The Sexual & Reproductive Health Program Manual

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Chapter 1. General Information

Introduction

The Department of Health's (DOH) Sexual and Reproductive Health Program (SRHP) provides funding through Network partners to increase access to a broad array of services. One part of the funding is through the federal Title X program. The Title X program was enacted in 1970 as Title X of the Public Health Services Act under President Richard Nixon. Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Agencies that receive SRHP and Title X funding are call subrecipients or network partner, terms which are used interchangeably throughout this document. This manual provides guidance, policies, and resources for both the SRHP and Title X program.

Vision

Equity and optimal health for all.

Mission

The Department of Health works with others to protect and improve the health of all people in Washington state.

Values

Good organizations know what they do and how they do it. Great organizations know what they do, how they do it, and why they do it.

DOH values are:

- **Human-centered:** We see others as people who matter like we do and take into account their needs, challenges, contributions, and objectives.
- **Equity:** We are committed to fairness and justice to ensure access to services, programs, opportunities, and information for all.
- **Collaboration:** We seek partnership and collaboration and maximize our collective impact. We cannot achieve our vision alone.
- **Seven Generations:** Inspired by Native American culture, we seek wisdom from those who came before us to ensure our current work protects those who will come after us.
- **Excellence:** We strive to demonstrate best practices, high performance, and compelling value in our work every day.

Program Goals

- Maintain and strengthen the SRHP infrastructure to ensure sustainability of the state program and services.
- Increase efficiency and effectiveness of management and operations.
- Improve network capacity through resources, training, and support of high-quality, client-centered, and equitable telehealth services.
- Increase awareness of Title X services and services sites.
- Increase collaborative relationships internally and externally to improve optimal sexual and reproductive health.
- Increase data driven decision-making and ensure equity of and access to sexual and reproductive health services in Washington through data quality, surveillance, and evaluation.

Live Links to Manuals, Handbooks & Monitoring Tools

WA State DOH Sexual and Reproductive Health Website
https://doh.wa.gov/you-and-your-family/sexual-and-reproductive-health

WA State DOH Sexual and Reproductive Health Manual
Sexual and Reproductive Health Manual (wa.gov)

Title X Program Handbook
Title X Program Handbook (July 2022) (hhs.gov)

Clinic Visit Record (CVR) Manual
Clinic Visit Record Manual (wa.gov)

Sexual and Reproductive Health Program Monitoring Tools
Tools and Templates Specifically for our Network Partners | Washington State Department of Health

How to join the Network

The Sexual and Reproductive Health Program periodically invites interested organizations to apply to join the Network when data shows that a particular area is underserved, and is within the SRHP's available funding to add service providers. The goal is to make sure sexual and reproductive health services are available to everyone who needs them.
Recruitment is generally for specific geographic areas.

Organizations that meet requirements are offered DOH sexual and reproductive health contracts. These Network partners will remain in the Network as long as they continue to meet contract requirements or until they decide to discontinue contracting for these services.

More information on joining the Network, including general requirements, is available here.
To qualify for Title X funds, an agency must:

- Show that it can meet all Title X requirements in an initial on-site review.
- Show that it continues to meet all Title X requirements through regular on-site reviews and by turning in all required reports on time.
- If it is a competitive year, agency selection is based on their response to the SRHP's request for proposals or qualifications (RFQ/RFP).

Network membership

The Washington State Sexual and Reproductive Health Network consists of the Department of Health (DOH) Sexual and Reproductive Health Program (SRHP) and the subrecipients that contract with the department to provide sexual and reproductive health services. The SRHP is broader than the Title X project. This manual will outline the requirements for the entire Sexual and Reproductive Health Program including the Title X project.

The Washington State Sexual and Reproductive Health Network provides services, supplies, and information to help individuals of all genders achieve optimal sexual and reproductive health.

Definitions

Definitions are included at the back of this manual under *Appendix 1*.

Abbreviations

Common abbreviations are used throughout the manual. *Appendix 2* lists these abbreviations and some less frequently used abbreviations found in source documents.

Questions, suggestions, and technical assistance

SRHP is here to help meet the requirements of sexual and reproductive health program contracts. Questions and suggestions are encouraged. The Network meets at least twice per year, either electronically or in-person (as permitted). It is an opportunity to share best practices, challenges and ideas for addressing them, and to brainstorm about emerging issues and strategically plan Network priorities and operational changes. For questions or concerns, subrecipients can reach out to their designated SRH program consultant or other program staff.

For general questions about the Network and for direct questions, comments, and suggestions regarding this manual, contact Cynthia Harris, the Sexual and Reproductive Health Program Manager at *cynthia.harris@doh.wa.gov* or 360-236-3401.

Manual revisions

Network partners must ensure program staff are using the current manual. The SRHP revises the manual periodically to reflect program direction and best practices. Subrecipients will be notified of each revision. This manual has been reviewed by representatives from Sexual and

Reproductive Health Network clinical, administrative, and fiscal staff.

Title X Program Management Requirements

This section provides a summary of the Title X Program requirements. For a full description of these requirements under ***Chapter 3: Title X Program*** **Expectations** of the Title X Handbook (2022), click *HERE.*

Title X Legislative Mandates require Title X projects to:

- Encourage family participation in the decision of minors to seek family planning services.
- Require notification or the reporting of child abuse, child molestation, sexual abuse, rape or incest.

Agencies must also provide services in a way that:

- Does not coerce a client into accepting services
- Ensures the acceptance of services is voluntary
- Are in a manner that does not discriminate against any client
- Does not require a referral or any durational residence to be seen for services
- Will be performed under the direction of a clinical services provider
- Are confidential and follow HIPAA laws
- Include a broad range of medically approved services
- In a manner that is client centered
- Protects the dignity of the client
- Advances health equity through the delivery of Title X Services
- That improves and expands accessibility of services for all clients

2021 Regulation

- "Ensure access to equitable, affordable, client-centered, quality family planning services for clients, especially low-income clients"
- "Title X recipients and subrecipients that provide sterilization services must be in compliance with 42 CFR Part 50, Subpart B. This rule includes a description of applicability (§50.201), definitions (§50.202), sterilization of a mentally competent individual aged 21 or older (§50.203), informed consent requirement (§50.204), consent form requirements (§50.205), sterilization of a mentally incompetent individual or of an institutionalized individual (§50.206), sterilization by hysterectomy (§50.207), program or project requirements (§50.208), use of federal financial assistance (§50.209), and review of regulation (§50.210). The required consent form is set out as an appendix to the regulation."
- Included in *Appendix 3* (Source Documents) of this Handbook are links to the sterilization consent forms (English and Spanish versions) that Title X projects must use to obtain consent from their sterilization clients.

As a Title X services provider, agencies must provide:

- Contraceptive Services
- Basic Infertility Services
- STI Services
- Preconception Health Services
- Pregnancy Options Counseling
- Adolescent Services
- Referral for social and medical services
- Provide for social services related to family planning
- Provide for coordination and use of referrals and linkages with primary care (see links below)

Links to primary care and other services

- *Establishing and Providing Effective Referrals for Clients: A Toolkit for Family Planning Providers*
- *Promoting Better Health: Strategies from the Field to Address Primary Care Guide*
- *Coordination and Use of Referrals and Linkages*
- *Provision of Medical Services Related to Family Planning Sample Policy Template*
- *Nondirective Counseling and Referral Sample Policy Template*
- *Sample MOU Introductory Letters for Family Planning Referrals*
- *Providing Effective Referrals Training Guide*
- *Referral Form Template*
- *Family Planning and Related Services in Health Centers Technical Assistance Resource*

- *Program Policy Notice 2016-11: Integrating with Primary Care Providers*

Washington State Laws for Minors

- Clients can get emergency health care at any age without the consent of an authorized adult. RCW 7.70.050(4).
- Clients can get abortion services at any age without the consent of an authorized adult. RCW 9.02.100(2).
- A minor 14 years of age or older may give consent to STI services and treatment. RCW 70.24.110
- Every individual has the fundamental right to choose or refuse birth control. RCW 9.02.100(1)

Related References

- RCW 70.24.110: Minors—Treatment, consent, liability for payment for care. (wa.gov)
- RCW 9.02.100: Reproductive privacy—Public policy. (wa.gov)
- I'm under 18. When can I get health care without an adult's consent? | WashingtonLawHelp.org | Helpful information about the law in Washington.

Contracting with the Sexual and Reproductive Health Program

If an agency is receiving federal Title X and SRHP funds, they must comply with all applicable state and federal laws regardless of whether the full text is included in this manual. All policies apply to all Network partners. Examples of applicable federal law not included in this manual are the Health Insurance Portability and Accountability Act (HIPAA) and occupational safety and health standards. Links to most of these references are located in *Appendix 3*.

Agencies must have an executed contract to receive reimbursement for services. They cannot bill more than the monthly allocation shown on their Revenue & Expenditure report. Revenue and Expenditure reports must accompany each invoice for payment.

Allocation of Funds

The SRHP allocates funds using a formula based on community need and agency SRH client load. This formula directs funding to geographical areas with high prevalence of pregnancy capable individuals who are low income and uninsured, and to Network partners based on their service provision to that population. The formula was developed with input from the Network and a group of individuals with experience developing methods for allocating funds. The SRHP periodically reviews this formula and revises as appropriate.

The developed allocation formula is comprised of 3 parts.

1. $10,000 base funding for each agency. This stabilizes the allotment for smaller/rural agencies and allows for each subrecipient to have some funding to maintain or establish their infrastructure.

2. The majority (85%) of the remaining funds are allocated based on clients served. The SRHP uses the annual unduplicated client visits records (CVRs) to create a two-year average (most recent 2 calendar years). Included clients are 19 years old or younger and clients aged 20-44 with household incomes less than or equal to 250% FPL.

3. The remaining 15% of funds are allocated based on geographic unmet sexual and reproductive health service need. Using the American Community Survey (ACS) 2019 5-year PUMS data to estimate % of women ages 12-19 & women ages 20-44 with an income <=250% FPL &uninsured by county. Those estimates are then applied to Washington State Office of Financial Management county population data by age and gender to get an estimated count of women in need of services. The counties served by each agency are aggregated to develop an estimate of women in need of services in the agency's coverage area.

In general, contract funding is allocated annually. Occasionally, funds are redistributed among other Network partners when they are unable to use the funding allocated to them. Additional funding is sometimes available and can be also be put into contracts. Funds are usually allocated in the same way as annual funds (see One-time project funding below).

If a Network partner is not complying with contract requirements when funds are allocated, they may be provided with a lower level of funding than was allocated by the formula.

The SRHP reserves the right to reduce allocations to Network partners who have a high probability of being unable to bill for the full amount. While the SRHP reserves the right to make this determination, it is discussed with the Network partner beforehand, whenever possible. Special circumstances will be considered, such as staffing vacancies and plans to fill those vacancies in a sustainable way when making a determination.

One-time project funding

Periodically, one-time projects related to enhancing sexual and reproductive health services or access to those services are funded. This occurs when funds are available, and circumstances require an approach other than the allocation formula. These circumstances include funding that ends soon, Network decisions to focus on a particular issue, or public health needs.

In this case, the SRHP will ask the Network to submit short proposals that include a description of their project as well as a task list, timeline, expected outcomes, and brief budget. These projects usually have a tight timeframe for completion. The SRHP funds these projects based on available funding and a DOH scoring tool.

Contracting with the Department of Health

Subrecipient contracts with the department defines all requirements and funding. As part of the contracting process, the Department of Health is required to complete a Federal Subrecipient Risk Assessment (FSRA) for all Network partners receiving federal funding. The risk level then determines what backup documentation is required to submit with the monthly A19 invoice. The current A19 Backup Documentation Matrix can be found *here*.

The SRHP will provide agencies with a Revenue & Expenditure workbook for reporting expenses and revenue related to contract activities. For most Network partners, this workbook also generates invoices. DOH uses a specific mechanism for local health jurisdictions to submit invoices.

Subrecipient contracts will include:

- A Statement of Work (SOW) specifying contract requirements
- General terms and conditions
- Specific terms and conditions
- By reference, this manual and the SRHP's Clinic Visit Record (CVR) manual

Subrecipients are responsible for being aware of their contract requirements, including the start and end dates of the entire contract and all funding sources within it. The SRHP will include the start and end date of all funding sources in the statement of work. Funding is only available to reimburse for services that were performed within a specified timeframe. The SRHP cannot move unspent funds from one funding source into another funding source.

Network partner Signature Authority

The person with authority to obligate the Network partner's resources must sign the contract. The signer's name must be included in the contacts and authorized signatures form on file at DOH. If signature authority changes, a new signature form must be submitted to the SRHP before signed documents by the new authority are submitted. For instance, the SRHP cannot pay A19's if the signature authority is not on file.

DOH Signatory

A DOH contracts officer will sign all contracts and contract amendments.

Contract Reimbursement

Contracts between Network partners and DOH must be signed, executed, and filed with DOH before reimbursement of contract activities.

Bilateral Contract Amendments

Bilateral contract amendments are required when one or more of the following change:

- Terms and conditions
- Statement of work
- Terms of payment
- Amount contracted

Bilateral contract amendments require the signature of the DOH contracts officer and the contractor's designated authority.

Unilateral Contract Amendments

DOH can amend clerical errors in the contract without consulting the contractor.

Internal Budget Changes

Agencies must submit a written request to the SRHP, and get approval from the SRHP manager, if they change their budget. Approval or disapproval will be determined by DOH and OPA policies. It may not require approval from the SRH program consultant if:

- The total maximum amount of the contract is not increased or decreased as a result of the change.
- The expenditures in the account to be transferred are allowable by fund type.
- The fund transfer is not intermingled with other funds.

Membership Opportunities

As a benefit of being part of the SRHP Network, the DOH automatically pays for a subrecipient to have a *National Family Planning & Reproductive Health Association (NFPRHA)* membership which gives access to:

- Member only conferences, networking, and webinars
- Limited travel assistance to in-person conferences
- Great resources, best practices, and toolkits
- Advocacy and Communication tools
- Publication archive

Note: Agencies should designate one person in their program to be the point of contact to this resource. That person will have to contact Amanda Kimber, Senior Director, Membership & AMS, at *membership@nfprha.org*.

Telehealth Tools and Resources

For some clients, telehealth can break down barriers to care, especially in rural communities. Using audio or audio/video communication, this service can help increase access and affordability to sexual and reproductive health clients by eliminating time and travel costs while connecting them to needed services, that may or may not be in their area. Below is a list of information and training resources for telehealth.

- *Toolkit: Telehealth and Telemedicine*
- *Telehealth in Washington State*
- *Washington State Telehealth Training Information*
- *Northwest Regional Telehealth Resource Center*

Monitoring Reviews

Site reviews, also known as monitoring reviews, will occur at least once during the grant cycle. The review can be virtual, hybrid or in-person. Processes and requirements will be sent at least two months prior to the review date.

Formal Reviews and Expectations

Documents required to submit before formal reviews (e.g., training, organizational information)

- Policies pertaining to services provided on a voluntary basis and no requirement to be enrolled in any other services
- Policies related to confidentiality
- Client in-take policies/procedures
- Policies related to language services for non-English speaking clients
- Policies related to provision of services to non-English speaking clients, written and verbal
- Fee setting/client billing policies/procedures including waiving fees
- A copy of personnel policies
- Procedures and plan related to dealing with emergencies (not clinical, but fire, bomb threat, etc.)
- Policies concerning training and the process for documenting training

Reporting Requirements

Network partners must submit an annual work plan to SRHP each year, using SRHP forms. It must include:

- The agency's overall goals
- Specific objectives and how goals will be measured
- A self-evaluation with indicators that an agency will define and address
- A budget

Network Partner information

In addition to providing data on clinic visits that include sexual and reproductive health as described above, there are other reporting requirements related to the contract. Subrecipient agencies should review their current contract for due dates and specifics.

Contact information for a subrecipient agency

Identifying and communicating with the key staff in a program helps SRHP provide technical assistance appropriately, creates awareness on changes related to sexual and reproductive health services, and allows SRHP to adequately monitor contracts. SRHP shares this information with other Network members to facilitate problem solving and sharing of best practices.

