



## Section X: Family Planning

### MPR I

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).

**Reference:** 42 CFR CH. I (10-1-00 Edition) §59.5 (a)(1)

#### **Indicator I.1**

Broad Range of contraceptive methods. (3.4A; 7.0; 8.4; 7.1, 8.1.A.1.a & B.; 7.2B, D)

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 A.; 7.0 (all methods)
- 8.2.A (method counseling)
- 8.4 (broad range permanent & temporary methods)
- 8.5 (Infertility services)
- 8.7 (adolescent services)
- 7.1 (clinical protocols at each clinical site)
- 7.2 B, D. (client education on methods & informed consent)
- 8.1 A.1.a.
- 8.1 B.
- 5.2; 6.3.IH

#### **To fully meet this indicator:**

- The agency must provide a broad range of effective medically approved family planning methods and services including natural family planning methods, and temporary and permanent contraception either on site or by referral. **(3.4 A; 8.4; 7.0)**
- Written protocols and operating procedures must be in place and available at each clinical site **(7.0, 8.4 A)**
- Methods provided and for which written protocols must be in place include: **(8.4 B,C,D)**
  - Reversible Contraception
    - Hormonal contraceptives
      - at least 2 delivery methods combined hormonal contraceptives on site
      - at least 1 method progestin-only hormonal contraceptive on site
      - at least a second progestin-only method available on site within 2 weeks
    - Condoms ( at least male condoms)
    - Intrauterine Device (IUD/IUS) either on site or by paid referral
    - Education materials and information regarding all methods including:
      - Hormonal contraceptives
      - Abstinence
      - Natural family planning (Fertility awareness)
      - Barrier methods
      - Intrauterine devices
      - Sterilization
      - Emergency contraception



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- Emergency Contraception
  - Emergency Contraception education and referral must be provided to all female clients
  - Written protocol must be in place
- Permanent Contraception (Sterilization)
  - Education and information regarding sterilization must be provided for both male and female clients.
  - The agency must have a list of community providers where clients can be referred for sterilization. (Paid referrals for sterilization are not required)
  - Where provided, the consent process for sterilization must assure the client's decision to undergo sterilization is voluntary and made with full knowledge of the permanence, risks, and benefits associated with both male and female sterilization
  - All federal regulations on sterilization must be met if the procedure is performed by the delegate:
    - The client must be at least 21 years of age and mentally competent
    - The client must voluntarily given his or her informed consent using the required consent form (Consent for Sterilization form HHS-687 (11/06), OMB no.0937-0166 (expiration date 11/09)
  - For sterilization providers, informed consent must have been signed at least 30 days, but not more than 180 days before the date of the sterilization, except in the case of premature delivery or emergency abdominal surgery
- Specific education for the contraceptive methods and the method-specific consent forms must be part of the agency's service plan. The education must provide information to make an informed decision on the specific methods, including their use, safety, effectiveness, benefits, risks, complications, adverse effects, discontinuation issues, danger signs and effectiveness in preventing STIs. **(8.1A; 8.1B2)**
- The initial visit must include education related to all methods and must be documented in the medical record. **(7.2 B. 1)**
- Individual counseling to assist the client in making an informed choice must be done prior to the client making an informed choice regarding a particular birth control method. **(7.2 C.1)**
- Counselor must have knowledge to provide accurate information about the benefits, risks, safety, effectiveness, side effects, complications, discontinuation issues, danger signs of contraceptive methods, and effectiveness of preventing sexually transmitted infections. **(8.2)**
- A contraceptive method specific consent form must be completed before each prescriptive method is given. **(8.1 B.2)**
  - Informed consent must follow method specific education.
  - Information and informed consent must be specific to the contraceptive method.
  - There must be a separate consent for each prescriptive method.
- All consent forms must **(8.1 B. 2c,d & 4b)**:
  - Be part of the client's record
  - Be updated if there is a change in the client's health status or a different prescriptive method is chosen
- Medical records of transfer clients receiving prescriptive methods must contain: **(10.2 B.1,2)**
- Documentation of a full exam within past 12 months
- Completed client history
- Completed informed consent
- Clinician documentation of the prescription



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- Exit counseling for clients receiving prescriptive methods must include instructions on how to use the method, danger signs, how to obtain emergency care after hours, a suggested return schedule, and any needed referrals and follow-up. **(7.2 H & I)**

### **Documentation Required:**

- Protocol and operating procedures manual specific to all contraceptive methods services
- Method specific consents for each prescriptive contraceptive method
- Educational materials for all methods
- Access to clients' records
- Consent forms used for sterilization

### **Evaluation Questions:**

- Are the required methods of contraception available, on site or by referral, with written protocols in place?
- Are the written protocols and operating procedures covering all services and available contraceptives up to date and available at each clinic site?
- Are all contraceptive educational materials current and available?
- Does the initial visit include education related to all methods? Is it documented in the medical record?
- Are counselors knowledgeable to accurately provide the required information regarding contraceptive methods?
  
- Are all requirements for method specific consent forms met?
  - Completed before the method is given?
  - Education provided before the consent form is given?
  - A method specific consent for each prescriptive method?
  - Education is specific to each contraceptive method?
  - The method specific consent is as part of the client record?
  - Consent is updated when there is a change in the prescriptive method?
  
- Do medical records of transfer clients receiving prescriptive methods must contain documentation of a full exam within the past 12 months; a complete client history; completed informed consent; and clinician documentation of the prescription? **(10.2 B.1,2)**



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### **Indicator 1.2**

Level I Infertility Services.

See Michigan Title X Family Planning Standards & Guidelines 2011

- 8.5 Level I (infertility)
- 3.4 A

#### **To fully meet this indicator:**

- The agency must have Level I infertility services with written infertility service protocols and operating procedures, including **(8.5)**:
  - Initial infertility interview/assessment
  - Education and counseling including human reproduction and sexuality, risk and benefits to any proposed diagnostic and therapeutic measures
  - Physical examination
  - Appropriate referral
- The agency infertility service protocol must make basic infertility (level I ) services available to women and men desiring such services: **(8.5)**

#### **Documentation Required:**

- Protocol and Operating procedure manual
- Infertility educational materials
- Referral services provider listing

#### **Evaluation Questions:**

- Are required elements of Level I infertility services offered?
- Does the agency have a protocol for at least Level I infertility services?
- Are current education and referral materials available?

### **Indicator 1.3**

Services for Adolescents. (8.7 A & B; 6.2.A.6; 6.3.I H)

#### **To fully meet this indicator:**

- Annual service plan must address delivering services to adolescents and the number of adolescents projected to be served **(8.7. A; 6.2 A. 6.)**
- Must not require written consent of parents or guardians for the provision of services to minors nor notify parents or guardians before or after a minor has requested and received family planning services **(8.7. A)**
- Adolescents seeking contraceptive services must be informed of all methods of contraception **(8.7. A.1)**
- Written protocols and operating procedures must be in place that addresses adolescent counseling including **(8.7. B.1)**:
  - Assurance of confidentiality of services
  - Creating an atmosphere in which adolescents are comfortable
  - Informing adolescents of all methods of contraception, including abstinence

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- Discussing of STI's and HIV and encouraging adolescents to participate in exam and testing as indicated
  - Encouraging participation in the agency's medical services, including physical exam, laboratory testing, and treatment as indicated
  - Encouraging family participation in the decision of minors to seek family planning services
  - Counseling on how to resist attempts to be coerced into sexual activities
  - Informing adolescents that in special cases (e.g. child abuse) reporting is required
- Adolescent counseling must be documented in the client record **(8.2; 8.2 C)**
  - Confidentiality cannot be invoked to circumvent reporting requirements for child abuse and neglect. **(5.2)**
  - The agency must charge a minor obtaining confidential services based on the resources of the minor and not on the family income. **(6.3.IH)**

### **Documentation Required:**

- Protocols and operating procedures that address adolescent services and adolescent counseling
- Access to adolescent records to review documentation
- Educational materials that address contraceptives and adolescent services
- Annual Plan addressing adolescent services and caseload

### **Evaluation Questions:**

- Does the agency's annual service plan address services to adolescents and the number of adolescents projected to be served?
- Do policy and operating procedures call for providing services to adolescents without requiring written consent of parents or guardians?
- Do written protocols and operating procedures for adolescent counseling include all requirements?
- Are required adolescent counseling issues documented in the client record?
- Do policies and operating procedures assure that confidentiality is not invoked to circumvent reporting requirements for child abuse and neglect?
- Do agency policy and operating procedures stipulate that minors seeking confidential services are charged based on the resources of the minor, not on the family income?



