

The PSPM has been developed to assist Title X delegate agencies in understanding and implementing the family planning services grants program. This manual mirrors the Title X Requirements document published by the OPA and contains just those sections that are relevant to sub-recipient or delegate agencies. Grantee specific requirements are omitted.

Development of this PSPM was a collaborative effort between AFHP and current delegate agencies. The process was facilitated by an outside consultant. Four input sessions were held during the summer and fall of 2015. A draft of the PSPM was developed by AFHP with delegate input and sent to delegate agencies for review. The final document was first published January 8, 2016.

Resources drawn upon in developing the PSPM include the Title X Requirements, QFPs, AFHP's 2014 PSM, and a draft of OPA's monitoring tool (referred to as "the Crosswalk").

The structure of this document follows the Title X Requirements. Each Title X Requirement has at least three sections:

- 1) **Additional AFHP Requirement** – 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

Some requirements may have an additional section called **Quality Assessment**. This section provides additional evidence from the QFP to ensure that quality family planning services are provided.

Helpful Links

Title X Statute: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>

Title X Regulations: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations>

Appropriations Language/Legislative Mandates: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/legislative-mandates/>

Sterilization of Persons in Federally Assisted Family Planning Projects Regulations: <http://www.hhs.gov/opa/title-x-family-planning/title-x-policies/statutes-and-regulations/>

Department of Health and Human Services Regions: <http://www.hhs.gov/opa/regional-contacts>

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 law and regulations. For ease of reference, the law and regulations most cited in this document are listed below. Other applicable regulations and laws 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 for Awards and Subawards to Institutions of Higher Education, Hospitals, Other Nonprofit Organizations, and Commercial Organizations" (part 74) and "Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments" (part 92))	45 CFR parts 74 and 92
Regulation	"Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-profit Organizations"	2 CFR 215 (OMB Circular A-110)
OMB Circular	"Grants and Cooperative Agreements with State and Local Governments"	OMB Circular A-102

8. PROJECT MANAGEMENT AND ADMINISTRATION

All projects receiving Title X funds must provide services of high quality and be competently and efficiently administered.

Title X Requirement - 8.1 Voluntary Participation

Title X Requirement - 8.1.1

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)).

Additional AFHP Requirement

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.

Evidence Requirement is Met

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

1. Delegate has written policies and procedures that specify services are to be provided on a voluntary basis.
2. Documentation at service sites demonstrates (e.g., staff circulars, training curriculum and records) staff has been informed at least once during their period of employment that services must be provided on a voluntary basis.
3. 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.
4. General consent forms at service sites inform clients that services are provided on a voluntary basis.
 - 4a. Record review at service sites demonstrate that each client has signed a general consent form acknowledging that services are voluntary.

Quality Assessment

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

Title X Requirement - 8.1.2

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Delegates 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 receipt of other services from the service site.

1. The delegate has a written policy that prohibit service sites from making the acceptance of family planning services a prerequisite to the receipt of any other services.
2. Documentation (e.g., staff circulars, training curriculum) indicates staff has been informed at least once during their period of employment that a client's receipt of family planning services may not be used as a prerequisite to receipt of any other services offered by the service site.
3. Administrative policies 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.
4. General consent forms state that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
5. Medical chart 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.

Title X Requirement - 8.1.3

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

Additional AFHP Requirement

Personnel working within the family planning project must be informed that they may not coerce or try to coerce any person to accept any pregnancy option (including adoption) or specific birth control option.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has written policies and procedures that require that all staff of the delegate agency and service sites is informed that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
2. Documentation exists at all levels (e.g., staff circulars, training records) demonstrating that staff has been informed on an annual basis that they are subject to this requirement including the consequences of attempting to coerce anyone to undergo an abortion or sterilization procedure.

Title X Requirement - 8.2 Prohibition of Abortion

Title X Requirement - 8.2

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

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Systems must be in place to assure adequate separation of any non-Title X activities from the Title X project.

1. Delegate has documented processes to ensure that they are in compliance with Section 1008.
2. Delegate has written policies and procedures that prohibit delegate agency and service sites from providing abortion as part of the Title X project.
3. Financial documentation at service sites demonstrates that Title X funds are not being used for abortions services and adequate separation exists between Title X and non-Title X activities.

Delegate has written policies that clearly indicate that none of the funds will be used in programs where abortion is a method of family planning.

Title X Requirement - 8.3 Structure and Management

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

Title X Requirement - 8.3.1

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Delegate has written agreements documenting that any entity(s) that is sub-contracted for responsibilities or services is carrying out the scope of the sub-contract in accordance with Title X and other applicable federal requirements.

Title X Requirement - 8.3.2

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has a signed agreement with any who subcontracts for responsibilities or services, assuring that the subcontractor is aware of Title X requirements and is carrying out the scope of the subcontract in accordance with Title X requirements.
2. Documentation exists demonstrating that the grantee assures that the delegate is monitoring the entity for compliance with Title X requirements.

Title X Requirement - 8.3.3

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. 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 - 8.3.4

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has a 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 - 8.3.6

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Financial policies and procedures can be referenced back to federal regulations as applicable.
2. Financial documents and records demonstrate that the practices are in accordance with Title X and other applicable regulations and grants requirements.

Title X Requirement - 8.4 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 - 8.4.1

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

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

Additional AFHP Requirement

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.
2. Delegate has policies and procedures assuring that 3rd party payers are billed.
3. Financial documentation indicates clients whose documented income is at or below 100% FPL are not charged for services.
4. Financial documentation indicates that if a third party is authorized or legally obligated to pay for services, the project has billed accordingly.

5. Delegate has a written policy and procedure for verifying client income that is aligned with Title X requirements.
6. Delegate policy for verifying client income does not present a barrier to receipt of services.

Title X 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)).

Additional AFHP Requirement

Clients must be charged in accordance with Partnership- approved schedule of discounts and sliding fee schedule unless another fund source exists that will cover the cost for the service.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures indicating that a schedule of discounts has been developed and is updated periodically to be in line with the FPL.
2. Service site documentation indicates client income is assessed and discounts are appropriately applied to the cost of services.

Title X 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).

Additional AFHP Requirement

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

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures that demonstrate there is a process to refer clients (or financial records) to the service site director for review and consideration of waiver of charges.

2. Documentation onsite demonstrates a determination is made by the service site director, is documented and the client is informed of the determination.

Title X 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)).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has a documented process, with a sound rationale, for determining the cost of services.
2. Financial records indicate client income is assessed and that charges are applied appropriately to recover the cost of services.

Title X 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).

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies, procedures, and other documentation demonstrate that there is a process for determining whether a minor is seeking confidential services.
2. Delegate policy stipulates that charges to adolescents seeking confidential services will be based solely on the adolescent's income.
3. Client records indicate appropriate implementation of policy.

Title X Requirement - 8.4.6

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

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

Additional AFHP Requirement

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. 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 - 8.4.7

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Delegate maintains written agreements and ensures they are kept current as appropriate.

Title X Requirement - 8.4.8

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

Additional AFHP Requirement

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. Delegate policies addressing collection include safeguards that protect client confidentiality, particularly in cases where sending an explanation of benefits could breach client confidentiality.
2. Documentation demonstrates that clients’ services remain confidential when billing and collecting payments.

Title X Requirement - 8.4.9

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

Additional AFHP Requirement

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 should be tracked separately.

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

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures indicate if the program requests and/or accepts donations.

2. Onsite documentation and observation demonstrates 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 - 8.5 Project Personnel

Title X grantees must have approved personnel policies and procedures.

Title X Requirement - 8.5.1

Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language.

Additional AFHP Requirement

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.

Title X Requirement - 8.5.2

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

Additional AFHP Requirement

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

QFP Recommendation

None

Evidence Requirement is Met

1. Written policies and procedures address how the delegate operationalizes cultural competency.
2. Documentation at service sites includes records of cultural competence training, in-services and client satisfaction surveys.

Title X Requirement - 8.5.3

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

Additional AFHP Requirement

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 weeks notice).

QFP Recommendation

None

Evidence Requirement is Met

1. Documentation that indicates any changes in project director have been submitted to and approved by AFHP.

Title X Requirement - 8.5.4

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

Additional AFHP Requirement

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:

- 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 organization provides written evidence that the medical/clinical services operates under the direction of a physician.
2. Minutes of organizational meetings (e.g. medical advisory committee, quality assurance, board, and staff meetings) indicate involvement of the Medical Director in program operations.
3. Curriculum vitae of the Medical Director indicates special training or experience in family planning.
4. Clinic protocols for the entire project are overseen by the Medical Director.

