTS
FUNDED UNDER
TITLE X OF THE PUBLIC HEALTH SERVICE ACT OF
1970**

PHILOSOPHY AND USE OF PROGRAM REVIEW

The program review is a valuable management tool that provides planning information to Federal regional offices and family planning grantees. The program review is not an independent activity, but rather exists on a continuum of services performed by the regional offices in their stewardship of the U.S. Public Health Service (PHS) Title X Family Planning Program. The Federal government requires that all family planning projects funded under Title X be monitored to ensure their compliance with provision of the "law". This monitoring, which is done primarily through periodic on-site reviews, is one of the several components that collectively constitutes an overall quality assurance system.

Program review site visits generate data that form the basis for Title X grant action decision and help regional offices take corrective action and grantees identify program areas that require additional support to improve program activities. Moreover, analysis of the data can produce information about the needs of grantees and information necessary for developing and carrying out responsive technical support, consultation, and training opportunities.

PROGRAM REVIEW OBJECTIVES

The primary objectives for the PHS Title X program review are as follows:

1. To ensure grantees' understanding of and compliance with PHS Title X and other federal laws, regulations, policies, and guidelines.

To verify activities reported by the agency, such as the agency's expenditure of funds and scope of services.

To determine each grantee's progress in implementing the project plan as stated in the approved Title X grant application.

To determine whether appropriate systems are being implemented, are effective and are ensuring program compliance with PHS Title X.

To develop and present to the grantee a statement of findings and recommendations including identified problem

areas that require resolution and, when appropriate, providing identified on-site consultation and technical support.

To obtain from the grantee an appropriate corrective action plan based on the statement of findings and recommendations.

To provide grantees an opportunity to develop a plan of assistance to improve delivery of PHS Title X services by providing grantees resources and follow up to questions or problems identified during the site evaluation.

To provide grantees the opportunity to identify trends and common issues in the delivery of PHS Title X services and in the implementation of Title X requirements to assist in federal program planning.

To establish rapport with the agency grantees.

PROCEDURES FOR CONDUCTING SITE VISITS AND SUBSEQUENT FOLLOW UP

1. Determine which grantee and, when appropriate, delegate(s) are to be reviewed.
2. Notify the grantee about the review in sufficient time; preferably 40 to 60 days prior to the evaluation visit.
3. Work with the grantee to determine the dates of the visit and which delegates are to be reviewed.
4. Forty days prior to visit, send the grantee agency a letter indicating the following:
 - A) advance date requirements
 - B) site visit dates
 - C) visit schedule
 - 1 entrance conference: who should attend, time, date, location
 - 2 conference exit: who should attend, time, date, location
 - 3 names of evaluation team members
 - 4 specific instructions about:
 - a) setting aside a room for the evaluation team to use during the site visit
 - b) identify individuals who should be available, agency director, governing or advisory board member(s), family planning coordinator, medical director, fiscal manager, medical providers, other key family planning program staff
 - c) documents required
 - d) scheduling for observation of all types of clinical service delivery.
 - e) Provide grantee with a copy of the program review tool.
 - f) Determine the composition of the evaluation team, contact team members and make assignment for responsibilities.
 - g) Conduct entrance conference: Evaluation coordinator describes process, introduces the evaluation team and reviews the agenda for site visit. The agency and site visit schedule may be amended at the entrance conference, when needed. The agency director should introduce the project staff, individuals responsible for areas covered by the protocol and special instructions for the evaluation process. A tour of the agency is conducted after the entrance conference.
 - h) Conduct the review and verify the findings. Evaluators conduct the review by interviewing staff, observing client/staff interaction, reviewing written materials.
 - i) Conduct exit conference: Evaluation team members report finding and recommendation. Agency staff is given opportunity to respond and ask questions. Evaluation coordinator summarizes the meeting and advises agency when final report will be completed and forwarded to the agency. Training and technical support availability should be discussed at this time, when appropriate. Agency is advised of follow up visit, if necessary. Follow up visits occur usually within six months after the evaluation report is received by the agency or on an as needed basis.
 - j) Provide grantee with a report of findings and recommendation and a timetable for

submitting the corrective action plan. If possible, the final evaluation report should be sent to the grantee within six weeks following the completion of the site visit.

- k) Request grantee provide written response within six weeks after receiving site visit report.
- l) When necessary, conduct follow visit to grantee and assess progress made in implementing the corrective action plan.

I. PROGRAM REVIEW PROTOCOL

This review protocol has been developed to help provide consistency in the evaluation process. The protocol is based on the requirements and recommendations contained in the Federal Guidelines for Family Planning Services.

The following legend will be used for all four review areas, administration, finance, clinical services and community outreach and information:

LEGEND

L= “Law” Title X of the Public Health Service Act of 1970, (PL. 91-572)

R= “Regulations” as published in the Federal Register, 3 June 1980

G=Program “Guidelines” issued for Family Planning Sources Project Grants

A=Standard for “Ambulatory” Health Care as published by U.S. Public Health Services, 1977.

At the beginning of each section, appropriate definitions are given along with the goals and objectives specific to that particular program area. A series of questions is listed on the left with column for checking results to the right; “**A**” for an acceptable level of attainment of the criteria; “**U**” for an unacceptable level of attainment of the criteria. The far right hand margin of each page is reserved for the evaluator’s comments, which should be useful when planning follow up program assistance.

New Mexico Family Planning Site Review Responsibility Coded as follows:

S – State FP Office

D – District Office

L – Local Health Office

C – Contractor

PA – Provider Agreements

Grantee: NMDOH/Family Planning Program

Date: _____

Address: 2040 S. Pacheco St. 2nd Floor

Phone: 505-476-8882

Santa Fe, New Mexico 87505

Fax: 505-476-8898

SPOC: _____ II.

of Delegate Agencies: _____ # of Clinic Sites _____

Project Period Year: _____ of _____

TOTAL FPAR CLIENTS	
Year	Clients

DELEGATE FPAR CLIENTS	
Year	Clients

GRANTEE FUNDING
Federal Share:
Non-Federal Share:
Total Award:

PUBLIC ENTITY

NONPROFIT ORGANIZATION

State Agency

Community Action Program (CAP)

County Agency

Planned Parenthood

City Agency

Community Health Center

Multi-jurisdictional Agency

Other

Staff Interviewed:

(A=Administrative, C=Clinical, F=Fiscal)

Key to Survey Tool Abbreviations: "C" = Compliance "NC" = Noncompliance "M" = Must "S" = Should "O" = Optional



ADMINISTRATION SECTION

M=MUST C=COMPLIES
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Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
A. Voluntary Participation S,PA,C,L,D		<i>Guidelines: Section 5.1/ 42 CFR 59.5 (a) (2)</i>	
1. Grantee/Delegate meets Title X regulations for client voluntary participation.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the Space Below</i>
a) Grantee/Delegate Title X services are provided solely on a voluntary basis.	M		
b) There is no indication that clients are subject to coercion in use of any particular method of family planning.	M		
c) Client's acceptance of a family planning service is NOT a prerequisite to eligibility or receipt of a non-Title X service.	M		
d) Project Personnel must be informed that they may be subject to prosecution if they coerce or they try to coerce any person to under go abortion or sterilization procedures.	M		



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B. Confidentiality S,PA,C,L,D		<i>Guidelines: Section 5.2/42 CFR 59.5 (a) (2)/59.11</i>	
1. Grantee/Delegate meets confidentiality requirements of Title X. <ul style="list-style-type: none"> • Staff disclosures (<i>Addressed this Section</i>) • Client billing (<i>Addressed in Section 6.3</i>) • Client privacy and the facility (<i>Addressed in Section 6.4</i>) • Employee records (<i>Addressed in Section 6.5</i>) • Referrals and follow-up results (<i>Addressed in Section 7.4</i>) • Reporting abnormal test results (<i>Addressed in Section 8.3</i>) • Medical records (<i>Addressed in Section 10.3</i>) 	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Policies are in place regarding agency's compliance with the Privacy Act.	M		
b) No information obtained by staff is disclosed without written consent, except as required by law.	M		
c) Information may be disclosed in summary, statistical, or other forms without a client's consent when the information does not allow individual clients to be identified.	M		



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Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
C. Conflict of Interest S,PA,C,L,D		<i>Guidelines: Section 5.3/42 CFR Parts 74 and 92</i>	
1. Grantee/Delegate has established policies to prevent employees, consultants, or members of governing/advisory bodies from using their positions for private gain as required by Title X.	M	<input type="checkbox"/> C <input style="border: 1px solid red;" type="checkbox"/> NC	
D. Liability Coverage S,PA,C		<i>Guidelines: Section 5.4</i>	
1. Title X recommendations for liability coverage are met by the Grantee.		<input type="checkbox"/> C <input style="border: 1px solid red;" type="checkbox"/> NC	<i>Write/Type Comments in the space below</i>
a) Grantee/Delegate ensures adequate liability coverage for all segments of the project funded by the grant.	S		
b) Governing board has obtained liability coverage for its members.	S		



