



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. (9.8; 18. A; 21; 21.A; 21.I B., C., D.; 19.C; 21.G.I. a-I; 21.G; 21.G.2; 21.G; 21.G.7; 20.A.; 29.D.2.e; 29B.7)

See [Michigan Title X Family Planning Standards & Guidelines 2014](#)

To fully meet this indicator:

- The agency provides a broad range of effective Food and Drug Administration (FDA) approved family planning methods and services including natural family planning methods, and temporary and permanent contraception either on-site or by referral. **(9.8; 18. A)**
- Written protocols and operating procedures are in place and available at each clinical site. **(21; 21.A)**
- Methods provided and for which written protocols are in place, include: **(21.I 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)
 - At least one type of long acting reversible contraceptive (LARC) method is provided, 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
 - LARCs (Intrauterine devices or Implants)
 - Sterilization
 - Emergency contraception
 - Emergency Contraception
 - Emergency Contraception education and referral is provided to all female clients
 - A written protocol is in place
 - Permanent Contraception (Sterilization)
 - Education and information regarding sterilization is provided for both male and female clients, if indicated
 - The agency has a list of community providers where clients can be referred for sterilization (Paid referrals for sterilization are not required)

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- All federal regulations on sterilization are met, if the procedure is performed by the agency
- Individual client education and counseling is offered and/or provided prior to the client making an informed choice regarding family planning services. **(19.B. C.)**
- Clients (adolescents or adults) who are undecided on a contraceptive method are informed about all methods that can be safely used based on the Centers for Disease Control and Prevention (CDC) Medical Eligibility Criteria. **(21.G)**
- Client education and information about contraceptive methods is medically accurate, balanced, and provided in a nonjudgmental manner. **(21.G)**
- Client education about contraceptive methods that can be safely used includes: **(21.G.1. a-i)**
 - Method effectiveness
 - Correct and consistent use of the method
 - Benefits and Risks
 - Potential side effects
 - Protection from STDs
 - Starting the method
 - Danger signs
 - Availability of emergency contraception
 - Follow-up visits
- Documentation of contraceptive education and counseling must be in the client's medical record. **(21.G; 21.G.2)**
- The client's voluntary general consent is obtained prior to receiving any clinical services. All consents are included in the client's record. **(20.A.; 29.D.2.e)**
- An informed consent for the procedure is obtained prior to inserting an IUD or implant. **(21.G.7)**
- Medical records of transfer clients receiving prescriptive methods contain: **(29B.7.)**
 - A general consent for services
 - A completed client history that has been reviewed
 - A documented blood pressure (BP), if the client desires to continue a combined hormonal method
 - Documentation of the prescription in the client record method

Documentation Required:

- Protocol and operating procedures manual specific to all contraceptive methods services
- General consent for services
- Educational materials for all methods
- Access to clients' records
- Consent forms used for procedures

Evaluation Questions:

None

Indicator 1.2

Basic Infertility Services. (25; 25.C; 25.D; 25.F)

See Michigan Title X Family Planning Standards & Guidelines 2014

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To fully meet this indicator:

- The agency offers basic infertility services to women and men desiring these services. The agency has written protocols and procedures that are current and consistent with national standards. **(25)**
- Basic infertility protocols include:
 - Basic Infertility services for women including:
 - Medical history
 - Physical examination as indicated
 - Counseling
 - Appropriate referrals. **(25.C, F.)**
 - Basic Infertility services for men including:
 - Medical history
 - Physical examination as indicated
 - Counseling
 - Appropriate referrals. **(25.D, F.)**

Documentation Required:

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

Evaluation Questions:

None

Indicator I.3

Services for Adolescents. (8.4.5; 8.4.5.A; 9.8; 9.12; 9.12.A, B; 10.1.D; 21. G; 21.H; 21.H.2; 21.H.3; 17)

To fully meet this indicator:

- The agency provides family planning and related preventive health services to adolescents. **(9.8; 17)**
- The agency does 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. **(10.1 D)**
- The agency provides confidential services to adolescents and observes all state laws regarding mandated reporting. **(21.H.2)**

Adolescent clients who are undecided on a contraceptive method are informed about all methods that can safely be used based on CDC Medical Eligibility Criteria. **(21.G)**

- Comprehensive information is provided to adolescent clients about how to prevent pregnancy. **(21.H)**
- Written protocols and operating procedures are in place that address adolescent counseling, including:
 - Encouraging family participation in the decision of minors to seek family planning services **(9.12.A; 21.H.3)**
 - Counseling on how to resist attempts to be coerced into sexual activities **(9.12.A)**
 - Informing adolescents that services are confidential, and that in special cases (e.g. child abuse) reporting is required **(21.H.2)**
 - Education and counseling is documented in the client record **(21.G)**

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- Agency has written policies and procedures to comply with state laws requiring reporting of child abuse, child molestation, sexual abuse, rape, or incest. **(9.12)**
- Confidentiality is never invoked to circumvent reporting requirements for child abuse and neglect. **(9.12.B)**
- The agency charges minors obtaining confidential services based on the resources of the minor and not on the family income. **(8.4.5)**
- The agency does not have a policy of no fees, flat fees, or any different fee schedule for adolescents than the fee schedule used for other populations served. **(8.4.5.A)**

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

Evaluation Questions:

None



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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 2014

- 8.1; 8.1.A,B,C
- 20.A

To fully meet this indicator:

- The agency providing family planning services assures that services will be provided to clients:
 - On a voluntary basis **(8.1)**
 - Without coercion to accept services or any particular method of family planning **(8.1.A; 20.A)**
 - Without making acceptance of services a prerequisite to eligibility for any other service or assistance in other programs **(8.1.B)**
- Staff have been informed that they may be subject to prosecution under federal law if they coerce or endeavor to coerce any person to accept abortion or sterilization. **(8.1.C)**

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:

Are there written policies in place that reflect that all services are voluntary, provided without coercion, and provided without making acceptance of services a prerequisite to eligibility for any other service or assistance in other programs?



