



BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

Award Contract Grant

Requested Board Meeting Date: May 4, 2021

* = Mandatory, information must be provided

or Procurement Director Award

***Contractor/Vendor Name/Grantor (DBA):**

Arizona Family Health Partnership (AFHP)

***Project Title/Description:**

The purpose of the Family Planning Services Program is to assist in the operation of voluntary family planning services. The Pima County Health Department receives Title X funding through AFHP, a non-profit organization.

***Purpose:**

The federal Family Planning Program (Title X) was enacted by Congress in 1970 to offer a broad range of effective family planning methods and related services to low income individuals. This contract provides \$678,00 to serve 6,000 unduplicated clients from April 1, 2021 to March 31, 2022 with family planning services.

***Procurement Method:**

This grant / revenue contract is a non-Procurement contract and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**

The goal of the Title X program is to improve pregnancy planning and spacing, and prevent unintended pregnancies through increased awareness of the importance of preconception care, increased access to family planning services, a decrease in unintended and teen pregnancy rates, an increase in screening, and a decrease in STD rates.

During the 2020-2021 program year, Pima County Health Department 3,490 unduplicated clients. Family Planning services throughout the state of Arizona were significantly impacted by the COVID-19 pandemic during the 2020-2021 program year, including services in Pima County. COVID-19 precautions resulted in an approximately 50% reduction in clients, and 8% was cut from the total Family Planning budget due to the ongoing pandemic response and anticipated decreased client counts. However, from January - March, 2021, Pima County's Family Planning program has seen an increase of approximately 30% from month to month, which indicates clients are starting to seek out these services once again.

***Public Benefit:**

Access to family planning and reproductive health services are essential to reducing the personal and societal costs of unintended pregnancy and sexually transmitted diseases. For every \$1 spent on family planning services, an estimated \$7.09 in public expenditures is saved.

***Metrics Available to Measure Performance:**

Metrics for the Title X program include:

- Number of unduplicated clients served;
- Family planning methods availability on-site or by referral;
- Appropriate screening is done for sexually transmitted diseases; and
- Follow up of positive screenings is done in accordance with the latest clinical guidelines.

***Retroactive:**

Yes. The Contract was received from AFHP on April 20, 2021. It is effective April 1, 2021. AFHP needs to wait until they have the federal award before they can provide sub-award documents. PCHD processed the contract as soon as possible. If not approved, Pima County residents will not have access to these valuable family planning services.

GM Approved 4-28-21 LIS

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

Expense Amount: \$* _____ Revenue Amount: \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Contract is fully or partially funded with Federal Funds? Yes No

If Yes, is the Contract to a vendor or subrecipient?

Were insurance or indemnity clauses modified? Yes No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? Yes No

If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Amendment No.: _____ AMS Version No.: _____

Commencement Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

Expense or Revenue Increase Decrease Amount This Amendment: \$ _____

Is there revenue included? Yes No If Yes \$ _____

***Funding Source(s) required:**

Funding from General Fund? Yes No If Yes \$ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) Award Amendment

Document Type: GTAW Department Code: HD Grant Number (i.e., 15-123): 21-144

Commencement Date: 04/01/2021 Termination Date: 03/31/2022 Amendment Number: 00

Match Amount: \$ _____ Revenue Amount: \$ 678,000.00

***All Funding Source(s) required:** Title X of the Public Health Service Act (federal funding from the Department of Health and Human Services) via Arizona Family Health Partnership

***Match funding from General Fund?** Yes No If Yes \$ _____ % _____

***Match funding from other sources?** Yes No If Yes \$ 542,401.00 % _____

***Funding Source:** See Att 3. Includes patient fees, third party payers, in kind, and Health special revenue

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** Via Arizona Family Health Partnership

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: [Signature] 4/26/21

Deputy County Administrator Signature/Date: [Signature] 26, April 2021

County Administrator Signature/Date: [Signature] 4/26/21
(Required for Board Agenda/Addendum Items)

**ARIZONA FAMILY HEALTH PARTNERSHIP
FAMILY PLANNING PROGRAM CONTRACT**

This ARIZONA FAMILY HEALTH PARTNERSHIP FAMILY PLANNING PROGRAM CONTRACT (the “*Contract*”) is entered into by and between the Arizona Family Health Partnership, an Arizona not-for-profit corporation (the “*Partnership*”), and **Pima County Health Department** (the “*Contractor*”). The Partnership or the Contractor may be referred to individually as the “*Party*” or collectively the “*Parties*”.

RECITALS

WHEREAS, the Partnership has received Grant # 5 FHPA006468-03-00 (the “*Grant*”) dated March 26, 2021, from the Office of Population Affairs (“*OPA*”) and the United States Department of Health and Human Services (“*DHHS*”), to provide family planning and related preventative health services to eligible clients in the State of Arizona;

WHEREAS, the Grant is made pursuant to Title X of the Public Health Service Act, 42 U.S.C. 300, et seq., as amended and program guidelines and requirements issued by DHHS and OPA (“*Title X*”). Title X authorizes federally funded grants “to assist in the establishment and operation of voluntary family planning projects, which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents).”

WHEREAS, the Contractor provides services that qualify for reimbursement under Title X.

WHEREAS, the Parties desire to provide for a sub-award of the Grant to reimburse the Contractor’s actual, allowable costs associated with providing the Family Planning Services, defined below.

AGREEMENT

NOW THEREFORE, in consideration of the mutual promises and covenants herein contained and intending to be legally bound thereby, the Partnership and the Contractor agree as follows:

ARTICLE I
TERM AND STATEMENT OF WORK

1.1 Term. The Contract will begin on **April 1, 2021 and terminates March 31, 2022**, unless earlier terminated or amended pursuant to Article VI (the “*Term*”).

1.2 Services and Standards. The Contractor will provide **6,000** unduplicated clients the comprehensive sexual and reproductive services identified in the AFHP Agency Health Center Report (the “*Family Planning Services*”), attached as Attachment 1. The Family Planning Services will be performed in strict compliance with Title X and:

1.2.1 The Contractor's Client Data Projections described in the Client Data Summary (“*Client Data Summary*”), attached as Attachment 2;

1.2.2 The Contractor’s total 2021-2022 Family Planning Program Budget (“*Budget*”), which includes all revenues and expenses for the Contractor’s Title X-funded site(s). The Budget is attached as Attachment 3.

1.2.3 Any Title X regulations, including 42 C.F.R. § 59 et seq. (the “**Title X Regulations**”). The current Title X Regulations are attached for reference as Attachment 4

1.2.4 OPA Program Policy Notices (“**Program Notices**”) attached as Attachment 5;

1.2.5 The Partnership’s Title X Program Standards and Policy Manual (the “**Manual**”), attached as Attachment 6;

1.2.6 The Title X Program Priorities and Key Issues for the applicable year (the “**Priorities and Key Issues**”), attached as Attachment 7; and

1.2.7 All other applicable federal and State laws and regulations.

1.3 Related Preventive Health Services. The Contractor will ensure clients have access to related and other preventive health services on-site or by referral (“**Related Preventative Health Services**”). Related Preventive Health Services are beneficial to reproductive health, are closely linked to family planning services, and are appropriate to deliver in the context of a family planning visit but do not contribute directly to achieving or preventing pregnancy: examples include breast and cervical cancer screening, screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis. The Contractor’s employees and agents will be trained and equipped to offer these services onsite or by referral.

1.4 Subcontractors. The Contractor will submit a list of any subcontractors and/or independent consultants providing Family Planning Services within 30 days of the execution of this Contract or the subsequent engagement of any subcontractor(s) and/or independent consultant(s). Each will be attached as Attachment 8. All subcontractors and/or consultants must be insured, as required herein, and comply with Title X, the Title X Regulations, the Manual, Program Notices, and any other applicable laws and requirements.

ARTICLE II REIMBURSEMENT

2.1 Reimbursement. The Partnership will reimburse a portion of the Contractor’s Budget for properly documented and allowable costs to provide the Family Planning Services (“**Reimbursement**”). The total Reimbursement payments by the Partnership will not exceed **\$678,000** (“**Reimbursement Award**”). Notwithstanding the foregoing, if Contractor has complied with all provisions of this Contract and Partnership receives additional discretionary funds through DHHS, Partnership may, in its sole discretion and upon written notice to Contractor, pay Contractor a one-time supplementary award in addition to the Reimbursement Award (“**Supplementary Award**”). The Contractor will not receive any Reimbursement until it identifies in writing and submits to the Partnership the source and allocation of an additional **\$542,401** (“**Contractor Contribution**”) to satisfy its Budget. An amendment to the Contract is not required for the Partnership to provide Contractor with the Supplementary Award, and the amount of the Supplementary Award may be provided to Contractor in the form of a reduction in Contractor Contribution without an amendment. The Contractor Contribution must: (i) be from non-Federal funds; (ii) be allowable by Federal regulations; (iii) cannot be used by more than one project; and (iv) must be auditable. The Contractor Contribution may include third party payments for Family Planning Services and patient collection fees, donations, local and State government contributions, agency in-kind and agency contributions. Reimbursement is contingent on: (i) the Contractor’s satisfactory performance of the Family Planning Services and terms of this Contract, which determination will be in the Partnership’s sole

discretion; and (ii) the Partnership's receipt of monies from DHHS in the amount specified in the Notice of Grant Award for the applicable funding period.

2.1.1 Reduction of Reimbursement Award. If Contractor provides Family Planning Services for less than 100%, but at least 90% of the unduplicated clients anticipated in the AFHP Agency Health Center Report, the Contractor will earn the full Reimbursement Award, provided that the Contractor Contribution are expended in full and that the Contractor's total Title X family planning revenue equals the total cost of providing the Family Planning Services. If the Contractor serves less than 90% of the unduplicated clients anticipated in the AFHP Agency Health Center Report, the base Reimbursement will be reduced by **\$113** for each client below the 90% threshold.

2.2 Reporting and Reimbursement Procedure. On a monthly or quarterly basis, the Contractor will submit the Arizona Family Health Partnership Request for Title X Contract Funds Form (the "**Reimbursement Request**") to the Partnership, indicating the total funds used during that period. The Reimbursement Request is attached as Attachment 9. Within 30 days of receipt and approval of the Reimbursement Request and quarterly financial report as described in 2.2.2 by the Partnership, the Partnership will pay the Reimbursement. If the Contractor fails to deliver the Reimbursement Request or the following reports at the appropriate times, or otherwise comply with the terms of this Contract, the Partnership may, upon reasonable notice, suspend Reimbursement until such reports are delivered to and approved by the Partnership:

2.2.1 Encounter Data Report. The Contractor will submit encounter data through the Partnership's Centralized Data System (CDS) on at least a monthly basis, no later than 15 days after the end of each month. Encounter data elements and format are described in the Partnership's Data Manual, Submission Guidelines and Codebook, as defined in the Manual.

2.2.2 Financial Reports. The Contractor will submit monthly or quarterly financial reports through the Partnership's Program Information Management System (PIMS). The Contractor will furnish the Partnership with reports of its revenues and costs by the 25th of the month following the end of each calendar quarter. If the 25th falls on a weekend or holiday, the report will be due on the next business day.

2.2.3 Ad Hoc Reports. The Contractor will submit additional statistical or program information as requested or required by DHHS.

2.3 Limitations on use of Reimbursement. The Contractor will not use Reimbursement for any costs disallowed by Title X, the Partnership, DHHS, or other appropriate federal officials ("**Disallowed Costs**"), which may include but are not limited to:

2.3.1 Costs to perform abortions or to supplant any funds used to perform abortion;

2.3.2 Encouraging, promoting or advocating abortion as a method of family planning;

2.3.3 Costs to perform sterilization or to supplant any fund used to perform sterilization;

2.3.4 Indirect costs over 10% of the total program direct cost. (To charge indirect costs, the Contractor must submit a current Federally approved Indirect Rate letter or be limited to the de minimis indirect cost rate defined in CFR 200.414);

2.3.5 Salaries over the current Executive Level II of the Federal Executive Pay Scale. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. A Contractor may pay an individual's salary amount in excess of the salary cap with non-federal funds.

2.3.6 Those used for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislative itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself;

2.3.7 Costs for salary or expenses of any Grant or Contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulations administrative Actions, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for formal and recognized executive-legislative relationships or participation by any agency or office of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government; or

2.3.8 Advocating or promoting gun control.

2.4 Return of Disallowed Costs and Appeal. If the Partnership determines that the Contractor has spent Reimbursement funds on Disallowed Costs, the Contractor will remit to the Partnership any such amounts. If the Contractor fails to remit such amounts within 30 days of notice of the Disallowed Costs from the Partnership, the Partnership may offset such amount against future funding obligations by the Partnership or take other action available to it under law to reclaim such amount. If DHHS disallows any cost incurred by the Contractor under this Contract, at the Contractor's request, the Partnership may pursue appropriate administrative appeals to DHHS. In the event the Partnership elects to pursue such administrative appeals, the Contractor will pay into an escrow account such amount as the Partnership deems appropriate to cover the Disallowed Costs and appeal costs, including attorney's fees and interest penalties. The Contractor agrees to cooperate fully with the Partnership in providing documentation and other supporting material relevant to such a determination. If applicable, payment of questioned costs may be withheld from Reimbursement until the questions are resolved. The Partnership will make Reimbursement of all otherwise properly documented and allowable costs not in question.

2.5 Reallocation. Should the Contractor fail to expend its Reimbursement Award, the Partnership may reallocate the Reimbursement Award to ensure that funds are expended efficiently. The Partnership will review the Contractor's Budget at the beginning of the last quarter of the Term, and upon determination that the Reimbursement Award is not being expended efficiently or will not be expended fully during the Term, the Partnership may, in its sole discretion, reallocate all or a portion of the remaining Reimbursement Award to another organization. The Contractor may not carry over any non-obligated portions of its Reimbursement Award to the next grant or contract period.

ARTICLE III THE CONTRACTOR'S REPRESENTATIONS AND WARRANTIES

The Contractor represents and warrants to the Partnership the matters set forth in this Article III.

3.1 Title X System. The Contractor has had the opportunity to review the Title X Regulations and Manual, and fully understands the Partnership's and Title X requirements for receiving Reimbursement. Contractor has also reviewed the Program Priorities and Key Issues. The Contractor has a system in place to meet these requirements, including a financial management system that is able to effectively segregate Reimbursement funds, revenue, and expenses.

3.2 Debarment and Suspension. The Contractor's employees and sub-contractors, its current and future subcontractors and their principals: (i) are not presently and will not be debarred, suspended, proposed for debarment or declared ineligible for the award of subcontracts, by any U.S. Government agency, any state department or agency, in accordance with federal regulations (53 Fed. Reg. 19161-19211) or has been so within the preceding three (3) year period; (ii) have not within a three (3) year period preceding this Contract had one or more public transactions (federal, state, or local) terminated for cause or default; and (iii) in the event any employee or sub-contractor of the Contractor's is debarred, suspended, or proposed for debarment, the Contractor must immediately notify the Partnership in writing.

3.3 HIPAA Compliance. The Contractor is a Covered Entity as defined in 45 CFR 160.103 of the Health Insurance Portability and Accountability Act of 1996 ("**HIPAA**"), and is required to comply with the provisions of HIPAA with respect to safeguarding the privacy and confidentiality of protected health information. The Partnership is neither a Covered Entity nor business associate under HIPAA; however, the Partnership acknowledges that it is subject to the privacy and security requirements imposed on Grantees by the Department of Health and Human Services under the Title X Program. In the event of a "breach" requiring notification under A.R.S. § 18-552, AFHP will notify Contractor of the breach of Contractor's data promptly, and in all cases, within 45 days of discovering the breach.

3.4 Conflict of Interest. This Contract does not create a conflict of interest, under any statute or rule of any governing jurisdiction, between the Contractor's officers, agents or employees and the Partnership. The provisions of ARS § 38-511 apply.

3.5 Equal Opportunity. The Contractor is an Equal Employment Opportunity employer in accordance with the requirements of 41 CFR § 60-1.4(a), 60-250.5, 60-300.5(a), 60-741.5(a) and 29 CFR § 471, Appendix A to Subpart A, if applicable.

ARTICLE IV COVENANTS

4.1 Compliance with Laws, Regulations, and Manual. The Contractor will abide by the requirements of Title X, the Title X Regulations, the Manual, and Program Notices, which are incorporated as material terms of this Contract. As a recipient of federal funds, the Contractor is also required comply with other laws and regulations. The following is a non-exclusive list of other laws and regulations by which the Contractor will abide:

4.1.1 The Contractor's purchase, use and disposition of property, equipment and supplies is governed by, 2 CFR Part 200.310-316 and 45 CFR Part 75.317-323, as applicable, and related DHHS policies;

4.1.2 The Transparency Act (2 CFR Part 170);

4.1.3 2 CFR Part 200 or 45 CFR 75 (DHHS Grants Administration regulations), as applicable;

4.1.4 United States Generally Accepted Accounting Principles (“U.S. GAAP”);

4.1.5 The Consolidated Appropriations Act, 2020 (Public Law 116-93), enacted December 20, 2019, and all subsequent Continuing Resolutions;

4.1.6 All applicable laws, ordinances, and codes of the state of Arizona and local governments in the performance of the Contract, including all licensing standards and all applicable professional standards; and

4.1.7 Requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104).

4.2 Licenses. The Contractor and each of its employees, agents and subcontractors will obtain and maintain during the Term of this Contract all appropriate licenses required by law for the operation of its facilities and for the provision of the Family Planning Services.

4.3 Status of the Contractor and Conflict of Interest. The Contractor, its agents and employees, including its professional and nonprofessional personnel, in the performance of this Contract, will act in an independent capacity and not as officers, employees or agents of the Partnership. The Contractor will prevent its officers, agents or employees from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others with whom they may have business, family, or other connections. The Contractor will refrain from using any inside or proprietary information regarding the activities of the Partnership and its affiliates for personal benefit, benefit to immediate family, or benefit to any entity in which he holds a significant financial or other interest. The Contractor’s officers, agents, or employees will not deploy themselves so as to receive multiple payments from the Partnership or otherwise manipulate the assignment of personnel or tasks so as to unnecessarily increase payments to the Contractor or its officers, agents or employees.

4.4 Retention of and Access to Records; Audit.

4.4.1 The Contractor will maintain financial records, supporting documents, statistical records, and all other books, documents, papers or other records pertinent to this Contract for a period of at least three (3) years from the date of the Partnership submission of the annual financial report covering the Reimbursement awarded hereunder, or such other period as may be specifically required by 2 CFR Part 200.333 and 45 CFR Part 75.361, as applicable. If an audit, litigation, or other action involving the records is started before the end of the three (3) year period, The Contractor will maintain such records until the audit, litigation, or other action is completed, whichever is later. Client medical records must be retained in accordance with state and federal regulations.

4.4.2 The Contractor will make available to the Partnership, DHHS, The Comptroller General, or any other of their duly authorized representatives, upon appropriate notice, such books, records, reports, documents, and papers that are pertinent to the award for audit, examination, excerpt, transcription, and copy purposes, for as long as such records, reports, books, documents, and papers are retained. This right also includes timely and reasonable access to the Contractor’s facility and to the Contractor’s personnel for interview and discussion related to such documents. The Contractor will, upon request, transfer certain records to the custody of the Partnership or DHHS.

4.4.3 The Contractor agrees to permit the Partnership and/or DHHS to evaluate, through inspection or other means, the quality, appropriateness, and timeliness of services delivered under this Contract and to assess the Contractor's compliance with applicable legal and programmatic requirements. If the Partnership identifies and notifies the Contractor of the Contractor's non-compliance with the terms of this Contract, or in providing the Family Planning Services, the Partnership will notify the Contractor of such deficiencies. The Partnership, in its sole discretion, may offer to provide technical assistance to the Contractor to correct or eliminate such deficiencies. Additionally, the Partnership may grant the Contractor a reasonable time period to correct or eliminate such deficiencies; provided that in no case will the time allowed exceed twelve (12) months from the day of notice of the deficiency.

