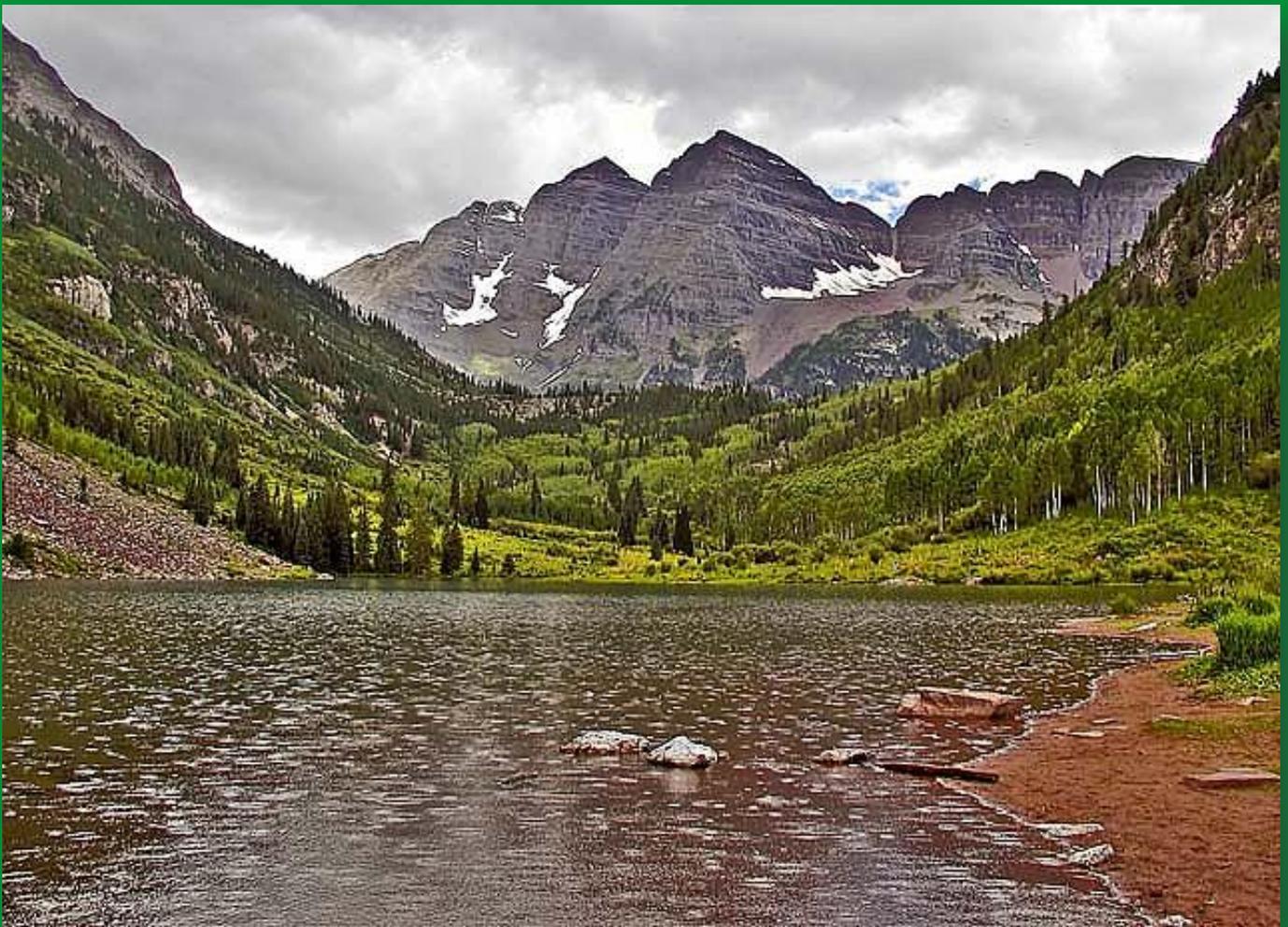




**COLORADO**

**Department of Public  
Health & Environment**

# Colorado Title X Program



## Administrative Manual

Revised February 2016



February 2016

Dear Title X Contractor:

Thank you for reviewing this Administrative Manual and working to put the policy and procedures of Title X into your clinical practice.

This manual is designed by Title X contractors and Colorado Department of Public Health and Environment (CDPHE) staff to help guide clinics through the administrative regulations of the Title X Family Planning Program. To read the federal Title X Program Requirements, please visit:

**<http://www.hhs.gov/opa/pdfs/oqc-cleared-final-april.pdf>**

The flow of the manual mirrors the 2014 Title X Program Requirement document, section by section.

The shaded areas are taken directly from the 2014 Title X Program Requirement document and the



icon refers to how the Federal regulation is translated into the Colorado (CDPHE) context.

CDPHE staff will make updates to this document in December of each year. It is the responsibility of the contractor's Title X Coordinator to ensure clinic staff have read and reviewed any updated sections and sign the "Signature Page" annually.

If you have any questions or see an area for improvement, please send your comments to [cdphe\\_familyplanning@state.co.us](mailto:cdphe_familyplanning@state.co.us).

We thank you for your partnership and your service to Colorado's women and men.

Sincerely,

*The Staff of CDPHE's Family Planning Program*

# Signature Page

Colorado Department of Public Health and Environment  
Title X Family Planning Program  
ADMINISTRATIVE MANUAL REVIEW

**February 2016**

The Family Planning Administrative Manual must be reviewed and signed annually by the contractor's Family Planning Coordinator. It is the responsibility of the Family Planning Coordinator to ensure all staff, working on the Title X program, are up-to-date with policy and procedure.

Signature pages must be available for review during CDPHE site visits. Family planning coordinators will be asked to confirm this signature page is signed within one of the quarterly updates.

With the signature below, the contracted Title X agency authorizes that it has read and implemented required administrative elements into the contracted program.

---

**Name**

**Title**

**Date**

*The only person required to sign the Administrative Manual is the current Title X, Family Planning Coordinator. However, all family planning staff are required to read the manual annually.*

**Federal Title X Program Requirements:**  
<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

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# Federal and Colorado Title X Overview

The Title X Family Planning program ["Population Research and Voluntary Family Planning Programs" (Public Law 91-572)], was enacted in 1970 as Title X of the Public Health Service Act. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to persons from low-income families (Section 1006).

Since 1970, Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals and others. In addition to contraceptive services and related counseling, Title X-supported clinics provide a number of related preventive health services such as: client education and counseling; breast and pelvic examinations; breast and cervical cancer screening according to nationally recognized standards of care; sexually transmitted infection (STI) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral; and pregnancy diagnosis and counseling. By law, Title X funds may not be used in programs where abortion is a method of family planning.

The Title X program also supports three key functions, authorized under the Title X statute aimed at improving the quality of family planning services and assisting clinics with responding to client needs. These functions include:

1. Training for family planning clinic personnel through ten regional general training programs and three national training programs that focus on clinical training, enhancing quality family planning services for males, and/or coordination of training activities on the national level;
2. Data collection and family planning research aimed at improving the delivery of family planning services; and,
3. Information dissemination and community based education and outreach activities. These functions help to ensure that family planning services are evidence-based and of high quality.

## ➤ Title X Providers

The U.S. Department of Health and Human Services' Office of Population Affairs (OPA) oversees the Title X program. OPA funds a network of 4,200 family planning centers which serve about 4.7 million clients a year. Services are provided through state, county, and local health departments; community health centers; Planned Parenthood centers; and hospital-based, school-based, faith-based, other private nonprofits. Title X staff are specially trained to meet the contraceptive needs of individuals with limited English proficiency, teenagers, and those confronting complex medical and personal issues such as substance abuse, disability, homelessness or intimate partner violence.

# Federal and Colorado Title X Overview

## ➤ Title X Mission

Title X assists individuals and couples in planning and spacing births, contributing to positive birth outcomes and improved health for women and infants.

In addition to clinical services, Title X also funds the following program supports aimed at improving the quality of family planning services:

1. training programs that focus on clinical training; service delivery;
2. management and systems improvement
3. and quality assurance/ improvement and evaluation.