Title X Requirement - 8.5.5

Appropriate salary limits will apply as required by law.

Additional AFHP Requirement

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 - 8.6 Staff Training and Project Technical Assistance

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

Title X Requirement - 8.6.1

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

Additional AFHP Requirement

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 either through AFHP or other credible training resources as follows:

Table #1

	Clinical Staff*	Non-Clinical Staff**
Title X Orientation – Upon Hire	Yes	Yes
Introduction to Family Planning – Upon Hire	Yes (except clinicians)	No
Title X and QFP Training for Clinicians – Upon Hire	Yes (clinicians only)	No
Mandatory Reporting – Upon Hire and at least once during each project period	Yes	Yes
Family involvement and sexual coercion (for teens) – Upon Hire and at least once during each project period	Yes	Yes
Human Trafficking – Upon Hire and at least once during each project period	Yes	Yes
Cultural Competency – Per agency's policy	Yes	Yes
Pregnancy Options Counseling per QFP – At least once during employment	Yes	No

HIPAA and client confidentiality – Upon Hire and at least once during each project period	Yes	Yes
Non-Discrimination – Upon Hire	Yes	Yes
Emergency and disaster response and staffs’ roles – Upon Hire	Yes	Yes

*Clinical Staff = MD, ND, NP, MSN, MSM, RN, LPN, CNA, MA, etc.

**Non-Clinical Staff = front desk staff, etc.

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 will also be provided through AFHP and the National Training Centers (<http://www.fpntc.org>).

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. Delegate maintains written records of orientation, in-service and training attendance by personnel.
3. Delegate documentation demonstrates oversight of staff training plans and activities.

Title X Requirement - 8.6.2
 The project’s training plan should provide for routine training of staff on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as on human trafficking.

Additional AFHP Requirement

Trainings required in Section 8.6.2 are required to be conducted annually.

QFP Recommendation

None

Evidence Requirement is Met

Delegate documentation includes evidence of staff training within the current project period specific to this area which may include attendance records and certificates.

Title X Requirement - 8.6.3

The project's training plan should provide for routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.

Additional AFHP Requirement

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 annually.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies ensure that staff has received training within the current project period on state-specific reporting/notification requirements.
2. Documentation includes training attendance records/certificates which indicate that training on family involvement counseling and sexual coercion counseling has been provided.

Title X Requirement - 8.7 Planning and Evaluation

Title X Requirement - 8.7

Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5 (b) (6) and (7)). In order to adequately plan and evaluate program activities, grantees should develop written goals and objectives for the project period that are specific, measurable, achievable, realistic, time-framed, and which are consistent with Title X Program Requirements. The program plan should be based on a needs assessment. Grantee project plans must include an evaluation component that identifies indicators by which the program measures the Page 14 /// Program Requirements for Title X Funded Family Planning Projects achievement of its objectives. For more information on quality improvement, see Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs.

Additional AFHP Requirement

None.

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. QI activities should be overseen by the grantee and occur at both the grantee and sub-recipient levels.

Evidence Requirement is Met

1. (A) Delegate records demonstrate that the results of at least one needs assessment were used to develop the competing grant application.
2. (A) Delegate collects and submits data for the Family Planning Annual Report to AFHP, in a complete and accurate manner.

Quality Assessment

Delegate has implemented Health Information Technology and can demonstrate how its use has increased its ability.

9. 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 - 9.1

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

Additional AFHP Requirement

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 - 9.2

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

Additional AFHP Requirement

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.

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.

Evidence Requirement is Met

1. Delegate policies and procedures address protection of client dignity which may include:
 - a.) Protection of client privacy.
 - b.) A patient bill of rights outlines rights and responsibilities.

Quality Assessment

1. The delegate needs assessments identify populations that may be in need of culturally competent care.
2. The delegate has written policies and procedures that require that their staff 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-speaking skills, and the disabled.
3. Documentation (e.g., training records) that demonstrates staff have 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 cause", language assistance).
5. Client surveys document that clients perceive providers and other clinic staff to be respectful.

Title X Requirement - 9.3

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

Additional AFHP Requirement

None

QFP Recommendation

A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are equitable, which includes providing high quality care to all clients, including adolescents, racial/ethnic minorities, LGBTQ individuals, clients with limited English proficiency, and persons living with disabilities.

Evidence Requirement is Met

1. Delegate has written policies and procedures that require service 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 (e.g., staff circulars, orientation documentation, training curricula) demonstrates that staff has been informed at least once during employment that services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status.

Quality Assessment

1. Delegate has project data on the characteristics of clients served in the past year that demonstrates a diverse client population has been served reflective of the service areas demographics.
2. Observation of the service site demonstrates that it is physically accessible to persons living with disabilities.
3. Service sites are open at times that are convenient to clients including evenings and weekends.
4. Educational materials that are tailored to literacy, age, and language preferences of client populations are available on-site.
5. Data from client experience surveys document that clients perceive providers and other clinic staff to offer services in a non-discriminatory manner (e.g., provider communicates well, spends enough time, is helpful and courteous, etc.).

Title X Requirement - 9.4

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

Additional AFHP Requirement

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. Current (i.e., signed within the past 12 months) written collaborative agreements with relevant referral agencies exist, for example: child care agencies, transport providers, WIC programs.
4. Medical records indicate that referrals were made based on documented specific conditions/issues.

Title X Requirement - 9.5

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

Additional AFHP Requirement

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 developed a written implementation plan to coordinate 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. Current (i.e., signed within the past 12 months) written collaborative agreements with relevant referral agencies exist, 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.

Title X Requirement - 9.6

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

Additional AFHP Requirement

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

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 filed in a retrievable manner by client name and number.

The reproductive life plan must be discussed and documented with all family planning clients including males and females alike.

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.

Documentation in the Electronic Health Records (EHRs) contains a combination of required and recommended fields. AFHP has compiled a comprehensive list of such documentation. This list, based on Title X Requirements and the QFPs is available as a resource on the AFHP Delegate Homepage (<https://www.arizonafamilyhealth.org/cds>).

QFP Recommendation

Delegates should follow the QFP, which defines “family planning” services (i.e., contraceptive, pregnancy testing and counseling, achieving pregnancy, basic infertility services, STD services, preconception health services), describes what services should be offered by family planning providers, and recommends how to provide those services by citing specific federal and professional medical associations’ recommendations for clinical care.

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. Medical records document that clinical services align with approved protocols.

Quality Assessment

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 on pages 22-23 of the QFP.

Title X Requirement - 9.7

All projects must provide for medical services related to family planning and the effective usage of contraceptive devices and practices (including physician’s consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) as well as necessary referrals to other medical facilities when medically indicated (42 CFR 59.5(b) (1)).

This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care.

Additional AFHP Requirement

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.

The program has written standing orders which are signed by the program's Medical Director, and outline procedures for the provision of each service offered.

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has written policies and procedures requiring service sites to provide medical services related to family planning as indicated in this section.
2. 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.
3. Breast and cervical cancer screening are available onsite and are offered to female clients if applicable.
4. 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.
5. Medical records documents that clients are provided referrals when medically indicated.

Title X Requirement - 9.8

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

Additional AFHP Requirement

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

The QFP notes the special needs of adolescent clients and recommends ways to address those needs, e.g., how to tailor contraceptive counseling for adolescents and ways to make services more youth-friendly.

The QFP also notes the need to offer a broad range of contraceptive methods, and that this is an important part of providing client-centered care that respects the individual's choice. Projects should have a system in place to ensure continuous access to a broad range of FDA-approved contraceptive methods, optimally on-site.

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. Services provided by the delegate, when viewed in its entirety, provide, a broad range of effective and medically (FDA-approved) methods and services.
3. 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.
4. Clinic protocols state that the following services will be provided to female, male, and adolescent clients as appropriate: contraception, pregnancy testing and counseling, services for achieving pregnancy, basic infertility services, STD services, and preconception health services.

Quality Assessment

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 adolescents served is close to or above the national average (as documented in FPAR).
4. 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.
5. A review of medical records confirms that adolescents have been counseled about abstinence, the use of condoms and other contraceptive methods, including LARCs.

Title X Requirement - 9.9

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

Additional AFHP Requirement

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.
2. Written clinic policies explicitly address this requirement.

Title X Requirement - 9.10

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

Additional AFHP Requirement

Delegate agencies must provide pregnancy diagnosis and counseling, in accordance with written and signed standardized procedures, to all clients in need of this service.

QFP Recommendation

Projects should follow QFP, which describes how to provide pregnancy testing and counseling services, and cites the clinical recommendations of the relevant professional medical associations.