4.4.4 At the end of each of the Contractor's fiscal years, the Contractor will have an external audit performed, including of its Reimbursement, in accordance with the provisions of OMB Circular A-133 for a single audit, if applicable, and U.S. GAAP. For Contractors required to complete a Single Audit, expended Title X funds must be reported on the Schedule of Expenditures of Federal Awards (SEFA) under the Catalog of Federal Domestic Assistance (CFDA) number 93.217. Non-governmental contractors Audit will be conducted in accordance with 2 CFR part 200 sub Part F. The Contractor will provide to the Partnership the Contractor's financial statements and auditors' reports within 30 days of receipt of such reports, but in no case later than nine months following the Contractor's fiscal year-end. The audit package submitted to the Partnership must contain all financial statements, footnotes, schedule of federal financial assistance, auditor's opinion on the financial statements and schedule, all reports on internal controls and compliance, a copy of the management letter from the Contractor's audit firm, and a copy of any responses to the management letter or findings. If a corrective action plan is required, the Partnership reserves the right to request additional information regarding the corrective action plan, if any. The Contractor agrees to promptly implement such corrective action plan, including any recommendation made by the Partnership.

4.5 Litigation. The Contractor will notify the Partnership within 30 days of notice of any litigation, claim, negotiation, audit or other action involving the Family Planning Services or Reimbursement, occurring during the Term or within four (4) years after the expiration of the Term. The Contractor will retain any records until the completion of such action and the resolution of all issues arising from or relating to such action, or four (4) years after the end of the Term, whichever is later.

4.6 Property Records. The Contractor will maintain adequate records of any property, inventory, and maintenance procedures for items purchased with Reimbursement funds. The Contractor will be responsible for replacing or repairing Equipment for which it is accountable under this Contract if lost, damaged or destroyed due to the negligence on the part of the Contractor, or failure to secure appropriate insurance, or noncompliance with property management regulations, or instructions of the Partnership or DHHS. The Partnership may require the transfer of property acquired with funds awarded under this Contract as provided for in 2 CFR Part 200.312 and 45 CFR 75.319. Records for real property and Equipment acquired with the Reimbursement will be retained for three (3) years after the final disposition. For the purpose of this Contract, "**Equipment**" is defined as any item purchased with Title X Award funds with a useful life of more than one (1) year with a per unit acquisition cost of \$5,000 or more, unless the Contractor uses a lower limit. If required by the Partnership, Contractor shall submit a list with the required elements from CFR Part 200.313 and 45 CFR part 75.320, as applicable, of all such Equipment to the Partnership.

4.7 340B Drug Pricing Program. If the Contractor enrolls in the 340B Drug Pricing Program, the Contractor must comply with all 340B program requirements. The Contractor may be subject to audit

at any time regarding 340B program compliance. 340B program requirements are available at <http://www.hrsa.gov/opa/programrequirements/>, and incorporated herein by this reference.

4.8 Required Meetings. The Contractor must participate in three (3) meetings with the Partnership held during the Term of this Contract. The Contractor's staff attending such meetings must be persons with managerial responsibilities related to the Contract. Additionally, one family planning clinician must attend a clinician training that will coincide with one of the meetings.

ARTICLE V INSURANCE AND INDEMNIFICATION

5.1 Insurance. The Contractor will procure, maintain, and provide proof of coverage of: (i) a Medical Malpractice Professional Liability Insurance Policy and such policy will be written on an occurrence basis in the minimum amount of \$1,000,000 for all medical provider employees and subcontractors and consultants, unless the Contractor qualifies for such insurance pursuant to Section 5.2; (ii) General Liability coverage of at least \$1,000,000 per occurrence and \$3,000,000 Annual aggregate against general liability endorsed for premises-operations, products/completed operations, contractual, property damage, and personal injury liability; (iii) Workers compensation in accordance with applicable law; and (iv) Fidelity coverage adequate to protect against loss due to employee dishonesty of at least \$5,000. The Contractor will provide certificates indicating the proof of such insurance and incorporate them as Attachment 10. The insurance policies referred to above must name the Partnership as an additional insured under each policy. The Contractor will promptly provide the Partnership with written notice of any ineligibility determination, suspension, revocation or other action or change relevant to the insurance requirements set forth above. The Contractor may provide all or a portion of the required coverage through programs of self-insurance as allowed by law.

5.2 FTCA Status. If applicable as a Federally Qualified Health Center ("**FQHC**"), the Contractor has been deemed eligible and approved for medical malpractice liability protection through the Federal Tort Claims Act (FTCA), pursuant to the Federally Supported Centers Assistance Act of 1992 and 1995. The Contractor must remain in deemed status during the Term of this Contract. Should the Contractor lose its designation as an FQHC or lose its deemed status during the Term, the Contractor must immediately secure Professional Liability Malpractice Insurance as required by Section 5.1, and must provide a copy of the insurance certificates confirming such insurance protection.

5.3 Indemnification. To the extent allowed under Arizona law, the Contractor will indemnify, defend, save, and hold harmless the Partnership and its officers, officials, agents, and employees (hereinafter referred to as "**Indemnitee**") from and against any and all claims, actions, liabilities, damages, losses, or expenses (including court costs, attorneys' fees, and costs of claim processing, investigation and litigation) (hereinafter referred to as "**Claims**") for bodily injury or personal injury (including death), or loss or damage to tangible or intangible property caused, or alleged to be caused, in whole or in part, by the negligent or willful acts or omissions of the Contractor or any of its owners, officers, directors, agents, employees, or subcontractors. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the failure of the Contractor to conform to any federal, state or local law, statute, ordinance, rule, regulation, or court decree. It is the specific intention of the Parties that the Indemnitee will, in all instances, except for Claims arising solely from the negligent or willful acts or omissions of the Indemnitee, be indemnified by the Contractor from and against any and all Claims. It is agreed that the Contractor will be responsible for primary loss investigation, defense, and judgment costs where this indemnification is applicable. To the extent permitted by law, the Contractor agrees to reimburse the Partnership for any monies which the Partnership is required to pay to the DHHS or other agencies of the United States Government or the State of Arizona for any Claims arising solely from the failure of the Contractor to perform in accordance with this Contract or, local, state, or federal

laws and regulations. The Partnership will appropriately invoice or file a Claim with the Contractor for any such reimbursement by the Contractor, and the Contractor will have opportunity to review, and protest when appropriate, the Claim prior to making any timely reimbursement to the Partnership. The indemnification provided herein will survive the termination of this Contract.

ARTICLE VI TERMINATION AND AMENDMENT

6.1 Termination of Contract. This Contract will terminate on the last date discussed in Section 1.1, unless earlier terminated pursuant to the terms of this Section. Upon termination: (i) the Contractor will return to the Partnership any unencumbered balance of cash disbursed under this Contract; and (ii) all nonexpendable personal property, finished or unfinished documents, data, studies, and reports purchased or prepared by the Contractor under this Contract will, at the option of the Partnership, become the Partnership's property or be disposed of in accordance with the Partnership's procedures or instructions. Final payment to the Contractor, if applicable, is contingent upon the Contractor completing closeout procedures as detailed in the Partnership's Delegate Closeout Checklist, as defined in the Manual.

6.1.1 Termination by the Contractor. If the Contractor is unable or unwilling to comply with additional conditions as may be lawfully imposed on the Contractor, the Contractor may terminate this Contract by giving written notice to the Partnership signifying the effective date thereof. The Contractor may terminate this Contract for any other reason by providing the Partnership with at least 90 days written notice. In the event the Contractor terminates this Contract, the Contractor will be entitled to compensation for any un-reimbursed expenses necessarily incurred in satisfactory performance of this Contract.

6.1.2 Termination by the Partnership. The Partnership may terminate this Contract or suspend Reimbursement, in whole or in part, in the event the Contractor: (i) fails to fulfill in a timely and proper manner its obligations under this Contract; or (ii) violates any of the covenants, agreements, or stipulations of this Contract, by providing the Contractor written notice of termination specifying the date of termination. The Partnership may give the Contractor an opportunity to cure deficiencies by providing a cure period, of at least 10 days, in any notice of termination. If the Partnership does not provide a cure period or if Contractor does not cure all deficiencies within the time specified by the Partnership, the Contract will be terminated. Despite any termination hereunder, the Contractor will not be relieved of liability to the Partnership for damages sustained by the Partnership by virtue of any material breach of this Contract by the Contractor. The Partnership may withhold any reimbursement to the Contractor for the purpose of offset until such time as the exact amount of damages, if any, due the Partnership from the Contractor is agreed upon or otherwise determined.

6.1.3 Termination or Reduction of DHHS Funding. The Partnership has been informed by DHHS that the Grant provides funding for the Term. However, in the event any DHHS funding is reduced, terminated or otherwise negatively altered (including any change or limitation upon whom the Partnership may pay or distribute monies to under this Contract), whether before or after this Contract is effective, the Partnership may terminate this Contract in whole or in part by providing the Contractor a written notice of termination. The effective Contract termination date will be the date such DHHS funding is reduced, terminated or otherwise negatively altered ("***DHHS Funding Termination Date***"). Notwithstanding anything in this Contract to the contrary, if the Contract is terminated because of the foregoing, the Partnership is relieved of all obligations under the Contract. Termination of this Contract hereunder will not be deemed a breach of this Contract by the Partnership.

6.1.4 Termination due to Non-Appropriation. Notwithstanding any other provisions in this Contract, this Contract may be terminated by the Partnership if the Contractor's governing body does not appropriate the Contractor Contribution or other sufficient monies to provide the Family Planning Services. In such an event, the Contractor will notify the Partnership of its inability to appropriate the requisite funds and the Partnership may, at its discretion, terminate this Contract.

6.2 Amendment. The Contract, together with Attachments referenced herein, fully expresses all understanding of the Parties concerning all matters covered and will constitute the total Contract. No amendment of, addition to, or alteration of the Terms of this Contract, whether by written or verbal understanding of the Parties, their officers, agents or employees, will be valid unless made in a writing that is formally approved and executed by the Parties or made pursuant to the following procedures:

6.2.1 If the Partnership obtains additional Grant funding for periods after the expiration of the Term, the Contractor may request to extend the Term by updating the annual application forms and submit them through the Partnership's Program Information Management System (PIMS). Any extension of the Term will be mutually agreed on by the Parties, in writing.

6.2.2 The Contractor may make changes to staff and location of its Family Planning services, provided that the Contractor will notify the Partnership, in writing as soon as possible for staff changes and within 30 working days of any changes or closures of a Title X clinic site location.

6.2.3 The Contractor must submit written requests for any change in the Family Planning Services including, but not limited to, AFHP Agency Health Center Report, Client Data Summary, and Budget. The Partnership will determine whether changes require Contract revision or amendment.

6.2.4 The Contractor must submit Budget modification requests within 30 days for prior approval by the Partnership in the following instances: (i) The Contractor requires allocations of additional funds beyond the specified base amount; (ii) the Contractor wishes to reduce the Reimbursement Award; and (iii) the Contractor provides changes to the Budget representing a variance of 10% of any individual Budget category.

6.2.5 Changes in policies, procedures, and/or forms related to the Family Planning Services must be submitted in writing to the Partnership for approval prior to implementation.

6.2.6 Within 15 days of change, the Contractor must notify Partnership of changes in key clinical or management personnel, including administrative officers and Family Planning Services program directors.

6.2.7 Partnership's exercise of Supplementary Award pursuant to Section 2.1 does not require an amendment to this Contract.

ARTICLE VII MISCELLANEOUS PROVISIONS

7.1 Nonexclusivity. That this Contract is nonexclusive in nature, and the Partnership retains the authority to contract with other Parties for the delivery of Family Planning Services in the Contractor's geographic area.

7.2 Governing Law. Any action relating to this Contract will be brought in a court of the State of Arizona in the county in which the Family Planning Services are provided, unless otherwise prohibited by prevailing federal law. Any changes in the governing laws, rules and regulations that do not materially affect the Contractor's obligation under the Contract during the Term will apply but do not require an amendment.

7.3 Intangible Property and Copyright. The Contractor will ensure that publications developed while providing the Family Planning Services do not contain information that is contrary to Title X, the Manual, or to accepted clinical practice. Federal and Partnership grant support must be acknowledged in any publication. The Contractor will obtain pre-approval from the Partnership for publications resulting from activities conducted under this Contract. The Contractor will also provide all publications referencing the Partnership to the Partnership for pre-approval prior to distribution. Restrictions on motion picture film production are outlined in the "Public Health Service Grants Policy Statement." The word "**publication**" is defined to include computer software. Any such copyrighted materials will be subject to a royalty-free, non-exclusive, and irrevocable right of the Government and the Partnership to reproduce, publish, or otherwise use such materials for Federal or the Partnership purposes and to authorize others to do so, as allowed by law.

7.4 Dispute Resolution. The Parties will first attempt to resolve any dispute arising under this Contract by informal discussion between the Parties, subject to good cause exceptions, including, but not limited to, disputes determined by either Party to require immediate relief (i.e., circumstances which may result in a misappropriation of the Reimbursement). Any dispute that has not been resolved by informal discussions between the Parties within a reasonable period of time after the commencement of such discussions (not to exceed 30 days), may be resolved by any means available.

7.5 Notice. All notices required or permitted to be given hereunder will be given in writing and will be deemed to have been given when sent by certified or registered mail, postage prepaid, return receipt requested.

Notices to the Partnership will be addressed to:
Chief Executive Officer
Arizona Family Health Partnership
3101 N. Central Avenue
Suite 1120
Phoenix, Arizona 85012

Notices to the Contractor will be addressed to:
Theresa Cullen, MD, Director
Pima County Health Department
3950 S. Country Club Rd., Suite 100
Tucson, AZ 85714

Either Party may change its address for notices by giving written notice of such change to the other Party.

7.6 Severability. If any provision of this Contract is declared void or unenforceable, such provision will be deemed severed from this Contract, which will otherwise remain in full force and effect. If any provision of this Contract is declared void or unenforceable, the Parties will engage in good faith efforts to renegotiate such provision in a matter that most closely matches the intent of the provision without making it unenforceable.

7.7 No Third-Party Beneficiary. This Contract was created by the Parties solely for their benefit and is not intended to confer upon any person or entity other than the Parties any rights or remedies hereunder.

7.8 Waiver. Performance of any obligation required of a Party hereunder may be waived only by a written waiver signed by the other Party, which waiver will be effective only with respect to the specific obligations described herein. The waiver of a breach of any provisions will not operate or be construed as a waiver of any subsequent breach.

7.9 Execution. This Contract will not be effective until it has been approved as required by the governing bodies of the Parties and signed by the persons having executory powers for the Parties. This Contract may be executed in two or more identical counterparts, by manual or electronic signature.

IN WITNESS WHEREOF, the Parties have each caused an authorized representative to execute and deliver this Contract on the Date provided below.

CONTRACTOR:

PARTNERSHIP:

Signature

Signature

Chair, Board of Supervisors

Brenda L. Thomas, MPA

Pima County

Chief Executive Officer

86-6000543
Contractor ID Number (EIN)

Arizona Family Health Partnership

Nine Digit DUNS#: 144733792

Date

DUNS Registered Name: Pima County

Date

Please see following page for additional signatures.

PIMA COUNTY

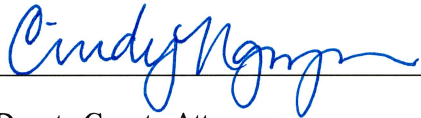
Clerk, Board of Supervisors

APPROVED AS TO CONTENT



Health Department Director

APPROVED AS TO FORM



Deputy County Attorney



AFHP AGENCY HEALTH CENTER REPORT

Agency Name : Pima County Health Department
Grant Name: ARIZONA GRANT
Revised Date : 04/12/2021
Date : 04/15/2021

Name	Address	Office Hours	Clinic Hours	Number of Clients	Status	Applied Years
Theresa Lee Public Health Center	Address : 1493 W. Commerce Court City : Tucson State : Arizona ZipCode : 85746 Phone Number : 5207247900	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	3099	Opened	2015, 2016, 2017, 2018, April 2019-March 2020, April 2020-March 2021, April 2021-March 2022, Sept 2018-March 2019
South Clinic	Address : 175 W. Irvington City : Tucson State : Arizona ZipCode : 85714 Phone Number : 5202942026	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM		Closed (31st December, 2015)	2014, 2015, 2018
North Clinic	Address : 3550 N. 1st Ave., STE 300 City : Tucson State : Arizona ZipCode : 85719 Phone Number : 5207242880	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	2426	Opened	2014, 2015, 2016, 2017, 2018, April 2019-March 2020, April 2020-March 2021, April 2021-March 2022, Sept 2018-March 2019

Mobile Unit - Special Events	Address : 3950 S. Country Club Rd City : Tucson State : Arizona ZipCode : 85714 Phone Number : 5207243905	Monday - to Tuesday - to Wednesday - to Thursday - to Friday - to Saturday - to Sunday - to	Monday - to Tuesday - to Wednesday - to Thursday - to Friday - to Saturday - to Sunday - to	146	Opened	2014, 2015, 2016, 2017, 2018, April 2019-March 2020, April 2020-March 2021, April 2021-March 2022, Sept 2018-March 2019
Mobile - Highschools	Address : 3950 S. Country Club Rd City : Tucson State : Arizona ZipCode : 85714 Phone Number : 5207243905	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Wednesday - 01:30 PM to 04:00 PM Thursday - 12:00 PM to 04:00 PM Friday - 01:30 PM to 04:00 PM	329	Opened	2014, 2015, 2016, 2017, 2018, April 2019-March 2020, April 2020-March 2021, April 2021-March 2022, Sept 2018-March 2019
East Clinic	Address : 6920 E. Broadway, STE A City : Tucson State : Arizona ZipCode : 85710 Phone Number : 5207249660	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	Monday - 08:00 AM to 05:00 PM Tuesday - 08:00 AM to 05:00 PM Wednesday - 08:00 AM to 05:00 PM Thursday - 08:00 AM to 05:00 PM Friday - 08:00 AM to 05:00 PM	175	Closed (31st March, 2019)	2014, 2015, 2018, Sept 2018-March 2019

Agency Health Center Proposed Service Report

Level of service provided : 1=Service Provided, 2=Referral Provided, 3=Service Not Provided & Referral Not Provided.

