

## TITLE X PROGRAM REVIEW TOOL

*Updated September 2022\**

### Introduction:

The Title X Family Planning Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). The family planning services grant program is authorized by Title X of the Public Health Service (PHS) Act. (42 U.S.C. § 300 et seq.)

The Title X program expectations come from the Title X statute, implementing regulations at 42 CFR Part 59, Subpart A, and applicable legislative mandates. Title X recipients are also expected to comply with additional program guidance (including Providing Quality Family Planning Services (QFP): Recommendations from Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs 2021 Final Rule FAQs, Program Policy Notices), OPA program priorities, and other expectations from the OASH Office of Grants and Acquisition Management (GAM) and the Notice of Award (NOA).

All grant recipients must comply with the expectations regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.), the implementing regulations (42 CFR Part 59, Subpart A), and any applicable legislative mandates, and are expected to comply with additional program guidance found in the Title X Program Handbook. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR Part 50, Subpart B ("Sterilization of Persons in Federally Assisted Family Planning Projects").

In addition to the statute, regulations, legislative mandates, and additional program guidance that apply to Title X, OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities are derived from Healthy People Objectives and from HHS priorities and are published in Title X Notices of Funding Opportunity (NOFOs). The NOA, signed by the Grants Management Officer (GMO), is the official document for a Title X grant award and contains the terms and conditions recipients accept by drawing funds. Included in the NOA terms and conditions is the expectation that recipients develop and implement plans to address OPA program priorities.

The expectations included in this Program Review (PR) Tool are derived from Chapter 3 of the Title X Program Handbook, updated in July 2022, and are applicable to all Title X family planning services recipients. All Title X projects are expected to maintain and regularly update written policies, protocols, and procedures demonstrating the projects are compliant with all Title X program expectations. In addition, all Title X recipient, subrecipient, and service site staff are expected to be trained on all Title X expectations, in addition to applicable Title X project policies, protocols, and procedures.

### Purpose:

This Title X PR Tool is intended for use by OPA staff and Program Review consultants. It may also be used by Title X grant recipients as a self-assessment, which can be adapted for use by grant recipients to monitor subrecipients and service sites. The PR Tool includes suggested evidence that grant recipients should provide to show compliance with the Title X statute and regulations, applicable OPA policy, and QFP.

In cases where the grant recipient relies on other entities (subrecipients) for the provision of family planning services, the primary recipient is responsible for ensuring that subrecipients are in compliance with Title X program expectations and that they are implementing their subawards consistent with OPA expectations.

*\*September 2022 revision contains edits to the PR Tool to ensure consistency with the updated Title X Program Handbook (July 2022).*

<b>Reviewer Codes</b>	These initials in the Review Code section of the PR Tool identify which reviewer will complete the assessment for the corresponding expectation.	<b>Admin = A</b>	<b>Clinical = C</b>	<b>Fiscal = F</b>
<b>PR Tool Rating:</b>				
<b>Title X Program Assessment: Met, Not Met, N/A</b>				
This assessment relates to the grant recipient's compliance with the applicable statutes, regulations, and OPA expectations. For these, the recipient will receive an assessment of compliance and will receive a rating of "met" or "not met." The evidence that minimum criteria have been met will be determined based on both recipient and subrecipient supporting materials and observation at grant administrative offices and selected service sites as part of the monitoring process. Grant recipients will be evaluated using the list of evidence items in the suggested evidence column. These are minimum documents that the grant recipient should provide as evidence that the project meets expectations. Evidence may include, but is not limited to, policies, procedures, protocols, documentation of training, review of medical records, direct visual confirmation per consultants and/or OPA staff to ensure that what is contained in written policy or instructions is actually being carried out, or any other form of documentation that substantiates that the project is operating in accordance with the applicable Title X program requirement and/or expectation.			<b>Questions Applying to Grant Recipients and Subrecipients</b>	<b>Met / Not Met</b>

