

Family Planning Manual

September 2016



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To submit a request, please call 1-800-525-0127 (TDD/TTY call 711)

Policies have changed from the original 2016 manual (May 2016):

[Policy 4500, Client Fees](#)

revision 2016-01

[Policy 6200, National Clinical Guidelines and Recommendations](#)

This revision

[Policy 6500, Sterilization Consent](#)

This revision

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Chapter 1 Introduction

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Section 1000 Overview

Purpose

The purpose of this manual is to summarize or call attention to federal and state statutes, regulations, policies, and guidelines that apply to the operation of local family planning agencies in Washington. Statutes and regulations that apply specifically to family planning are summarized in some detail. Lengthy federal and state regulations with a scope much broader than family planning are outlined or referred to in the related references section at the end of each policy statement.

Definitions

Definitions of *shall*, *must*, *may*, and other important words and phrases are provided in [Section 1100](#).

Procedures

Required procedures follow the policies they are meant to implement.

Organization of this Manual

As much as possible, the contents of the manual are organized to parallel the distribution of tasks in the typical local family planning agency.

Abbreviations

Common abbreviations are used throughout the manual. Section 1200 lists these abbreviations and some less frequently used abbreviations found in source documents.

Review and Approval Process

Policies on clinical issues that have been put into effect by the Family Planning Program (FPP) have been reviewed by clinical staff from contractors. Broad administrative policies issued by FPP have been reviewed by administrative or fiscal staff of contractors. Procedures defined by FPP staff have been reviewed by the family planning Provider Task Force (PTF).

Questions?

Questions about the manual should be directed to FPP at (360) 236-3471

Revisions

Subsequent manual revisions will be sent via e-mail to contractors executive directors and program coordinators for distribution to staff who have manuals. Each revision will be assigned a number which identifies the year of the revision and number of the revision. For example, number 2016-01 would be revision number 1, issued in the year 2016. As revised pages are inserted in the manual, this should be noted on your agency's revision log.

Section 1100 Definitions

Can and may	Policies that use "can" and "may" are optional, as in the “agency can”, or the “agency may”.
Contractor	The entity providing family planning services under a contract with the Department of Health. We also call them the agency and the local agency in this manual.
Family Planning	Services, methods, and practices that help individuals avoid unintended pregnancies or achieve intended pregnancies. This includes preventive services that will help clients achieve future pregnancies, if and when they choose.
Grantee	The Department of Health Family Planning Program (FPP) is a grantee. The grantee receives Title X federal funds and passes them on to contractors.
Local agency or agency	An organization that provides family planning services at the local level under a contract with the Department of Health can be called a local agency or a contractor. They are the same. We will use both terms in this edition of the Family Planning Manual.
Manual	This collection of policies and procedures, compiled for local family planning agencies.
Program consultant	FPP staff members who are assigned to work with specific contractors are called program consultants.
Program Requirements	Program Requirements for Title X Funded Family Planning Projects (April 2014). This is the document that summarizes regulations for Title X Projects. (See Title X Project below.)
QFP	OPA and CDC have released new recommendations to improve the quality of family planning services. These recommendations are called Providing Quality Family Planning Services or QFP.
RCW	Revised Code of Washington. RCWs are state laws, passed by the state legislature.
Related references	Documents with information that could be important to contractors as they interpret or implement a policy.
Shall and must	Policies that use <i>shall</i> and <i>must</i> are mandated, as in the agency shall and the agency must.
Should	Policies that use <i>should</i> are recommended, as in <i>the agency should</i> .
Title X Project	Title X Project means <i>services</i> that have been designated by the local

agency as in-project that are delivered at *sites* designated by the local agency as in-project. These must be services that are allowed under federal Title X requirements.

Your 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 FPP 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, Take Charge 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. Clients are counted as Title X clients regardless of the funding that pays for the services they receive. If they receive a service you have designated as inside your Title X Project at a site you have designated as inside your Title X Project, they are a Title X client.

WAC

Washington Administrative Code. WACs are regulations written by state agencies to implement RCWs.