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Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
E. Human Subjects Clearance (Research) S,PA,C,L,D			<i>Guidelines: Section 5.5</i>
1. Grantees/Delegates comply with Federal regulations regarding the use of Title X clients in research.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Grantee/Delegate has advised the Regional Office in writing of research projects involving Title X clients.	M		
b) Grantee/Delegate acknowledges adherence to 45 CFR Part 46 and its requirements.	M		
F. Structure of the Grantee/Delegate S			<i>Guidelines: Section 6.1/42 CFR 59.5 (a) (5)/45 CFR Parts 74 and 92</i>
1. Grantee maintains responsibility for quality, cost, accessibility, acceptability, reporting and performance of grant-funded activities of delegate/contract agency.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Grantee has established written standards and guidelines for all delegated project activities consistent with Title X and Grants Management programmatic and fiscal requirements.	M		
b) Grantee/Delegates are in full compliance with section 1008 prohibiting abortion as a method of family planning	M		



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c) Grantee has negotiated, written signed agreements with Delegates to provide services consistent with Title X. (1) Where Delegate agencies wish to subcontract responsibilities or services, a written agreement consistent with Title X and approved by Grantee is maintained by the delegate. (2) Grantee has written policies that clearly state that none of the funds will be used in programs where abortion is a method of family planning. d) Grantee provides an opportunity for maximum participation by existing or potential sub-grantees in the ongoing policy decision making of the project, including input into establishing standards and guidelines.	M M M M		
G. Governance – Private Not-For-Profit Organizations Only PA,C			<i>Guidelines: 42 CFR, Part 59, Subpart A, Section 59.3</i>
1. The Grantee/Delegate meets requirements for a legal entity with not-for profit status.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Documentation of IRS 501 (c) (3) or other IRS not-for-profit status on file. b) Governing Board is appropriately constituted: (1) The Agency has a formally constituted Board. (2) The Governing Board has a set of By-laws. (3) By-laws are reviewed and revised, if necessary, annually by the Governing Board	M S S S S		



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Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
I. Financial Management (SEE FINANCIAL SECTION)			<i>Guidelines: Section 6.3</i>
J. Facilities and Accessibility of Services PA,C,L,D			<i>Guidelines: Section 6.4/45 CFR Part 84/OCR LEP Policy Guidance August 30,2000</i>
1. Facilities are appropriate for Title X Clients.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Facilities are geographically accessible for population served (e.g., close to mass transit, etc.).	S		
b) Hours of operation are convenient for those seeking services (e.g., evening and or weekend hours).	S		
c) Facilities are adequate to provide necessary services, comfortable, provide privacy for clients, and designed to enhance workflow.	S		
d) Grantee has written policies regarding access to timely quality language assistance services to limited English proficient persons that are consistent with the OCR Policy Guidance on Prohibitions Against National Origin Discrimination As It Affects Persons With Limited English Proficiency.	M		
e) Project does not discriminate on the basis of handicap and, when viewed in its entirety, the facility is readily accessible to people with disabilities (45 CFR Part 84).	M		



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f) All Title X clinics are required to have a written plan for management of emergencies.	M		
g) The Grantee/Delegate acknowledges that clinic facility meets federal, state, and local requirements (<i>e.g., local fire, building, and licensing codes</i>).	M		
h) Health and safety issues within the facility fall under the authority of OSHA. Disaster plans and emergency exits are addressed under 29 CFR 1910.28 (<i>Emergency Employee Plan and Fire Prevention Plan</i>) and 29 CFR 1910.120(q)(1) (<i>Safe Means of Egress</i>). The basic requirements of these regulations are:	M		
(a) Disaster plans (<i>e.g., fire, bomb/terrorism, earthquake, etc.</i>) have been developed and are available to staff.	M		
(b) Staff understand assigned emergency escape routes.	M		
(c) Staff have completed training and understand their role in an emergency or natural disaster.	M		
(d) Exits are recognizable and free from barriers	M		
<p><i>Note: Requirements for medical emergencies are addressed under the Clinical Services Section (Guidelines: Section 7.3).</i></p>			



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Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
K. Personnel S,PA,C,L,D			
<i>Guidelines: Section 6.5/42 CFR 59.5 (b) (10)</i>			
1. Grantee/delegate complies with Title X requirements related to personnel.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Written personnel policies regarding no ndiscrimination in recruitment, selection, performance evaluation, discipline, promotion, and termination have been established.	M		
b) A formal grievance mechanism is available for all staff.	M		
c) Project staff is broadly representative of the population served.	S		
d) Project staff is sensitive to and able to deal effectively with the cultural characteristics of the client population.	S		
2. Clinic Management is consistent with Title X guidance.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) An organizational chart shows clear lines of authority.	M		
b) Written job descriptions exist for key personnel.	M		
c) Project is administered by qualified program director.	M		
d) Personnel records are kept confidential.	M		
e) Grantee has provided personnel protocols for client care provided under this project.	M		
f) Professional licenses are verified prior to employment and documentation of current licensure maintained.	M		
<i>Note: Requirements for Medical Director are addressed under the Clinical Services Section,(Guidelines: Section 7.0)</i>			



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Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
M. Reporting Requirements S,PA,C,L,D		<i>Guidelines: Section 6.7</i>	
1. Grantees comply with Title X reporting requirements.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
<p><i>(Compliance with the financial reporting is addressed in the Financial Section of this tool.)</i></p> <p>a) Grantee complies with DHHS reporting requirements</p> <p style="padding-left: 20px;">(1) FPAR Reporting Requirements:</p> <p style="padding-left: 40px;">(a) There is a mechanism in place to collect all required data elements that ensures validity of data reported.</p> <p style="padding-left: 20px;">(2) Organization has written MIS policies and procedures to maintain and secure electronic records.</p> <p style="padding-left: 20px;">(3) Grantee has appropriate analysis and reporting functionality.</p>	<p>M</p> <p>M</p> <p>M</p> <p>S</p>		
N. Publications S,PA,C,L,D		<i>Guidelines: Section 6.10</i>	
1. The Grantee/delegate meet Title X requirements as they relate to copyright and publication material.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
<p>a) Grantee/Delegate publications acknowledge any Federal grant support.</p> <p>b) The Government has unrestricted use of Grantee publications funded by Title X. (45 CFR 59.211)</p> <p>c) Grantee ensures that publications developed under Title X do not contain information contrary to program requirements or accepted clinical practice.</p>	<p>M</p> <p>M</p> <p>S</p>		



FINANCIAL SECTION

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Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
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A. Financial Management S,PA,C,L,D	<i>Guidelines: Section 6.3</i>
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<p>1. The Grantee/delegate maintains a financial management system consistent with Title X requirements. (45 CFR Subpart 74.20-21 or Subpart 92 / Notice of Grant Awards)</p>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<p style="text-align: center;"><i>Write/Type Comments in the space below</i></p>
<p>An appropriate financial management system includes compliance with ALL the following areas:</p> <ul style="list-style-type: none"> • Budgetary control procedures. M • Accounting systems and reports. M • Charges, billing and collection procedures. M • Purchasing procedures / Property Management. M • Compliance with Grant assurances (<i>i.e. Drug Free Work Place, etc.</i>). M • Grantee has written procurement procedures in place that ensure that all contracts are awarded in a manner that provides, to the maximum extent possible, open and free. M 			



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2. Budgetary control procedures meet Title X requirements ¹	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Does the Grantee use a budget to control its fiscal operations? <i>(45 CFR 74.21 and 45 CFR 92)</i>	M		
b) Is there a separate budget applicable to Title X funds? <i>(45 CFR 74.21)</i>	M		
c) Does the governing authority approve the grantee budgets?	S		
d) Does the budget for Title X mirror the approved Title X Notice of Grant Award (NOGA) budget?	M		
e) Does the Chief Financial Officer or designee monitor the approved Title X budget expenditures? <i>(45 CFR 74.21)</i>	M		
f) Does the Grantee request budget revision from Title X when required? <i>(45 CFR 74.25)</i>	M		
(1) Change in Project scope or objective? (2) Change in key personnel? (3) When sub-awarding or contracting work not approved in NOGA?			
g) Does the grantee have appropriate cost centers to track and validate costs applicable to any NOGA special conditions (i.e., chlamydia, project expansion, etc.)? <i>(45 CFR 74.21)</i>	M		
¹ Auditors should use program-specific audit guide where available to provide specific guidance with respect to internal control, compliance requirements, suggested audit procedures, and audit reporting requirements. The auditor should contact the Office of Inspector General of the Federal agency to determine whether such a guide is available. When a current program-specific audit guide is available, the auditor shall follow GAGAS and the guide when performing a program-specific audit.			