## Useful Title X Definitions:

Term	Definition
Adolescent-friendly health services	Services that are accessible, acceptable, equitable, appropriate and effective for adolescents. (42 CFR § 59.2)
Basic infertility services	Basic infertility services include services for both partners of an infertile couple. Basic infertility services include understanding the client’s reproductive life plan and the client’s and partner’s difficulty in achieving pregnancy through a medical history, sexual health assessment and physical exam, in accordance with recommendations developed by professional medical associations. Basic infertility services also include infertility counseling. (QFP, p.15-16, <a href="https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf">https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf</a> ).
Client-centered care	Client-centered care provided is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions. (42 CFR § 59.2)
Culturally and linguistically appropriate services	Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients. (42 CFR § 59.2)
Family Planning Services	Family planning services delivered by Title X recipients include a broad range of medically approved services, which includes Food and Drug Administration (FDA)- approved contraceptive products and natural family planning methods for clients who want to prevent pregnancy and space births; pregnancy testing and counseling; assistance to achieve pregnancy; basic infertility services; sexually transmitted infection (STI) services; and other preconception health services. (42 CFR § 59.2). Family planning services include preconception health services, education, and general reproductive and fertility health care to improve maternal and infant outcomes, and the health of women, men, and adolescents who seek family planning services, and the prevention, diagnosis, and treatment of infections and diseases which may threaten childbearing capability or the health of the individual, sexual partners, and potential future children. (QFP, pp.1-5, <a href="https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf">https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf</a> ). Family planning methods and services are never to be coercive and must always be strictly voluntary. (42 CFR § 59.5(a)(2)). These family planning services should be offered to both women and men in accordance with QFP, and Title X policies. Title X providers should be trained and equipped to offer these services.
FDA-approved contraceptive products	FDA-approved contraceptive products include Long-Acting Reversible Contraceptives (LARC), contraceptive injection, short-acting hormonal methods, barrier methods, emergency contraception, and permanent sterilization ( <a href="https://www.fda.gov/consumers/free-publications-women/birth-control">https://www.fda.gov/consumers/free-publications-women/birth-control</a> ).
Health equity	Health equity is when all persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. (42 CFR § 59.2)
Inclusive	Inclusive is when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (42 CFR § 59.2)
Low-income family	Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). “Low-income family” also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (42 CFR § 59.2)
Preconception health services	Preconception health services include counseling on folic acid; reproductive life planning; sexual health assessment; medical history intake; screening for intimate partner violence; alcohol and other drug use, and tobacco use; immunizations; depression; height, weight, and body mass index; blood pressure (QFP, p.16-17, <a href="https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf">https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf</a> ).
Quality healthcare	Quality healthcare is safe, effective, client-centered, timely, efficient, and equitable. (42 CFR § 59.2)
Service site	Service site is a clinic or other location where Title X services are provided to clients. Title X recipients and/or their subrecipients may have service sites. (42 CFR § 59.2)
Sliding Fee Discount Schedule (SFDS)	The HRSA Health Center Program and the OPA Title X Program have unique Sliding Fee Discount Schedule (SFDS) program requirements, which include having differing upper limits. Title X agencies (or providers) that are integrated with or receive funding from the HRSA Health Center Program may have dual fee discount schedules: one schedule that ranges from 101% to 200% of the FPL for all health center services, and one schedule that ranges from 101% to 250% FPL for clients receiving only Title X family planning services directly related to preventing or achieving pregnancy, and as defined in their approved Title X project. (OPA Program Policy Notice: 2016-11—Integrating with Primary Care Providers)
STI services	STI services include services provided in accordance with CDC’s STD treatment and HIV testing guidelines. STI services include assessing, screening, treating, and counseling. STI services should be provided for persons with or without signs or symptoms suggestive of an STD. (QFP, p. 17-18, <a href="https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf">https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf</a> ).
Suggested Evidence to Submit for Program Review	The suggested evidence is a new addition to the Program Review Tool. The list includes the types of materials and documentation grant recipients should provide as evidence that the project is in compliance with Title X program expectations. The examples listed do not represent an exhaustive list, however are typical of what program review consultants review to assess grantee compliance for Title X. Evidence may include, but is not limited to, policies, procedures, protocols, documentation of training, medical record review, direct visual confirmation per consultants and/or OPA staff to ensure that what is contained in written policy or instructions is actually being carried out, or any other form of documentation that substantiates that the project is operating in accordance with the Title X program expectations and policies, including QFP.
Title X Program Expectations	The Title X program expectations come from the Title X statute, implementing regulations at 42 CFR Part 59, Subpart A, and applicable legislative mandates. Title X recipients are also expected to comply with additional program guidance (including QFP, 2021 Final Rule FAQs, Program Policy Notices) OPA program priorities, and other expectations from GAM and the Notice of Award (NOA). All recipients must comply with the expectations regarding the provision of family planning services that can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.) the implementing regulations (42 CFR Part 59, Subpart A), any applicable legislative mandates, and are expected to comply with additional program guidance. In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR Part 50, Subpart B (“Sterilization of Persons in Federally Assisted Family Planning Projects”).
Trauma-informed	Trauma-informed means a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (42 CFR § 59.2)

## Project Administration

### Project Administration Expectation #1:

Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. (42 CFR § 59.5(a)(2))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Recipient written policies and procedures specify services are to be provided without subjecting individuals to any coercion</li> <li>- Contracts with subrecipients specify that all subrecipient agencies are to provide services without subjecting individuals to any coercion</li> <li>- Other materials (e.g. Title X assurances or statement of understanding document) that show Title X staff understand clients may not be coerced to use contraception, or to use any particular method of contraception or service</li> <li>- General consent forms or other documentation (e.g. patient bill of rights) at service sites inform clients that services are provided on a voluntary basis</li> <li>- Observations and staff interviews</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Project Administration Expectation #2:

Ensure that acceptance of services is solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient. (Sections 1001 and 1007, PHS Act; 42 CFR § 59.5(a)(2))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, C	<ul style="list-style-type: none"> <li>- Written policy and procedures that prohibits recipient service sites, and any subrecipient service sites from making the acceptance of family planning services a prerequisite to the receipt of any other services</li> <li>- Documentation showing staff have been informed at least once during the current project period that a client's receipt of family planning services may not be used as a prerequisite to receipt of any other services offered</li> <li>- General consent forms (signed by the client) or other documentation provided to clients states that receipt of family planning services is not a prerequisite to receipt of any other services offered</li> <li>- Medical record review demonstrates that each client has signed a general consent form</li> <li>- Clinic signage</li> <li>- Recipient written policies and procedures specify services are to be provided on a voluntary basis</li> <li>- Contracts with subrecipients specify that all subrecipient agencies provide services solely on a voluntary basis</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Project Administration Expectation #3:

Ensure that staff are informed that any officer or employee of the United States, officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or person who receives, under any program receiving Federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both. (42 U.S.C. § 300a-8, as set out in 42 CFR § 59.5(a)(2) footnote 1)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Written policies and procedures that require all recipient and subrecipient service sites be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure</li> <li>- Documentation that recipient and subrecipient staff have been informed at least once during the current project period that they are subject to this expectation</li> </ul>				
Additional Comments, Best Practice Suggestions					

Project Administration Expectation #4:					
Provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status. (42 CFR § 59.5(a)(4))					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	- Non-discrimination policy, other documentation (e.g. patient bill of rights) - Protocols showing Title X staff were informed of this expectation				
Additional Comments, Best Practice Suggestions					

Project Administration Expectation #5:					
Provide that priority in the provision of services will be given to clients from low-income families. Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). "Low-income family" includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (Section 1006(c)(1), PHS Act; 42 CFR § 59.5(a)(6) and 42 CFR § 59.2)					
<b>*NOTE: This expectation will be reviewed under the Financial Accountability category, Expectation #1.</b>					

Project Administration Expectation #6:					
Provide services without the imposition of any durational residence expectation or a expectation that the client be referred by a physician. (42 CFR § 59.5(b)(5))					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	- Recipient and subrecipient agencies have written policies and procedures requiring services to be provided without the imposition of any durational residency expectation or a expectation that the client be referred by a physician - Reviewed through staff observations of the registration process and interviews (review of intake)				
Additional Comments, Best Practice Suggestions					