Section 1200 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 (DepoProvera)
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	Natural 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
OFF	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 & 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

Section 1300 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.

Section 1400 Federal Documents Applicable to Family Planning Agencies

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. Our Title X NOA contains all terms and conditions of our grant. We receive a new NOA each time we get new funds.
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.
<u>PL 93-348</u>	Protects human subjects involved in research, development, and related activities. (also 45 CFR 46)
<u>PL 101-121</u>	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)
<u>PL 105-277</u>	Relates to compliance with state reporting laws. (Section 219)
<u>PL 105-78</u>	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. (<u>5 USC 552a</u>)
Program Requirements	Program Requirements for Title X Funded Family Planning Projects, <u>USDHHS, OPA, Version 1.0, April 2014</u> .
Public Health Services Act	This act contains the Family Planning and Population Research Act. The Public Health Service Act prohibits abortion (<u>PL 91-572</u>). This act is codified at (<u>42 USC Chapter 6A subchapter VIII</u>)
QFP	Providing Quality Family Planning Services (referred to as the <u>Quality Family Planning Guidelines</u> or QFP) are recommendations from OPA and CDC to improve the quality of family planning services.
Section 504	<u>Section 504 of the Rehabilitation Act</u> prohibits discrimination on the basis of disability. (<u>29 USC Chapter 16 subchapter V</u>)
Single Audit Act	Single Audit Act of 1984, outlines requirements regarding financial and compliance audits. Revised in 1996. See <u>Uniform Guidance</u> .
Civil Rights Act	The <u>Civil Rights Act</u> of 1964 and amendments
Title VI	Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin. (<u>PL 88-352</u>)
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. (<u>42 USC Chapter 21</u>)
Title IX	Title IX of the Education Amendments prohibits discrimination on the basis of sex. (<u>20 USC Chapter 38</u>)
Title X	Title X of the Family Planning Services and Population Research Act. (<u>42 USC Chapter 6A subchapter VIII</u>) (<u>PL 91-572</u>)
<u>29 CFR 1910</u>	Title 29 part 1910 Code of Federal Regulations—Labor, Occupational Safety & Health Standards.
<u>42 CFR</u>	Title 42 Code of Federal Regulations—Public Health
<u>42 CFR 50</u>	Part 50, Policies of General Applicability.

<u>42 CFR 59</u>	Part 59, Grants for Family Planning Services.
<u>45 CFR</u>	Title 45 (Public Welfare) Code of Federal Regulations
<u>45 CFR 5</u>	Part 5, Freedom of Information Regulations, Part 5b – Privacy Act Regulations.
<u>45 CFR 7</u>	Part 7, Employee Inventions.
<u>45 CFR 16</u>	Part 16, Procedures of the Departmental Grant Appeals Board.
<u>45 CFR 74</u>	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).
<u>45 CFR 80</u>	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.
<u>45 CFR 81</u>	Part 81, Practice and procedure for hearings under part 80 of this title.
<u>45 CFR 84</u>	Part 84, Nondiscrimination on the basis of disability in programs and activities that receive financial assistance.
<u>45 CFR 91</u>	Part 91, Nondiscrimination on the basis of age in programs or activities that receive federal financial assistance.
<u>45 CFR 92</u>	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).
<u>45 CFR 93</u>	Part 93, New restrictions on lobbying.
<u>Uniform Guidance (federal)</u>	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.