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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 2014

- 8.3.7.C
- 8.5.2
- 9.2
- 9.12.B
- 10.1.A,B,C
- 10.2
- 10.3
- 10.4
- 13.4; 13.4 A
- 13.5; 13.5.C
- 21.H.2
- 19.A.1-7
- 29.D.3a-f

To fully meet this indicator:

- The agency provides services in a manner that protects the dignity of each individual. **(9.2)**
 - Has written policy and/or operating procedures to assure the dignity and respect for cultural and social practices of the service area population. **(9.2; 8.5.2)**
 - Service delivery to all clients includes the following: **(19.A. 1-7)**
 - Assuring clients are treated courteously and with dignity and respect
 - Addressing the needs of diverse clients
 - The opportunity to participate in planning their own medical treatment
 - Encouraging clients to voice any questions or concerns they may have
 - Client confidentiality is assured by the following: **(10.1. A., B., C.; 19.A.3; 29.D.3a)**
 - A confidentiality assurance statement appears in the client's record
 - Confidentiality is assured in agency policy and procedures
 - All agency personnel assure confidentiality, such as a confidentiality statement
 - The clinic has safeguards to provide for the confidentiality and privacy of the client as required by the Privacy Act. **(10.1,10.2; 29.D.3.a-f)**
 - A system is in place to keep client records confidential. **(29.D.3)**
 - The agency does not disclose client information without the client's consent, except as required by law or as necessary to provide services. **(10.2; 29.D.3.c)**
 - The agency has policies and procedures to assure compliance with mandatory reporting and human trafficking laws. **(8.3.7.C.; 9.12.B; 10.4; 13.5; 13.5.C; 21.H.2.)**
 - Information collected for reporting purposes is disclosed only in summary or statistical form **(10.3; 29.D.3.d)**
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- Upon request, transferring clients are provided with a copy or summary of their record to expedite care. **(29.D.3.e)**
- Upon request, clients are given access to their medical record. **(29.D.3.f)**
- The agency obtains Michigan Department of Health and Human Service (MDHHS) approval prior to conducting any clinical or sociological research using Title X clients as subjects. **(13.4; 13.4 A)**

Documentation Required:

- Policy and Procedure Manuals
- 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?
- Are policies and procedures in place to comply with mandatory reporting requirements?



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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 2014](#)

- 9; 9.3
- 13.1; 13.1.C. 4
- 13.5.A.1,2
- 19.D

To fully meet this indicator:

- The agency has written policies and procedures on non-discrimination in providing services, including: Race, Religion, Color, National origin, Creed, Handicapping condition, Sex, Number of pregnancies, Marital status, Age, Sexual orientation, and Contraceptive preference. **(9; 9.3)**
- The agency complies with [45 CFR Part 84], so that, when viewed in its entirety, the agency is readily accessible to people with disabilities **(13.1)**
- The local agency has a written plan including all required components to ensure meaningful access to services for persons with limited English proficiency **(13.1)**
- Consent forms are language appropriate for Limited English Proficiency (LEP) clients or are translated by an interpreter. **(13.1.C 4; 19.D)**
- The agency complies with the Office of Population Affairs FPAR requirements, including a system to assure accurate collection of race and ethnicity data (FPAR Tables 2 and 3) **(13.5.A.1,2)**

Documentation Required:

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

Evaluation Questions:

- Are facilities accessible to individuals with disabilities including:
 - Entrance ramps are clearly marked and easily accessible?
 - Toilets accessible to the handicapped?
 - Handicapped parking?
- Does the LEP plan include:
 - A statement of agency's commitment to provide meaningful access to LEP individuals?
 - A statement that services will not be denied to clients because of LEP?

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- A statement that clients will not be asked or required to provide their own interpreter?
- Language Assistance, oral interpretation, and/or written translation?
- Staff training?
- Providing notice to LEP persons?
- Routine updating of the LEP plan?
- Does the agency have a process to assure accuracy of race and ethnicity data in 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 2014](#)

- 8.2; 8.2 A.
- 9.10; 9.11
- 24; 24 A-G

To fully meet this indicator:

The agency must:

- Not provide abortion as a method of family planning and has a written policy that no Title X funds are used to provide abortion as a method of family planning. **(8.2; 8.2A)**
- Provide pregnancy diagnosis and counseling to all clients in need of this service. **(9.10; 24)**
- Have written protocols and procedures to offer pregnancy diagnosis and counseling services that are current and consistent with national standards of care: **(24)**
- Pregnancy diagnosis services include the following. **(24.A)**
 - General consent for services
 - Reproductive Life Plan discussion
 - Pertinent medical history
 - Testing with highly sensitive pregnancy test
 - Test results given to the client
 - Offer non-directive pregnancy counseling and referral resources as appropriate
- If a pregnancy test is positive, services include: **(24.B)**
 - If ectopic pregnancy or other pregnancy abnormalities are suspected, immediate referral for diagnosis and treatment must occur
- The agency offers pregnant women information and counseling regarding the following options: **(9.11; 24.C)**
 - Prenatal care and delivery
 - Infant care, foster care, or adoption
 - Pregnancy termination
- If requested to provide pregnancy options information and counseling, the agency must provide neutral, factual information, and non-directive, unbiased counseling on each of the options and referral upon request, except with respect to any option(s) about which the pregnant woman does not wish to receive such information and counseling. **(9.11; 24.D)**
- For clients considering/choosing to continue the pregnancy, a referral for prenatal care and initial prenatal counseling must be provided. **(24.G)**
- For clients with a negative test, appropriate information about family planning services must be offered. **(24.H,I)**

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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
- Current referral listing of providers

Evaluation Questions:

- Is the referral list current and does it include a full range of providers for pregnancy care?