Agencies must alert SRHP within 30-days of staff vacancies and changes for key staff, and include their role, name, phone number, and email address. Key staff include:

- ✓ The head of the organization
- ✓ The organization's head of finance
- ✓ The organization's head of operations
- ✓ The organization's medical director
- ✓ The following (one person might fill more than one role):
    - **Sexual and Reproductive Health Coordinator** - person with the most comprehensive on-the-ground knowledge of the activities and services related to the contract. This person will be the liaison for contract work within the organization. This is typically someone involved in the day-to-day activities of the contract, rather than the person who signs the contract. The contract coordinator will work directly with the department's sexual and reproductive health program consultant.
    - **Clinical Contact -** person who is the liaison between SRHP's nurse consultant and the agencies clinicians. This should be one person even if an agency has multiple clinics. It should be a clinician who communicates the requirements of the contract to client care providers and provides clinical oversight of contract activities.
    - **Outreach and Education Contact** - person who coordinates the outreach and education efforts. This should be someone who is familiar with the agency's communication and outreach plan and is involved in day-to-day implementation.
    - **Billing Contact** - person with the most knowledge of the Department of health invoices. This person will be SRHP's liaison to make billing and receiving payment efficient.
    - **Contact for CVR Data -** person SRHP's epidemiologist can work with to make sure data is being collected and reported accurately and efficiently. This should be someone

who is familiar with the CVR and CVR manual and is responsible for making sure CVR data is submitted as required by the contract.
    - **Contact for EHR Technical Assistance** - person in the organization most familiar with the agencies EHR. SRHP's epidemiologist will work with this person to make sure the interface with CVR data system is successful and accurate. This person will also let SRHP know about EHR modification or EHR contract changes an agency is considering.
    - Anyone else agencies think will make partnering more efficient and effective.

Community Outreach Plan or Progress Report

Subrecipients must develop a Community Outreach Plan every five years. The plan must not be implemented until it is approved by the SRH program consultant. SRHP will provide a template for this plan and for yearly progress reports. SRHP will review the outreach plan to ensure that it was developed through a process of data driven decision making and will successfully address the unmet needs of their community.

Addressing Statewide Network Plan activities

Periodically, the Sexual and Reproductive Health Network develops a statewide work plan. Agencies will be involved in developing and finalizing this plan. Activities focus on improving the strength of the Network and access to Network services for everyone who wants and needs them. Some tasks will be the responsibility of DOH, some of a subset of the Network, and some of individual Network partners.

Agencies must develop a plan that describes how they will address portions of the Network work plan that they are responsible for or involved in. They must include a description of the staff involved and timelines for their activities. They must send SRHP their initial plan and progress reports.

Family Planning Annual Report (FPAR)

Network partners must submit all calendar year data by the due date assigned by the SRHP Epidemiologist. In addition, the federal Family Planning Annual Report requires SRHP to collect data that is not a part of the CVR. Agencies must submit the following for the previous calendar year:

- Pap tests with an ASC or higher result
- Pap tests with an HSIL or higher result
- HIV Positive confidential tests
- HIV anonymous tests
- FTE required to provide contracted services:
    - Physicians
    - Physician assistants + nurse practitioners + certified nurse midwives

More details about how to capture the above indicators can be found in the *CVR Manual*. The SRHP epidemiologist might follow up with specific questions about clients or CVRs as a part of the reporting process.

Financial Reports

As specified in the contract statement of work, all contractors must submit a statement of revenue and expense (R&E) for their Title X project. This must be submitted on the form provided by SRHP. It must record all of the Title X expenses and all Title X revenue including both funds from the DOH contract and other funding. Local health jurisdictions must submit the budget and accounting reporting system (BARS) for January 1 to December 31, every year, no later than March 15, to DOH.

Staff Training Report

Title X grantees and subrecipient agencies are required to have a staff training process (42 CFR § 59.5(b)(4)) and must be able to provide a staff training report on request. For more information on staff required training, refer to Chapter 4 under Training Requirements.

CVR Reports

Agencies must submit clinic visit reports (CVRs) to the Sexual and Reproductive Health Network data system monthly. Each month's data is due on the 15th day of the next month.

Annual Equipment Inventory (if over $5000 per unit) Report

Capital expenditures for special purpose equipment are allowable as direct costs, if items with a unit cost of $5,000 or more have the prior written approval of the Federal awarding agency or pass-through entity. 2 CFR 200.439

Special Project Reports

As a network member, there may be opportunities to participate in special projects that may require reporting outcomes for activities proposed within the project. These funds are awarded separately from SRHP base grant activities.

Agencies must submit reports to SRHP as required by the Department of Health and the United States Public Health Service, Office of Population Affairs. SRHP will notify Network partners about report deadlines and criteria.

Other reports as specified in the statement of work (SOW)

Agencies should review their statement of work (SOW) for specifics on other required reports.

Resolving Noncompliance Issues

The purpose of the noncompliance policy is to ensure all subrecipients meet state and federal program requirements. Issues may be discovered during any communications, meetings, or reviews with a subrecipient. Being in compliance with the SRHP & Title X program means that there is an uninterrupted provision of program deliverables and equitable services to SRH/Title X clients.

Major noncompliance issues are issues that directly impact services being provided, conflict with Title X or state regulations, and impact the subrecipients ability to receive funding. Major noncompliance issues require that a compliance action plan be created between the Subrecipient and the SRH program consultant. Subrecipients must be in compliance *within 6 months* of notification or will be removed from the Network. If additional time is needed to meet the deadline, the subrecipient can request an extension, which will be approved or denied by the SRHP.

Failure to submit CVRs for Title X visits for an entire project or reporting period (funding year and calendar year) may result in immediate removal from the Network due to the inability to count the agency and clinic sites as active Title X service providers. Removed agencies can discuss opportunities for reapplication into the Network with their SRH program consultant.

Steps for Resolving Noncompliance

1. The SRH program consultant will provide notification and a full description of noncompliance issue(s) as soon as it is discovered.
2. Subrecipient will establish a detailed compliance action plan and will have 6 months after notification from SRHP to ensure program is up to compliance standards.
3. SRHP will arrange meetings to provide technical assistance to the subrecipient to help support efforts to meet compliance requirements.
4. SRHP will confirm with the subrecipient, after technical assistance has been provided, if compliance has been met.
    - If compliance was achieved, the SRH program consultant will send written confirmation to the subrecipients Executive Director, Chief Executive Officer, or Head of Operations and include any follow up actions.
    - ***Noncompliance Issues*** that are not resolved within 6 months will result in removing the subrecipient from the program immediately unless they have an approved extension for the compliance action plan.

Related References

- Title X Handbook - *Title X Program Handbook (July 2022) (hhs.gov)*
- CVR Manual - *Clinic Visit Record Manual (wa.gov)*

Chapter 2. National Training Resources

Reproductive Health National Training Center (RHNTC)

The Reproductive Health National Training Center (RHNTC) is an essential resource for providers of family planning and adolescent health training and technical assistance. Title X trainings include, but are not limited to:

- Federal Title X Training Requirements Summary (last revised 11/2021)
- Title X Orientation (rhntc.org)
- Title X Orientation: Program Requirements for Title X Funded Family Planning Projects eLearning | Reproductive Health National Training Center (rhntc.org)
- Title X Statutes, Regulations, and Legislative Mandates | HHS Office of Population Affairs
- Putting the QFP into Practice Series Toolkit | Reproductive Health National Training Center (rhntc.org)
- Title X Policy Templates | Reproductive Health National Training Center (rhntc.org) (temporarily unavailable, being revised)
- OPA: Quality Family Planning
- Introduction to the Quality Family Planning Recommendations eLearning | Reproductive Health National Training Center (rhntc.org)
- Introduction to Reproductive Anatomy and Physiology eLearning
- Determining Your Client's Need for Services and Discussing Reproductive Goals eLearning
- Pregnancy Testing and Counseling eLearning
- Contraceptive Counseling and Education eLearning
- Support for Achieving a Healthy Pregnancy eLearning
- Sexually Transmitted Disease Services eLearning
- National Clinical Training Center for Family Planning
- PATH Framework for Patient-Centered Counseling

National Family Planning and Reproductive Health Association (NFPRHA)

NFPRHA members can access resources at National Family Planning & Reproductive Health Association - members page and various trainings, including:

- Coding & Billing
- Equity
- Telehealth
- Communications

Chapter 3. Fiscal

All Network partners that receive federal Title X funding must do a financial intake on all clients before providing services using a schedule of discounts[1]. This is to assess whether the client is eligible for discounts. There are three components required by the Title X program to develop charges to clients:

- Income Conversion Chart
- Sliding Fee Scale
- Cost Analysis

Both the Income Conversion Chart and the Sliding Fee Scale must be approved by the SRHP ***before use***.

The Cost Analysis must be updated and submitted to an agencies SRH program consultant at least once per grant cycle or when an agencies fees are out of range with their Cost Analysis.

The Income Conversion Chart should be updated annually in accordance with the *Federal Poverty Guidelines*. This is typically updated in January of each year.

The Sliding Fee Scale must be based on a Cost Analysis and updated when the Network partner wants to raise fees.

Income Conversion Table

A client's discount category is determined by their family size and family income using the *Federal Poverty Guidelines.*

Income Conversion Tables must include:

- The Network partner's name and the effective date of the table (allow time for the SRHP review and approval).
- A statement that the Income Conversion Table is based on gross income.

Income Conversion Tables must consider family size and gross income, and must include the following:

[1] The HRSA Health Center Program (FQHCs) and the OPA Title X Program have unique Sliding Fee Discount Schedule (SFDS) program expectations, which include having differing upper limits. Title X agencies (or providers) that are integrated with or receive funding from the HRSA Health Center Program may have dual fee discount schedules: one schedule that ranges from 101% to 200% of the FPL for all health center services, and one schedule that ranges from 101% to 250% FPL for clients receiving **only** Title X family planning services directly related to preventing or achieving pregnancy, and as defined in their approved Title X project. (OPA PPN 2016-11)

- One no-fee category for clients with income at or below 100% FPL.
- At least two partial-fee categories for clients with family incomes between 101% and 250% FPL.
- A full-fee category for clients with family incomes above 250% FPL

  (42 CFR § 59.5(b)(9) Best practice to determine that fees are "based on ability to pay".)

Cost Analysis

A cost analysis calculates the cost of providing the services, labs and supplies in an agency's Title X project. There are several helpful references below on how to complete a cost analysis:

- Completing an Abbreviated Cost Analysis Toolkit
- Completing a Cost Analysis eLearning
- How to Conduct an Abbreviated Cost Analysis Job Aid
- Abbreviated Cost Analysis Workbook
- Using Cost Analysis to Support Title X Project Management Job Aid

Sliding Fee Scale

The sliding fee scale must include all services in a subrecipients Title X project and be designed to recover the reasonable cost of providing services. Fees must be based on a cost analysis conducted, at a minimum, once per grant cycle. Cost analysis can be updated more frequently if the Network partner determines they are not recovering the cost of the program or SRHP can require an updated cost analysis if fees do not seem to be based on the cost analysis on file.

The sliding fee scale must be approved by an SRH Program Consultant before use. The SRHP must be prepared to show that these rates are reasonable and necessary. (42 CFR § 59.5(b)(9)). Subrecipients must ensure that the SRHP has their most recent cost analysis. SRH Program Consultants will provide a cost analysis template, if requested.

Sliding fee scales must not include non-Title X services or have a general policy of zero fee or flat fees for anything.

Network partners must provide copies of the sliding fee schedule available to clients upon request.

Required on sliding fee scale

Subrecipients are required to provide the services listed below at every clinic we fund and to provide them on a sliding fee.

- Level 1 Infertility Education
- Implant (Nexplanon)
- Implant Insertion
- Implant Removal
- At least one progestin-only pill
- At least one Ring
- Dispensing fee for pills, patch and ring (if billing Medicaid for free)
- Injection Fee
- Pregnancy Testing
- Chlamydia and Gonorrhea Testing
- HIV Testing
- At least one IUD
- IUD Insertion
- IUD Removal
- At least one oral emergency contraceptive
- At least one combination oral contraceptive
- At least one Patch
- At least one DMPA injection
- External Condoms
- Pap testing
- Syphilis Testing
- Current treatment for Chlamydia and Gonorrhea (Please list)

Optional on sliding fee scale

Subrecipients may choose to offer additional sexual and reproductive health related services. Funding may be used to support these services in addition to the required services.

- Additional LARC
- Additional POP
- Additional EC
- Additional non-hormonal methods
- HPV Vaccine
- Hepatitis B Screening
- Hepatitis C Testing
- PrEP for HIV Prevention
- Urinalysis and other tests
- Additional hormonal methods
- Additional COC
- Additional barrier methods (Internal condom, diaphragm, cervical cap, sponge)
- HPV Testing
- Syphilis Treatment
- Hepatitis B Vaccine
- HSV Testing
- PrEP for HIV post-exposure
- Other sexual and reproductive health related lab screening

Related References

- Integrating Title X with Primary Care: Developing and Implementing Compliant Sliding Fee Discount Schedules Job Aid
- Collecting Copays and applying Sliding Fee Scales: A Job Aid for Front Desk Staff
- Adjusting an Agency's Sliding Fee Discount Schedule Job Aid
- Setting a Full Fee Schedule Job Aid
- Samples of Title X and Health Center Program Sliding Fee Discount Schedules

Applying the schedule of discounts

Income must be assessed for all Title X clients, including insured clients. Title X requires that:

- Family income is assessed before determining whether copayments or additional fees are charged. (42 CFR § 59.5(a)(8))
- Clients whose family income is at or below 250 percent of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. (42 CFR § 59.5(a)(8))
- Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (42 CFR § 59.2)
- Reasonable measures are made to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients' self-report. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income. (42 CFR § 59.5(a)(9))
- All reasonable efforts to obtain the third-party payment without application of any discounts, if a third party (including a government agency) is authorized or legally obligated to pay for services. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX, or XXI agency is required. (42 CFR § 59.5(a)(10))
- Program income from client fees, Medicaid, insurance, and other sources will be used to further program objectives. (45 CFR § 75.307(e); FY 22 Notice of Award Special Terms and Requirements)
- Title X funds shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022))

Billing Clients—Client Responsibility for Cost of Care

- Determine a client's eligibility for a discount at least annually.
- Record each client's eligibility for a discount in their financial record.

Billing must maintain client confidentiality

Client confidentiality must be maintained at the level requested by each client. If a client needs confidential billing, the agency must work with them to develop a billing method that meets the needs of the client and the organization.

Agencies must ensure their client's privacy and confidentiality is always maintained. This includes discussion of their finances. All clients must be provided with a private space and the opportunity to discuss their financial status and need for extra confidentiality one on one with a staff member. Clients must have the opportunity to do this alone without a parent or other person accompanying them.

Client bills must show the cost of services and the client's responsibility

When a client is responsible for paying for services, the agency must let them know both the full cost of those services and the amount that they are responsible for paying.

Network partners must set fees and collect payments in a setting that protects client privacy and confidentiality.

If a minor requests confidential services, the fee must be based on the income of the minor as a family of one if trying to get payment from their parents, a third-party insurer, or other responsible party would breach the minor's confidentiality.

If an adult requests confidential services, the fee for services must be based on the income of that adult as a family of one if trying to get payment from a third-party insurer or other responsible party would breach the client's confidentiality.

- Network partners can mail a bill to a client if the client gives permission.
- Bills to clients must show total charges, less any allowable discounts.

Documenting Client Fees, Payments, and Donations

Network partners must document individual eligibility for a discount in a client's financial record.

If Network partners accept a donation from a client, they must not record it in the client's medical chart. Network partners are not required to document donations in their financial record, but if they do, it must be clear that it is a donation and not a payment for services rendered.

A client's financial history of payment, balance, or donations must not be incorporated into the client medical record.

Collecting Fees

Network partners must make reasonable efforts to collect charges without jeopardizing client confidentiality.

Waiving Fees

Clients with family incomes above 100% FPL who are determined by a Title X site project director to be unable, for good cause, to pay for Title X services, must have their fees waived. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay.

Example: If a client's insurance covers sexual and reproductive health services, but a high deductible is a barrier, the site project director can waive fees.

Asking Clients for Donations

If donations from clients are received in conjunction with providing services on the sliding fee schedule,

Subrecipients must:

- Use those donations to support other contract-related activities.
- Report the donations to us as revenue on the revenue and expenditure report.
- Be able to track the donations in their accounting system and clearly show they were used as required.

Subrecipients must not:

- Pressure clients to donate.
- Require donations before providing services or supplies.
- Consider donations a replacement for client billing or payments.
- Include a clients' donations in their medical record. If an agency chooses to document a client's donations in their financial record, they must state that it is a donation and not payment for services rendered

Billing Third-Party Payers

Agencies must bill all third parties authorized or legally obligated to pay for services, unless doing so would compromise the client's requested confidentiality. This includes both public and private insurers.

- Agencies must adhere to all third-party payer requirements, including those that prohibit from charging clients
- Bills to third parties must show total charges without applying any discount
- When a client has third-party coverage, the agency must bill all third-parties, including those they do not have contracts with

Clients with private insurance regulated by Washington State may submit a confidentiality request form to their plan requesting that all information related to their care be sent only to them and to the address they specify. State law requires that this form be easy to find on the plan's webpages. (*RCW 48.43.505 and RCW 48.43.5051*). Assisting clients to understand and locate the protections available through this form might increase the third-party billing available to you.