Section 1500 State Documents Applicable to Family Planning Agencies

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

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

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

<u>WAC 162-22</u>	Employment—Disabled Persons
<u>WAC 162-26</u>	Public Accommodations, Disability, Discrimination
<u>WAC 246-101-010</u>	Definitions within notifiable conditions regulations
<u>WAC 246-100</u>	Communicable and Certain Other Diseases
<u>WAC 246-101</u>	Notifiable conditions
<u>WAC 246-102</u>	Cancer Registry
<u>WAC 246-130</u>	Early Intervention Program
<u>WAC 246-338</u>	Medical Test Site Rules
<u>WAC 246-810</u>	Counselors
<u>WAC 246-826</u>	Health Care Assistants
<u>WAC 246-840</u>	Practical and Registered Nursing
<u>WAC 246-841</u>	Nursing Assistants
<u>WAC 246-856</u>	Board of Pharmacy—General
<u>WAC 246-883</u>	Pharmaceutical—Sales Requiring Prescriptions
<u>WAC 246-885</u>	Pharmacy—Identification, Imprints, Markings and Labeling of Legend Drugs
<u>WAC 246-887</u>	Pharmacy—Regulations—Implementing the Uniform Controlled Substances Act
<u>WAC 246-891</u>	Pharmacy—Prophylactics
<u>WAC 246-899</u>	Pharmaceutical—Drug Product Substitution
<u>WAC 246-918</u>	Physician Assistants – Medical Quality Assurance Commission
<u>WAC 246-919</u>	Medical Quality Assurance Commission
<u>WAC 284-44</u>	Health Care Services Contractors—Agents – Contract Formats—Standards
<u>WAC 284-46</u>	Health Maintenance Organizations
<u>WAC 296-20</u>	Medical Aid Rules
<u>WAC 296.62</u>	General occupational health standards
<u>WAC 296-823</u>	Occupational exposure to blood-borne pathogens.
<u>WAC 388-04</u>	Protection of Human Research Subjects
<u>WAC 388-15</u>	Child Protective Services

[WAC 182-502](#)

Administration of Medical Programs – Providers

[WAC 182-531-1550](#)

Sterilization—physician-related services

[WAC 182-538](#)

Managed Care

[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,

Chapter 2 Community Participation, Education, and Project Promotion

Policy 2000	Community Participation, Education, and Project Promotion
Policy 2100	Information and Education Materials Approval

Policy 2000 Community Participation, Education, and Project Promotion

This policy applies to all contractors.

Community Participation

Contractors must provide an opportunity for community participation.

This gives the people who live in your community a chance to help develop, implement and evaluate your Title X Project.

Advisory Committee

- Must be made up of people who broadly represent all significant elements of the population to be served.
- Must know about your community's need for family planning services. (PR 11.1)

Community participation activities

- Must include planned activities to facilitate community awareness of and access to family planning services. (PR 11.2)
- Should be based on a community needs assessment and contain an implementation and evaluation strategy. (PR 11.2)

Staff Liaison

An agency staff member should be appointed to act as go-between to the advisory committee.

When asked by your advisory group, a local agency staff member can attend the group's meetings to act as a resource and talk about their work.

Minutes

The advisory committee must take minutes of all meetings. FPP will review them as proof that the committee is in compliance.

Minutes should include:

- Names of the people who attended.
- Committee or board recommendations.
- Policy decisions.

Committee Orientation

All advisory committee or board members should be given an orientation to your agency that includes:

- Program goals and services.

- The role of the advisory committee or board members.
- The relationship between your agency staff members and FPP.
- The relationship between agency staff members and the board of health if your agency is part of a LHJ. (FPP)

The Information and Education Advisory Committee may serve as the community participation advisory committee if it meets the requirements, or a separate group may be identified. See Policy 2100.

Related References

[PR 11](#), Community participation, education, and project promotion

[Policy 2100](#)

Policy 2100 Information and Education Materials Approval

This policy applies to all contractors.

Information and Education Advisory Committee

Every local agency must have an Information and Education Advisory (I&E) Committee. ([PR 12](#))

The committee must:

- Have a review and approval process for all informational and educational materials developed or made available under the project prior to their distribution.
- Review all applicable material in accordance with their process.
- Include people broadly representative of the clients who will receive the materials.
- Be between five and nine members (not including staff liaisons) unless a waiver is approved by HHS.
- Keep a written record (notes) of its progress.
- Consider the education, culture and standards of the population that your agency wants to reach and determine if the material under review is suitable.

The local agency should have one or more staff liaisons to the committee. However, under no circumstances can a member of the agency staff be a member of the I&E committee.

The I&E committee can call on appropriate agency staff members to review materials for factual, technical, and clinical accuracy, as long as final approval rests with the committee. ([PR 12.4](#))

FPP can pass the review and approval of materials to contractors, but oversight responsibility for the I&E Committee rests with the grantee (FPP).