Evidence Requirement is Met

1. The delegate has a written policy that pregnancy diagnosis and counseling services are provided to all clients in need of these services.
2. Clinic inventory and medical records review demonstrates that pregnancy testing and counseling is available and offered to all clients in need of these services.

Quality Assessment

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 who wish to continue the pregnancy receive initial prenatal 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 have 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 discussion.

Title X Requirement - 9.11

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

- prenatal care and delivery;
- infant care, foster care, or adoption; and
- pregnancy termination.

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has written policies and procedures demonstrating that they offer options counseling to pregnant women.
2. Written clinical protocols ensure that pregnant clients are offered neutral, factual information, and non-directive counseling about all three pregnancy options except for those options that the woman does not wish to receive information about, and that referrals requested by the client are provided to her.
3. Medical records of pregnant clients document that clients were offered the opportunity to be provided with information and counseling about all three pregnancy options, except those for which the woman did not want to receive information and counseling.
4. Medical records of pregnant clients document that referrals were made as requested.

Title X Requirement - 9.12

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

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

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

Additional AFHP Requirement

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 policy and procedures ensuring that all staff are periodically informed 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) that all staff has been formally informed about items **1a-c** above at least once during their employment or if/when laws change.
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.

10. CONFIDENTIALITY

Title X Requirement - 10

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

Additional AFHP Requirement

Delegate agencies must have a mechanism in place to ensure clients are not contacted if requested. No information obtained by the provider's staff about individuals receiving services may 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 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 record, upon request, to expedite continuity of care. Family planning providers should make arrangements for the transfer of pertinent client information, including charts 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. The delegate has a written policy requiring that all service sites safeguard client confidentiality.
2. 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.
3. Written clinical protocols and policies have statements related to client confidentiality and privacy.
4. The health records system has safeguards in place to ensure adequate privacy, security and appropriate access to personal health information.
5. There is evidence that HIPAA privacy forms are provided to clients and signed forms are collected as required.
6. General consent forms for services state that services will be provided in a confidential manner, and note any limitations that may apply.
7. 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).
8. Client education materials (e.g., posters, videos, flyers) noting the client's right to confidential services are freely available to clients.
9. The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.

11. 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 - 11.1

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

Additional AFHP Requirement

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.

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 - 11.2

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

Additional AFHP Requirement

None.

QFP Recommendation

None

Evidence Requirement is Met

1. 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.
2. 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.
3. Documentation that evaluation has been conducted, and that program activities have been modified in response.

Title X Requirement - 11.3

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

Additional AFHP Requirement

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 service. 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 options and Title X services and assist them with counseling and referring clients for services;
2. Development of fliers, brochures, or posters which increase awareness of family planning options, 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.

Recommended Funding Acknowledgment for materials published with Title X funds:

"The Family Planning Program is funded in part by the U.S. Department of Health and Human Services through the Arizona Family Health Partnership. Fees are on a sliding scale based on income and family size, but no one is refused service because of inability to pay."

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 developed a community education and service promotion plan that: (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.
2. There is documentation that the plan has been implemented and evaluated.

12. 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 if it meets the requirements, or a separate group may be identified.

Title X Requirement - 12.1

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

Additional AFHP Requirement

Delegate agency I&E policies must clearly state how frequently materials will be reviewed.

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. If a delegate sub-contracts for services, the delegate must ensure that there is a process in place that meets this requirement.
2. Committee meeting minutes (grantee or delegate, as applicable) demonstrate the process used to review and approve materials.

Title X Requirement - 12.2

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

Additional AFHP Requirement

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

QFP Recommendation

None

Evidence Requirement is Met

1. The delegate has established a project advisory board that is comprised of members who are broadly representative of the population served.
2. If a delegate sub-contracts for services, the delegate must ensure that there is a process in place that meets this requirement.
3. Delegate documentation (meeting minutes, lists of board members, etc.) demonstrates this requirement has been met.

Title X Requirement - 12.3

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

Additional AFHP Requirement

Refer to I&E toolkit for tools to use to meet this requirement.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate has policies and procedures addressing this element.
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 - 12.4

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

Additional AFHP Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

Delegate policies and procedures indicate responsibility for this element.

Title X Requirement - 12.5

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

Additional AFHP Requirement

Refer to I&E toolkit for tools to use to meet this requirement.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures specify if the factual, technical and clinical accuracy components of the review are delegated to project staff, final responsibility for approval of the I & E materials rests with the Advisory Committee.
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 - 12.6

The I&E Advisory Committee(s) must:

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

Additional AFHP Requirement

Refer to I&E toolkit for tools to use to meet this requirement.

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.

13. 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 - 13.1 Facilities and Accessibility of Services**Title X Requirement - 13.1.1**

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

Additional AFHP Requirement

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 provide translation assistance to Spanish speaking clients through bilingual staff or interpreters. This may also apply to American Indian languages in certain areas. AFHP will facilitate and cover the cost for translation services through a phone based interpreter service, which delegates can access for other rarely encountered languages.
- 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) and reimburses for interpreting services for all languages except Spanish (for all geographic areas) and Navajo (Diné) (on the Navajo Nation). See **Appendices 2a and 2b** for specific instructions and reimbursement form.

QFP Recommendation

When developing written policies that meet this requirements projects implement the recommendations presented in "Appendix E" (pages 48-50) of the QFP.

Strategies that can make information more accessible for clients with Limited English Proficiency include:

- Presenting information in the client's primary language.
- Provide translation services.

Ensure that information is culturally appropriate and reflects the client's beliefs, ethnic background and cultural practices.

Evidence Requirement is Met

1. Delegate 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.

Quality Assessment

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.

Title X Requirement - 13.1.2

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 Requirement

None

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies and procedures ensure access to services for individuals with disabilities at all service sites.
2. Delegate maintains documentation of any accommodations made for disabled individuals.
3. Project sites are free from obvious structural or other barriers that would prevent disabled individuals from accessing services.

Title X Requirement - 13.2 Emergency Management

Title X Requirement - 13.2

All grantees, sub-recipients, and Title X clinics are required to have a written plan for the management of emergencies (29 CFR 1910, subpart E), and clinic facilities must meet applicable standards established by Federal, State, and local governments (e.g., local fire, building, and licensing codes).

Additional AFHP Requirement

Health and safety issues within the facility fall under the authority of the Occupational Safety and Health Administration (OSHA). Disaster plans and emergency exits are addressed under 29 CFR 1910, subpart E.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate disaster plans have been developed and are available to staff.
2. Staff can identify emergency evacuation routes.
3. Staff has completed training and understands their role in an emergency or natural disaster.
4. Exits are recognizable and free from barriers.

5. Delegate documentation demonstrates oversight of service sites compliance with these requirements.

Title X Requirement - 13.3 Standards of Conduct

Title X Requirement - 13.3

Projects are required to establish policies 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 (HHS Grants Policy Statement 2007, II-7).

Additional AFHP Requirement

Delegate agency has 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. Delegate policies address this requirement.
2. There is evidence of delegate oversight of service sites for compliance with this requirement.

Title X Requirement - 13.4 Human Subjects Clearance (Research)

Title X Requirement - 13.4

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 Requirement

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 notify AFHP in writing of any research projects that involve Title X clients.

QFP Recommendation

None

Evidence Requirement is Met

1. Delegate policies address this requirement.
2. There is evidence of delegate oversight of service sites for compliance with this requirement.

Title X Requirement - 13.5 Financial and Reporting Requirements

Title X Requirement - 13.5

Audits of grantees and sub-recipients must be conducted in accordance with the HHS grants administration regulations (45 CFR parts 74.26 and 92.26), as applicable, by auditors meeting established criteria for qualifications and independence (OMB A-133).

Grantees must comply with the financial and other reporting requirements set out in the HHS grants administration regulations (45 CFR parts 74 and 92), as applicable. In addition, grantees must have program data reporting systems which accurately collect and organize data for program reporting and which support management decision making and act in accordance with other reporting requirements as required by HHS.

Grantees 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)).

Grantees must reconcile reports, ensuring that disbursements equal obligations and drawdowns. HHS is not liable should the recipient expenditures exceed the actual amount available for the grant.

Additional AFHP Requirement

Note: Per the June, 2015 Notice of Award, all references to 45 CFR Part 74 or 92 are now replaced by 2 CFR Part 200 and 45 CFR Part 75.

Delegates must implement policies and procedures, approved by AFHP, for charging, billing and collecting funds for the services provided by the Title X Program. 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/expenditure 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 should 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 15% 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 for purchasing. 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.

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 the 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).

QFP Recommendation

None

Evidence Requirement is Met

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

14. ADDITIONAL CONDITIONS

Title X Requirement – 14.