## Section X: Family Planning

### MPR 2

Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participate in any other program.

**References:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(2)

#### **Indicator 2.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 B. 1, 2, 3
- 5.1

#### **To fully meet this indicator:**

- Delegate agencies providing family planning services must assure services will be provided to clients:
  - On a voluntary basis
  - Without coercion to accept services or any particular method of family planning
  - Without making acceptance of services a prerequisite to eligibility for any other service or assistance in other programs **(3.4 B.1,2,3; 5.1)**
- Staff must be informed they may be subject to prosecution under federal law if they coerce or endeavor to coerce any person to accept abortion or sterilization **(5.1)**

#### **Documentation Required:**

- Policy and operating procedures that address voluntary participation without coercion, eligibility or prerequisite
- Agency general consent for services form
- Documentation that staff has been informed of the possibility of prosecution if they coerce any client to accept abortion, sterilization, or any specific method of contraception

#### **Evaluation Questions:**

- Is there a policy statement that services are voluntary, provided without coercion, eligibility requirements or any prerequisite?
- How is the fact that services are voluntary and provided without coercion or prerequisite communicated to clients in the clinic? (verbally, written, included in consent forms, in signage?)
- Do clients express any feelings of coercion during interview?
- Is there documentation that all staff has been informed of the possibility of prosecution if they coerce any client to accept abortion, sterilization, or any specific method of contraception?



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### MPR 3

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

**References:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (a)(3)

#### **Indicator 3.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 C; 5.0 B (dignity & respect)
- 5.2
- 5.5 A | a – b
- 5.5 B
- 7.0 B, C
- 7.2 A
- 10.3 C

#### **To fully meet this indicator:**

The agency must:

- Provide services in a manner that will protect each individual's dignity and respects the diverse cultural and social practices of the service area population **(3.4 C)**
- Have written policy and/or operating procedures to assure the dignity and respect for cultural and social practices of the individual **(5.0 B)**
- Service delivery to all clients must include the following **(7.2 A)**:
  - Assuring clients are treated courteously and with dignity and respect
  - The opportunity to participate in planning their own medical treatment
  - Encouraging clients to voice any questions or concerns they may have
- Client confidentiality must be assured **(7.0 C; 7.2 A.2; 10.3 C)**
  - A confidentiality assurance statement must appear in the client's record
  - Assurance of confidentiality must be in Policy and Procedures
  - Delegate agency personnel must assure confidentiality, such as a confidentiality statement
- The clinic must have safeguards to provide for the confidentiality and privacy of the client as required by the Privacy Act **(5.2; 7.0 B)**
- A system must be in place to keep client records confidential **(10.3 C.)**
- Not disclose client information without the client's consent, except as required by law or as necessary to provide services **(5.2; 10.3 C.3)**
- Information collected for reporting purposes is disclosed only in summary or statistical form **(5.2; 10.3 C.4)**
- Upon request, transferring clients must be provided with a copy or summary of their record to expedite care. **(10.3 C. 5)**
- Upon request, clients must be given access to their medical record **(10.3 C.6)**
- Delegate agency must obtain Michigan Department of Health & Human Services (MDHHS) approval to conduct any clinical or sociological research using Title X clients as subjects **(5.5 A & B)**

#### **Documentation Required:**

For technical assistance, contact Barbara Derman at 517-335-8696 or [dermanb@michigan.gov](mailto:dermanb@michigan.gov) or Sharon Karber (clinician) at 517-335-8910 or [karbers@michigan.gov](mailto:karbers@michigan.gov)



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- Policy and Procedure Manuals
- Client rights sheet/poster
- Client records

### **Evaluation Questions:**

- Do policies and procedures address treating clients with dignity and respect for diverse cultural and social practices, and assure client confidentiality?
- When services are provided, are clients treated courteously and with dignity and respect?
- Are clients encouraged to ask questions and to participate in their plan of medical care?
- Does a client confidentiality statement appear:
  - In the client's record
  - Stated in Policy and Procedure
- Do all delegate agency personnel assure confidentiality, as in a signed statement?
- Is information released only with the client's written consent, unless disclosure is required by law?
- Is there a system in place to maintain confidentiality of client records?
- Upon request, are clients provided access or given a copy of their medical record?
- Is information collected for reporting purposes disclosed only in summary or statistical form?
- If the agency conducted any research, was MDHHS's approval received before it began?
- Do procedures and clinic flow provide for the confidentiality and privacy of the client?





## Section X: Family Planning

### MPR 4

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

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.5 (a)(4)*

#### **Indicator 4.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 D; 5.0 B (non discrimination)
- 5.6 (LEP services)
- 6.4 (Accessibility of Services and Facilities)
- 7.2 A.5; 8.1B.4.a. (Accessibility of Materials)
- 6.7 (FPAR reporting requirements)

#### **To fully meet this indicator:**

- The local agency *must* have written policies and procedures of non-discrimination in providing services **(5.0 B)**
- The agency must comply with [45 CFR Part 84], which requires among other things that the recipients of Federal funds operate their programs so that, when viewed in their entirety, they are readily accessible to people with disabilities **(6.4)**
- The local agency must have a written plan including all required components to ensure meaningful access to services for persons with limited English proficiency **(5.6)**
- All consent forms must be written in the primary language of the client or translated and witnessed by an interpreter **(8.1 B.4.a)**
- The agency must comply with the Office of Population Affairs FPAR, including accurate collection of race and ethnicity data (FPAR Tables 2 and 3) **(6.7)**

#### **Documentation Required:**

- Non-discrimination policy
- Copy/location of agency's posted or distributed non-discrimination policy
- Limited English Proficiency (LEP) plan
- Consent forms written in languages other than English, as appropriate
- Client demographic data form

#### **Evaluation Questions:**

- Does the agency have a policy compliant with non-discrimination based on:
  - Race?
  - Religion?
  - Color?
  - National origin?
  - Creed?
  - Handicapping condition?
  - Sex?
  - Age?
  - Number of pregnancies?
  - Contraceptive preference?
  - Marital status?
- Is the non-discrimination policy communicated to all clients (written or verbally)?

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- Is the non-discrimination policy posted in the clinic?
- Are facilities accessible to individuals with disabilities including but not limited to:
  - Entrance ramps are clearly marked and easily accessible?
  - Toilets accessible to the handicapped?
  - Handicapped parking?
- Does the agency/facility provide meaningful access for persons with limited English proficiency?
- Does the LEP plan:
  - Identify LEP individuals who need language assistance?
  - List what language assistance measure will be taken (oral interpretation or written translation)?
  - Describe how staff will be trained?
  - Provide notices to LEP persons?
  - Monitor and updated the LEP plan appropriately?
  - Include statements of the agency's commitment to meaningful access?
  - State that services will not be denied because of limited English proficiency?
  - State that LEP services will be provided at no cost to the client?
  - State that clients will not be asked or required to provide their own interpreter? If the client chooses to use family or friends, has the client been informed of the right to receive free LEP services and has declining these services been documented?
  - Appropriately address the scope and complexity of delivery service for the size and frequency in the target population served?
- Has the agency's LEP plan been submitted for review by MDHHS?
- Are all consent forms either written in the primary language of the client or translated and witnessed by an interpreter?
- Does the agency accurately collect race and ethnicity data on its client data system to assure accurate data for the FPAR?



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### MPR 5

Not provide abortion as a method of family planning. Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options: (A) Prenatal care and delivery; (B) Infant care, foster care, or adoption; and (C) Pregnancy termination.