In April 2014, OPA and the US Centers for Disease Control and Prevention (CDC) jointly released *Providing Quality Family Planning (QFP) Services* which provides evidence-informed recommendations for quality family planning service delivery across all reproductive health and primary care settings. QFP can be accessed at: <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

Office of Family Planning website: <http://www.hhs.gov/opa/title-x-family-planning>



# Federal and Colorado Title X Overview

## ➤ CDPHE Family Planning Program (FPP) Overview

Since 1970, Title X Family Planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals. In addition to contraceptive services and counseling, Title X-supported clinics provide a number of important preventive health services:

- Patient education and counseling
- Pelvic examinations
- Breast and cervical cancer screening according to nationally recognized standards of care
- Sexually transmitted disease (STD) and Human Immunodeficiency Virus (HIV) prevention education, counseling, testing and referral
- Pregnancy diagnosis and counseling

By law, Title X funds may not be used for programs in which abortion is a method of family planning. **The Title X family planning program is intended to assist individuals in determining the number and spacing of their children.** This promotes positive birth outcomes and healthy families. The education, counseling and medical services available in Title X-funded clinic settings assist in achieving these goals.

## ➤ History of Title X in Colorado

The Colorado Department of Public Health and Environment (CDPHE) has been a grantee of Federal Title X funds since 1970. The Title X program has received bipartisan support over the years and continues to be an integral piece of the public health system nationally and in Colorado.

## ➤ Title X Saves Colorado Money

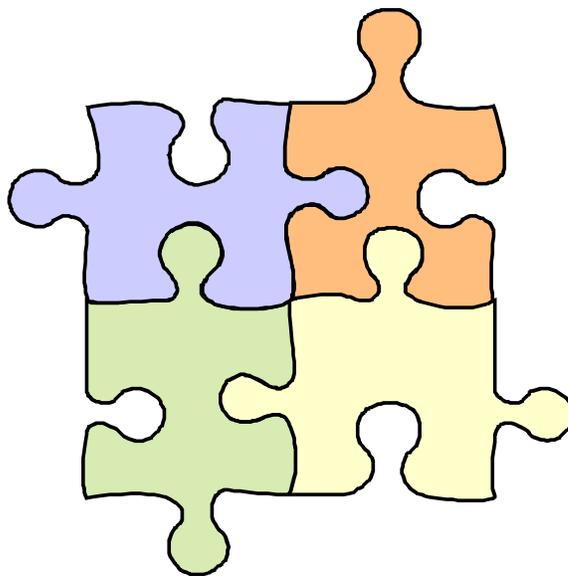
- Unintended pregnancy costs Colorado more than \$160 million annually in Medicaid costs. Fewer than half the births (42 percent) in Colorado are paid for by Medicaid. Of these publicly funded births, more than half are the result of an unintended pregnancy (52 percent).

# Federal and Colorado Title X Overview

- Unintended pregnancies are linked to late entry into prenatal care, birth defects, low birth weight, elective abortions, maternal depression, reduced rates of breastfeeding and increased risk of physical violence during pregnancy. Children born as a result of an unintended pregnancy are more likely to experience child abuse, poor mental and physical health, lower educational attainment and behavioral problems.
- One in five unintended pregnancies each year occurs among teens. Teen mothers:
  - Are less likely to graduate from high school or attain a GED by the time they reach age 30.
  - Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing until their 20s.
  - Receive nearly twice as much Federal aid for nearly twice as long. *Hoffman S, Maynard R, eds.*

## ➤ The Solution

There is no single answer to solving the problem of unintended pregnancy. Proven strategies include ensuring access to services, providing evidence-based, comprehensive sex education in schools, and promoting reproductive life planning and positive youth development activities. Family planning health centers provide services that allow all people freedom to choose when and if they want to have children, reducing unintended pregnancy and protecting the welfare of the state.



# Federal and Colorado Title X Overview

## ➤ Colorado's Winnable Battles

In January 2011, CDPHE chose 10 public health issues as “Winnable Battles” for Colorado. Not only was unintended pregnancy named as a Winnable Battle, but it was identified by the Prevention Services Division as one of its top two priorities. Prioritization brings focus and added support for addressing unintended pregnancy and helps coordinate prevention efforts among state agencies and external partners.

Colorado Winnable Battle: <https://www.colorado.gov/pacific/cdphe/colorados10winnablebattles>

## ➤ CDPHE Family Planning Website

CDPHE Family Planning Program is the **Title X grantee** for the state of Colorado. The CDPHE Family Planning Program, as a Title X grantee, is responsible for the planning, implementation, and evaluation of the statewide program. The activities of the *CDPHE Family Planning Program* (CDPHE FPP) include (but are not limited to) fiscal management, data collection and analysis, staff development, and evaluation of the family planning services provided by agencies at the local level. The 29 agencies contracted to provide such services are **known as contractors** and include local public health agencies, county and community nursing services, hospital clinics, community health centers and other private non-profit clinics.

There are approximately 70 *Title X clinics* in the state offering family planning services. More information on the *Family Planning Program in Colorado* can be found at the following website:  
<https://www.colorado.gov/pacific/cdphe/sexual-health>

# Voluntary Participation

## ➤ Federal Title X Program Requirements:

Federal Title X Program Requirements 2014 - Page 10

<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

Family planning services are to be provided solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)).

Clients cannot be coerced to accept services or to use or not use any particular method of family planning (42 CFR 59.5 (a)(2)).

A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or sub-recipient (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).

Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).



In order to meet this federal program requirement, The Colorado Department of Public Health and Environment Family Planning Program (CDPHE FPP) requires that a Client Bill of Rights be shared with all clients (posted or given to each person). An example of this Client Bill of Rights is on page 13. At a minimum, a contractor's Client Bill of Rights should include the same language.

# Prohibition of Abortion

## ➤ Federal Title X Program Requirements:

Program Requirements 2014 - Page 11

<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

### 8.2 Prohibition of Abortion

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning. Grantees and sub-recipients must have written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning. Additional guidance on this topic can be found in the July 3, 2000, Federal Register Notice entitled Provision of Abortion-Related Services in Family Planning Services Projects, which is available at 65 Fed. Reg. 41281, and the final rule entitled Standards of Compliance for Abortion-Related Services in Family Planning Services Projects, which is available at 65 Fed. Reg. 41270.

Grantees are also responsible for monitoring sub-recipients' compliance with this section.



In order to meet this federal program requirement, the CDPHE FPP will perform a Fiscal Separation Audit on any contractor that provides abortion on site. Please contact the CDPHE Family Planning Director if your organization (that CDPHE is contracting with) or your sub-contracting organization, provides abortion services.

# Bill of Rights for Clients

## ➤ 2015 Version

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### Bill of Rights for Clients

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#### *You have the right to:*

##### Privacy

- A private environment will be provided for counseling and services.

##### Confidentiality

- Personal information will remain confidential (including care, treatment, and personal records) except when the clinic is required by law to report information such as physical or sexual abuse of minors, physical signs of domestic violence and positive results for some sexually transmitted infections.

##### Access

- Care will be provided regardless of number of pregnancies, marital status, birth control preference, source of payment, race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender, gender expression, age, height, weight, physical or mental ability and veteran status.
- If needed, you will be provided access to an interpreter at no charge.

##### Respect

- You will be treated with consideration and respect.

##### Information

- You will be told about your medical care and treatment plan in a way you can understand, in a language you can understand.
- You will be told about where to go for services if there is an emergency or the clinic is closed.
- You should ask questions if you don't understand.
- You will be told about any fees charged for services.

##### Voluntary Participation and Choice

- You may decide freely whether to use birth control and which methods to use.

English and Spanish versions of the 2015 Client Bill of Rights can be found here:

[https://drive.google.com/a/state.co.us/folderview?id=0BzHYZzM1jda-NWNDa2lxcFIXREU&usp=drive\\_web](https://drive.google.com/a/state.co.us/folderview?id=0BzHYZzM1jda-NWNDa2lxcFIXREU&usp=drive_web)

# Structure and Management

## ➤ Federal Title X Program Requirements

Page 11 & 12 Program Requirements 2014

<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

### 8.3 Structure and Management

Family planning services under a Title X grant may be offered by grantees directly and/or by sub-recipient agencies operating under the umbrella of a grantee. However, the grantee is accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by sub-recipients. Where required services are provided by referral, the grantee is expected to have written agreements for the provision of services and reimbursement of costs as appropriate.

8.3.1 The grantee must have a written agreement with each sub-recipient and establish written standards and guidelines for all delegated project activities consistent with the appropriate section(s) of the Title X Program Requirements, as well as other applicable requirements (45 CFR parts 74 and 92).