Related References:

[42 CFR 59](#)

[PR 12](#), Information and education materials approval

Chapter 3 Program Management

General

[Policy 3000](#) General Program Management Requirements

Funding

[Policy 3100](#) Funding Process for Title X

[Policy 3200](#) Funding Process for Agencies Without a Title X Project

[Policy 3210](#) Expenditures Outside Your Title X Project ([Procedure 3210](#))

Annual Plans and Reports

[Policy 3310](#) Annual Work Plan

[Policy 3320](#) Clinic Visit Record

[Policy 3330](#) Family Planning Annual Report

[Policy 3340](#) Non-Title X Data Reports

[Policy 3350](#) Report of a Notifiable Condition

[Policy 3360](#) Special Project Reports

[Policy 3370](#) Sterilizations

[Policy 3390](#) Late Report Penalty

On-Site Reviews

[Policy 3400](#) On-Site Review by FPP

Business Practices

[Policy 3510](#) Business and Tax Requirements

[Policy 3520](#) Citation of Federal Grant Support in Publications

[Policy 3530](#) Discontinuation of Services

[Policy 3540](#) Change of Scope

[Policy 3550](#) Facility Requirements

[Policy 3560](#) Human Subjects Research

[Policy 3570](#) Lobbying and Advocacy

[Policy 3580](#) Personnel Policies

[Policy 3590](#) Cultural Competency

[Policy 3600](#) Staff and Volunteer Training

[Policy 3610](#) Abortion as Family Planning Method

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 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](#)),

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—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 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 CVR Instruction Manual: Region X, Title X Family Planning Information System.

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

Policy 3540 Change of Scope

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

Policy 3590 Cultural Competency

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](#)

Chapter 4 Fiscal Management

<u>Policy 4000</u>	Federal Fiscal Requirements
<u>Policy 4100</u>	Contracts and Contract Modifications
<u>Policy 4200</u>	Financial Reports
<u>Policy 4300</u>	Equipment Purchases and Inventory (<u>Procedure 4300</u>)
<u>Policy 4310</u>	Depreciation
<u>Policy 4400</u>	Fiscal Reviews
<u>Policy 4500</u>	Client Fees
<u>Policy 4600</u>	General Reimbursement Requirements (<u>Procedure 4600</u>)
<u>Policy 4610</u>	Determining Client Eligibility for Services Not Included in a Title X Project, but Reimbursed Through Your Contract
<u>Policy 4620</u>	Reimbursement for Surgical and Medical Procedures Not Included in Title X Projects (<u>Procedure 4620</u>)
<u>Policy 4630</u>	Moving Funds Into or Out of Your Title X Project

Policy 4000 Federal Fiscal 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 FPP, 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](#)).

Cost Share Funds

Agencies that receive Title X funds must secure and document cost share funds equal to at least 10 percent of their annual Title X allocation.

This policy applies to all contractors.

Contract Types and Contents

Local health jurisdictions access funding through the Washington State Department of Health Consolidated Contract. Private non-profit agencies access funding through a general contract. (FPP)

Contracts will include:

- A Statement of Work (SOW)
- General terms and conditions
- Specific terms and conditions
- Title X assurances (for contractors who receive Title X funds)

Contractor Signature Authority

The person with authority to obligate the contractor's resources must sign the contract. The signer's name must be included in the contracts and authorized signatures form on file at DOH. If signature authority changes, a new signature form must be submitted to FPP before we can accept documents signed by the new authority (for instance, we cannot pay A19's if the signature authority is not on file). (FPP)

DOH Signatory

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

Contract Period

The contract period will be stated in the SOW. The general rule is that the SOW will reflect the same time period as the Title X grant budget period.

Contract Reimbursement

Contracts between contractors and DOH must be signed, executed, and filed with DOH before we can reimburse you for 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

You must submit a written request to FPP and get approval from the FPP manager if you change your budget. Approval or disapproval will be determined by DOH and OPA policies. It may not require approval from the DOH contract manager 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.

