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Federal Requirements for All Contractors

The federal laws and regulations that most impact local agency program management are:

- 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 handicaps. ([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](#)),

Federal Requirements for Title X Agencies

The federal laws and regulations that most impact the program management of agencies (contractors) that receive Title X funds are:

- 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 Contractors

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—Handicapped 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 Contractors—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

Policy 3100 Funding Process for Title X

This policy applies to contractors that receive Title X funds.

Approved Agencies

To qualify for Title X funds, your 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 your response to FPP's request for proposals or qualifications (RFQ/RFP).

(FPP)

Annual Work Plan

Your agency must apply to FPP to receive FPP funds for the following year. FPP will provide specific due dates and application instructions each year.

Allocation of Funds

Funds are allocated to contractors according to a formula based on community need and agency performance. This formula is developed by FPP with input from current FPP contractors, approved by DOH, and reviewed by DHHS Region X.

- Funds are awarded on an annual basis. Funds are reimbursed on a monthly basis.
- You can choose to designate up to 5% of your total State funding allocation (excluding special project funds) to pay for services that are not allowed inside your Title X Project. FPP calls these funds nonTitle X funds or funds outside your Title X project. These funds may be used as reimbursement for certain abortions, sterilizations, and, with prior approval from FPP, certain other procedures. See Policies 3370, 4620, and 4630. (FPP)
- If your contract includes nonTitle X funds, services outside your Title X Project are reimbursed on a fee-for-service basis, according to Medicaid reimbursement rates as of the date the procedure was performed. (FPP)

Related References

[PR 8.7](#), Planning and evaluation

[Policy 3210](#)

[Policy 3370](#)

[Policy 4620](#)

[Policy 4630](#)

Policy 3200 Funding Process for Agencies Without a Title X Project

This policy applies to contractors who do not have a Title X Project. Occasionally FPP contracts with an agency that does not have a Title X Project. There has to be a compelling reason for FPP to approve this. There are no federal funds in these contracts.

Optional Services

These funds can be used to support:

- Contraceptive services, including medical history, examination, laboratory services, supplies, and related reproductive health services determined by the woman's history or method of choice.
- Sterilization, both vasectomy and tubal ligation.
- Abortion.
- Family planning-related training for members of the agency staff.

Required Services

Agencies that receive these funds must also provide community education and health promotion services.

Initial Approval Process

To contract with FPP for the first time, an agency must:

- Show it can meet all requirements in the contract statement of work through an initial on-site review.
- Submit a special application to FPP to be considered for funding in the next year. It must include a realistic projection of how many clients could be served by your agency. Projections must be based on population and local agency capacity.

Annual Work Plan

Your agency must apply to FPP to receive FPP funds for the following year. FPP will provide specific due dates and application instructions each year.

Allocation of Funds

Funds are allocated to contractors according to a formula based on community need and agency performance. This formula is developed by FPP with input from current FPP contractors, approved by DOH, and reviewed by DHHS Region X.

Funds are awarded on an annual basis. Funds are reimbursed on a monthly basis. Sterilization and abortion services are reimbursed on a fee-for-service basis, according to Medicaid reimbursement rates as of the date the procedure was performed.

Related References:

[Policy 4600](#)

[Policy 4620](#)

[Policy 6500](#)

Policy 3210 Expenditures Outside Your Title X Project

This policy applies to contractors who receive Title X funds.

Local agencies may offer sterilization, abortion, and certain medical procedures to their Title X clients, either directly or by referral. (FPP) ([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®) female sterilization. Reimbursement for these services will be at the Medicaid reimbursement rate as of the date the procedure was performed.

Contractors who would like FPP to reimburse them for these services must work with their FPP program consultant to make sure that part of their allocated funds are designated as nonTitle X funds (funds outside their Title X Project).

If your agency would like to be reimbursed for other surgical procedures (such as colposcopy) you must submit a written request for each procedure. Your request must be approved by FPP before you can submit for reimbursement. FPP approves procedures on a case-by- case basis; approval is not guaranteed.

See Policy 4610 for eligibility requirements and 4620 for reimbursement policy and procedure.

Unexpended NonTitle X Funds

You can move all or part of your unexpended nonTitle X funds back into your Title X project at any time, as long as your FPP program consultant approves. Contractors 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. (FPP)

See Policy 4630 for the procedure.