8.3.2 If a sub-recipient wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the grantee must be maintained by the sub-recipient (45 CFR parts 74 and 92).

8.3.3 The grantee must ensure that all services purchased for project participants will be authorized by the project director or his designee on the project staff (42 CFR 59.5(b)(7)).

8.3.4 The grantee must ensure that services provided through a contract or other similar arrangements are paid for under agreements that include a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary (42 CFR 59.5(b)(9)).

8.3.5 Sub-recipient agencies must be given an opportunity to participate in the establishment of ongoing grantee policies and guidelines (42 CFR 59.5 (a)(10)).

8.3.6 The grantee and each sub-recipient must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Notice of Award, and which complies with Federal standards that will support effective control and accountability of funds. Documentation and records of all income and expenditures must be maintained as required (45 CFR parts 74.20 and 92.20).

# Structure and Management



In order to meet this federal program requirement, all contractors must have a sub-contracting agreement, reviewed annually, for Title X required services. The sub-contract should include the following (at a minimum):

- the process for referral,
- the amount of funding that will be billed and paid for each service,
- Title-X rules and regulations (that apply to the sub-contractors),
- how your organization will monitor that sub-contractor is doing Title X-related work,
- signature and current date from all parties.

## ➤ Family Planning Job Descriptions

Job descriptions for a Title X Clinical Medical Director can be found in the clinical manual.

## ➤ Sample Sub-Contract Language

If a contractor agency provides Title X services by referring clients to another provider (through a subcontractor), a written agreement must be in place with the referral provider. The contractor agency shall maintain records of any subcontractors for a minimum of three years.

It is each contractor's responsibility to ensure that the sub-contracts or Memo of Understanding (MOUs) are reviewed by their legal counsel.

Good practice for subcontracting is to ensure that an agreement is signed by both parties, that it outlines the specific roles and responsibilities of each party, any financial obligations are defined and other terms/conditions are included.



# Structure and Management

## ➤ Statements of Work (SOW)

Statements of Work (SOW) incorporated in the agreement should include at minimum the following elements:

- General description of project
- Definitions
- Deliverables (goods/services)
- Personnel (who is in charge of what portion of the project)
- Testing and acceptance criteria
- Payment (what will be paid, when and how)
- Start and finish date
- Assurance that all Title X rules and regulations are abided by. It is helpful to include links to Federal requirements which can be found here: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>

# Charges, Billing and Collections

## ➤ Federal Title X Program Requirements

Program Requirements 2014 - Pages 12 and 13

<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

The grantee is responsible for the implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the projects. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay.

Projects should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services

8.4.1 Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)).

Within the parameters set out by the Title X statute and regulations, Title X grantees have a large measure of discretion in determining the extent of income verification activity that they believe is appropriate for their client population. Although not required to do so, grantees that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients self-report.

8.4.2 A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the FPL (42 CFR 59.5(a)(8)).

8.4.3 Fees must be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good cause, to pay for family planning services (42 CFR 59.2).

8.4.4 For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).

8.4.5 Eligibility for discounts for unemancipated minors who receive confidential services must be based on the income of the minor (42 CFR 59.2).

# Charges, Billing and Collections

8.4.6 Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts(42 CFR 59.5(a)(9)).

Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

8.4.7 Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or sub-recipient agency is required (42 CFR 59.5(a)(9))

8.4.8 Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.

8.4.9 Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.



In order to meet this federal program requirement, the CDPHE FPP requires that all contractors have a charges, billing and write-off policy regarding Title X. The policy must include, at a minimum, the areas featured in the above noted guideline. The following “Dear Family Planning Client” letter is a helpful tool to ensure all of these areas are communicated to each patient.

## ➤ Dear Family Planning Client Letter

The “Dear Family Planning Client” letter summarizes the Title X requirements related to sliding fee scales as stated above and is for contractors to use. Your organization’s letter should include, at a minimum, the language featured below. This letter must be posted in the contractor clinics or given to clients in writing. See a sample of this letter on page 19. You are welcome to add language that is helpful for your own clinic’s business practices. English and Spanish versions of this letter can be found on the website here:

<https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>

# Charges, Billing and Collections

Dear Family Planning Client:

We are pleased you have chosen to come to our clinic. We want to provide you with low-cost, quality care. The following is our commitment to you:

1. If you have insurance (**Medicaid or private insurance**), we ask that you discuss your coverage with the clinic intake staff to determine if your visit can be covered by this payer source. This Title X clinic is required to waive insurance payment, if confidentiality is a concern for you.
2. A **sliding fee scale**, based on the cost of providing services, is used to determine your fee. The amount you are charged depends on how much money you earn and how many people you support.
3. Using a **sliding fee scale** allows us to provide care at much lower cost to you than other health care offices. No one will be denied.
4. If you are **under 18**, your fees are based only on the income available (either your family income or your own income) and you cannot be denied birth control services because you can't pay.
5. If your income is at or below **100%** of the federal poverty level, you will not be charged or billed for covered routine family planning clinic services related to your birth control method.
6. You may be billed for services that are not covered by the family planning program, and you are responsible for the costs of those services. This could include non-Title X services such as colposcopy, HIV testing, Chlamydia testing for clients not at risk, as well as complications resulting from Title X procedures, side effects from medications, etc. to you, which may or may not include your parent's income.
7. **Family planning clinics** receive some state and federal dollars to help pay for your care here. However, government funding has not kept up with our expenses. **Your donations are very important.** They help keep our clinic open and this care available. We appreciate your donations, no matter how much you can give.

*Name of your agency/clinic here*

# Charges, Billing and Collections

## ➤ Determining Family Size and Income

### A. Family Size

Count all persons related by blood, marriage, or adoption living in the same household.

### B. Income

Count the gross income of each person in the family. The following sources should be included when calculating gross income:

- a. Salaries, wages, tips
- b. Business profits
- c. Royalties or commissions
- d. Assistance from relatives or friends
- e. Workers' compensation
- f. Veterans' payments
- g. Social Security cash benefits
- h. Public assistance (Aid to Families with Dependent Children, Temporary Assistance for Needy Families (TANF) supplemental security income, non-Federally funded General Assistance or General Relief money payments)
- i. Training stipends
- j. Alimony
- k. Military family allotments or other regular support from an absent family member or someone not living in the household
- l. Pensions or annuities (including military retirement pay)

### C. Sliding Fee Scale

- a. Contractors must have a schedule of discounts (sliding fee scale) that is in compliance with the Title X Federal Regulations and provides for the following charges for family planning services for non-third party clients:
  - i. No charge for a client whose income is at or below 100% of poverty.
  - ii. A schedule of discounts for clients with incomes between 101% and 250% of poverty.
  - iii. Full charge for clients whose income is above 250% of poverty.
- b. Examples of sliding fee scales are found on page 26.
- c. Covered family planning services include routine family planning visits to initiate, continue or discontinue a contraceptive method. At a minimum, the following services are expected to slide to zero.

# Family Planning Services Required to Slide

Laboratory Services	
Services	When Required to Slide
Blood Draw/Venipuncture	With a lab for a BC method
Chlamydia	Pre-IUD; females <25 years; one screening test annually.
Collection of Capillary Blood Specimen	With a lab for a BC method
Gonorrhea	Pre-IUD ; females <25years; one screening test annually
Hematocrit or Hemoglobin	Pre-IUD or for BC method
Pap Test	With an initial or annual exam
Urine pregnancy	Always
Serum pregnancy	If urine not offered or if used for BC method
Specimen Handling	With a lab for a BC method
Medical Procedures (see note 4)	
Services	When Required to Slide
New Patient - Focused (99201)	When includes FP-related service(s)
New Patient - Expanded (99202)	When includes FP-related service(s)
New Patient - Detailed (99203)	When includes FP-related service(s)
New Patient - Comprehensive (99204)	When includes FP-related service(s)
Established Patient - Minimal (99211)	When includes FP-related service(s)
Established Patient - Focused (99212)	When includes FP-related service(s)
Established Patient - Expanded (99213)	When includes FP-related service(s)
Established patient - Detailed (99214)	When includes FP-related service(s)
New Patient Prev. - 12-17 years (99384)	When includes FP-related service(s)
New Patient Prev. - 18-39 years (99385)	When includes FP-related service(s)
New Patient Prev. - 40-64 years (99386)	When includes FP-related service(s)
Est. Patient Prev. - 12-17 years (99394)	When includes FP-related service(s)
Est. Patient Prev. - 18-39 years (99395)	When includes FP-related service(s)
Est. Patient Prev. - 40-64 years (99396)	When includes FP-related service(s)
Individual Counseling, 15 minutes (99401)	When includes FP-related service(s)
Individual Counseling, 30 minutes (99402)	When includes FP-related service(s)
Individual Counseling, 45 minutes (99403)	When includes FP-related service(s)