Agencies must bill Medicaid for all clients with Medicaid coverage. Medicaid has mechanisms in place to protect client confidentiality, including suppression of explanations of benefits (EOBs).

If Medicaid is secondary, they will not pay unless agencies bill the primary insurance first. If a client doesn't want their primary insurance billed, agencies will likely not be paid by Medicaid and the client will be responsible for their own fee as calculated by the sliding fee schedule.

Payments related to services on a sliding-fee schedule must be used to support contract activities as a whole. Agencies must report these payments in the Revenue and Expenditure Workbook.

Related References

- Code of Federal Regulations
- Provider billing guides on fee schedule
- Washington Administrative Code: Sterilization physician-related services.

Revenue and Expenditure (R&E) Workbook

The SRHP provides subrecipient agencies with an R&E workbook. This tool must be used to report program income that supports agency contract activities and expenses related to those activities and services. The R&E also calculates the maximum to be invoiced each month. The SRHP will provide revised R&E workbooks each time there is a change to the funding in a subrecipients contract. Make sure to use the most current R&E workbook for generating invoices.

The SRHP may also require additional financial information.

Related Reference

- Understanding the Total Program Concept, Components of Revenue and Expense Reports

Allowable Costs in Title X Projects

Allowable costs in Title X Projects are discussed in the HHS Grants Policy Statement and the Uniform Guidance. Note: No lobbying or abortion-related income or expenses can be included in any federal report.

Related References

- Uniform Guidance
- HHS Grants Policy Statement
- BARS Fiscal Policies

Expenditures Outside the Title X Project

Local agencies may offer sterilization, abortion, and certain medical procedures to their Title X clients, either directly or by referral. (SRHP) (WAC 188-531-1550 Sterilization; RCW 9.02 Abortion)

Covered procedures include medical and surgical abortion, no-scalpel and traditional vasectomy, tubal ligation or hysteroscopic (Essure®) sterilization. Reimbursement for these services will be at the Medicaid reimbursement rate as of the date the procedure was performed.

Network partners, who would like the SRHP to reimburse them for these services, must work with their SRH Program Consultant to make sure that part of their allocated funds are designated as non-Title X funds (funds outside their Title X Project).

If an agency would like to be reimbursed for other surgical procedures (such as colposcopy), they must submit a written request for each procedure. The request must be approved by the SRHP before a reimbursement can be submitted. The SRHP approves procedures on a case-by- case basis; approval is not guaranteed.

Unexpended Non-Title X Funds

Agencies can move all or part of their unexpended non-Title X funds back into their Title X project at any time, as long as the SRH program consultant approves. Network partners typically do this at the end of a funding period, in order to make sure that they can appropriately spend all of the funding in their contract. (SRHP)

Equipment Purchases and Inventory

Title X Definition of Equipment and Supplies

Equipment that the Network partner has purchased with federal funds means an article of nonexpendable, tangible personal property with a useful life of more than one year and an acquisition cost of $5,000 or more. (If a Network partner chooses to purchase property of this type with federal funds, there are numerous reporting requirements.) Other items of tangible personal property with an acquisition cost of $5,000 or less are considered supplies. (Uniform Guidance)

State Definition of Equipment

Equipment purchased with state funds and covered by this policy includes all fixed (stationary) assets with a useful life of more than one year and an acquisition cost of $5,000 or more. This equipment (and other assets considered small and attractive) must be recorded in, and tracked by, the State Asset Inventory Tracking System. Among the small and attractive fixed assets covered by state policies are any cellular telephones, portable microcomputer systems, central processing units, and laser printers agencies may have. (DOH Policy 14:003, OFM State

Administrative and Accounting Manual Chapters 30 and 35.)

Identification

Equipment that meets the federal or state government definition above must be distinguished from equipment that does not meet this definition. (OFM State Administrative and Accounting Manual Chapters 30 and 35; HHS Grants Policy Statement, DOH Policy 14.003)

Purchasing Equipment with Title X Funds

The HHS Office of Grants Management must approve a Network partner's use of Title X project funds to buy equipment that costs $5,000 or more (per unit) and will last more than one year.

- If equipment is itemized in the budget of a Network partner's grant application, and the budget is approved by the U.S. Public Health Service, Region 10, the equipment's purchase is also considered approved.
- Equipment cannot be purchased until the contract or amendment supporting this has been signed by both the agency and the DOH contracts officer.
- If a Network partner uses more than one source of funds to buy equipment, its cost must be split between them, in proportion to project use.

Annual Equipment Inventory

Network partners must report all of the equipment that the federal or state government has an interest in (over $5,000 per unit) on an annual equipment inventory form. Network partners must complete the following items on the form for all purchases made during the report period:

- Date of purchase
- Description
- Serial or other ID number
- Cost per unit
- Number of units purchased
- Total cost
- Sources of funding used to purchase
- Federal share of asset
- Location of equipment
- New or used
- Transfer or sale date

Network partner must take a hands-on inventory at least once every two years to see if acquired assets exist, can still be used, or are still needed.

(45 CFR Part 74.34)

Disposal of Equipment

A Network partner should contact the SRHP for information about getting rid of equipment that meets the definition used in previous sections on equipment purchases.

Equipment that Network partners purchase with federal funds can be used in the original grant project as long as needed. When it is no longer needed for its original purpose, it can be used for

other projects currently or previously funded by the federal government. If the Network partner is no longer a Network partner of any federal project, notify the SRHP who will in turn notify the federal funder and seek authorization of what to do with the equipment. (45 CFR 74.34)

If its current fair market value is below $5,000, the equipment can be disposed of with no further obligation to the federal awarding agency. If the current fair market value is at or above $5,000, Network partners can transfer the equipment to another project sponsored by the same federal agency or department, can transfer it to be used within the DOH, or can sell it to another state agency or outside entity. (45 CFR 74.34)

Disposal of property purchased with state funds are covered under RCW 43.19.1919 and other related references. For more information on this, agencies should contact their SRH program consultant.

Related References

- CFR-2016-title2-vol1-part200.pdf (govinfo.gov), Uniform Guidance
- CFR-2003-title45-vol1-sec74-34.pdf (govinfo.gov), Equipment
- Title 2 - Grants and Agreements - Content Details - (govinfo.gov), Property Standards
- State Administrative & Accounting Manual (SAAM) | Office of Financial Management (wa.gov)
- Grants Policy Statement (hhs.gov)

Depreciation

Purchasing Capital Assets

Network partners can purchase capital assets two ways:

1. As an expense item
   or
2. By reimbursing the annual interest expense and depreciation or a use allowance to recover the principle component.

Both methods require federal and SRHP approval prior to the purchase.

Usually, the prior approval process will result in an independently negotiated reimbursement schedule for depreciation, use allowance, and interest.

Adequate property records must support charges for a use allowance or depreciation. The principle amount on which the depreciation or use allowance is based must not include any donations or other non-agency expenditures.

Related References

- Uniform Guidance

Internal Budget Changes

Agencies must submit a written request to the SRHP and get approval from the SRHP manager if they change their budget. DOH and OPA policies are used to determine if these requests should be approved or denied. It may not require approval from a SRH Program Consultant if:

- The total maximum amount of the contract is not increased or decreased as a result of the change.
- The expenditures in the account to be transferred are allowable by fund type; and
- The fund transfer is not intermingled with other funds.

Business and Tax Requirements

Agencies must comply with all federal, state, and local requirements for businesses, including those related to insurance, taxes, and licensing.

Liability Insurance

Agencies must maintain adequate liability coverage for all aspects of their sexual and reproductive health program. Liability coverage must include malpractice insurance for medical practitioners who do not carry their own insurance, staff members, and members of the board of directors (or other governing board).

Notifying SRHP

If a Network partner plans to expand or reduce services or change the scope of their project, they must notify their SRH program consultant in advance. For example, subcontracting or moving funds out of services to administration would be a change of scope. (HHS Grants Policy Statement, page II-53)

Reduction of Funds

The SRHP reserves the right to reduce funds if an agency's project's scope is reduced.

Types of Expansion

An expansion of services involves one of the following:

- Expanding the scope of services by offering new services.
- Adding a clinic site in a previously un-served location.
- Adding a clinic site or sites through a merger with another agency.

Expansion Funds

If funds are available, the SRHP will consider a written request for supplemental funding to finance an expansion of services in the next allocation cycle. If the Network partner's request is approved, they will submit a budget revision. If the budget revision is, in turn, approved, it will be included in the Network partner's contract with the SRHP.

Additional Funding Request Requirements

When Network partners request supplemental funding, their request must include a proposed expenditure plan.

The request for approval of new services should include:

- A description of new services
- A rationale for providing them
- The number of clients to be served
- A staffing plan

The request for approval of a new site should include:

- The location of the site
- A needs assessment for the site
- The number of clients to be served at the site
- A staffing plan for the site

The request for approval of a merger of agencies should include:

- A rationale for the merger
- Documentation of approval by both boards
- A description of additional costs to be incurred
- A description of the merger plan

Subcontracting

If a Network partner wants to subcontract services or responsibilities, a written agreement consistent with Title X and approved by the SRHP must be maintained between it and the subcontractor. (PR 8.3.2) 42 CFR 59.5(a)(5); 45 CFR Parts 74 The SRHP is required to monitor the subcontracted site to assure they are compliant with Title X.

Related References

- Grants Policy Statement (hhs.gov)
- Chapter 24.03.200 RCW Dispositions: WASHINGTON NONPROFIT CORPORATION ACT, Articles of merger or consolidation
- Chapter 24.03 RCW Dispositions: WASHINGTON NONPROFIT CORPORATION ACT, Nonprofit Corporation Act

- Chapter 70.162 RCW: INDOOR AIR QUALITY IN PUBLIC BUILDINGS (wa.gov), Indoor Air Quality in Public Buildings
- Chapter 82.08 RCW: RETAIL SALES TAX (wa.gov), Retail Sales Tax
- Chapter 434-112 WAC: Corporation & Charities Division Program Services
- Chapter 434-120 WAC: Charitable Solicitation Organizations and Charitable Trusts
- Chapter 458-20 WAC: Excise Tax Rules
- https://apps.leg.wa.gov/wac/default.aspx?Cite=460-52A *Nonprofit Organizations*
- Generally Accepted Accounting Principles (GAAP)
- OFM: State Administrative & Accounting Manual (SAAM)

Frequency

Network partners receiving Title X funds must receive a program monitoring on-site review that includes a fiscal monitoring review from the SRHP and the DOH Fiscal Monitoring Unit at least every three years. Network partners may receive an additional fiscal monitoring review at the discretion of the DOH, SRHP or US DHHS.

Required Single Audits

Network partners expending over $750,000 of federal grants or awards must have an independent single audit annually. (Uniform Guidance)

Some organizations may have the required single audit less frequently, but in no case in excess of every two years. ((Uniform Guidance, 2 CFR 200.504)

Network partners that are required to have a single audit must have it completed in accordance with the Uniform Guidance.

Network partners must submit a copy of each audit and management letter to the DOH Grants Management Office. (DOH Policy)

Related References

- DOH Policy; Uniform Guidance

Financial Documentation Required with Invoice

All Network partners must submit an R&E using the workbook provided by the SRHP with each invoice.

The SRHP assesses the risk of Network partners before contracting with them. The result of that assessment determines the type of financial backup documentation required with each invoice (A19). Requiring less documentation from lower-risk Network partners reduces paperwork for the Network as a whole. SRH Program Consultant's will email the Network a description of the documentation that must be submitted with each invoice.

Financial Requirements

The following documents include regulations and guidelines that apply to fiscal operations in agencies that receive federal funds.

Area of Agency Operation	State/Local Government	Private Nonprofits
Program Administration Requirements	Title X Law	Title X Law
Grant Administration Requirements	2 CFR 200 Sub Part D	2 CFR 200 Sub Part D
Financial Management Standards	2 CFR 200 Sub Part D	2 CFR 200 Sub Part D
Cost Principles (including timekeeping)	2 CFR 200 Sub Part E	2 CFR 200 Sub Part E
Accounting Standards	GAAP or OCBOA	GAAP or OCBOA
Auditing Requirements	2 CFR 200 Sub Part F GAO Yellow Book (1988 Revision)	2 CFR 200 Sub Part F GAO Yellow Book (1988 Revision)
Auditing Standards	AICPA Guide- State & Local Government Units	AICPA Guide- Vol. Health & Welfare Organizations AICPA Guide- Nonprofit Organizations
Client Income Assessment	CVR Manual	CVR Manual

Legend: AICPA – American Institute of Certified Public Accountants CFR – Code of Federal Regulation
GAAP – Generally Accepted Accounting Principles GAO – Government Accountability Office
CVR – Clinic Visit Record
OMB – Office of Management and Budget
OCBOA – Other Comprehensive Basis of Accounting

Order of Precedence

According to the Federal Notice of Grant Award to the SRHP, when there are conflicts between federal policies and regulations the order of precedence is:

1. Title X, Section 1001 of the PHS Act.
2. 42 CFR Part 59.
3. Notice of Grant Award for Title X funds.
4. HHS Grants Policy Statement including addenda in effect as the budget period began.
5. 45 CFR Part 74 or 45 CFR Part 92 or 2 CFR 200 (Uniform Guidance).

Risk Assessment

As part of the contracting process, the Department of Health completes a Federal Subrecipient Risk Assessment (FSRA) for all Network partners receiving federal funding. Based on a number of factors, the FSRA calculates the Department's risk in contracting with an organization. An

agencies risk level then determines what backup documentation is required to submit with the A19 invoice. The current A19 Backup Documentation Matrix can be found *here*.

Fiscal Resources and Links

Coding

- Glossary of Frequently Used Billing and Coding Terms
- ICD-10 Codes for Family Planning Services Job Aid
- Family Planning Coding Frequently Asked Questions
- Same-Visit Contraceptive Services Coding Examples
- Commonly Used CPT and HCPCS Codes in Reproductive Health Care Job Aid
- What's New with Coding? Updates for Title X Family Planning Agencies Webinar
- Coding for Telemedicine Visits Job AidCoding in the Reproductive Health Care Environment: Advanced Case Studies in Coding eLearning (Module 3) | Reproductive Health National Training Center (rhntc.org)

Contracting and Credentialing

- How to Credential Family Planning Providers with Health Plans Job Aid | Reproductive Health National Training Center (rhntc.org)

Financial Management

- Fiscal Management Toolkit
- Introduction to Financial Management in Family Planning Settings Training Guide

340B Drug Pricing Program

- Demystifying 340B: Frequently Asked Questions Webinar
- 340B Drug Pricing Program: Frequently Asked Questions
- 340B and Medicaid: An Explanation for Family Planning Providers
- 340B Drug Pricing Program | Official web site of the U.S. Health Resources & Services Administration (hrsa.gov)

Chapter 4. Administrative

Training Requirements

Title X subrecipients must provide for orientation and in-service training for all project personnel. (42 CFR §59.5(b)(4))

Subrecipient agencies are responsible for making sure all staff have the knowledge to carry out the requirements of this contract. Training can include on-the-job training, workshops, in-person or online courses, in- house updates, or any other training that provides continuing education appropriate to job responsibilities. The Network Partner must document all training for all staff.