Related References

[Policy 3100](#)

[Policy 4620](#)

[Policy 4630](#)

Policy 3310 Annual Work Plan

This policy applies to all contractors.

Annual Work Plan Required

Agencies must submit an annual work plan to FPP each year, using FPP forms. It must include:

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

(FPP, PR 8.7)

Related References

[PR 8.7](#), Planning and evaluation

Policy 3320 Clinic Visit Record

This policy applies to contractors that receive Title X funds.

When to Complete a CVR

You must complete a Clinic Visit Record (CVR) for each Title X family planning visit made for medical or counseling services. The criteria for a Title X family planning visit are covered in the Region X Family Planning Reporting System Instruction Manual and CVR Manual.

You should submit CVR data no later than the 15th of the month following the month of the client's visit. All data for a quarter must be submitted to the data processor (Ahlers & Associates) before the 15th of the month following the end of the quarter. (CVR Manual)

Related References

CVR Instruction Manual: Region X, Title X Family Planning Information System, revised 2011 and updates: <https://secure.ahlerssoftware.com/documentation/RXmanual.pdf>

Policy 3330 Family Planning Annual Report

This policy applies to contractors that receive Title X funds.

Due Annually

Contractors must submit an annual report each year. FPP will set contractor's due dates for this report based on when state-level reports are due at the federal level.

Report Format

You must use forms provided by FPP, or comparable computer-generated forms.

Related References

Title X Grantees [Family Planning Annual Report](#)

Policy 3340 Non-Title X Data Reports

This policy applies to all contractors that use funds outside the Title X Project.

In Lieu of CVRs

Agencies that do not submit CVRs to the Region X data processor must submit Quarterly Data Reports on clients seen in their clinics to FPP. (FPP)

Due Date

These agencies must submit reports by the 30th of the month following each quarter. (FPP)

Report Format

Reports must be submitted on a form supplied by FPP or an equivalent form approved by FPP. (FPP)

Policy 3350 Report of a Notifiable Condition

This policy applies to all contractors.

Report Within Applicable Timeframe (generally 3 days)

A care professional attending on a notifiable condition or a case suspected of a notifiable condition, must report that case, within the timeframe indicated, to the local health officer. See Notifiable Conditions table at [WAC 246-101-101](#) for timeframes. If the attending professional fails to do this, the responsibility falls to the clinic manager or program manager/coordinator. ([WAC 246-101-105](#))

Reporting Requirements

The report must include:

- Name of client
- Disease or condition
- Address
- Telephone number
- Date of birth
- Sex
- Pertinent laboratory data
- Any other information required by DOH

Submitting laboratory specimens to a health department lab is not considered reporting on a case. ([WAC 246-101-201](#))

Related References

[WAC 246-101](#), Notifiable conditions

Policy 3360 Special Project Reports

This policy applies to contractors that are awarded special project funds.

These funds are awarded separately from FPP base grant activities.

Report Deadlines

Your agency must submit reports to FPP as required by the Department of Health and United States Public Health Service, Office of Population Affairs. FPP will notify contractors about report deadlines and criteria.

Report Format

Each special project has unique reporting requirements with specific criteria. FPP will send the format, criteria, and report deadline to agencies that receive special project funds.

Policy 3370 Sterilizations

This policy applies to contractors that receive Title X funds.

In or Out of the Title X Project

Although all agencies that receive Title X funds are required to provide or refer for, sterilizations, FPP does not allow the use of Title X funds for sterilizations.

Agencies can choose to use non-Title X funds to pay for sterilizations. See Policy 3100 and 4630.

(FPP)

Related References

[42 CFR 50.201](#), Subpart B Sterilization in Federally Assisted Family Planning Projects

[Policy 3100](#)

[Policy 3210](#)

[Policy 4630](#)

Policy 3390 Late Report Penalty

This policy applies to all contractors.

Penalty

Contractors must submit reports required by federal regulations by deadlines specified by FPP. FPP can assess a penalty of \$50 or one-tenth of one percent (.001) of the allocation, whichever is greater, when the following reports or documents are not in the FPP office by the due date, and the report is emailed or postmarked fewer than three days prior to the due date:

- Family Planning Annual Report
- PHS Sterilization Report
- Annual Work Plan
- Special Projects Report (if applicable)
- Equipment Inventory (if applicable)
- Fee Schedule
- Statement of Revenue and Expense Report
- On-Site Review Responses
- Corrective Action Plans
- Corrective Action Reports

Payment Delay

When reports or documents are late, FPP can delay payment for the month in which the report is due until the report is received.