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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 2014

- 4
- 5
- 8.4
- 9.1

To fully meet this indicator:

- The agency has 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 **(8.4)**
- Low-income and high priority populations to be served are identified in the agency's annual plan. **(4;5)**
- Have policy and/or procedures to ensure that low-income clients are given priority to receive services **(9.1)**

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:

None



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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 2014

- 8.4.1; 8.4.1.A
- 8.4.9
- 13.5.A.1,2

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 are not charged; although the agency bills all third parties authorized or legally obligated to pay for services. **(8.4.1)**
- The agency relies on client self-report of income for determining eligibility for a discount, except where the agency may use income verification data provided by the client because of participation in other programs operated by the agency. **(8.4.1.A)**
- Voluntary donations from clients are permissible; however, clients are not pressured to make donations and donations are never a prerequisite to provision of services or supplies. **(8.4.9)**
- The agency complies with the Office of Population Affairs FPAR, including having a system to assure accurate collection of client income data (Table 4). **(13.5A.1,2)**

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 collection system

Evaluation Questions:

- Does the agency have a system to assure that client data on its data system are accurate for 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 2014

- 8.4
- 8.4.2; 8.4.2.A; 8.4.2.B
- 8.4.3
- 8.4.4; 8.4.4.A
- 8.4.8; 8.4.8.A

To fully meet this indicator:

- The local agency must have written policies and procedures for billing and collecting client fees. **(8.4)**
- The agency has 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. **(8.4.2)**
- Individual eligibility for a discount must be documented on the client's record/file. **(8.4.2.A)**
- The agency has the capacity to provide a bill for the services provided to a client who requests a bill. **(8.4.2.B)**
- Fees are 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. Instances where fees are waived are documented in the client record. **(8.4.3)**
- For clients from families whose income exceeds 250% of poverty, the agency has a schedule of fees designed to recover the reasonable cost of providing services; and the agency has a documented process for determining costs of providing services. **(8.4.4)**
- If the agency has opted to design a fee schedule to recover costs lower than the total cost of providing services, a policy approved by the local governing board is in place and identifies the intended percentage of costs to be recovered. **(8.4.4.A)**
- The agency's written policies on billing and collections include a policy on the "aging" of outstanding accounts. **(8.4.8.A)**

Documentation Required:

- Client records showing eligibility determination for services
- Billing records
- Sliding fee schedule using current MDHHS Poverty Guidelines
- Written agency policy for charging, billing, and collecting client fees
- Agency procedure for aging outstanding accounts

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Evaluation Questions:

- 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 incidents where fees are waived for good cause documented in the client record?



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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 2014](#)

- 8.4.4
- 8.4.6
- 8.4.7
- 8.4.8

To fully meet this indicator:

- The agency has a schedule of fees/charges that is designed to recover the reasonable costs of providing services. There is a documented process for determining how the schedule of fees is designed to recover reasonable costs of providing services. **(8.4.4)**
- Where there is legal obligation or authorization for third party reimbursement; all reasonable efforts must be made to obtain third party payment, without application of any discounts. **(8.4.6)**
- With regard to insured clients whose family income is at or below 250% federal poverty level; where copayments or additional fees apply, clients are never charged more than they would pay if services were charged on the schedule of discounts. **(8.4.6)**
- Where reimbursement is available from Title XIX or Title XX of the Social Security Act, the agency has written agreements with Title XIX, or XX agencies, for reimbursement from these agencies. **(8.4.7)**
- The agency makes reasonable efforts to collect charges without jeopardizing client confidentiality. **(8.4.8)**

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

Evaluation Questions:

- Does the agency staff follow the billing and client fee collection procedures?



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MPR 10

Provide for an advisory committee.

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

Indicator 10.1

See Michigan Title X Family Planning Standards & Guidelines 2014

- 11.1.A;
- 11.1.A.1,2,3

To fully meet this indicator:

The agency has a governing board or a program specific Family Planning Advisory Council (FPAC) or other appropriate advisory group: **(11.1.A)**

- The council/board is broadly representative of the population served and includes people knowledgeable about family planning. **(11.1.A.1)**
- Responsibilities of the council/board include the following: **(11.1.A.2)**
 - Review the agency's program plan, assess accomplishments and suggest future program goals and objectives.
 - Review the agency's progress toward meeting the needs of the priority population and for making clinic services and policies responsive to the needs of the community.
- There is documentation that the council/board meets at least once a year. **(11.1.A.2)**
- Minutes are kept of all meetings **(11.1.A.3)**

Documentation Required:

- Governing Board or FPAC Roster
- Governing Board or FPAC meeting schedule
- Governing Board or FPAC meeting minutes

Evaluation Questions:

None



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Indicator I0.2

Information and Education (I&E) Committee

See [Michigan Title X Family Planning Standards & Guidelines 2014](#)

- 12.
- 12.1; 12.2; 12.3
- 12.6; 12.7

To fully meet this indicator:

- The agency has an I & E committee that reviews and approves all informational and educational materials developed or made available by the project. (The Family Planning Advisory Committee/Advisory Board may take on this role so long as it meets the following requirements.) **(12; 12.1)**
- I & E committee membership is broadly representative of the community served. **(12.2)**
- The size of I & E committee is five to nine members, unless size of body has been waived for good cause by OPA via MDHHS approval and request. **(12.3)**
- I & E committee reviews all informational and educational materials prior to their distribution. **(12.3)**
- The I & E committee must: **(12.6)**
 - 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 or community
 - Establish a written record of its determinations
- I & E Committee meets at least once a year and keeps minutes of all meetings which include a written record of determinations regarding the informational and education materials reviewed. **(12.7)**
- Federal grant support is acknowledged in any publication produced with family planning grant funds. **(12.8)**

Documentation Required:

- I & E Committee Roster
- I & E Committee Meeting Minutes
- Written Record of I & E determinations related to materials

Evaluation Questions:

- Does the I & E committee review the content of all informational and educational materials to assure the information is correct?
- Is there a written record of the determinations of I & E committee for all materials reviewed?
- Do publications produced with family planning grant funds acknowledge federal grant support?



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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)

Indicator 11.1

All family planning services must be provided using written clinical protocols that are in accordance with nationally recognized standards of care, signed by the medical director responsible for program medical services. **(9.6; 18.A; 29.A.4)**

See Michigan Title X Family Planning Standards & Guidelines 2014

- 9.6; 9.7; 9.8
- 17
- 18.A,B
- 19.B.C.E.F.G.H.I
- 20.A
- 29.A; 29.D; 29.E

To fully meet this indicator:

The agency must:

- Offer medical services related to family planning required in the Title X statute, Title X program requirements, QFP, or MDHHS Standards and Guidelines for the provision of quality family planning services to clients who want such services. **(9.7; 9.8; 17; 18.A & B; 19; 21; 22; 23; 24; 25; 26; 28)**
 - Contraceptive services
 - Pregnancy testing and counseling
 - Achieving desired pregnancy
 - Basic infertility
 - Preconception health
 - Sexually transmitted disease (STD)
 - Related preventive health
 - Referrals for specialist care, as needed
- Clinical protocols must be consistent with the QFP, MDHHS Title X Standards and Guidelines, State of Michigan Laws, and nationally recognized standards of care. **(18.B)**
- Use approved protocols for the provision of all family planning services **(18.A)**
 - Protocol manual must be available at each clinic site. **(18.A)**
 - MDHHS Title X Family Planning Standards and Guidelines Manual must be at each site **(18.B)**
- Clinical protocols and procedures are reviewed and signed annually (within the past 12 months) by the medical director. **(18.B; 29.E.2.e)**
- Obtain a signed general consent for services prior to the client receiving any clinical services **(19.D; 20.A)**

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- Provide an explanation of all procedures, range of available services, and agency fees and financial arrangements to clients **(19.A.7)**
- Have in place protocols that address the following: **(19.B.C.E.F.G.H.I)**
 - Provide that individual education and counseling is offered prior to the client making an informed choice regarding family planning services. **(19.B.C.)**
 - Provide that medical history, physical exam and laboratory test requirements for specific methods of contraception are followed **(19.E.F.G.)**
 - Provide that referrals and follow-up are provided, as indicated, including: **(19.I; 29.A)**
 - Referrals made as result of abnormal physical exam or laboratory findings
 - Paid referrals for required services not provided on site
 - Referrals for services determined to be necessary but beyond the scope of family planning
- Revisits are individualized based on the client's need for education, counseling and clinical care beyond that provided at the visit. **(19.H.2; 19.I.2; 29.D.c.4)**

Documentation Required:

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

Evaluation Questions:

- 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 and maintained in the medical record?

Indicator 11.2

See Michigan Title X Family Planning Standards & Guidelines 2014

Client History and Physical Examination

- 19. E
- 21. E.1, 2; 21F.1, 2
- 22. A.B.C.D
- 23. A
- 25. C.1, 2.a-o
- 25. C.3.a-e
- 25. D.1, 2.a-l
- 25. D.3.a-e
- 26. A.B.1-5;
- 26. C.D.1, 2, 6, 7
- 21. F.1.d, e
- 28. A. B. C.
- 29. D.2.g

To fully meet this indicator:

- Medical history and physical examination elements must be appropriate to the type of services provided (female and male clients) as follows: **(19.E.)**

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- Medical history elements required for the female contraceptive client: **(21.E.1)**
 - Reproductive life plan
 - Menstrual history
 - Gynecologic history
 - Obstetrical history
 - Contraceptive use
 - Allergies
 - Medications
 - Immunizations
 - Recent intercourse
 - Reproductive history
 - Present infectious or chronic health conditions
 - Other characteristic and exposures that may impact MEC for contraceptive methods
 - Social history/risk behaviors
 - Sexual history and risk assessment
 - Mental health
 - Intimate partner violence
 - Interest in sterilization, if age appropriate
- Medical history elements required for the male contraceptive client: **(21.E.2)**
 - Reproductive life plan
 - Use of condoms
 - Allergies
 - Medications
 - Immunizations
 - Recent intercourse
 - Partner history
 - Present infectious or chronic health conditions
 - Contraceptive experiences and preferences
 - Sexual history and risk assessment
 - Interest in sterilization, if age appropriate
- Taking of a medical history must not be a barrier to making condoms available in the clinical setting **(21.E)**
- The following physical and laboratory assessment must be provided for female contraceptive clients: **(21.F.1)**
 - Blood pressure evaluation when providing combined hormonal method
 - Bimanual exam and cervical inspection (prior to IUD insertion, diaphragm or cervical cap fitting)
 - Pap screening and clinical breast exam as indicated by current recommendations
 - Chlamydia testing as indicated by current recommendations
 - CT and GC testing must be available for all clients requesting IUD, if indicated.
- No laboratory tests are required for male contraceptive clients, unless indicated by history. **(21.F.2)**
- Medical history elements required for the female preconception health client: **(22.A)**
 - Reproductive Life Plan
 - Sexual risk assessment
 - Reproductive history
 - History of prior pregnancy outcomes
 - Environmental exposures
 - Medications
 - Genetic conditions
 - Family history