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Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
3. Accounting Systems and Reports are consistent with Title X Requirements <i>(OMB Circular A-133)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Grantee fiscal oversight and audits (1) Does Grantee have written accounting policies and procedures for determining reasonableness, allocability and allowablility of costs in accordance with federal cost principles? <i>(45 CFR 74.21)</i>	M		
(2) Does Grantee monitor delegates as necessary to ensure Federal compliance with laws and regulations, and grant provisions? <i>(45 CFR 74.51 and OMB A-133-400c)</i>	M		
(3) Audits of Grantees/Delegates are conducted in accordance with provisions of OMB Circular A-133. <i>(OMB A-133, 500(a))</i>	M		
(a) Does Grantee secure independent audits from its delegates, including management letter annually? <i>(OMB A-133, 320(f) and 400 c 3)</i>	M		
(b) Auditors meeting established criteria for qualifications and independence conduct audits. <i>(GAGAS standards and OMB A-133, 500(a))</i>	M		
(c) Financial records must be available for review or audit by appropriate officials of the Federal agency. <i>(OMB Circular A-133)</i>	M		
b) Maintenance of internal controls Internal controls over Federal programs are maintained that provide reasonable assurance that the Grantee is managing the Federal award in compliance with applicable laws and regulations. <i>(OMB A-133, 300 and 45 CFR 74.21)</i>	M		



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(2) Grantee accounting records and documentation are compared with accounting system reports and financial statements to verify their reasonableness, accuracy, and completeness. (OMB A-133,300 and 45 CFR)	S		
(3) Control principles are applied to all departmental operations (i.e., payroll, purchasing/receiving/disbursement approval, equipment and supplies inventories, cash receipts, petty cash and change funds, billing and accounts receivable). (OMB A-133,300, and 45 CFR)	S		
(4) Review methods of drawing funds from the Federal letter of credit and reconciliation of actual Title X expenditures. (45 CFR 74.21)	S		
(5) Grantee reconciles Title X cash receipts/collections to accounting system on either a daily or monthly basis. (OMB A-133,300 and 45 CFR 74.21)	M		
d) Fiscal reports			
(1) Did Grantee submit Financial Status Reports (SF-269) for the last budget period timely (90 days after budget period ended)? (45 CFR 74.52)			



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4. Charges, billing, and collection procedures meet Title X requirements.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Grantee is responsible for implementation of policies and procedures for charging, billing, and collecting funds for services provided by the project. <i>(Guidelines: Section 6.3)</i> (1) Policies and procedures are approved by the Grantee's governing authority/board and Regional Office.	M S		
b) Charges, billing and collection system has the following characteristics: <u>Charges</u> (1) Charges are based on a cost analysis. <i>(Guidelines: Section 6.3)</i> (2) A schedule of discounts (<i>SOD</i>) has been developed and properly implemented. <i>(Guidelines: Section 6.3)</i> This includes: (a) Eligibility for discounts is documented in client's financial record. (b) <i>SOD</i> has sufficient proportional increments to ensure income is not a barrier to service. (c) <i>SOD</i> is used for family incomes between 101– 250% of FPL. (d) Eligibility for discounts for minors who receive confidential services is based on the income of the minor. (3) A mechanism is in place for waiving fees of individuals who, for good cause, are unable to pay but do not qualify for the <i>SOD</i> .	M M M M M M M M		



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(4) Clients at or below 100% of FPL are not charged for Title X services.	M		
(5) Client income is re-evaluated annually.	S		
(6) There is no evidence clients are denied services or subjected to variation in quality of services because of the inability to pay. <i>(Guidelines: Section 6.3)</i>	S		
<u>Billing</u> (Title X guidelines 6.3)	M		
(1) At the time of services, clients responsible for paying must be given bills directly.	M		
(a) Bills to clients show total charges less any allowable discounts.	M		
(b) Where a third party is responsible, bills are be submitted to that party.	M		
(c) Third parties authorized or legally obligated to pay for clients at or below 100% FPL are properly billed.	M		
(d) Third party bills show total charges without any discounts.	M		
(e) Bills to third parties show total charges without applying any discount.			
(2) When reimbursement from Title XIX or Title XX of Social Security Act is available, a written agreement at either the Grantee level or delegate level is required. (42 CFR 59.5 (a) (9))	M		
	M		
<u>Collections</u> (Title X guidelines 6.3)			
(3) Reasonable efforts to collect charges without jeopardizing client confidentiality are made.			
(4) A method for “aging” outstanding accounts has been established.			



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(5) There is no evidence that clients are pressured to make donations. (a) Donations are not a prerequisite for provision of any service or supply. (b) Billing requirements set out above are not waived because of client donations. (6) Projects offering services not required by Title X should seek other funding for such services before applying Title X funds to those activities.	M M M S		
5. Procurement /Inventory Control / Property Management	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Grantee has written procurement policies and procedures for procurement of supplies, equipment and other services. (45 CFR 74.40) b) All procurement transactions conducted to provide practical, open and free competition. (Competitive process is used for purchasing) (45 CFR 74.40) c) Grantee uses purchase requisition/order system of purchasing. d) Grantee has proper segregation between requisition, procuring, receiving and payment functions. e) Grantee has inventory system to control purchase, use, reordering of meds and supplies. (45 CFR 74.30)	M M S S M		



FINANCIAL SECTION

M=MUST
S=SHOULD

C=COMPLIES
NC=NON-COMPLIANT

Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
f) Grantee has established controls over access to meds and supplies. (45 CFR 74.40)	M		
g) Grantee periodically confirms perpetual inventory w/actual inventory counts and provides credit/debit adjustment to Title X charges to reflect actual costs. (45 CFR 74.40)	M		
h) Grantee evaluates contractor performance and documents if contractors have met the terms, conditions and specifications of the contract. (45 CFR 74.40)	M		
i) Grantee maintain a property management system (Fixed Assets) (45 CFR 74.30)	M		
j) Property management system includes: asset description, ID number, acquisition date, current location and Federal share of asset? (45 CFR 74.34)	M		
(1) Grantee perform a physical inventory of equipment at least once every 2 years? (Records shall be investigated to determine the cause of any differences). (45 CFR 74.34)	M		



FINANCIAL SECTION

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Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
6. The Grantee is in compliance with the “Assurance for Non-Construction Programs” signed when receiving the Federal award. S	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) The Grantee has provided the awarding agency free access to examine all records, books, papers, and documents related to the award. M b) The Grantee has the institutional, managerial, and financial capability (inc funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project as described in the award. M c) The Grantee complies with federal statutes relating to: M (1) Prohibiting discrimination on basis race, color, national <i>origin</i> M <i>(Title VI of Civil Rights Act of 1964)¹</i> (2) Prohibiting discrimination on basis of handicap. <i>(Section 504 of the Rehabilitation Act of 1973)</i> M (3) Prohibiting discrimination on basis of age. <i>(Age Discrimination Act of 1975)</i> M (4) Prohibiting discrimination on basis of sex. <i>(Title IX of the Education Amendments of 1972)</i> M (5) Prohibiting discrimination on basis of drug abuse. <i>(Drug Abuse Office and Treatment Act of 1972)</i> M (6) Prohibiting discrimination on basis of alcohol abuse. <i>(Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970)</i> M d) Recipients located in special flood hazard areas are required to purchase flood insurance when total cost of insurable construction and acquisitions is over \$10,000 <i>(Section 102(a) Flood Disaster Protection Act of 1973)</i>			
¹ The Office for Civil Rights (OCR) enforces and provides technical assistance regarding compliance with laws and regulations that prohibit discrimination on race, color, national origin, religion, mental and physical disabilities, and age.			



CLINICAL SERVICES SECTION

M=MUST
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C NC

Comments/Documentation/Explanation

A. CLIENT SERVICES S,PA,C,L,D

Guidelines: Section 7.0

1. Clinic meets the following criteria for a Title X clinic

Write/Type Comments in the space below

- a) Clinic provides clinical, informational, educational, social and referral services relating to family planning. *(Section 7)* **M**
- b) Clinic care component operates under the responsibility of a physician with experience or special training in family planning. *(Section 6.5)* **M**
- c) Clinic offers a broad range of acceptable/effective medically approved methods onsite or by referral. **M**
 - (1) Clinic makes available a broad range of acceptable and effective contraceptive methods approved by the FDA (e.g., *emergency contraception*)(42CFR 59.5 (a)(1)). **M**
 - (2) This must include natural family planning method (42 CFR 59.5 (a)(1)). **M**
 - (3) Clinic provides family planning services to adolescents *(Guidelines: Section 2.0 / Section 8.7)*. **M**