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.5 (a)(5) and (i)*

#### Indicator 5.1

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 E (Not provide Abortion)
- 8.6 A, B, D, E (Pregnancy Diagnosis and Counseling)

#### To fully meet this indicator:

The agency must:

- Not provide abortion services as a method of family planning **(3.4 E)**
- Provide pregnancy diagnosis and counseling to all clients in need of this service, including education and counseling about family planning services as indicated. **(8.6)**
- Have written protocols and procedures to offer pregnancy diagnosis services that include: **(8.6)**
  - Informed consent for pregnancy testing
  - Pertinent history
  - Highly sensitive pregnancy test
  - Offer physical exam, or provide counseling regarding importance of physical assessment
  - Offer non-directive pregnancy counseling services
  - If ectopic pregnancy is suspected, immediate referral for diagnosis and treatment must occur. Follow-up must be documented in the medical record
- Pregnancy options counseling services must be provided in a non-directive, unbiased manner. If requested to provide such information and counseling, factual information and referral upon request are provided. **(8.6 B)**
- Personnel involved in pregnancy diagnosis and counseling must have knowledge of: **(8.6 E)**
  - Pregnancy testing procedures
  - Prenatal care and delivery
  - Infant care, foster care and adoption
  - Pregnancy termination
  - Local availability of referral services
  - Methods of contraception
  - Federal and state requirements regarding mandatory reporting, options counseling, and abortion laws
  - Non-directive counseling skills and techniques



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### **Documentation Required:**

- Protocol and operating procedures for pregnancy diagnosis and counseling
- Client medical records
- Pregnancy test consent form
- Educational materials related to pregnancy
- Referral listing of providers
- Laboratory manual for pregnancy testing controls
- Laboratory log of pregnancy tests performed

### **Evaluation Questions:**

Does the agency's policy and procedure manual include:

- That abortion services are not provided as a method of family planning?
- That pregnancy diagnosis and counseling is provided to all clients in need of this service?
- That pregnancy diagnosis service consists of:
  - Informed consent
  - History, including signs and symptoms of ectopic pregnancy and past history of STI and PID
  - Physical exam offered
  - Pregnancy test
  - If ectopic pregnancy is suspected, is the client referred for immediate diagnosis and treatment? Is follow-up documented in the medical record?
- Are those with positive pregnancies offered counseling services and referral upon request?
- Does pregnancy counseling service include:
  - Information and counseling provided in a factual, non-directive, unbiased manner?
  - Information about prenatal care and delivery; Infant care, foster care, adoption and pregnancy termination unless the client indicates she does not wish to receive such information?
- Is the referral list current and does it include a full range of providers for pregnancy care?
- Does a laboratory log exist of tests performed?
- Are pregnancy counseling personnel knowledgeable to provide counseling and referral information in a non- directive manner?



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### MPR 6

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

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.5 (a)(6)*

#### **Indicator 6.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 F
- 6.3 I

#### **To fully meet this indicator:**

The agency must:

- Have written policies and/or procedures to assure that no patient is denied services or is subject to any variation in quality of services because of inability to pay **(6.3.1)**
- Strive to increase use of services by historically under-served segments of the population **(3.4 F)**
- Have policy and/or procedures to ensure that low-income clients are given priority to receive services **(3.4 F)**

#### **Documentation Required:**

- Sliding fee scale
- Non-discrimination policy for ability to pay
- Policy and/or Procedures to assure that low-income clients are prioritized
- Agency or MDHHS Family Planning brochure describing eligibility and services

#### **Evaluation Questions:**

- Are low-income individuals prioritized for family planning services? (Such as in scheduling practices, promotion of the program to low income populations and historically underserved populations, location of services)
- Are low-income clients informed that services are provided regardless of ability to pay?



## Section X: Family Planning

### MPR 7

Provide that no charge will be made for services provided to any persons from a low-income family (at or below 100% of the Federal Poverty Level) except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge.

**Reference:** 42 CFR CH. I (10-1-00 Edition) §59.5 (a)(7)

#### **Indicator 7.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 G
- 6.3.1 C,D,K
- 6.7

#### **To fully meet this indicator:**

The local agency must have written policies and procedures for billing and collecting client fees; these policies must include the following:

- Clients whose documented income is at or below 100% of the federal poverty level must not be charged; although projects must bill third parties authorized or legally obligated to pay for services. **(3.4 G; 6.3.1 C)**
- Individual eligibility for a discount must be documented on the client's record/file. **(6.3.1 D)**
- Voluntary donations from clients are permissible; however, clients must not be pressured to make donations. **(6.3.1 K)**
- The agency must comply with the Office of Population Affairs FPAR, including accurate collection of client income. **(6.7)**

#### **Documentation Required:**

- Client records showing eligibility for discount for services/billing sheets
- Proportional sliding fee schedule established using current DHHS Poverty Guidelines
- Written agency policy and procedures for charging, billing and collecting client fees
- Client demographic data form

#### **Evaluation Questions:**

- Do the billing and client fee collection procedures include that agency fees are discounted 100% for clients whose income is at or below 100% of poverty?
- Is family income determination consistent with agency policy and or procedure manual?
- Are donations accepted in a manner that does not pressure the client?
- Do the clients' records show income and family size?
- Does the agency accurately collect income data on its client data system to assure accurate data for the FPAR?

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### MPR 8

Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to person from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.

**Reference:** 42 CFR CH. I (10-1-00 Edition) §59.5 (a)(8)

#### **Indicator 8.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 H. 1 - 3
- 6.3.1 A, B, G, J

#### **To fully meet this indicator:**

- The local agency must have written policies and procedures for billing and collecting client fees. **(6.3.1)**
- The agency must develop a schedule of discounts for individuals with family incomes between 101% and 250% of the federal poverty level that is proportional and based on current Federal poverty levels. **(6.3.1 B)**
- At the time of services, clients who are responsible for paying any fee for their services must be given a bill directly. **(6.3.1.A)**
- Bills to clients must show total charges less any allowable discounts. **(6.3.1.G)**
- Fees must be waived for individuals with family incomes above the federal poverty level who, as determined by the site manager, are unable, for good cause, to pay for family planning services. **(6.3.1B)**
- A method of “aging” of outstanding accounts must be established. **(6.3.1 J)**

#### **Documentation Required:**

- Client records showing eligibility determination for services
- Client Bills/Receipts
- Billing records
- Sliding fee schedule using current DHHS Poverty Guidelines
- Written agency policy for charging, billing and collecting client fees
- Agency procedure for aging outstanding accounts
- Financial Status Reports

#### **Evaluation Questions:**

- Does the agency have a schedule of discounts that is evenly distributed for individuals with family incomes between 101% and 250% of the federal poverty guidelines?
- Is the agency fee schedule based on the current DHHS poverty guidelines?
- Does the agency offer bills showing total charges less any allowable discounts to clients responsible to pay?

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- Are fees waived for individuals with family incomes above the federal poverty level who, as determined by the site director, are unable to pay for services?
- Are reasonable efforts to collect charges without jeopardizing client confidentiality made?
- Does the agency have an established method of aging outstanding accounts?
- Does the clients' record document eligibility for a discount, based on the sliding fee scale?
- Do Financial Status Reports show revenues from client collections?





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### MPR 9

If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title agency is required.

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.5 (a)(9)*

#### Indicator 9.1

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 J.
- 6.3.1. A, C, E, F, I

#### To fully meet this indicator:

- Charges must be based on a cost analysis of all services provided by the project...In cases where a third party is responsible; bills must be submitted to that party. **(6.3.1 A,C)**
- The agency must use reasonable effort to collect charges without jeopardizing client confidentiality. **(6.3.1 I)**
- The agency must bill third party payer's total charges without applying any discount. **(6.3.1.E)**
- The agency must have written agreements with Title XIX, XX, or XXI agencies, or have bills and receipts of reimbursement from these agencies, where applicable. **(6.3.1 F)**

#### Documentation Required:

- Written agreements with the title agencies for cost reimbursements for services provided to eligible clients, if applicable
- Client records showing third party eligibility for services
- Written policy and/or procedures for charging, billing and collecting client fees from third party payers
- Billing for Title XIX, XX or XXI and receipts of reimbursements
- Financial Status Reports

#### Evaluation Questions:

- Does the agency have a written policy for charging, billing and collecting fees from third party payers for services that are in compliance with the federal and state guidelines?
  - Does the agency bill third party payers the total charges without applying any discount?
  - Billing does not breach confidentiality?
- Are there written agreements with Title XIX, XX, or XXI agencies for reimbursement or has the agency received reimbursements?
- Is there evidence the agency follows their billing and client fee collection procedures?
- Are third party reimbursements reflected on the Financial Status Report?



## Section X: Family Planning

### MPR 10

Provide for an advisory committee.

**Reference:** 42 CFR CH. I (10-1-00 Edition) §59.5 (a)(11).

#### **Indicator 10.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4. K., U.
- 4.0 C. 1 - 4
- 6.9. A

#### **To fully meet this indicator:**

The agency must have a governing board or program specific Family Planning Advisory Council:

- The council/board must be representative of the population served and include persons knowledgeable about family planning. **(4.0 C.1)**
- The council/board must have more than 5 members but no more than 9 members, unless size of body has been waived by MDHHS. **(4.0 C.2)**
- Minutes of all meetings must be kept and must demonstrate the following activities **(4.0 C.3,4)**:
  - Monitoring of program/policy issues and makes recommendations to the agency on the organization, management, and operation of the Family Planning program. This includes review and input into the agency annual plan including goals and objectives
  - Review the agency's progress toward meeting the needs of the priority population and for making clinic services and policies more responsive to their needs and preferences
  - Evidence of meeting at least twice a year

#### **Documentation Required:**

- Governing Board or Family Planning Advisory Council Roster
- Governing Board or Family Planning Advisory Council meeting schedule
- Governing Board or Family Planning Advisory Council meeting minutes

#### **Evaluation Questions:**

- Does the agency have an advisory body of at least five members up to nine members?
- Are there members representative of the population served (teen and adult consumers)?
- Are there members knowledgeable about family planning?
- Is there evidence the advisory body has input into the planning, implementation and evaluation of family planning services?
- Is there evidence that the advisory body has reviewed the annual plan and program goals and objectives?
- Does the group meet at least twice a year?
- Are there minutes of all meetings?