Policy 4200 Financial Reports

This policy applies to all contractors.

As specified in the contract statement of work, all contractors must submit a statement of revenue and expense for their Title X project. This must be submitted on the form provided by FPP. It must record all of your Title X expenses and all Title X revenue including both funds from your 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

Type of Report	Type of Funding	
	State & Title X	State Only
Family Planning Annual Report (FPAR)	✓	
Revenue and Expense Report (R&E)	✓	✓
Annual Equipment Inventory (if over \$5,000 per unit)	✓	✓
Monthly or Quarterly Clinic Visit Records (CVR) to Ahlers & Associates	✓	
Quarterly and Calendar Year Client Data Reports		✓
Special Project Reports	✓	
Other reports as specified in contract SOW	✓	✓

Allowable Costs in Title X Projects

Allowable costs in Title X Projects are discussed in the HHS Grants Policy Statement (page II-28) and the Uniform Guidance. Note: No lobbying or abortion-related income or expenses can be included in any federal report.

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.

Related References:

[Uniform Guidance](#)

[HHS Grants Policy Statement](#)

[BARS Fiscal Policies](#)

Policy 4300 Equipment Purchases and Inventory

This policy applies to all contractors.

Title X Definition of Equipment and Supplies

Equipment that the contractor 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 contractor 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 you 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

- FPP must approve a contractor'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 contractor'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 your agency and the DOH contracts officer.
- If a contractor 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

Contractors 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. Contractor 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

[\(45 CFR Part 74.34\)](#)

Contractor 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.

Disposal of Equipment

Contractors should contact FPP for information about getting rid of equipment that meets the definition used in this policy.

Equipment that contractors 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 agency is no longer a contractor of any federal project, notify FPP 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, contractors can transfer the equipment to another project sponsored by the same federal agency or department, can transfer it to be used within 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, contact your FPP program consultant.

Related References

[Uniform Guidance](#)

[45 CFR 74.34](#), Equipment

[2 CFR 215.30](#) – 37 Property Standards

DOH Policy 14.003—Fixed Asset Inventory

OFM [State Administrative and Accounting](#) Manual Chapters 30 and 35

[HHS Grants Policy Statement](#)

Policy 4310 Depreciation

This policy applies to all contractors.

Purchasing Capital Assets

Contractors 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 FPP 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](#)

Policy 4400 Fiscal Reviews

This policy applies to all contractors that receive Title X funds.

Frequency

Contractors receiving Title X funds must receive a program monitoring on-site review that includes a fiscal monitoring review from FPP at least every three years. Contractors may receive an additional fiscal monitoring review at the discretion of DOH, FPP or Region X.

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

Required Single Audits

Contractors 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)

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

Review by DOH

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

Related References

DOH Policy

[Uniform Guidance](#)

This policy applies to all contractors.

Definition of Family for Income Determination

A family is a social unit composed of one person, or two or more people, living together as a household. A household has a family-like relationship, as opposed to a business-like relationship.

- Household members do not need to be married to be counted in family size and household income
- Dependents away at school are included in family size and household income.

A family-like relationship is when:

- They live integrated, joint, or combined lives
- The client is claimed by the other person as a dependent for tax purposes
- The client claims the other person as a dependent for tax purposes
- They share decisions about each other's lives
- The other person supports the client financially (beyond contributions to housing costs)
- The client supports the other person financially (beyond contributions to housing costs)

A business-like relationship is when:

- They live separate lives under the same roof
- The client is not claimed by the other person as a dependent for tax purposes
- The client does not claim the other person as a dependent for tax purposes
- They do not share decisions about each other's lives
- The other person does not support the client financially (exclude contributions to housing costs)
- The client does not support the other person financially (exclude contributions to housing costs)

Examples of families with two or more members:

- A single parent with one or more children
(family size = 1 + # of children)
- A couple with or without children
(family size = 2 + # of children)
- A single parent or couple with a child or young adult away at school
(family size = 1 or 2 + # of children at home + # of dependents away at school)

- An adult or couple living with a parent or parents when the relationship is family-like in nature.
(family size = # of parents + 1 or 2 + # of children in household).
- Related or unrelated adults with or without children in a family-like relationship
(family size = # of adults + # of children)

Do not count foster children or other children unrelated to the adults living in a household when determining family size.