Section X: Family Planning

- Intimate partner violence
- Social history/risk behaviors
- Immunization status
- Depression
- Medical history elements required for the male preconception health client: **(22.B)**
 - Reproductive Life Plan
 - Sexual health assessment
 - Past medical and surgical history that impairs reproductive health
 - Genetic conditions
 - History of reproductive failures/conditions that could reduce sperm quality
 - Social history/risk behaviors
 - Environmental exposures
 - Immunization status
 - Depression
- The following physical and laboratory assessment must be provided for all preconception health clients **(22.C,D)**
 - Height, weight, BMI
 - Blood pressure
 - Laboratory testing must be recommended based on risk assessment
- Assessment for clients wishing to achieve pregnancy includes determining that the client has been trying less than 12 months. **(23.A)**
- Medical history elements required for the female basic infertility care client: **(25.C.1,2.a-o)**
 - Reproductive Life Plan
 - Past surgeries
 - Previous hospitalizations
 - Serious illnesses or injuries
 - Medical conditions associated with reproductive failure
 - Childhood disorders
 - Cervical cancer screening results and any follow-up treatment
 - Medications
 - Allergies
 - Social history/risk behaviors
 - Family history of reproductive failures
 - Reproductive history
 - Level of fertility awareness
 - Previous evaluation and treatment results
 - Sexual history
 - Review of systems
- Medical history elements required for the male basic infertility care client: **(25.D.1,2.a-i)**
 - Reproductive Life Plan
 - Reproductive history
 - Medical illnesses
 - Prior surgeries
 - Past infections
 - Medications
 - Allergies
 - Lifestyle exposures
 - Sexual health assessment
 - Female partners' history



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- Physical examination must be offered for female basic infertility clients, if indicated: **(25.C.3.a-e)**
 - Height, weight, and BMI
 - Thyroid examination
 - Clinical Breast Exam
 - Signs of androgen excess
 - Pelvic examination
- Physical examination must be offered for male basic infertility clients, if indicated: **(25.D.3.a-e)**
 - Examination of the penis
 - Palpation and measurement of the testes
 - Presence and consistency of vas deferens and epididymis
 - Presence of varicocele
 - Secondary sex characteristics
- Medical history elements required for STD services clients include: **(26.A.B.1-5)**
 - Reproductive Life Plan
 - Allergies
 - Medications
 - Medical conditions
 - Sexual health assessment
 - Immunizations (Hep.B, HPV)
- Physical and Laboratory assessment required for STD services clients include: **(26.C.D.1,2,6,7; 21.F.1.d,e)**
 - Physical exam as indicated based on history or symptoms
 - Chlamydia testing must be offered annually for all sexually active females <25 years, if indicated
 - Gonorrhea testing must be offered annually to sexually active females <25 with high risks
 - CT and GC testing must be available for clients requesting IUD insertion, if indicated.
 - When provided on site, agencies must follow current CDC Guidelines and follow state and local reporting requirements
- Agencies must offer/provide clinical breast exam (CBE) based on current recommendations and as medically indicated. **(28.A)**
- Pelvic examination must be provided based on current recommendations and as medically indicated. **(28.B)**
- Agencies must stress the importance of mammography based on current recommendations. **(28.C)**

Documentation Required:

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

Evaluation Questions:

Are medical history, physical examination and laboratory screening elements based on the specific services provided to the client?



Section X: Family Planning

Indicator 11.3

See Michigan Title X Family Planning Standards & Guidelines 2014

Laboratory Testing and Medical Follow-up (9.6; 9.7; 17; 18; 19.G; 21.F.1.c; 24.A; 26; 28; 28.A; 29.A.1,2,3,6; 29.D.2.c; 29.E.2.a,f,g,h)

To fully meet this indicator:

- Written laboratory protocols and operating procedures must be in place that includes: **(9.6; 17; 18; 19.G, I; 21.F.1.c, d; 24.A; 28; 28.A.2.)**
 - Pregnancy testing must be provided on site as indicated
 - Pap testing must be provided on site as indicated
 - Agency must comply with current MDHHS Family Planning Breast and Cervical Cancer Screening Protocol.
 - STI and HIV testing, or referral for testing, as indicated
 - Laboratory tests must be provided if indicated for a specific method of contraception
- Laboratory audits to assure quality and CLIA compliance must be in place. **(29.E.2.g)**
- Infection control policies and procedures reflecting current CDC recommendations and OSHA regulations must be in place. **(29.E.2.f)**
- Equipment maintenance and calibration must be documented. **(29.E.2.h)**
- Procedures must be established for referral and follow-up for abnormal tests that include: **(29.A.1; 29.A.3.a.b.c; 29.D.2.c.1; 29.E.2.a)**
 - A tracking system to document referrals and follow up procedures
 - A method to identify clients needing follow-up
 - A method to track follow-up results on necessary referrals
 - Documentation in the client record of contact and follow-up
 - Documentation of reasons, actions and follow-up where recommendations/protocols were not acted on
 - Referral procedures must be sensitive to client confidentiality and privacy concerns.
- Agency must maintain current referral lists that include health care providers, local health and human service departments, hospitals, voluntary agencies, and health service projects supported by other federal programs. **(29.A.6)**
 - Referral lists must be updated annually **(29.A.6.a)**
- Written protocols for abnormal Pap testing follow-up must be current and consistent with national standards of care. **(28; 28.A.2)**
 - Agencies must participate in the Family Planning/Breast and Cervical Cancer Control Navigation Program (FP/BCCCP) Joint Project for both breast and cervical cancer diagnostic services.
 - Coordination of care must go through the BCCCP Coordinator unless other referral/payment arrangements are in place
- If STD testing is provided, agencies must have STD treatment protocols and follow-up procedures consistent with current CDC Guidelines **(26.)**