<table>
<tr><th colspan="2">Annual Training</th></tr>
<tr><td colspan="2">• Federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest
• Federal/state requirements for reporting or notification of human trafficking
• Encourage family participation in the decision of minors to seek family planning services
• Counseling minors on how to resist being coerced into engaging in sexual activity</td></tr>
<tr><td colspan="2">https://cpe.socialwork.uw.edu/alliance-courses/content/mandatory-reporter-roles-and-responsibilities-cy22-certification-elearning
https://rhntc.org/resources/federal-title-x-training-requirements-summary</td></tr>
<tr><th colspan="2">Once Per Project Period</th></tr>
<tr><td colspan="2">• Voluntary and non-coercive services
• Services not a prerequisite for eligibility services
• Personnel awareness
• Client-centered services
• Confidentiality
• Non-discriminatory services</td></tr>
<tr><td colspan="2">https://rhntc.org/resources/federal-title-x-training-requirements-summary</td></tr>
<tr><th colspan="2">As Needed or At Least Once During Position Training</th></tr>
<tr><td>All Staff</td><td>• Network Partner requirements as they apply to job responsibilities.
• No variation in services regardless of ability to pay
• Clinic visit record (CVR) training appropriate to role in the organization
• Diversity, equity, and inclusion
• Culturally and linguistically appropriate services
• EHR training appropriate to role in the organization</td></tr>
</table>

Multilingual staff, if applicable	• Medical interpreting (and translation if appropriate)
Front desk and scheduling staff	• Using family size and income to identify Federal Poverty Level (FPL) • Sliding fee schedule
Clinical Staff	• *Quality Family Planning* with associated RHNTC training *Putting the QFP into Practice Series Toolkit* (OPA/CDC) • *Nationally Recognized Standards of Care* (Title X Program Handbook) • *Telehealth Training* (RCW 43.70.495) • *Suicide Prevention Training* (RCW 43.70.442)
Staff responsible for CVR Data and EHR modification	• Contract requirements related to data collection (CVR) • Data transfer requirements for CVRs (see Washington State CVR Manual) • Using family size and income to identify Federal Poverty Level (FPL)
Fiscal Staff	• Confidential billing • Contractual billing requirements • Using family size and income to identify Federal Poverty Level (FPL) • Sliding fee schedule

Please ensure that:

- Training reports are submitted as requested in the contract's statement of work
- A process for evaluating the effectiveness of staff training is in place with documentation of continuous implementation.
- Staff training is analyzed to identify gaps and plan to fill them.
- During a site review, subrecipients will be expected to provide:
    - Policies concerning training and the process for documenting training
    - Evidence of trainings (assessment of staff training needs, training plan, training logs, training policies, attendance records, certificates)

Related References

- For more information on the Staff Training policy, click *HERE*.
- Code of Federal Regulations 42 CFR 59.5(b)(4)
- OPA Title X Handbook Chapter 3: Staff Training
- RHNTC: Federal Title X Training Requirements Summary
- Title X Orientation: Program Requirements for Title X Funded Family Planning Projects eLearning

Health Information Technology

The Health Information Technology Playbook is a tool for administrators, physician practice owners, clinicians and practitioners, practice staff, and anyone else who wants to leverage health IT. Agencies can use this guide to support with planning, selecting, and implementing electronic health records (EHR) and with meeting the requirements for certified health IT. Clinicians and practitioners will learn how to optimize the safety and use of EHRs. The Health IT Playbook was developed by the Office of the National Coordinator (ONC) within the U.S. Department of Health and Human Services.

- *Health Information Technology Playbook*

Informational & Educational (I&E) Materials Review and Approval Process

For more information on the SRHP's updated I&E Materials Review and Approval policy, click *HERE*.

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

Documents created with federal funding need to include their funding statement. These statements, along with a QR code, are accessible at the link below. Agencies should contact their SRH program consultant if they have any questions about how to use these statements or on what Title X funded materials is produced with their grant funding.

Tools and Templates Specifically for our Network Partners | Washington State Department of Health

Resources for I&E Committee

- RHNTC Resources:
  - I&E Materials Review Frequently Asked Questions (FAQ) (last reviewed 01/2022)
  - Code of Federal Regulations (CFR) I&E Materials Review requirements (last reviewed 10/2021)
  - I&E Materials Review Toolkit (last reviewed 01/2022)
  - I&E Materials Review for Title X Agencies Webinar (last reviewed 12/2021)
  - I&E Materials Inventory Log (last reviewed 01/2022)
  - I&E General Staff Review Form (last reviewed 01/2022)
  - I&E Medical Review Form (last reviewed 01/2022)
  - I&E Advisory Committee Review Form (last reviewed 01/2022)

- During site reviews, compliance will be demonstrated by providing the DOH SRHP with:
  - Internal policy
  - I&E Materials Inventory Log
  - Sample of review form(s)
  - Five items that were reviewed by the I&E Committee

- Community Engagement Resources:
  - DOH Community Engagement Guide (Last Reviewed: 2021)
  - Groundwork USE Community Engagement Tip Sheet (last Reviewed: 2021)
  - CDC Community Health Improvement Project (last reviewed 5/2020)
  - Racial Equity Tools for Community Engagement (last reviewed 2020)
  - Self Sufficiency Calculator (last reviewed 2020)
  - Social Vulnerability Index (last update 2022)

Community Education, Participation, and Engagement

Subrecipients must:

- Provide for opportunities for community education, participation, and engagement 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 diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client- centered, quality family planning services. (42 CFR § 59.5(b)(3))

- 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. (42 CFR § 59.5(b)(10))

Chapter 5. Clinical

Standards of Care

Both the Title X regulations and the OPA Program Priorities require Network partners to provide quality family planning services that are consistent with nationally recognized standards of care. Nationally recognized standards of care include Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs (QFP) as well as other nationally recognized standards of care from other governmental institutions and national medical associations.

Providing Quality Family Planning (QFP) Services: Recommendations from Centers for Disease Control and Prevention (CDC) and the U.S. Office of Population Affairs. In 2014, with updates in 2015 and 2017, OPA collaborated with the CDC to create the first federal evidence-informed guidelines for the delivery of family planning and related preventative health services. QFP answers the questions, "What services should be offered to a client who is in need of family planning, and how should those services be provided?". The QFP recommendations support all providers in delivering quality family planning services and defines family planning services within a broader context of preventive services, to improve health outcomes for women, men and their (future) children.

The table below includes other pertinent nationally recognized standards of care for family planning services that Title X projects may implement but is not intended to be an exhaustive list.

Standards of Care	Source	Link
US Medical Eligibility Criteria (MEC)	CDC 2016	US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016 | CDC
US Selected Practice Recommendations (SPR)	CDC 2016	CDC - Summary - US SPR - Reproductive Health
STI Treatment Guidelines, 20201	CDC 2021	STI Treatment Guidelines (cdc.gov)
Taking a Sexual History	CDC 2022	A Guide to Taking a Sexual History (cdc.gov)
Cervical and Breast Cancer Screening	United States Preventive Services Taskforce (USPSTF)	• Recommendation: Cervical Cancer: Screening | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org) • Recommendation: Breast Cancer: Screening | United States Preventive Services Taskforce (uspreventiveservicestaskforce.org)

Vaccination Recommendations	Advisory Committee on Immunization Practices (ACIP)	Advisory Committee on Immunization Practices (ACIP) | CDC
Cervical Cancer Screening and Management of Abnormal Results	American Society for Colposcopy and Cervical Pathology (ASCCP)	• Screening Guidelines - ASCCP • Management Guidelines - ASCCP
Cervical and Breast Cancer Screening	American Cancer Society (ACS)	• Cervical Cancer Overview | Guide To Cervical Cancer • Breast Cancer | Breast Cancer Information & Overview
Contraception; Cervical and Breast Cancer Screening	American College of Obstetricians and Gynecologists (ACOG)	• Birth Control | ACOG • Updated Cervical Cancer Screening Guidelines | ACOG • Practice Bulletin Number 179: Breast Cancer Risk Assessment and Screening in Average-Risk Women - PubMed (nih.gov)
Achieving Pregnancy; Basic Infertility Evaluation	American Society for Reproductive Medicine (ASRM)	• Optimizing natural fertility: a committee opinion - PubMed (nih.gov) • Diagnostic evaluation of the infertile female: a committee opinion - PubMed (nih.gov) • Diagnostic evaluation of the infertile male: a committee opinion - PubMed (nih.gov)

Clinical Staff Training

- Reproductive Health National Training Center (RHNTC) clinical staff training:
  - OPA: Quality Family Planning *and* Putting the QFP into Practice Series Toolkit (last reviewed 1/2021)
  - Introduction to the Quality Family Planning Recommendations eLearning \| Reproductive Health National Training Center (rhntc.org). (last reviewed 5/2022)
  - Other modules in the series include:
    - Introduction to Reproductive Anatomy and Physiology eLearning (last reviewed 3/2022)

    - Determining Your Client's Need for Services and Discussing Reproductive Goals eLearning (last reviewed 2/2022)
    - Pregnancy Testing and Counseling eLearning (last reviewed 1/2022)
    - Contraceptive Counseling and Education eLearning (last reviewed 4/2022)
    - Support for Achieving a Healthy Pregnancy eLearning (last reviewed 12/2021)
    - Sexually Transmitted Disease Services eLearning (last reviewed 8/2022)
- National Clinical Training Center for Family Planning
- PATH Framework for Patient-Centered Counseling

Laboratory Certification

Agencies must maintain current laboratory certification, licensure, or waiver appropriate to the level of testing performed. (WAC 246-338)

Related References

- WAC 246-338, Medical test site rules

Laboratory Results Reporting Requirements

Agencies must comply with state notifiable conditions reporting requirements. See Appendix A for complete listing of notifiable conditions. (WAC 246-101)

Related References

- WAC 246-100, Communicable and Certain Other Diseases
- WAC 246-101, Notifiable Conditions
- WAC 246-101-101, Notifiable conditions—Health care providers and health care facilities, see table
- WAC 246-101-635, Special conditions—AIDS and HIV—Department
- Chapter 70.24 RCW, Control and Treatment of Sexually Transmitted Diseases
- Notifiable Conditions and the Clinical Laboratory (wa.gov)

Pharmaceuticals

Federal and State Laws

Agencies must operate according to federal and state laws related to security, record keeping, and dispensing regulations for drugs. Agencies must inventory, supply, and provide pharmaceuticals according to state pharmacy laws and professional practice regulations.

Contraceptives and Medications Dispensed On-Site

Agencies can possess, sell, deliver and dispense commercially prepackaged oral contraceptives that are prescribed by authorized, licensed health care practitioners. The sale, delivery, or possession of legend drugs is permitted to any practitioner acting within the scope of their license whose possession of any legend drug is in the usual course of business or employment. (69 RCW 41.030)

Every box, bottle, jar, tube or other container of a legend drug must have a label with name of drug (brand or generic), strength per unit dose, name of prescriber, directions for use, name of client, and date. (69 RCW 41.050)

Agencies must keep a log of dispensed medications and lot numbers for at least two years. (69 RCW 41.042)

Related References

- 18 RCW 64.500, Tamper-resistant prescription pads or paper
- 69 RCW 41.030, Sale, delivery, or possession of legend drug without prescription or order prohibited—Exceptions—Penalty
- 69 RCW 41.050, Labeling requirements—Penalty

Emergency Management

Medical Emergencies

Agencies must have written protocols and procedures for the management of on-site medical emergencies. These protocols and procedures must cover, at a minimum:

- Vaso-vagal reactions/syncope
- Anaphylaxis
- Shock/hemorrhage
- Cardiac arrest
- Respiratory difficulties
- Syncope (dizziness or lightheadedness)
- Emergencies that require transport
- After- hours emergencies and management of contraceptive emergencies. (PR 13.2)

Federal Occupational Safety & Health Administration/Washington Industrial Safety & Health Act

Agencies must meet OSHA/WISHA requirements. They must observe standards set in federal and state law to protect employees from contact with blood-borne pathogens. Agency policies and procedures must cover:

- An exposure control plan.
- Employee education/communication about hazards.
- Personal protective equipment.
- Immunization against blood-borne pathogens.
- Housekeeping standards.
- Record-keeping.
- Post-exposure procedures.
- Engineering and work practices.

(29 CFR 1910.1030, WAC 296-823)

Globally Harmonized System for Hazard Communication

Agencies must inform employees about chemical hazards in the workplace. A hazard communication plan must cover:

- Identification of all hazardous chemicals in the workplace.
- Location and maintenance of Material Safety Data Sheets (MSDS).
- Training for employees about workplace exposures.

Chapter 296-901 WAC

Related References

- 29 CFR 1910.1030, Occupational safety and health standard
- WAC 296-62, General occupational health standards
- WAC 296-800, Safety and health core rules
- WAC 296-800-170, Employer Chemical Hazard Communication
- WAC 296-823, Occupational exposure to bloodborne pathogens

Minors and Parental Consent

In Washington State, a minor who is 14 or older may be tested and treated for STD and HIV without the consent from a parent or legal guardian (RCW 70.24.110 and OPA Program Policy Notice 2014-01). The Washington State STD Program reports any individual under the age of 14 who tests positive for a reportable STD to the client's local health jurisdiction for possible referral to child protective services. In Washington State, a minor may receive reproductive health care and birth control services at any age. Written consent from the minor's parent or guardian is not required (RCW 9.02.100).

In Washington State the age of majority is 18. (RCW 26.28.010)

Related References

- RCW 9.02.100, Reproductive Privacy
- RCW 13.64.010, Emancipation of Minor
- RCW 26.28.010, Age of Majority
- RCW 70.24.110, Minors—Treatment, consent, liability for payment for care
- OBJ

Mandatory Reporting

Sexual and reproductive health Network partners must comply with state law that requires reporting suspected child maltreatment and sexual abuse. (PR, RCW 9.68A, OPA Program Policy Notice 2014-01)

Related References

- PR 9.12, mandatory reporting
- RCW 9.68A, sexual exploitation of children
- OBJ, OPA Program Policy Notice 2014-01, OPA Program Policy Notice 2014-01

Human Trafficking Reporting

Washington law prohibits a person using force, fraud, or coercion to control another person for the purpose of engaging in commercial sex acts or soliciting labor or services against their will. Sexual and reproductive health Network partners must report suspected human trafficking (RCW 9A.40.100).

Related References

- RCW 9A.40.100, Trafficking
- List of Notifiable Conditions (WAC 246-101)

Chapter 6. Data

Clinic Visit Record (CVR)

Subrecipients report sexual and reproductive health clinic visits to the SRHP by submitting Clinic Visit Records (CVRs). The SRHP uses CVR data to improve performance of the Network as a whole, help individual contract partners increase their effectiveness, inform sexual and reproductive health policy in Washington State, and allocate future funding. CVRs are generated from agencies EHR.

The SRHP's epidemiologist and program consultants will discuss data trends and work with subrecipients to improve data accuracy and solve data transmission problems.

Subrecipients may only submit a CVR for visits that meet ALL of the following criteria:

1. Be an interactive real-time visit between a client and a sexual and reproductive health provider for medical and/or counseling services related to sexual and reproductive health. This includes both in-person clinic visits and telemedicine visits. Telemedicine visits must include video and audio unless the DOH explicitly allows the use of audio-only visits for a specified period of time due to a public health crisis such as COVID-19 or other extenuating circumstances.
2. Take place at a clinic supported by the DOH sexual and reproductive health contract funds and assigned an Ahlers site number.
3. Meet at least one of the following situations:
    A. Includes sexual and reproductive health education or counseling (education or counseling on contraceptive methods, infertility, preconception, pregnancy options, or STI/HIV prevention).
    A. Initiates or continues a contraceptive method.
    B. Includes a medical service related to sexual and reproductive health (exam or lab service, contraceptive-related service, or service related to pregnancy or STI/HIV testing.)

Agencies must not submit a CVR for visits:

1. That include pregnancy/parenting intention questions without meeting the criteria described above. The SRHP encourages asking every client (all genders) a pregnancy/parenting question at every visit for any service. This increases access to appropriate sexual and reproductive health services and the rate of intentional pregnancies. At a minimum, agencies should make sure clients are asked this question at least once per year.
2. When client's sterilization is their initial contraception method, unless they are receiving a service related to preventing or achieving pregnancy. For example:
    a. If a client who is sterilized suspects pregnancy (method failure) and receives a pregnancy test, submit a CVR.
    b. If a client who is sterilized receives counseling about reversing a vasectomy, submit a CVR.

If an agency submits a CVR for a client who is sterilized, contact the sexual and reproductive health epidemiologist to explain why the CVR was submitted.

Visits that submitted CVRs might not have a one-to-one relationship with visits reported for contract reimbursement. All clinic visit expenses reported on a R&E workbook must be associated with a CVR, but some CVRs might not be reflected on the R&E workbook. For instance, a CVR can be submitted for an abortion visit as long as the definition above is met (if contraceptive counseling is provided, for instance). Expenses related to abortion visits must not be reported on the R&E workbook.

Since CVR data regarding unduplicated clients is one factor in the funding allocation, the SRHP encourages subrecipients to submit CVRs for all appropriate visits.

Also see the Washington State Department of Health *Clinic Visit Record Manual*.

CVR data is required monthly

Agencies must submit clinic visit reports (CVRs) to the Sexual and Reproductive Health Network data system monthly. Each month's data is due on the 15th day of the next month. This data must:

- Be submitted electronically in a format compatible with the Network data system
- Only include reportable visits. See *Counting Clinic Visits—Clinic Visit Records*

Also see the Washington State Department of Health *Clinic Visit Record Manual*.

Network partners CVR data will be checked for accuracy monthly. During agency reviews, a data review will be held in which CVRs will be selected at random and compared to the corresponding EHR for quality assurance and improvement. Any additional CVR discrepancies will be discussed during this allotted time as well.

Submitting CVR Data and FPAR

- Revised Family Planning Annual Report (FPAR) 2.0 Data Elements and Timeline
- WA State SRHP Clinic Visit Record (CVR) Manual
- Understanding FPAR Definitions: What is a Family Planning Encounter and Who is a Family Planning User? Job Aid
- Planning Your Path to FPAR 2.0 Readiness Job Aid
- Understanding the Total Program Concept

For a CVR presentation, please schedule a meeting with the SRHP's epidemiologist for this presentation.