Project Administration Expectation #7:					
Provide that family planning medical services will be performed under the direction of a clinical services provider (CSP). The CSP's direction must be within their scope of practice and allowable under State law, and with special training or experience in family planning. CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. (42 CFR § 59.5(b)(6) and 42 CFR § 59.2)					
<b>*NOTE: This expectation will be reviewed under the Provisions of High-Quality Family Planning Services category, Expectation #10.</b>					

Project Administration Expectation #8:					
Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. (42 CFR § 59.5(b)(10))					
<b>*NOTE: This expectation will be reviewed under the Community, Education, Participation, and Engagement category, Expectation #1 and #2.</b>					

Project Administration Expectation #9:					
Ensure that all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipients must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. (42 CFR § 59.10(a))					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, F	- Recipient has a written policy requiring that all service sites and subrecipients safeguard client confidentiality; Contracts with subrecipients include this expectation - Documentation demonstrates that staff have been informed at least once during the current project period about policies related to preserving client confidentiality and privacy - The health records system(s) has safeguards in place to ensure adequate privacy, security, and appropriate access to personal health information - There is evidence that HIPAA privacy forms are provided to clients and signed forms are collected as required - General consent forms or other documentation at service sites state that services will be provided in a confidential manner and note any limitations that may apply - Client education materials note that client's right to confidential services is available to clients - The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy - Observations during patient intake - Third party billing is processed in a manner that does not breach client confidentiality - Fiscal chart review				
Additional Comments, Best Practice Suggestions					

Project Administration Expectation #10: Develop plans and strategies for implementing family planning services in ways that make services as accessible as possible for clients. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements)					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	- Workplan - Health Center hours - Relevant meeting minutes				
Additional Comments, Best Practice Suggestions					

Project Administration Expectation #11: Identify and execute strategies for delivering services that are responsive to the diverse needs of the clients and communities served. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements)					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	- Workplan - Protocols - Language Line - I&E				
Additional Comments, Best Practice Suggestions					

Project Administration Expectation #12: Provide notice to OPA in the Title X Clinic Locator Database ( <a href="https://opa-fpclinicdb.hhs.gov/">https://opa-fpclinicdb.hhs.gov/</a> ) of any deletions, additions, or changes to the name, location, street address and email, services provided on-site, and contact information for Title X recipients and service sites. Changes must be entered into the database within 30 days from the official OPA/GAM prior approval expectation for changes in project scope, including clinic closures. (PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements)					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	- Interview with Title X Project Officer and grant recipient staff				
Additional Comments, Best Practice Suggestions					

Project Administration Expectation #13: Enroll in the 340B Program and comply with all 340B Program requirements, including annual recertification and avoiding diversion or duplicate discounts. 340B Program requirements are available at <a href="https://www.hrsa.gov/opa/program-requirements/index.html">https://www.hrsa.gov/opa/program-requirements/index.html</a> (FY 2022 NOA Special Terms and expectations)					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Staff interviews (conducted by the fiscal consultant) and confirmed in inventory check, etc. - Documentation of 340B ID (entity registration)				
Additional Comments, Best Practice Suggestions					

Project Administration Expectation #14: In furtherance of maximizing access and best serving individuals in need in the service areas, recipients should make reasonable efforts to avoid duplication of effort in the provision of services across the Title X network. For example, Title X recipients' coverage areas may overlap geographically, but duplication of subrecipient sites could be minimized or avoided to create more opportunities for services. (FY 2022 NOA Special Terms and expectations)					
*Note: This expectation is not assessed during the OPA Title X Program Review.					

*The remaining two expectations assessed under Project Administration derive from the Additional Expectations section in the Title X Program Handbook. These two expectations are part of the Title X Program Review.					
Additional Special Terms and Requirements and Standard Terms of the FY 2022 Title X Notice of Award – Standard Terms Expectation #6: Intellectual Property and Data Rights: Recipients may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so. The awardee is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401. The federal government has the right to: obtain, reproduce, publish, or otherwise use the data produced under this award; and authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. (43 CFR § 75.322)					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	- Interviews with Project Director				
Additional Comments, Best Practice Suggestions					

**Additional Special Terms and Requirements and Standard Terms of the FY 2022 Title X Notice of Award – Standard Terms Expectation #7:**

Acknowledgement of Federal Grant Support: Recipients acknowledge Federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements")-- describing the projects or programs funded in whole or in part with HHS federal funds, the recipient must clearly state the percentage and dollar amount of the total costs of the program or project funded with federal money and the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources. When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement:

i. If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

ii. The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources:

This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the OASH federal project officer and the OASH grants management officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance to allow for coordination.

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Recipient and subrecipient agencies have written policies and procedures requiring acknowledging federal funding when issuing statements, press releases, publications, requests for proposals, bid solicitations and other documents</li> <li>- Copies of materials as described in #1 above</li> <li>- Recipient and subrecipient contracts</li> <li>- Subrecipient contracts</li> <li>- Review of marketing and educational materials in compliance with language</li> </ul>				
Additional Comments, Best Practice Suggestions					

## Provision of High-Quality Family Planning Services

### Provision of High-Quality Family Planning Services Expectation #1:

Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, preconception health services, and adolescent-friendly health services). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of acceptable and effective medically approved family planning methods and services. (Section 1001, PHS Act; 42 CFR § 59.5(a)(1))

Family planning services include a broad range of medically approved services, which includes Food and Drug Administration (FDA)-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, and other preconception health services. (42 CFR § 59.2)

Title X service sites are expected to provide most, if not all, of acceptable and effective medically approved family planning methods and services on site and must detail the referral process for family planning methods and services that are unavailable on-site.