Documentation Required:

- Service protocol and procedure manuals
- Access to client medical records
- Appropriate CLIA certificate
- Laboratory logs

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- Equipment maintenance logs
- Referral/Follow-up Logs

Evaluation Questions:

None

Indicator 11.4

See Michigan Title X Family Planning Standards & Guidelines 2014

Medical Emergency/Situations and Equipment and Supplies

- 19.J
- 29.A.5
- 29.B.6
- 29. C.1, 2, 4

To fully meet this indicator:

- Emergency arrangements must be available for after hours and weekend care and should be posted. **(19. J)**
- There must be protocols and procedures for the following on-site medical emergency situations: **(29.C.1)**
 - 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 **(29.C.2)**
- Procedures for maintenance of emergency resuscitative drugs, supplies, and equipment must be in place **(29.C.4)**
- At a minimum each clinical site must have the following: **(29.B.6)**
 - Emergency drugs and supplies for treatment of vaso-vagal reaction
 - Emergency drugs and supplies for treatment of anaphylactic shock
- When a client is referred for emergency clinical care the agency must: **(29.A.5)**
 - Document that the client was advised of the referral and importance of follow-up
 - Document that the client was advised of their responsibility to comply with the referral

Documentation Required:

- Service protocol and procedure manuals
- Evidence of emergency drug and supply maintenance

Evaluation Questions:

None

For technical assistance, contact Barbara Derman at 517-335-8696 or dermanb@michigan.gov



Section X: Family Planning

Indicator 11.5

See Michigan Title X Family Planning Standards & Guidelines 2014

Pharmaceuticals/Prescriptions (29.B)

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. **(29.B)**
- Inventory, supply, and provision of pharmaceuticals must be conducted in accordance with Michigan state pharmacy laws and profession practice regulations. **(29.B)**
- Agencies writing prescriptions for Title X clients must follow the MDHHS prescription policy including: **(21.B.10; 29.B)**
 - Accepting a written prescription does not pose a barrier for the client
 - Prescriptions may only be written for items on the agency formulary or for contraceptives/medications on the client's insurance plan formulary **(21.B.10; 29.B)**
- All medications dispensed in Title X clinics must be pre-packaged. **(29.2.a)**
- All prescriptions dispensed (including samples) must be labeled with the following: **(29.B.2.b)**
 - 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, including instructions on how to use, danger signs, how to obtain emergency care, return schedule and follow-up. **(19.H.1,2; 29.B.2.c)**
- Delegate agencies must have adequate controls over access to medications and supplies, including. **(29.B.3.d)**
 - Contraceptive and therapeutic pharmaceuticals must be kept in a secure place, either under direct observation or locked
 - Access to the pharmaceuticals must be limited to health care professionals responsible for distributing these items.
- A system must be in place to monitor expiration dates and ensuring disposal of all expired drugs, including drugs for medical emergencies. **(29.B.3.e; 29.C.4)**
- There must be a system in place for silent notification in case of drug recall. **(29.B.3.f)**
- A current formulary, listing all drugs available for Title X clients, must be maintained and reviewed at least annually that includes: **(29.B.4; 21.b.5)**
 - Methods available on site
 - Methods available on site within two 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. **(29.B.5)**
- 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. **(29.B.6; 29.C.4)**

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Section X: Family Planning

Documentation Required:

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

Evaluation Questions:

None

Indicator 11.6

See Michigan Title X Family Planning Standards & Guidelines 2014

Medical Records and Quality Assurance System (29.D; 29.E)

To fully meet this indicator:

- A medical record is established for all clients who receive clinical services, including pregnancy testing, counseling, and emergency contraception. **(29.D.1.a)**
- Medical records are: **(29.D.1.b)**
 - Complete, legible and accurate
 - Signed and dated by the clinical health professional making the entry, including name, date, and title, as a permanent part of the record
 - Readily accessible
 - Confidential
 - Safeguarded against loss or use by unauthorized persons
 - Available to clients, upon request
- HIPAA regulations are followed. **(29.D.1.c)**
- Medical records contain the following: **(29.D.2)**
 - 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, as indicated by service(s) provided
 - Physical exam, as indicated by services(s) provided
 - Allergies
 - Documentation of clinical findings, diagnostic/therapeutic orders, including:
 - Lab test results and follow-up
 - Treatments initiated and special instructions