Chapter 7. Communications/Social Media

Reaching past, current, and future clients in a community is essential to maintaining and growing a program. One way this can be done is using social media and other communication opportunities.

When sharing or promoting content, agencies must ensure the content includes affirming and supportive health promotion messages that encourage clients to seek appropriate reproductive health services and take control of their reproductive well-being. Samples of social media content and images are readily available to subrecipients at the link below.

Promoting Family Planning Services Social Media Toolkit | Reproductive Health National Training Center (rhntc.org)

Opportunities to share social media content can include, but are not limited to:

- Changes in laws or regulations that can impact services provided at a facility.
- Promoting new and current services
- Special Events (Health fairs, community outreach)

Related References

- Communications Toolkits - National Family Planning & Reproductive Health Association
- Health Observances - Women's Health - CDC
- Health Equity - Office of Minority Health and Health Equity - CDC
- Power to Decide, the campaign to prevent unplanned pregnancy 2022 | Power to Decide –
- "Thanks Birth Control" observed November 13th annually

Chapter 8. Abortion

Abortion Activities Under the Title X Program

Title X recipients are **not allowed to provide abortion as a method of family planning** as part of the Title X project.

Source: (Section 1008, PHS Act; Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022); 42 CFR § 59.5(a)(5))

Title X sites are **allowed and required** to:

- Provide information and counseling regarding each of the following options:
    - Prenatal care and delivery
    - Infant care, foster care, or adoption
    - Abortion
- Provide neutral, factual information and nondirective counseling on each of the options, and referral upon request except with respect to any options about which the pregnant client indicates they do not wish to receive such information and counseling.

Source: 42 CFR 59.5(a)(5)

All Options Counseling Trainings and Resources:

- Pregnancy Testing and Counseling eLearning (CE offered)
- Exploring All Options: Pregnancy Counseling Without Bias Video Series
- Pregnancy Options Workbook

There are limitations on what abortion counseling and referral is permissible under the statute. While a Title X project **may provide a referral for abortion**, which may include providing a client with the name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider, the project **may not use Title X funds to take further affirmative action** to secure abortion services for the client, including:

- Scheduling or arranging for an abortion
- Providing transportation for an abortion
- Explaining or obtaining signed consent forms from clients interested in abortions
- Negotiating a reduction in fees for an abortion
- Promoting or advocating for abortion

Source: 65 FR 65 FR (41281-41281)

Title X Program Referral Trainings and Resources

- Nondirective Counseling and Referral Sample Policy Template
- Establishing and Providing Effective Referrals for Clients – A Toolkit for Family Planning Providers

Title X sites are **allowed to provide a referral to another provider who might perform an abortion that is medically indicated** because of the clients' condition or the condition of the fetus (such as where the client's life would be endangered) including:

- Early pregnancy loss
- Miscarriage
- Incomplete self-managed abortion

In such cases, Title X sites are **allowed to help schedule, arrange, or provide transportation for a medically indicated abortion.**

Source: (42 CFR § 59.5(b)(1)), (65 Fed. Reg. 41281 (July 3, 2000))

If a Title X recipient provides abortion services, they **must preserve sufficient separation** between Title X program activities and abortion related activities. Where recipients conduct abortion activities that are not part of the Title X project and would not be permissible if they were, the recipient must ensure that the Title-X supported project is separate and distinguishable from those other activities.

Separation of Title X from abortion activities does not require separate recipients or even a separate health facility. Certain kinds of **shared facilities are permissible**, so long as it is possible to distinguish between the Title X supported activities and non-Title X abortion-related activities:

- A common waiting room is permissible, as long as the costs are properly pro-rated
- Common staff is permissible, so long as salaries are properly allocated, and all abortion related activities of the staff members are performed in a program which is entirely separate from the Title X project
- Maintenance of a single file system for abortion and family planning clients is permissible, so long as costs are properly allocated

Source: (65 Fed. Reg. 41281, 41282 (July 3, 2000)

Post-Dobbs Decision Resources:

- *Dobbs v. Jackson Women's Health Organization* U.S. Supreme Court Decision: Impact on Title X Program FAQs
- ReproductiveRights.gov
- Fact Sheet: Executive Order Protecting Access to Reproductive Health Care Services
- Fact Sheet: Executive Order on Securing Access to Reproductive and Other Healthcare Services

Allowable Costs in Agencies that Receive State Funds Only

Allowable costs in programs that receive state funds only are specified in the BARS Manual, lobbying is not allowed with state funds. Indirect costs are not allowed for state only funding.

Network partners that receive Washington State funds outside the Title X project may receive a fiscal monitor at the discretion of DOH or SRHP.

Increasing Access to Reproductive Choice Program

Beginning January 2020, Providence Health Plan entered the state health insurance market offering plans in several counties and large group plans throughout the state. They have invoked a religious objection and do not cover most abortion-related services. To ensure equitable access to these essential services, the Department of health will pay for abortion services for people with Providence Health Plans that originate in Washington state through the Increasing Access to Reproductive Choice Program.

If an agency would like to contract with DOH and be added to the list of providers that guarantee abortion services at no cost to eligible clients, they can email the SRHP at ReproductiveChoice@doh.wa.gov

Whether contracted or not, the department will reimburse agencies for providing abortion services to eligible clients – people covered through Providence Health Plans that originate in Washington. The SRHP's Abortion Coverage Claim Form includes more information about verifying client eligibility.

Providers may submit claims by:

- Downloading the Abortion Coverage Claim Form (Excel)
- Reviewing the terms of reimbursement described in red text at the bottom of the form. By submitting this form to the department, the agency is agreeing to these terms
- Filling in the yellow-shaded sections of the form

  Submitting the form to us by fax or email as described at the top left of the form

The SRHP will typically pay within 30 days. Email SRHP at ReproductiveChoice@doh.wa.gov with any questions. Do not include any individually identifiable client information in the email.

Appendix I. Definitions

Can* and *may	Policies that use "can" and "may" are optional, as in the “agency can”, or the “agency may”.
Client-Centered Care	Care that is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions. (42 CFR § 59.2)
Culturally and Linguistically Appropriate Services	Services that are respectful of and responsive to the health beliefs, practices and needs of diverse clients. (42 CFR § 59.2)
Inclusive	When all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American Persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (42 CFR § 59.2)
Network Partner	The entity providing sexual and reproductive health services under a contract with the Department of Health. Also referred to as a subrecipient, agency or a network provider.
Sexual and Reproductive Health	Services, methods, and practices that focus on and advocate for the health of an individuals’ reproductive system and sexual wellbeing through all stages of their life.
Family Planning	Services, methods, and practices that help pregnant capable individuals avoid unintended pregnancies or help pregnancy challenged individuals to achieve pregnancies.
Grantee	The Department of Health Sexual and Reproductive Health Program (SRHP) is a grantee. The grantee receives Title X federal funds and passes them on to Network partners.
Local agency or agency	An organization that provides sexual and reproductive health services at the local level under a contract with the Department of Health can be called a Network partner, local agency, or subrecipient. They are the same. These terms will be used interchangeably in this edition of the Sexual and Reproductive Health Manual.
Manual	This collection of policies and procedures, compiled for local family planning agencies.

Program Consultant	SRHP staff members who are assigned to work with specific Network partners are called program consultants.
Program Requirements	This is the document that summarizes regulations for Title X Projects. (See Title X Project below.) Title X Statutes, Regulations, and Legislative Mandates | HHS Office of Population Affairs
QFP	OPA and CDC have released new recommendations to improve the quality of sexual and reproductive health services. These recommendations are called or QFP. Quality Family Planning | HHS Office of Population Affairs
RCW	Revised Code of Washington. RCWs are state laws, passed by the state legislature.
Related references	Documents with information that could be important to Network partners as they interpret or implement a policy.
Shall* and *must	Policies that use *shall* and *must* are mandated, as in the agency shall and the agency must.
Should	Policies that use *should* are recommended, as in *the agency should*.
Title X Project	Title X Project means services and sites that have been designated by the local agency as in-project. These must be services that are allowed under federal Title X requirements. An agency's Title X Project must not include sterilizations, abortions, or any flat rated service (for instance some STD or HIV testing). It must not include income or revenue generated from them either. Each local agency defines their own Title X Project. They must be approved by the SRHP prior to being implemented.
Title X Project Funds	Title X Project funds include all funds used to pay for Title X Project tasks and services (not just funds received through this contract). Examples of this other funding include client fees, insurance reimbursements, Family Planning Only reimbursements, other Medicaid reimbursements, donations, and other income or revenue generated through providing Title X Project services.
Title X Clients	Title X clients include all clients seen at Title X service sites for services the local agency has designated as being in their Title X Project. They are counted as Title X clients regardless of the funding that pays for the services they receive. If they receive a service an agency has designated as inside their Title X Project, and at a site designated as inside their Title X Project, then they are a Title X client.

Trauma-Informed	When a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and respond by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (42 CFR § 59.2) s
WAC	Washington Administrative Code. WACs are regulations written by state agencies to implement RCWs.

Appendix II. Abbreviations

The following abbreviations appear in this manual and in source documents.

AICPA	Association of Independent Certified Public Accountants
ARNP	Advanced Registered Nurse Practitioner
ASSET	Association for Sexuality Education and Training
BARS	Budgeting, Accounting, Reporting System
BCHS	Bureau of Community Health Services (Federal)
CDCP	Centers for Disease Control and Prevention (Federal)
CFR	Code of Federal Regulations
CHIL	Community Health Improvement and Linkages
CHP	Certified Health Plan
CPT	Current Procedural Terminology
CSO	Community Services Office
CVR	Clinic Visit Record
DASA	Division of Alcohol and Substance Abuse
DOH	Department of Health
DHHS	Department of Health and Human Services (Federal)
DMPA	Depomedroxyprogesterone Acetate (Depo-Provera)
EC	Emergency Contraception
EPSDT	Early Periodic Screening, Diagnosis, and Treatment
FP	Family Planning
FPAR	Family Planning Annual Report
FPL	Federal Poverty Level
FPNTC	Family Planning National Training Center
GAAP	Generally Accepted Accounting Principles
GAO	General Accounting Office (Federal)
GI	Guttmacher Institute
HCA	Health Care Authority
HHS	Health and Human Services (Department of) (Federal)
HHS/GPS	HHS Grants Policy Statement (Federal)
HMO	Health Maintenance Organization
HIPAA	Health Insurance Portability and Accountability Act
HPPP	Health Promotion Practice and Policy
HRSA	Health Resources and Services Administration (Federal)
HSC	Health Services Consultant
I&E	Information and Education
LHJ	Local Health Jurisdiction
NPWH	National Association of Nurse Practitioners in Women's Health
NFP	National Family Planning
NFPRHA	National Family Planning and Reproductive Health Association
NOA	Notice of Grant Award
NP	Nurse Practitioner
NPP	National Priority Projects

OASH	Office of Assistant Secretary of Health (Federal)
OCBOA	Other Comprehensive Basis of Accounting
OFM	Office of Financial Management
OFP	Office of Family Planning (Federal)
OGM	Office of Grants Management (Federal)
OMB	Office of Management and Budget (Federal)
OPA	Office of Population Affairs (Federal)
OSHA	Occupational Safety and Health Act (Federal**)**
PA	Physician Assistant
PCP	Primary Care Provider
PHIP	Public Health Improvement Plan
PHS	Public Health Service (Federal)
PR	Program Requirement (Title X)
PHSGAM	PHS Grants Administration Manual (Federal)
PL	Public Law
POS	Point-of-service
PP	Planned Parenthood
PPVNW	Planned Parenthood Votes Northwest
PPFA	Planned Parenthood Federation of America
PPO	Preferred Provider Organization
PTF	Provider Task Force
QFP	Quality Family Planning Guidelines
RCW	Revised Code of Washington
R&E	Revenue and Expenditure
RN	Registered Nurse
RPC	Regional Program Consultant (Federal)
SF	Standard Form
SFPA	State Family Planning Administrators
SFS	State Funded Services
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
TXIX	Title XIX (Medicaid)
UBP	Uniform Benefits Package
UCC	Uniform Commercial Code
USC	United States Code
VDRL/RPR	Venereal Disease Research Lab/Rapid Plasma Reagent
WAC	Washington Administrative Code
WIC	Women, Infants, and Children Supplemental Food Program
WIN	Women in Need
WISHA	Washington Industrial Safety and Health Act
WSCFP	Washington State Council on Family Planning

Appendix III. Source Documents

Source documents for requirements summarized in this manual can be found in parentheses that follow the requirement. These documents and abbreviations for them are listed in the following two sections.

There are four basic kinds of source documents:

- Federal laws
- Regulations issued by federal agencies
- State laws
- Regulations issued by state agencies

Federal Documents

Federal laws can be referred to as Public Law XX-XXX—for example, PL 91-572—or by the name of the act—for example, Public Health Services Act of 1970. They can also be referred to by a section within an act—for example, Title X of the Public Health Services Act.

Regulations published by federal agencies can appear in the Code of Federal Regulations (CFR)—for example, 42 CFR 59, which relates to the Title X family planning program. They can also be published in a specific agency publication—for example, Uniform Guidance (formerly OMB circulars A-21, A-87, A-89, A102, A-110, A-122, A-133) or the Title X Program Requirements.

State Documents

State laws are published in the Revised Code of Washington and are referred to as RCWs. Interpretations of these laws are published as regulations in the Washington Administrative Code and are referred to as WACs.

State regulations can also be published in manuals, numbered memoranda, and other documents issued by state agencies, as this manual is.

Order of Precedence for Federal Regulations

Federal policies and regulations may conflict with each other at times. The order of precedence for various policies and regulations is spelled out in the Notice of Grant Award from the Department of Health and Human Services to the Department of Health.

The current order of precedence is:

1. PL 91-572 PHS Act Section 1001 as amended.
2. Title 42 (Public Health) Code of Federal Regulations, Part 59, Grants for Family Planning Services.
3. Notice of Grant Award for Title X funds, including terms and conditions, if any.

4. HHS Grants Policy Statement, including addenda in effect as of the beginning of the budget period.
5. 45 CFR Part 74 or 45 CFR Part 92, as applicable.

Order of Precedence for State Regulations

1. RCWs take precedence over WACs.
2. WACs take precedence over other sources of state regulations and guidelines.

State and Federal Law

Network partners must comply with all applicable state and federal law. The SRHP collected some, but not all, relevant laws below for the networks convenience. It is not an exhaustive list and is not meant as legal advice.

State law includes:	RCW	Revised Code of Washington. RCWs are state laws, passed by the state legislature. Current RCWs are at https://app.leg.wa.gov/rcw/
	WAC	Washington Administrative Code. WACs are regulations (AKA rules) written by state agencies to implement RCWs. WACs are available at https://app.leg.wa.gov/wac/

RCWs take precedence over WACs. WACs take precedence over agency requirements such as this manual.

Health Insurance coverage

Chapter 48.44 RCW	Insurance—Health Care Services
Chapter 48.43 RCW	Insurance Reform
RCW 48.43.073	Required abortion coverage
RCW 48.43.072	Required contraceptive coverage
RCW 48.43.065	Rights of individuals to receive services
RCW 48.43.195	Contraceptive drugs—12-month refill coverage

Health insurance—confidential EOBs

RCW 48.43.505	Requirement to protect enrollee's right to privacy or confidential services *Confidentiality Request Form*
WAC 284-04-510	Right to limit disclosure of health information

HIV, STI, communicable disease, and notifiable conditions

Chapter 70.24 RCW	Control and treatment of sexually transmitted diseases
Chapter 246-100 WAC	Communicable and certain other diseases
Chapter 246-101 WAC	Notifiable conditions

WAC 246-101-105	Responsibilities of providers
WAC 246-101-101	Condition list with timeframe and where to report (effective through 1/1/2023)
WAC 246-101-115	Information that must be included in report
WAC 246-101-635	Special conditions—AIDS and HIV
Chapter 246-102 WAC	Cancer Registry
Chapter 246-130 WAC	HIV Early Intervention Program

- Notifiable Conditions and the Healthcare Provider (wa.gov)
- Notifiable Conditions and the Clinical Laboratory (wa.gov)
- Provisional Reporting COVID 19 (wa.gov)

Lab testing

Chapter 246-338 WAC	Medical Test Site Rules

Mandatory reporting

RCW 26.44.030	Suspected abuse of a child (also see state Department of Children, Youth, & Families *Protecting the Abused & Neglected Child*)
RCW 74.34.035	Suspected abuse of a vulnerable adult (includes adults with developmental disabilities and people with court-appointed guardians)
Chapter 246-16 WAC	Unprofessional conduct—health professions (General occupational health standards)
WAC 246-490-100	Reporting abortions to Department of Health

Also see HIV, STI, communicable disease, and notifiable conditions above.