CLINICAL SERVICES SECTION

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C NC

Comments/Documentation/Explanation

B. Service Plan and Protocol S,PA,C,L,D

Guidelines: Section 7.1

1. Grantee's service plan has been successfully ³ implemented.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
<ul style="list-style-type: none"> a) Grantee/Delegate provided the full range of services as outlined in the service plan. M <li style="padding-left: 20px;">(1) Services outlined in the service plan are provided on a sliding fee schedule with sufficient proportional increments so that inability to pay is never a barrier to service. M <li style="padding-left: 20px;">(2) If the grantee has an exemption for providing a particular service, please make a note in the comment section verifying OPA approval and the duration of the waiver. O b) Written clinical protocols are in place at each service delivery site and are consistent with Title X Guidelines (<i>Guidelines: Section 6.5</i>). S <li style="padding-left: 20px;">(1) Service site clinical protocols and plans for education are signed off by the site Medical Director and approved by the Grantee. M <li style="padding-left: 20px;">(2) Protocols are reviewed and updated annually. M 			
¹ Service Plan – The Grantee's service plan outlines what clinical services will be provided at Title X Clinics. Each service plan MUST provide services stipulated in law or regulations and MAY include other services that promote reproductive health. Obtain a copy of the Grantee's service plan to verify the delegate is providing services promised by the Grantee when the Grant application was approved and funded. M			



CLINICAL SERVICES SECTION

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C NC

Comments/Documentation/Explanation

C. Procedural Outline S,PA,C,L,D

Guidelines: Section 7.2

1. The following services are offered at the initial visit and properly documented in the clients' charts:	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Education. M b) Counseling. M c) Informed consent. M d) History. M e) Examination. M f) Laboratory testing. M g) Follow up and referrals. M			
2. The following components, appropriate to the purpose of the visit, must be offered and documents on all clients' charts at the return visit:	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) The following must be documented on all return visits: (1) History. M (2) Examination. M (3) Laboratory testing. M (4) Follow-up and referrals. M b) Client return visits (<i>excluding routine supply visits</i>) include an assessment of the client's health status, current complaints, and evaluation of birth control method, and opportunity to change methods. S			



CLINICAL SERVICES SECTION

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C NC

Comments/Documentation/Explanation

D. Emergencies S,PA,C,L,D

Guidelines: Section 7.3

1. Written protocols for medical emergencies are current and include the following situations:	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>
<ul style="list-style-type: none"> a) Vaso-vagal reactions / Syncope (<i>fainting</i>). M b) Anaphylaxis (<i>severe allergic reactions</i>). M c) Cardiac arrest / Respiratory difficulties. M d) Shock / Hemorrhage (<i>uncontrolled bleeding</i>). M e) Emergencies requiring EMS transport. M f) After hours emergencies. M <ul style="list-style-type: none"> (1) Management of contraceptives emergencies. M (2) Clinic emergencies (<i>i.e. fire, vandalism, etc.</i>). M <p><i>Disaster planning is included under Title X Guidelines Section 6.4 (See Administrative Section of this tool, "Facilities and Accessibility of Services").</i></p>			
2. All project staff are familiar with medical emergency plans	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>
<ul style="list-style-type: none"> a) Staff is familiar with their role during an emergency. M b) Training for clinic emergencies (<i>including CPR</i>) is available to staff. S 			



CLINICAL SERVICES SECTION

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C NC

Comments/Documentation/Explanation

E. Referrals and Follow-Up S

Guidelines: Section 7.4

1. Grantee has formal agreement with referral agencies where necessary.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Agreements are necessary when: (1) Required clinical services (<i>Listed in Section 8.0</i>) are provided by the referral agency. M (a) Agreements with referral agencies include: (i) Description of the services provided. M (ii) Cost reimbursement information. M			
2. Written policies/procedures are in place for follow-up on referrals made for abnormal finding.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Follow-up policy is sensitive to client's concern for confidentiality and privacy. M			



CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
3. Referrals for care beyond the scope of the project (e.g., non-family planning, emergency care, etc.) are made consistent with Title X guidelines.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Proper arrangements are made to provide pertinent client information to the referral provider., with appropriate safeguards for confidentiality. b) Client's consent was obtained for referral arrangements (<i>except as required by law</i>). c) Documentation that client was advised of referral and counseled on their responsibility to comply with referral.	M M M		
4. Grantee/delegate maintains a current referral list.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Referral list includes health care providers, local HHS departments, hospitals, voluntary agencies, and health services projects, and other Federal programs.	M		



CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
F. Required Services S,PA,C,L,D			<i>Guidelines: Section 8.0</i>
1. Grantee/Delegate provides “consent forms” consistent with Title X requirements.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Consent is obtained prior to services. M b) Consent is informed and voluntary. Informed contraceptive consent means: (1) The contraceptive consent form (<i>Section 8.1</i>) is: (a) Method specific. M (b) Approved by the service site Medical Director. M (c) Updated when there is a major change in client’s health or method. M (d) Language appropriate. M (<i>Section 8.1. Written in a language understood by the client or translated and witnessed by an interpreter.</i>) (2) Clients are provided information on: (a) Contraception benefits and risk. M (b) Potential side effects. M (c) Complications. M (d) Discontinuation issues / Danger signs of method chosen. M (3) Client records are properly documented regarding informed consent. (<i>Section 8.1</i>) M c) All consent forms contain a statement that the client has been counseled and provided appropriate informational material and understands the content of both. (<i>Section 8.1</i>) M			



CLINICAL SERVICES SECTION

M=MUST
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	C	NC	Comments/Documentation/Explanation
2. Sterilization complies with Title X requirements (Section 8.1). <i>42 CFR Part 50, Subpart B, Section 50.204</i>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Federally approved consent form used. <i>(Copy found in the Appendix to 42 CFR Part 50, Subpart B, Section 50.201)</i>	M		
b) Required signatures are secured. These include:	M		
(1) Individual sterilized.	M		
(2) Interpreter.	M		
(3) Person who obtains the consent.	M		
(4) Physician performing the sterilization.	M		
c) Copy of 42 CFR Part 50, Subpart B is available for staff to review their responsibilities when participating in sterilization.	S		
G. Client Education S,PA,C,L,D			<i>Guidelines: Section 8.1</i>
1. Written plan for client education is current and consistent with Title X requirements. An acceptable plan has:	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>



CLINICAL SERVICES SECTION

M=MUST
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	C	NC	Comments/Documentation/Explanation
a) Goals and content outlined to ensure consistency and accuracy of information provided by staff.	M		
b) Signature approval of grantee and service site Medical Director (Guidelines: Section 7.1).	M		
c) Client education requires:			
(1) Proper documentation of education in the chart.	M		
(2) Presentation of education in an unbiased manner.	M		
(3) Presentation of education appropriate for client's age, knowledge, language, and socio-cultural background.	S		
(4) A mechanism has been established to determine if the information provided the client was understood.	S		
2. Education services offered allow client to make informed decisions and take positive health actions. Where appropriate, this includes:	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>



CLINICAL SERVICES SECTION

M=MUST
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	C	NC	Comments/Documentation/Explanation
a) Use of specific methods of contraception and adverse effects.	M		
b) Instruction on BSE / TSE (<i>Breast or testicular self exams</i>).			
c) Actions to reduce transmission HIV and STDs.	M		
d) Importance of recommended tests and procedures.	M		
e) Value of fertility regulation in maintaining family/individual health.	M		
f) Health promotion/disease prevention information (i.e., nutrition, exercise, smoking cessation, alcohol/drug abuse, domestic violence, and sexual abuse).	S		
	S		

H. Counseling S,PA,C,L,D	Guidelines: Section 8.2
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1. Counseling services comply with Title X requirements.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Documentation of counseling is included in client record.	M		
b) Counselors are sufficiently knowledgeable to provide accurate information regarding the benefits and risk, safety, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the various contraceptive methods.	M		
(1) Counselors should be objective, nonjudgmental, culturally aware, and sensitive to individual differences of clients.	S		
(2) Counselors should be knowledgeable about other services offered by the clinic.	S		
2. Method counseling is provided when indicated and includes:	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>



CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
a) Results of physical exam and lab studies.	M		
b) Effective use of contraceptive methods, benefits, and efficacy of the methods.	M		
c) Possible side effects/complications.	M		
(1) How to discontinue the method selected and information regarding back-up method used.	M		
d) Planned return schedule.	M		
e) Emergency 24-hour telephone number.	M		
f) Location where emergency services can be obtained.	M		
g) Appropriate referral for additional services, if needed.	M		
3. Project offers STD/HIV counseling and education required by Title X.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>



CLINICAL SERVICES SECTION

M=MUST
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	C	NC	Comments/Documentation/Explanation
a) There is evidence that all clients receive STD/HIV counseling. At a minimum, this includes:	M		
(1) Individualize dialogue regarding their personal risks.	M		
(2) Persons with behaviors that put them at risk for STD/HIV are given risk reduction advice and advised whether a clinical evaluation is indicated.	M		
b) The Grantee/Delegate offers the required HIV information to clients seeking this information:			
(1) Education about HIV/AIDS.	M		
(2) Information on risks and infection prevention.	M		
(3) Referral services.	M		
(4) HIV Risk Assessment.	S		
(5) Counseling and testing by specially trained staff.	O		
(a) When counseling or testing is not done onsite a list of providers who can provide these services is maintained by Grantee/Delegate.	M		
(6) Consistent and correct use of condoms should be encouraged for all persons at risk for STDs/HIV. (<i>Guidelines: Section 8.4</i>)	S		