## Section X: Family Planning

### **Indicator 10.2**

Information and Education (I&E) Committee

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 K., U.
- 4.0 D.
- 6.8
- 6.10

### **To fully meet this indicator:**

- The agency must have an Information and Education (I & E) committee to review and approve all informational and educational materials developed or made available by the project. (The Family Planning Advisory Committee may take on this role.) **(4.0 D., 6.8)**
- The I & E committee must be five to nine members unless size of body has been waived by MDHHS. **(6.8)**
- The I & E committee membership must be broadly representative of the community served. **(6.8)**
- The I & E committee must **(6.8)**:
  - Consider the educational and cultural backgrounds of the individuals to who the materials are addressed
  - Consider the standards of the population to be served with respect to such materials
  - Review the content to assure the information is factually correct
  - Determine whether the material is suitable for the population
  - Establish a written record of its determinations
  - Approve all publications prior to disbursement
- Federal grant support is acknowledged in any publication produced with family planning grant funds. **(6.10)**

### **Documentation Required:**

- Information and Education Committee Roster
- Information and Education Committee Meeting Minutes
- Written Record of Information and Education Committee determinations related to materials
- Publications acknowledge federal grant support

### **Evaluation Questions:**

- Did the I & E review and approve all informational and educational materials used in the Title X program?
- Does the I & E committee have five to nine members unless a waiver was approved by MDHHS?
- Is the I & E committee membership broadly representative of the community (teen and adult consumer)?
- Did the I & E committee consider the educational and cultural backgrounds of the individuals to whom the materials are addressed?
- Did the I & E committee consider the standards of the population to be served with respect to such materials?
- Did the I & E committee review the content of all informational and educational materials to assure the information is factually correct?
- Did the I & E committee determine whether the material is suitable for the population?
- Is there a written record of the determinations of the I & E committee?
- Is there documentation that all publications approved by the I & E prior to disbursement?
- Do publications produced with any family planning grant funds acknowledge federal grant support?

For technical assistance, contact Barbara Derman at 517-335-8696 or [dermanb@michigan.gov](mailto:dermanb@michigan.gov) or Sharon Karber (clinician) at 517-335-8910 or [karbers@michigan.gov](mailto:karbers@michigan.gov)



## Section X: Family Planning



## Section X: Family Planning

### MPR 11

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

**Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(1)

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 L Medical Services Related to Family Planning
- 6.5.C.10 OSHA compliance
- 7.0 Required Client Services
- 7.1 Service Plan and Protocols
- 7.2 Service Procedural Outline
- 7.3; 6.4 Emergency Situations
- 7.4 Referrals and Follow-up
- 8.1.A. Client Education
- 8.3 History, Physical, and Laboratory Testing
- 8.8 DES Exposure Identification
- 9.2 STI and HIV Services
- 10.1 Equipment & Supplies
- 10.2 Pharmaceuticals
- 10.3 Medical Records
- 10.4 A, B Quality Assurance System

#### **Indicator 11.1**

Provision of required clinical services under approved clinical protocols and guidelines (3.4 L; 7.0; 7.0 A; 7.0.A.1; 7.1; 7.4; 8.1.B)

#### **To fully meet this indicator:**

The agency must:

- Provide medical services related to family planning required in the law, regulations, or guidelines for the provision of high quality family planning services to clients who want such services. **(3.4 L; 7.0)**
- Have an MDHHS approved waiver for any requirement or required service not provided. **(7.1)**
- Use approved protocols for the provision of all family planning services **(7.0 A 1; 7.1)**
  - Protocol manual must be available at each clinic site. **(7.1)**
  - MDHHS Title X Family Planning Standards and Guidelines Manual must be at each site. **(7.1)**
  - Clinical protocols must be consistent with MDHHS Title X Standards and Guidelines, Michigan Law, and nationally recognized standards of care. **(7.1)**
- Obtain a signed general consent covering exam and treatment prior to the client receiving services **(7.2D)**
- Provide an explanation of all procedures and range of available services to clients **(7.2 A 6)**

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## Section X: Family Planning

- Have a written client education plan. (8.1.A)
- Have in place protocols that address the following: **(8.3 B)**
  - Provide that physical exam and laboratory test requirements for specific methods of contraception are followed **(8.3 B.1)**
  - If a physical exam and related preventive services is deferred beyond 6 months there must be a compelling reason documented by the clinician in the client record. **(8.3 B.2,3)**
- Written protocols and operating procedures for referrals and follow-up must be in place for: **(7.4)**
  - Referrals that are made as result of abnormal physical exam or laboratory findings
  - Referrals for required services not provided on-site
  - Referrals for services determined to be necessary but beyond the scope of family planning
- Revisit schedules must be individualized based on the client's need for education, counseling and clinical care beyond that provided at the initial and annual visit. **(8.3 G)**

### **Documentation Required:**

- Service protocol and procedure manuals
- Health care service plan
- Access to client medical records

### **Evaluation Questions:**

- Do all services have written protocols and procedures including:
  - History and physical examination requirements?
  - Contraceptive services?
  - Laboratory services?
  - Medical emergencies?
  - Medical records?
  - Pharmaceuticals?
  - Any other services provided by the program?
  - Sexually transmitted infections, including HIV?
- Are current written clinical protocols reviewed and signed annually by the agency's medical director?
- Are current clinical protocol manual and MDHHS Title X Family Planning Standard and Guidelines available at each site?
- Does the agency have an MDHHS approved waiver for any requirement or required service not provided?
- Do clients receive an explanation of all procedures and range of available services?
- Is a written general consent for services (covering exam and treatment) signed by the client prior to receiving any clinical services?
- Is the signed consent in the client's medical record?
- Are client return visits scheduled on an individualized basis depending upon the client's need for education, counseling and clinical care?
- Are protocols and operating procedures in place for referrals and follow-up including:
  - Referrals made as result of abnormal physical exam or laboratory findings?
  - Referrals for required services not provided on-site?
  - Referrals for services determined to be necessary buy beyond the scope of family planning?
  - Does the agency have a written education plan?



## Section X: Family Planning

### **Indicator 11.2**

Client History and Physical Examination (7.2; 8.3)

#### **To fully meet this indicator:**

- Medical history must be obtained at the initial comprehensive clinical visit (female and male clients) including the following: **(7.2 E; 8.3 A)**
  - Personal Medical history
    - Significant illnesses (hospitalizations, surgery, blood transfusion/exposure to blood products (prior to 1984), and chronic or acute medical conditions.
    - Allergies
    - Current prescription/over-the-counter medications
    - Tobacco, Alcohol, other drug use
    - Immunizations
    - Review of systems
  - Female Reproductive Health
    - Contraceptive history, including adverse effects, reasons for discontinuing past methods
    - Menstrual history, including LMP
    - Sexual history
    - Obstetrical history
    - Gynecological conditions
    - Sexually transmitted infections, including HIV and HBV
    - Pap test history, including date of last Pap, abnormal results, treatment
    - In-utero exposure to diethylstilbestrol (DES)
  - Male reproductive history
    - Sexual history
    - Sexually transmitted infections, including HIV and HBV
    - Urological conditions
  - Partner history of:
    - Injectable drug use
    - Multiple partners
    - Risk history for STI, including HIV
    - Sex with men, sex with women or both
  - Pertinent history of immediate family members
    - Diabetes
    - Death from a heart attack before 50 y/o
    - High Blood Pressure
    - High blood fat levels (cholesterol)
    - Genetic problems/ birth defects
    - Cancer
    - Coronary Artery Disease
- Pertinent client history must be updated at subsequent physical exam visits. **(8.3G)**
- Clinics must provide and stress the importance of the following to all clients: **(8.3 B)**:
  - Blood pressure evaluation
  - Clinical breast exam (CBE), including instruction in breast self-awareness, beginning at age 21. Only as indicated for ages 13-20.
    - Every 3 years for ages 21-39 with average risk
    - Annually beginning at age 40, including information about mammogram recommendations