Grant Name : ARIZONA GRANT

Proposed Year : April 2021-March 2022

Services	Mobile - Highschools	Mobile Unit - Special Events	North Clinic	Theresa Lee Public Health Center
1) Family Planning Services				
1. Client Education and Counseling				
1.1. Pregnancy Prevention	1	1	1	1
1.2. Pregnancy Achievement	1	1	1	1
2. Family Planning Methods				
2.1. Male Condom	1	1	1	1

Attachment 1

2.2. Oral Contraceptives	1	1	1	1
2.3. Injectables (Depo-Provera)	1	1	1	1
2.4. IUD without Hormones (ParaGard)	2	2	1	1
2.5. IUD with Hormones (Mirena, Skyla, Liletta, Kyleena)	2	2	1	1
2.6. Vaginal Ring (NuvaRing)	2	2	1	1
2.7. Emergency Contraception	1	1	1	1
2.8. Patch	2	2	2	2
2.9. Spermicide (Foams, Films, Suppositories)	3	3	3	3
2.10. Cervical Cap/Diaphragm	2	2	1	1
2.11. Sponge	2	2	2	2
2.12. Female Condom	2	2	2	2
2.13. Natural Family Planning (Fertility Awareness Based Methods)	1	1	1	1
2.14. Lactational Amenorrhea	1	1	1	1
2.15. Sexual Risk Avoidance (Abstinence Education)	1	1	1	1
2.16. Implant (Nexplanon)	2	2	1	1
2) Pregnancy Testing and Counseling as Indicated	1	1	1	1
3) Basic Infertility Services for Men				
1. Sexual History	1	1	1	1
2. Medical History/Family History	1	1	1	1
3. Reproductive History	1	1	1	1
4. Physical Exam	1	1	1	1
5. Semen Analysis	2	2	2	2
6. Further Diagnosis	2	2	2	2
4) Basic Infertility Services for Women				
1. Sexual History	1	1	1	1
2. Medical History/Family History	1	1	1	1
3. Reproductive History	1	1	1	1
4. Physical Exam	1	1	1	1
5. Further Diagnosis	2	2	2	2
5) Preconception Health Screening, Counseling and Education				
1. Intimate Partner Violence	1	1	1	1
2. Alcohol And Other Drug Use	1	1	1	1
3. Tobacco Use	1	1	1	1
4. Immunization Status	1	1	1	1
5. BMI	1	1	1	1
6. Blood Pressure	1	1	1	1
7. Diabetes	2	2	2	2

Attachment 1

8. Prenatal vitamins/Folic Acid supplements	1	1	1	1
6) Sexually Transmitted Infection Testing				
1. Chlamydia	1	1	1	1
2. Gonorrhea	1	1	1	1
3. Syphilis	1	1	1	1
4. Herpes	1	1	1	1
5. Hepatitis C for High Risk Populations	2	2	2	2
6. HIV	1	1	1	1
7) Sexually Transmitted Infection Treatment				
1. Chlamydia	1	1	1	1
2. Gonorrhea	1	1	1	1
3. Syphilis	1	1	1	1
4. Herpes	1	1	1	1
5. Hepatitis C for High Risk Populations	2	2	2	2
6. HIV	1	1	1	1
8) Related Preventive Health Services				
1. Clinical Breast Exam as Indicated	1	1	1	1
2. Pelvic Exam as Indicated	1	1	1	1
3. Cervical Cytology with HPV Testing as Indicated	1	1	1	1
4. Genital Exam as Indicated	1	1	1	1
5. HPV Vaccine	3	3	3	3
9) Other Preventive Health Services				
1. PrEP/PEP Services	3	3	3	3
2. Depression Screening	3	3	3	3



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

April 2021-March 2022 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: Mobile - Highschools
Name of Person filling out form: Richard Wascher
Date: 04/15/2021
Revision Date: 04/12/2021

Title X Family Planning Users:

Unduplicated Female Users : 207
 Unduplicated Male Users : 122
****Total Unduplicated Females & Males : 329**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 320
Total Unduplicated Teens : 320

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 329
 Between 101 and 138% : 0
 Between 139 and 200% : 0
 Between 201 and 250% : 0
 At or above 251% : 0
****Total Unduplicated clients by FPL % : 329**

<u>Total Number of Visits by CPT Code</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
99201	98	57	155
99202	66	39	105
99203			
99204			
99205			
99211	9	6	15
99212	149	87	236
99213			
99214			
99215			
Total Number of Client Visits*:	322	189	511

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

April 2021-March 2022 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: Mobile Unit - Special Events
Name of Person filling out form: Richard Wascher
Date: 04/15/2021
Revision Date: 04/12/2021

Title X Family Planning Users:

Unduplicated Female Users : 92
 Unduplicated Male Users : 54
****Total Unduplicated Females & Males : 146**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 89
Total Unduplicated Teens : 89

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 146
 Between 101 and 138% : 0
 Between 139 and 200% : 0
 Between 201 and 250% : 0
 At or above 251% : 0
****Total Unduplicated clients by FPL % : 146**

<u>Total Number of Visits by CPT Code</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
99201	100	25	125
99202	25	15	40
99203			
99204			
99205			
99211	40	20	60
99212	20	15	35
99213			
99214			
99215			
Total Number of Client Visits*:	185	75	260

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

April 2021-March 2022 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: North Clinic
Name of Person filling out form: Richard Wascher
Date: 04/15/2021
Revision Date: 04/12/2021

Title X Family Planning Users:

Unduplicated Female Users : 1528
 Unduplicated Male Users : 898
****Total Unduplicated Females & Males : 2426**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 509
 Total Unduplicated Teens : 509

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 1643
 Between 101 and 138% : 380
 Between 139 and 200% : 234
 Between 201 and 250% : 54
 At or above 251% : 115
****Total Unduplicated clients by FPL % : 2426**

<u>Total Number of Visits by CPT Code</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
99201	44	26	70
99202	588	345	933
99203	22	13	35
99204			
99205			
99211	105	61	166
99212	904	531	1435
99213	29	17	46
99214			
99215			
Total Number of Client Visits*:	1692	993	2685

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY HEALTH CENTER CLIENT DATA SUMMARY REPORT

April 2021-March 2022 CLIENT DATA - SUMMARY

Agency Name: Pima County Health Department - ARIZONA GRANT
Health Center Name: Theresa Lee Public Health Center
Name of Person filling out form: Richard Wascher
Date: 04/15/2021
Revision Date: 04/12/2021

Title X Family Planning Users:

Unduplicated Female Users : 1952
 Unduplicated Male Users : 1147
****Total Unduplicated Females & Males : 3099**

Adolescent Family Planning Users: (included in Unduplicated Female and Male Users)

19 years and under : 410
 Total Unduplicated Teens : 410

Income Status: Poverty Level Income Percent

At or below 100% of FPL : 1661
 Between 101 and 138% : 664
 Between 139 and 200% : 447
 Between 201 and 250% : 137
 At or above 251% : 190
****Total Unduplicated clients by FPL % : 3099**

<u>Total Number of Visits by CPT Code</u>	<u>Females</u>	<u>Males</u>	<u>Total</u>
99201	464	277	741
99202	321	192	513
99203	41	28	69
99204			
99205			
99211	169	104	273
99212	912	539	1451
99213	55	37	92
99214			
99215			
Total Number of Client Visits*:	1962	1177	3139

* Duplicated clients numbers are okay

**Must be the same number between **Total Unduplicated Females & Males with **Total Unduplicated clients by FPL %

FPL = Federal Poverty Level



AFHP AGENCY ANNUAL EXPENSES BUDGET REPORT

Agency Name: Pima County Health Department
 Grant Name: ARIZONA GRANT
 Name of Person filling out form: Richard Wascher
 Date: 04/15/2021
 Revised Date: 04/15/2021
 Reporting Period: April 1, 2021 - March 31, 2022

Annual Budget Form April 2021-March 2022: Expenses Summary

EXPENSES	April 2020-March 2021 Budget	April 2021-March 2022 Total Program Budget
1. Personnel	\$816486.56	\$747570.48
2. Fringe Benefits	\$252924.16	\$264904.65
3. Travel	\$7501.00	\$3530.17
4. Equipment	\$2.00	\$2.00
5. Supplies	\$189026.69	\$151229.61
6. Contractual	\$86328.33	\$76328.33
7. Occupancy	\$52500.06	\$52500.06
8. Other	\$5697.83	\$5697.85
9. Indirect	\$55791.37	\$54236.85
TOTAL EXPENSES	\$1466258.00	\$1356000.00

I certify that information in this budget proposal is correct to the best of my knowledge.

Completed By : Richard Wascher



AFHP AGENCY ANNUAL REVENUE BUDGET REPORT

Agency Name: Pima County Health Department
 Grant Name: ARIZONA GRANT
 Name of Person filling out form: Richard Wascher
 Date: 04/15/2021
 Revised Date: 04/15/2021
 Reporting Period: April 1, 2021 - March 31, 2022

Annual Budget Form April 2021-March 2022 : Revenue Summary

REVENUE	April 2020-March 2021 Budget	April 2021-March 2022 Total Program Budget
1) Federal Grants		
1. Title X - Base	\$733129.00	\$678000.00
2. Bureau of Primary Health Care (BPHC)	\$0.00	\$0.00
3. Other Federal Grants (Specify)	\$0.00	\$0.00
4. Other Federal Grants (Specify)	\$0.00	\$0.00
5. Title X Additional Funds (Specify)	\$0.00	\$0.00
Sub Total of Federal Grants	\$733129.00	\$678000.00
2) Payment For Services		
1. Patient Collections/Fees	\$96322.92	\$44544.92
3) Third Party Payers		
1. Medicaid (Title XIX)	\$95277.32	\$85427.00
2. Medicare (Title XVIII)	\$0.00	\$0.00
3. Other public health insurance	\$0.00	\$0.00
4. Private health insurance	\$53836.60	\$68747.00
Sub Total of Third Party Payers	\$149113.92	\$154174.00
4) Other Sources		
1. Title V (MCH Block Grant)	\$140009.00	\$135599.00
2. Local Government	\$262856.47	\$261844.00
3. State Government	\$0.00	\$0.00
4. Client Donations	\$12957.08	\$8957.08
5. Agency In Kind	\$71869.61	\$72881.00
6. Agency Contribution (Non-County agencies only)	\$0.00	\$0.00
7. Other (Specify)	\$0.00	\$0.00
Sub Total of Other Sources	\$487692.16	\$479281.08
TOTAL REVENUE	\$1466258.00	\$1356000.00

ELECTRONIC CODE OF FEDERAL REGULATIONS**e-CFR data is current as of December 5, 2019**

Title 42 → Chapter I → Subchapter D → Part 59 → Subpart A

Title 42: Public Health
PART 59—GRANTS FOR FAMILY PLANNING SERVICES**Subpart A—Project Grants for Family Planning Services****Contents**

- §59.1 To what programs do these regulations apply?
- §59.2 Definitions.
- §59.3 Who is eligible to apply for a family planning services grant or contract?
- §59.4 How does one apply for a family planning services grant?
- §59.5 What requirements must be met by a family planning project?
- §59.6 What procedures apply to assure the suitability of informational and educational material?
- §59.7 What criteria will the Department of Health and Human Services use to decide which family planning services projects to fund and in what amount?
- §59.8 How is a grant awarded?
- §59.9 For what purpose may grant funds be used?
- §59.10 What other HHS regulations apply to grants under this subpart?
- §59.11 Confidentiality.
- §59.12 Additional conditions.
- §59.13 Standards of compliance with prohibition on abortion.
- §59.14 Requirements and limitations with respect to post-conception activities.
- §59.15 Maintenance of physical and financial separation.
- §59.16 Prohibition on activities that encourage, promote, or advocate for abortion.
- §59.17 Compliance with reporting requirements.
- §59.18 Appropriate use of funds.
- §59.19 Transition provisions; compliance.

AUTHORITY: 42 U.S.C. 300 through 300a-6.

SOURCE: 65 FR 41278, July 3, 2000, unless otherwise noted.

[↑ Back to Top](#)**§59.1 To what programs do these regulations apply?**

(a) The regulations of this subpart are applicable to the award of grants under section 1001 of the Public Health Service Act (42 U.S.C. 300) to assist in the establishment and operation of voluntary family planning projects. These projects shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children. Unless otherwise specified, the requirements imposed by these regulations apply equally to grantees and subrecipients, and grantees shall require and ensure that subrecipients (and the subrecipients of subrecipients) comply with the requirements contained in these regulations pursuant to their written contracts with such subrecipients.

(b) Except for §§59.4, 59.8, and 59.10, the regulations of this subpart are also applicable to the execution of contracts under section 1001 of the Public Health Service Act (42 U.S.C. 300) to assist in the establishment and operation of voluntary family planning projects, and will be applied in accordance with the applicable statutes, procedures and regulations that generally govern Federal contracts. To this extent, the use of the terms “grant”, “award”, “grantee”, and “subrecipient” in applicable regulations of this subpart will apply similarly to contracts, contractors and subcontractors, and the use of the term “project” or “program” will also apply to a project or program established by means of a contract.

[84 FR 7786, Mar. 4, 2019, as amended at 84 FR 14313, Apr. 10, 2019]

[↑ Back to Top](#)**§59.2 Definitions.**

As used in this subpart:

Act means the Public Health Service Act, as amended.

Advanced Practice Provider means a medical professional who receives at least a graduate level degree in the relevant medical field and maintains a license to diagnose, treat, and counsel patients. The term Advanced Practice Provider includes physician assistants and advanced practice registered nurses (APRN). Examples of APRNs that are an Advanced Practice Provider include certified nurse practitioner (CNP), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA), and certified nurse-midwife (CNM).

Family means a social unit composed of one person, or two or more persons living together, as a household.

Family planning means the voluntary process of identifying goals and developing a plan for the number and spacing of children and the means by which those goals may be achieved. These means include a broad range of acceptable and effective family planning methods and services, which may range from choosing not to have sex to the use of other family planning methods and services to limit or enhance the likelihood of conception (including contraceptive methods and natural family planning or other fertility awareness-based methods) and the management of infertility, including information about or referrals for adoption. Family planning services include preconception counseling, education, and general reproductive and fertility health care, in order 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. Family planning methods and services are never to be coercive and must always be strictly voluntary. Family planning does not include postconception care (including obstetric or prenatal care) or abortion as a method of family planning. Family planning, as supported under this subpart, should reduce the incidence of abortion.

Grantee means the entity that receives Federal financial assistance by means of a grant, and assumes legal and financial responsibility and accountability for the awarded funds, for the performance of the activities approved for funding and for reporting required information to the Office of Population Affairs.

Low income family means a family whose total income does not exceed 100% of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). The project director may find that low income family also includes members of families whose annual 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:

(1) Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources, provided that the Title X provider has documented in the minor's medical records the specific actions taken by the provider to encourage the minor to involve her/his family (including her/his parents or guardian) in her/his decision to seek family planning services, except that documentation of such encouragement is not to be required if the Title X provider has documented in the medical record:

(i) That it suspects the minor to be the victim of child abuse or incest; and

(ii) That it has, consistent with, and if permitted or required by, applicable State or local law, reported the situation to the relevant authorities.

(2) For the purpose of considering payment for contraceptive services only, where a woman has health insurance coverage through an employer that does not provide the contraceptive services sought by the woman because the employer has a sincerely held religious or moral objection to providing such coverage, the project director may consider her insurance coverage status as a good reason why she is unable to pay for contraceptive services. In making that determination, the project director must also consider other circumstances affecting her ability to pay, such as her total income. The project director may, for the purpose of considering whether the woman is from a low income family or is eligible for a discount for contraceptive services on the schedule of discounts provided for in §59.5, consider her annual income as being reduced by the total annual out-of-pocket costs of contraceptive services she uses or seeks to use. The project director may determine those costs, or estimate them at \$600.

Nonprofit, as applied to any private agency, institution, or organization, means that no part of the entity's net earnings benefit, or may lawfully benefit, any private shareholder or individual.

Program and *project* are used interchangeably and mean a plan or sequence of activities that is funded to fulfill the requirements elaborated in a Title X funding announcement; it may be comprised of, and implemented by, a single grantee or subrecipient(s), or a group of partnering providers who, under a grantee or subrecipient, deliver comprehensive family planning services that satisfy the requirements of the grant within a service area.

Secretary means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

State includes, in addition to the several States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, *et al.*), the Marshall Islands, the Federated State of Micronesia and the Republic of Palau.

Subrecipient means any entity that provides family planning services with Title X funds under a written agreement with a grantee or another subrecipient. These entities may also be referred to as “delegates” or “contract agencies.”

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000; 84 FR 7787, Mar. 4, 2019; 84 FR 14313, Apr. 10, 2019]

[↑ Back to Top](#)

§59.3 Who is eligible to apply for a family planning services grant or contract?

Any public or nonprofit private entity in a State may apply for a family planning grant or contract under this subpart.

[84 FR 7787, Mar. 4, 2019]

[↑ Back to Top](#)

§59.4 How does one apply for a family planning services grant?

(a) Application for a grant under this subpart shall be made on an authorized form.

(b) An individual authorized to act for the applicant and to assume on behalf of the applicant the obligations imposed by the terms and conditions of the grant, including the regulations of this subpart, must sign the application.

(c) The application shall contain—

(1) A description, satisfactory to the Secretary, of the project and how it will meet the requirements of this subpart;

(2) A budget and justification of the amount of grant funds requested;

(3) A description of the standards and qualifications which will be required for all personnel and for all facilities to be used by the project; and

(4) Such other pertinent information as the Secretary may require.

[↑ Back to Top](#)

§59.5 What requirements must be met by a family planning project?

(a) Each project supported under this part must:

(1) Provide a broad range of acceptable and effective family planning methods (including contraceptives, natural family planning or other fertility awareness-based methods) and services (including infertility services, information about or referrals for adoption, and services for adolescents). Such projects are not required to provide every acceptable and effective family planning method or service. A participating entity may offer only a single method or a limited number of methods of family planning as long as the entire project offers a broad range of such family planning methods and services.

(2) Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be 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 applicant.¹

¹Section 205 of Pub. L. 94-63 states: “Any (1) officer or employee of the United States, (2) 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 (3) 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.”

(3) Provide services in a manner which protects the dignity of the individual.

(4) Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.

(5) Not provide, promote, refer for, or support abortion as a method of family planning.

(6) Provide that priority in the provision of services will be given to persons from low-income families.

(7) Provide that no charge will be made for services provided to any persons 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.

(8) Provide that charges will be made for services to persons 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.

(9) If a third party (including a Government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. 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.

(10) Provide an opportunity for maximum participation by existing or potential subgrantees in the ongoing policy decisionmaking of the project.

(11) Provide for an Advisory Committee as required by §59.6.

(12) Should offer either comprehensive primary health services onsite or have a robust referral linkage with primary health providers who are in close physical proximity, to the Title X site, in order to promote holistic health and provide seamless care.

(13) Ensure transparency in the delivery of services by reporting the following information in grant applications and all required reports:

(i) Subrecipients and agencies or individuals providing referral services by name, location, expertise and services provided or to be provided;

(ii) Detailed description of the extent of the collaboration with subrecipients, referral agencies, and any individuals providing referral services, in order to demonstrate a seamless continuum of care for clients; and

(iii) Clear explanation of how the grantee will ensure adequate oversight and accountability for quality and effectiveness of outcomes among subrecipients.

(14) Encourage family participation in the decision to seek family planning services; and, with respect to each minor patient, ensure that the records maintained document the specific actions taken to encourage such family participation (or the specific reason why such family participation was not encouraged).

(b) In addition to the requirements of paragraph (a) of this section, each project must meet each of the following requirements unless the Secretary determines that the project has established good cause for its omission. Each project must:

(1) Provide for medical services related to family planning (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) and referral to other medical facilities when medically necessary, consistent with §59.14(a), and provide for the effective usage of contraceptive devices and practices.

(2) 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.

(3) Provide for informational and educational programs designed to—

(i) Achieve community understanding of the objectives of the program;

(ii) Inform the community of the availability of services; and

(iii) Promote continued participation in the project by persons to whom family planning services may be beneficial.

(4) Provide for orientation and in-service training for all project personnel.

(5) Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.

(6) Provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning.

(7) Provide that all services purchased for project participants will be authorized by the project director or his designee on the project staff.

(8) Except as provided in §59.14(a), 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.

(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 grantee. The grantee must be prepared to substantiate, that these rates are reasonable and necessary.

(10) 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.

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000; 84 FR 7787, Mar. 4, 2019]

[↑ Back to Top](#)

§59.6 What procedures apply to assure the suitability of informational and educational material?

(a) A grant under this section may be made only upon assurance satisfactory to the Secretary that the project shall provide for the review and approval of informational and educational materials developed or made available under the project by an Advisory Committee 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 of the Act. The project shall not disseminate any such materials which are not approved by the Advisory Committee.

(b) The Advisory Committee referred to in paragraph (a) of this section shall be established as follows:

(1) *Size.* The Committee shall consist of no fewer than five but not more than nine members, except that this provision may be waived by the Secretary for good cause shown.

(2) *Composition.* The Committee shall 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.

(3) *Function.* In reviewing materials, the Advisory Committee shall:

(i) Consider the educational and cultural 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;

(iv) Determine whether the material is suitable for the population or community to which is to be made available; and

(v) Establish a written record of its determinations.

[↑ Back to Top](#)

§59.7 What criteria will the Department of Health and Human Services use to decide which family planning services projects to fund and in what amount?

(a) Within the limits of funds available for these purposes, the Secretary may award grants for the establishment and operation of those projects which will, in the Department's judgment, best promote the purposes of statutory provisions applicable to the Title X program, and ensure that no Title X funds are used where abortion is a method of family planning.

(b) Any grant applications that do not clearly address how the proposal will satisfy the requirements of this regulation shall not proceed to the competitive review process, but shall be deemed ineligible for funding. The Department will explicitly summarize each requirement of the Title X regulations or include the Title X regulations in their entirety within the Funding Announcement, and shall require each applicant to describe its plans for affirmative compliance with each requirement.