LARC and Sterilization	
Services	When Required to Slide
Diaphragm Fitting (57170)	Always
Nexplanon Insertion (11981)	Always
Implanon/Nexplanon Removal (11976 or 11982)	Always
Implanon/Nexplanon Removal with Reinsertion (11983)	Always
IUD Insertion (58300)	Always
IUD Removal (58301)	Always
Norplant Removal	Always
Supplies	
Services	When Required to Slide
BBT Thermometer (see note 3)	Always
Ceftriaxone	Pre-IUD (+ GC)/related to birth control method
Condoms	Always
Cycle Beads (see note 3)	Always
Depo Provera	Always
Diaphragm	Always
Diaphragm Jelly	Always
Doxycycline	< 25 and/or pre-IUD (+ CT)
EC (Plan B)	Always if given on site
Evra	Always
FemCap	Always
Nexplanon	Always
IUD, ParaGard	Always
IUD, Mirena	Always
NuvaRing	Always
IUD, Liletta	Always
Oral Contraceptives	Always
Spermicide	Always
Azithromycin from CDPHE STI Section for +CT treatment	Positive Chlamydia tests for FP clients-no charge at any level-does not apply to FQHCs that do not receive State Health STI Funding through FP
Azithromycin	< 25 and/or pre-IUD (+ CT result)

This is the 2016 Update.

# Charges, Billing and Collections

- A. Agencies must use the most recent Federal Poverty Guidelines (FPL) to assess income level. The annual revision of the FPL becomes available each spring. FPL guidelines can be found here: <https://aspe.hhs.gov/>
- B. Client income and family size must be documented in the client's financial chart or record. Computer files are considered part of the client's record. A verbal or self-declaration of income is acceptable. Written income verification is also acceptable, but not required. Contractors electing to ask for written income verification must complete formal income verification on all clients presenting for family planning services so that the process is fair and equitable for all clients. Client income and family size must be updated at least annually or as appropriate. Contractors 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 client's self report.
- C. If contractors choose to use written income verification, they cannot deny services or charge full fee for services to a client who fails to produce written income verification. In a case where a client does not have written income documentation, agencies must accept verbal declaration and request that the client bring written documentation of income at their next visit.
- D. Client eligibility for third party billing or Medicaid (i.e. a payer source) must be updated annually.
- E. Adjustments to decrease or waive client charges based on extenuating circumstances are allowed. Collection of fees must be consistent with the client's ability to pay. **Clients must not be denied services because of inability to pay current or past due amounts.**
- F. Agencies must have a methodology for determining whether a minor is seeking "confidential" services (i.e., whether or not they are not receiving financial support from their family to pay for their family planning services). Minors presenting for services with parental consent or in the company of a parent/guardian must be queried about whether their parent/guardian is providing financial support for the visit. If so, the client may be charged as all others are: according to their family income and size. Minors should estimate family income if they are not certain of actual incomes. However, if a minor seeks "confidential" services, the minor must be income coded on the basis of the minor's income and family size (number of individuals supported by that income). Contractors may not calculate an imputed value of room and board when determining the minor's income.
- G. Contractors are encouraged to provide clients with a statement at the time of service that details the full charges, discounts, amount paid, and the balance, if any, which the client is expected to pay.
- H. Reasonable efforts to collect past due amounts, including the mailing of bills, must be undertaken, so long as client confidentiality is not jeopardized. Collections of past due amounts must not be done in a coercive manner. Contractors must have a centralized system to determine how much money is owed by clients and how long the debt is outstanding and not yet paid.

# Charges, Billing and Collections

- I. In cases where a third party payer is responsible, bills must be submitted to that party. Bills to third parties must show total charges without applying any discount. Contractors must bill all third parties legally authorized or legally obligated to pay for services.
  - a. If a client with private insurance is willing to bill the insurance company, this is allowable. However, it is preferable for the agency to directly bill the insurance company. If the client is willing to bill the insurance company, the client should be given a copy of the statement showing what services were provided and what the client actually paid (e.g., a super bill).
  - b. If a client has private insurance and is not willing to submit the bill, the agency must make efforts to determine if they are a covered provider and if so, submit the bill.
  - c. If a client has private insurance and states that her/his plan does not cover family planning services, this must be documented. The agency is then not required to bill the third party.
  - d. If the family planning agency is not a covered provider for a given insurance plan, direct billing is not required. However, the agency must have documents on file to show that they are not a covered provider.
  - e. Agencies may elect to submit the bill at full fee to the insurance company and defer the charge to the client at the time of service. If the insurance company refuses all or part of the bill, *the agency may charge the balance to the client after applying the discount according to the sliding fee scale.*
  - f. When a contract is in place with an insurance carrier, the terms of the contract (co-pay requirements, acceptance of reimbursement as full payment, fees set by the third party, etc.) must be followed. If a client is in the zero pay category (less than 100% of the federal poverty level), and a co-pay is required, the client may not have money for the co-pay. In that case, the clinic can choose to waive the co-pay.
- J. Donations by clients may be accepted under the following circumstances:
  - a. There is no schedule of donations.
  - b. No bills are sent to clients for donations.
  - c. No coercion is involved.
  - d. No amount for a donation is suggested.
  - e. Requests for donations are equitable. If agencies choose to request donations from clients, they must request them from all Title X clients, regardless of income level.
  - f. A donation policy for accepting, tracking and considerations as program income is established.

## ➤ Aging Outstanding Accounts

A method for the aging of outstanding accounts must be established. Aging is defined as writing off a client's outstanding balance after a certain defined period of time (CDPHE suggests 12 months). This policy must be in writing and must be agency-specific. Agencies should develop a methodology to write off overdue accounts either through their existing system or through some other internal mechanisms or software program.

# Charges, Billing and Collections

## ➤ Use of Program Revenue

★ All dollars received in client fees, cash donations and interest are considered grant-related income and, according to Title X guidelines, can only be expended for Title X efforts. [42 CFR 59.9]. **These funds must be tracked and invested back into the family planning program within the contractor system.**

## ➤ Purchase of Equipment with Title X Funds

Title X program guidelines (6.3, p.7) require that delegate agencies maintain a financial management system that meets the standards specified in Subpart C of Code of Federal Regulations (CFR), 45 CFR 74 (institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations) or 45 CFR 92 (state and local governments), as applicable. These regulations include the requirements for purchases of equipment.

Equipment is defined as an item having a useful life of more than one year and an acquisition cost of \$5000 or more per unit. [45 CFR 74.2 and 45 CFR 92.3]

The requirements are described in 45 CFR 74.34 and 45 CFR 92.32. This includes the obligation to maintain property records that include a description of the property, a serial number or other identification number, the source of property including the award number, who holds the title, the acquisition date and cost of property, the percentage of Federal participation in the cost of the property, the location, use and condition of property, and any ultimate disposition data including the date of disposal and sale price of the property.

Inventory of equipment must be taken and reconciled every two years. Each delegate agency should review the CFR that is appropriate for their agency type (nonprofit or local government).



# Sliding Fee Scale Examples

## ➤ FQHC / Title X Blended Model

The FQHC/Title X Blended model is available upon request as it is too large for this document. You can obtain a copy of this model from the website here: <https://www.colorado.gov/pacific/cdphe/title-x-fiscal-forms>.