Pharmaceuticals and prescriptions

RCW 18.64.500	Tamper-resistant prescription pads or paper
RCW 69.41.030	Exception allowing certain family planning clinics to sell, deliver, posses, and dispense commercially prepackaged oral contraceptives
RCW 69.41.042	Agencies must keep a log of dispensed medications and lot numbers for at least two years.
RCW 69.41.050	Labeling requirements—Penalty

Privacy of health information

45 CFR Part 160	Federal general administrative requirements
45 CFR Part 162	Federal administrative requirements
45 CRF Part 164	Federal security and privacy
HIPPA for Professionals	Federal Health and Human Services webpage

Health Insurance Portability and Accountability Act of 1996	Federal Health and Human Services webpage

Staff credentialing/licensing requirements

Title 18 RCW	Businesses and Professions
Chapter 18.130 RCW	Health professions—uniform disciplinary act
WAC 246-16-100	Health care professionals sexual misconduct rules
Licenses, Permits, and Certificates: Professions A-Z	Department of Health webpage
Provider Credential Search	Department of Health webpage

Staff safety

29 CFR 1910.1030	Federal occupational safety and health standards
Chapter 296-62 WAC	General occupational health standards
Chapter 296-800 WAC	Safety and health core rules
WAC 296-901	Globally Harmonized System for Hazard Communication
Chapter 296-823 WAC	Occupational exposure to blood borne pathogens

Other helpful information (also see state and federal law by topic)

Helping clients apply for healthcare coverage

- HCA application for healthcare

Culturally appropriate services

- Think Cultural Health, HHS
- Culturally and linguistically appropriate services (CLAS), Office of Minority Health

Human Trafficking

- Information from Washington Department of Commerce

DOH Tools and Templates

The SRHP offers tools to assist with increase access to quality sexual and reproductive health services in a sustainable way. The SRHP also provides required reporting templates. These are available on the SRHP website at https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources.

Resource	Link
Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.	*Title X - Population Research and Voluntary Family Planning Programs (hhs.gov)*
42 CFR Part 59, Subpart A "Project Grants for Family Planning Services"	*42 CFR Part 59 Subpart A -- Project Grants for Family Planning Services*

Title X Final Rule: "Ensuring Access to Equitable, Affordable, Client-Centered, Quality Family Planning Services" (86 Fed. Reg. 56144, Oct. 7, 2021).	*2021-21542.pdf (govinfo.gov)*
2021 Title X Final Rule Resources	*2021 Title X Final Rule | HHS Office of Population Affairs*
2021 Title X Final Rule Frequently Asked Questions	*MAX.gov Login*
42 CFR Part 50, Subpart B "Sterilization of Persons in Federally Assisted Family Planning Projects"	*42 CFR Part 50 -- Policies of General Applicability*
Sterilization Consent Form: English	*Consent for Sterilization: Form HHS-687*
Sterilization Consent Form: Spanish	*CONSENTIMIENTO PARA LA ESTERILIZACIÓN (hhs.gov)*
Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP)	*Quality Family Planning | HHS Office of Population Affairs*
American College of Obstetricians and Gynecologists (ACOG), Clinical Guidance: Committee Opinion – The Utility of And Indications for Routine Pelvic Examination	*The Utility of and Indications for Routine Pelvic Examination | ACOG*

American College of Obstetricians and Gynecologists (ACOG), Clinical Guidance: Practice Bulletin – Breast Cancer Risk Assessment and Screening in Average Risk Women	*Breast Cancer Risk Assessment and Screening in Average-Risk Women | ACOG*
Program Policy Notice 2016-11: Integrating with Primary Care Providers	*OPA Program Policy Notice: 2016-11— Integrating with Primary Care Providers | HHS Office of Population Affairs*
Provision of Abortion-Related Services in Family Planning Services Projects (65 Fed. Reg. 41281, July 3, 2000)	*Provision of Abortion-Related Services in Family Planning Services Projects (hhs.gov)*

45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.	*45 CFR Part 75 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*
HHS Office for Civil Rights: Non-Discrimination Requirements	• *Provider Obligations | HHS.gov* • *HHS Nondiscrimination Notice | HHS.gov*
HHS Office for Civil Rights: Federal Religious and Conscience Protection Nondiscrimination Laws	• *Conscience Protections for Health Care Providers | HHS.gov* • *Religious Freedom | HHS.gov*
Trafficking Victims Protection Act of 2000	*U.S.C. Title 22 - FOREIGN RELATIONS AND INTERCOURSE (govinfo.gov)*
HHS Policy on Promoting Efficient Spending	*HHS Policy on Promoting Efficient Spending | HHS.gov*
Federal Program Information Act, 31 U.S.C. § 6101 et seq.	*USCODE-2020-title31-subtitleV-chap61-sec6101.pdf (govinfo.gov)*
Single Audit Act Amendments of 1996, 31 U.S.C. § 7501 et seq.	*USCODE-2020-title31-subtitleV-chap75-sec7501.pdf (govinfo.gov)*
HHS Grants Policy Statement	*Grants Policy Statement (hhs.gov)*
340B Drug Pricing Program	*340B Drug Pricing Program | HRSA*

Grant Solutions	*Home - innovative Federal grants management services (grantsolutions.gov)*
Payment Management System	*Home | Payment Management Services (psc.gov)*
OPA Clinical Locator Database	*Clinic Locator | HHS Office of Population Affairs*
Family Planning Annual Report	*Family Planning Annual Report (FPAR) | HHS Office of Population Affairs*
OPA website	*Home | HHS Office of Population Affairs*
OPA social media	• *Office of Population Affairs (@HHSPopAffairs) / Twitter* • *HHS Office of Population Affairs - YouTube*
Health Center Program	*Bureau of Primary Health Care | Bureau of Primary Health Care (hrsa.gov)*
Teen Pregnancy Prevention Program	*About the Teen Pregnancy Prevention Program | HHS Office of Population Affairs*
U.S. Medical Eligibility Criteria for Contraceptive Use	*US Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016 | CDC*
U.S. Selected Practice Recommendations for Contraceptive Use	*CDC - Summary - US SPR - Reproductive Health*
STI Treatment Guidelines	*STI Treatment Guidelines (cdc.gov)*
National Clinical Training Center for Family Planning	*National Clinical Training Center for Family Planning – NCTCFP*
Reproductive Health National Training Center	*Welcome to the Reproductive Health National Training Center | Reproductive Health National Training Center (rhntc.org)*
Family Planning Annual Report 2.0	*Family Planning Annual Report (FPAR) 2.0 | HHS Office of Population Affairs*
Healthy People 2030	*Healthy People 2030 | health.gov*

Appendix IV. Documents Applicable to Sexual and Reproductive Health Agencies

Accessibility	Washington state Law and Policy
Age Discrimination Act	The Age Discrimination Act prohibits discrimination on the basis of age. (42 USC Chapter 76)
Americans with Disabilities Act	The Americans with Disabilities Act prohibits discrimination on the basis of disability. (42 USC Chapter 126)
CVR Manual	This is the Region X Family Planning Reporting System Instruction Manual, 2011 and revisions.
Debarment and Suspension	A person who is debarred or suspended shall be excluded from federal financial and non-financial assistance and benefits. Debarment or suspension by one agency shall have a government-wide effect. (34 CFR 85) (31 USC Chapter 61)
Drug-Free Workplace Act	The Drug-Free Workplace Act of 1988 requires agencies to provide a drug-free workplace. (41 CFR Chapter 10)
Equal Pay Act	The Equal Pay Act of 1963 prohibits discrimination between employees on the basis of sex or work that requires equal skill, effort and responsibility (29 USC Chapter 8)
Fair Labor Standards Act	The Fair Labor Standards Act sets minimum wages, overtime, equal pay, record keeping and child labor standards for workers who are not exempt (29 CFR Chapter 8)
False Claims Act	The False Claims Act provides that any person who knowingly makes or causes a false or fraudulent claim to be made is subject to fine and/or imprisonment. (18 USC 15) (18 USC Chapter 47) (31 USC Chapter 37) (31 USC Chapter 38)
Family Planning Annual Report (FPAR)	OPA's Family Planning Annual Reports are required of all Title X family planning services grantees annually. OPA uses this report to monitor program performance. The FPAR also provides consistent, national-level data on the Title X Family Planning Program and its users.
Hatch Act	The Hatch Act limits the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds. (5 USC Chapter 15) (5 USC Chapter 73) (5 CFR 151)
HHS-GPS	Federal HHS Grants Policy Statement. January 1, 2007.

HIPAA	The Health Insurance Portability and Accountability Act, which protects personal health information (PL 104-191) (42 USC Chapter 6A).
NOA	Notice of Awards are the official federal grant award documents. The Title X NOA contains all terms and conditions of the grant. SRHP receives a new NOA each time new funds awarded.
PL 91-616	The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act relates to nondiscrimination on the basis of alcohol abuse or alcoholism.
PL 92-255	The Drug Abuse Office and Treatment Act relates to nondiscrimination on the basis of drug abuse.
PL 93-348	Protects human subjects involved in research, development, and related activities. (also 45 CFR 46)
PL 101-121	Prohibits use of any federal funds to lobby Congress or any federal agency in connection with a particular contract, grant, cooperative agreement, or loan. (Section 1352)
PL 105-277	Relates to compliance with state reporting laws. (Section 219)
PL 105-78	Relates to funds appropriated to public health agencies that encourage family participation in the decision of minors who seek family planning services. (Section 212)
Privacy Act	An act that provides protection for the privacy of individuals. (5 USC 552a)
Program Requirements	Program Requirements for Title X Funded Family Planning Projects, USDHHS, OPA, Version 1.0, April 2014.
Public Health Services Act	This act contains the Family Planning and Population Research Act. The Public Health Service Act prohibits abortion (PL 91-572). This act is codified at (42 USC Chapter 6A subchapter VIII)
QFP	Providing Quality Family Planning Services (referred to as the Quality Family Planning Guidelines or QFP) are recommendations from OPA and CDC to improve the quality of family planning services.
Section 504	Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability. (29 USC Chapter 16 subchapter V)
Single Audit Act	Single Audit Act of 1984, outlines requirements regarding financial and compliance audits. Revised in 1996. See Uniform Guidance.
Civil Rights Act	The Civil Rights Act of 1964 and amendments

Title VI	Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin. (PL 88-352)
Title VII	Title VII of the Civil Rights Act prohibits discrimination on the basis of race, color, religion, sex, pregnancy, or national origin in all aspects of employment. (42 USC Chapter 21)
Title IX	Title IX of the Education Amendments prohibits discrimination on the basis of sex. (20 USC Chapter 38)
Title X	Title X of the Family Planning Services and Population Research Act. (42 USC Chapter 6A subchapter VIII) (PL 91-572)
29 CFR 1910	Title 29 part 1910 Code of Federal Regulations—Labor, Occupational Safety & Health Standards.
42 CFR	Title 42 Code of Federal Regulations—Public Health
42 CFR 50	Part 50, Policies of General Applicability.
42 CFR 59	Part 59, Grants for Family Planning Services.
45 CFR	Title 45 (Public Welfare) Code of Federal Regulations
45 CFR 5	Part 5, Freedom of Information Regulations, Part 5b – Privacy Act Regulations.
45 CFR 7	Part 7, Employee Inventions.
45 CFR 16	Part 16, Procedures of the Departmental Grant Appeals Board.
45 CFR 74	Part 74, Department of Health and Human Services, Uniform administrative requirements for awards and sub-awards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments and Indian tribal governments. OMB circulars A-21, A-87, A-89, A102, A-110, A-122, A-133, and parts of A-50 referenced in this CFR have been consolidated into the Uniform Guidance (see below).
45 CFR 80	Part 80, Nondiscrimination under programs receiving federal assistance through the Department of Health and Human Services effectuation of Title VI of the Civil Rights Act of 1964.
45 CFR 81	Part 81, Practice and procedure for hearings under part 80 of this title.
45 CFR 84	Part 84, Nondiscrimination on the basis of disability in programs and activities that receive financial assistance.
45 CFR 91	Part 91, Nondiscrimination on the basis of age in programs or activities that receive federal financial assistance.

45 CFR 92	Part 92, Uniform administrative requirements for grants and cooperation agreements to state and local governments. OMB circulars A-21, A-87, A-89, A102, A-110, A-122, A-133, and parts of A-50 referenced in this CFR have been consolidated into the Uniform Guidance (see below).
45 CFR 93	Part 93, New restrictions on lobbying.
Uniform Guidance (federal)	Federal regulations for grant funds. Includes administrative requirements, cost principles, and audit requirements. Replaces OMB circulars A-21, A-87, A-89, A102, A-110, A-122, A-133, and parts of A-50.

The latest versions of RCWs are available online at: http://www.apps.leg.wa.gov/rcw.

BARS	Supplemental Handbook for the DOH Budgeting, Accounting and Reporting System, 2002
RCW Chapter 7.70	Actions for Injuries Resulting From Health Care
RCW Chapter 7.70.050	Failure to secure informed consent – Necessary elements of proof – Emergency situations
RCW Chapter 7.70.060	Consent form – Contents – Prima facie evidence – Failure to use
RCW Chapter 9.68A	Sexual exploitation of children
RCW Chapter 9A.44	Sex offenses
RCW Chapter 9.02	Abortion (Reproductive Privacy) Public Disturbance
RCW Chapter 9A.84	Public Disturbance
RCW Chapter 9A.50	Interference with Health Care Facilities or Providers
RCW Chapter 18.19	Counselors
RCW Chapter 18.64.011	Definitions
RCW Chapter 18.64.255	Authorized practices
RCW Chapter 18.71	Physicians
RCW Chapter 18.71A	Physician Assistants
RCW Chapter 18.79	Nursing Care
RCW Chapter 18.88A	Nursing Assistants
RCW Chapter 18.130	Regulation of Health Professions—Uniform Disciplinary Act
RCW Chapter 70.24	Control and Treatment of Sexually Transmitted Diseases
RCW Chapter 70.24.110	Minors – Treatment, consent, liability for payment for care
RCW Chapter 70.41.190	Medical Records of Patients – Retention and Preservation
RCW Chapter 70.125	Victims of Sexual Assault Act
RCW Chapter 70.160	Washington Clean Indoor Air Act
RCW Chapter 82.08	Retail Sales Tax
RCW Chapter 19.27	State Building Code

The latest versions of WACs are available online at: http://apps.leg.wa.gov/wac

WAC 162-22	Employment—Disabled Persons
WAC 162-26	Public Accommodations, Disability, Discrimination
WAC 182-502	Administration of Medical Programs – Providers
WAC 182-531-1550	Sterilization—physician-related services
WAC 182-538	Managed Care
WAC 246-101-010	Definitions within notifiable conditions regulations
WAC 246-100	Communicable and Certain Other Diseases
WAC 246-101	Notifiable conditions
WAC 246-102	Cancer Registry
WAC 246-130	Early Intervention Program
WAC 246-338	Medical Test Site Rules
WAC 246-810	Counselors
WAC 246-826	Health Care Assistants
WAC 246-840	Practical and Registered Nursing
WAC 246-841	Nursing Assistants
WAC 246-856	Board of Pharmacy—General
WAC 246-883	Pharmaceutical—Sales Requiring Prescriptions
WAC 246-885	Pharmacy—Identification, Imprints, Markings and Labeling of Legend Drugs
WAC 246-887	Pharmacy—Regulations—Implementing the Uniform Controlled Substances Act
WAC 246-891	Pharmacy—Prophylactics
WAC 246-899	Pharmaceutical—Drug Product Substitution
WAC 246-918	Physician Assistants – Medical Quality Assurance Commission
WAC 246-919	Medical Quality Assurance Commission
WAC 284-44	Health Care Services Network partners—Agents – Contract Formats—Standards
WAC 284-46	Health Maintenance Organizations
WAC 296-20	Medical Aid Rules
WAC 296.62	General occupational health standards
WAC 296-823	Occupational exposure to blood-borne pathogens.