With respect to any grant, HHS may impose additional conditions prior to or at the time of any award, when, in the judgment of HHS, 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 (42 CFR 59.12).

AFHP Requirement - 14.1 Advancement of Title X Funds

Additional AFHP Requirement

Delegate's requests for advancement of Title X grant funds shall be limited to the minimum amounts needed and be timed in accordance with the actual, immediate cash requirements of the recipient organization in carrying out the purpose of the approved program or project. The timing and amount of cash advances shall be as close as is administratively feasible to the actual disbursements by the recipient organization for direct program or project costs and the proportional share of any allowable indirect costs. Delegates seeking advance payment must submit two requests during the month; one after the first business day of the month and another after the 15th business day of the month.

Federal regulation 45 CFR 74.22(f) states that additional federal funds should not be advanced until current funds, including program income, have been expended. The delegate must certify with an authorized signature that previously advanced funds have been expended (see **Appendix 2** for sample Request for Funds form). Any interest that may be accrued at AFHP or the subcontractor level, in spite of these precautions, will be returned to DHHS in accordance with federal regulations. Title X grant funds must be obligated by the end of the grant year and be expended within 60 days of the end of the grant year. Any funds requested in advance and are unexpended must be returned to AFHP for reallocation by the Board of Directors.

AFHP Requirement - 14.2 Client Grievances

Additional AFHP Requirement

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.

Programs must post a Patients' Bill of Rights, which describes the rights of a patient, in exam rooms and reception areas at their health centers. If the Bill of Rights does not describe the grievance process, programs must ensure that clients are aware of the process through another mechanism.

AFHP Requirement - 14.3 Record Retention

Additional AFHP Requirement

Delegate agency must have a policy that states that the records of minors are to be kept a total of seven (7) years and at least one year after their 18th birthday. For all others, records are to be kept for at least seven years (for Arizona see A.R.S. § 12-2297, for Utah see R432-500-22).

AFHP Requirement – 14.4 Closeout

Additional AFHP Requirement

See **Appendix 3** 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 Requirement

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. Charts contain documentation of counseling on family involvement
2. Charts contain documentation of counseling on sexual coercion

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 Requirement

AFHP Guidance for PPN 2016-11:

None

AFHP Recommended Evidence:

1. Charts 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 1a

Instructions for Certified Languages Services (CLS)

1. CLS may be used for all languages other than Spanish for the Title X Arizona grant and Spanish and Navajo for the Navajo Nation grant.
2. Dial 1-800-225-5254
3. 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
 - d. Your name, phone number, the client's ID number, and which clinic you are calling from (you will need to know your health center ID which is the same as your CDS health center ID)
4. The operator will connect you with an interpreter promptly.

APPENDIX 1b

Translation Services Billing Verification Form

**Arizona Family Health Partnership
Billing Verification Form**

For Interpreting Services Received through Certified Languages International (CLI)

Please complete this form for each interpreting service encounter received through CLI and submit to AFHP for billing verification within 24 hours of the date of service. Fax the form to your Program Manager or Lucy James at (602) 252-3708.

Agency: _____ **Clinic:** _____
Date of Call: _____ **Language Calling For:** _____
Name/Title of Staff Calling: _____
Client ID#: _____ **Length of phone call** _____ mins./hrs.

**Arizona Family Health Partnership
Billing Verification Form**

For Interpreting Services Received through Certified Languages International (CLI)

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Please complete this form for each interpreting service encounter received through CLI and submit to AFHP for billing verification within 24 hours of the date of service. Fax the form to your Program Manager or Lucy James at (602) 252-3708.

Agency: _____ **Clinic:** _____
Date of Call: _____ **Language Calling For:** _____
Name/Title of Staff Calling: _____
Client ID#: _____ **Length of phone call** _____ mins./hrs.

APPENDIX 2



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
Base Grant				\$ -	\$ -	#DIV/0!
Amendment 1				\$ -	\$ -	#DIV/0!
Amendment 2				\$ -	\$ -	#DIV/0!
Amendment 3				\$ -	\$ -	#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: 100px; height: 20px;" type="text"/> Performance satisfactory for payment <input style="width: 100px; height: 20px;" type="text"/> Performance unsatisfactory withhold payment <input style="width: 100px; height: 20px;" type="text"/> Incorrect invoice, returned for clarification <input style="width: 100px; height: 20px;" type="text"/> No payment due	<input style="width: 100px; height: 20px;" type="text"/> Date invoice recorded in QB <input style="width: 100px; height: 20px;" type="text"/> Date of drawdown <input style="width: 100px; height: 20px;" type="text"/> AFHP check # <input style="width: 100px; height: 20px;" type="text"/> Date of check <input style="width: 100px; height: 20px;" type="text"/> Title X report updated <input style="width: 100px; height: 20px;" type="text"/> Date of ACH deposit
Program Manager Signature _____ Date _____	Business Office Signature _____ Date _____

APPENDIX 3**AFHP Delegate Close-out Checklist**

Task	Target Completion Date	Responsible Party	Actual Completion Date
Provide AFHP with a list of all subcontracts related to the Title X contract.	30 days prior to the contract termination date		
Provide AFHP with a written plan for how subcontractors will be notified of the termination of the Title X contract. Dates for subcontractor notification must be included.	30 days prior to the contract termination date		
Terminate all subcontracts solely related to the Title X contract.	30 days after the 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. Final payment will be held until arrangements have been made for all materials, equipment and documents.		
Provide AFHP with information accounting for any real and personal property acquired with federal funding received in accordance with CFR part 74.31 and 74.37.	Prior to final payment		
A) Submit a written plan to AFHP which addresses the provisions being made for notifying clients of termination of services - OR B) Confirm that access to services and the scope of services will not change.	30 days prior to the contract termination date		
Provide AFHP with a written plan for how client records will be transferred or retained in accordance with HIPAA, state and federal regulations.	30 days prior to the contract termination date		
Provide AFHP with the delegate agency's official policy for continuation of client care including how clients will be	30 days prior to the contract termination date		

notified of the termination of services and where they can obtain services at another Title X clinic or similar sliding fee provider. If a policy does not exist, provide a written plan with this information must be provided.			
If terminating a health center, provide AFHP with 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 your agency's policy for compliance with employment and labor laws for staff that will be affected by the contract termination.	30 days prior to the contract termination date		
Provide AFHP written confirmation of how your agency will dispose of any hazardous materials (i.e. contract with Stericycle).	30 days prior to contract termination date		
All remaining client data must be uploaded into AFHP's Central Data System (CDS).	The 15 th of the month following the last day of clinic services		
Remove information regarding the program from your agency's website.	During the last week of clinic services		
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 refund for any balances owed to AFHP for advances or other unauthorized costs incurred with contract funds.	Prior to final payment		
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. Final payment will be held until all such reports are received.		

<p>Provide AFHP with a written request for any requests for adjustments to the contract award amount.</p>	<p>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.</p>		
<p>Ensure adherence to document and record retention per the delegate's policies.</p>	<p>Ongoing, per delegates' policy</p>		

APPENDIX 4

Title X Requirement – 16: Other Applicable HHS Regulations and Statutes

Attention is drawn to the following HHS Department-wide regulations that apply to grants under Title X. 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 74: Uniform administrative requirements for awards and sub-awards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments, and Indian tribal governments;
- 45 CFR Part 80: Nondiscrimination under programs receiving Federal assistance
- Through HHS 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 disability 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;
- 45 CFR Part 92: Uniform administrative requirements for grants and cooperative agreements to State and local governments; and
- 45 CFR Part 100: Intergovernmental Review of Department of Health and Human Services Programs and Activities.

In addition, the following statutory and regulatory provisions may be applicable to grants under Title X:

- The Patient Protection and Affordable Care Act (Public Law 111-148);
- The Trafficking Victims Protection Act of 2000, as amended (Public Law 106-386);
- Sex Trafficking of Children or by Force, Fraud, or Coercion (18 USC 1591);
- The Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191); and
- Appropriations language that applies to the Title X program for the relevant fiscal year.

PIMA COUNTY HEALTH DEPARTMENT

PROGRAM: Family Planning Physician Services

CONTRACTOR: Judith E. Riley, M.D., PLC
310 North Wilmot Road, Suite 306
Tucson, Arizona 85711

AMOUNT: \$34,000.00

TERM: July 1, 2015 – June 30, 2016

FUNDING: Health Department General Funds

CONTRACT NO: CT-HD-15-0570

CONTRACT
NO <u>CT-HD-15000000000000000000570</u>
AMENDMENT NO. _____
This number must appear on all invoices, correspondence and documents pertaining to this contract.