## ➤ 5 Code Model

Income as % of Poverty Guidelines	CPT	0-100%	101-150%	151-200%	201-250%	250-350%	350%+
	Code	Code 1	Code 2	Code 3	Code 4	Code 5	UCR
% Pay Status	Cost	0%	25%	50%	75%	100%	
<b>Supply Pick Up (No appointment)</b>		\$0	\$0	\$0	\$0	\$0	
New Patient-Focused (Visit & supply pick up / Pregnancy Test)	<b>99201</b>	\$0	\$16	\$33	\$49	\$65	\$65
New Patient-Expanded (Minimal Visit)	<b>99202</b>	\$0	\$25	\$50	\$75	\$100	\$110
New Patient-Detailed (Moderate Visit)	<b>99203</b>	\$0	\$40	\$80	\$120	\$160	\$160
New Patient-Comprehensive	<b>99204</b>	\$0	\$43	\$85	\$128	\$170	\$244

## ➤ 6 Code Model

Poverty Level	Code	% of Full charge
<100%	1	0%
101-150%	2	20%
151-185%	3	40%
186-220%	4	60%
221-250%	5	80%
>250%	6	100%

# Cost Setting / Cost Analysis

Performing a cost analysis / cost setting activity is a Colorado Title X requirement that demonstrates how contractor sliding fee scales are developed. “Charges must be based on a cost analysis of all services provided by the project.” U.S. Department of Health and Human Services, Office of Population Affairs.

In order to meet this requirement, a contractor must update their clinic’s cost analysis / setting (at least) every three years, or if there is a significant change in family planning costs or if you are considered a new contractor.

The cost analysis / setting is the element-by-element examination of the estimated or actual cost of Title X family planning services contract and a way to determine the probable cost. Conducting a cost analysis allows you to understand the costs associated with your services in order to help you set appropriate fees. Knowing your costs is essential to your sustainability as you navigate changes in service delivery and payment models. A cost analysis gives you the information you need to negotiate payment from third party payers.

Your clinic should use a system of cost setting that is logical, affordable and effective to your business setting. Some clinics have the internal expertise to conduct a cost setting activity, others use their fiscal department and some clinics contract this out to experts.

Regardless of the system your clinic uses, every three years, CDPHE FPP contractors are required submit a cost setting summary, using CDPHE format, of how costs are set in the organization and provide an updated sliding fee scale, reflecting the cost setting methods. A CDPHE FPP contractor will review and approve the contractor logic for cost setting. The next contractor cost setting summary is due in February 2018.

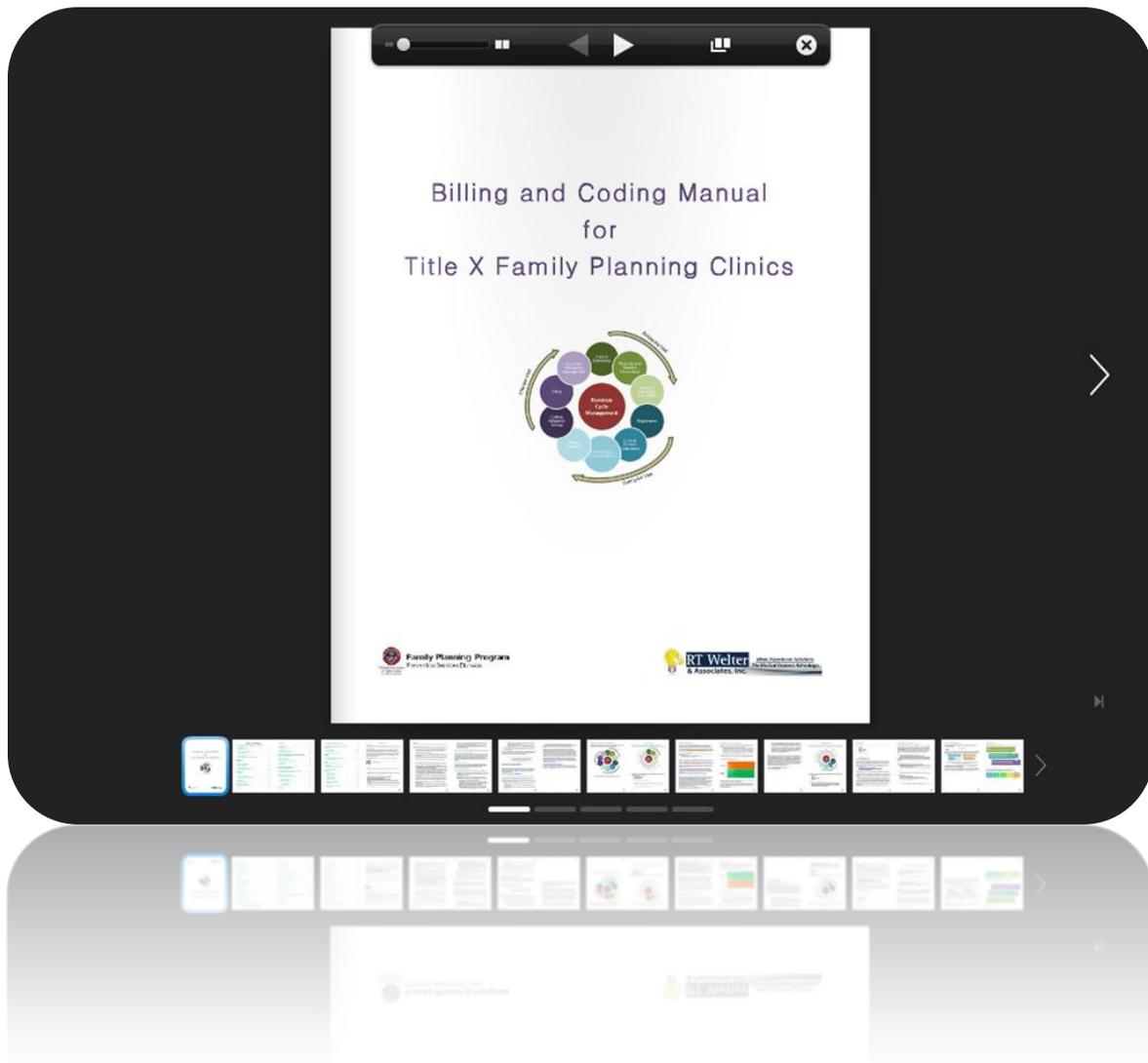
The CDPHE FPP will host Cost Setting / Cost Analysis trainings from time-to-time. The Family Planning National Training Center has archived a Cost Analysis and Sliding Fee Scale training. To view this webinar series, visit: <http://www.fpntc.org/training-and-resources/webinar-recording-it-pays-to-know-your-costs-why-and-how-to-conduct-an-0>



# Billing for Services and CPT Coding

See 2014 Colorado Billing and Coding Manual for Family Planning here:

<http://rtwelter.com/family-planning-program/>



# Project Personnel, Staff Training & Technical Assistance

## ➤ Federal Title X Program Requirements

Program Requirements 2014 pages 13 & 14 <http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

8.5 Project Personnel \_ Title X grantees must have approved personnel policies and procedures.

8.5.1 Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.

8.5.2 Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b)(10)).

8.5.3 Projects must be administered by a qualified project director. Change in Status, including Absence, of Principal Investigator/Project Director and Other Key Personnel requires pre-approval by the Office of Grants Management. For more information, see HHS Grants Policy Statement, 2007 Section II-54.

8.5.4 Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5 (b)(6)).

8.5.5 Appropriate salary limits will apply as required by law.

8.6 Staff Training and Project Technical Assistance

Title X grantees are responsible for the training of all project staff. Technical assistance may be provided by OPA or the Regional Office.

8.6.1 Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites (42 CFR 59.5(b)(4)).

8.6.2 The project's training plan should provide for 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

8.6.3 The project's training plan should provide for 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

# Project Personnel, Staff Training & Technical Assistance

## ➤ Project Personnel



In order to meet this federal program requirement, the CDPHE FPP requires that contractors have a comprehensive employee manual for the organization that features all areas listed above.

## ➤ Staff Orientation and Training

All contractors must have an established orientation and training program for all staff, including specific family planning training. It is recommended that all staff working for the program be oriented to the Title X program, including staff that provides medical interpretation and/or translation for the program. Contractors should consider adding this training to their agency's orientation checklist, if one is used. In addition,

- There must be routine training of staff on Federal and state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as human trafficking
- It is suggested that all personnel have the option to attend continuing education based on an assessment of training needs, quality assurance indicators, and changing regulations/requirements.
- All training and continuing education should be documented and kept on file. It is recommended that orientation and other employment related to continuing education be documented in employees' personnel files.