WAC 388-04	Protection of Human Research Subjects
WAC 388-15	Child Protective Services
WAC 434-112	Corporation Filing Procedures and Special Fees
WAC 434-120	Charitable Solicitation, Organizations and Charitable Trusts
WAC 458-20	Excise Tax Rules
WAC 460-52A	Nonprofit Organizations

- DOH Policy 14.003, Fixed Asset Inventory, July 1998
- State Administrative and Accounting Manual, Office of Financial Management

- The Health Insurance Portability and Accountability Act, which protects personal health information.
- Title VI of the Civil Rights Act of 1964 which prohibits discrimination on the basis of race, color, or national origin. (PL 88-352)
- Title IX of the Education Amendments of 1972, as amended, which prohibits discrimination on the basis of sex. (20 USC Chapter 38)
- Section 504 of the Rehabilitation Act of 1973, as amended, which prohibits discrimination on the basis of disabilities. (29 USC Chapter 16 subchapter V)
- The Age Discrimination Act of 1975, as amended, which prohibits discrimination on the basis of age. (42 USC Chapter 76)
- The Drug Abuse Office and Treatment Act of 1972, as amended, relating to non-discrimination on the basis of drug abuse. (PL 92-255)
- The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), as amended, relating to non-discrimination on the basis of alcohol abuse or alcoholism.
- The Americans with Disabilities Act which prohibits discrimination on the basis of disability. (42 USC Chapter 126)
- PL 93-348, regarding the protection of human subjects involved in research, development, and related activities.
- The Drug-Free Workplace Act of 1988 which requires agencies to provide a drug-free workplace. (41 CFR Chapter 10),
- Title X of the Public Health Services Act of 1970 (PL 91-572, Section 1001 [41
    - U.S.C. 300] (42 CFR Chapter 6A subchapter VIII).
- New Uniform Guidance replaces OMB circulars A-21, A-87, A-89, A-102, A-110, A- 122, A-133, and parts of A-50 related to audits. It consolidates them all in one place.
    - OMB Circular A-102 Grants and Agreements with State and Local Governments.
    - OMB Circular A-110 Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Nonprofit Organizations.
    - OMB Circular A-122 Cost Principles for Private Non-Profit Agencies.
    - OMB Circular A-133 Audits of State, Local Governments, and Nonprofit Organizations.
- HHS Grants Policy Statement, US Department of Health and Human Services,

January 2007.

- The Privacy Act, an act that makes provisions to protect the privacy of individuals.
- Program Requirements for Title X funded Family Planning Projects, USDHHS, January 25007 and as revised.
- Section 1352 of PL 101-121, which prohibits use of any federal funds to lobby Congress or any federal agency in connection with a particular contract, grant cooperative agreement, or loan.
- Title 42 (Public Health) Code of Federal Regulations, Part 59—Grants for Family Planning Services. (42 CFR, Subpart A, Part 59)

State Requirements for All Network partners

State laws and regulations that must be followed include, but are not limited to:

- Chapter 7.70 RCW Actions for Injuries Resulting From Health Care
- Chapter 9.02 RCW Abortion
- Chapter 18.130 RCW Regulation of Health Professions – Uniform Disciplinary Act
- Chapter 24.03 RCW Washington Nonprofit Corporation Act
- Chapter 26.28 RCW Age of Majority
- Chapter 42.17A RCW Disclosure—Campaign Finances—Lobbying—Records
- Chapter 49.60 RCW Discrimination—Human Rights Commission
- Chapter 69.41 RCW Legend Drugs—Prescription Drugs
- Chapter 70.02 RCW Medical Records – Health Care Information Access and Disclosure
- Chapter 70.24 RCW Control and Treatment of Sexually Transmitted Diseases
- Chapter 70.162 RCW Indoor Air Quality in Public Buildings
- Chapter 82.08 RCW Retail Sales Tax
- WAC 51-50 State Building Code
- WAC 162-22 Employment—Disabled Persons
- WAC 162-26 Public Accommodations, Disability, Discrimination
- WAC 246-100 Communicable and Certain Other Diseases
- WAC 246-101 Notifiable Conditions
- WAC 246-102 Cancer Registry
- WAC 246-130 Early Intervention Program
- WAC 246-338 Medical Test Site Rules
- WAC 246-883 Pharmaceutical—Sales Requiring Prescriptions
- WAC 246-885 Pharmacy—Identification, Imprints, Markings and Labeling of Legend Drugs
- WAC 246-887 Pharmacy—Regulations—Implementing the Uniform Controlled Substance Act

- WAC 246-891 Pharmacy—Prophylactics
- WAC 246-899 Pharmaceutical—Drug Product Substitution
- WAC 284-44 Health Care Services Network partners—Agents – Contract Formats— Standards
- WAC 284-46 Health Maintenance Organizations
- WAC 296-20 Medical Aid Rules
- WAC 296-62 General Occupational Health Standards
- WAC 388-04 Protection of Human Research Subjects
- WAC 434-112 Corporation & Charities Division Program Services
- WAC 434-120 Charitable Solicitation, Organizations and Charitable Trusts
- WAC 458-20 Excise Tax Rules
- WAC 460-52A Nonprofit Organizations

Appendix V. Program Policies

Contract Compliance

In addition to in-depth reviews, the SRHP monitors subrecipient contract compliance as part of daily activities. Contract deliverables are specified and summarized in subrecipients statement of work. Subrecipients should review their contract for more details.

DOH reserves the right to withhold payment until all past due deliverables have been submitted and approved by DOH and all compliance issues have been resolved. For more information on compliance, review Resolving Compliance Issues.

Any subcontracts related to providing contracted services

Agencies are responsible for making sure subcontractor partners meet all contract requirements. SRH program consultant's will monitor these activities in the same way they monitor the activities agencies provide directly.

Fiscal Reviews

This policy applies to all Network partners that receive Title X funds.

Review by DOH

Network partners must submit a copy of each audit and management letter to the DOH Grants Management Office. (DOH Policy)

Related References

- DOH Policy Uniform Guidance

Cultural Competency

This policy defines key aspects of cultural competency. It is based on the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, issued by the U.S. Department of Health and Human Services Office of Minority Health.

Culturally and Linguistically Appropriate Services

Network partners must respect and respond to a client's cultural and linguistic needs. They should recruit and retain staff members of cultural groups common to the Network partner's service area. Staff members should have easy access to training on how to deliver services that are culturally and linguistically appropriate.

Language Assistance Services

Help with languages must be available to clients through bilingual staff members or interpreters. Members of the client's family or friends should not be interpreters for the client.

Network partners must post signs, record phone messages, and make client materials available in the languages of groups who visit most frequently.

Organizational Supports

The Network partner's strategic plan should include goals, policies, and plans that describe how it will provide language services and culturally appropriate care to its clients.

Network partners should maintain a current demographic, cultural, and epidemiological profile of the community it serves. (Federal Register: December 22, 2000, Volume 65, Number 247)

Related References

- Federal Register: December 22, 2000, Volume 65, Number 247
- National Standards for CLAS in Health Care
- thinkculturalhealth.hhs.gov/index.asp

Discontinuation of Services

Network partners should notify the SRHP as soon as they begin to consider discontinuing services. When the Network partner has made a firm decision to discontinue services, they must notify the SRHP, in writing, of the effective date and provide a brief explanation for their decision.

Close-Out Audit

Network partners must arrange for a qualified auditor to audit their sexual and reproductive health program within 90 days of terminating their contract with the SRHP. The SRHP must receive a copy of their completed audit.

Close-Out Reports and Documents

Network partners must submit the following to the SRHP within 90 days of the date the contract ends.

- Close-out program report.
- Close-out expenditure report.
- Final equipment inventory (if applicable).
- Notice of disposition of medical and financial records.

Related References

- Uniform Guidance
- 45 CFR Part 74.34, Equipment
- PR 15, Closeout
- RCW 24.03.200, Articles of merger or consolidation

Facility Requirements

The Network partner must provide sexual and reproductive health services in convenient locations and at convenient times for clients. Network partner sites should be geographically accessible to clients and should offer services during some evening and/or weekend hours. (PG 13.1, SRHP)

- **Location and hours of operation must be tailored to community needs**
- Network partners must provide sexual and reproductive health services in geographically and physically accessible locations and at times convenient for clients. Network partners should offer services during some evening and weekend hours, if possible.
- **Facility design must preserve client confidentiality and ensure privacy**

Federal, State, and Local Standards

- Network partner facilities must meet local building and fire code standards and comply with Federal Public Health Service Ambulatory Health Care Standards. (PG 13.1)

Accessible Services

- Network partners must comply with the Americans with Disabilities Act, also referred to as the ADA, PL 101-336, or 28 CFR Part 35.

Emergency Management

- Network partners are required to have a written plan for managing emergencies. (PR 13.2)

Disaster Plans and Emergency Exits

- Agency health and safety issues fall under the authority of Occupational Safety & Health Administration (29 CFR 1910, subpart E). OSHA requires that:
    - Disaster plans (fire, a bomb/terrorism, earthquake, etc.) are available to agency staff.
    - Staff understand assigned emergency escape routes.
    - Staff complete training and understand their roles in an emergency or natural disaster.
    - Clinic exits are clearly marked and free from barriers.

Flood Hazard

- If Network partners are located in a particular flood hazard area in Washington, they must purchase flood insurance when total cost of insurable construction and acquisition is over $10,000 (Section 102[a] Flood Disaster Protection Act of 1973).

Related References

- Americans with Disabilities Act of 1990 (28 CFR 35)
- 29 CFR 1910, subpart E, disaster plans and emergency exits
- Section 102[a] Flood Disaster Protection Act of 1973
- PR 13.2, Emergency management

Human Subjects Research

Agencies must notify Washington State Department of Health Sexual and Reproductive Health program in writing with any plans to conduct clinical or sociological research that involves clients served with either state or federal funds. Agencies must comply with all state and federal policies related to the protection of human subjects.

Prior Approval Required

If Network partners plan to conduct clinical or sociological research, they must get prior approval from the governmental Human Subjects Research Review Committee. (45 CFR Part 46, WAC 388-04-040)

If the research involves Title X clients or resources, the Network partner must provide written notification to SRHP prior to conducting the research. SRHP will then send written notification to the Region X Office of the Public Health Service for their approval. (PR 13.4)

State and Federal Requirements

Network partners must adhere to all informed consent and other legal requirements governing research on human subjects. Network partners must also provide the SRHP and Region X with written assurances of compliance with DHHS policy. (45 CFR Part 46, WAC 388-04-040; SRHP)

Related References

- 45 CFR 46, Protection of human subjects
- PR 13.4, Human subjects clearance (research)
- WAC 388-04, Protection of Human Research

Information & Education (I&E) Committee Materials Review and Approval Process

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

Purpose

To describe the Washington State Department of Health's Sexual and Reproductive Health Program's (SRHP) process for ensuring compliance with the required review and approval of I&E materials (print or electronic) developed or made available under the Title X project by an I&E Committee prior to their distribution.

Policy

- All I&E materials developed or made available under the Title X project will be reviewed and approved by an I&E Committee prior to their distribution.
- Any I&E materials reviewed and approved prior to 8/2019 (previous Title X grant) do not need a review unless there have been major updates. It is recommended that previously approved materials be reviewed every 2-3 years.
- While I&E materials shared on social media must undergo an I&E Committee review and approval process, social media posts themselves do not require I&E Committee approval.
- Printed material supported by Title X funding must include an acknowledgement of federal assistance.[1]

Procedure

- Each subrecipient will develop its own internal policy for implementing the materials review and approval process to meet this requirement. This internal policy needs to be approved by the SRHP before implementation and finalized by the end of year 1 of the grant cycle (3/31/2023).
- The process for reviewing materials can be done in-person, virtually, electronically, synchronously, or asynchronously.
- Subrecipients can choose to use the Reproductive Health National Training Center (RHNTC) tool RHNTC: I&E Advisory Committee Review Form or another tool that their I&E Committee members will use for reviewing and approving materials to ensure that they are suitable for the population and community for which they are intended and to ensure their consistency with Title X Program Requirements. If using a tool other than the one developed by RHNTC, it must be approved by SRHP prior to use.
- The committee shall consist of no fewer than five members who broadly represent the population or community for which the materials are intended[2]. Committee members can be past, present, or future clients **but cannot be staff members**. The five members can change as needed.

- An I&E Committee may delegate responsibility for the review of the factual, technical, and clinical accuracy of materials to appropriate project staff; however, final responsibility for approval of I&E materials rests with the I&E Committee.
- All previously approved materials are recommended to be reviewed every 2-3 years.
- All sexual and reproductive health materials, print and electronic, that are client-facing must go through the I&E review process.
- In response to listening sessions during the SRHP's network meeting on 6/13/2020, DOH SRHP recognized that the network is experiencing decreased capacity due to multiple challenges. In response, SRHP will require, at a minimum, that each subrecipient will review a batch of materials at least annually in years 2-5 of the grant cycle. A batch needs to consist of at least 15 products or 15% of the total number of materials (whichever is smaller).
- Documentation can be in the form of RHNTC: I&E Materials Inventory Log or a document similar that must include: list of materials, dates reviewed and approved, checked for factual accuracy, medical accuracy, cultural and linguistically appropriateness, inclusivity, and be trauma-informed.
- During site reviews, compliance will be demonstrated by providing DOH SRHP with:
    - Internal policy
    - I&E Materials Inventory Log
    - Sample of review form(s)
    - Five items that were reviewed by the I&E Committee
- The grantee and each subrecipient's Title X Program Manager should familiarize themselves with the I&E Materials Review Toolkit | Reproductive Health National Training Center (rhntc.org) and coordinate training for their staff as needed.
- Subrecipients should consider community compensation for participants.
- This policy can be accessed by going to the SRHP website and the SRHP manual.

Related References

- Code of Federal Regulations 42 CFR 59.6(a) https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59/subpart-A/section-59.6#p-59.6(a)
- I&E Materials Review Toolkit | Reproductive Health National Training Center (rhntc.org)

Keeping DOH Informed

Adding new clinics

Agencies should discuss potential new clinics with their SRH program consultant as early as possible. The SRHP needs to ensure new clinics comply with all contract requirements and enhance the Network as a whole.

Subrecipients may not bill for expenses related to a new clinic until a SRH program consultant provides approval. The request for approval can be obtained by emailing the program

consultant:

- The location of the clinic
- A needs assessment for the clinic
- A staffing plan for the clinic
- The clinic's expected hours of operation
- The number of clients expected to be seen at the clinic for services on the sliding fee schedule

Removing clinics

Subrecipients must email their SRH program consultant when proposing to close a clinic or stop offering sliding fee services at a clinic. They must know:

- The location of the clinic
- Whether the clinic is being closed or sliding fee services are being discontinued
- The rationale for this decision

The SRHP reserves the right to reduce funding in contracts when clinics are removed.

Changes in key personnel

If there are changes to the positions described in *Reporting to DOH—Contact information for your organization*, subrecipients must email new contact information to their designated SRH program consultant.

Changing organizational structure

Organizations sometimes choose to absorb or merge with another organization. The SRHP recognizes that these are complex decisions for the organizations involved. In order to make sure the Sexual and Reproductive Health Network continues to provide high-quality sexual and reproductive health services to everyone who wants and needs them, the SRHP requires advance notice of any planned merger.

Subrecipients should notify their SRH program consultant when a merger is being explored. As it progresses, a subrecipient should email their program consultant the:

Rationale for the merger

- Documentation of approval by boards of both organizations
- A description of additional costs involved in merging the organizations
- A description of the merger plan including the legal name of the new organization, an organizational chart, and updated *key personnel contacts*.

Subcontracting elements of direct services provided under this contract

Agencies must email their SRH program consultant, as soon as possible, when exploring the possibility of subcontracting out some of their contract responsibilities. Program consultants will provide assistance to make sure the subcontract meets all DOH contract requirements. Also see *Reporting to DOH*.

Agencies are responsible for making sure contractors meet all contract requirements. A SRH program consultant will monitor these activities in the same way they monitor the activities agencies provide directly.

Purchasing items that will become capital expenses

Subrecipients must email the SRH program consultant before purchasing any item that will become a capital expense. Program consultants will work with the subrecipient agency to determine if the purchase is allowable and if any additional reporting requirements are associated with the purchase. Prior approval from the SRH program consultant is required to report these expenses on a Revenue and Expenses (R&E) workbook.

Terminating participation in the Sexual and Reproductive Health Network

The SRHP understands that with changing circumstances, agencies may decide to terminate their contract or not execute a new contract for sexual and reproductive health services. The SRHP understands subrecipients must act in the best interest of their organization. The SRHP wants to help subrecipient agencies to succeed in meeting the requirements of their contract. The SRHP wants to sustain a strong Network that provides quality sexual and reproductive health services in a transparent, consistent manner.

Subrecipients should notify their program consultant of any challenges as they arise gives, to give everyone the best chance of resolving issues before they become insurmountable. Whenever agencies have a question about contract compliance or contract requirements, they should reach out to their program consultant. The SRHP is open to suggestions on improvements to contracts, the Network, or any other issue related to improving sexual and reproductive health in Washington State.

Subrecipients MUST notify their program consultant if they are considering terminating their contract or opting out of the Network. When a decision has been made to discontinue services, subrecipients must email their SRH program consultant of the effective date and provide a brief explanation for the decision.

Subrecipients should refer to their contract for more on subcontracting, changing scope, terminating, etc.