CONTRACT

THIS CONTRACT is entered into between Pima County, a body politic and corporate of the State of Arizona, for and on behalf of Pima County Health Department, hereinafter called COUNTY and Judith E. Riley, M.D., PLC hereinafter called CONTRACTOR.

WHEREAS, pursuant to A.R.S. § 11-251(5) County may appropriate and spend public monies for and in connection with community health services that the Pima County Board of Supervisors finds and determines will assist in the health and welfare of the County inhabitants; and

WHEREAS, COUNTY was awarded the Family Planning Title X Grant, through the Arizona Family Planning Council to provide family planning and colposcopy services; and,

WHEREAS, COUNTY requires the services of a qualified and experienced licensed Arizona physician in obstetrics/gynecology, competent to perform family planning and colposcopy services; and,

WHEREAS, to provide services as required by the Arizona Family Planning Council, Family Planning Title X Grant, COUNTY solicited services pursuant to Pima County Board of Supervisors Policy D29.7, Medical and Health-Related Professional Services; and,

WHEREAS, pursuant to Solicitation # PCHD-CSD-FP-05-2015-COLPO, CONTRACTOR is qualified and willing to provide such services and submitted a proposal advantageous to the COUNTY.

NOW, THEREFORE, the parties hereto agree as follows:

ARTICLE 1 - TERM AND EXTENSION/RENEWAL

- A. This Contract, as awarded by the COUNTY, shall commence on July 1, 2015 and shall terminate on June 30, 2016, unless sooner terminated or further extended pursuant to the provisions of this Contract. The parties may renew this Contract for up to four (4) additional one-year periods or any portion thereof.
- B. Any modification, or extension of the contract termination date, shall be by formal written amendment executed by the parties hereto.
- C. Amendments to the Contract must be approved by the County Board of Supervisors or the Procurement Director, as required by the Pima County Procurement Code, before any work or deliveries under the Amendment commences.

ARTICLE 2 - SCOPE

- A. This Contract establishes the agreement under which the CONTRACTOR will provide family planning and colposcopy services as specified in Exhibit A: Scope of Work, which is attached hereto and expressly incorporated into and made a part of this Contract as if fully set forth herein.
- B. All services shall comply with the requirements and specifications as called for in this Contract, in Exhibit A – Scope of Work, and the Arizona Family Planning Council, Family Planning Title X Grant requirements; these documents are incorporated into the Contract the same as set forth herein.
- C. CONTRACTOR shall employ suitably trained and skilled professional personnel to perform all services under this Contract.

ARTICLE 3 – PAYMENT

- A. In consideration of the services specified in this Contract, COUNTY agrees to pay CONTRACTOR in an amount not to exceed **\$34,000.00**.
- B. Funding is from the Health Department General Funds.
- C. Request for payments shall be in accordance to Exhibit A – Scope of Work and CONTRACTOR must:
 - 1. Submit invoices to the COUNTY within 30 days of service delivery.
 - 2. Invoice must include:
 - a. Contractor's name and address,
 - b. Invoice Date,
 - c. Invoice number,
 - d. Date of Service, and
 - e. Total Amount.
- D. Payment for late submissions will be withheld at COUNTY's discretion.
- E. For payments to be issued to Contractor, Contractor must: (1) Complete and submit a W-9 Taxpayer Identification Number form (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>), (2) Register as a Pima County Vendor (<https://secure.pima.gov/procurement/vramp/login.aspx>), and, (3) Fully execute a Contract with Pima County.
- F. For the period of record retention required under Article 22 - Books and Records, County reserves the right to question any payment made under this Article and to require reimbursement therefor by setoff or otherwise for payments determined to be improper or contrary to the Contract or law.

ARTICLE 4 - INSURANCE

- A. CONTRACTOR shall obtain and maintain at its own expense, during the entire term of this Contract the following type(s) and amounts of insurance:
 - 1. Commercial General Liability in the amount of \$1,000,000.00 combined, single limit Bodily Injury and Property Damage. Pima County is to be named as an additional insured for all operations performed within the scope of the Agreement between Pima County and Contractor;
 - 2. Commercial or Business automobile liability coverage for owned, non-owned and hired vehicles used in the performance of this Agreement with limits in the amount of \$1,000,000.00 combined single limit or \$1,000,000.00 Bodily Injury, \$1,000,000.00 Property Damage;

3. If this Agreement involves professional services, professional liability insurance in the amount of \$1,000,000.00; and,
 4. If required by law, workers' compensation coverage including employees' liability coverage.
- B. CONTRACTOR shall provide COUNTY with current certificates of insurance. All certificates of insurance must provide for guaranteed thirty (30) days written notice of cancellation, non-renewal or material change.

ARTICLE 5 – INDEMNIFICATION

- A. CONTRACTOR shall indemnify, defend, and hold harmless COUNTY, its officers, employees and agents from and against any and all suits, actions, legal administrative proceedings, claims or demands and costs attendant thereto, arising out of any act, omission, fault or negligence by the CONTRACTOR, its agents, employees or anyone under its direction or control or on its behalf in connection with performance of this Contract.
- B. CONTRACTOR warrants that all products and services provided under this contract are non-infringing. CONTRACTOR will indemnify, defend and hold COUNTY harmless from any claim of infringement arising from services provided under this contract or from the provision, license, transfer or use for their intended purpose of any products provided under this Contract.

ARTICLE 6 - COMPLIANCE WITH LAWS

CONTRACTOR shall comply with all federal, state, and local laws, rules, regulations, standards and Executive Orders, without limitation to those designated within this Contract. The laws and regulations of the State of Arizona shall govern the rights of the parties, the performance of this Contract, and any disputes hereunder. Any action relating to this Contract shall be brought in a court of the State of Arizona in Pima County. Any changes in the governing laws, rules, and regulations during the terms of this Contract shall apply, but do not require an amendment.

ARTICLE 7 - INDEPENDENT CONTRACTOR

The status of the CONTRACTOR shall be that of an independent contractor. Neither CONTRACTOR, nor CONTRACTOR'S officers, agents or employees shall be considered an employee of Pima County or be entitled to receive any employment-related fringe benefits under the Pima County Merit System. CONTRACTOR shall be responsible for payment of all federal, state and local taxes associated with the compensation received pursuant to this Contract and shall indemnify and hold COUNTY harmless from any and all liability which COUNTY may incur because of CONTRACTOR'S failure to pay such taxes. CONTRACTOR shall be solely responsible for program development and operation.

ARTICLE 8 - ASSIGNMENT

CONTRACTOR shall not assign its rights to this Contract, in whole or in part, without prior written approval of the COUNTY. Approval may be withheld at the sole discretion of COUNTY, provided that such approval shall not be unreasonably withheld.

ARTICLE 9 - NON-DISCRIMINATION

CONTRACTOR agrees to comply with all provisions and requirements of Arizona Executive Order 2009-09 including flow down of all provisions and requirements to any subcontractors. Executive Order

2009-09 supersedes Executive order 99-4 and amends Executive order 75-5 and may be viewed and downloaded at the Governor of the State of Arizona's website http://www.azgovernor.gov/dms/upload/EO_2009_09.pdf which is hereby incorporated into this contract as if set forth in full herein. During the performance of this contract, CONTRACTOR shall not discriminate against any employee, client or any other individual in any way because of that person's age, race, creed, color, religion, sex, disability or national origin.

ARTICLE 10 - AMERICANS WITH DISABILITIES ACT

CONTRACTOR shall comply with all applicable provisions of the Americans with Disabilities Act (Public Law 101-336, 42 U.S.C. 12101-12213) and all applicable federal regulations under the Act, including 28 CFR Parts 35 and 36.

ARTICLE 11 - AUTHORITY TO CONTRACT

CONTRACTOR warrants its right and power to enter into this Contract. If any court or administrative agency determines that COUNTY does not have authority to enter into this Contract, COUNTY shall not be liable to CONTRACTOR or any third party by reason of such determination or by reason of this Contract.

ARTICLE 12 - FULL AND COMPLETE PERFORMANCE

The failure of either party to insist on one or more instances upon the full and complete performance with any of the terms or conditions of this Contract to be performed on the part of the other, or to take any action permitted as a result thereof, shall not be construed as a waiver or relinquishment of the right to insist upon full and complete performance of the same, or any other covenant or condition, either in the past or in the future. The acceptance by either party of sums less than may be due and owing it at any time shall not be construed as an accord and satisfaction.

ARTICLE 13 - CANCELLATION FOR CONFLICT OF INTEREST

This Contract is subject to cancellation for conflict of interest pursuant to ARS § 38-511, the pertinent provisions of which are incorporated into this Contract by reference.