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- Pelvic exam, including vulvar evaluation and bimanual exam, as indicated beginning at age 21. Only as indicated for ages 13-20
  - Pap smear, as indicated
  - Colo-rectal cancer screening, beginning at age 50
  - STI and HIV risk assessment and screening or referral, as indicated
- If a service is deferred or declined, both the counseling that took place and the reason for deferral must be documented in the client record. **(7.2 F.1; 8.3 B)**

### Documentation Required:

- Service protocol and procedure manuals
- Access to client medical records

### Evaluation Questions:

- Do all client histories (male and female) include Personal and family medical history and social history?
- Does the personal medical history review of systems include:
  - Cardiac problems
  - Cancer
  - Hypertension
  - Blood clots/stroke
  - Diabetes
  - Hepatitis
  - Epilepsy
  - Hyperlipidemia
  - Migraine Headaches?
- Is pertinent history updated at subsequent visits?
- Does the Physical examination for an initial and annual female exam include:
  - Blood pressure evaluation
  - Clinical breast exam, including instruction in breast self-awareness, beginning at age 21 or as indicated for 13-20 y/o.
    - Average risk 21-39 y/o every 3 years
    - 40 y/o and older annually and discuss mammogram recommendations
  - Pelvic exam, including vulvar evaluation and bimanual exam, as indicated beginning at age 21. Only as indicated for 13-20 y/o
  - Pap smear, as indicated
  - Colo-rectal cancer screening, beginning at age 50
  - STI and HIV risk assessment and screening or referral, as indicated?
- If clients decline or defer a service, are they counseled about the importance of preventive services?
- Is the reason for the deferral documented in the client medical record?
- Are there any deferrals of physical exam and preventive services beyond 6 months without a compelling reason documented by the clinician?





## Section X: Family Planning

### **Indicator 11.3**

Laboratory Testing and Medical Follow-up (7.4; 8.3 D; 10.4 B.1)

#### **To fully meet this indicator:**

- Written laboratory protocols and operating procedures must be in place that include: **(8.3 D)**
  - Pregnancy testing must be provided on site as indicated.
  - Pap testing must be provided on site as indicated.
  - Agencies must comply with current MDHHS Family Planning Pap test protocol.
  - STI and HIV testing, or referral for testing, as indicated
  - Colo-rectal cancer screening, beginning at age 50
  - Laboratory tests must be provided if indicated for a specific method of contraception
- Quality control, equipment maintenance and proficiency testing for on-site laboratory testing must be in place. **(8.3 D 8)**
- The agency must be in compliance with OSHA regulations regarding transmission of blood born disease. **(6.5.C.10)**
- Assurance of high quality lab testing for off-site labs, including CLIA compliance and license, must be in place. **(8.3 D 9)**
- Procedures must be established for referral and follow-up for abnormal tests that include: **(8.3 D 10)**
  - Notification/follow-up with client of significant lab results
  - Protection of client confidentiality
  - Referral for necessary services, if not provided on-site
  - Documentation of management in the client record
- There must be a tracking system that identifies clients in need of follow-up and/ or continuing care **(7.4 C.1,2; 10.4 B 1)**
- Written protocols for abnormal Pap testing follow-up must include: **(8.3 F. 1,2,3)**
  - Client notification must occur within 6 weeks
  - Referral follow-up through the BCCCP program must occur within 90 days of Pap testing
  - Follow up contact must be documented in the client record
  - Results of follow-up must be documented in the client record
- If STI testing is provided, agencies must have STI treatment protocols and follow-up procedures consistent with current CDC Guidelines **(8.3 D 11)**

#### **Documentation Required:**

- Service protocol and procedure manuals
- Access to client medical records
- Appropriate CLIA certificate
- Laboratory logs
- Equipment maintenance logs
- Referral/Follow-up Logs

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### **Evaluation Questions:**

- Are all physical examination and laboratory tests required by the prescribing information for specific methods of contraception followed?
- Is GC and Chlamydia testing available for clients requesting IUD insertion, if indicated?
- Is Laboratory testing provided if indicated, including?
  - Anemia assessment, as indicated
  - Pap Smear, as indicated
  - Gonorrhea and Chlamydia test, as indicated
  - Pregnancy test, as indicated or requested
  - Colo-rectal cancer screening, beginning at age 50
  - STI and HIV testing or referral, as indicated
  
- Is there a tracking system that identifies clients in need of follow-up and/ or continuing care
- If STI and HIV testing is provided on site, are the protocols and procedures based on current CDC Guidelines?
- If treatment provided on site, do the protocols identify specific CDC treatment regimes provided in the clinic?
- When treatment is provided on site, is appropriate follow-up undertaken?
- Are state and local STD reporting requirements followed?
- Is the initiation and periodicity of Pap screening consistent with the current MDHHS Family Planning Pap Test Protocol?
- Is there documentation of quality controls, equipment maintenance, and proficiency/competency for on-site laboratory testing?
- Is there documentation to assure high quality of off-site laboratory testing, including CLIA compliance?
- Are cytology services provided by laboratory compliant with state licensure regulations?
- Is there a written protocol for abnormal Pap smear follow-up that includes:
  - Client notification within six weeks?
  - Pap follow-up utilizing the BCCCP referral process must be completed within 90 days?
  - Follow-up contact is noted in the client's medical record?
  - Results of follow-up are noted in the client's medical record?
  
- Does the Client's medical record reflect:
  - Documentation of appropriate management for abnormalities?
  - Notification of the client?
  - Protection of client's confidentiality?
  - Follow-up with the client on significant lab results?
  - Referral for necessary services if not provided on site?
  
- Are infection control policies and procedures based on CDC recommendations, OSHA regulations and current medical practice followed?



## Section X: Family Planning

### **Indicator 11.4**

Medical Emergency/Situations and Equipment and Supplies (6.4; 7.3; 10.1. A, C)

#### **To fully meet this indicator:**

- There must be written protocols and procedures for the following emergency situations: **(7.3A; 6.4)**
  - Vaso-vagal reactions/Syncope (fainting)
  - Anaphylaxis
  - Cardiac arrest
  - Shock
  - Hemorrhage
  - Respiratory difficulties
- Protocols must be in place for emergencies requiring EMS transport, after hour's management of contraceptive emergencies and clinic emergencies **(7.3B)**
- All staff must be familiar with emergency procedures **(7.3 C)**
- Procedures for maintenance of emergency resuscitative drugs, supplies, and equipment must be in place **(7.3D)**
- Equipment and supplies must be safe, adequate and appropriate to the type of care offered by the project? **(10.1A)**
- Equipment maintenance and calibration must be performed and documented based on manufacturer instructions. **(10.1C)**

#### **Documentation Required:**

- Service protocol and procedure manuals
- Documentation of equipment maintenance

#### **Evaluation Questions:**

- Are there written plans/procedures/protocols to cover these emergency situations:
  - Vaso-vagal reactions/Syncope (fainting)
  - Anaphylaxis
  - Cardiac arrest
  - Shock
  - Hemorrhage
  - Respiratory difficulties?
- Are protocols in place for emergencies requiring EMS transport, after hour's management of contraceptive emergencies and clinic emergencies?
- Is all staff familiar with emergency procedures?
- Is a procedure in place for maintenance of emergency resuscitative drugs, supplies, equipment?
- Is equipment safe, adequate and appropriate to the type of care offered by the project?
- Does the agency have records documenting equipment maintenance and calibration checks (such as scales, sphygmomanometer, and microscope)?