## ➤ Training Resources

- The National Clinical Training Center for Family Planning is one of five national training and technical assistance centers funded by the Office of Population Affairs to provide the most up-to-date and latest evidenced-based, quality training nationwide for family planning clinicians:  
<http://www.ctcfp.org/clinical-training/>

# Project Personnel, Staff Training & Technical Assistance

- Relevant training opportunities are also available on the CDPHE Family Planning Program Training and Conferences webpage at: <https://sites.google.com/site/titlexhub/trainings-and-conferences>
- Human Trafficking in Colorado: <http://www.combathumantrafficking.org/>
- Mandatory Reporting in Colorado:
  - <http://www.colorado.gov/cs/Satellite/CDHS-Main/CBON/1251651932321>
  - [https://www.childwelfare.gov/systemwide/laws\\_policies/statutes/manda.cfm](https://www.childwelfare.gov/systemwide/laws_policies/statutes/manda.cfm)

## ➤ Limited English Proficiency

**Policy:** All contractors must take reasonable steps to ensure that clients with limited English proficiency (LEP) have meaningful access to service at all points of contact; at no cost to LEP individuals. This includes having access to more than just Spanish interpretation (spoken) and translation (written) resources.

Definition: Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English can be limited English proficient, or "LEP."

A person with Limited English Proficiency may have difficulty speaking or reading English. An organization and the LEP individual will benefit from an interpreter (on-person or telephonic/over the phone) who will interpret for the LEP and provider.

Written Documents: An LEP individual may also need documents written in English translated into his or her primary language so that person can understand important documents related to health and human services such as vital written documents. Vital written documents include, but are not limited to, consent and complaint forms; intake and application forms with the potential for important consequences; written notices of rights; notices of denials, losses, or decreases in benefits or services; notice of disciplinary action; signs; and notices advising LEP individuals of free language assistance services.

CDPHE requires all family planning contractors have access to establish a language service provider(s) for interpretation (telephonic or on-site) and document translation. In addition, vital written documents such as materials and intake forms should be translated into widely encountered language(s) for the patient populations served.

More information on LEP can be found here:

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/lepotfedres.html>

# Planning and Evaluation

## ➤ Federal Title X Program Requirements

Pages 14 & 15 in Program Requirements 2014

<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

### 8.7 Planning and Evaluation

Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5 (b) (6) and (7)). In order to adequately plan and evaluate program activities, grantees should develop written goals and objectives for the project period that are specific, measurable, achievable, realistic, time-framed, and which are consistent with Title X Program Requirements. The program plan should be based on a needs assessment. Grantee project plans must include an evaluation component that identifies indicators by which the program measures the achievement of its objectives. For more information on quality improvement, see *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*.

➔ In order to meet this federal program requirement, the CDPHE FPP requires all contractors to input / submit client-level data points into a CDPHE data system called iCare.



# Family Planning Annual Report and iCare Data

Contractor agencies must report client-level data through the online iCare data system on clients with qualifying family planning services. Data are used by the Family Planning (FP) program for decision making, assessing program progress throughout the year, and evaluation of program activities. The iCare system tracks demographics of clients seeking services and the type and frequency of services provided. Data are then submitted in aggregate to the Federal government as part of the Family Planning Annual Report (FPAR).

Agencies have two options for submitting and reviewing high quality data on family planning services:

- **Manually Enter Data:** Individual users can be trained and granted access to manually enter data into iCare. Data can then be reviewed using iCare reporting features. Request access at <https://www.phi.dphe.state.co.us>; or
- **Submit 3<sup>rd</sup> Party Data Extract from Agency Electronic Health Record (EHR):** Agencies can work with their EHR IT personnel to develop an extract of required data per CDPHE specifications and submit on a quarterly basis. Data is uploaded by CDPHE staff. Contractor staff is granted access to iCare to review records with errors and confirm data was uploaded correctly.

Once data are added to the iCare system (by either manually entering or submitting extracted EHR data), contractors are required to run iCare reports to ensure they are on track to meet contract goals. Report 12F and Report 16 must be reviewed at least quarterly (agencies are no longer required to submit a signed copy to state staff).

The FP program “locks down” data in iCare. In general, services provided during Fiscal Year (FY) Quarters 1 and 2 (July through December) will be “locked down” at the end of January. Services provided during FY Quarters 3 and 4 (January through June) will be “locked down” at the end of July.

Locking down data will ensure timely submission of data for statewide reporting to funders on both calendar and fiscal years.

All agencies will be offered access to the iCare. Users of the system will be required to renew their access to the iCare data system every year.

Need assistance with iCare? Contact the Health Informatics Helpdesk at 303-692-6256.

For more information about the FPAR Annual Report, see: <http://www.hhs.gov/opa/title-x-family-planning/research-and-data/fp-annual-reports/>

# Opening and Closing a Title X Clinic

Many Title X contractors expand and contract their clinical services, depending on the market need, business case and funding of contractor agency.

If your agency plans to expand its Colorado Title X reach and **open** a new clinic, you must notify CDPHE staff before expansion. If your agency plans to **close** a site and discontinue Title X services, you must go through the following steps before you close a clinic site.

## ➤ Steps Opening a Title X clinic site

1. Call CDPHE and discuss business plan for expanding a new health center.
2. What is the five-year funding and business plan for sustaining the new health center?
3. CDPHE will call Region 8, Federal OPA office and request a new, contractor site approval.
4. Wait for approval from The Federal Health and Human Services Region 8 staff.
5. Register new clinic site on OPA and 340b website (s) and with CDPHE Family Planning staff.

## ➤ Steps Closing a Title X clinic site

1. Call CDPHE staff and let them know a site is under consideration for closing. Give reason why.
2. CDPHE staff contacts Region 8, Federal OPA office and alerts to closure.
3. Region VIII staff alert Federal staff of closing.
4. Once final decision is made, the Title X contractor must fill-out the Clinic Closure form (on page 36) and submit to CDPHE staff BEFORE closing site.
5. Contractors will be responsible for updating all relevant OPA and 340 B data bases with clinic closure information.





## 2016 CDPHE Title X, Family Planning Clinic Closure Form

**When a CDPHE, Title X contractor discontinues providing Title X services at one of its clinic sites, the following questions must be addressed before the clinic officially closes. Your commitment to addressing these questions will help the Title X Program better understand the unique needs and challenges that face communities today.**

Contractor:  
Clinic site:

### **General:**

1. What year did this clinic start serving Title X clients?
2. What is /was the closing date for the clinic?
3. Why is this clinic discontinuing Title X services? *(You can talk about increase collaborations in a challenging fiscal climate, partnering with local FQHCs, a decrease in client flow, etc...)*
4. How does this clinic closure impact the available family planning services in this community? Please explain.

*For example:*

- *No impact: services are available for clients in a nearby community*
- *Positive impact: increased efficiencies by closing 1 location to increase services in another location.*
- *Negative impact: significant distance to closest family planning clinic*

### **Clients:**

5. How many Title X clients received services at this clinic in the last calendar year?
6. Where will the clinic's Title X clients be referred for future services? Please give us the name of the clinic and the physical address. How far (in miles) is that referral clinic from the closing clinic? Describe the services/providers being referred to.
7. How will that referral be communicated? Please attach your clinic's formal communication (*memo, flyer*) to this form.
8. What is the plan for transferring Title X client medical records from the closing site?
9. If applicable, describe the process by which a new service provider will be solicited for the geographic area in need.

### **Fiscal:**

10. How many Title X funds were budgeted for this closing site?
11. How many Title X funds will be collected back from the site?
12. How will the financial services, including billing, be transitioned during the close-down?
13. What is the plan for obtaining clinic assets purchased with Title X funds, including pharmaceuticals?
14. What is the plan for re-directing any Title X funds and resources?
15. Is there any additional information you would like to share with the CDPHE and/or Title X federal team?

## ADD LOGO

### Opening a new Title X clinic with an existing Title X contractor

When an existing Title X contractor wants to open or close a new Title X clinic, on behalf of CDPHE's Title X grant, it must first get approval. This approval is routed through CDPHE's staff and the Region VIII, Health and Human Services, Title X program staff. The approval can take up to 12 weeks, so please build this into your organization's timeline. Your organization cannot start advertising as a CDPHE, Title X clinic without prior approval.