ARTICLE 14 - TERMINATION OF CONTRACT FOR DEFAULT

- A. Upon a failure by CONTRACTOR to cure a default under this Contract within 10 days of receipt of notice from COUNTY of the default, COUNTY may, in its sole discretion, terminate this Contract for default by written notice to CONTRACTOR. In this event, COUNTY may take over the work and complete it by contract or otherwise. In such event, CONTRACTOR shall be liable for any damage to the COUNTY resulting from CONTRACTOR'S default, including any increased costs incurred by COUNTY in completing the work.
- B. The occurrence of any of the following, without limitation to the named events, shall constitute an event of default:
 1. Abandonment of or failure by CONTRACTOR to observe, perform or comply with any material term, covenant, agreement or condition of this Contract, or to prosecute the work or any separable part thereof with the diligence that will insure completion within the time specified in this contract, including any extension, or a failure to complete the work (or the separable part of the work) within the specified time;
 2. Persistent or repeated refusal or failure to supply adequate staff, resources or direction to

- perform the work on schedule or at an acceptable level of quality;
3. Refusal or failure to remedy defective or deficient work within a reasonable time;
 4. Loss of professional registration or business or other required license or authority, or any curtailment or cessation for any reason of business or business operations that would substantially impair or preclude CONTRACTOR'S performance of this Contract;
 5. Disregard of laws, ordinances, or the instructions of COUNTY or its representatives, or any otherwise substantial violation of any provision of the contract;
 6. Performance of work hereunder by personnel that are not qualified or permitted under state law or local law to perform such services;
 7. Commission of any act of fraud, misrepresentation, willful misconduct, or intentional breach of any provision of this Contract; or
 8. If a voluntary or involuntary action for bankruptcy is commenced with respect to CONTRACTOR, or CONTRACTOR becomes insolvent, makes a general assignment for the benefit of creditors, or has a receiver or liquidator appointed in respect of its assets.
- C. In the event of a termination for default:
1. All finished and unfinished drawings, specifications, documents, data, studies, surveys, drawings, photographs, reports and other information in whatever form, including electronic, acquired or prepared by CONTRACTOR for this project shall become COUNTY'S property and shall be delivered to COUNTY not later than five (5) business days after the effective date of the termination;
 2. COUNTY may withhold payments to CONTRACTOR arising under this or any other Contract for the purpose of set-off until such time as the exact amount of damage due COUNTY from CONTRACTOR is determined; and
 3. Subject to the immediately preceding subparagraph (2), COUNTY'S liability to CONTRACTOR shall not exceed the Contract value of work satisfactorily performed prior to the date of termination for which payment has not been previously made.
- D. The Contract will not be terminated for default nor the CONTRACTOR charged with damages under this Article, if—
1. Excepting item (8) in paragraph B above, the event of default or delay in completing the work arises from unforeseeable causes beyond the control and without the fault or negligence of CONTRACTOR. Examples of such causes include—
 - a. Acts of God or of the public enemy,
 - b. Acts of the COUNTY in either its sovereign or contractual capacity,
 - c. Acts of another Contractor in the performance of a contract with the COUNTY,
 - d. Fires,
 - e. Floods,
 - f. Epidemics,
 - g. Quarantine restrictions,
 - h. Strikes,
 - i. Freight embargoes,
 - j. Unusually severe weather, or
 - k. Delays of subcontractors at any tier arising from unforeseeable causes beyond the control and without the fault or negligence of both CONTRACTOR and the subcontractor(s); and
 2. The CONTRACTOR, within seven (7) days from the beginning of any event of default or delay (unless extended by COUNTY), notifies the COUNTY in writing of the cause(s) therefor. In this circumstance, the COUNTY shall ascertain the facts and the extent of the resulting delay. If, in the reasonable judgment of COUNTY, the findings warrant such action, the time for completing the work may be extended.

- E. For the purposes of paragraph A above, "receipt of notice" shall include receipt by hand by CONTRACTOR'S project manager, by facsimile transmission with notice of receipt, or under the Notices clause of this Contract.
- F. If, after termination of the Contract for default, it is determined that the CONTRACTOR was not in default, or that the delay was excusable, the rights and obligations of the parties will be the same as if the termination had been issued for the convenience of the COUNTY.
- G. The rights and remedies of COUNTY in this Article are cumulative and in addition to any other rights and remedies provided by law or under this contract.

ARTICLE 15 – TERMINATION FOR CONVENIENCE

- A. COUNTY reserves the right to terminate this Contract at any time and without cause by serving upon CONTRACTOR 30 days advance written notice of such intent to terminate. In the event of such termination, the COUNTY'S only obligation to CONTRACTOR shall be payment for services rendered prior to the date of termination.
- B. Notwithstanding any other provision in this Contract, this Contract may be terminated if for any reason, there are not sufficient appropriated and available monies for the purpose of maintaining COUNTY or other public entity obligations under this Contract. In the event of such termination, COUNTY shall have no further obligation to CONTRACTOR, other than to pay for services rendered prior to termination.

ARTICLE 16 - NOTICE

Any notice required or permitted to be given under this Contract shall be in writing and shall be served by delivery or by certified mail upon the other party as follows:

COUNTY:

Francisco Garcia, MD, MPH
 Director
 Pima County Health Department
 3950 S. Country Club, Suite 100
 Tucson, Arizona 85714-2056

CONTRACTOR:

Judith E. Riley, M.D.
 310 N. Wilmot Road, Suite 306
 Tucson, Arizona 85711
 (520) 325-0865

ARTICLE 17 - NON-EXCLUSIVE CONTRACT

CONTRACTOR understands that this Contract is nonexclusive and is for the sole convenience of COUNTY. COUNTY reserves the right to obtain like services from other sources for any reason.

ARTICLE 18 - OTHER DOCUMENTS

- A. CONTRACTOR and COUNTY in entering into this Contract have relied upon information provided in Arizona Family Planning Council, Family Planning Title X Grant. These documents are hereby incorporated into and made a part of this Contract as if set forth in full herein, to the extent not inconsistent with the provisions of this Contract.
- B. CONTRACTOR is a subcontractor to COUNTY under the Arizona Family Planning Council, Family Planning Title X Grant, the terms and conditions of which are hereby incorporated into and made a part of this Contract as if set forth in full herein, to the extent not inconsistent with the provisions of this Contract.

ARTICLE 19 – REMEDIES

Either party may pursue any remedies provided by law for the breach of this Contract. No right or remedy is intended to be exclusive of any other right or remedy and each shall be cumulative and in addition to any other right or remedy existing at law or at equity or by virtue of this Contract.

ARTICLE 20 - SEVERABILITY

Each provision of this Contract stands alone, and any provision of this Contract found to be prohibited by law shall be ineffective to the extent of such prohibition without invalidating the remainder of this Contract.

ARTICLE 21 - BOOKS AND RECORDS

- A. CONTRACTOR shall keep and maintain proper and complete books, records and accounts, which shall be open at all reasonable times for inspection and audit by duly authorized representatives of COUNTY.
- B. In addition, CONTRACTOR shall retain all records relating to this contract at least 5 years after its termination or cancellation or, if later, until any related pending proceeding or litigation has been closed.

ARTICLE 22 - AUDIT REQUIREMENTS

- A. Contractor shall:
 - 1. Establish and maintain a separate, identifiable accounting of all funds provided by County pursuant to this Contract. Such records shall record all expenditures which are used to support invoices and requests for payment from the County under this Contract.
 - 2. All accounting records must meet the requirements of the Federal, State, County, and generally accepted accounting principles laws and regulations.
 - 3. Upon written notice from County, provide a program-specific or financial audit. Such notice from County will specify the period to be covered by the audit, the type of audit and the deadline for completion and submission of the audit.
 - 4. Assure that any audit conducted pursuant to this Contract is performed by a qualified, independent accounting firm and submitted to County within six (6) months of completion of the audit required pursuant to this Article, unless a different time is specified by County. The audit submitted must include Contractor responses, if any, concerning any audit findings.
 - 5. Pay all costs for any audit required or requested pursuant to this Article, unless the cost is allowable for payment with the grant funds provided pursuant to this Contract under the appropriate federal or state grant law and the cost was specifically included in the Contractor grant budget approved by County.
- B. CONTRACTOR receiving federal funds under this Contract, and is a state or local government or non-profit organization, shall provide an annual audit which complies with the requirements of the most recent version of OMB Circular A-133 "Audits of State and Local Governments and Non-Profit Organizations."
- C. CONTRACTOR, who is a government entity, shall comply with federal single audit requirements and, upon request from County, provide County with a copy of the required audit document within ninety (90) days following the end of Contractor's fiscal year.