## Section X: Family Planning

### Indicator 11.5

Pharmaceuticals/Prescriptions (10.2)

#### To fully meet this indicator:

- Agencies must operate in accordance with Federal and State laws relating to security and record keeping for drugs and devices **(10.2)**
- Inventory, supply, and provision of pharmaceuticals must be conducted in accordance with Michigan state pharmacy laws and profession practice regulations. **(10.2)**
- Agencies writing prescriptions for Title X clients must follow the MDHHS prescription policy including, **(10.2)**
  - Accepting a written prescription does not pose a barrier for the client
  - Prescriptions may only be written for items on the agency formulary
- All medications in Title X clinics must be pre-packaged. **(10.2A2a)**
- All prescriptions dispensed (including samples) must be labeled with the following: **(10.2A2b)**
  - Name/address of dispensing agency
  - Date of prescription
  - Name of the client
  - Name, strength, quantity of drug dispensed
  - Directions for use, including frequency of use
  - Prescriber name
  - Expiration date
  - Record number
- All clients receive verbal and written instructions for each drug dispensed. **(7.2H1) (10.2A2c)**
- All clients must be informed of danger signs and when and where to obtain emergency care and return scheduled follow up visits. **(7.2H2)**
- Contraceptive and therapeutic pharmaceuticals must be kept in a secure place, either under direct observation or locked. **(10.2A3di)**
- Access to the pharmaceuticals must be limited to health care professionals responsible for distributing these items **(10.2 A 3dii)**
- There must be a system in place to monitor expiration dates and ensuring disposal of all expired drugs. **(10.2A3e)**
- There must be a system in place for silent notification in case of drug recall. **(10.2A3f)**
- There must be a current formulary (reviewed at least annually) that indicates: **(8.4.B5; 10.2.A4)**
  - Methods available on site
  - Methods available on site within 2 weeks
  - Methods available by paid referral
  - Methods available by unpaid referral
- There must be an adequate supply and variety of drugs and devices to meet client contraceptive needs? **(10.2A5)**
- There must be emergency drugs and supplies for the treatment of vaso-vagal reactions and anaphylactic shock, at each site where medical services are provided. **(10.2 A6a,b)**

#### Documentation Required:

- Service protocol and procedure manuals
- Access to client medical records
- Pharmacy logs
- Inventory logs
- Formulary for Pharmaceuticals

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### Evaluation Questions:

- Are clinics in compliance with Federal and State laws that relate to the security and record keeping for drugs and devices?
- Are Inventory, supply, and dispensing practices in accordance with Michigan state pharmacy laws and profession practice regulations?
- Are all prescriptions given to Title X clients written only for items on the approved formulary?
- Are all medications pre-packaged?
- Are all prescriptions dispensed with a label that included the following items:
  - Name/address of dispensing agency?
  - Date of prescription?
  - Name of the client?
  - Name, strength, quantity of drug dispensed?
  - Directions for use, including frequency?
  - Prescriber name?
  - Expiration date?
  - Record number?
  
- Do all clients receive verbal and written current instructions for each drug?
- Are all clients informed of danger signs and when and where to obtain emergency care and return scheduled follow up visits?
- Are contraceptive and therapeutic pharmaceuticals kept in a secure place, either under direct observation or locked?
- Is access to the pharmaceuticals limited to health care professionals responsible for distributing them?
- Is there a system in place to monitor expiration dates and ensuring disposal of all expired drugs?
- Is there a system in place for silent notification in case of drug recall?
- Is there a current formulary (reviewed at least annually) that lists
  - Methods available on site
  - Methods available on site within 2 weeks
  - Methods available by paid referral
  - Methods available by unpaid referral
  
- Is there an adequate supply and variety of drugs and devices to meet the client's contraceptive needs?
- Are emergency drugs and supplies for treatment of vaso-vagal reactions and anaphylactic shock available at each site where medical services are provided?

### Indicator 11.6

Medical Records and Quality Assurance System (10.3; 10.4)

#### To fully meet this indicator:

- A medical record is established for all clients who receive clinical services, including pregnancy testing, counseling, and emergency contraception. **(10.3A1)**
- Medical records are: **(10.3A2)**
  - Complete, legible and accurate
  - Signed by clinician or health professional making each entry, including name, title and date
  - Readily accessible

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- Systematically organized to facilitate retrieval
- Confidential
- Safeguarded against loss or use by unauthorized persons
- Secured by lock when not in use
- Available to clients, upon request
  
- HIPAA regulations are followed. **(10.3A3)**
- Medical records contain the following: **(10.3 B)**:
  - Personal data sufficient to identify the client:
    - name
    - unique client number
    - address
    - phone, how to contact
    - age
    - sex
    - marital status (Michigan requirement)
    - race & ethnicity (FPAR requirement)
    - Income assessment
  - Medical history
  - Physical exam
  - Documentation of clinical findings, diagnostic/therapeutic orders, including:
    - Lab test results and follow-up
    - Treatments initiated and special instructions
    - Continuing care, referral and follow-up
    - Scheduled revisits
  - Documentation of all medical encounters, including telephone encounters
  - Documentation of all counseling, education, and social services
  - Informed consent, including method specific consent
  - Contraceptive method chosen by the client
  
- A quality assurance system must be in place to provide ongoing evaluation of family planning services that includes: **(10.4 A; 10.4 B 3a; 10.4 B4a, 10.4 B13)**
  - Medical Audits to determine conformity with agency protocols and must be conducted monthly by the medical director
  - At least 2-3 charts per clinician must be reviewed by the medical director monthly **(10.4 B.3a)**
  - Chart Audits/Record Monitoring to determine completeness and accuracy of the medical record must be conducted monthly by the quality assurance committee or identified personnel
  - At least 3% of monthly caseload, randomly selected are reviewed monthly **(10.4 B.4a)**
  - A process to implement corrective actions when deficiencies are noted must be in place. **(10.4 B 13)**

### **Documentation Required:**

- Service protocol and procedure manuals
- Access to client medical records
- Documentation of Quality Assurance Medical Audits
- Documentation of Chart Audits and/or Record Monitoring
- Notes from Staff and/or Quality Assurance Committee meetings



## Section X: Family Planning

### **Evaluation Questions:**

- Is there a medical record for all clients who receive clinical services, including pregnancy testing, counseling, and emergency contraception?
- Are medical records complete, legible and accurate?
- Are all entries signed by the clinician or health professional including the name, title and date of entry?
- Is there a signature log, if name and title are not used for each entry?
- Are medical records readily accessible, systematically organized, confidential, and safeguarded against loss or unauthorized use?
- Are medical records secured by lock when not under staff surveillance or in use?
- Are medical records available to clients, upon request?
- Do medical records contain personal data sufficient to identify the client, including: name; client ID number; address; phone number; information on how to contact the client; age; sex; marital status (Michigan requirement); race & ethnicity (FPAR requirement); and income assessment?
- Do medical records contain documentation of all medical encounters: medical history; physical exam; documentation of all clinical findings including laboratory test results and follow-up; treatments initiated and special instructions; referrals and follow-up; and scheduled revisits.
- Do medical records contain documentation of all telephone encounters?
- Do medical records contain documentation of all counseling, education and social services?
- Do medical records contain informed consent, including method specific consents?
- Are medical audits regularly performed by the medical director to assure conformity with agency protocols?
  - Are medical audits conducted monthly by the Medical Director?
  - Do monthly medical audits review a minimum of 2-3 charts per clinician?
- Are Chart Audits/ Record Monitoring Audits to determine completeness and accuracy of medical records being conducted monthly by QA committee member or identified personnel?
  - Do chart audits represent a minimum of 3% of the agency monthly caseload?
  - Are chart audits topic audits, as suggested?
  - Are a reasonable number of randomly selected charts reviewed?
- Is there a process to implement corrective actions when deficiencies are noted?
- Are findings from medical and chart audits shared with staff on a regular basis?



## Section X: Family Planning

### MPR 12

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.

*Reference: 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(2)*

#### **Indicator 12.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 M
- 7.2 C.1,2
- 7.4 D, F
- 8.2. (Counseling/counselor descriptors)
- 8.2 A. (Method counseling)
- 8.2. B. (STI/HIV counseling)

#### **To fully meet this indicator:**

- Counseling services must be provided either on-site or by referral **(3.4 M; 7.4 D)**
- Referral lists for social services agencies and medical referral resources must be current and reviewed annually. **(7.4 F; 7.4 F.1)**
- All clients must receive thorough and accurate counseling on STIs and HIV, including individualized risk reduction counseling. **(8.2.B)**
- The agency must offer education on HIV and AIDS, risk reduction information and either on-site testing by certified HIV counselors or referral for this service. **(8.2 B; 7.2 C.2)**
- Counseling must be provided by a counselor who is knowledgeable, objective, non-judgmental, sensitive to client differences and able to make the client comfortable. **(8.2)**
- Counselor must be knowledgeable to provide accurate information on the various contraceptive methods, STIs and HIV. **(8.2; 8.2 A1-9; 8.2 B)**
- The client counseling must be documented in the client's record. **(8.2)**

#### **Documentation Required:**

- Client medical records with counseling documentation
- Current referral list
- Written formal referral arrangements
- Agency protocol on providing counseling services

#### **Evaluation Questions:**

For technical assistance, contact Barbara Derman at 517-335-8696 or [dermanb@michigan.gov](mailto:dermanb@michigan.gov) or Sharon Karber (clinician) at 517-335-8910 or [karbers@michigan.gov](mailto:karbers@michigan.gov)





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- Are agency counselors knowledgeable regarding contraceptive methods and sexually transmitted infections, including HIV?
- Are counseling services provided in an objective, non-judgmental and sensitive manner to clients?
- Are clients provided with counseling about the risk, prevention and offered voluntary HIV testing or referral for testing?
- Does the agency provide contraceptive method information and individualized counseling to all clients?
- Does the agency provide STI and HIV information and individualized counseling to all clients?
- Does the agency provide counseling services on site?
- Does the agency provide counseling services by referral?
- Is the agency's referral listing of social service agencies up to date?
- Does the agency maintain a current list of medical referral resources? Is the referral list reviewed annually?
- Does the agency have protocols for providing counseling services?
- Is all counseling, including STI/HIV, contraceptive, and adolescent counseling, documented in the client record?