I. HISTORY, PHYSICAL ASSESSMENT, AND LAB TESTING *Guidelines: Section 8.3*
S,PA,C,L,D



CLINICAL SERVICES SECTION

M=MUST
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	C	NC	Comments/Documentation/Explanation
c) MALE reproductive history must include the following: (1) Sexual history. (2) STI, including HBV. (3) HIV. (4) Urological conditions.	M M M M		
2. Physical Assessment. Information related to client physical assessments are consistent with Title X requirements.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) INITIAL FEMALE physical assessment should include: (1) Height/weight. (2) Thyroid, heart, lung, extremities, breasts, abdomen, pelvis <i>(includes vulvar/bimanual, PAP), and rectal exam (i.e., hemoccult for over 40).</i> (3) STD and HIV Screening, as indicated. (a) If services are not provided on-site, documentation of appropriate referral for those at risk should be noted in client's chart.	S S S S		



CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
(4) Clinic must stress the importance and provide for health maintenance screening procedures to all clients. These include:	M		
(a) Blood pressure.	M		
(b) Breast exam.	M		
(c) Pelvic exam / PAP.	M		
(d) Colo-rectal CA screening >40.	M		
(e) STD and HIV screening.	M		
(5) Where not provided, client deferral or decline of a health maintenance service is properly documented	M		
(a) Counseling includes information on possible health risks associated with declining or delaying preventive screening tests or procedures.	M		
b) Requirements for physical examination and laboratory tests stipulated in the prescribing information for a specific contraceptive method are followed.	M		
(1) Physical exam and preventative services are completed within 3 months of initial visit.	M		
(a) When services are deferred, reason for deferral is documented.	M		
(b) In no case is the physical exam delayed beyond 6 months unless the clinician has documented a compelling reason.	M		
(c) Protocols have been developed for ensuring deferrals are not lost to follow-up.	S		



CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
<p>c) INITIAL MALE physical assessment should include:</p> <p>(1) Height/weight. S</p> <p>(2) Thyroid, heart, lung, extremities, breasts, abdomen, genital (<i>teach TSE</i>), and rectal exam (<i>i.e. hemoccult over 40</i>). S</p> <p>(3) STD and HIV Screening, as indicated. S</p> <p>(4) Clinic encourages and provides for health maintenance screening procedures. These include: S</p> <p style="padding-left: 20px;">(a) Blood pressure. S</p> <p style="padding-left: 20px;">(b) Colo-rectal CA screening >40. S</p>			
<p>3. Laboratory Testing. . Information related to client laboratory testing are consistent with Title X requirements.</p>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
<p>a) The Grantee/Delegate provides the following lab procedures onsite:</p> <p>(1) Pregnancy testing. M</p> <p>b) The Grantee/Delegate provides the following tests when required by the specific contraceptive method (<i>FDA or prescribing recommendations</i>). They may be provided for the maintenance of health status and/or diagnostic purposes either on-site or by referral. M</p> <p style="padding-left: 20px;">(1) Anemia assessment.</p> <p style="padding-left: 20px;">(2) Gonorrhea and Chlamydia test.</p> <p style="padding-left: 20px;">(3) Vaginal wetmount.</p> <p>c) Clients are notified of abnormal lab test results. M</p> <p style="padding-left: 20px;">(1) Notification procedure maintains client confidentiality.</p>			



CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
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4. Revisits are individualized and based on client need as required by Title X.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Revisit schedules must be based on client need for: <ul style="list-style-type: none"> (1) Education. M (2) Counseling. M (3) Clinical care beyond that provided at previous visit M b) First time users of OCPs, IUDs, and cervical caps, should be scheduled for early revisit. S			

J. Fertility Regulation S,PA,C,L,D	<i>Guidelines: Section 8.4</i>
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1. Reversible Contraception complies with Title X requirements.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	Criteria for this area are addressed in Section 8.2, Counseling. <i>Write/Type Comments in the space below</i>



CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
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2. Permanent Contraception (<i>Sterilization</i>) complies with Title X requirements (<i>42 CFR Part 50, Subpart B, Section 50.204</i>).	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>

K. Infertility Services S,PA,C,L,D	Guidelines: Section 8.5
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1. Grantee/delegate provide at a minimum, Level 1 infertility services as required by Title X.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Level I services include: <ul style="list-style-type: none"> (1) Initial infertility interview. M (2) Education. M (3) Physical examination. M (4) Counseling. M (5) Referral. M 			
b) Grantee/Delegate provides Level II infertility services (<i>e.g., semen analysis, assessment of ovulatory function and postcoital testing, etc.</i>). O			
c) Grantee/Delegate does NOT provide Level III infertility services. M			



CLINICAL SERVICES SECTION

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C NC

Comments/Documentation/Explanation

L. Pregnancy Diagnosis and Counseling S,PA,C,L,D

Guidelines: Section 8.6

1. Grantee/Delegate provide pregnancy diagnosis consistent with Title X regulations.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Pregnancy diagnosis and counseling is provided to all clients in need of these services. M b) Pregnancy diagnosis includes: (1) History. M (2) Pregnancy testing. M (3) Physical assessment (including pelvic exam). S (a) Physical exam may be done onsite, by client's personal physician, or by referral. O (i) When exam not performed onsite, the provider documented client was counseled of the importance to receive an exam within 15 days. M c) If ectopic pregnancy is suspected, the client is referred for immediate diagnosis and therapy. M			
2. Grantee/Delegate provided pregnancy counseling consistent with Title X regulations.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Clients with a positive pregnancy test: (1) Pregnant clients are offered the opportunity for options counseling to include: M (a) Prenatal care and delivery. S (b) Infant care, foster care, or adoption. S (c) Pregnancy termination. S			



CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
(d) Options counseling is neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (<i>42 CFR 59.5(a)(5)</i>).	M		
(2) Clients electing to continue their pregnancy are:			
(a) Referred for early prenatal care	S		
(b) Provided information on good health practices during early pregnancy (<i>e.g., good nutrition, avoidance of smoking, drugs, alcohol, x-rays</i>).	S		
b) Clients with a negative pregnancy test should be given information about the availability of contraceptive and infertility services, as appropriate.	S		



CLINICAL SERVICES SECTION

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C NC

Comments/Documentation/Explanation

M. Adolescent Services S,PA,C,L,D

Guidelines: Section 8.7

	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	
1. Grantee/delegate provides contraceptives services to adolescents consistent with Title X regulations.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Grantee/Delegate ensures appointments for services or counseling to adolescents are done as soon as possible. S			
b) Services are provided in a manner that does not assume that the adolescent is sexually active simply because they have come for family planning services. S			
c) Services provided are confidential and do not require parental consent; however counselors encourage family participation in the decision of minors to seek family planning services. M			
d) Grantee/Delegate complies with state requirements regarding notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest. M			
e) Adolescents are informed of the following family planning methods: (1) Abstinence. M (2) Contraceptives. M (3) Safer sex practices. M			
f) Counseling provided to adolescents prepares them to use a variety of methods effectively. S			



CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
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g) Counseling sessions and needed follow-up are confidential.	M		
h) Services are provided to minors without written consent of parents or guardians.	M		
i) There is no evidence that parents or guardians are notified before or after a minor has requested and received Title X services without the minors consent.	M		
j) Policies and procedures must be in place to provide counseling to minors on how to resist coercive attempts to engage in sexual activities.	M		

N. Identification of Estrogen-Exposed Offspring S,PA,C,L,D	Guidelines: Section 8.8 / Also see Section 8.3
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1. Clients prenatally exposed to DES receive information/education and special screening either on-site or by referral	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>
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CLINICAL SERVICES SECTION

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	C	NC	Comments/Documentation/Explanation
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<ul style="list-style-type: none"> a) Clients born between 1940-1970 are asked about DES exposure. (<i>See Section 8.3, History</i>) b) Clients exposed receive information/education and special screening either on-site or by referral. 	M M		
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O. Related Services (Optional Services) S,PA,C,L,D	Guidelines: Section 9.0 / Section 9.1 / Section 9.2
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1. If optional services are offered, skilled personnel and equipment are available	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
<ul style="list-style-type: none"> a) Grantee/Delegate provides for the diagnosis and treatment of minor gynecologic problems (Vaginitis, UTI, etc.). (<i>Section 9.1</i>) b) Grantee/Delegate provides for detection and treatment of the more common STDs (e.g., GC, syphilis, chlamydia, HIV). (<i>Section 9.2</i>) <ul style="list-style-type: none"> (1) If testing is done, Grantee/delegate must comply with State and local STD reporting requirements. (2) Gonorrhea and chlamydia tests are made available for clients requesting IUD insertions. 	S S M M		