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- Continuing care, referral and follow-up
- Scheduled revisits
- Documentation of all medical encounters, including telephone encounters
- Documentation of all counseling, education, and social services
- Signed general consent for services
- Contraceptive method chosen by the client
- A quality assurance system must be in place to provide ongoing evaluation of family planning services that includes: **(29.E;)**
 - Tracking system that identifies clients in need of follow up and/or continuing care. **(29.E.2.a)**
 - **Medical Audits** to determine conformity with agency protocols and must be conducted quarterly by the medical director
 - At least 2-3 charts per clinician must be reviewed by the medical director quarterly. **(29.E.2.c)**
 - **Chart Audits/Record Monitoring** to determine completeness and accuracy of the medical record must be conducted quarterly by the quality assurance committee or identified personnel
 - At least 3% of quarterly caseload, randomly selected are reviewed quarterly **(29.E.2.d)**
 - A process to implement corrective actions when deficiencies are noted must be in place. **(29.E.2.i)**

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

Evaluation Questions:

- Do medical records contain documentation of all medical encounters: medical history and physical exam appropriate to the service(s) provided; documentation of all clinical findings including laboratory test results and follow-up; treatments initiated and special instructions; referrals and follow-up; and scheduled revisits?
- Are medical audits regularly performed by the medical director to assure conformity with agency protocols on a quarterly basis?
- Are Chart Audits/ Record Monitoring Audits to determine completeness and accuracy of medical records being conducted quarterly by a QA committee member or identified personnel?



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. I (10-1-00 Edition) §59.5 (b)(2)

Indicator 12.1

See Michigan Title X Family Planning Standards & Guidelines 2014

- 8.5.2
- 9.4; 9.7; 9.11
- 17
- 19.C.1
- 21.G
- 24.A.6; 24.E
- 26.D.6; 26.E.1
- 29.A; 29.A.6; 29.2.f

To fully meet this indicator:

- Counseling services must be provided either on-site or by referral **(9.4; 9.7; 9.11; 17; 19.C.1; 29.A)**
- Referral lists for social services agencies and medical referral resources must be current and reviewed annually. **(24.A.6; 24.E; 29.A.6)**
- The agency must offer education on HIV and AIDS, risk reduction information and either on-site testing or referral for this service. **(17; 26.E)**
- Counseling must be provided by staff that is sensitive to and able to deal with the cultural and other characteristics of the client population. **(8.5.2)**
- Counseling must be accurate, balanced, and non-judgmental on the contraceptive methods, STIs and HIV. **(9.11; 21.G; 26.D.6; 26.E.1)**
- The client counseling must be documented in the client's record. **(21.G; 29.2.f)**

Documentation Required:

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

Evaluation Questions:

- Are counseling services provided based on the individual client needs/request for services?



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 2014

- 4
- 5
- Section I Annual Plan Instructions, pp.50,51
- 11.2; 11.3

To fully meet this indicator:

- The agency must submit an Annual Health Care Plan that includes written plans for: **(4; 5; 8.7.A; Section I, Annual Plan Instructions, III.E.F, p.51; 11.2)**
 - Community education activities
 - Community project promotion activities
- The agency must include low-income women and adolescents in the target groups identified for program promotion activities. **(4; 8.7.A; Annual Plan Instructions, II.C., p.50)**
- 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. **(8.7.A; Annual Plan Instructions, III.E.F, p.51)**
- The agency must establish and implement planned activities to provide community education programs to facilitate awareness and access to family planning services **(11.2: 11.3)**

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:

None



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 2014

- 8.5.1
- 8.5.3
- 8.5.4
- 8.6.1-7
- 13.2
- 29.C
- 29.E

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). **(13.2)**
- The agency must have written plans, protocols/operating procedures for non-medical emergency situations, such as fire, tornado, bomb, terrorism, etc. **(13.2, 29. C)**
- 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 should include: **(8.5.1)**
 - Staff recruitment and selection
 - Performance evaluation
 - Staff promotion
 - Staff termination
 - Compensation and benefits
 - Grievance procedures
 - Patient confidentiality
 - Duties, responsibilities, and qualifications of each position
 - Licenses for positions requiring licensure
- The agency must have a qualified Family Planning project coordinator. **(8.5.3)**
- All clinicians, including mid-level practitioners, must maintain current licensure and certification. **(8.5.4; 29.E.2.b)**
- Personnel records are kept confidential. **(8.5.1.A)**
- Organizational chart and personnel policies are available to all personnel. **(8.5.1.C)**
- Job descriptions are available for all positions and updated as needed. **(8.5.1 D)**
- Performance evaluations of program staff are conducted according to the agency personnel policy. **(8.5.1.B)**
- The agency provides staff training on encouraging family involvement 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 at least every two years. **(8.6.3)**
- The agency provides for orientation and in-service training for all program personnel, including staff of sub-recipient agencies and service sites. **(8.6.1)**

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Section X: Family Planning

- The agency provides staff training regarding prevention, transmission and infection control in the health care setting of sexually transmitted infections including HIV as required by OSHA regulations. **(8.6.4)**
- The agency provides staff training in emergency procedures or natural disaster and staff understands their role. **(8.6.5, 13.2.3, 29.C3)**
- The agency provides training regarding the nature and safety of pharmaceuticals to clinical staff involved in dispensing medications at least every two years. **(8.6.7; 29.B.2.d; 29.B.3.a)**
- The agency provides staff training in the unique social practices, customs, and beliefs of the under-served populations of their service area at least every two years. **(8.6.6)**
- The agency must train staff in mandatory reporting and human trafficking laws at least every two years. **(8.6.2)**
- Licensed medical staff providing direct patient care is trained in CPR and have current certification. **(29.C.3; 29.E.2.b)**

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 and in-service training, including:
 - Staff training on the unique social practices, customs, and beliefs of the under-served populations in their service area
 - Evidence of staff trained in the prevention, transmission and infection control in the healthcare setting of sexually transmitted infections including HIV
 - Pharmaceutical training for clinical staff involved in dispensing medications
 - CPR training and certification for all licensed medical staff providing direct care
 - Staff training in emergency procedures and plans
 - Staff training on blood born pathogen transmission/OSHA training
 - Staff training on encouraging family involvement 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
- Documentation of staff continuing education
- Documentation of performance evaluations as required by agency personnel policy

Evaluation Questions:

- Does the agency keep written documentation of staff meetings?
- Does the agency keep training records on each employee?
- Does the agency have established orientation/in-service training for all staff, including family planning program requirements, philosophy, policies and goals of operation?