## Section X: Family Planning

### MPR 13

Provide for informational and educational programs designed to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by persons to whom family planning services may be beneficial.

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.5 (b)(3)*

#### **Indicator 13.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 N
- 6.9.1 A, C
- 6.9.2 A, B

#### **To fully meet this indicator:**

- The agency must submit an Annual Health Care Plan that includes written plans for: **(6.9.1; 6.9.2)**
  - Community education activities
  - Community project promotion activities
- The agency must include low-income women and teens in the target groups identified for program promotion activities. **(6.9.2 B.1)**
- The agency's plan for community education programs must include goals, objectives, and measurement criteria and should be based on an assessment of the needs of the service delivery area. **(6.9.1C)**

#### **Documentation Required:**

- Annual Health Care Plan
- Documentation of community education activities (such as, flyers, community meeting agendas, brochures, reports, logs)
- Documentation of activities program promotion activities (such as Outreach logs, news releases, articles, PSA's, and advertisements)
- Newsletters and other communications/educational tools as available

#### **Evaluation Questions:**

- Does the agency's Annual Health Care Plan have a written plan for program promotion with measurable objectives?
- Does the agency include low-income women and teens in the target group for program promotion activities?
- Does the agency's Annual Health Care Plan include a plan for community education activities?  
Does the agency provide an opportunity for community participation through various groups?



## Section X: Family Planning

### MPR 14

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

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.5 (b)(4)*

#### **Indicator 14.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 O
- 4.0 A
- 6.4
- 6.5.A 1-11
- 6.5. C 1-10
- 6.6 A. 3 & 6
- 7.0 C.1, 5 a, b
- 7.3 A, B, & E
- 9.2 B.4

#### **To fully meet this indicator:**

- The agency must meet applicable standards established by the Federal, state and local governments (e.g. local fire, building and licensing codes – non medical emergencies). **(6.4)**
- The agency must have written plans, protocols/operating procedures for non-medical situations, including fire, natural disaster, robbery, power failure, and harassment. **(6.4; 7.3 E)**
- The agency must have written personnel policies that comply with federal and state requirement and Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, and Title I of Americans with Disabilities Act (Public Law 101-336). These policies must cover the following required items: **(6.5.A1-11)**
  - Staff recruitment and selection methods
  - Methodology for performance evaluation
  - Staff promotion
  - Staff termination
  - Compensation and benefits
  - Grievance procedures
  - Staff orientation
  - Nondiscrimination in hiring employees
  - Patient confidentiality issues
  - Duties, responsibilities, and qualifications of each staff person
  - Licenses for those positions requiring licensure
- The agency must have a qualified family planning project coordinator. **(4.0 A; 6.5.C 1)**
- All clinicians, including mid-level practitioners must maintain current licensure and certification, or approved waiver. **(6.5.C. 3a,b,c)**
- Personnel records are kept confidential **(6.5.C.4)**
- Organizational chart and personnel policies are available to all personnel. **(6.5.C.5)**
- The agency must have clinical personnel job descriptions and responsibilities clearly identified, reviewed annually, and updated as needed. **(6.5.C. 6)**

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## Section X: Family Planning

- Performance evaluations of all family planning personnel, including the medical director, are conducted per agency policy. **(6.5.C. 7)**
- The agency is in compliance with OSHA regulations regarding transmission of blood born disease. **(6.5.C.10)**
- The agency must provide for orientation and in-service training programs and should hold periodic staff meetings to review patient care activities. **(6.6.A)**
- The agency must train all staff in the prevention, transmission and infection control in the healthcare setting of sexually transmitted infections including HIV and blood born pathogen transmission. **(6.6.A.3; 6.5 C10; 9.2 B4)**
- The agency must provide in-service education pertaining to pharmaceuticals for staff involved in the provision of medications. **(10.2.A.2.d)**
- The agency must train staff in the unique social practices, customs, and beliefs of the under-served populations of their service area. **(6.6.A.6)**
- All licensed medical staff providing direct patient care must be trained in CPR and hold current certification. **(7.3 C)**

### **Documentation Required:**

- Policies and/or procedures for non-medical emergencies, including fire, natural disaster, robbery, power failure, and harassment.
- Agency personnel policies
- Position Descriptions
- Copies of licenses for those positions requiring licensure
- Documentation of staff orientation, in-service training, and staff meetings
  - Staff training on the unique social practices, customs and beliefs of the under-served populations in their service area
  - Evidence of All staff trained in the prevention, transmission and infection control in the healthcare setting of sexually transmitted infections including HIV
  - Pharmaceutical training
  - CPR training and certification for all licensed medial staff providing direct care
  - Staff training in emergency procedures and plans
  - Staff training on blood born pathogen transmission/OSHA training
- Documentation of staff continuing education
- Documentation of performance evaluations

### **Evaluation Questions:**

- Does the agency keep written minutes of all meetings?
- Does the agency keep training records on each employee?
- Does the agency have an established procedure for providing orientation/in-service training to all new and current staff, including family planning program requirements, philosophy, policies and goals of operation?
- Is all staff trained in prevention, transmission and infection control in the healthcare setting of sexually transmitted infections including HIV?
- Is there documentation of training on blood born pathogen transmission/OSHA training?
- Have staff members involved in the provision of medications received pharmaceutical training?
- Is the program staff trained in the unique social practice, customs, and beliefs of the under-served population of their service area?
- Does the agency take advantage of the training available through regional training centers?

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## Section X: Family Planning

- Are personnel policies, position descriptions, and organizational chart available to staff?
- Are policies for non medical emergencies (fire, natural disaster, power failure, harassment) in place?
- Is staff aware of the non-medical emergency procedures in place?



## Section X: Family Planning

### MPR 15

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

*Reference: 2 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(5)*

#### **Indicator 15.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4. P

#### **To fully meet this indicator:**

There is a written policy that services are provided without residency requirements or physician referral. **(3.4 P)**

#### **Documentation Required:**

- Non-discrimination policy for residency and physician referral
- Staff training protocol

#### **Evaluation Questions:**

- Is the policy included in staff orientation?
- Do the procedures support the policy?



## Section X: Family Planning

### MPR 16

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

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.5 (b)(6)*

#### **Indicator 16.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 Q
- 6.5 C. 2, 3 & 8
- 10.2. A.2
- 10.4 B. 3,7

#### **To fully meet this indicator:**

- The medical director must be a licensed, qualified physician, with special training or experience in family planning. **(6.5 C.2)**
- The medical director approves and signs protocols and standing orders annually. **(6.5.C.3; 7.1;10.4.B.7)**
- Clinicians other than physicians performing medical functions do so under protocols and/or standing orders approved by the medical director. **(6.5.C.3; 6.5 C.8)**
- The medical director directs medical services and participates in quality assurance activities. **(3.4.Q;10.4.B.3)**
- Prescription of pharmaceuticals must be done under the direction of a physician who must have a drug control license for each clinic location in which storage and dispensing occurs. **(10.2 A.2)**

#### **Documentation Required:**

- Evidence that all mid-level providers have agreed to follow clinic procedures, protocols and standing orders signed and approved by the medical director
- Medical director's professional and drug control licenses for each clinic location
- Approved protocols and standing orders
- Curricula vitae of medical director

#### **Evaluation Questions:**

- Does the medical director:
  - Have a current medical professional license and special training and/or experience in family planning?
  - Direct the medical care component of the program?
  - Approve and sign protocols and standing orders on an annual basis?
  - Regularly review randomly selected medical records for each mid-level practitioner?
  - Are the mid-level practitioners evaluated annually by the medical director or peer review process?
- Is there a current drug control license (dispensing license) for each clinical location?
- Do all clinicians employed in the family planning program agree to follow clinic procedures, protocols and standing orders?