FPP reserves the right to withhold payment until acceptable data has been submitted, or until deliverables are met.

Policy 3400 On-Site Review by FPP

This policy applies to contractors.

Three-Year Cycle

FPP must conduct an on-site review of each contractor every third year. FPP can bring outside experts to a review. They will let the contractor know of any outside experts before the review.

The purpose of the on-site review is to:

- Ensure that contractors are in compliance with state and federal objectives, policies, and regulations.
- Document compliance.
- Identify any training or technical assistance the contractors needs.

When FPP conducts an on-site review they will:

- Notify the contractor approximately 90 days in advance of the review and negotiate dates that are convenient for the agency.
- Discuss and document any FPP findings and recommendations at the exit interview.
- Send a written report of findings, recommendations, and suggestions to the contractor sub recipient within 60 days of the on-site review. (FPP)

Contractor Involvement

Contractors must be involved in the review process and have an opportunity to:

- Negotiate on-site review dates.
- See the evaluation tool before the on-site review.
- Respond in writing to the on-site review report. (FPP)

Corrective Action Plan

FPP staff will write a corrective action plan in response to the final draft of their on-site review. The corrective action plan will include:

- The dates by which compliance issues should be resolved.
- A description of how they will be resolved.
- The name of the person at the agency responsible for resolving them.

FPP may visit the contractor in alternate years to provide technical assistance and ensure compliance issues are resolved. (FPP)

Related References

[Uniform Guidance](#)

Policy 3510 Business and Tax Requirements

This policy applies to all contractors.

Governmental Business Requirements

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

Liability Insurance

Your agency must maintain adequate liability coverage for all aspects of their family planning 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).

Related References:

[Chapter 24.03 RCW](#), Nonprofit Corporation Act

[Chapter 69.41 RCW](#), Legend Drugs—Prescription drugs

[Chapter 70.162 RCW](#), Indoor Air Quality in Public Buildings

[Chapter 82.08 RCW](#), Retail Sales Tax

[WAC 246-891](#), Pharmacy—Prophylactics

[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

Policy 3520 Citation of Federal Grant Support in Publications

This policy applies to contractors that receive Title X funds.

Acknowledgement of Federal Support

Any materials published or copyrighted within the Title X Project must acknowledge federal grant support. Any publications developed under Title X must not contain information which is contrary to program requirements or to accepted clinical practice. Materials shall be subject to a royalty-free, non-exclusive, and irrevocable right of the government to reproduce, publish, or otherwise use materials for federal purposes and to authorize others to do so. (Uniform Guidance, NOA)

Sample Wording

(Contact your FPP program consultant for up-to-date information.)

This brochure was funded in part by U.S. Department of Health and Human Services Grant #
(contact your FPP program consultant for current grant number)

Related References:

[Uniform Guidance](#)

Policy 3530 Discontinuation of Services

This policy applies to any contractor that plans to terminate a family planning services contract.

Advance Notification to FPP

Contractor should notify FPP as soon as they begin to consider discontinuing services. When the contractor has made a firm decision to discontinue services, they must notify FPP, in writing, of the effective date and provide a brief explanation for their decision. (FPP)

Close-Out Audit

Contractors must arrange for a qualified auditor to audit their family planning program within 90 days of terminating their contract with FPP. FPP must receive a copy of their completed audit.

Close-Out Reports and Documents

Contractors must submit the following to FPP 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

This policy applies to contractors.

Notifying FPP

If a contractor plans to expand or reduce services, or change the scope of their project they must notify FPP 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

FPP reserves the right to reduce funds if your 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, FPP will consider a written request for supplemental funding to finance an expansion of services. If the contractor's request is approved, they will submit a budget revision. If the budget revision is, in turn, approved, it will be included in contractor's contract with FPP. (FPP)

Supplemental Budget Request Requirements

When contractors 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.