(c) If the proposal is deemed compliant with this regulation, then applicants will be subject to criteria for selection within the competitive grant review process, including:

(1) The degree to which the applicant's project plan adheres to the Title X statutory purpose and goals for the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents), while meeting all of the statutory and regulatory requirements and restrictions, including that none of the funds shall be used in programs where abortion is a method of family planning.

(2) The degree to which the relative need of the applicant for Federal funds is demonstrated in the proposal, and the applicant shows capacity to make rapid and effective use of grant funds, including its ability to procure a broad range of diverse subrecipients, as applicable, in order to expand family planning services available to patients in the project area.

(3) The degree to which the applicant takes into account the number of patients, particularly low-income patients, to be served while also targeting areas that are more sparsely populated and/or places in which there are not adequate family planning services available.

(4) The extent to which family planning services are needed locally and the applicant proposes innovative ways to provide services to unserved or underserved communities.

(d) The Secretary shall determine the amount of any award on the basis of his estimate of the sum necessary for the performance of the project. No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project which was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975.

(e) No grant may be made for an amount equal to 100 percent for the project's estimated costs.

[65 FR 41278, July 3, 2000, as amended at 84 FR 7788, Mar. 4, 2019]

[↑ Back to Top](#)

§59.8 How is a grant awarded?

(a) The notice of grant award specifies how long HHS intends to support the project without requiring the project to re compete for funds. This period, called the project period, will usually be for three to five years.

(b) Generally the grant will initially be for one year and subsequent continuation awards will also be for one year at a time. A grantee must submit a separate application to have the support continued for each subsequent year. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as the grantee's progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.

(c) Neither the approval of any application nor the award of any grant commits or obligates the United States in any way to make any additional, supplemental, continuation, or other award with respect to any approved application or portion of an approved application.

[↑ Back to Top](#)

§59.9 For what purpose may grant funds be used?

Any funds granted under this subpart shall be expended solely for the purpose for which the funds were granted in accordance with the approved application and budget, the regulations of this subpart, the terms and conditions of the award, and the applicable cost principles prescribed in 45 CFR part 75, subpart E.

[65 FR 41278, July 3, 2000, as amended at 81 FR 3009, Jan. 20, 2016]

[↑ Back to Top](#)

§59.10 What other HHS regulations apply to grants under this subpart?

Attention is drawn to the following HHS Department-wide regulations which apply to grants under this subpart. These include:

37 CFR Part 401—Rights to inventions made by nonprofit organizations and small business firms under government grants, contracts, and cooperative agreements

42 CFR Part 50, Subpart D—Public Health Service grant appeals procedure

45 CFR Part 16—Procedures of the Departmental Grant Appeals Board

45 CFR Part 75—Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 80—Nondiscrimination under programs receiving Federal assistance through the Department of Health and Human Services effectuation of Title VI of the Civil Rights Act of 1964

45 CFR Part 81—Practice and procedure for hearings under Part 80 of this Title

45 CFR Part 84—Nondiscrimination on the basis of handicap in programs and activities receiving or benefitting from Federal financial assistance

45 CFR Part 91—Nondiscrimination on the basis of age in HHS programs or activities receiving Federal financial assistance

[65 FR 41278, July 3, 2000, as amended at 81 FR 3009, Jan. 20, 2016]

[↑ Back to Top](#)

§59.11 Confidentiality.

All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and 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; concern with respect to the confidentiality of information, however, may not be used as a rationale for noncompliance with laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, human trafficking, or similar reporting laws. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

[84 FR 7788, Mar. 4, 2019]

[↑ Back to Top](#)

§59.12 Additional conditions.

The Secretary may, with respect to any grant, impose additional conditions prior to or at the time of any award, when in the Department's judgment these conditions are necessary to assure or protect advancement of the approved program, the interests of public health, or the proper use of grant funds.

[65 FR 41278, July 3, 2000 as amended at 65 FR 49057, Aug. 10, 2000]

[↑ Back to Top](#)

§59.13 Standards of compliance with prohibition on abortion.

A project may not receive funds under this subpart unless the grantee provides assurance satisfactory to the Secretary that the project does not provide abortion and does not include abortion as a method of family planning. Such assurance must also include, at a minimum, representations (supported by documentary evidence where the Secretary requests it) as to compliance with this section and each of the requirements in §§59.14 through 59.16. A project supported under this subpart must comply with such requirements at all times during the project period.

[84 FR 7788, Mar. 4, 2019]

[↑ Back to Top](#)

§59.14 Requirements and limitations with respect to post-conception activities.

(a) *Prohibition on referral for abortion.* A Title X project may not perform, promote, refer for, or support abortion as a method of family planning, nor take any other affirmative action to assist a patient to secure such an abortion.

(b) *Information about prenatal care.* (1) Because Title X funds are intended only for family planning, once a client served by a Title X project is medically verified as pregnant, she shall be referred to a health care provider for medically necessary prenatal health care. The Title X provider may also choose to provide the following counseling and/or information to her:

- (i) Nondirective pregnancy counseling, when provided by physicians or advanced practice providers;
- (ii) A list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care);
- (iii) Referral to social services or adoption agencies; and/or
- (iv) Information about maintaining the health of the mother and unborn child during pregnancy.

(2) In cases in which emergency care is required, the Title X project shall only be required to refer the client immediately to an appropriate provider of medical services needed to address the emergency.

(c) *Use of permitted lists or referrals to encourage abortion.* (1) A Title X project may not use the provision of any prenatal, social service, emergency medical, or other referral, of any counseling, or of any provider lists, as an indirect means of encouraging or promoting abortion as a method of family planning.

(2) The list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care) in paragraph (b)(1)(ii) of this section may be limited to those that do not provide abortion, or may include licensed, qualified, comprehensive primary health care providers (including providers of prenatal care), some, but not the majority, of which also provide abortion as part of their comprehensive health care services. Neither the list nor project staff may identify which providers on the list perform abortion.

(d) *Provision of medically necessary information.* Nothing in this subpart shall be construed as prohibiting the provision of information to a project client that is medically necessary to assess the risks and benefits of different methods of contraception in the course of selecting a method, provided that the provision of such information does not promote abortion as a method of family planning.

(e) *Examples.* (1) A pregnant client of a Title X project requests prenatal health care services. Because the provision of such services is outside the scope of family planning supported by Title X, the client is referred for prenatal care and may be provided a list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care). Provision of a referral for prenatal health care is consistent with this part because prenatal care is a medically necessary service.

(2) A Title X project discovers an ectopic pregnancy in the course of conducting a physical examination of a client. Referral arrangements for emergency medical care are immediately provided. Such action complies with the requirements of paragraph (b) of this section.

(3) After receiving nondirective counseling at a Title X provider, a pregnant woman decides to have an abortion, is concerned about her safety during the procedure, and asks the Title X project to provide her with a referral to an abortion provider. The Title X project tells her that it does not refer for abortion, but provides the following: A list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care), which is not presented as a referral for abortion, but as a list of comprehensive primary care and prenatal care providers that does not identify which providers perform abortion, and the project staff member does not identify such providers on the list; and information about maintaining her health and the health of her unborn child during pregnancy. Such actions comply with paragraphs (a) through (c) of this section.

(4) A pregnant woman asks the Title X project to provide her with a list of abortion providers in the area. The project tells her that it does not refer for abortion, and provides her a list that consists of hospitals and clinics and other providers, all of which provide comprehensive primary health care (including prenatal care), as well as abortion as a method of family planning. Although there are several licensed, qualified, comprehensive primary health care providers (including providers of prenatal care) in the area that do not provide abortion as a method of family planning, none of these providers is included on the list. Provision of the list is inconsistent with paragraphs (a) and (c) of this section.

(5) A pregnant woman requests information on abortion and asks the Title X project to refer her for an abortion. The counselor tells her that the project does not consider abortion a method of family planning and, therefore, does not refer for abortion. The counselor offers her nondirective pregnancy counseling, which may discuss abortion, but the counselor neither refers for, nor encourages, abortion. The counselor further tells the client that the project can help her to obtain prenatal care and necessary social services and offers her the list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care), assistance, and information for pregnant women described in paragraph (b) of this section. None of the providers on the list provide abortions. Such actions are consistent with paragraphs (a) through (c) of this section.

(6) Title X project staff provide contraceptive counseling to a client in order to assist her in selecting a contraceptive method. In discussing oral contraceptives, the project counselor provides the client with information contained in the patient package insert accompanying a brand of oral contraceptives, referring to abortion only in the context of a discussion of the relative safety of various contraceptive methods and in no way promoting abortion as a method of family planning. The provision of this information is consistent with paragraph (d) of this section and this section generally and does not constitute an abortion referral.

[84 FR 7788, Mar. 4, 2019]

[↑ Back to Top](#)

§59.15 Maintenance of physical and financial separation.

A Title X project must be organized so that it is physically and financially separate, as determined in accordance with the review established in this section, from activities which are prohibited under section 1008 of the Public Health Service Act and §§59.13, 59.14, and 59.16 of these regulations from inclusion in the Title X program. In order to be physically and financially separate, a Title X project must have an objective integrity and independence from prohibited activities. Mere bookkeeping separation of Title X funds from other monies is not sufficient. The Secretary will determine whether such objective integrity and independence exist based on a review of facts and circumstances. Factors relevant to this determination shall include:

(a) The existence of separate, accurate accounting records;

(b) The degree of separation from facilities (e.g., treatment, consultation, examination and waiting rooms, office entrances and exits, shared phone numbers, email addresses, educational services, and websites) in which prohibited activities occur and the extent of such prohibited activities;

(c) The existence of separate personnel, electronic or paper-based health care records, and workstations; and

(d) The extent to which signs and other forms of identification of the Title X project are present, and signs and material referencing or promoting abortion are absent.

[84 FR 7788, Mar. 4, 2019, as amended at 84 FR 14313, Apr. 10, 2019]

[↑ Back to Top](#)

§59.16 Prohibition on activities that encourage, promote, or advocate for abortion.

(a) *Prohibition on activities that encourage abortion.* (1) A Title X project may not encourage, promote or advocate abortion as a method of family planning. This restriction prohibits actions in the funded project that assist women to obtain abortions for family planning purposes or to increase the availability or accessibility of abortion for family planning purposes.

(2) Prohibited actions include the use of Title X project funds for the following:

(i) Lobbying for the passage of legislation to increase in any way the availability of abortion as a method of family planning;

(ii) Providing speakers or educators who promote the use of abortion as a method of family planning;

(iii) Attending events or conferences during which the grantee or subrecipient engages in lobbying;

(iv) Paying dues to any group that, as a more than insignificant part of its activities, advocates abortion as a method of family planning and does not separately collect and segregate funds used for lobbying purposes;

(v) Using legal action to make abortion available in any way as a method of family planning; and

(vi) Developing or disseminating in any way materials (including printed matter, audiovisual materials and web-based materials) advocating abortion as a method of family planning.

(b) *Examples.* (1) Clients at a Title X project are given brochures advertising a clinic that provides abortions, or such brochures are available in any fashion at a Title X clinic (sitting on a table or available or visible within the same space where Title X services are provided). Provision or availability of the brochure violates paragraph (a)(2)(vi) of this section.

(2) A Title X project makes an appointment for a pregnant client for an abortion for family planning purposes. The Title X project has violated paragraph (a)(1) of this section.

(3) A Title X project pays dues with project funds to a State association that, among other activities, lobbies at State and local levels for the passage of legislation to protect and expand the legal availability of abortion as a method of family planning. The association spends a significant amount of its annual budget on such activity and does not separately collect and segregate the funds for such purposes. Payment of dues to the association violates paragraph (a)(2)(iv) of this section.

(4) An organization conducts a number of activities, including operating a Title X project. The organization uses non-project funds to pay dues to an association that, among other activities, engages in lobbying to protect and expand the legal availability of abortion as a method of family planning. The association spends a significant amount of its annual budget on such activity. Payment of dues to the association by the organization does not violate paragraph (a)(2)(iv) of this section.

(5) An organization that operates a Title X project engages in lobbying to increase the legal availability of abortion as a method of family planning. The project itself engages in no such activities, and the facilities and funds of the project are kept separate from prohibited activities. The project is not in violation of paragraph (a)(2)(i) of this section.

(6) Employees of a Title X project write their legislative representatives in support of legislation seeking to expand the legal availability of abortion, in their personal capacities and using no project funds to do so. The Title X project has not violated paragraph (a)(2)(i) of this section.

(7) On her own time and at her own expense, a Title X project employee speaks before a legislative body in support of abortion as a method of family planning. The Title X project has not violated paragraph (a)(2)(i) of this section.

(8) A Title X project uses Title X funds for sex education classes in a local high school. During the course of the class, information is distributed to students that includes abortion as a method of family planning. The Title X project has violated paragraph (a)(2)(vi) of this section.

[84 FR 7788, Mar. 4, 2019]

[↑ Back to Top](#)

§59.17 Compliance with reporting requirements.

(a) Title X projects shall comply with all State and local laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence or human trafficking (collectively, "State notification laws").

(b) A project may not receive funds under this subpart unless it provides appropriate documentation or other assurance satisfactory to the Secretary that it:

(1) Has in place and implements a plan to comply with State notification laws. Such plan shall include, at a minimum, policies and procedures that include:

(i) A summary of obligations of the project or organizations and individuals carrying out the project under State notification laws, including any obligation to inquire about or determine the age of a minor client or of a minor client's sexual partner(s);

(ii) Timely and adequate annual training of all individuals (whether or not they are employees) serving clients for, or on behalf of, the project regarding State notification laws; policies and procedures of the Title X project and/or provider with respect to notification and reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking; appropriate interventions, strategies, and referrals to improve the safety and current situation of the patient; and compliance with State notification laws.

(iii) Protocols to ensure that every minor who presents for treatment is provided counseling on how to resist attempts to coerce them into engaging in sexual activities; and

(iv) Commitment to conduct a preliminary screening of any minor who presents with a sexually transmitted disease (STD), pregnancy, or any suspicion of abuse, in order to rule out victimization of a minor. Projects are permitted to diagnose, test for, and treat STDs.

(2) Maintains records to demonstrate compliance with each of the requirements set forth in paragraph (b)(1) of this section, including which:

(i) Indicate the age of minor clients;

(ii) Indicate the age of the minor client's sexual partners if such age is an element of a State notification law under which a report is required; and

(iii) Document each notification or report made pursuant to such State notification laws.

(c) Continuation of grantee or subrecipient funding for Title X services is contingent upon demonstrating to the satisfaction of the Secretary that the criteria have been met.

(d) The Secretary may review records maintained by a grantee or subrecipient for the purpose of ensuring compliance with the requirements of this section, the requirement to encourage family participation in family planning decisions, or any other section of this rule.

[84 FR 7788, Mar. 4, 2019]

[↑ Back to Top](#)

§59.18 Appropriate use of funds.

(a) Title X funds shall not be used to build infrastructure for purposes prohibited with these funds, such as support for the abortion business of a Title X grantee or subrecipient. Funds shall only be used for the purposes, and in direct implementation of, the funded project, expressly permitted by this regulation and authorized within section 1001 of the Public Health Service Act, that is, to offer family planning methods and services. Grantees must use the majority of grant funds to provide direct services to clients, and each grantee shall provide a detailed plan or accounting for the use of grant dollars, both in their applications for funding, and in any annually required reporting. Any significant change in the use of grant funds within the grant cycle shall not be undertaken without the approval of the Office of Population Affairs.

(b) 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 office.

(c) Each project supported under Title X shall fully account for, and justify, charges against the Title X grant. The Department shall put additional protections in place to prevent possible misuse of Title X funds through misbilling or overbilling, or any other unallowable expense.

[84 FR 7788, Mar. 4, 2019]

[↑ Back to Top](#)

§59.19 Transition provisions; compliance.

(a) *Compliance date concerning physical and financial separation.* The date by which covered entities must comply with the physical separation requirements contained in §59.15 is March 4, 2020. The date by which covered entities must comply with the financial separation requirements contained in §59.15 is July 2, 2019.

(b) *Compliance date concerning applications.* The date by which covered entities must comply with §59.7 and 59.5(a)(13) (as it applies to grant applications) is the date on which competitive or continuation award applications are due, where that date occurs after July 2, 2019.

(c) *Compliance date concerning reporting, assurance, and provision of service requirements.* The date by which covered entities must comply with §§59.5(a)(12), 59.5(a)(13) (as it applies to all required reports), 59.5(a)(14), (b)(1) and (8), 59.13, 59.14, 59.17, and 59.18 is July 2, 2019.

[84 FR 7788, Mar. 4, 2019, as amended at 84 FR 14313, Apr. 10, 2019]

[↑ Back to Top](#)

[Need assistance?](#)

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.

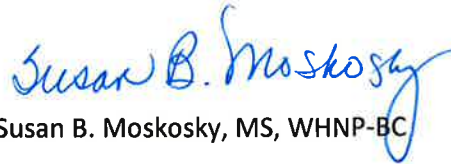
III. Clarification

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.



Page 2 – OPA Program Policy Notice 2014-01

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



Title X Program Policy Notice

Integrating with Primary Care Providers

Release Date: November 22, 2016

OPA Program Policy Notice: 2016 – 11

I. Purpose

The purpose of this Program Policy Notice (PPN) is to clarify how Title X grantees may remain in compliance with *Program Requirements for Title X Funded Family Planning Projects* when integrating services with Health Resources & Services Administration (HRSA) Health Center Program grantees and look-alikes (i.e., health centers that receive funding under Section 330 of the Public Health Service Act, which authorizes the Health Center Program, as well as those that have been determined to meet Section 330 requirements but do not receive grant funding under that program). This PPN applies only to integrated settings, and not to settings in which only Health Center Program services are provided. We address three issues commonly faced by integrated Title X and HRSA-funded health center providers:

- 1) How to bill clients receiving Title X family planning services in compliance with Title X and Health Center Program Sliding Fee Discount Schedules and billing guidelines;
- 2) How to report data to the Family Planning Annual Reports (FPAR) and to the Uniform Data System (UDS) appropriately; and,
- 3) How to preserve Title X client confidentiality when billing for services provided.

II. Background

In 2014, the Office of Population Affairs (OPA) released new Title X program guidelines consisting of two parts:

- 1) [*Program Requirements for Title X Funded Family Planning Projects*](#) (Title X Program Requirements); and,
- 2) [*Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs*](#) (QFP).

Title X Program Requirements align closely with the Title X statute and family planning services project implementing regulations (42 CFR part 59, subpart A), as well as other applicable federal statutes, regulations, and policies. This PPN is intended to help Title X grantees address integrated care settings with regard to Title X Program Requirements.

III. Clarification

This section provides clarification for some of the most common issues facing Title X Family Planning (FP) providers when integrating with primary care organizations, and suggests sample strategies to overcome these issues. Endnotes are provided for reference to the applicable section(s) of the Title X and HRSA Health Center Program Requirements aligned with each strategy.

Issue 1: Nominal Charge and Sliding Fee Discount Schedules (SFDS)

Strategy

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. HRSA's policies, currently contained in [Policy Information Notice \(PIN\) 2014-02](#), allow health centers to accommodate the further discounting of services as required by Title X regulations. 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 Federal Poverty Level (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.

Title X agencies and providers may consult with the health center if they have additional questions regarding implementing discounting schedules that comply with Title X and Health Center Program requirements, which may result in the health center needing to consult their HRSA Health Center Program Project Officer.

To decide which SFDS to use, the health center should determine whether a client is receiving **only Title X family planning services** (Title X family planning services are defined by the service contract between the Title X grantee and health center) or **health center services in addition to Title X family planning services within the same visit**.