ARTICLE 23 - PUBLIC INFORMATION

- A. Pursuant to A.R.S. § 39-121 et seq., and A.R.S. § 34-603(H) in the case of construction or Architectural and Engineering services procured under A.R.S. Title 34, Chapter 6, all information submitted in response to this solicitation, including, but not limited to, pricing, product specifications, work plans, and any supporting data becomes public information and upon request, is subject to release and/or review by the general public including competitors.
- B. Any records submitted in response to this solicitation that respondent believes constitute proprietary, trade secret or otherwise confidential information must be appropriately and prominently marked as CONFIDENTIAL by respondent prior to the close of the solicitation.
- C. Notwithstanding the above provisions, in the event records marked CONFIDENTIAL are requested for public release pursuant to A.R.S. § 39-121 et seq., County shall release records marked CONFIDENTIAL ten (10) business days after the date of notice to the respondent of the request for release, unless respondent has, within the ten day period, secured a protective order, injunctive relief or other appropriate order from a court of competent jurisdiction, enjoining the release of the records. For the purposes of this paragraph, the day of the request for release shall not be counted in the time calculation. Respondent shall be notified of any request for such release on the same day of the request for public release or as soon thereafter as practicable.
- D. County shall not, under any circumstances, be responsible for securing a protective order or other relief enjoining the release of records marked CONFIDENTIAL, nor shall County be in any way financially responsible for any costs associated with securing such an order.

ARTICLE 24 – LEGAL ARIZONA WORKERS ACT COMPLIANCE

- A. CONTRACTOR hereby warrants that it will at all times during the term of this Contract comply with all federal immigration laws applicable to CONTRACTOR'S employment of its employees, and with the requirements of A.R.S. § 23-214 (A) (together the "State and Federal Immigration Laws"). CONTRACTOR shall further ensure that each subcontractor who performs any work for CONTRACTOR under this contract likewise complies with the State and Federal Immigration Laws.
- B. COUNTY shall have the right at any time to inspect the books and records of CONTRACTOR and any subcontractor in order to verify such party's compliance with the State and Federal Immigration Laws.
- C. Any breach of CONTRACTOR'S or any subcontractor's warranty of compliance with the State and Federal Immigration Laws, or of any other provision of this section, shall be deemed to be a material breach of this Contract subjecting CONTRACTOR to penalties up to and including suspension or termination of this Contract. If the breach is by a subcontractor, and the subcontract is suspended or terminated as a result, CONTRACTOR shall be required to take such steps as may be necessary to either self-perform the services that would have been provided under the subcontract or retain a replacement subcontractor, (subject to COUNTY approval if MWBE preferences apply) as soon as possible so as not to delay project completion.
- D. CONTRACTOR shall advise each subcontractor of COUNTY'S rights, and the subcontractor's obligations, under this Article by including a provision in each subcontract substantially in the following form:
"SUBCONTRACTOR hereby warrants that it will at all times during the term of this contract comply with all federal immigration laws applicable to SUBCONTRACTOR'S employees, and with the requirements of A.R.S. § 23-214 (A). SUBCONTRACTOR further agrees that COUNTY may inspect the SUBCONTRACTOR'S books and records to insure that SUBCONTRACTOR is in compliance with these requirements. Any breach of this paragraph by SUBCONTRACTOR will be deemed to be a material breach of this contract subjecting SUBCONTRACTOR to penalties up to and including suspension or

termination of this contract.”

- E. Any additional costs attributable directly or indirectly to remedial action under this Article shall be the responsibility of CONTRACTOR. In the event that remedial action under this Article results in delay to one or more tasks on the critical path of CONTRACTOR’S approved construction or critical milestones schedule, such period of delay shall be deemed excusable delay for which CONTRACTOR shall be entitled to an extension of time, but not costs.

ARTICLE 25 – GRANT COMPLIANCE

As applicable, at no additional cost to COUNTY, CONTRACTOR agrees to comply with all requirements in DHHS Title X Regulations, Part 59 – Grants for Family Planning Services, under the Arizona Family Planning Council, Family Planning Program Grant.

ARTICLE 26 - ENTIRE AGREEMENT

This document constitutes the entire agreement between the parties pertaining to the subject matter hereof, and all prior or contemporaneous agreements and understandings, oral or written, are hereby superseded and merged herein. This Contract may be modified, amended, altered or extended only by a written amendment signed by the parties.

IN WITNESS THEREOF, the parties have affixed their signatures to this Contract on the date written below.

PIMA COUNTY

L. A. Rodriguez
Procurement Director

7/1/15
Date

APPROVED AS TO CONTENT

[Signature]
Health Department Director or designee

27 June 15
Date

CONTRACTOR

[Signature]
Authorized Officer Signature

Juditha Regio
Please print name

MD
Title

6/25/15
Date

APPROVED AS TO FORM

[Signature] 6-22-15
Deputy County Attorney Date

EXHIBIT A – SCOPE OF WORK

A. SCOPE

Providers working with Pima County Health Department Clinical Services Division will work with uninsured populations, providing family planning, colposcopy services women's health care and on-going consultant support and education.

ACTIVITY 1:

Provide high-quality medical services in Pima County Health Department's Colposcopy Clinic.

1. Service Delivery Methodology:

- a. The Contractor shall provide medical services on scheduled colposcopy clinics, typically held two times a month from 8:00am to 12:00pm. Additional colposcopy clinics may be convened per mutual agreement and based on the needs of the Program. All services shall be delivered according to "American Society for Colposcopy and Cervical Pathology (ASCCP)" Guidelines.
- b. The Contractor shall assist in the development and implementation of a Quality Assurance Program for the Colposcopy program that is consistent with ASCCP Guidelines.
- c. The Contractor shall assist in creating a Referral Network for patients who need additional care outside of Pima County Health Department.
- d. The Contractor shall act as the lead consultant for clinician's regarding follow-up, case management, clinical guidelines and service delivery and methodology.
- e. The Contractor shall attend monthly scheduled Clinician meetings.
- f. The Contractor shall conduct quarterly chart audits, make recommendations (corrective actions needed) and provide feedback as needed.

ACTIVITY 2:

Act as the Medical Consultant for the Pima County Health Departments' Family Planning Program.

These duties shall include but may not be limited to the following activities:

1. Service Delivery Methodology:

- a. The Contractor shall write, review and/or update procedures, protocols, and standing orders in adherence to Title X requirements, Pima County Policies and Procedures and ASCCP guidelines.
- b. The Contractor shall review operational activities of Clinicians at least once during the contract term, providing feedback and corrective action recommendations as needed.
- c. The Contractor shall be available for consultation on an as needed basis.

ACTIVITY 3:

Provide high-quality medical services of an emergent nature.

1. Service Delivery Methodology:

- a. The Contractor agrees to accept and provide services for appropriate referrals received and approved by the COUNTY that are of an emergent nature, CONTRACTOR will work within his/her own professional network to assure needed services are provided in a timely manner.
- b. The Contractor will alert COUNTY of negotiated fees related to emergent services and obtain approval prior to providing service. CONTRACTOR will bill COUNTY accordingly.
- c. The Contractor shall be available for consultation on an as needed basis.

The above activities are subject to budgetary limitations and regulation. COUNTY will provide and maintain the equipment and facilities, and furnish supplies and personnel necessary to perform the duties set forth in a satisfactory manner.

B. PAYMENT

COUNTY agrees to pay CONTRACTOR for services pursuant to this agreement, in accordance to the following budget table:

BUDGET ITEM	AMOUNT
a. Per Colposcopy Clinic Session	\$500.00.
b. For Emergent Services	\$10,000.
c. Monthly Consultant Fee	\$1,000.

**PIMA COUNTY HEALTH DEPARTMENT
MEDICAL AND HEALTH-RELATED SERVICES
CONTRACT AMENDMENT**

PROJECT: Family Planning Physician Services

CONTRACTOR: Judith E. Riley, M.D.
310 North Wilmot Road, Suite 306
Tucson, Arizona 85711

CONTRACT NO: CT-HD-15-0570

AMENDMENT NO: 01

CONTRACT	
NO. <u>CT-HD-15-570</u>	
AMENDMENT NO. <u>01</u>	
This number must appear on all invoices, correspondence and documents pertaining to this contract.	