(FPP)

Subcontracting

If a contractor wants to subcontract services or responsibilities, a written agreement consistent with Title X and approved by FPP must be maintained between it and the subcontractor. (PR 8.3.2) 42 CFR 59.5(a)(5); 45 CFR Parts 74

Related References:

[HHS Grants Policy Statement](#)

[RCW 24.03.200](#), Articles of merger or consolidation

Policy 3550 Facility Requirements

This policy applies to all contractors.

Convenient Services

The contractor must provide family planning services in convenient locations and at convenient times for clients. Contractor sites should be geographically accessible to clients and should offer services during some evening and/or weekend hours. (PG 13.1, FPP)

Federal, State, and Local Standards

Contractor 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

Contractors must comply with the [Americans with Disabilities Act](#), also referred to as the ADA, PL 101-336, or 28 CFR Part 35.

Emergency Management

Contractors 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 contractors 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

Policy 3560 Human Subjects Research

This policy applies to all contractors.

Prior Approval Required

If contractors 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 contractor must provide written notification to FPP prior to conducting the research. FPP 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

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

Related References:

[45 CFR Part 46](#), Protection of Human Subjects

[WAC 388-04](#), Protection of Human Research Subjects

[PR 13.4](#), Human subjects clearance (research)

Policy 3570 Lobbying and Advocacy

This policy applies to all contractors.

State and federal funds cannot be used for lobbying. (PL 104-208, RCW 42.17A.550)

Related References:

[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

Policy 3580 Personnel Policies

This policy applies to all contractors.

Written Policies

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

Contractor Structure

A contractor 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

Contractors 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

Contractors 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 you will then keep in their personnel file. (PR 10)

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

No identifying information acquired by contractors' 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

Contractors 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

A client must not be coerced to:

- Receive Title X services.
- Use a particular method of family planning.
- Accept family planning 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)

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

This policy applies to all contractors.

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

Contractors 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 contractor'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.

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

Organizational Supports

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

Contractors 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

Policy 3600 Staff and Volunteer Training

This policy applies to all contractors.

Orientation

Contractors must provide Title X Project guidelines and regulations to all Title X staff, volunteers, and board members. Contractor's orientation to Title X must include a discussion of client confidentiality requirements. All orientations must be documented.

In-service Training

Contractors must provide in-service training for all staff, including volunteers. Training can include on-the-job training, workshops, courses, in-house updates, or any other training that will provide continuing education related to job responsibilities. All training must be documented. (PR 8.6; FPP)

HIV/AIDS Education for Licensed Practitioners

A practitioner must complete AIDS education and training required by the rules of their specific profession and established by the Washington State Department of Health, Health Professions Quality Assurance. (RCW 70.24.270, WAC 246-12)

Health Care Employees

Employers must provide all health care employees with HIV/AIDS education including the following topics. While a specific number of hours are not required, a minimum of two to three hours is typically necessary.

Etiology and Epidemiology of HIV

- Etiology
- Reported AIDS cases in the United States and Washington
- Risk groups/risky behavior

Transmission and Infection Control

- Transmission of HIV
- Infection control precautions
- Factors that affect risk for transmission
- Risks for transmission to health care workers

Legal and Ethical Issues

- Confidentiality and notifiable conditions ([WAC 246-101-635](#), [WAC 246-101-101](#))
- Informed consent
- Legal reporting requirements
- Ethical issues

- Civil rights

(Information provided by DOH, HIV/AIDS Education and Prevention. [RCW 70.24.310])

Related References:

[PR 8.6](#), Staff training and project technical assistance

[RCW 70.24.270](#), Health Professionals—Rules for AIDS Education and Training

[RCW 70.24.310](#), Health Care Facilities—Rules for AIDS Education and Training

[WAC 246-12, Parts 7 and 8](#), Continuing education and AIDS prevention education

[WAC 246-101-101](#), Notifiable conditions and the Health Care Provider

[WAC 246-101-635](#), Special conditions—AIDS and HIV

Policy 3610 Abortion as Family Planning Method

This policy applies to contractors that receive Title X funding.

Abortion

Contractors must be in full compliance with the Public Health Service Act, Section 1008 (3009-6), prohibiting abortion as a method of family planning.

Related References

[CFR 59.5\(a\)\(5\)](#), Public Health Service Act

[Title X Program Instruction Series, volume 65, number 128](#)