The following guidance applies specifically to clients who receive **only Title X family planning services** that are directly related to preventing or achieving pregnancy:

- Clients receiving only Title X family planning services with family incomes at or below 100% of the FPL must not be charged for services received. In order to comply with Title X regulations, any nominal fee typically collected by a HRSA health center program grantee or look-alike would **not be charged to the client receiving only Title X family planning services**.ⁱ
- Clients receiving only Title X family planning services with family incomes that are between 101% FPL and 250% FPL must be charged in accordance with a specific Title X SFDS based on the client's ability to pay. Any differences between charges based on applying the Title X SFDS and the health center's discounting schedule could be allocated to Title X grant funds. This allocation is aligned with the guidance provided in HRSA's PIN 2014-02, as discussed above. This PIN states that program grantees, "*may receive or have access to other funding sources (e.g.,*

Federal, State, local, or private funds) that contain terms and conditions for reducing patient costs for specific services. These terms and conditions may apply to patients over 200 percent of the FPG [Federal Poverty Guidelines]. In such cases, it is permissible for a health center to allocate a portion (or all) of this patient's charge to this grant or subsidy funding source.”ⁱⁱ

- Note that unemancipated minors who receive confidential Title X family planning services must be billed according to the income of the minor.ⁱⁱⁱ

The following guidance applies specifically to clients who receive **health center services in addition to Title X family planning services within the same visit:**

- For clients receiving health center services in addition to Title X family planning services, as defined above, within the same visit, the health center or look-alike may utilize its health center discounting schedule (which ranges from 101% to 200% FPL) including collecting one nominal fee for health center services provided to clients with family incomes at or below 100% FPL.

Issue 2: Fulfilling Data Reporting Requirements

Strategy

To comply with mandatory program reporting requirements for both the Title X and HRSA Health Center Program, health centers that are integrated with Title X funded agencies must provide data on services provided that are relevant to either or both through FPAR and UDS, as appropriate. In cases where a data element is applicable to both FPAR and UDS, reporting such data to each report does not result in “double” credit for services provided; rather, it ensures that both Title X and HRSA receive accurate information on services provided to clients during the given reporting period.

Further instructions on how a family planning “user” is defined can be found in the [FPAR Forms & Instructions](#) guidance document.

Issue 3: Sliding Fee Discount Schedule eligibility for individuals seeking confidential services

Strategy

For individuals requesting that Title X family planning services provided to them are confidential (i.e., they do not want their information disclosed in any way, including for third-party billing), the provider should ensure that appropriate measures are in place to protect the client's information, beyond HIPAA privacy assurances.^{iv} Providers **may not bill third-party payers** for services in such cases where confidentiality cannot be assured (e.g., a payer does not suppress Explanation of Benefits documents and does not remove such information from claims history and other documents accessible to the policy holder). Providers may request payment from clients at the time of the visit for any confidential services provided that cannot be disclosed to third-party payers, as long as the provider uses the appropriate SFDS. Inability to pay, however, cannot be a barrier to services.^v Providers may bill third-party payers for services that the client identifies as non-confidential.

Endnotes

ⁱ Section 8.4 of the Title X Program Requirements contains information related to charges, billing, and collections. The program requirements in section 8.4 most relevant to charging clients at or below 100% of the FPL, between 101% and 250% of the FPL, and above 250% of the FPL, are as follows:

Title X Program Requirement 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 program requirements, 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.

Title X Program Requirement 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)).*

Title X Program Requirement 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).*

Title X Program Requirement 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)).*

ⁱⁱ HRSA Policy Information Notice PIN 2014-02, "Sliding Fee Discount and Related Billing and Collections Program Requirements." *Individuals and families with annual incomes above 200 percent of the FPG are not eligible for sliding fee discounts. However, health centers may receive or have access to other funding sources (e.g., Federal, State, local, or private funds) that contain terms or conditions for reducing patient costs for specific services. These terms and conditions may apply to patients over 200 percent of the FPG. In such cases, it is permissible for a health center to allocate a portion (or all) of this patient's charge to this grant or subsidy funding source.*

ⁱⁱⁱ Title X Program Requirement 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).*

^{iv} Title X Program Requirement 8.4.8. *Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.*

HRSA PIN 2014-02. *Patient privacy and confidentiality must be protected throughout the (SFDS eligibility determination) process. The act of billing and collecting from patients should be conducted in an efficient, respectful and culturally appropriate manner, assuring that procedures do not present a barrier to care and patient privacy and confidentiality are protected throughout the process.*

^v Title X Program Requirement 8.4.3, repeated. *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).*



AFHP 2021
Program Standards and Policy
Manual
(Revised April 2021)

Table of Contents

INTRODUCTION.....	5
TITLE X.....	5
AFHP.....	5
PROGRAM MONITORING AND EVALUATION	6
Program Standards and Policy Manual (PSPM)	7
Helpful Links.....	7
DEFINITIONS.....	8
ACRONYMS	9
COMMONLY USED REFERENCES	10
1. PROJECT MANAGEMENT AND ADMINISTRATION	11
Title X Requirement - 1.1 Voluntary Participation.....	11
Title X Requirement - 1.1.1 Voluntary and Non-Coercive Services	11
Title X Requirement - 1.1.2 Acceptance of FP Services not a Prerequisite for Eligibility or Services .	12
Title X Requirement - 1.2 Prohibition of Abortion and Referral for Abortion.....	13
Title X Requirement - 1.3 Physical Separation of Title X and Non-Title X Activities	13
Title X Requirement - 1.4 Structure and Management	14
Title X Requirement - 1.4.2 Sub-Recipient Subcontracts	14
Title X Requirement - 1.4.3 Authorized Purchases.....	14
Title X Requirement - 1.4.4 Schedule of Rates and Payment Procedures.....	15
Title X Requirement - 1.4.6 Financial Management System	15
Title X Requirement – 1.5 Charges, Billing, and Collections.....	17
Title X Requirement - 1.5.1 FPL Guidance, Third Party Billing, and Income Verification	17
Title X Requirement - 1.5.2 Discount Schedules.....	18
Title X Requirement - 1.5.3 Fee Waiver	18
Title X Requirement - 1.5.4 Reasonable Costs/Fee Schedules	19
Title X Requirement - 1.5.5 Voluntary Donations.....	19
Title X Requirement - 1.5.6 Discount Eligibility for Minors.....	20
Title X Requirement – 1.5.7 Third Party Payments	20
Title X Requirement - 1.5.8 Title XIX/Title XX/Title XXI Agreements	21
Title X Requirement - 1.5.9 Confidential Collections	21
Title X Requirement - 1.6 Project Personnel	22

Title X Requirement - 1.6.1 Personnel Policies.....	22
Title X Requirement - 1.6.2 Cultural Competency	23
Title X Requirement - 1.6.3 Project Director	23
Title X Requirement - 1.6.4 Clinical Leadership	23
Title X Requirement - 1.6.5 Salary.....	24
Title X Requirement - 1.7 Staff Training and Project Technical Assistance.....	25
Title X Requirement - 1.7.1 Personnel Training	25
Title X Requirement - 1.7.2 Training on Federal/State Reporting Requirements.....	26
Title X Requirement - 1.7.3 Training on Minors (Family Involvement and Coercion)	26
Title X Requirement - 1.8 Planning and Evaluation	27
2. PROJECT SERVICES AND CLIENTS.....	28
Title X Requirement - 2.1 Priority Clients.....	28
Title X Requirement – 2.2 Client Dignity	28
Title X Requirement - 2.3 Non-Discriminatory Services.....	29
Title X Requirement - 2.4 Availability of Social Services	30
Title X Requirement - 2.5 Availability and Use of Referrals.....	31
Title X Requirement - 2.6 Clinical Protocols and Standards of Care	31
Title X Requirement - 2.7 Provision of Family Planning and Related Services	33
Title X Requirement - 2.8 Range of Family Planning Methods	34
Title X Requirement - 2.9 Durational Residency Requirements	34
Title X Requirement - 2.10 Pregnancy Testing and Diagnosis	35
Title X Requirement - 2.11 Compliance with Legislative Mandates	37
3. CONFIDENTIALITY	38
4. COMMUNITY PARTICIPATION, EDUCATION, AND PROJECT PROMOTION	39
Title X Requirement – 4.1 Collaborative Planning and Community Engagement	39
Title X Requirement – 4.2 Community Awareness and Education	40
5. INFORMATION AND EDUCATION MATERIALS APPROVAL.....	42
Title X Requirement – 5.1 Materials Review and Approval Process.....	42
Title X Requirement – 5.2 Advisory Committee Diversity	42
Title X Requirement – 5.3 Advisory Committee Membership.....	43
Title X Requirement – 5.5 Advisory Committee Responsibility for Materials Review.....	43
Title X Requirement – 5.6 Advisory Committee Requirements.....	44

6. ADDITIONAL ADMINISTRATIVE REQUIREMENTS44

 Title X Requirement - 6.1 Facilities and Accessibility of Services 44

 Title X Requirement - 6.2 Human Subjects Clearance (Research)..... 46

 AFHP Standard – 6.3 Close-Out..... 46

PROGRAM POLICY NOTICES47

 OPA Program Policy Notice: Confidential Services to Adolescents 47

 OPA Program Policy Notice: Integrating with Primary Care Providers..... 48

APPENDIX 1 51

APPENDIX 2 52

INTRODUCTION

TITLE X

To assist individuals in determining the number and spacing of their children through the provision of affordable, voluntary family planning services, Congress enacted the Family Planning Services and Population Research Act of 1970 (Public Law 91-572).

The law amended the Public Health Service (PHS) Act to add Title X, "Population Research and Voluntary Family Planning Programs." Section 1001 of the PHS Act (as amended) authorizes grants "to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)."

The Title X Family Planning Program is the only Federal program dedicated solely to the provision of family planning and related preventive health services. The program is designed to provide contraceptive supplies and information to all who want and need them, with priority given to persons from low-income families. All Title X-funded projects are required to offer a broad range of acceptable and effective medically (U.S. Food and Drug Administration (FDA)) approved contraceptive methods and related services on a voluntary and confidential basis. Title X services include the delivery of related preventive health services, including patient education and counseling; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, 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 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 (DHHS).

On March 4, 2019, DHHS published a final rule in the [Federal Register](#) that revises the regulations governing the Title X family planning program.

The Title X Family Planning Guidelines consist of two parts, 1) *Program Requirements for Title X Funded 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* (hereafter referred to as the QFP). The Program Requirements are currently being updated to reflect the revised regulations.

AFHP

Arizona Family Health Partnership (AFHP) is an Arizona non-profit 501(c) (3) agency, incorporated in 1974 (as the Arizona Family Planning Council). Since 1983, AFHP has been designated as a Title X ("ten") grantee and awarded federal family planning funds to provide services in Arizona.

As the grantee, AFHP performs a variety of roles in the oversight of the Title X Family Planning Program, including: grant administrator, monitor, partner, facilitator, technical advisor, educator and payer. AFHP responds to requests from OPA and from other Federal DHHS Offices. As the grantee, the AFHP is responsible to the funding source for the following: quality, cost, accessibility, acceptability, and reporting for the Program and the performance of all delegate agencies.

AFHP's vision is universal access to quality reproductive healthcare services. In this role, the functions and responsibilities of AFHP include:

- Assessing compliance with Title X statute, regulations, and legislative mandates;
- Assessing community needs in the area of reproductive healthcare for individuals with low incomes;
- Developing community programs to meet those needs;
- Identifying, funding, and contracting with service providers;
- Monitoring and evaluating the performance of delegate agencies;
- Collecting and disseminating data;
- Providing training and technical assistance;
- Providing information to the community;
- Coordinating services; and,
- Client advocacy.

AFHP provides a network of services through contracts with community-based, private non-profit, and public agencies for the provision of direct clinical and educational reproductive healthcare services to low-income adults and adolescents. AFHP is governed by a Board of Directors made up of volunteers representing diverse backgrounds and geographic areas of Arizona. AFHP is committed to providing quality reproductive healthcare services to as many people as possible with the resources available.

PROGRAM MONITORING AND EVALUATION

AFHP will conduct site reviews of each delegate agency to determine compliance with federal and local laws and requirements, program guidelines and other contractual agreements. These evaluations play a crucial role in ensuring that quality reproductive health care services are provided to women and men. The site reviews will be performed by AFHP periodically or on an as needed basis and will range from comprehensive to issue specific reviews, using a standardized monitoring tool. Monitoring and evaluation of the Title X Program and delegate agencies may include, but is not limited to: review and analysis of financial, statistical, and special project reports, discussions and meetings with delegate agency staff, site visits to health center location(s) and formal site reviews of delegate agencies.

Program Standards and Policy Manual (PSPM)

The purpose of this manual is to document the AFHP's Title X Family Planning Project's program standards for development, implementation, and management of the Title X Program, and other related projects funded by AFHP.

This manual establishes minimum standards and can be used as a reference and information resource for family planning programs. Delegates are required to adhere to the requirements and guidelines set forth in this manual, and are also responsible for incorporating any policy changes into their operation.

The PSPM has been developed to assist Title X delegate agencies in understanding and implementing the family planning services grants program. Development of this PSPM was a collaborative effort between AFHP and delegate agencies in 2015. This manual mirrors the Program Review Tool published by OPA in January 2020 to reflect the 2019 Title X Final Rule and contains just those sections that are relevant to sub-recipient or delegate agencies. Grantee specific requirements are omitted.

Each Title X Requirement has at least three sections:

- 1) **Additional AFHP Standard** – additional requirements from AFHP to provide additional guidance to delegate agencies
- 2) **QFP Recommendations** – additional recommendations from the *Providing Quality Family Planning Services Recommendations of CDC and OPA*
- 3) **Evidence Requirement is Met** – evidence that the delegate agency must have to ensure that requirements are met

Helpful Links

Title X Statutes, Regulations, and Legislative Mandates: <https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>

Providing Quality Family Planning Services: <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>

Sterilization of Persons in Federally Assisted Family Planning Projects Regulations:

<https://www.ecfr.gov/cgi-bin/text-idx?SID=f93c09d3dad79124016304b202ac9860&mc=true&node=pt42.1.50&rgn=div5#sp42.1.50.b>

DEFINITIONS

Terms used throughout this document include:

TERM	DEFINITION
The Act or Law	Title X of the Public Health Service Act, as amended
Family	A social unit composed of one person, or two or more persons living together, as a household
Low-income family	A family whose total annual income does not exceed 100% of the most recent Federal Poverty Guidelines; 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. Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources
Grantee	The entity that receives Federal financial assistance via a grant and assumes legal and financial responsibility and accountability for the awarded funds and for the performance of the activities approved for Funding
Nonprofit	Any private agency, institution, or organization for which no part of the entity's net earnings benefit, or may lawfully benefit, any private stakeholder or individual.
Project	Activities described in the grant application and any incorporated documents supported under the approved budget. The "scope of the project" as defined in the funded application consists of activities that the total approved grant-related project budget supports.
Secretary	The Secretary of Health and Human Services and any other officer or employee of the U.S. Department of Health and Human Services to whom the authority involved has been delegated.

Service Site	The clinics or other locations where services are provided by the grantee or sub-recipient.
Sub-recipients	Those entities that provide family planning services with Title X funds under a written agreement with a grantee. May also be referred to as delegates or contract agencies.
State	Includes the 50 United States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et. al), the Marshall Islands, the Federated States of Micronesia and the Republic of Palau.

ACRONYMS

The following is a list of acronyms and abbreviations used throughout this document.

ACRONYM/ ABBREVIATION	
CFR	Code of Federal Regulations
FDA	U.S. Food and Drug Administration
FPL	Federal Poverty Level
HHS	U.S. Department of Health and Human Services
HIV	Human Immunodeficiency Virus
I&E	Information and Education
OMB	Office of Management and Budget
OPA	Office of Population Affairs
OSHA	Occupational Safety and Health Administration
PHS	U.S. Public Health Service
STD	Sexually Transmitted Disease

COMMONLY USED REFERENCES

As a Federal grant program, requirements for the Title X Family Planning Program are established by Federal laws and regulations. For ease of reference, the laws and regulations most cited in this document are listed below. Other applicable laws and regulations are cited throughout the document.

Law	Title X Public Law ("Family Planning Services and Population Research Act of 1970")	Public Law 91-572
Law	Title X Statute ("Title X of the Public Health Service Act")	42 U.S.C.300, <i>et seq.</i>
Regulation	Sterilization Regulations ("Sterilization of persons in Federally Assisted Family Planning Projects")	42 CFR part 50, subpart B
Regulation	Title X Regulations ("Project Grants for Family Planning Services")	42 CFR part 59, subpart A
Regulation	HHS Grants Administration Regulations ("Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards")	45 CFR part 75
Regulation	Federal Award Administration Regulations ("Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards")	2 CFR part 200

1. PROJECT MANAGEMENT AND ADMINISTRATION

Title X Requirement - 1.1 Voluntary Participation

Title X Requirement - 1.1.1 Voluntary and Non-Coercive Services

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)).

Grantees should institutionalize administrative procedures (i.e., staff training, clinical protocols, and consent forms) to ensure clients receive services on a voluntary basis.

Additional AFHP Standard

None

QFP Recommendations

A core premise of the QFP is that quality services are client-centered, which includes providing services on a voluntary basis. These principles are useful when developing counseling protocols that ensure voluntary participation.

1. Establish and Maintain Rapport with the Client
2. Assess the Client's Needs and Personalize Discussions Accordingly
3. Work with the Client Interactively to Establish a Plan
4. Provide Information that Can Be Understood and Retained by the Client
5. Confirm Client Understanding

See QFP [Appendix C](#) (pages 45-46) for the key principles of providing quality counseling for a complete description of the principles listed above.

Observation of counseling process, including Information & Education (I&E) material provided, at service sites demonstrates that the five principles of quality counseling are utilized when providing family planning services.

Evidence Requirement is Met

1. Delegate has written policies and procedures that specify services are to be provided on a voluntary basis.
2. Administrative policies used by service sites include a written statement that clients may not be coerced to use contraception, or to use any particular method of contraception or service.
3. Documentation at service sites demonstrates (e.g., staff circulars, training curriculum and records) staff has been informed at least once during the current project period that services must be provided on a voluntary basis.
4. General consent forms or other documentation at service sites inform clients that services are provided on a voluntary basis.

5. Record review at service sites demonstrates that each client has signed a general consent form or other documentation that demonstrates they have received an assurance that services are voluntary.

Title X Requirement - 1.1.2 Acceptance of FP Services not a Prerequisite for Eligibility or Services

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)).

Grantee should institutionalize administrative procedures (e.g., staff training, clinical protocols, and consent forms) to ensure clients' receipt of family planning services is not used as a prerequisite to receive other services from the service site.

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Administrative policies at service sites include a written statement that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
2. Documentation (e.g., staff circulars, training curriculum) indicates staff has 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 the receipt of any other services offered by the service site.
3. Delegate has written policies and procedures that require that all staff of the delegate and service sites are informed that they may be fined or subject to prosecution or both if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.¹
4. General consent form or other documentation provided to clients, state that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
5. Medical record review demonstrates that each client has signed a general consent form stating receipt of family planning services is not a prerequisite to receipt of any other services offered.

¹ Personnel working within the family planning project may be fined or subject to prosecution or both if they coerce or try to coerce any person to undergo an abortion or sterilization procedure by threatening the person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

Title X Requirement - 1.2 Prohibition of Abortion and Referral for Abortion

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute, which prohibits abortion as a method of family planning, 42 CFR 59.5(a)(5), which prohibits projects from providing, promoting, referring for, or supporting abortion as a method of family planning, and 42 CFR 59.14(a), which bars referral for abortion as a method of family planning. Grantee has documented processes to ensure that they and their sub-recipients are in compliance with Section 1008 and 42 CFR 59.5(a)(5) and 59.14(a). Grantees include language in sub-recipient contracts addressing these requirements.

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Administrative policies at service sites prohibit the site from providing abortion as a method of family planning part of the Title X project
2. Administrative policies or procedures at the service sites prohibit delegate and/or service sites from referring for abortion as part of the Title X project, except for medical emergencies, or in the case of rape or incest.

Title X Requirement - 1.3 Physical Separation of Title X and Non-Title X Activities

Title X grantees and sub-recipients must be in full compliance with 42 CFR 59.15, which stipulates that a Title X project must be organized so that it is physically and financially separate, from activities that are prohibited under Section 1008 of the Act and 42 CFR 59.13, 59.14, and 59.16. The financial separation requirement is currently in effect; the date for compliance with the physical separation requirement is March 4, 2020. Systems must be in place to assure adequate physical and financial separation of any non-Title X activities from the Title X project. Grantee has documented processes to ensure that they and their sub-recipients are in compliance with Section 1008 and 42 CFR 59.15.