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Clinical Protocol</li> <li>- Client education/counseling protocol</li> <li>- Client education/counseling materials</li> <li>- Referral list</li> <li>- Medical records review</li> <li>- Documentation of staff training</li> <li>- Inventory (e.g. dispensing protocol, or pharmacy dispensing inventory records)</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Provision of High-Quality Family Planning Services Expectation #2:

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Clinic Protocol</li> <li>- Referral list</li> <li>- Medical records review</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Provision of High-Quality Family Planning Services Expectation #3:

Provide services in a manner that is client-centered, culturally and linguistically appropriate, inclusive, and trauma-informed. (42 CFR § 59.5(a)(3))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, C	<ul style="list-style-type: none"> <li>- Recipient and subrecipient agencies have written policies and procedures addressing this expectation</li> <li>- Copies of materials translated into other languages that are available to patients</li> <li>- Signage within health center</li> <li>- Translation services policy</li> <li>- Client education/counseling materials, etc.</li> <li>- Medical record review</li> <li>- Staff trainings</li> <li>- Referrals</li> <li>- Policies, procedures, and protocols</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Provision of High-Quality Family Planning Services Expectation #4:

Provide services in a manner that protects the dignity of the individual. (42 CFR § 59.5(a)(3))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Documentation of staff training</li> <li>- Client education/counseling protocols and materials</li> <li>- Observation of client education</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Provision of High-Quality Family Planning Services Expectation #5:

Provide services in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care. (42 CFR § 59.5(a)(3))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	- Documentation of staff training - Clinic protocol - Client education/counseling protocol - Observation of client education; medical record/chart review				
Additional Comments, Best Practice Suggestions					

Provision of High-Quality Family Planning Services Expectation #6:					
Provide quality family planning services that are consistent with the <i>Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP)</i> and other relevant nationally recognized standards of care. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements)					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	- Documentation of staff training - Clinic protocol - Client education/counseling protocol - Observation of client education; medical record review				
Additional Comments, Best Practice Suggestions					

Provision of High-Quality Family Planning Services Expectation #7:					
Advance health equity through the delivery of Title X services. Health equity is when all persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements; 42 CFR § 59.2)					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, C	- Documentation of staff training - Client education/counseling protocol - Observations and interviews - Referrals policy or system/process				
Additional Comments, Best Practice Suggestions					

Provision of High-Quality Family Planning Services Expectation #8:					
Improve and expand accessibility of services for all clients, especially low-income clients by providing client-centered services that are available when and where clients need them and can most effectively access them. (OPA Program Priority, as set out in PA-FPH-22-001 NOFO and the FY 2022 NOA Special Terms and Requirements)					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, C	- Client education/counseling materials - Client intake observations - Clinic hours - Transportation access (client mobility) - Clinic layout - Needs assessment - Patient observation - Interpretation services				
Additional Comments, Best Practice Suggestions					

Provision of High-Quality Family Planning Services Expectation #9:					
Offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. If requested to provide such information and counseling, projects must provide 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 client indicates they do not wish to receive such information and counseling. (42 CFR § 59.5(a)(5), Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022))					
Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	- Documentation of staff training - Pregnancy testing and counseling protocol - Referral list - Medical records review - Observation of pregnancy counseling visit and/or staff interview				
Additional Comments, Best Practice Suggestions					

**Provision of High-Quality Family Planning Services Expectation #10:**

Provide that family planning medical services will be performed under the direction of a clinical services provider (CSP), with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. (42 CFR § 59.5(b)(6) and 42 CFR § 59.2)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- CV of Clinical Service Provider</li> <li>- Interview</li> <li>- Description of position</li> <li>- QA policy</li> <li>- QA minutes</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

**Provision of High-Quality Family Planning Services Expectation #11:**

Ensure that non-clinical counseling services (such as contraceptive counseling, nondirective options counseling, reproductive life planning, etc.) is provided by any adequately trained staff member who is involved in providing family planning services to Title X clients; this may include CSPs and non-CSPs (e.g., health educators). (2021 Final Rule FAQs)

An “adequately trained staff member” has attended and participated in required orientation, courses, curriculums, and/or teaching/mentoring experiences, maintains appropriate competencies, and is knowledgeable and proficient in providing non-clinical counseling services.

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Documentation of staff training/education</li> <li>- Observation of client education session and/or staff interview</li> <li>- Medical record review</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

## Adolescent Services

### Adolescent Services Expectation #1:

Apply all expectations listed under "Provision of Quality Family Planning Services" when providing services to adolescent clients.

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Adolescent clinical protocols</li> <li>- Medical records review</li> <li>- Observation and/or staff interview</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Adolescent Services Expectation #2:

Provide adolescent-friendly health services, which are services that are accessible, acceptable, equitable, appropriate and effective for adolescents. (42 CFR § 59.2)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Medical records review</li> <li>- Client education/counseling materials</li> <li>- Observations and staff interviews</li> <li>- Inspection of Title X subrecipient sites</li> <li>- Schedule of site hours</li> <li>- Information about public transportation</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Adolescent Services Expectation #3:

To the extent practical, Title X projects shall encourage family participation. However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services. (Section 1001, PHS Act; 42 CFR § 59.10(b))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, C	<ul style="list-style-type: none"> <li>- Documentation of staff training</li> <li>- Consent for services that includes information about confidentiality</li> <li>- Adolescent counseling and education protocol</li> <li>- Medical records review</li> <li>- Observation and staff interviews</li> <li>- Recipient and subrecipient agencies have written policies and procedures and protocols requiring services be provided in a manner that encourage family participation</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Adolescent Services Expectation #4:

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, C	<ul style="list-style-type: none"> <li>- Documentation of staff training</li> <li>- Adolescent counseling and education protocol</li> <li>- Medical records review</li> <li>- Observations and staff interviews</li> <li>- Recipient and subrecipient policies and procedures encourage family participation in the decision of minors to seek family planning services</li> <li>- Monitoring/audit reports</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Adolescent Services Expectation #5:

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, C	<ul style="list-style-type: none"> <li>- Documentation of staff training</li> <li>- Adolescent counseling and education protocol</li> <li>- Medical records review</li> <li>- Observations and staff interviews</li> <li>- Recipient and subrecipient policies and procedures state to provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities</li> <li>- Monitoring/audit reports</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Adolescent Services Expectation #6:

No Title X services provider shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444, 466-67 (2022))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, C	<ul style="list-style-type: none"> <li>- Documentation of staff training</li> <li>- Consent for services that includes information about confidentiality</li> <li>- Adolescent counseling and education protocol</li> <li>- Child Abuse Protocol</li> <li>- Sexual Abuse Protocol</li> <li>- Reporting forms</li> <li>- Medical records review</li> <li>- Policies and procedures and protocols comply with state laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest</li> <li>- Staff interviews</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

## Referral for Social and Medical Services

### Referral for Social and Medical Services Expectation #1:

Provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices. (42 CFR § 59.5(b)(1))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Clinical Protocol</li> <li>- Referral Protocol</li> <li>- Referral List</li> <li>- Medical records review</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Referral for Social and Medical Services Expectation #2:

Provide for social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services which may be necessary to facilitate clinic attendance. (42 CFR § 59.5(b)(2))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Recipient needs assessment or other activities has documented the social service and medical needs of the community to be served and identified relevant social and medical services available to help meet those needs.</li> <li>- Recipient written policy that requires subrecipients to develop and implement plans to address the related social service and medical needs of clients.</li> <li>- Service sites have policies and/or plans to address the related social service and medical needs of clients as well as ancillary services needed to facilitate clinic attendance.</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Referral for Social and Medical Services Expectation #3:

Provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care. (42 CFR § 59.5(b)(8))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Recipient and subrecipient referral policies/procedures/protocols</li> <li>- Referral list</li> <li>- MOUs</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Referral for Social and Medical Services Expectation #4:

Ensure service sites and subrecipients have strong links to other community providers to ensure that clients have access to primary care. If a client does not have another source of primary care, priority should be given to providing related reproductive health services or providing referrals, as needed. Screening services such as, medical history; cervical cytology; clinical breast examination; mammography; and pelvic and genital examination should be provided for clients without a primary care provider, where applicable, and consistent with nationally recognized standards of care. In addition, appropriate follow-up, if needed, should be provided while linking the client to a primary care provider. (QFP, p.20, [https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014\\_1.pdf](https://opa.hhs.gov/sites/default/files/2020-10/providing-quality-family-planning-services-2014_1.pdf)).

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Clinic Protocol</li> <li>- Medical records review</li> <li>- Staff interviews</li> <li>- MOUs</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

## Financial Accountability

### Financial Accountability Expectation #1:

Provide that no charge will be made for services provided to any clients from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge. Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). "Low-income family" also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. (Section 1006(c)(1), PHS Act; 42 CFR § 59.5(a)(7) and 42 CFR § 59.2)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	<ul style="list-style-type: none"> <li>- Chart review of patient records</li> <li>- Schedule of discounts (SOD) and fee schedule by discount bracket review</li> <li>- Patient income declaration documentation review for placement onto the schedule of discounts</li> <li>- Review patient income, family size, placement in SOD into the EHR (how it's recorded)</li> <li>- Review the patient invoice for accuracy of billing and application of Title X discounts</li> <li>- Review application of payments, discounts, and insurance adjustments in the EHR</li> <li>- Recipients submit policies, 10-15 patient income forms, invoices, fee schedule, schedule of discounts (e.g. patient chart for patients &lt;100 percent of FPL)</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Financial Accountability Expectation #2:

Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (42 CFR § 59.2)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	<ul style="list-style-type: none"> <li>- Chart review</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Financial Accountability Expectation #3:

Provide that charges will be made for services to clients other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR § 59.5(a)(8))

The schedule of discounts should be updated annually in accordance with the FPL.

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	<ul style="list-style-type: none"> <li>- Chart review of patient charts</li> <li>- Review of schedule of discounts and fee schedule by discount bracket</li> <li>- Patient income declaration documentation review for placement onto the schedule of discounts</li> <li>- Review how patient income, family size, placement in SOD in EHR</li> <li>- Cost analysis check to determine how fees are set (e.g. how does Title X work around free clinics)</li> <li>- Patient chart (e.g. to see patients &gt;250 percent of FPL in chart)</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Financial Accountability Expectation #4:

Ensure that family income is assessed before determining whether copayments or additional fees are charged. (42 CFR § 59.5(a)(8))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	<ul style="list-style-type: none"> <li>- Patient income documentation review</li> <li>- Charges, billing, and collections policy review</li> <li>- Patient chart review (E.g. patients with third-party insurance)</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Financial Accountability Expectation #5:

Ensure that, with regard to insured clients, clients whose family income is at or below 250 percent of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. (42 CFR § 59.5(a)(8))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Patient chart review - Charges, and billings and collections policies review (E.g. patients with income 101-250 percent of FPL)				
Additional Comments, Best Practice Suggestions					

### Financial Accountability Expectation #6:

Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients' self-report. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income. (42 CFR § 59.5(a)(9))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Patient chart review - Charges, and billings and collections policies review - All patient collection forms and income disclosure documents - Check to see how grantee verifies zero or no income (prove patient is <100 percent of FPL)				
Additional Comments, Best Practice Suggestions					

### Financial Accountability Expectation #7:

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Patient income documentations review - Patient chart review - Charges, billings, and collections policies review (E.g. Medicaid patient charts, and demonstration that grantee is billing Medicaid)				
Additional Comments, Best Practice Suggestions					

### Financial Accountability Expectation #8:

Provide that all services purchased for project participants will be authorized by the project director or their designee on the project staff. (42 CFR § 59.5(b)(7))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Fiscal policies review - Staff interview - Purchase orders, packing slips, invoices, and payments review for proper documentation				
Additional Comments, Best Practice Suggestions					

### Financial Accountability Expectation #9:

Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the recipient. The recipient must be prepared to substantiate that these rates are reasonable and necessary. (42 CFR § 59.5(b)(9))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Fiscal policies review - Staff interview - Contracts and payments review for accuracy and completion				
Additional Comments, Best Practice Suggestions					