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 2014

- 9.9

To fully meet this indicator:

- There is a written policy that services are provided without residency requirements or physician referral. **(9.9)**

Documentation Required:

- Non-discrimination policy for residency and physician referral

Evaluation Questions:

None



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 2014

- 8.5.4
- 9.6
- 18.A,B
- 29.B.1,2
- 29.E.2.c,e

To fully meet this indicator:

- The medical director must be a licensed, qualified physician, with special training or experience in family planning. **(8.5.4)**
- The medical director approves and signs protocols and standing orders annually (within the past 12 months). **(9.6; 18.A,B; 29.E.2.e)**
- Clinicians other than physicians performing medical functions do so under protocols and/or standing orders approved by the medical director. **(8.5.4.A,B)**
- The medical director directs medical services and participates in quality assurance activities. **(29.E.2.c)**
- 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. **(29.B.1.a; 29.B.2)**

Documentation Required:

- Evidence that all mid-level providers have agreed to follow clinic procedures, protocols, and standing orders are 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:

None



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 2014

- 8.3.2; 8.3.3; 8.3.4; 8.3.6
- 8.5.4
- 9.6
- 8.7
- Section I, Annual Plan Instructions, pp.50,51
- 13.5
- 18.A
- 21.B.6
- 29.A.4
- 29. B.3.b, c, d.
- 10.2 A. 3

To fully meet this indicator:

- All services must be provided according to approved protocols. **(8.5.4; 9.6; 18.A)**
- 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. **(8.3.4; 29.A.4; 21.B.6)**
- The current annual plan identifies all services to be provided. **(8.7; Section I, Annual Plan Instructions, III.H p.50)**
- Safeguards must be in place to assure that drugs purchased through the 340B program are only used for family planning clients. **(29.B.3.d.3)**
- The agency must have proper segregation between requisition, procuring, receiving, and payment functions for pharmaceuticals and supplies. **(29.B.3.b,c)**
- There must be an inventory system to control purchase, use, and reordering of pharmaceuticals and supplies. **(29.B.3.c)**
- If a delegate agency subcontracts for services, a formal agreement consistent with Title X requirements must be current and have appropriate approval. **(8.3.2)**
- Documentation and records of all expenditures must be maintained. **(8.3.6; 13.5)**
- All services purchased for project participants must be authorized by the project director or his/her designee on the project staff **(8.3.3)**

Documentation Required:

- Clinical protocols
- Operating policies and procedures
- Required services provider agreements

For technical assistance, contact Barbara Derman at 517-335-8696 or dermanb@michigan.gov



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- Annual Plan
- Subcontract agreements
- Records of pharmaceutical requisitions
- Documentation of Inventory system
- Records of equipment purchases over the past three years

Evaluation Questions:

None



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 2014

- 9.7
- 17
- 29.A.1,2,3,4,5,6

To fully meet this indicator:

- Projects must provide necessary referrals to other medical facilities as medically indicated. **(9.7; 17)**
- The agency must have referral arrangements in place for the following: **(29.A)**
 - 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. **(29.A.1)**
- Client consent for release of information to providers must be obtained, except as may be necessary to provide care or as required by law. **(29.A.2)**
- 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: **(29.A.3)**
 - A method to identify clients needing follow up
 - 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
- When required services are provided by referral, the agency must have in place formal arrangements with a referral provider that includes a description of the services provided and costs. **(29.A.4)**
- 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: **(29.A.5)**
 - 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 updated annually. **(29.A.6.)**



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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 organizations providing required services
- Current list of referral agencies
- Documentation of referrals and follow-up

Evaluation Questions:

None



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 2014

- 8.3.2
- 8.3.4

To fully meet this indicator:

- The agency must have in place formal arrangements regarding provision of services and reimbursement of costs for contractual services. **(8.3.2; 8.3.4)**

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 2014](#)

- 11.1; 11.2

To fully meet this indicator:

- The agency must provide an opportunity for participation in the development, implementation, and evaluation of the project. **(11.1)**
- The agency plan must include plans for community participation. **(11.2)**

Documentation Required:

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

Evaluation Questions:

None



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 2014

- 7
- 8.3.6
- 13.5; 13.5.A
- Audit requirements are found in Section I Financial Management Audit Requirements, pp. 52,53

To fully meet this indicator:

- The agency must have a separate budget for Title X funds. **(7)**
- The agency budget must be developed and approved annually by MDHHS. **(7)**
- The agency must maintain a financial management system that meets the standards specified in 45CFR 74.20 or 45CFR 92.20 and is in compliance with federal standards. **(8.3.6)**
- 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. **(13.5; Section I, Financial Management Audit Requirements, pp.52,53)**
- The agency's must have a system in place for collecting all required data elements for the FPAR, including accurate, complete, and current financial data for Table 14. **(13.5.A)**

Documentation Required:

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

Evaluation Questions:

- Does the agency have written financial audits?
- Have financial audit findings been addressed?
- Are all sources of funds identified in the operating budget?