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has written policies and procedures that ensure that the Title X activities are organized so that they are physically and financially separate from prohibited activities.

Policies document that the Title X project has an objective integrity and independence from prohibited activities, based upon a review of the facts and circumstances set out in 42 CFR 59.15(a)-(d).

2. Documentation at delegate and service sites (e.g., staff circulars, training records) demonstrates that staff has been trained at least once during the current project period on permissible and impermissible Title X activities.
3. Financial documentation at service sites demonstrates that Title X funds are not being used for abortion services, or referral for abortion as a method of family planning, and adequate separation exists between Title X and non-Title X activities.

Title X Requirement - 1.4 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.

Title X Requirement - 1.4.2 Sub-Recipient Subcontracts

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 (42 CFR 59.1).

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Documentation shows that sub-recipients who subcontract for responsibilities or services include Title X requirements in their subcontracts.

Title X Requirement - 1.4.3 Authorized Purchases

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)).

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies clearly indicate the approval process for any services that are purchased for participants.
2. Documentation of purchases demonstrates that the delegate's established policies and procedures are followed.

Title X Requirement - 1.4.4 Schedule of Rates and Payment Procedures

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)).

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate contracts clearly indicate the schedule of rates and payment procedures for services.
2. The delegate can substantiate that the rates are reasonable and necessary. This includes demonstrating the process and/or rationale used to determine payments, examples of financial records, applicable internal controls.

Title X Requirement - 1.4.6 Financial Management System

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. (45 CFR 75.302).

Additional AFHP Standard

Delegates must comply with the financial and other reporting requirements set out in the HHS grants administration regulations (2 CFR Part 200 and 45 CFR Part 75), as applicable.

Audits of delegates must be conducted in accordance with the HHS grants administration regulations, as applicable, by auditors meeting established criteria for qualifications and independence (OMB A-133).

Delegates must demonstrate continued institutional, managerial, and financial capacity (including funds sufficient to pay the non-Federal share of the project cost) to ensure proper planning, management, and completion of the project as described in the award (42 CFR 59.7(a)).

Delegates must maintain proper internal controls that address:

- Separation of duties: No one person has complete control over more than one key function or activity (i.e., authorizing, approving, certifying, disbursing, receiving, or reconciling).
- Authorization and approval: Transactions are properly authorized and consistent with Title X requirements.
- Responsibility for physical security/custody of assets is separated from record keeping/accounting for those assets.

Delegates must ensure that insurance coverage is adequate and in effect for: general liability; fidelity bonding; medical malpractice; materials or equipment purchased with federal funds; and officers and directors of the governing board.

A revenue/expense report for the total family planning program is prepared for AFHP as requested. The revenue/expense report details the delegate agency's cost share including client fees and donations, agency contribution, third party revenues and all other revenues contributing to the family planning program.

Delegates are required to submit to AFHP a copy of the annual fiscal year audit, including the management letter and any noted findings and responses to findings, within 30 days of Agency Board acceptance, but no later than nine (9) months after the end of the fiscal year.

Delegates must have a written methodology for the allocation of expenses and revenues for the family planning program. Expenses should include direct costs, administrative costs attributable to the program and, when applicable, indirect costs. Indirect cost will not exceed 10% of the total program costs. Revenues should include federal funds, client fees and donations, agency contribution, third party payer (AHCCCS, Medicaid, and Private Insurance), state and local government contributions.

The delegate must have written policies and procedures for procurement of supplies, equipment and other services, including a competitive process.

The delegate must maintain a property management system which includes the following:

- Asset description;
- ID number;
- Acquisition date; and,
- Current location and Federal (Title X) share of asset.

The delegate must perform a physical inventory of equipment at least once every two years. The delegate should periodically confirm perpetual inventory with actual inventory counts and provide credit/debit adjustment to Title X charges to reflect actual costs.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate maintains financial policies and procedures can be referenced back to federal regulations as applicable.
2. Delegate maintains financial records and oversight documentation that demonstrates that the financial management practices within all project sites are aligned with Title X and other applicable regulations and grants requirements.

Title X Requirement – 1.5 Charges, Billing, and Collections

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.

Title X Requirement - 1.5.1 FPL Guidance, Third Party Billing, and Income Verification

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)).

For the purposes of considering payment for contraceptive services only, where a woman has health insurance coverage through an employer that does not provide the contraceptive services sought by the woman because the employer has a sincerely held religious or moral objection to providing such coverage, the project director may consider her insurance coverage status as a good reason why she is unable to pay for contraceptive services, as detailed in (42 CFR 59.2). 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 client's self-report.

Additional AFHP Standard

Delegates must implement policies and procedures, approved by AFHP, for charging, billing and collecting funds for the services provided by the program. Clients are informed of any charges for which they will be billed and payment options. Eligibility for discount of client fees must be documented in the client's record.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures assuring that clients whose documented income is at or below 100% FPL are not charged for services and that third party payers are billed.
2. Service sites follow a written policy and procedure for documenting client income that is aligned with Title X requirements.
3. Financial documentation at the service site(s) indicates clients whose documented income is at or below 100% FPL are not charged for services.
4. Service site policy and procedure for documenting client income does not present a barrier to receipt of services.

Title X Requirement - 1.5.2 Discount Schedules

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)).

Additional AFHP Standard

Clients must be charged in accordance with AFHP approved schedule of discounts/sliding fee scale unless another fund source exists that will cover the cost for the service. Delegates must update and submit schedule of discounts/sliding fee scale per annual Federal Poverty Guidelines.

QFP Recommendation

None

Evidence Requirement is Met

1. Service sites follow a written policy and procedures requiring that a schedule of discounts be developed for services provided in the project and is updated annually to be in accordance with the FPL.
2. Service site documentation indicates client income is assessed annually and discounts are appropriately applied to the cost of services.

Title X Requirement - 1.5.3 Fee Waiver

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).

Additional AFHP Standard

Delegates who ask clients for income verification cannot deny client services if documentation is not provided.

QFP Recommendation

None

Evidence Requirement is Met

1. Service sites follow a written policy and procedure requiring a process to refer clients (or financial records) to the service site director for review and consideration of waiver of charges.
2. Documentation at the service site demonstrates clients that are unable to pay for good reasons are evaluated by the service site director, the decision is documented, and the client is informed of the determination.

Title X Requirement - 1.5.4 Reasonable Costs/Fee Schedules

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)).

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Service sites have a process in place to determine the reasonable the cost of services and this is updated periodically.
2. Financial records indicate client income is assessed and that charges are applied appropriately to recover the cost of services.

Title X Requirement - 1.5.5 Voluntary Donations

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.

Additional AFHP Standard

Donations from clients do not waive the billing/charging requirements. No minimum or specific donation amount can be required or suggested. Donations must be collected in a manner which respects the confidentiality of the client.

The program must use client donations and fees to offset program expenses and must be tracked separately.

All client donations shall be reported in the Program Revenue line item of the AFHP revenue report.

QFP Recommendation

None

Evidence Requirement is Met

1. Service site policies and procedures document if the agency requests and/or accepts donations.
2. Onsite documentation and observation demonstrate that clients are not pressured to make donations and that donations are not a prerequisite to the provision of services or supplies. Observation may include signage, financial counseling scripts, or other evidence.

Title X Requirement - 1.5.6 Discount Eligibility for Minors

Eligibility for discounts for unemancipated minors who receive confidential services must be based on the resources of the minor, provided that the Title X provider has documented its efforts to involve the minor’s family in the decision to seek family planning services (absent abuse and, if so, with appropriate reporting) (42 CFR 59.2).

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Service sites have a policy and procedure for determining whether a minor is seeking confidential services and stipulates that charges to adolescents seeking confidential services will be based solely on the adolescent’s resources.
2. Documentation at service sites demonstrates the process for determining whether a minor is seeking confidential services and that charges for adolescents seeking confidential services are based solely on the adolescent’s resources.

Title X Requirement – 1.5.7 Third Party Payments

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.

Additional AFHP Standard

Health insurance information, including AHCCCS eligibility, should be updated during each visit.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures indicate that the project bills insurance in accordance with Title X regulations.
2. The delegate can demonstrate that it has contracts with insurance providers, including public and private sources.
3. Service sites have policies and procedures to ensure that clients with family incomes between 101%-250% FPL do not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
4. Financial records indicate that clients with family incomes between 101%-250% FPL do not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.

Title X Requirement - 1.5.8 Title XIX/Title XX/Title XXI Agreements

Where reimbursement is available from Title XIX, Title XX, or Title XXI 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)].

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Sub-recipients maintain written agreements with Title XIX, Title XX, and/or Title XXI and ensure they are kept current, as appropriate.
2. Documentation indicates that the sub-recipients maintain oversight of its service-sites' agreements with Title XIX, Title XX, and/or Title XXI.

Title X Requirement - 1.5.9 Confidential Collections

Reasonable efforts to collect charges without jeopardizing client confidentiality must be made (42 CFR 59.11).

Additional AFHP Standard

Delegate agencies should obtain client permission to bill insurance. Language such as "I choose for (your agency) to bill my insurance" can be added to client intake forms.

QFP Recommendation

None

Evidence Requirement is Met

1. The service site has policy and procedures that safeguards and protects client confidentiality.
2. Documentation at service sites demonstrates that policies and procedures are in place when clients request confidential services that confidentiality is maintained when billing and collecting payments.

Title X Requirement - 1.6 Project Personnel

Title X grantees must have approved personnel policies and procedures.

Title X Requirement - 1.6.1 Personnel Policies

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.

Additional AFHP Standard

Delegates must develop protocols that provide all program personnel with guidelines for client care.

At a minimum, delegates must require and ensure that:

- personnel records are kept confidential in a secured location;
- an organization chart and personnel policies are available to all personnel;
- job descriptions are current, and distributed to all employees upon hiring;
- licenses of applicants are verified prior to employment, and there is documentation that licenses are kept current;
- employees complete forms required by law upon hiring; and, confidentiality statements are signed and retained.

Audit of personnel records indicates that records are kept in confidential secured location, job descriptions are current, licenses are verified prior to employment and are current, and that required forms are signed.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has written policies and procedures in place that provide evidence that there is no discrimination in personnel administration. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.
2. Documentation at the service sites demonstrates that there is no discrimination in personnel administration.

Title X Requirement - 1.6.2 Cultural Competency

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)).

Additional AFHP Standard

Delegate demonstrates linguistic competency of staff (at their agency and service sites) and/or access to language assistance services when appropriate.

QFP Recommendation

None

Evidence Requirement is Met

1. Written policies and procedures address how the project operationalizes cultural competency.
2. Documentation at service sites includes records of cultural competence training, in-services and client satisfaction surveys, or other documentation that supports culturally competent services.

Title X Requirement - 1.6.3 Project Director

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 and 45 CFR part 75.308(c)(1)(ii-iii).

Additional AFHP Standard

Delegates must notify AFHP of any changes in personnel status, including absence of project director, medical director, and other key personnel. Notification should occur as soon as possible (with a minimum of one week notice).

QFP Recommendation

None

Evidence Requirement is Met

1. Documentation indicates any changes in project director, project director time or other key personnel have been submitted to and approved by AFHP.

Title X Requirement - 1.6.4 Clinical Leadership

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))

Additional AFHP Standard

The clinical care component of the program operates under the responsibility of a Medical Director who is a qualified physician, licensed in the state of Arizona, with special training or experience in family planning. The Medical Director or designee:

- Supervises and evaluates medical services provided by other clinicians, including a review of the clinician’s charts and observations of clinical performance (at a minimum annually); and,
- Supervises the medical quality assurance program.
- Documentation of chart audits and observations of clinical performance demonstrates Medical Director’s involvement.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate demonstrates evidence that the medical/clinical services operate under the direction of a physician.
2. Curriculum vitae of the Medical Director indicates special training or experience in family planning.
3. There is evidence at both the delegate locations indicating involvement of the Medical Director in program operations (e.g., medical advisory committee, board, and staff meetings).
4. Clinical protocols are approved by the Medical Director.

Title X Requirement - 1.6.5 Salary

Appropriate salary limits will apply as required by law.

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

Documentation such as budgets and payroll records that indicate that the delegate is complying with required salary limits as documented in the most current family planning services Funding Opportunity Announcement (FOA).

Title X Requirement - 1.7 Staff Training and Project Technical Assistance

Title X grantees are responsible for the training of all project staff.

Title X Requirement - 1.7.1 Personnel Training

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)).

Additional AFHP Standard

Orientation and in-service training of all Title X program personnel must be completed. All Title X staff should be trained in or have sufficient knowledge of the basics of reproductive health, and the purpose and eligibility requirements of the Title X program.

All program staff must complete the trainings below annually either through AFHP or other credible training resources as follows (please note that the highlighted trainings are only required to be completed once, upon hire):

Table #1

Annual Training Topic
Introduction to Family Planning: Non-clinicians only
Title X Clinical Training: Clinicians only
Title X Orientation
Mandatory Reporting
Encouraging Family Involvement (for adolescents)
Resisting Sexual Coercion (for adolescents)
Intimate Partner Violence
Human Trafficking
Cultural Competency: Frequency per the agency's policy
Emergency and Disaster Response
HIPAA and Client Confidentiality
Non-Discrimination

■ Training only required once, upon hire

Program staff must demonstrate competency in the topic areas listed above. AFHP staff will observe staff during formal and informal site visits to evaluate competency and technical assistance will be provided as needed.

All program staff should participate in continuing education related to their activities. Programs should maintain documentation of continuing education to evaluate the scope

and effectiveness of the staff training program. Training opportunities may also be provided through AFHP, Reproductive Health National Training Center (<http://www.rhntc.org>), or other professional resources.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate records demonstrate the assessment(s) of staff training needs and a training plan that addresses key requirements of the Title X program and priority areas.
2. Service site policy requires orientation for all new project personnel.
3. Documentation at service sites includes records of orientation and in-service training for all project personnel.

Title X Requirement - 1.7.2 Training on Federal/State Reporting Requirements

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, intimate partner violence as well as on human trafficking (42 CFR 59.17).

Additional AFHP Standard

Trainings required in Section 1.7.1 are required to be conducted upon hire and annually as stated in the delegate's training plan.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate documentation includes evidence of staff training within the current project period specific to this area which may include attendance records and certificates.
2. Service site policies ensure that staff has received annual training on Federal/State and local-specific reporting/notification requirements for each of these topics.

Title X Requirement - 1.7.3 Training on Minors (Family Involvement and Coercion)

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 (42 CFR 59.2, 59.17)

Additional AFHP Standard

In addition to the Requirement above, project staff are required to receive training on state-specific reporting/notification requirements. Trainings for all topics listed in this section are required to be conducted upon hire and annually as stated in the delegate's training plan.

QFP Recommendation

None

Evidence Requirement is Met

1. Service site policies require annual training specific to this area.
2. Documentation at service sites includes records of annual staff training on minors, family involvement, and coercion.

Title X Requirement - 1.8 Planning and Evaluation

Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5(a)(13)).

Additional AFHP Standard

Delegate agencies must submit encounter level data to AFHP's Centralized Data System (CDS). Each month's encounter data should be received by AFHP via CDS no later than the close of business on the 15th day of the following month. Complete instructions for data submission are available in AFHP's Data Manual, Submission Guidelines & Codebook Guide (see AFHP Delegate Homepage in CDS) (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

When designing evaluations, projects should follow the QFP, which defines what services to provide and how to do so and thereby provides a framework by which program evaluations can be developed. Projects should also follow the QFP that defines 'quality' care and describes how to conduct quality improvement processes so that performance is monitored and improved on an ongoing basis. Quality Improvement (QI) activities should be overseen by the grantee and occur at both the grantee and sub-recipient levels.

1. Delegate project records document the use of ongoing (i.e., at least annually) quality improvement processes related to the contraceptive use measure (see #1 above).
2. Delegate demonstrates use of CDS data to calculate for their service sites the percentage of adolescent and adult women at risk of unintended pregnancy who use: (a) a most or moderately effective method of contraception, and (b) long-acting reversible methods of contraception.
3. Delegate project records document the use of ongoing (i.e., at least annually) quality improvement processes related to the contraceptive use measure across all service sites (see #2 above), and a description of steps taken by the sub-recipients and service sites in response to findings.
4. Delegate project records demonstrate the use of data at service site level to monitor other aspects of quality care (e.g., client experience, chlamydia screening rates, timelines, and efficiency).

Evidence Requirement is Met

1. Delegate collects and submits data for the Family Planning Annual Report (FPAR) in a timely, complete, and accurate manner.

2. PROJECT SERVICES AND CLIENTS

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.

Title X Requirement - 2.1 Priority Clients

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

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Data submitted to the AFHP’s Centralized Data System by the delegate demonstrates that more than half of clients served have incomes that are at or below 100% of the Federal Poverty Level (FPL).
2. Delegate service site(s) are located in locations that are accessible for low-income persons.

Title X Requirement – 2.2 Client Dignity

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

Additional AFHP Standard

Education provided should be appropriate to the client's age and level of knowledge and presented in an unbiased manner. Client education must be noted in the client’s clinical chart.

Client Grievances

The agency must have a policy in place describing the process to address and resolve client problems regarding a variety of issues including but not limited to:

- a problem or conflict with their provider;
- questions about the availability or accessibility of certain types of services;

- disagreement with an administrative or medical staff member, process or policy; and,
- decisions made about eligibility for services or programs.

This policy must contain staff roles and responsibilities, description of a tracking system to document the process and communications regarding complaints, and timelines for resolution of issues and communication with the client.

QFP Recommendation

A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered, which includes providing services in a respectful and culturally competent manner.

1. The delegate needs assessments or other documentation (including those of the service-sites) describe populations that may be in need of culturally competent care.
2. The delegate has written policies and procedures that require their sites to receive training in culturally competent care. This should include how to meet the needs of the following key populations: LGBTQ, adolescents, individuals with limited English-proficiency and the disabled.
3. Documentation (e.g., training records) that demonstrates staff has received training in providing culturally competent care to populations identified in the needs assessment.
4. Observation of the clinic environment demonstrates that it is welcoming (i.e., Privacy, cleanliness of exam rooms, ease of access to service, fair and equitable charges for services including waiver of fees for “good reasons,” language assistance).
5. Surveys provided to clients document that clients perceive providers and other clinic staff to be respectful.

Evidence Requirement is Met

1. Service sites ensures protection of client privacy as evidenced in their policies and confirmed by consultant observation.
2. A patient bill of rights or other documentation which outlines client’s rights and responsibilities is available for review by the client.

Title X Requirement - 2.3 Non-Discriminatory Services

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)).

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. Service site has written policies and procedures that require services to be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status, and to inform staff of this requirement on an annual basis.
2. Documentation at sub-recipients and service sites (e.g., staff circulars, orientation documentation, training curricula) demonstrates that staff is informed on an annual basis that services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status.

Title X Requirement - 2.4 Availability of Social Services

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)).

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate's needs assessment has documented the social service and medical needs of the community to be served, as well as ancillary services that are needed to facilitate clinic attendance, and identified relevant social and medical services available to help meet those needs.
2. Delegate has developed a written implementation plan that addresses the related social service and medical needs of clients, as well as ancillary services needed to facilitate clinic attendance.
3. There is evidence of process to refer clients to relevant social and medical services agencies for example: child care agencies, transport providers, WIC programs. (Optimally signed, written collaborative agreements).
4. Medical records indicate that referrals were made based on documented specific conditions/issues.

Title X Requirement - 2.5 Availability and Use of Referrals

Except as provided in 42 CFR 59.14(a) with respect to the prohibition on referrals for abortion as a method of family planning, 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)).

Additional AFHP Standard

Referrals for related and other services should be made to providers who offer services at a discount or sliding fee scale, where one exists.