CLINICAL SERVICES SECTION

M=MUST
S=SHOULD

C=COMPLIES
NC=NON-COMPLIANT

C NC

Comments/Documentation/Explanation

P. Special Counseling S,PA,C,L,D

Guidelines: Section 9.3

1. Grantee/Delegate meets the Title X requirements for special counseling.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) When indicated, clients are offered appropriate counseling and referral for the following: (1) Future planned pregnancies / Preconceptional counseling. S (2) Management of a current pregnancy. S (3) Other client concerns (e.g., substance use and abuse, sexual abuse, domestic violence, genetic issues, nutrition, sexual concerns, etc.). S			

Q. Genetic Information and Referral S,PA,C,L,D

Guidelines: Section 9.4

1. Grantee/Delegate meets the Title X requirements for genetic information and referral.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Basic information regarding genetic condition is offered to clients who request or are in need of these services. S b) Referral systems should be in place for further genetic counseling and evaluation. S			



CLINICAL SERVICES SECTION

M=MUST
S=SHOULD

C=COMPLIES
NC=NON-COMPLIANT

C NC

Comments/Documentation/Explanation

R. Health Promotion/Disease Prevention S,PA,C,L,D

Guidelines: Section 9.5

1. Grantee/Delegate meets Title X requirements for health promotion	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Grantee/Delegate provides or coordinates access to health promotion and disease prevention services. S b) Grantee/Delegate considers the health problems in their community and has developed health promotion strategies to address these problems S			

S. Postpartum Care S,PA,C,L,D

Guidelines: Section 9.6

1. Grantee/Delegate meets Title X requirements for postpartum care.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
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CLINICAL SERVICES SECTION

M=MUST
S=SHOULD

C=COMPLIES
NC=NON-COMPLIANT

	C	NC	Comments/Documentation/Explanation
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<p>a) If postpartum care is provided, it is directed toward assessment of the woman's physical health, initiation of contraception, and counseling and education related to parenting, breast feeding, infant care, and family adjustment.</p>	S		
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T. Equipment and Supplies S,PA,C,L,D	<i>Guidelines: Section 10.1</i>
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<p>1. Equipment and supplies are appropriate for the type of care offered by the Grantee/delegate (Section 10.1)</p>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<p><i>Write/Type Comments in the space below</i></p>
<p>a) Equipment and supplies are appropriate to the type of care offered by the project</p>	M		
<p>b) Clinic follows applicable Federal and state regulations regarding infections control</p>	M		

U. Pharmaceuticals S,PA,C,L,D	<i>Guidelines: Section 10.2</i>
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CLINICAL SERVICES SECTION

M=MUST
S=SHOULD

C=COMPLIES
NC=NON-COMPLIANT

	C	NC	Comments/Documentation/Explanation
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1. Grantee/Delegate meet Title X regulations as they relate to pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) Grantee/delegate complies with federal and state laws relating to security and record keeping for drugs and devices	M		
b) Inventory, supply, and dispensing of pharmaceuticals are conducted in accordance with state pharmacy laws and professional practice regulations	M		
c) Grantee/Delegate ensures access to other drugs or devices that are necessary for the provision of other medical services included within the scope of the Title X project.	S		

V. Medical Records S,PA,C,L,D	Guidelines: Section 10.3
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CLINICAL SERVICES SECTION

M=MUST
S=SHOULD

C=COMPLIES
NC=NON-COMPLIANT

	C	NC	Comments/Documentation/Explanation
1. Grantee/Delegate meet Title X regulations as they relate to medical record	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) A medical record is established for each client who obtains clinical services. M b) Medical records are retained in accordance with accepted medical standards and State laws. M Records must be: (1) Complete, legible, and accurate. <i>(Telephone encounters of a clinical nature are documented).</i> M (2) Signed by the clinician <i>(name, title, date).</i> M (3) Readily accessible. M (4) Systematically organized to facilitate prompt retrieval of information. M (5) Confidential, safeguarded against loss or use by unauthorized persons. M (6) Secured by lock when not in use. M (7) Available upon request to the client. M c) Content of Client Record M Record must contain sufficient information to identify the client, indicate contact information, justify clinical diagnosis, and warrant the treatment and end results. The required content includes: (1) Personal data. (2) Medical history, physical exam, clinical findings, diagnostic/laboratory orders, results, and treatment. M M			



CLINICAL SERVICES SECTION

M=MUST
S=SHOULD

C=COMPLIES
NC=NON-COMPLIANT

	C	NC	Comments/Documentation/Explanation
(3) Scheduled revisits.	M		
(4) Documentation of continuing care, referral, and follow up.	S		
(5) Informed consents.			
(6) Refusal of services.	M		
(7) Allergies and drug reactions.	M		
(8) Medical record allows for entries by counseling and social service staff.	M		
d) Client financial information is kept separate from chart or there is no evidence that client services are withheld because of client's financial status.	S		
e) Confidentiality and Release of Records.			
(1) A confidentiality assurance statement must appear in the client's record.	M		
(2) HIV information is handled according to state law and kept separate whenever possible.	S		
(3) A written consent of the client is required for release of personally identifiable information, except as may be necessary to provide services to the client or as required by law.	M		
f) A written consent is obtained for release of personally identifiable information except as required by law.	M		



CLINICAL SERVICES SECTION

M=MUST
S=SHOULD

C=COMPLIES
NC=NON-COMPLIANT

C NC

Comments/Documentation/Explanation

W. Quality Assurance S,PA,C,L,D

Guidelines: Section 10.4

1. Grantee/Delegate quality assurance systems meet Title X requirements.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) QA program provides ongoing evaluation of project personnel/services. An acceptable program includes:	M		
(1) A set of clinical, administrative, and programmatic standards has been adopted to ensure conformity within the program.	S		
(2) A tracking system to identify clients in need of follow-up and / or continuing care.	S		
(3) Periodic medical audits to determine conformity with agency protocols.	S		
(4) Peer review procedures to evaluate individual clinician performance.	S		
(5) Periodic review and update of medical protocols.	S		
(6) A process to elicit consumer feedback.	S		
(7) Ongoing documentation of QA activities.	S		



COMMUNITY OUTREACH AND INFORMATION SECTION

M=MUST C=COMPLIES
S=SHOULD NC=NON-COMPLIANT

Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
A. Information and Educational Materials (I & E) S,PA,C,L,D			<i>Guidelines: Section 6.8 and 6.9/42 CFR 59.5-59.6</i>
1. I & E Committee operates in accordance with Title X requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<i>Write/Type Comments in the space below</i>
<ul style="list-style-type: none"> a) An advisory I&E committee has been established with 5 to 9 members who broadly represent the community. M <li style="padding-left: 20px;">(1) When the committee size is not 5 to 9 members, a waiver has been secured from the Regional Office. M <li style="padding-left: 20px;">(2) Boards and advisory committee for family planning services should be broadly representative of the community served. S b) Grantee MAY delegate the I & E operations for review and approval of materials to delegate agencies. O <li style="padding-left: 20px;">(a) Oversight responsibility for the committee(s) rests with the Grantee. M c. I&E materials developed or made available under the Project are reviewed and approved by the committee prior to their distribution to assure materials are consistent with Title X requirements. M <li style="padding-left: 20px;">As part of the review and approval process, the I & E Committee does the following: M <li style="padding-left: 40px;">(1) Establishes a written record of their determinations M <li style="padding-left: 40px;">(2) Ensures all materials distributed: M <li style="padding-left: 80px;">(a) Consider community standards and are appropriate for the community served. M 			



COMMUNITY OUTREACH AND INFORMATION SECTION

M=MUST C=COMPLIES
S=SHOULD NC=NON-COMPLIANT

Criteria for Title X Compliance	C	NC	Comments/Documentation/Explanation
(b) Consider the education and cultural background of the recipient. © Are factually accurate. (i) Committee MAY delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff.	M M O		
B. Community Participation S,PA,C,L,D		<i>Guidelines: Section 6.9/42 CFR 59.5-59.6</i>	
1. Grantee and delegates meet Title X requirements for community participation, education, and project promotion.	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<i>Write/Type Comments in the space below</i>
a) The Grantee's project plan includes a plan for community participation. b) The Grantee/Delegate has provided an opportunity for community participation in program development, implementation, and evaluation of the project (42 CFR 59.5 (b)(10)). (1) The committee, used to meet the community participation requirement of Title X, is broadly representative of the population served. (2) Members are knowledgeable about community needs. c) The community participation committee meets at least annually. d) I & E Committee may serve as the community participation function if it meets the requirements in 1.b (1), 1.b (2), and 1.c above.	M M M M M O		

V. Chart Audit Worksheet

of Medical Records to Review

- _____ clients who completed an “Initial Visit”
- _____ clients who completed a “Return Visit”
- _____ clients who were adolescents
- _____ clients seeking or where infertility services were provided
- _____ clients seeking pregnancy testing
- _____ clients seeking or provided HIV counseling
- _____ clients who were referred
- _____ clients who were male

Any others??