**Financial Accountability Expectation #10:**

Comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements (GPS), (note any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 45 CFR Part 75, and the SF269 is now the SF-425), and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. (FY 2022 NOA Special Terms and Requirements)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Financial policies and procedures review				
Additional Comments, Best Practice Suggestions					

**Financial Accountability Expectation #11:**

Ensure that no mobile health unit(s) or other vehicle(s), even if proposed in the application for the Title X award, is purchased with award funds without prior written approval from the grants management officer. Requests for approval of such purchases must include a justification with a cost-benefit analysis comparing both purchase and lease options. Such requests must be submitted as a Budget Revision Amendment in Grant Solutions. (FY 2022 NOA Special Terms and Requirements)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- NOA review - Purchase orders - Depreciation schedule - Documentation of GMO authorization of an applicable purchase				
Additional Comments, Best Practice Suggestions					

**Financial Accountability Expectation #12:**

Include financial support from sources other than Title X as no grant may be made for an amount equal to 100 percent of the project's estimated costs. Although projects are expected to identify additional sources of funding and not solely rely on Title X funds, there is no specific amount of level of financial match expectation for this program. (42 CFR § 59.7(c))

This cost sharing requirement is waived for any grant made to the U.S. Virgin Islands, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, and the Republic of the Marshall Islands. (PA-FPH-22-001 NOFO)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- NOA review - Budgets - Federal Financial Reports (FFRs) - Financial statements - Subrecipient reports				
Additional Comments, Best Practice Suggestions					

**Financial Accountability Expectation #13:**

Ensure that program income (fees, premiums, third-party reimbursements which the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives. Program Income may be used to meet the cost sharing or matching expectation of the Federal award. The amount of the Federal award stays the same. Program Income in excess of any amounts specified must be added to the federal funds awarded. They must be used for the purposes and conditions of this award for the duration of the Project period. (45 C.F.R. § 75.307 (e); FY 2022 NOA Special Terms and Requirements)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Financial policies and procedures review - NOA review - FFR - Audit report - Cost allocations - Budgets - Monthly financial statements - Accounting records - General ledger				
Additional Comments, Best Practice Suggestions					

**Financial Accountability Expectation #14:**

Ensure that Title X funds shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Financial policies and procedures review				
Additional Comments, Best Practice Suggestions					

## Subrecipient Monitoring and Engagement

### Subrecipient Monitoring and Engagement Expectation #1:

Detail a plan for monitoring the delivery of family planning services under the Title X project, including the monitoring and oversight of subrecipients. (45 CFR § 75.352)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	- Recipient has a written plan for monitoring the delivery of family planning services under the Title X project, including the monitoring and oversight of subrecipients				
<b>Additional Comments, Best Practice Suggestions</b>					

### Subrecipient Monitoring and Engagement Expectation #2:

Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the required information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the recipient (i.e., pass-through entity) must provide the best information available to describe the Federal award and subaward. As noted in 45 CFR § 75.352, the required information includes:

- i. Federal Award Identification (refer to Title X Program Handbook p. 23 for details)
- ii. All requirements imposed by the recipient on the subrecipient so that the Federal award is used in accordance with Federal statutes, regulations and the terms and conditions of the Federal award.
- iii. Any additional requirements that the recipient imposes on the subrecipient in order for the recipient to meet its own responsibility to the HHS awarding agency including identification of any required financial and performance reports.
- iv. An approved federally recognized indirect cost rate negotiated between the subrecipient and the Federal Government or, if no such rate exists, either a rate negotiated between the recipient and the subrecipient (in compliance with 45 CFR Part 75), or a de minimis indirect cost rate as defined in § 75.414(f).
- v. A requirement that the subrecipient permit the recipient and auditors to have access to the subrecipient's records and financial statements as necessary for the recipient to meet the requirements of 45 CFR Part 75.
- vi. Appropriate terms and conditions concerning closeout of the subaward.

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Subrecipient contract/MOU/agreement - Subrecipient monitoring for annual interim financial reviews (desk audits) review - Budget reviews - Monthly/quarterly financial reporting - Monitoring reports, corrective action plans, follow-up documentation by grant recipient - Subrecipient monitoring for annual interim financial reviews(desk audits) review				
<b>Additional Comments, Best Practice Suggestions</b>					

### Subrecipient Monitoring and Engagement Expectation #3:

Evaluate each subrecipient's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring in accordance with 45 CFR § 75.352(d) and (e). (45 CFR § 75.352(b))

**\*Note: This expectation is not assessed during the OPA Title X Program Review. This expectation is reviewed by the Office of Grants and Acquisition Management.**

### Subrecipient Monitoring and Engagement Expectation #4:

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

**\*Note: This expectation is not assessed during the OPA Title X Program Review. This expectation is reviewed by the Office of Grants and Acquisition Management.**

### Subrecipient Monitoring and Engagement Expectation #5:

In accordance with 45 CFR § 75.352(d), monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipient monitoring of the subrecipient must include:

- i. Reviewing financial and performance reports required by the recipient.
- ii. Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the Federal award provided to the subrecipient from the recipient detected through audits, on-site reviews, and other means.
- iii. Issuing a management decision for audit findings pertaining to the Federal award provided to the subrecipient from the recipient as required by 45 CFR § 75.521.