Agencies must maintain a current list of health care providers, local health and human services departments, hospitals, voluntary agencies, and health services projects supported by other publicly funded programs to be used for referral purposes and to provide clients with a variety of providers to choose from.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has a written policy that requires service sites to develop and implement plans to coordinate with and refer clients to other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
2. Service site has plans to coordinate with and refer clients to other providers of health care.
3. Service sites have evidence of processes for effective referrals to relevant agencies, including: emergency care, HIV/AIDS care and treatment agencies, infertility specialists, and chronic care management providers, and providers of other medical services not provided on-site (Optimally, signed, written collaborative agreements).
4. Service site has evidence of referral for medically necessary prenatal care.

Title X Requirement - 2.6 Clinical Protocols and Standards of Care

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.

Additional AFHP Standard

Delegates must inform all clinical staff of state and local STI reporting requirements in accordance with state laws to ensure that staff comply with all requirements (for Arizona see Arizona Administrative Code, Title 9, Chapter 6, for Utah see R386-702).

Every client who receives clinical and/or educational and counseling services through the Title X program must have a medical health record. Client records must be maintained in accordance with accepted clinical standards and retrievable by client name and number.

The reproductive life plan/pregnancy intention/attitude must be discussed and documented with all family planning clients including males and females alike, regardless of age and sexual orientation.

Laboratory tests and procedures should be provided in accordance with nationally recognized standards of care for the provision of a contraceptive method. Programs must establish a procedure for client notification and adequate follow-up of abnormal laboratory and physical findings consistent with the relevant federal or professional associations' clinical recommendations.

Delegates will maintain and monitor emergency medical supplies and provide appropriate client care in the event that there is a medical emergency within the health facility that may include but not limited to vaso-vagal, allergic reaction to medications.

QFP Recommendation

1. Written clinical protocols indicate that the full scope of family planning services are provided as defined in QFP including contraception, pregnancy testing and counseling, achieving pregnancy, basic infertility, STD and preconception health services.
2. Service sites have current clinical protocols (i.e., updated within the past 12 months) that reflect the most current version of the federal and professional medical associations' recommendations for each type of service, as cited in QFP.
3. Written documentation that clinical staff has participated in training on QFP (e.g., training available from the Title X National Training Centers).
4. A review of medical records and/or observational assessment confirms that the recommended services are provided in a manner consistent with QFP including those identified in [tables 2 and 3](#) (pages 22-23) of the QFP.

Evidence Requirement is Met

1. The delegate has written policies and procedures demonstrating that they operate within written clinical protocols aligned with nationally recognized standards of care and signed by the Medical Director or physician responsible for the service site.
2. Service site clinical protocols align with nationally recognized standards of care.
3. Medical records document that clinical services align with approved protocols.

Title X Requirement - 2.7 Provision of Family Planning and Related Services

All projects must provide for medical services related to family planning (including physician's consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) and referral to other medical facilities when medically necessary, consistent with the prohibition on referral for abortion as a method of family planning in 42 CFR 59.14(a), and provide for the effective usage of contraceptive devices and practices (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.

Additional AFHP Standard

Delegates must comply with state and federal laws and professional practice regulations related to security and record keeping for drugs and devices, labeling, client education, inventory, supply and provision of pharmaceuticals. All prescription drugs must be stored in a locked cabinet or room (see AZ Board of Nursing R4-19-513).

If the program cannot meet the applicable federal or state statutes regarding pharmaceuticals, the agency should contract with a consulting pharmacist to provide record keeping, inventory and dispensing services. Prescribing and dispensing must only be done by qualified health professionals legally authorized to do so. The delegate agency must have policies and procedures in effect for the prescribing, dispensing and administering of medications. The pharmacy protocols and procedures manual should be current, address adherence to 340B regulations, and available at all health center sites with standing order procedures for medication administration, when applicable.

If the program has written standing orders, they should be signed by the program's Medical Director, and should outline procedures for the provision of each service offered.

QFP Recommendation

None

Evidence Requirement is Met

1. Current written (i.e., updated within the past 12 months) clinical protocols clearly indicate that the following services will be offered to female, male and adolescent clients as appropriate: a broad range of contraceptives, pregnancy testing and counseling, services to assist with achieving pregnancy, basic infertility services, STD services, and preconception health services.
2. Breast and cervical cancer screening are available onsite and are offered to clients, if applicable.

3. Written collaborative agreements with relevant referral agencies exist, including: emergency care, HIV/AIDS care and treatment providers, infertility specialists, primary care and chronic care management providers.
4. Medical records document that clients are provided referrals when medically indicated.

Title X Requirement - 2.8 Range of Family Planning Methods

All projects must provide a broad range of acceptable and effective family planning methods (including contraceptives, natural family planning or other fertility awareness-based methods) and services (including infertility services, information about or referrals for adoption, and services for adolescents). If an organization offers only a single method or a limited number of methods of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning methods and services. (42 CFR 59.5(a)(1)).

Additional AFHP Standard

Observation demonstrates counseling recommendations in accordance with the principles presented in QFP. See QFP [Appendix C](#) (pages 45-46) for the key principles of providing quality counseling for a complete description of the principles listed above.

QFP Recommendation

1. All services listed in QFP are offered to female and male clients, including adolescents as specified in clinical protocols.
2. A review of clinic/pharmacy records demonstrates no stock-out of any contraceptive method that is routinely offered occurred during the past 6 months.
3. A review of the service site's FPAR data demonstrates that the proportion of males receiving family planning services is close to or above the national average.
4. A review of medical records confirms that adolescents have been counseled about abstinence, the use of condoms and other contraceptive methods, including LARCs.

Evidence Requirement is Met

1. Medical record reviews demonstrate that clients are provided 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).
2. A review of the current stock of contraceptive methods demonstrates that a broad range of methods, including LARCs, are available onsite (optimally) or by referral.

Title X Requirement - 2.9 Durational Residency Requirements

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)).

Additional AFHP Standard

None

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has a written policy stating that services must be provided without the imposition of any durational residence requirement or a requirement that the client be referred by a physician.

Title X Requirement - 2.10 Pregnancy Testing and Diagnosis

Because Title X funds are intended only for family planning, once a client served by a Title X project is medically verified as pregnant, she shall be referred to a health care provider for medically necessary prenatal health care. The Title X provider may also choose to provide the following counseling and/or information to her:

- (i) Nondirective pregnancy counseling, when provided by physicians or advanced practice providers;
- (ii) A list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care);
- (iii) Referral to social services or adoption agencies; and/or
- (iv) Information about maintaining the health of the mother and unborn child during pregnancy.

In cases in which emergency care is required, the Title X project shall only be required to refer the client immediately to an appropriate provider of medical services needed to address the emergency.

A Title X project may not use the provision of any prenatal, social service, emergency medical, or other referral, of any counseling, or of any provider lists, as an indirect means of encouraging or promoting abortion as a method of family planning. The list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care) in bullet ii above may be limited to those that do not provide abortion, or may include licensed, qualified, comprehensive primary health care providers (including providers of prenatal care), some, but not the majority, of which also provide abortion as part of their comprehensive health care services. Neither the list nor project staff may identify which providers on the list perform abortion.

Nothing here shall be construed as prohibiting the provision of information to a project client that is medically necessary to assess the risks and benefits of different methods of contraception in the course of selecting a method, provided that the provision of such information does not promote abortion as a method of family planning. (42 CFR 59.14)

Additional AFHP Standard

Clients who are aware that they are pregnant, seeking a written confirmation of the pregnancy, and refuse/are not provided counseling and education, must not be reported as a family planning client.

QFP Recommendation

1. Written clinical protocols regarding pregnancy testing and counseling are in accordance with the recommendations presented in QFP, including reproductive life planning discussions and medical histories that include any coexisting conditions.
2. Chart review demonstrates that clients with a positive pregnancy test receive appropriate counseling and are assessed regarding their social support.
3. Chart review demonstrates that clients with a negative pregnancy test who do not want to become pregnant are offered same day contraception, if appropriate.
4. Staff has received training on pregnancy counseling recommendations presented in QFP at least once during employment.
5. Observation and/or medical record review demonstrates counseling recommendations in accordance with the principles presented in QFP including reproductive life planning discussions.

Evidence Requirement is Met

1. The delegate has written policies and procedures requiring their sites to provide a referral to a health care provider for medically necessary prenatal health care, once a client served by a Title X project is medically verified as pregnant.
2. If the delegate has chosen to include nondirective pregnancy counseling in its Title X project, they have written clinical protocols ensuring that pregnant clients may be offered 1) neutral, factual information, and 2) non-directive pregnancy counseling, when provided by a physician or Advanced Practice Provider.
3. The delegate has written policies and procedures consistent with laws that protect the conscience rights of individuals.
4. If the delegate has chosen to include nondirective pregnancy counseling in its Title X project, medical records of pregnant clients document that information and counseling provided was nondirective, and was provided by a physician or Advanced Practice Provider.
5. Medical records of pregnant clients document that referral for medically necessary prenatal care has been made.
6. Medical records of pregnant clients document that referrals for abortion have only occurred in cases of medical emergencies, or in the case of incest or rape.
7. If the service site has chosen to include a provider list as part of its Title X project, written protocols and lists demonstrate that any list provided to clients includes licensed, qualified, comprehensive primary health care providers (including providers of prenatal care), some (but not the majority) of which may provide abortion as part of their comprehensive health care services.

Title X Requirement - 2.11 Compliance with Legislative Mandates

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.”

Additional AFHP Standard

Delegates are advised to consult with legal counsel to ensure that their policies are in compliance with state law. Delegates must have a mechanism to track reports submitted to law enforcement agencies. Delegates are encouraged to inform minor clients about the reporting requirement up front, and involve adolescent clients in the steps required to comply with the law.

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has written policies and procedures requiring their sites to inform their staff annually that: (a) clinic staff must encourage family participation in the decision of minors to seek family planning services, (b) minors must be counseled on how to resist attempts to coerce them into engaging in sexual activities, and (c) State law must be followed requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
2. Documentation (e.g., staff circulars, training curricula) demonstrates that all staff has been formally informed about items 1a-c above at least once annually.
3. Medical records of minors document encouragement regarding family participation in their decision to seek family planning services and counseling on how to resist attempts to being coerced into engaging in sexual activities.
4. A review of medical records confirms that in instances where minors have not been encouraged to include their family in family planning decisions, the reasons for not having done so are documented.

3. CONFIDENTIALITY

Every project must have safeguards to ensure client confidentiality. Information obtained by 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. Concern with respect to the confidentiality of information may not be used as a rationale for noncompliance with laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, human trafficking or other similar reporting laws. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).

Additional AFHP Standard

Delegate agencies must have a mechanism in place to ensure clients are not contacted if requested. Information obtained by the medical staff about individuals receiving services may not be disclosed without the client's consent, except as required by law or as necessary to provide emergency services. Clients must be informed about any exceptions to confidentiality.

AFHP, delegate agency and any health care providers that have access to identifying information are bound by Arizona Revised Statute (A.R.S.) §36-160, Confidentiality of Records and by Utah 78B-5-618. Delegate agencies must also provide for client's privacy during: registration, eligibility determination, history taking, examination, counseling and fee collection.

Confidentiality and Release of Records

A confidentiality assurance statement must appear in the client's medical record. When information is requested, agencies must release only the specific information requested. Information collected for reporting purposes may be disclosed only in a form which does not identify particular individuals.

Release of information must be signed by the client; the release must be dated and specify to whom disclosure is authorized, what information is to be shared (HIV, CT, Pap, etc.), the purpose for disclosure and the time period during which the release is effective. Clients transferring to other providers must be provided with a copy or summary of their medical record, upon request, to expedite continuity of care. Family planning providers should make arrangements for the transfer of pertinent client information, including medical records to a referral provider. Client information must only be transferred after the client has given written, signed consent.

Agencies are expected to be in compliance with the confidentiality requirements under the Health Information Portability and Accountability Act (HIPAA). Delegate has a policy stating the frequency with which they conduct HIPAA training and the policy is followed.

QFP Recommendation

None

Evidence Requirement is Met

1. Documentation (e.g., staff circulars, new employee orientation documentation, training curricula) demonstrates that staff has been informed at least once during period of employment about policies related to preserving client confidentiality and privacy.
2. Written clinical protocols and policies have statements related to client confidentiality and privacy.
3. The health records system has safeguards in place to ensure adequate privacy, security, and appropriate access to personal health information.
4. There is evidence that HIPAA privacy forms are provided to clients and signed forms are collected as required.
5. General consent forms for services state that services will be provided in a confidential manner and note any limitations that may apply.
6. Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence).
7. Client education materials (e.g., posters, videos, flyers) noting the client's right to confidential services are freely available to clients.
8. The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.

4. COMMUNITY PARTICIPATION, EDUCATION, AND PROJECT PROMOTION

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

Title X Requirement – 4.1 Collaborative Planning and Community Engagement

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)).

Additional AFHP Standard

AFHP considers this requirement as met by having a community advisory board representative of the population served that meets on a regular basis per the delegates' policies. For those

agencies that have a Board of Directors (BOD) that is representative of the community, the BOD can be the body that fills this requirement.

Delegate agency should have a policy to prevent employees, consultants, or members of governing/advisory bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others.

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has a written policy and procedures in place for ensuring that there is an opportunity for community participation in developing, implementing, and evaluating the project plan. Participants should include individuals who are broadly representative of the population to be served, and who are knowledgeable about the community's needs for family planning services.
2. The 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.
3. Documentation demonstrates that the community engagement plan has been implemented (e.g., reports, meeting minutes, etc.)

Title X Requirement – 4.2 Community Awareness and Education

Each family planning project must provide for community information and education programs. Community education should serve to achieve 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 services may be beneficial. (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.

Additional AFHP Standard

Delegate agencies should also promote the availability of Title X services in their brochures, newsletters, on websites and in the health center waiting areas, noting that services are offered on a sliding fee schedule.

Promotion activities should be documented and reviewed annually and be responsive to the changing needs of the community.

A variety of approaches can be used to accomplish this requirement. Some examples of techniques which can be used are:

1. Discussions with groups, classes, or community-based health and social service providers, to increase their knowledge of family planning and Title X services and assist them with referring clients for services;
2. Development of fliers, brochures, or posters which increase awareness of family planning services, related health issues or provide information on Title X services and health center sites; and,
3. The use of mass media such as public service announcements or press release which increase general awareness of family planning and/or Title X Programs.

All materials published with Title X funding include a funding acknowledgement. Below is language that can be utilized to meet this requirement.

Recommended Funding Acknowledgment for materials published with Title X funds:

"This publication was made possible by Grant Number XXXXXXXXXXXX from the U.S. Department of Health and Human Services. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the U.S. Department of Health Services."

Discounted Services:

"You may be eligible for no cost or discounted family planning services. Contact (xxx) xxx-xxxx for more information."

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has policies and procedures in place to guide community awareness and community education activities.
2. Documentation demonstrates that the grantee conducts periodic assessment of the needs of the community with regard to their awareness of and need for access to family planning services.
3. Delegate has a 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 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, (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.
4. Documentation that evaluation has been conducted, and that program activities have been modified in response.

5. INFORMATION AND EDUCATION MATERIALS APPROVAL

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 in 42 CFR 59.5(b)(10) if it meets the requirements, or a separate group may be identified.

Title X Requirement – 5.1 Materials Review and Approval Process

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)).

Additional AFHP Standard

Delegate agency I&E policies must clearly state how frequently materials will be reviewed. Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage in CDS (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures that ensure materials are reviewed prior to being made available to the clients that receive services within the project.
2. Delegate has written policies and procedures for reviewing all informational and educational materials prior to their distribution.
3. Committee meeting minutes demonstrate the process used to review and approve materials.
4. Educational materials available at the service sites have been approved by the I&E Committee.

Title X Requirement – 5.2 Advisory Committee Diversity

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)).

Additional AFHP Standard

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage in CDS (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has established a project advisory committee that is comprised of members who are broadly representative of the population served.
2. The delegate has written policies to establish and oversee an advisory committee.
3. Delegate documentation (meeting minutes, lists of advisory committee members, etc.) demonstrates this requirement has been met.

Title X Requirement – 5.3 Advisory Committee Membership

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)).

Additional AFHP Standard

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage in CDS (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures in place to address the Advisory Committee requirements.
2. Delegate maintains and updates Lists/Rosters of Advisory Committee members.
3. Delegate maintains Advisory Committee written meeting minutes.
4. Advisory committee minutes indicate that the committee is active.

Title X Requirement – 5.5 Advisory Committee Responsibility for Materials Review

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.

Additional AFHP Standard

Refer to I&E toolkit for resources to meet this requirement, which can be found on the AFHP Delegate Homepage in CDS (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures specify the factual, technical and clinical accuracy components of the review are delegated to project staff.
2. If review of factual, technical, and /or clinical content has been delegated, there is evidence of Advisory Committee oversight and final approval.

Title X Requirement – 5.6 Advisory Committee Requirements

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)).

Additional AFHP Standard

Refer to I&E toolkit for resources to use to meet this requirement, which can be found on the AFHP Delegate Homepage in CDS (<https://www.arizonafamilyhealth.org/CDS/>).

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures document that the required elements of this section are addressed.
2. Meeting minutes and/or review forms document that all required components are addressed.

6. ADDITIONAL ADMINISTRATIVE REQUIREMENTS

This section addresses additional requirements that are applicable to the Title X Program and are set out in authorities other than the Title X statute and implementing regulations.

Title X Requirement - 6.1 Facilities and Accessibility of Services

Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (August 4, 2003) (HHS Grants Policy Statement 2007, II-23).

Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities (45 CFR part 84).

Additional AFHP Standard

Title X service sites should be geographically accessible for the population being served. Delegates should consider clients' access to transportation, clinic locations, hours of operation, and other factors that influence clients' abilities to access services.

Title X service sites should have plans to respond to disasters, emergencies, epidemics, and pandemics to ensure continuity of services to clients in their communities as circumstances permit.

Delegate agencies are required to develop policies and procedures for addressing the language assistance needs of persons who are not proficient or are limited in their ability to communicate in the English language ("Limited English Proficiency, or "LEP" individuals). In order to ensure that LEP individuals have equal access to Title X funded services, delegate agencies should at a minimum:

- Have a procedure in place for identifying the language needs of clients.
- Have ready access to, and provide services, of trained interpreters in a timely manner during hours of operation. Delegate agencies are expected to have bilingual staff on-site. AFHP will facilitate and cover the cost for language services through an interpreter service on an as-needed basis.
- Continuously display posters and signs, in appropriate non-English languages, in health center areas informing LEP clients of the right to language assistance and interpreter services at no cost. Clients may choose to, but should not be expected to, provide their own interpreter. Minors should never be used as interpreters in a reproductive health care setting.

AFHP provides language assistance through Certified Languages International (CLI) for interpreting services. See **Appendix 1** for specific instructions.

QFP Recommendation

When developing written policies that meet these requirements, projects implement the recommendations presented in "[Appendix E](#)" (pages 48-49) of the QFP.

1. Educational materials are clear and easy to understand (e.g., 4th-6th grade reading level).
2. Observation demonstrates that information is presented in a way that emphasizes essential points (e.g., limits the amount of information presented appropriately).
3. Observation demonstrates information on risks and benefits is communicated in a way that is easily understood (e.g., using natural frequencies and common denominators).

4. Information provided during counseling is culturally appropriate and reflects the client’s beliefs, ethnic background, and cultural practices.
5. Educational materials are tailored to literacy, age, and language preferences of client populations.

Evidence Requirement is Met

1. Policies assure language translation services are readily provided when needed.
2. Service site documentation indicates that staff is aware of policies and processes that exist to access language translation services when needed.
3. Policies and procedures ensure access to services for individuals with disabilities at service sites.
4. Delegate maintains documentation of any accommodations made for disabled individuals.
5. Project sites are free from obvious structural or other barriers that would prevent disabled individuals from accessing services.

Title X Requirement - 6.2 Human Subjects Clearance (Research)

Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The grantee/sub-recipient should advise their Regional Office in writing of any research projects that involve Title X clients (HHS Grants Policy Statement 2007, II-9).

Additional AFHP Standard

As applicable, proof of Institutional Review Board (IRB) clearance and the approved consent form also need to be submitted to AFHP. If the research project is approved, delegate must submit a written semi-annual status update and a final report of the research project.