ORIGINAL CONTRACT TERM:	07/01/2015 – 06/30/2016	ORIGINAL CONTRACT AMOUNT:	\$34,000.00
TERM PRIOR AMENDMENT:	N/A	AMOUNT PRIOR AMENDMENTS:	\$0.00
TERM THIS AMENDMENT:	06/30/17	AMOUNT THIS AMENDMENT:	\$10,000.00
RENEWALS LEFT:	03	REVISED CONTRACT AMOUNT:	\$44,000.00

CONTRACT AMENDMENT

WHEREAS, Pima County, a body politic and corporate of the State of Arizona, hereinafter called COUNTY, and Judith E. Riley, M.D., hereinafter called CONTRACTOR, have entered into a Contract relating to the provision of family planning and colposcopy services on behalf of Pima County Health Department’s Family Planning Program; and

WHEREAS, COUNTY and CONTRACTOR desire to amend said Contract to extend the term, increase funding and revise the Scope of the Contract to add additional services by CONTRACTOR.

NOW THEREFORE, it is agreed as follows:

- I. Replace Article 1.A – Term and Extension/Renewal, with the following:
 - A. This Contract, as awarded by the COUNTY, shall commence on July 1, 2015 through June 30, 2017, unless sooner terminated or further extended pursuant to the provisions of this Contract. The parties may renew this Contract for up to three (3) additional one-year periods or any portion thereof.

- II. Replace Article 2.B – Payment, with the following:
 - B. All services shall comply with the requirements and specifications as called for in this Contract, in Exhibit A or A1 – Scope of Work, and the Arizona Family Planning Council, Family Planning Title X Grant requirements; these documents are incorporated into the Contract the same as set forth herein.

- III. Amend Article 3 – Payment, as follows:
 - 1. Section A, shall be replaced with the following:

"In consideration of the services specified in this Contract, COUNTY agrees to pay CONTRACTOR in an amount not to exceed \$44,000."

2. Section C, replace with the following:

C. Request for payments shall be in accordance to Exhibit A or A1 - Scope of Work and Exhibit B – Price List, whichever is in effect at time services are provided. CONTRACTOR must:

1. Submit invoices to the COUNTY within 30 days of service delivery.
2. Invoice must include:
 - a. Contractor's name and address,
 - b. Invoice Date,
 - c. Invoice number,
 - d. Date of Service, and
 - e. Total Amount.

IV. Add Exhibit A1 – Scope of Work, effective January 1, 2016, see attached Exhibit A1.

V. Add Exhibit B – Price List, effective January 1, 2016, see attached Exhibit B.

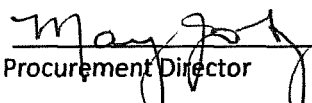
VI. The effective date of this Amendment is January 1, 2016.


All other provisions of this Contract, not specifically changed by this Amendment, shall remain in effect and be binding upon the parties.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment.

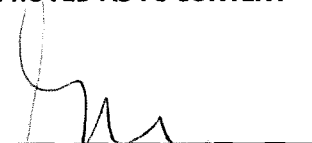
PIMA COUNTY

CONTRACTOR

By:  3-18-16
Procurement Director Date

By:  3/2/16
Name & Title Date

APPROVED AS TO CONTENT

By:  3.11.16
Health Department Director Date

APPROVED AS TO FORM

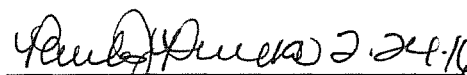
By:  2-24-16
Deputy County Attorney Date

EXHIBIT A1 – SCOPE OF WORK
Effective January 1, 2016

A. SCOPE

ACTIVITY 1: Provide Reproductive Health and Cervical Cancer diagnostic services as appropriate for women referred from Pima County Health Department.

1. Service Delivery Methodology:

a. The Contractor agrees to accept and provide services within his/her professional practice for appropriate referrals approved by the COUNTY that relate to cervical cancer diagnosis and reproductive health, specifically removal and insertion of long acting reversible contraception (LARC).

b. The Contractor agrees to be available for consultation on an as needed basis. Fees are provided per call and are documented by the CONTRACTOR on the Monthly Consultation Log provided by the County.

ACTIVITY 2: Provide services of an emergent nature.

1. Service Delivery Methodology:

a. The Contractor agrees to accept and provide services within his/her professional network for appropriate referrals approved by the COUNTY that are of an emergent nature.

b. The Contractor will alert COUNTY of negotiated fees related to emergent services and obtain approval prior to providing service. CONTRACTOR will bill COUNTY accordingly.

c. The Contractor will attend monthly clinician meetings and work on special projects mutually agreed upon with the County. The fee listed on the price sheet includes meeting attendance and work on the special project and can only be billed on time per month.

2. The above activities are subject to budgetary limitations and regulation.

B. PAYMENT - COUNTY agrees to pay CONTRACTOR for services rendered pursuant to this agreement, in accordance to the following Budget Line Item table and Price List (see Exhibit B):

BUDGET LINE ITEM	AMOUNT
Reproductive Health and Cervical Cancer Diagnostic Services	See Price List
Emergent Services, Per Patient Referred	\$10,000.00
Consultation, per call	\$200.00
No-show fee, per Patient no-show	\$25.00
Clinical Meetings and Special Projects (no more than 1 fee per month)	\$500.00

EXHIBIT B - PRICE LIST
Effective January 1, 2016

DESCRIPTION	CPT CODE	PRICE
Colpo-directed Biopsy and/or Endocervical Curettage**	57454	\$154.21
Colposcopy of the cervix**	57452	\$109.92
Endoscopy with loop electrode conization of the cervix (LEEP)**	57461	\$321.91
Endometrial Sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)**	58100	\$109.65
Endometrial sampling (biopsy) performed in conjunction with colposcopy (list separately in addition to code for primary procedure)**	58100	\$48.54
Office Visits	CPT CODE	PRICE
New Patient; expanded history, exam, straightforward decision-making 20 Minutes**	99202	\$74.78
New Patient; detailed history, exam, straightforward decision-making 30 Minutes**	99203	\$108.39
New Patient; comprehensive history, exam, moderate complexity decision-making 45 Minutes**	99204	\$164.93
Established Patient; evaluation and management, may not require presence of physician; 5 minutes	99211	\$20.01
Established Patient; history, exam, straightforward decision-making: 10 minutes	99212	\$43.51
Other		
Implant Insertion*	11981	\$73.00
Implant Removal*	11982	\$73.00
Implant Removal w/Reinsertion*	11983	\$73.00
IUD Insertion*	58300	\$73.00
IUD Removal*	58301	\$100.00

Source: 2015 PCHD Clinical Services Fee Schedule* and 2015 WWHCP Allowable Procedures and Medicare Reimbursement Rates**



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
Base Grant				\$ -	\$ -	#DIV/0!
Chlam Screening				\$ -	\$ -	#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="text"/>	<input style="width: 100%; height: 20px;" type="text"/> Date invoice recorded in QB
<input style="width: 100%; height: 20px;" type="text"/> Performance satisfactory for payment	<input style="width: 100%; height: 20px;" type="text"/> Date of drawdown
<input style="width: 100%; height: 20px;" type="text"/> Performance unsatisfactory withhold payment	<input style="width: 100%; height: 20px;" type="text"/> AFHP check #
<input style="width: 100%; height: 20px;" type="text"/> Incorrect invoice, returned for clarification	<input style="width: 100%; height: 20px;" type="text"/> Date of check
<input style="width: 100%; height: 20px;" type="text"/> No payment due	<input style="width: 100%; height: 20px;" type="text"/> Title X report updated
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> Date of ACH deposit
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Program Manager Signature Date	Business Office Signature Date



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

Keith Dommer, 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) FOR LIABILITIES THAT HAVE BEEN PROPERLY DETERMINED TO ARISE FROM THIS ACTIVITY.

DATE OF ISSUE:

May 8, 2017

CERTIFICATE HOLDER:

Arizona Family Health Partnership
Attn: Dania Garcia
3101 N. Central Ave Ste 1120
Tucson, AZ 85012

Event:

Proof of Medical Malpractice Professional Liability Self-insurance for the Pima County Health Department Family Planning Program.

Dates:

From: April 1, 2017 to: March 31, 2018

Certificate good with respect to Pima County only.

Lauren G. Eib, Risk Manager
Pima County Finance & Risk Management Department

**RESERVED FOR
CONTRACT AMENDMENTS**

Management Log - Quarterly Performance Report

	Baseline (CY 2016)	Jan-June 2017	Jan-Sept 2017	Jan-Dec 2017
<p>By 12/31/2017, (Insert Agency Name) will increase CT screening among females 24 and younger from ___% to ___%.</p>				

Numerator: Number of unduplicated female clients 24 and younger that had at least one CT test during measurement period

Denominator: Number of unduplicated female clients 24 and younger seen during measurement period