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, F	- Subrecipient contract/MOU/agreement - Subrecipient monitoring for annual interim financial reviews (desk audits) review - Budget reviews - Monthly/quarterly financial reporting - Monitoring reports, corrective action plans, follow-up documentation by grant recipient - Site visits - Audit reports - Management letters				
<b>Additional Comments, Best Practice Suggestions</b>					

**Subrecipient Monitoring and Engagement Expectation #6:**

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Technical Assistance records - Site reviews/desk audits				
Additional Comments, Best Practice Suggestions					

**Subrecipient Monitoring and Engagement Expectation #7:**

Verify that every subrecipient is audited as required by Subpart F of 45 CFR Part 75 when it is expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 45 CFR § 75.501. (45 CFR § 75.352(f))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Audit records				
Additional Comments, Best Practice Suggestions					

**Subrecipient Monitoring and Engagement Expectation #8:**

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Audit records and any follow-up done by recipient				
Additional Comments, Best Practice Suggestions					

**Subrecipient Monitoring and Engagement Expectation #9:**

Consider taking enforcement action against noncompliant subrecipients as described in 45 CFR § 75.371 and in program regulations. (45 CFR § 75.352(h))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	- Correspondence with subrecipient and follow-up records				
Additional Comments, Best Practice Suggestions					

**Subrecipient Monitoring and Engagement Expectation #10:**

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

**\*Note: This expectation is not assessed during the OPA Title X Program Review.**

**Subrecipient Monitoring and Engagement Expectation #11:**

Provide an opportunity for maximum participation by existing or potential subrecipients in the ongoing policy decision making of the project. (42 CFR § 59.5(a)(11)(ii))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	- Recipient policies identify the mechanism(s) used to involve subrecipients or other agencies in the development of policies and guidelines - Community engagement plan and its implementation				
Additional Comments, Best Practice Suggestions					

## Community Education, Participation, and Engagement

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

Provide for opportunities for community education, participation, and engagement to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered, quality family planning services. (42 CFR § 59.5(b)(3))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Recipient has written policies and procedures to guide community awareness and community education</li> <li>- Documentation demonstrates that the recipient conducts a periodic assessment of the needs of the community with regard to their awareness of and need for access to family planning services</li> <li>- Written community education and service promotion plan that has been implemented (e.g., media spots/materials developed, event photos, participant logs, and monitoring reports). The plan: (a) states that the purpose is to achieve community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by diverse persons to whom family planning may be beneficial, (b) promotes the use of family planning among those with unmet need, (c) utilizes an appropriate range of methods to reach the community, and (d) includes an evaluation strategy</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Community Education, Participation, and Engagement Expectation #2:

Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. (42 CFR § 59.5(b)(10))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Recipient has written policies and procedures in place for ensuring that there is an opportunity for community participation in developing, implementing, and evaluating the project plan</li> <li>- Community engagement plan: (a) engages diverse community members including adolescents and current clients, and (b) specifies ways that community members will be involved in efforts to develop, assess, and/or evaluate the program</li> <li>- Documentation of implementation of plan</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

## Information and Education (I&E)

### Information and Education (I&E) Expectation #1:

Have an advisory committee (sometimes referred to as information and education committee) that reviews and approves print and electronic informational and educational materials developed or made available under the project, prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of Title X. The project shall not disseminate any materials which are not approved by the advisory committee. (Section 1006(d)(1) and (2), PHS Act; 42 CFR § 59.6(a))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- The recipient and subrecipient(s) (if applicable) have policies and procedures that ensure materials are reviewed prior to being made available to clients</li> <li>- If the recipient has delegated the responsibility, the recipient monitors the subrecipients to ensure compliance with this expectation</li> <li>- Committee meeting minutes (recipient or subrecipient as applicable)</li> <li>- Demonstrate the process used to review and approve materials</li> <li>- Educational materials available at the service sites have been approved by the I&amp;E Committee</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Information and Education (I&E) Expectation #2:

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Applicable materials available at the service sites have been approved by the I&amp;E Committee</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Information and Education (I&E) Expectation #3:

Establish and maintain an advisory committee that:

i. consists of no fewer than five members and up to as many members the recipient determines; and

ii. includes individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality). (Section 1006(d)(2), PHS Act; 42 CFR § 59.6(b))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- The recipient and subrecipient(s) have policies and procedures in place to address the Advisory Committee expectations</li> <li>- If the recipient delegates the responsibility, service sites have written policies and procedures in place to address the Advisory Committee expectations</li> <li>- Rosters/member lists demonstrate committee membership is broadly representative of the population served</li> </ul>				
Additional Comments, Best Practice Suggestions					

**Information and Education (I&E) Expectation #4:**

Ensure that the advisory committee, in reviewing materials:

- i. consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed;
- ii. consider the standards of the population or community to be served with respect to such materials;
- iii. review the content of the material to assure that the information is factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed;
- iv. determine whether the material is suitable for the population or community to which it is to be made available; and
- v. establish and maintain a written record of its determinations. (Section 1006(d)(1), PHS Act; 42 CFR §59.6(b))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- The recipient (and/ or subrecipient) policies and procedures document that the required elements of this section are addressed</li> <li>- Meeting minutes, review forms, review instructions document that all required components are addressed</li> <li>- There is evidence that the recipient monitors subrecipients to ensure compliance with this section</li> <li>- Recipient policies and procedures specify how the factual, technical, and clinical accuracy components of the review are assured</li> <li>- If the review of factual, technical, and/or clinical content has been delegated, there is evidence of Advisory Committee oversight and final approval</li> <li>- There is evidence that the recipient monitors subrecipients to ensure compliance with this section</li> <li>- Review forms/tools</li> <li>- Meeting minutes, review forms</li> </ul>				
Additional Comments, Best Practice Suggestions					

## Staff Training

### Staff Training Expectation #1:

Provide for orientation and in-service training for all project personnel. (42 CFR § 59.5(b)(4))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- The recipient records demonstrate the assessment(s) of staff training needs and a training plan that addresses key expectations of the Title X program and priority areas</li> <li>- The recipient and subrecipient agencies maintain written records of orientation, in-service and other training attendance by project personnel</li> <li>- Training logs</li> <li>- Title X expectations acknowledgment form, Statement of Understanding and/or Statement of Assurances</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Staff Training Expectation #2:

Ensure routine training of staff on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as on human trafficking.