Late Report Penalty

Network partners must submit reports required by federal regulations by deadlines specified by the SRHP. Reports include:

- Clinic Visit Record (CVR)
- Special Projects Report (if applicable)
- Equipment Inventory (if applicable)
- Fee Schedule, Cost Analysis & Income Conversion Table
- Statement of Revenue and Expense Report
- Corrective Action Plan Deliverables from Identified Noncompliance Items

When reports or documents are late, the SRHP reserves the right to withhold payment until acceptable data has been submitted, or until deliverables are met.

Lobbying and Advocacy

State law regulates the use of public funds to procure goods and services (Chapter 39.26 RCW). As a state agency, the SRHP is required to be good stewards of state funds and to be transparent to state taxpayers. As such, the SRHP does not allow contract funds to support certain activities. Contract funds may only be used to support infrastructure, staff, and activities in Washington State. Subrecipients must NOT use contract funds to support lobbying activities.

Related References

- PL 104-208, RCW 42.17A.550
- RCW 42.17A.640, Grassroots lobbying campaigns
- RCW 42.17A.550, Use of public funds for political purposes
- PL 104-208, Lobbying Disclosure Act of 1995

Monitoring

In-Depth Reviews

The SRHP will conduct an in-depth review of each Network partner at least once every project period. In- depth reviews include administrative, clinical and fiscal components. Outside experts may be included in these reviews. The SRHP will notify subrecipients of the names and affiliations of all reviewers.

In-depth reviews might take place on-site at subrecipient clinics and administrative offices. They might also be conducted remotely. SRH program consultants will work with agencies to determine how the review will take place and make sure appropriate technology is available.

The purpose of in-depth reviews is to assist in achieving program goals and requirements

- Assess compliance with contractual requirements
- Identify training and technical assistance needs
- Identify noncompliance issues
- Develop plan to help improve contract performance, as needed

The SRHP can't do it without you

The SRHP needs agencies questions, explanations, suggestions, and assistance throughout the review process to improve accuracy, efficiency, and increase the SRHP's ability to provide assistance.

The SRHP's goal is to make sure:

- In-depth reviews do not disrupt an organization
- There are no surprises by any aspect of the review
- The SRHP visits are useful and help improve services and operations

To this end, the SRHP will:

- Negotiate mutually agreeable dates for reviews
- Email a formal agenda and letter to confirm review dates
- Share the review tools prior to the review
- Request that subrecipients send some items prior to the review date
- Coordinate entrance and exit interviews to explain the process and discuss findings
- Encourage subrecipients to explain, question, suggest and comment throughout
- Email a final report that includes a compliance and action plan
- Request that subrecipients respond to the compliance and action plan in writing
- Will work with subrecipients to resolve any issues

In-depth review logistics

DOH responsibilities

Two months before the review, program consultants will email subrecipients:

- Names of the SRHP review team including any outside experts
- A list of the expertise that must be available to the SRHP's review team during the review, with suggestions for specific staff
- A copy of the review tool

- A list of documents the SRHP would like to receive prior to the review, to allow more time on-site for in-depth discussions

Network partner responsibilities

- Identify appropriate staff and make sure they are available throughout the review
- Work with SRH program consultants to identify mutually agreeable dates
- Email the requested documents to the program consultant at least 2 weeks before review or as agreed upon
- Make sure appropriate staff are available throughout the review
- Respond with additional information after the review, as requested
- Make sure appropriate people in the subrecipient organization receive the final report and corrective action plan (if corrective action is required)

At in-depth review, the SRHP team will

- Meet with agency staff to discuss the review, answer questions, and finalize logistics (entrance interview)
- Discuss the review with the agency as it progresses and document all findings
- Convene an exit interview with the agencies team at the end of the review to discuss their findings. The SRHP reviewers and the agencies team will have an opportunity to ask questions, make suggestions and provide explanations. For mutual convenience, exit interviews might be scheduled at a later date.

Within 30 days of an in-depth review, the program consultant will email the final report of findings, recommendations, and suggestions to the subrecipient agency.

If any noncompliance issues were identified, the report will include a corrective action plan to resolve them. The plan will include:

- A description of each issue
- What needs to be done to resolve each issue
- The name of the person at the agency responsible for resolving them
- The dates by which issues will be resolved

The SRHP will work with subrecipient agencies to resolve noncompliance issues and will monitor progress on the corrective action plan. This might include follow up reviews to document progress or final compliance. The SRHP reserves the right to withhold payment until all issues are resolved.

Monitoring Tools for In-Depth Reviews

The SRHP will share the monitoring tool with an agency prior to a review. This tool is also available at *Tools and Templates Specifically for our Network Partners | Washington State Department of Health*.

NOA Limitation on Executive Salary

1. Salary Limitation (Further Consolidated Appropriations Act, 2022, Div. H, Title II, sec. 202): Recipients ensure that "None of the funds appropriated in the HHS Appropriations Act shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2022, the Executive Level II salary is $203,700. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 467 (2022))

2. Reporting Subawards and Executive Compensation: Recipients report each action that obligates $30,000 or more in federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111–5) for a subaward to an entity, unless they are exempt as defined in their NOA, Standard Terms.
Additional details and the full text of this standard term are available in Appendix D. (2 CFR part 170)

Other Contract Deliverables

Subrecipients can review their contract or statement of work for specifics on other required deliverables. These are also summarized in the *Reporting to DOH* section of this manual. The SRHP will assess deliverables for completeness and compliance with contract purpose and terms.

Prohibition of Abortion

These requirements state that Title X recipients must:

- Not provide abortion as a method of family planning as part of the Title X project. (Section 1008, PHS Act; Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022); 42 CFR § 59.5(a)(5))

- Prohibit providing services that directly facilitate the use of abortion as a method of family planning, such as providing transportation for an abortion, explaining and obtaining signed abortion consent forms from clients interested in abortions, negotiating a reduction in fees for an abortion, and scheduling or arranging for the performance of an abortion, promoting or advocating abortion within Title X program activities, or failing to preserve sufficient separation between Title X

program activities and abortion-related activities. (65 Fed. Reg. 41281 (July 3, 2000))

- Prohibit promoting or encouraging the use of abortion as a method of family planning through advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning. Films that present only neutral, factual information about abortion are permissible. A Title X project may be a dues paying participant in a national abortion advocacy organization, so long as there are other legitimate program-related reasons for the affiliation (such as access to certain information or data useful to the Title X project). A Title X project may also discuss abortion as an available alternative when a family planning method fails in a discussion of relative risks of various methods of contraception. (65 Fed. Reg. 41281, 41282 (July 3, 2000))

- Ensure that non-Title X abortion activities are separate and distinct from Title X project activities. Where recipients conduct abortion activities that are not part of the Title X project and would not be permissible if they were, the recipient must ensure that the Title X-supported project is separate and distinguishable from those other activities. What must be looked at is whether the abortion element in a program of family planning services is so large and so intimately related to all aspects of the program as to make it difficult or impossible to separate the eligible and non- eligible items of cost. The Title X project is the set of activities the recipient agreed to perform in the relevant grant documents as a condition of receiving Title X funds. A grant applicant may include both project and non-project activities in its grant application, and, so long as these are properly distinguished from each other and prohibited activities are not reflected in the amount of the total approved budget, no problem is created. Separation of Title X from abortion activities does not require separate recipients or even a separate health facility, but separate bookkeeping entries alone will not satisfy the spirit of the law. Mere technical allocation of funds, attributing federal dollars to non-abortion activities, is not a legally supportable avoidance of section 1008. Certain kinds of shared facilities are permissible, so long as it is possible to distinguish between the Title X supported activities and non-Title X abortion-related activities:
    - a common waiting room is permissible, as long as the costs properly pro-rated,
    - common staff is permissible, so long as salaries are properly allocated, and all abortion related activities of the staff members are performed in a program which is entirely separate from the Title X project,
    - a hospital offering abortions for family planning purposes and also housing a Title X project is permissible, as long as the abortion activities are sufficiently

separate from the Title X project, and
    - maintenance of a single file system for abortion and family planning clients is permissible, so long as costs are properly allocated. (65 Fed. Reg. 41281, 41282 (July 3, 2000)

- A Title X project may not provide pregnancy options counseling which promotes abortion or encourages persons to obtain abortion, although the project may provide clients with complete factual information about all medical options and the accompanying risks and benefits. While a Title X project may provide a referral for abortion, which may include providing a client with the name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider, the project may not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the client. (65 Fed. Reg. 41281 (July 3, 2000))

- Where a referral to another provider who might perform an abortion is medically indicated because of the client's condition or the condition of the fetus (such as where the woman's life would be endangered), such a referral by a Title X project is not prohibited by section 1008 and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications. (65 Fed. Reg. 41281 (July 3, 2000)).

Quality Improvement (QI) and Quality Assurance (QA)

Subrecipients must develop and implement a quality improvement and quality assurance plan that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess client satisfaction. (PA-FPH-22-001 NOFO)

Records Retention

Under RCW 70.02.080, a health care provider must permit a client to examine or copy the client's recorded health care information. No statute or regulation addresses how long a health care provider must retain a client's medical record, except for RCW 70.02.160, which requires a health care provider to maintain a record of existing health care information for at least one year following receipt of an authorization to disclose that health care information and during the pendency of a client's request either to examine or copy the record or to correct or amend the record.

Length of Retention

The Sexual and Reproductive Health Program (SRHP) concurs with the Medical Commission and the Washington State Medical Association recommendation that health care providers should retain medical records for at least:

- 6 years from the date of a client's death
- 10 years from the date of a client's last visit, prescription refill, telephone contact, test or other client contact
- 21 years from the date of a minor client's birth
- Indefinitely, if the client is incompetent, if the physician is aware of any problems with a client's care or has any reason to believe the client may be involved in litigation.

Related References

- 70 RCW 02.160, Health care provider retention of record
- 70 RCW 02.080, Patient's examination and copying—Requirements
- 70 RCW 41.190, Hospital Medical records of patients—Retention and Preservation
- Guidelines on Retention of Medical Records when Closing a Practice, Department of Health Medical Quality Assurance Commission policy statement number MD2013-08

Staff Training

Title X grantees and network partners are required to have a staff training process (42 CFR § 59.5(b)(4)). The purpose of this policy is to describe the Washington State Department of Health's Sexual and Reproductive Health Program's (SRHP) process for ensuring grantee and subrecipient compliance with the requirement to establish staff training for Title X and the SRHP.

Policy

Title X Subrecipients:

a. Provide for orientation and in-service training for all project personnel. (42 CFR §59.5(b)(4))
b. Ensure annual training of staff on federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking.
c. Ensure annual training on encouraging family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
d. In addition, OPA recommends Title X recipients provide routine training in accordance with the RHNTC's Title X Training Requirements Summary Job Aid. *https://rhntc.org/resources/federal-title-x-training-requirements-summary*
e. Are recommended to complete training to support implementation of Quality Family Planning Services (QFP)

Subrecipients are responsible for making sure all staff have the knowledge to carry out the

requirements of this contract. Training can include on-the-job training, workshops, in-person or online courses, in- house updates, or any other training that provides continuing education appropriate to job responsibilities. The Network Partner must document all training for all staff.

Procedure

1. Training schedule
    a. Annually:
        i. Federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest
        ii. Federal/state requirements for reporting or notification of human trafficking
        iii. Encourage family participation in the decision of minors to seek family planning services
        iv. Counseling minors on how to resist being coerced into engaging in sexual activity
        v. Links to training:
            1. https://cpe.socialwork.uw.edu/alliance-courses/content/mandatory-reporter-roles-and-responsibilities-cy22-certification-elearning
            2. https://rhntc.org/resources/federal-title-x-training-requirements-summary
    b. Once per project period:
        i. Voluntary and non-coercive services
        ii. Services not a prerequisite for eligibility services
        iii. Personnel awareness
        iv. Client-centered services
        v. Personnel training
        vi. Confidentiality
        vii. Non-discriminatory services
        viii. Link to training:
            1. https://rhntc.org/resources/federal-title-x-training-requirements-summary
    c. As needed, but at least once during position training:
        i. All staff
            1. Network Partner requirements as they apply to job responsibilities.
            2. No variation in services regardless of ability to pay
            3. Clinic visit record (CVR) training appropriate to role in the organization
            4. Diversity, equity, and inclusion
            5. Culturally and linguistically appropriate services
            6. EHR training appropriate to role in the organization
        ii. Multilingual staff if applicable:
            1. Medical interpreting (and translation if appropriate)
        iii. Front desk and scheduling staff:
            1. Using family size and income to identify Federal Poverty Level (FPL)
            2. Sliding fee schedule

iv. Clinical staff:
    1. Quality Family Planning with associated RHNTC training
    2. Putting the QFP into Practice Series Toolkit (OPA/CDC)
    3. Nationally Recognized Standards of Care (Title X Program Handbook)
    4. Telehealth Training (RCW 43.70.495)
    5. Suicide Prevention Training (RCW 43.70.442)

v. Staff responsible for CVR Data and EHR modification:
    1. Contract requirements related to data collection (CVR)
    2. Data transfer requirements for CVRs (see Washington State CVR Manual)
    3. Using family size and income to identify Federal Poverty Level (FPL)

vi. Fiscal staff:
    1. Confidential billing
    2. Contractual billing requirements
    3. Using family size and income to identify Federal Poverty Level (FPL)
    4. Sliding fee schedule

2. Training reports are submitted as requested in the contract's statement of work
3. A process for evaluating the effectiveness of staff training is in place with documentation of continuous implementation.
4. Staff training is analyzed to identify gaps and plan to fill them.
5. During a site review, subrecipients will be expected to provide:
    c. Policies concerning training and the process for documenting training
    d. Evidence of trainings
        a. Assessment of staff training needs
        b. Training plan
        c. Training logs
        d. Training policies
        e. Attendance records
        f. Certificates

Related References

- Code of Federal Regulations 42 CFR 59.5(b)(4) https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59#p-59.5(b)(4)
- OPA Title X Handbook Chapter 3: Staff Training Title X Program Handbook (July 2022) (hhs.gov)
- RHNTC: Federal Title X Training Requirements Summary

Written Policies

Network partners must establish and maintain written personnel policies that comply with related federal and state requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, and Title I of the Americans with Disabilities Act.
Personnel policies should include, but not be limited to:

- Recruitment
- Selection
- Probation
- Termination
- Compensation
- Benefits
- Performance evaluation
- Grievance procedures
- Discipline
- Promotion

Network partner Structure

A Network partner must:

- Be administered by a qualified project director. (PR 8.5.3)
- Have written job descriptions for key agency personnel.
- Have an organizational chart that reflects its current structure and shows clear lines of authority. (DOH Policies and Procedures 17.004)
- Be able to document its IRS 501c(3) or other nonprofit status. (42 CFR 59.3)

Standards of Conduct

Network partners must establish policies to prevent employees, consultants, and members of their governing or advisory bodies from using their positions for private gain, either for themselves or for others. (PR 13.3)

Client Confidentiality

Network partners must have written policies that cover client confidentiality. Employees and volunteers must be aware of confidentiality requirements and agree, in writing, to abide by agency policy. Each employee and volunteer must sign a confidentiality statement that will be kept in their personnel file. (PR 10)

Policies that reflect Network partners' compliance with the Privacy Act must be in place.

No identifying information acquired by Network partners' staff about its clients can be disclosed without the client's written consent, except as required by law.

Clients' information can be disclosed without consent if it is in such a way that the individual client can't be identified. This could be in summary, or statistically. (42 CFR 59.11)

Information about a client must be disclosed when it is required to report a notifiable condition, per WAC 246-100 and WAC 246-101.

Confidential Records

All employees must have personnel records that are maintained and kept confidential.

Proof of Licensure

Network partners must require documentation of professional licenses from staff members who are in positions that require them. Documentation of a current license is required at all times and is crucial before hire.

Voluntary Participation

All staff must be made aware that a client must not be coerced to:

- Receive Title X services.
- Use a particular method of family planning.
- Accept sexual and reproductive health services in order to be eligible for, or receive, other non-Title X services.
- Undergo abortion or sterilization procedures. Agency personnel must be notified that they may be subject to prosecution under federal law if they attempt to do this. (PR 8.1)

An example of how this might be documented is to have staff sign a statement that they have been made aware of this that is to be kept in their personnel file.

Related References

- Privacy Act (5 USC 552a)
- Title VI of the Civil Rights Act (PL 88-352)
- Section 504 of the Rehabilitation Act of 1973
- Title I of the Americans with Disabilities Act (42 USC Chapter 126)
- 42 CFR 59, Grants for Family Planning Services
- PR 8.1, 8.5.3, 10, 13.3, Voluntary participation, project personnel, confidentiality, standards of conduct
- WAC 246-100, Communicable and certain other diseases
- WAC 246-101, Notifiable conditions
- DOH Policies and Procedures 17.004