Delegate agency has a policy indicating that they will notify AFHP in writing of any research projects that involve family planning clients.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies address this requirement.

AFHP Standard – 6.3 Close-Out

Additional AFHP Standard

See **Appendix 2** for AFHP Delegate Close-Out Checklist

PROGRAM POLICY NOTICES

OPA Program Policy Notice: Confidential Services to Adolescents

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

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.

Additional AFHP Standard

AFHP Guidance for PPN 2014-01:

Delegate agency must have a policy that states that adolescents require age-appropriate information and skilled counseling services. Services to adolescents should be available on a walk-in basis or on short notice. It should not be assumed that all adolescents are sexually active.

Delegate agencies should inform minor clients of the health center’s legal requirements and policy regarding mandated reports to local law enforcement agencies. The health center must have policies regarding reporting of child abuse or neglect and should involve adolescent clients in the steps required to comply with those laws. Health centers must also have a mechanism to track reports to local law enforcement agencies. Health centers are advised to consult with legal counsel to ensure that their policies are in compliance with state law.

AFHP Recommended Evidence:

1. Medical records contain documentation of counseling on family participation at each visit (specific action or reason why family participation was not encouraged)
2. Medical records contain documentation of counseling on resisting sexual coercion at each visit

QFP Recommendation

None

Evidence Requirement is Met

No federal evidence required at the time this PSPM was published.

OPA Program Policy Notice: Integrating with Primary Care Providers**Clarification regarding “*Program Requirements for Title X Family Planning Projects*”
Integrating with Primary Care Providers OPA Program Policy Notice 2016-11**

Release Date: November 22, 2016

Clarification

This section provides clarification for some of the most common issues facing Title X Family Planning (FP) providers when integrating with primary care organizations, and suggests sample strategies to overcome these issues. Endnotes are provided for reference to the applicable section(s) of the Title X and HRSA Health Center Program Requirements aligned with each strategy.

Issue 1: Nominal Charge and Sliding Fee Discount Schedules (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. HRSA’s policies, currently contained in [Policy Information Notice \(PIN\) 2014-02](#), allow health centers to accommodate the further discounting of services as required by Title X regulations. 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 Federal Poverty Level (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.

Title X agencies and providers may consult with the health center if they have additional questions regarding implementing discounting schedules that comply with Title X and Health Center Program requirements, which may result in the health center needing to consult their HRSA Health Center Program Project Officer.

To decide which SFDS to use, the health center should determine whether a client is receiving **only Title X family planning services** (Title X family planning services are defined by the service contract between the Title X grantee and health center) or **health center services in addition to Title X family planning services within the same visit**.

The following guidance applies specifically to clients who receive **only Title X family planning services** that are directly related to preventing or achieving pregnancy:

- Clients receiving only Title X family planning services with family incomes at or below 100% of the FPL must not be charged for services received. In order to comply with Title X regulations, any nominal fee typically collected by a HRSA health center program grantee or look-alike would **not be charged to the client receiving only Title X family planning services.**
- Clients receiving only Title X family planning services with family incomes that are between 101% FPL and 250% FPL must be charged in accordance with a specific Title X SFDS based on the client's ability to pay. Any differences between charges based on applying the Title X SFDS and the health center's discounting schedule could be allocated to Title X grant funds. This allocation is aligned with the guidance provided in HRSA's PIN 2014-02, as discussed above. This PIN states that program grantees, *"may receive or have access to other funding sources (e.g., Federal, State, local, or private funds) that contain terms and conditions for reducing patient costs for specific services. These terms and conditions may apply to patients over 200 percent of the FPG [Federal Poverty Guidelines]. In such cases, it is permissible for a health center to allocate a portion (or all) of this patient's charge to this grant or subsidy funding source.*
- Note that unemancipated minors who receive confidential Title X family planning services must be billed according to the income of the minor.

The following guidance applies specifically to clients who receive **health center services in addition to Title X family planning services within the same visit:**

- For clients receiving health center services in addition to Title X family planning services, as defined above, within the same visit, the health center or look-alike may utilize its health center discounting schedule (which ranges from 101% to 200% FPL) including collecting one nominal fee for health center services provided to clients with family incomes at or below 100% FPL.

Issue 2: Fulfilling Data Reporting Requirements

To comply with mandatory program reporting requirements for both the Title X and HRSA Health Center Program, health centers that are integrated with Title X funded agencies must provide data on services provided that are relevant to either or both through FPAR and UDS, as appropriate. In cases where a data element is applicable to both FPAR and UDS, reporting such data to each report does not result in "double" credit for services provided; rather, it ensures that both Title X and HRSA receive accurate information on services provided to clients during the given reporting period.

Further instructions on how a family planning "user" is defined can be found in the [FPAR Forms & Instructions](#) guidance document.

Issue 3: Sliding Fee Discount Schedule Eligibility for Individuals Seeking Confidential Services

For individuals requesting that Title X family planning services provided to them are confidential (i.e., they do not want their information disclosed in any way, including for third-party billing), the provider should ensure that appropriate measures are in place to protect the client's information, beyond HIPAA privacy assurances. Providers **may not bill third-party payers** for services in such cases where confidentiality cannot be assured (e.g., a payer does not suppress Explanation of Benefits documents and does not remove such information from claims history and other documents accessible to the policy holder). Providers may request payment from clients at the time of the visit for any confidential services provided that cannot be disclosed to third-party payers, as long as the provider uses the appropriate SFDS. Inability to pay, however, cannot be a barrier to services. Providers may bill third-party payers for services that the client identifies as non-confidential.

Additional AFHP Standard**AFHP Guidance for PPN 2016-11:**

None

AFHP Recommended Evidence:

1. Medical records contain documentation of appropriate billing
2. Data reporting procedures for CDS and UDS
3. Billing procedures that preserve client confidentiality

QFP Recommendation

None

Evidence Requirement is Met

No federal evidence required at the time this PSPM was published.

APPENDIX 1

Instructions for Certified Languages International (CLI)

1. Dial 1-800-225-5254
2. When the operator answers, tell them:
 - a. That you are calling from the Arizona Family Health Partnership Title X Clinics
 - b. Your customer code is: (ARIZFPC)
 - c. The language that you need interpreted
Your name, phone number, the client's ID number, and which health center you are calling from (you will need to know your CDS health center ID)
3. The operator will connect you with an interpreter promptly.

APPENDIX 2**AFHP Delegate Close-Out Checklist**

Task	Target Completion Date	Responsible Party	Actual Completion Date
Submit to AFHP: a) A written plan which addresses the provisions being made for notifying clients of termination of services OR b) Written confirmation that access to services and the scope of services will not change. c) If terminating a health center, provide a copy of the letter that will be sent to clients notifying them of the closure with a list of nearby Title X clinics or similar sliding fee providers.	30 days prior to the contract termination date		
Provide AFHP with confirmation that all subcontracts solely related to the Title X contract are terminated. a) Provide AFHP with a written plan for how subcontractors will be notified b) Provide AFHP with a list of all subcontracts related to the Title X contract c) Dates for subcontractor notification must be included	30 days prior to the contract termination date		
Provide AFHP with information accounting for any real and personal property acquired with federal funding	Prior to final payment		
Provide AFHP plans to return or purchase from AFHP capital equipment purchased with Title X funds that were greater than \$5,000 and are not fully depreciated at the end of the contract period.	30 days prior to contract termination date		
Make arrangements with AFHP for the purchase of, transfer or delivery of any materials, equipment or documents related to the Title X program.	No later than 30 days after the end of the contract		

Provide AFHP with a written request for any requests for adjustments to the contract award amount.	30 days prior to contract termination date. AFHP reserves the right to disallow any costs resulting from obligations incurred by the delegate agency during a termination unless these costs were approved or authorized by AFHP.		
Provide AFHP with a refund for any balances owed to AFHP for advances or other unauthorized costs incurred with contract funds.	Prior to final payment		
The Authorizing Official at the delegate agency must submit a 340B “Change Request Form” to end the 340B program for family planning services. The form can be found here: http://www.hrsa.gov/opa/programrequirements/forms/340bchangeform.pdf	Prior to the last day of clinic services		
Provide AFHP with a written description of how remaining 340B drugs will be used, returned, or destroyed. Note: 340B covered entities are prohibited from transferring 340B drugs to a different covered entity.	30 days prior to the health center closure		
Submit client data into AFHP’s Central Data System (CDS).	The 15 th of the month following the last day of clinic services		
Remove information regarding the Title X program from agency’s website.	During the last week of clinic services		
Provide AFHP with all outstanding financial, performance and programmatic reports.	45 days after the contract termination date or on the date stipulated in the contract, whichever is sooner		
Ensure adherence to document and record retention per agency’s policy	Ongoing, per agency’s policy		

Final payment will be held until all Title X financial, performance, programmatic reports have been received, and arrangements have been made for all materials, equipment, and documents.

Fiscal Year 2019 Program Priorities

Each year the OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the Department of Health and Human Services (HHS) priorities. Project plans should be developed that address the 2019 Title X program priorities, and should provide evidence of the project's capacity to address program priorities as they evolve in future years.

The 2019 program priorities are as follows:

Title X Priorities include all of the legal requirements covered within the Title X statute, regulations, and legislative mandates. All applicants must comply with the requirements 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.) and the implementing regulations (42 CFR part 59, subpart A), as applicable. 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"*).

Title X Statute and Regulations

Title X of the Public Health Service Act (the Act) authorizes the Secretary of Health and Human Services (HHS) to award grants to entities to provide family planning services to those desiring such services, with priority given to persons from low-income families. Therefore, in order to ensure that all prospective low income clients are able to access services, no charge will be made for services to persons from a low-income family (families whose annual incomes do not exceed 100 percent of the most recent federal poverty guidelines), except to the extent that payment will be made by a third party, including a government agency, which is authorized or under legal obligation to pay this charge. For persons whose annual family incomes do not exceed 250 percent of the federal poverty guidelines, charges must be based on a schedule of discounts, and individuals whose family incomes exceed 250 percent of the federal poverty guidelines are charged a schedule of fees designed to recover the reasonable cost of providing services. All Title X projects must have the ability to bill third parties (through public or private insurance) for the cost of services without the application of discounts, and reasonable efforts must be made to collect charges without jeopardizing client confidentiality.

Section 1001 of the Act, as amended, authorizes grants *"to assist in the establishment and operation of voluntary family planning projects which shall offer a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents)."* Natural family planning methods are now referred to as fertility awareness-based methods.

Family planning includes a broad range of services related to achieving and preventing pregnancy, assisting women, men, and couples with achieving their desired number and spacing of children. A broad range of acceptable and effective methods of family planning services including, contraception must be provided within each funded applicant's project, and the project must also include meaningful provision of fertility awareness-based methods (FABM) by including access to providers with training specific to these methods. Entities that provide only one method of family planning can participate as part of a project, as long as the entire project provides a broad range of family planning methods. A broad range of family planning services should include several categories of methods, such as: abstinence counseling, hormonal methods (oral contraceptives, rings and patches, injection, hormonal implants, intrauterine devices or systems), barrier methods (diaphragms, condoms), fertility awareness-based methods and/or permanent sterilization. A "broad range" would not necessarily need to include all categories, but should include hormonal methods since these are requested most frequently by clients and among the methods shown to be most effective in preventing pregnancy.

Services for adolescents must be provided as a part of the broad range of family planning services. Section 1001 of the statute requires that, to the extent practicable, Title X applicants shall encourage family participation in family planning services projects. This is particularly important in relation to adolescents seeking family planning services. Basic infertility services and services to aid individuals and couples in achieving pregnancy also must be provided within the project as part of the broad range of family planning services. Pregnancy information and counseling must be provided in accordance with Title X regulations.

Services must be provided in a manner that protects the dignity of individuals, and services must be voluntary and free from coercion. Projects must not discriminate in the provision of services, on the basis of religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status.

Family planning medical services must be performed under the direction of a physician with special training or experience in family planning, and each family planning project must refer to other medical facilities when medically indicated, including in medical emergencies. Projects must also provide informational and educational programs that inform the community about the availability of services, and should promote participation in the development, implementation, and evaluation of the project by persons broadly representative of the community to be served. Informational and educational materials made available through the project must be approved by an Advisory Committee that conforms to Title X regulations. The review of materials must take into account the educational and cultural background of individuals for whom the materials are intended, must consider the standards of the population or community, must ensure that the content is factually correct and is suitable for the intended population or community. The review and approval of such materials must be documented. Section 1008 of the Act, as amended, requires, "*None of the funds appropriated under this title shall be used in programs where abortion is a method of family planning.*"

Legislative Mandates

The following legislative mandates have been part of the Title X appropriations language for a number of years. In addition, FY2019 appropriation language states that funds would be available *“Provided, that amounts provided to said projects under such title shall not be expended for abortions, that all pregnancy counseling shall be nondirective, and that such amounts 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.”* Title X family planning services should include administrative, clinical, counseling, and referral services as well as training of staff necessary to ensure adherence to these requirements.

- *“None of the funds appropriated in this Act may be made available to any entity under Title X of the PHS 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;”* and
- *“Notwithstanding any other provision of law, no provider of services under Title X of the PHS Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”*

OPA expects every Title X project will comply with applicable state laws in the proposed service area and will have project-wide monitoring and state-specific policies and procedures related to reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking. These policies and procedures will include details related to:

1. Annual staff training on policies and procedures,
2. Implementation of policies,
3. Applicant monitoring throughout the project to ensure training and state-specific reporting is being followed, and
4. Maintenance of documentation concerning compliance.

These efforts will ensure clear understanding of and compliance with reporting processes, as well as permitting oversight and monitoring. In addition, any minor who presents with an STD, pregnancy, or any suspicion of abuse will be subject to preliminary screening to rule out victimization. Such screening is required for any individual who is under the age of consent in the State of the proposed service area.

Key Issues

While the requirements derived from statute, regulations, and legislative mandates described above are program priorities, there are additional key issues that represent overarching goals for the Title X program. These are determined based on priorities set by the Office of the Assistant Secretary of Health (OASH) and the Office of the Secretary (OS) of the Department of Health and Human Services (HHS). Applicants should provide documentation of how they will address these key issues in their application. The FY 2019 key issues are as follows:

1. Assuring innovative quality family planning and related preventive health services that lead to improved reproductive health outcomes and overall optimal health, which is defined as a state of complete physical, mental and social well-being and not merely the absence of disease. Guidance regarding the delivery of quality family planning services is spelled out in the April 25, 2014, MMWR, *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs - PDF*. Periodic updates have been made to this publication and are available at <https://www.hhs.gov/opa/guidelines/clinical-guidelines/index.html>. It is expected that the core family planning services listed in the Program Description, and which also are included in the *Quality Family Planning Services* document referenced above, will be provided by each project;
2. Providing the tools necessary for the inclusion of substance abuse disorder screening into family planning services offered by Title X applicants;
3. Following a model that promotes optimal health outcomes for the client (physical, mental and social health) by emphasizing comprehensive primary health care services, along with family planning services preferably in the same location or through nearby referral providers;
4. Providing resources that prioritize optimal health outcomes (physical, mental, and social health) for individuals and couples with the goal of healthy relationships and stable marriages as they make decisions about preventing or achieving pregnancy;
5. Providing counseling for adolescents that encourages sexual risk avoidance by delaying the onset of sexual activity as the healthiest choice, and developing tools to communicate the public health benefit and protective factors for the sexual health of adolescents found by delaying the onset of sexual activity thereby reducing the overall number of lifetime sexual partners;
6. Communicating the growing body of information for a variety of fertility awareness-based methods of family planning and providing tools for applicants to use in patient education about these methods;
7. Fostering interaction with community and faith-based organizations to develop a network for client referrals when needs outside the scope of family planning are identified;
8. Accurately collecting and reporting data, such as the *Family Planning Annual Report (FPAR)*, for use in monitoring performance and improving family planning services;

9. Promoting the use of a standardized instrument, such as the OPA Program Review Tool, to regularly perform quality assurance and quality improvement activities with clearly defined administrative, clinical, and financial accountability for applicants and subrecipients; and
 0. Increasing attention to CDC screening recommendations for chlamydia and other STDs (as well as HIV testing) that have potential long-term impact on fertility and pregnancy.
-

Content created by Office of Population Affairs

Content last reviewed on November 16, 2018



LIST OF SUBCONTRACTORS

&

SUBCONTRACTOR CONTRACTS

The Pima County Health Department is in the process of contracting with Jessica Moreno, MD to serve as medical consultant for the family planning program. Her CV is available upon request and the contract can be shared when completed.



Arizona Family Health Partnership

Request for Title X Contract Funds

Agency:

Reporting Period From: To:

This is a request for : Advance Funds Reimbursement

	Title X	Total Funds Earned this Reporting Period (i.e. this request)	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned	Available Balance	% Earned YTD
Title X Base Grant				\$ -	\$ -	#DIV/0!
Amendment 1				\$ -	\$ -	#DIV/0!
Amendment 2				\$ -	\$ -	#DIV/0!
				\$ -	\$ -	
Total		\$ -	\$ -	\$ -	\$ -	

Certification: By signing this request, I certify to the best of my knowledge and belief that the request is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. code, Title 18, Section 1001). By requesting funding of this amount, the undersigned certifies that all prior advanced contracted Title X funds and Title X generated client fees and donations have been expended by this agency.

Authorized Signature **Date of request**
Actual Signature required, stamped signature will not be accepted

Name **Title**

AFHP Program Dept Use Only	AFHP Accounting use only
AFHP Program Manager Certification <input style="width: 100%; height: 20px;" type="checkbox"/> Performance satisfactory for payment <input style="width: 100%; height: 20px;" type="checkbox"/> Performance unsatisfactory withhold payment <input style="width: 100%; height: 20px;" type="checkbox"/> Incorrect invoice, returned for clarification <input style="width: 100%; height: 20px;" type="checkbox"/> No payment due	<input style="width: 100%; height: 20px;" type="text"/> Date invoice recorded in QB <input style="width: 100%; height: 20px;" type="text"/> Date of drawdown <input style="width: 100%; height: 20px;" type="text"/> AFHP check # <input style="width: 100%; height: 20px;" type="text"/> Date of check <input style="width: 100%; height: 20px;" type="text"/> Title X report updated <input style="width: 100%; height: 20px;" type="text"/> Date of ACH deposit
Program Manager Signature Date	Business Office Signature Date



**PIMA COUNTY
DEPARTMENT OF FINANCE AND RISK MANAGEMENT**

Michelle Campagne, Director

CERTIFICATE OF SELF-INSURANCE

THIS IS TO CERTIFY THAT PIMA COUNTY, IN ACCORDANCE WITH A.R.S. §11-981 AND PIMA COUNTY CODE §3.04, IS SELF-INSURED.

TO THE EXTENT PERMITTED BY LAW, PIMA COUNTY, AS A SELF-INSURER, IS PROVIDING EVIDENCE OF GENERAL LIABILITY COVERAGE FOR THE COUNTY OF ONE MILLION DOLLARS (\$1,000,000), MEDICAL MALPRACTICE COVERAGE FOR THE COUNTY OF ONE MILLION DOLLARS (\$1,000,000), FIDELITY COVERAGE FOR THE COUNTY OF FIVE THOUSAND (\$5,000) AND WORKERS COMPENSATION COVERAGE FOR THE COUNTY STATUTORY LIMIT OF ONE MILLION DOLLARS (\$1,000,000), FOR LIABILITIES THAT HAVE BEEN PROPERLY DETERMINED TO ARISE FROM THIS ACTIVITY.

DATE OF ISSUE:
April 23, 2021

CERTIFICATE HOLDER:
Arizona Family Health Partnership
3101 N. Central Avenue, Suite 1120
Phoenix, AZ 85012
Attn: Ms. Dania Garcia 602-258-5777

Program:
Provide client education, distribution of contraceptives
And health screening. Target is 6,000 unduplicated
Clients during the year.

Certificate Date:
April 1, 2021 through September 30, 2021

***Certificate good with respect to
Pima County only.***

Maria Luna, Risk Manager
Pima County Finance & Risk Management Department

**RESERVED FOR
CONTRACT AMENDMENTS**