V. CHART AUDIT WORKSHEET		C	NC											
A. Procedural Outline				<i>Guidelines: Section 7.2</i>										
1. "Initial Visit" services are provided and properly documented. Proper documentation includes:		<input type="checkbox"/>	<input type="checkbox"/>	CHARTS REVIEWED										
a) Education	M													
b) Counseling	M													
c) Informed consent	M													
d) Follow up and referrals	M													
The additional information required by this section (History, Examination, Lab testing) is listed below under B. (Section 8.3).														
2. "Return visits" services have been provided and properly documented.		<input type="checkbox"/>	<input type="checkbox"/>	CHARTS REVIEWED										
a) Proper documentation on all return visits includes:	M													
(1) History	M													
(2) Examination	M													
(3) Laboratory testing	M													
(4) Follow-up and referrals	M													
b) Client return visits (excluding routine supply visits), include an assessment of the client's health status, current complaint, and evaluation of birth control method, and opportunity to change methods	S													
B. History, Physical Assessment, and Lab Testing				<i>Guidelines: Section 8.3</i>										
1. Client histories are consistent with Title X requirements		<input type="checkbox"/>	<input type="checkbox"/>	CHARTS REVIEWED										
a) Proper documentation of the INITIAL MEDICAL History includes:														
(1) Past medical history (i.e., significant illnesses, hospitalization, surgery, blood transfusions or exposure to blood products, and chronic or acute medical Conditions)	M													
(2) Allergies	M													
(3) Current medications (including OTC medications)	M													

V. CHART AUDIT WORKSHEET													
		C	NC										
(4) Social history (i.e., tobacco, alcohol, and recreational drug use)	M												
(5) Immunization and Rubella status	M												
(6) Family history	M												
(7) Partner history (i.e., drug use, multiple partners, risk history for HIV/STD, bisexuality)	M												
(8) Contraceptive history (Past/Present and adverse effects)	M												
(9) Sexual (i.e., STD/HPV)	M												
(10) Gynecological/Obstetrical history (i.e., PAP history, DES exposure)	M												
(11) ROS (Review of systems)	M												
2. Client physical assessments are consistent with Title X requirements		<input type="checkbox"/>	<input type="checkbox"/>	CHARTS REVIEWED									
a) Initial Physical Assessment must include:													
(1) Height/weight	M												
(2) Blood pressure	M												
(3) Thyroid, heart, lung, extremities, breasts, abdomen, pelvis (includes vulvar/bimanual, PAP), and rectal exam (i.e., hemocult for over 40)	M												
(4) STD and HIV Screening, as indicated	M												
(a) If services are not provided on-site, documentation of appropriate referral for those at risk should be noted in client's chart													
(5) Service deferral or declined by the client are properly documented	M												
3. Client laboratory testing is completed as required by Title X		<input type="checkbox"/>	<input type="checkbox"/>	CHARTS REVIEWED									
a) Lab testing with the appropriate indications are listed below: ⁴													
(1) Pregnancy testing	I												
(2) Contraceptive method chosen by the client will direct the specific lab testing required by Title X.	I			CHARTS REVIEWED									
(a) Anemia assessment													
(b) STI Screening													
(i) GC and Chlamydia	I												
(ii) Syphilis (VDRL, RPR)	I												

⁴ See attached document "Contraceptive Method and Laboratory Recommendations" for guidance.

V. CHART AUDIT WORKSHEET											
		C	NC								
(iii) HIV Testing	/										
(iv) Hepatitis B	/										
(c) Vaginal wet mount	/										
(d) Diabetes	/										
(e) Cholesterol / lipids	/										
(f) Rubella titer	/										
(g) Urinalysis	/										
(h) PAP smear	/										
(3) Clients are notified of abnormal test results	/										
(b) Notification and follow up procedures maintain client confidentiality											
C. Fertility Regulation				<i>Guidelines: Section 8.4</i>							
1. Sterilization complies with Title X requirements <i>42 CFR Part 50, Subpart B, Section 50.204</i>		<input type="checkbox"/>	<input type="checkbox"/>	CHART REVIEWS							
a) Federally approved consent form used (Guidelines: Section 8.1) <i>(Copy found in the Appendix to 42 CFR Part 50, Subpart B, Section 50.201)</i>	M										
b) Required signatures are secured. These include:	M										
(1) Individual sterilized	M										
(2) Interpreter	M										
(3) Person who obtains the consent	M										
(4) Physician performing the sterilization	M										
D. Pregnancy Diagnosis and Counseling				<i>Guidelines: Section 8.6</i>							
1. Grantee/delegate provides pregnancy diagnosis and counseling to all clients in need		<input type="checkbox"/>	<input type="checkbox"/>	CHART REVIEWS							
a) Pregnancy diagnosis includes:											
(1) History	M										
(2) Pregnancy testing	M										
(3) Physical assessment (including pelvic exam)	S										
(a) If physical exam is not performed then provider should document the client was counseled to receive an exam within 15 days	M										
b) If ectopic pregnancy is suspected, the client is referred for immediate diagnosis and therapy	M										
c) Pregnant clients are offered options counseling to include:	M										

V. CHART AUDIT WORKSHEET														
			C	NC										
(1) Prenatal care and delivery	M													
(2) Infant care, foster care, or adoption	M													
(3) Pregnancy termination	M													
d) Clients electing to continue their pregnancy are:														
(1) Referred for early prenatal care	S													
(2) Provided information on good health practices during early pregnancy (e.g., good nutrition, avoidance of smoking, drugs, alcohol, x-rays)	S													
E. Adolescent Services					<i>Guidelines: Section 8.7</i>									
1. Grantee/delegate provides contraceptives services to adolescents consistent with Title X regulations.			<input type="checkbox"/>	<input type="checkbox"/>	CHART REVIEWS									
a) Adolescents are informed of the following methods:	M													
(1) Abstinence	M													
(2) Contraceptives	M													
(3) Safer sex practices	M													
b) Services are provided to minors without written consent of parents or guardians	M													
c) There is no evidence that parents or guardians are notified before or after a minor has requested and received Title X services	M													
d) Where appropriate, counselors encourage family participation in decision of minors to seek family planning services	S													
F. Medical Records					<i>Guidelines: Section 10.3</i>									
1. Grantee/delegate establish a medical record for every client who obtains clinical services			<input type="checkbox"/>	<input type="checkbox"/>	CHART REVIEWS									
Records must be:														
a) Complete, legible, and accurate	M													
b) Signed by clinician and other appropriately trained health professionals (e.g., name, title, and date)	M													
c) Organized to facilitate prompt retrieval and compilation	M													
d) Contain a confidentiality assurance statement	M													
2. Client Record should contain:			<input type="checkbox"/>	<input type="checkbox"/>										
a) Personal data (e.g., identification info, contact info, etc.)	S													

V. CHART AUDIT WORKSHEET														
			C	NC										
b) Medical history, clinical findings, lab tests, diagnostic and therapeutic orders, documentation of continuing care, referral, and follow-up	M													
c) Treatment and special instructions	M													
d) Scheduled revisits	S													
e) Informed consents	S													
f) Refusal of services	M													
g) Allergies and untoward reactions to drugs	M													
3. A written consent is obtained for release of personally identifiable information except as required by law.		<input type="checkbox"/>	<input type="checkbox"/>	CHART REVIEWS										
a) HIV information is handled according to state law and kept separate whenever possible.	M													

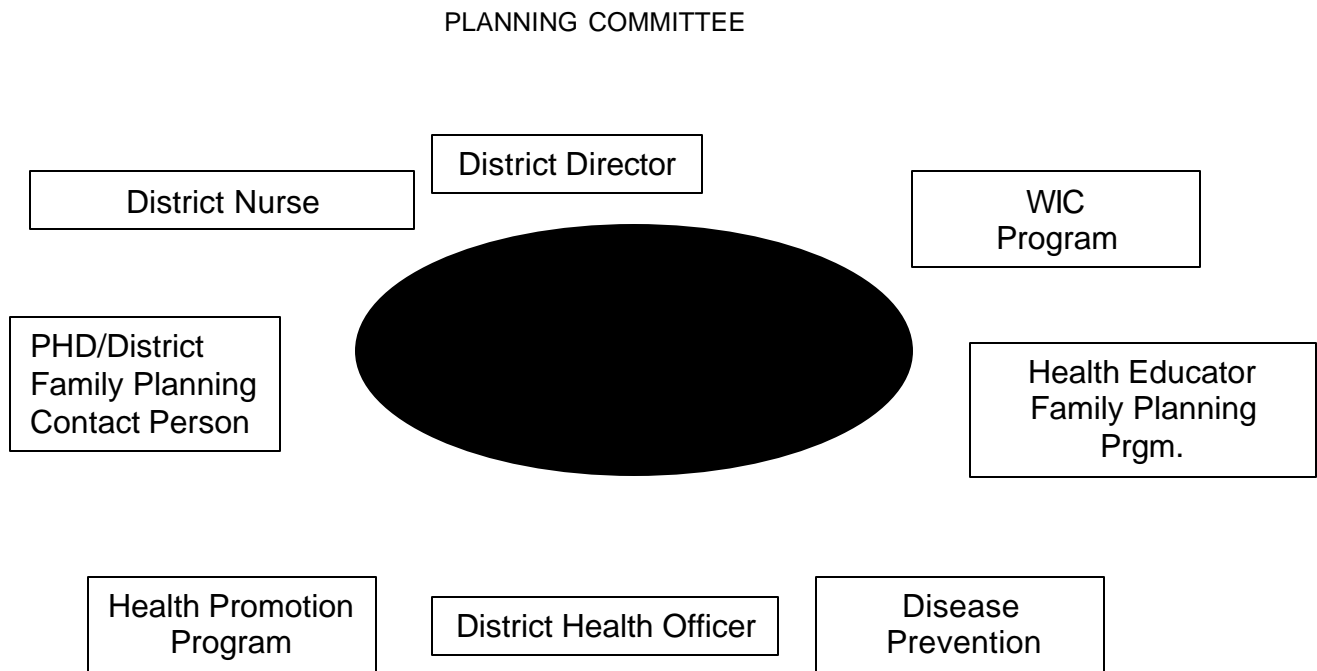
Document Regarding Community Education & Community Outreach

Community education in this document refers to going out into the community and educating the public about health matters that concern them and us as public health personnel. This may be accomplished, for example, by a health educator going to the local high school and educating students about STDs or contraception.