**Contractor Name:**

**New Clinic Location:**

**Today's Date:**

#### General

1. What is the need for opening a new, Title X clinic? Did you perform a needs assessment?
2. Where is the nearest existing Title X clinic related to this new clinic?
3. What is the opening date for the new, Title X clinic?
4. What other services will be provided at this new, Title X clinic?
5. What is your organization's implementation plan in terms of rolling-out services in this new clinic site (month-to-month)?

#### Fiscal

1. What is the projected operating and income budget with details and justification (for the family planning clinic)?
2. What is the payer mix of that projected income (Medicaid, cash, insurance)?
3. How will the financial services, including billing, be conducted at this new clinic?
4. What is your organization's business/sustainability plan to maintain this new clinic site for the next 3-5 years?

#### Clinical:

1. Who is the anticipated medical director for the new clinic? Qualifications?
2. Who is the anticipated family planning director for the new clinic? Qualifications?
3. Describe some of the training activities for the new, Title X staff.
4. What is the plan for obtaining Title X pharmaceuticals at this clinic?

Is there any additional information you would like to share with the CDPHE and/or Title X federal team?

Please work with CDPHE staff to ensure the following:

- ✓ New clinic information is added to CDPHE contact list
- ✓ New clinic information is added to the Title X / OPA data base.
- ✓ New clinic information is registered as a 340b recipient.
- ✓ New clinic information is featured on the Title X clinic finder data base.

# Project Services and Clients

## ➤ Federal Title X Program Requirements

Program Requirements 2014 – Pages 15 and 16

<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

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

9.1 Priority for project services is to persons from low- income families (Section 1006(c)(1), PHS Act; 42 CFR 59.5(a)(6)).

9.2 Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a)(3)).

9.3 Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)).

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

9.5 Projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5 (b)(8)).

9.6 All grantees should assure services provided within their projects operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site.

9.7 All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b)(1)). This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care.

*Continued on page 37.*

# Project Services and Clients

9.8 All projects must provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services. (42 CFR 59.5(a)(1)).

9.9 Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b)(5)).

9.10 Projects must provide pregnancy diagnosis and counseling to all clients in need of this service (42 CFR 59.5(a)(5)).

9.11 Projects must offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:

1. prenatal care and delivery;
2. infant care, foster care, or adoption; and
3. pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options(s) about which the pregnant woman indicates she does not wish to receive such information and counseling (42 CFR 59.5(a)(5)).

9.12 Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:

“None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”

“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”



Please see the CDPHE Title X Clinical Manual for guidance on clinical requirements .

# Project Services and Clients

## ➤ Federal Requirements on Confidentiality

Program Requirements 2014 - Page 17

<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

Every project must have safeguards to ensure client confidentiality. Information obtained by the project staff about an individual receiving services may not be disclosed without the individual's documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).



In order to meet this federal program requirement, CDPHE FPP requires that all contractors have a confidentiality policy. Program Policy Notice regarding confidential services to adolescents on page 40.



# Project Services and Clients

## ➤ Provision of Family Planning Services to Males

Family planning services must be provided to males and should be provided in the same manner as services to females. A qualifying male, family planning visit must include an intake form, a health history form and evidence of family planning counseling. Distribution of condoms without an intake form does not qualify as a family planning visit. At a minimum, only the family planning visit / counseling session are required to slide on the sliding fee scale. No other services (such as STI testing) are required to slide on the sliding fee scale.

## ➤ Provision of Services to Adolescents

In Colorado, provision of Title X services must be given, regardless of the age of the client. Client consent information can be found in the Title X Clinical Manual. In addition, 2014 OPA Policy Brief on page 40 helps to explain services to adolescents.

Another helpful resource is the, “Understanding Minor Consent in Colorado”.

<http://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/school%20nurse/understanding%20minor%20consent%20and%20confidentiality%20in%20colorado.pdf>



# OPA PPN *Program Policy Notice*

## Clarification regarding “*Program Requirements for Title X Family Planning Projects*”

### Confidential Services to Adolescents

#### OPA Program Policy Notice 2014 – 01

Release Date: June 5, 2014

#### I. Purpose

The purpose of this Program Policy Notice (PPN) is to provide Title X grantees with information to clarify some specific requirements included in the newly released “*Program Requirements for Title X-Funded Family Planning Projects Version 1.0 - April 2014.*”

#### II. Background

On April 25, 2014, the Office of Population Affairs (OPA), which administers the Title X Family Planning Program, released new Title X Family Planning Guidelines consisting of two parts: 1) *Program Requirements for Title X Family Planning Projects* (hereafter referred to as *Title X Program Requirements*), and 2) *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs.*

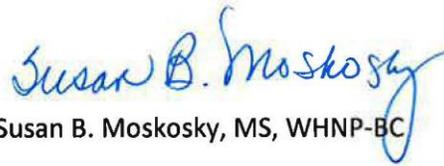
The *Title X Program Requirements* document closely aligns with the various requirements applicable to the Title X Program as set out in the Title X statute and implementing regulations (42 CFR part 59, subpart A), and other applicable Federal statutes, regulations, and policies. The requirement that this Program Policy Notice addresses is confidential services to adolescents.

Requirements regarding **confidential services** for individuals regardless of age are stipulated in Title X regulations at 42 CFR § 59.5(a)(4) and § 59.11, and are repeated in the *Title X Program Requirements* in sections 9.3 and 10.

#### III. Clarification

It continues to be the case that Title X projects may not require written 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.

Title X projects, however, must comply with legislative mandates that require them to encourage family participation in the decision of minors to seek family planning services, and provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. In addition, all Title X providers must comply with State laws requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.



Susan B. Moskosky, MS, WHNP-BC

Acting Director, Office of Population Affairs

# Community Participation, Education & Project Promotion

## ➤ Federal Title X Program Requirements

Program Requirements 2014 – Page 17

<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

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

11.1 Title X grantees and sub-recipient agencies must provide an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served; and by persons in the community knowledgeable about the community's needs for family planning services (42 CFR 59.5(b)(10)).

11.2 Projects must establish and implement planned activities to facilitate community awareness of and access to family planning services (42 CFR 59.5(b)(3)). Each family planning project must provide for community education programs (42 CFR 59.5(b)(3)). The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.

11.3 Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial (42 CFR 59.5 (b)(3)).



In order to meet this federal program requirement, CDPHE FPP requires that all contractor agencies perform the following annually:

1. Host at least 1 Family Planning **Advisory Committee** meeting annually where Title X Family Planning is discussed and the annual work plan is shared with committee members.
2. Host at least 1 **community education** meeting where family planning, STI and/or reproductive life plan information is shared with an audience.
3. Implement 1 **project promotion** activity that lets community members know about the contractor family planning program.
4. Host at least 1 FP **Information and Education Committee** meeting where family planning education and promotional materials are vetted and approved, if applicable.

# Community Participation, Education & Project Promotion

## ➤ Advisory Committee

Contractor agencies must provide an opportunity for participation in the development, implementation and evaluation of the project by persons broadly representative of all significant elements of the population served and by persons in the community knowledgeable about the community's needs for family planning services [42 CFR 59.5(b)(10)]. Contractor agencies may create a family planning program Advisory Board or Committee to meet this requirement. Agencies may also use a board or committee that is already in existence for this purpose as long as it meets the above requirements. This committee must meet at least annually or more often as appropriate. In addition, agencies may utilize results of community needs assessments to educate members of the committee about community need for family planning services.



\*\* The Information & Education (I&E) committee may also serve the community participation function (Advisory Committee) if it meets these requirements.

## ➤ Community Education

Contractor agencies must provide for community education programs [42 CFR 59.5(b)(3)]. Community education may come in the form of community presentations or community events. Education programs should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. Evaluations can range from a formal written evaluation completed by each education program participant to an informal show of hands in response to questions. Summary reports of evaluations should be kept on file.

Community education should serve to enhance community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial.

## ➤ Project Promotion

To facilitate community awareness of and access to family planning services, agencies must establish and implement planned activities to make their services known to the community [59.5(b)(3)]. Agencies should review a range of strategies and assess the availability of existing resources and materials. Promotion activities should be reviewed annually and be responsive to the changing needs of the community. Agencies must make special efforts to make their services known to the target population (men and women below 150% of the federal poverty level and all teens). It is suggested that each agency use the results of their Family Planning

Reproductive Health Needs Assessment to tailor their community education and project promotion activities so they will target the identified needs of their community.