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## Section X: Family Planning

### MPR 17

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

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.5 (b)(7)*

#### **Indicator 17.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 6.1 (subcontracts)
- 6.2 (annual health care plan)
- 6.2 A.5 a (Title X Regulations 59.5)
- 6.3 (documentation and records)
- 7.1 (Service Plans, protocols, guidelines)
- 7.4 D.
- 10.1 B. & C.
- 10.2 A. 3

#### **To fully meet this indicator:**

- All services must be provided according to approved protocols. **(7.1)**
- Required services provided by referral must have formal arrangements with the referral provider that includes a description of the services provided and includes cost reimbursement information. **(7.4 D)**
- The current annual plan identifies all services to be provided. **(6.2. A.5)**
- Safeguards must be in place to assure that drugs purchased through the 340B program are only used for family planning clients. **(10.2A3diii)**
- There must be a proper segregation between requisition, procuring, receiving and payment functions for pharmaceuticals and supplies. **(10.2A 3 b)**
- There must be an inventory system to control purchase, use, reordering of pharmaceuticals and supplies. **(10.2 A 3c)**
- If a delegate agency subcontracts for services, a formal agreement consistent with Title X requirements must be current and have appropriate approval. **(6.1)**
- Documentation and records of all expenditures must be maintained. **(6.3)**
- The project coordinator, in consultation with the medical director, is responsible to assure proper selection and maintenance of equipment and supplies. **(10.1 B.)**
- Appropriate MDHHS procedures are followed for purchases and disposition of equipment costing \$5,000.00 or more. **(10.1 D.)**

#### **Documentation Required:**

- Clinical Protocols
- Operating policies and procedures
- Required services provider agreements
- Annual Plan
- Subcontract agreements
- Records of pharmaceutical requisitions
- Documentation of Inventory system
- Records of equipment purchases over the past three years

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## Section X: Family Planning

### **Evaluation Questions:**

- Are protocols approved, current and available at each site?
- Are formal agreements for required services provided by referral current and appropriately approved?
- Does the annual plan identify all services provided?
- Are subcontract agreements current and appropriately approved?
- Does the agency maintain appropriate documentation of all purchases, such as pharmaceuticals and equipment?
- Is there a division of duties within the agency between distributing, ordering, and stocking?
- Are drugs purchased in the 340B program only used for authorized 340B program clients?
- Is the medical director is involved in the selection of equipment and supplies?
- Are appropriate MDHHS procedures followed for purchases and disposition of equipment costing \$5,000.00 or more?



## Section X: Family Planning

### MPR 18

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 support by other federal programs.

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.5 (b)(8)*

#### Indicator 18.1

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 S.
- 7.4 (Referrals and Follow up)
- 8.3 D.10
- 9.1

#### To fully meet this indicator:

- The agency must have referral arrangements in place for the following: **(7.4)**
  - Referrals made as a result of abnormal physical exam or laboratory findings
  - Referrals for required services not provided on-site
  - Referrals for services determined necessary but beyond the scope of family planning
- Referral and follow up procedures must be sensitive to the client's concerns for confidentiality and privacy **(7.4.A)**
- Client consent for release of information to providers must be obtained, except as may be necessary to provide care or as required by law. **(7.4 B)**
- The agency must have written protocols/procedures for follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings. These protocols must include a system to document referrals and follow up procedures, including: **(7.4 C.1,2; 8.3 D.10)**
  - A method to identify clients needing follow up
  - Notification of the client
  - A method to track follow up results on referrals
  - Documentation in the client record of contact and follow up
  - Documentation of reasons, actions where recommendations were not followed
- The agency must participate and refer clients to the Breast and Cervical Cancer Control Program (BCCCP) for client cervical cancer diagnostic services, as appropriate. **(9.1)**
- For services determined to be necessary but beyond the scope of family planning, clients must be referred to other providers for care, the agency must: **(7.4 E)**
  - Make arrangements for the provision of pertinent client information to the referral providers
  - Obtain client consent. Except as necessary to provide care or as required by law
  - Document that the client was advised of the referral and the importance of follow up
  - Document that the client was advised of their responsibility to comply with the referral
  - Maintain appropriate safeguards for confidentiality
- Referral lists for social services agencies and medical referral resources must be current and reviewed annually. **(7.4 F; 7.4 F.1)**

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## Section X: Family Planning

### **Documentation Required:**

- Protocol/procedure for selecting and referring to other health care, local health and welfare departments, hospitals, voluntary agencies or health services projects
- Referral agreements between the agency and selected organizations providing minimally required services
- Current list of referral agencies
- Documentation of referrals and follow-up
- Client consent for release of pertinent information to referral agency

### **Evaluation Questions:**

- Does the agency provide required services by referral?
- Do current referral agreements exist for minimally required services that detail reimbursement of cost with the referral agency?
- Do referral protocols/procedures include client consent for release of information?
- Is a system in place to document appropriate referrals have been made and follow-up has occurred as needed?
- Do referral protocols/procedures include follow-up on referrals that are made as a result of abnormal physical examination or laboratory test findings?
- Are referral protocols/procedures sensitive to clients' concerns for confidentiality and privacy?
- Does the agency maintain a current list of medical referral resources? Is the referral list reviewed annually?
- Is there a system that provides the client an explanation for the referral
- Does the agency participate in the BCCCP program?



## Section X: Family Planning

### MPR 19

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

**Reference:** 42 CFR CH. I (10-1-00 Edition) §59.5 (b)(9)

#### **Indicator 19.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4.T
- 7.4.D
- 6.1

#### **To fully meet this indicator:**

- The agency must have in place formal arrangements regarding provision of services and reimbursement of costs for contractual services. **(3.4.T; 7.4.D; 6.1)**

#### **Documentation Required:**

Copies of contractual agreements for family planning services purchased.

#### **Evaluation Questions:**

- Are formal agreements in place with contractual providers such as physicians, nurse practitioners, medical directors, or other staff who are not agency employees?
- Do agreements with contractual providers include payment arrangements?



## Section X: Family Planning

### MPR 20

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

**Reference:** 42 CFR CH. 1 (10-1-00 Edition) §59.5 (b)(10)

#### **Indicator 20.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 U
- 6.9. A, B, D

#### **To fully meet this indicator:**

- The agency must provide an opportunity for participation in the development, implementation, and evaluation of the project. **(6.9 A.)**
- The agency plan must include plans for community participation. **(6.9 B, D.)**

#### **Documentation Required:**

- Community participation plan section of the Annual Plan.
- Documentation that plan has been accomplished, as appropriate.

#### **Evaluation Questions:**

- Does the agency's annual plan include a plan for community participation?
- Does the agency provide an opportunity for community participation in the development, implementation, and evaluation of the project by persons knowledgeable about the community's need for family planning participation?
- Are persons from significant elements of the service population participating?



## Section X: Family Planning

### MPR 21

Any funds granted shall be expended solely for the purpose of delivering Title X Family Planning Services in accordance with an approved plan & budget, regulations, terms & conditions and applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable.

*Reference: 42 CFR CH. I (10-1-00 Edition) §59.9*

#### **Indicator 21.1**

See Michigan Title X Family Planning Standards & Guidelines 2011

- 3.4 V
- 6.3
- 6.3.1. A – L
- 6.3.2. B & C
- 6.3.3. (Financial audit)

#### **To fully meet this indicator:**

- The agency must have a separate budget for Title X funds. **(3.3 E; 6.3)**
- The agency budget must be developed and approved annually by MDHHS. **(3.3 E)**
- The agency must maintain a financial management system that meets the standards specified in 45CFR 74.21 or 45CFR 92.20 and is in compliance with federal standards. **(6.3)**
- The agency must have an annual financial audit conducted in accordance with provisions of 45CFR PART 74, Subpart C, and 45 CFR PART 92, Subpart C, as applicable and with federal OMB Circular A-133. **(6.3.3)**
- The agency's FPAR Table 14 must be compiled using current financial data and must be accurate and complete. **(6.3.2)**
- The agency's FPAR Table 14 must show income from Title XIX (Medicaid) and must report voluntary donations as other revenue. **(6.3 2 B & C)**

#### **Documentation Required:**

- Budget/CPBC
- Financial Status Report
- Ledger
- Financial audit
- Contracts
- Family Planning Annual Report
- Completed Pre-visit Fiscal Review Questionnaire

#### **Evaluation Questions:**

- Are the Title X funds distinguishable from other budgeted funds?
- Does the agency have written financial audits?
- Have financial audit/findings been corrected/addressed?
- Do the agency financial reports indicate appropriate expenditures as outlined in the budget?
- Are all sources of funds identified in the operating budget?
- Does the agency's FPAR Table 14 show income from Medicaid Title XIX and voluntary donations?

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