Community outreach in this document refers to recruiting clients in the community to access our services. This may be accomplished, for example, by advertising in the local paper, running Public Service Announcements on the radio; distributing flyers at the local Laundromat, health fairs, etc., or inviting people to visit our clinic for an exam after having given them an educational presentation on STDs.

In order to comprehensively implement community education & community outreach activities, it is helpful to have an overall plan. The following is a suggestion on the development and implementation of such a plan.

An overview of planning for the community outreach and education might initially (and perhaps optimally) be done at the district level. Please refer to the illustration.



Key players at an initial meeting might be as represented.

It is imperative, however, that the District Director takes the lead and directs efforts.

The district level administrators would work with local health office personnel in discerning who in the health office should be on their local community outreach and education team. The district level administrators could also, with their oversight, keep in mind the big picture for the district and offer some consistency and continuity between the local health offices regarding methodology. Furthermore, the district administrators could be a resource for their health offices offering insight and suggestions about what is working for various health offices. This information could be very valuable for any health office encountering barriers to their planning and implementation process.

At the local level, the planning may/should involve an initial stage of a Community Needs Assessment: the development of a tool (or use of an existing one), its distribution, collection, and analysis. This may be done in cooperation with, for example, the county MCH councils.

Based on the Needs Assessment, goals & objectives would be developed and activities implemented for community education & community outreach.

Possible actions for the local health offices to take might include the following (which, for the Family Planning clinics, would fulfill Title X Regs for community outreach & community education (refer to Family Planning Clinic Site Evaluation tool):

- ✓ Designate staff to develop plan;
- ✓ Develop a *written* plan for community outreach & community education;
- ✓ Collaborate with key community contacts in developing and executing the plan (both within and outside the DOH);
- ✓ Include in the written plan:
 - 1) who shall carry out plan activities;
 - 2) implementation of community needs assessment delineating mechanism(s) to be used;
 - 3) results of needs assessment;
 - 4) goals and objectives responding to needs (include target populations);
 - 5) planned activities to meet goals and objectives (e.g., educational presentations, health fairs, media campaigns, etc.);
 - 6) sites to target (for example: schools, youth agencies, Promotora project, PHD MOAs & Contractors
 - 7) needed community contacts (for example: principals, school nurses, parents, executive directors, other non-PHD community educators, etc.)
 - 8) methods of client recruitment;
 - 9) community involvement opportunities;
 - 10) schedules/time tables
- ✓ Include in the plan, the ways and means for monitoring implementation which might include:
 - 1) who will do the monitoring and what is the rationale for their participation in the monitoring process;
 - 2) what is the mechanism for monitoring the plan;
 - 3) how often will monitoring activities occur;
 - 4) evaluation criteria and procedures;
 - 5) any other relevant information.
- ✓ Document:
 - 1) carried out activities as they relate to the plan;
 - 2) the monitor's evaluation of the success of plan implementation; if any, monitor's recommendations for activities or tasks to address any deficiencies in the plan or its execution; compliance with recommendations.
- ✓ Write up an annual report regarding the successes and obstacles encountered.

Following Page: Check list for community education & community outreach

Please refer to the Community Education & Community Outreach Document

Task	Done
Community needs/assets assessment	
Designate staff to develop <i>written</i> plan of community outreach & community education	
Collaborate with key community contacts in developing (and executing) the plan (both within and outside the DOH)	
Include in the written plan:	
results of needs assessment	
goals and objectives responding to needs (include target populations)	
planned activities to meet goals and objectives (e.g., educational presentations, health fairs, media campaigns, etc.)	
who shall carry out plan activities	
sites to target (for example: schools, youth agencies, Promotora project, PHD PAs & Contractors)	
needed community contacts (for example: principals, school nurses, parents, executive directors, other non-PHD community educators, etc.)	
methods of client recruitment	
community involvement opportunities	
schedules/time tables	
Include in the plan, the ways and means for monitoring plan's implementation which might include:	
who will do the monitoring and what is the rational for their participation in the monitoring process	
what is the mechanism for monitoring the plan	
how often will monitoring activities occur	
evaluation criteria and procedures	
any other relevant information	
<i>Written</i> plan for community outreach & community education developed	
Document:	
carried out activities as they relate to the plan	
the monitor's evaluation of the success of plan implementation; if any, monitor's recommendations for activities or tasks to address any deficiencies in the plan or its execution	
compliance with recommendations	
Write up an annual report regarding the successes and obstacles encountered	

City, County, Code	FIVE YEAR SCHEDULE FOR FAMILY PLANNING TEAM VISITS				
	2005	2006	2007	2008	2009
DISTRICT I					
Albuq/Northeast Heights, Bernalillo 01J	X Done 2005				X
Albuq/Northwest Valley, Bernalillo 01C					X
Albuq/Southeast Heights, Bernalillo 01D	NO FP HCG only				X
Albuq/Southwest Valley Bernalillo 01B			X		
Albuq/Stanford, Bernalillo 01A	X Done 2005		X		
Belen, Valencia 32B		X			
Sandoval 23A	X Done 2005			X	
Bloomfield, San Juan 24B	X Done 2005				
Cuba, Sandoval 23C		X Sch'ed 08/06			
Estancia, Torrance 30A			X		
Farmington, San Juan 24A	X Done 2005				
Gallup, McKinley 17A	X Done 2004				
Grants, Cibola 33A	X Done 2004				
Los Lunas, Valencia 32A			X		
Moriarty, Torrance 30B				X	
Rio Rancho, Sandoval 23B	Done 11-05		X		
DISTRICT II					
Clayton, Union 31A	X Done 2005		X		
Española, Rio Arriba 21A		X			
Las Vegas, San Miguel 25A	X Done 2004				
Los Alamos, Los Alamos 15A	X Done 2004				
Mora, Mora 18A	X Done 2004				
Mosquero, Harding 11A				X	
N. Rio Arriba Co., Rio Arriba 21B				X	
Raton, Colfax 04A	X Done 2005		X		
Santa Fe, Santa Fe 26A	X Done 2004				X
Taos, Taos 29A	X Done 2004	X Done 03/06			

FIVE YEAR SCHEDULE FOR FAMILY PLANNING TEAM VISITS					
City, County, Code	2005	2006	2007	2008	2009
DISTRICT III					
Alamogordo, Otero 19A					X
Anthony, Doña Ana 07B	X Done 2004			X	
Chapparral, Doña Ana 07E	X Done 2004			X	
Deming, Luna 16A			X		
Doña Ana County Health Office, Doña Ana 07A					X
Dona Ana Village, Dona Ana					X
East Mesa, Dona Ana		X			
Hatch, Doña Ana 07C	X Preliminary Not open yet				
Lordsburg, Hidalgo 12A	X Done 2005				
Silver City, Grant 09A	X Deferred no NM no CLinician				
Socorro, Socorro 28A	X Done 2005				X
Sunland Park, Doña Ana 07D			X		
Truth or Consequences, Sierra 27A	X Done 2005	X			
DISTRICT IV					
Artesia, Eddy 08B			X		
Carlsbad, Eddy 08A			X		
Carrizozo, Lincoln 14A		X (Closed)			
Clovis, Curry 05A				X	
Dexter, Chaves 03B	X Preliminary Deferred No NM NO CLinician		X		
Fort Sumner, De Baca 06A	X Done 2004				
Hobbs, Lea 13A					X
Lovington, Lea 13B					X
Portales, Roosevelt 22A	X Done 2004			X	
Roswell, Chaves 03A	X Done 2005				
Ruidoso, Lincoln	X				

14B	Done 2005				
Santa Rosa, Guadalupe 10A	X Done 2004				
Tucumcari, Quay 20A	X Done 2004	X F/U			