# Community Participation, Education & Project Promotion

## ➤ Information and Education Materials Approval

Program Requirements 2014 – Page 17 <http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

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

12.1 Title X grantees and sub-recipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to their distribution (Section 1006 (d)(2), PHS Act; 42 CFR 59.6(a)).

12.2 The committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended (42 CFR 59.6 (b)(2)).

12.3 Each Title X grantee must have an Advisory Committee of five to nine members, except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6(b)(1)). This Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X (Section 1006(d)(1), PHS Act; 42 CFR 59.6(a)).

12.4 The grantee may delegate I&E functions for the review and approval of materials to sub-recipient agencies; however, the oversight of the I&E review process rests with the grantee.



# Community Participation, Education & Project Promotion

12.5 The Advisory Committee(s) may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, final responsibility for approval of the I&E materials rests with the Advisory Committee.

12.6 The I&E Advisory Committee(s) must:

- consider the educational and cultural backgrounds of the individuals to whom the materials are addressed;
- consider the standards of the population or community to be served with respect to such materials;
- review the content of the material to assure that the information is factually correct;
- determine whether the material is suitable for the population or community to which it is to be made available; and
- establish a written record of its determinations (Section 1006(d), PHS Act; 42 CFR 59.6(b)).



Contractors are required to have an Information and Education Committee (formerly called the Literature Review Committee). The purpose of this committee is to review and approve all informational and educational materials that are given to agency family planning clients. The Family Planning Advisory Committee may also be used for these purposes.

**The I&E Committee must adhere to the following characteristics/requirements:**

- The committee must have no less than 5 and no more than 9 committee members.
- The committee must be broadly representative of the community in which the family planning program is implemented.
- The committee must consider the educational and cultural backgrounds, and the standards of the family planning program clients it serves.
- The committee must review all informational and educational materials that are given to clients, including educational materials sent from CDPHE. The committee must review materials for:
  - Educational value
  - Literacy level/understandability
  - Cultural competence
  - Moral standards as appropriate to the community.
- The agency must establish a written record of determinations (minutes of meetings and summary of materials reviewed) made by the committee.

# Community Participation, Education & Project Promotion

Some helpful suggestions for getting started:

- Identify members of the local community that may be willing to assist. They may be family planning clients, Advisory Committee Members, local students, parents, Board of Health members, local church members, teachers, etc.
- Send letters to these potential members (a sample follows) requesting their assistance, and explaining what the expectations are.
- Once the committee has at least 5 members, arrange a meeting. If members have difficulty coordinating a common date and time, the approval process may be handled by mail or email.
  - Send a packet of materials to be approved to each individual, and include an evaluation form and a deadline. If mailing materials, consider including a self-addressed stamped envelope to facilitate return of materials/forms. Have members return evaluations by mail or email. Keep a written record of their determinations.
  - Be sure to write a summary of the findings to serve as a replacement of minutes. Keep this summary on file.
- Send an agenda to each member prior to each meeting, and minutes after each meeting.

## ➤ Acknowledgment of Federal Support

Federal grant support must be acknowledged in any publication funded for development by the agency's family planning program. This involves placing a brief statement on any brochures, educational materials or flyers produced by the agency's family planning program that acknowledges federal support. The word "publication" is defined to include computer software.

### **2014-2016**

**Grant # FPHA086074** An appropriate statement acknowledging support is:

***"This brochure was developed (in part) with federal funds from the Office of Population Affairs grant FPHA086074."***

Any copyrighted materials funded by Title X funds shall be subject to a royalty-free, non-exclusive, and irrevocable license or right of the government to reproduce, translate, publish, use, disseminate, and dispose of such materials and to authorize others to do so. Publications developed under Title X may not contain information that is contrary to program requirements or acceptable clinical practice.

# Community Participation, Education & Project Promotion

## ➤ Sample Presentation Evaluation Form

### Evaluation Form

Date: \_\_\_\_\_ Name of presenter: \_\_\_\_\_

Name of seminar: \_\_\_\_\_ Location: \_\_\_\_\_

Will you please take a few moments to fill out this form? It will help us make sure we're getting you the information you need. Thank you!

What were the top three things you learned from this presentation?

- 1.
- 2.
- 3.

Did your knowledge of this topic improve?

- Yes  
 No

If yes, how much?

- A little  
 More than a little  
 A lot

Do you have any other comments?

# Community Participation, Education & Project Promotion

## ➤ Sample I&E Committee Recruitment Letter

Date

Julie Jones  
123 Main Street  
Denver, CO 80205

Dear Ms. Jones,

The County Health Department needs your assistance in assuring that members of our community receive the proper Family Planning informational and educational materials. The Family Planning Program Information and Education (I&E) Committee meets every quarter for 90 minutes to review materials distributed in our community. The purpose of this review is to assure that materials have educational value and cultural competence, are understandable, and adhere to the moral standards of our community.

You have been identified as an important and active member of our community, and we are requesting your assistance with our program. Your perspective of the educational needs of the community is vital to the success of promoting the Family Planning Program in our area.

Your assistance would require that you volunteer your time and evaluate educational materials before they are used in the community. Some of the benefits of volunteering your time are: you will be involved in improving the reproductive health of our community; it looks impressive on job applications, resumes and college applications; and you are rewarded with the knowledge that members in your community are receiving factual, appropriate and educational information about family planning. We would greatly appreciate your participation in our committee.

Please expect a phone call from me one evening next week so that we may discuss this matter further and so I may answer your questions. You may reach me at (303) 555-1234. Thank you for considering this important opportunity.

Sincerely,

Your name  
Your title  
Your organization's name

# Community Participation, Education & Project Promotion

## ➤ Sample I&E Materials Evaluation

Date: \_\_\_\_\_

Name of Material: \_\_\_\_\_ Year Produced: \_\_\_\_\_

Subject: \_\_\_\_\_ Publisher: \_\_\_\_\_

Literature:  Pamphlet (1-5 pages)  Book (>15 pages)  Other  
 (check one)  Booklet (6-15 pages)  Fact Sheet

Content	Excellent	Very Good	Good	Average	Poor
Accuracy					
Effectiveness					
Current ness					
Length (specify)					
Readability					
Attractiveness					
Organization					
Pictures, tables, etc					
Appropriateness					
Accuracy					

Inclusive balance (check one):  Good Mix  Some Mix  Other

Target Audience:  Elementary (grade 1-5)  Middle School (grade 6-8)  Parent  
 (check all that apply)  High School (grade 9-12)  Adult (age 18+)  Lay Person  
 Professional  Health Care Provider

Literacy Level  Low (1 syllable words)  
 (check one)  Average (1 and 2 syllable words)  
 High (2 and 3 syllable words)

Comments: Please place comments on back of this form.

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_

# Legislation and Statutes

The Title X program has several pieces of legislation and statutes that must be abided by while implementing the program. Please familiarize your staff with the sections below:

1. Colorado State Authorizing Family Planning statutes: [http://www.lexisnexis.com/hottopics/Colorado Health, Family Planning](http://www.lexisnexis.com/hottopics/ColoradoHealth,FamilyPlanning)
2. Colorado State Laws for Consent to care for Minors: <http://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/school%20nurse/understanding%20minor%20consent%20and%20confidentiality%20in%20colorado.pdf>
3. Federal Guidance on Complying with Title X Federal Requirements Prohibiting Abortion Services <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/notice-42-cfr-59.html>
4. Federal Guidance on Separation Audits for contractors that perform abortion <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program-guidelines/notice-42-cfr-59.html>
5. Title X Legislative Mandates: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/legislative-mandates/>
6. Title X Statutes and Regulations: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>
7. Title X Program Policy Updates: [http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program\\_policy\\_notice/](http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/program_policy_notice/)



***End of Manual. This version is dated February 2015***

# Forms and Templates

- ❑ Administrative Site Visit Tools: <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>
- ❑ <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>
- ❑ Client Bill of Rights: <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>
- ❑ Client Satisfaction Survey Example (English and Spanish):
- ❑ <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms> Dear Family Planning Client Letter  
<https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>
- ❑ FTE tracking example <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>
- ❑ Family Planning Community Needs Assessment <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>
- ❑ Information and Education Materials Forms <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>
- ❑ Client Super Bill <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>
- ❑ Presentation Evaluation Form <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>
- ❑ Procedure for Communicating LEP <https://www.colorado.gov/pacific/cdphe/title-x-administrative-forms>