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- The recipient and subrecipient(s) policies ensure that staff has received training within the current project period on state-specific reporting/notification expectations</li> <li>- Recipient and subrecipient(s) documentation includes evidence of staff training within the current project period specific to this area, which may include attendance records and certificates</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Staff Training Expectation #3:

Ensure routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- The recipient and subrecipient policies ensure staff have received training during the current project period on these expectations</li> <li>- Documentation includes training attendance records/certificate that indicate that training on family involvement counseling and sexual coercion counseling has been provided</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Staff Training Expectation #4:

Are expected to provide routine training as noted above on an annual basis. In addition, OPA recommends Title X recipients provide routine training in accordance with the RHNTC's Title X Training Requirements Summary Job Aid - [https://rhntc.org/sites/default/files/resources/rhntc\\_fed\\_title\\_x\\_training\\_requirements\\_12-17-2021.pdf](https://rhntc.org/sites/default/files/resources/rhntc_fed_title_x_training_requirements_12-17-2021.pdf).

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- The recipient and subrecipient policies ensure staff have received training on an annual basis</li> <li>- Documentation includes training attendance records/certificate</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

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

### Quality Improvement and Quality Assurance (QI & QA) Expectation #1:

Develop and implement a quality improvement and quality assurance plan that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess patient satisfaction. (PA-FPH-22-001 NOFO)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A, C	<ul style="list-style-type: none"> <li>- Recipient and subrecipient(s) policy and procedures regarding QI/QA</li> <li>- Recipient and subrecipient(s) QI/QA Work Plan</li> <li>- Auditing tools</li> <li>- FPAR and other data collection materials</li> <li>- Any relevant meeting notes and corrective action plans</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Quality Improvement and Quality Assurance (QI & QA) Expectation #2:

Address oversight and service provision at the recipient level, the subrecipient level, and the service site level within their QI/QA plan. (PA-FPH-22-001 NOFO and FY 2022 NOA Special Terms and Requirements)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Recipient policy and procedures regarding QI/QA</li> <li>- Recipient site review plan and implementation</li> <li>- FPAR and other data collection materials</li> <li>- Any relevant meeting notes and corrective action plans</li> <li>- Auditing tools</li> </ul>				
Additional Comments, Best Practice Suggestions					

### Quality Improvement and Quality Assurance (QI & QA) Expectation #3:

Submit a Family Planning Annual Report (FPAR). The information collection (reporting requirements) and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0479 (Expires 9/30/2024). The FPAR data elements, instrument, and instructions are found on the OPA Web site at <http://opa.hhs.gov>. Recipients are expected to use the FPAR data to inform their QI/QA activities. (PA-FPH-22-001 NOFO and FY 2022 NOA Special Terms and Requirements)

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- FPAR data in final FPAR report</li> </ul>				
Additional Comments, Best Practice Suggestions					

## Prohibition of Abortion

### Prohibition of Abortion Expectation #1:

Not provide abortion as a method of family planning as part of their Title X project. (Section 1008, PHS Act; Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022); 42 CFR § 59.5(a)(5))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Recipient and subrecipient policies and procedures</li> <li>- Subrecipient contracts/MOU/agreement</li> <li>- Staff assurances document</li> <li>- Clinical protocol</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Prohibition of Abortion Expectation #2:

Prohibit providing services that directly facilitate the use of abortion as a method of family planning, such as providing transportation for an abortion, explaining and obtaining signed abortion consent forms from clients interested in abortions, negotiating a reduction in fees for an abortion, and scheduling or arranging for the performance of an abortion, promoting or advocating abortion within Title X program activities, or failing to preserve sufficient separation between Title X program activities and abortion-related activities. (65 Fed. Reg. 41281 (July 3, 2000))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Recipient and subrecipient policies and procedures</li> <li>- Subrecipient contracts/MOU/agreement</li> <li>- Staff assurances document</li> <li>- Staff interviews and observations of clinic activities</li> <li>- I&amp;E materials</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

### Prohibition of Abortion Expectation #3:

Prohibit promoting or encouraging the use of abortion as a method of family planning through advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning. Films that present only neutral, factual information about abortion are permissible. A Title X project may be a dues paying participant in a national abortion advocacy organization, so long as there are other legitimate program-related reasons for the affiliation (such as access to certain information or data useful to the Title X project). A Title X project may also discuss abortion as an available alternative when a family planning method fails in a discussion of relative risks of various methods of contraception. (65 Fed. Reg. 41281, 41282 (July 3, 2000))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
A	<ul style="list-style-type: none"> <li>- Interviews with Project Director and other staff</li> <li>- I&amp;E materials</li> </ul>				
<b>Additional Comments, Best Practice Suggestions</b>					

#### Prohibition of Abortion Expectation #4:

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

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
F	<ul style="list-style-type: none"> <li>- Review of Title X policies</li> <li>- Review of clinic hours for each type of service</li> <li>- Review of location of where each type of service is being provided</li> <li>- Review of cost allocations, invoices, and accounting records for compliance</li> <li>- Review of clinic timesheets</li> <li>- Walkthrough of clinic</li> <li>- Staff interview</li> </ul>				
Additional Comments, Best Practice Suggestions					

#### Prohibition of Abortion Expectation #5:

A Title X project may not provide pregnancy options counseling which promotes abortion or encourages persons to obtain abortion, although the project may provide patients with complete factual information about all medical options and the accompanying risks and benefits. While a Title X project may provide a referral for abortion, which may include providing a patient with the name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider, the project may not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the patient. (65 Fed. Reg. 41281 (July 3, 2000))

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Chart/record review</li> <li>- Staff interview</li> <li>- Observations</li> <li>- Review of pregnancy testing and counseling protocol</li> <li>- Review of staff training records</li> <li>- Review of client education/counseling materials</li> </ul>				
Additional Comments, Best Practice Suggestions					

#### Prohibition of Abortion Expectation #6:

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

Reviewer Code	Suggested Evidence to Submit for Program Review	Evidence Demonstrating Compliance Reviewed by Consultant	Met / Not Met	(If Not Met) Areas of Improvement and Required Action	Technical Assistance Provided and Recommended T/TA
C	<ul style="list-style-type: none"> <li>- Chart/record review</li> <li>- Staff interview</li> <li>- Observations</li> <li>- Review of pregnancy testing and counseling protocol</li> <li>- Review of staff training records</li> <li>- Review of client education/counseling materials</li> </ul>				
Additional Comments, Best Practice Suggestions					