Examples of a family of one:

- A single adult or teen living alone.
- A single adult or teen living with others where the relationship is business-like in nature. Make sure to consider any income a client receives as a result of the arrangement—for example, rent—as income.

This could include:

- An adult living with parents, when the relationship is business-like in nature
- A teen living with adults not related to them
- A foster child
- A client that requests confidential services, including teens and young adults.

Definition of Income

Income refers to gross average monthly income (income before taxes or other deductions or garnishments) for all family members from all sources.

This includes:

- Wages, salary, and tips received before deductions.
- Interest received on a bank account.
- Alimony and child support received.
- Social Security benefits received, such as widow’s benefits and children’s allowances.
- Unemployment benefits received.
- Military allotments received.
- Veteran’s benefits received.

Do not include the following when determining income:

- Grants, such as student grants
- Receipt from sale of possessions
- Withdrawal from savings
- Loans
- Inheritance

- Maturity payments on insurance policies
- Lump sum compensation for injury or legal damages
- Tax refunds
- Payment for foster parenting

Determining Fees

The schedule of fees must be designed to recover a reasonable cost of providing services. Fees must be based on a cost analysis conducted every three years or more frequently if an agency is not recovering the cost of the program. Each cost analysis must be approved by FPP. Before a fee schedule is implemented it must also be approved by FPP.

Constructing an Income Conversion Table

An income conversion table must be updated every year as new federal poverty level (FPL) data comes out. Contractors cannot use an income conversion table until it is approved by FPP.

Income conversion tables must include:

- The contractor's name and the effective date of the table.
- A statement that the income conversion table is based on gross income.

Income conversion tables must take into account family size and gross income, and must include the following:

- 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 [a]7,8)

The income conversion table may also include a superfee category for clients with family income above 300% FPL.

Agencies cannot deny services, put clients in a higher income category than the client reports, or charge higher fees for services to a client who fails to produce written income verification. If a client does not have written income documentation, agencies may have the client sign a form stating that the client's verbal declaration is true and that the agency may verify it using other lawful, valid means. Agencies can request that the client bring written documentation of income at their next visit, but may never deny services due to lack of income verification.

Construction of Fee Schedule for Services and Supplies

Fee schedules must be based on a cost analysis. Contractors:

- Must conduct a cost analysis at least every three years
- Should conduct a cost analysis earlier if they not recovering the cost of the program.
- Must update their fee schedules when they conduct a new cost analysis.
- Must have their fee schedule reviewed by FPP annually and whenever they update it
- Must not use a fee schedule until it is approved by FPP
- Must have paper copies of the fee schedule available to clients

The fee schedule must include:

- The contractor's name and the effective date of the fee schedule
- The same categories as the contractor's income conversion table

Each category must include fees for all services and supplies in the contractor's Title X Project. Contraceptive services, contraceptive supplies, and level 1 infertility services must all be included in the fee schedule.

Services

Services must include:

- Medical history and physical examination.
- Routine laboratory tests associated with the use of contraceptives.
- Level 1 infertility services as defined in PR 9.8
- Services for adolescents as defined in PR 9.8
- Pregnancy tests for family planning clients
- STD services associated with the provision of a family planning method

Your Title X Project may also include other services related to family planning that Title X allows.

- An example that makes sense, if there is one. Otherwise don't add this bit.

Contraceptives and Other Supplies

Your Title X Project must include a broad range of acceptable and effective medically approved family planning methods, including natural family planning methods. Each must be included in your fee schedule.

Contractors must provide at least one LARC in their Title X Project. As with all Title X services, it must slide to zero.

If a contractor mails contraceptives as a service to Title X clients, mailing fees must be included in the fee schedule.

Services and Supplies Outside Your Title X Project

Your fee schedule should not include services and supplies that are not included in your Title X Project. Title X clients may receive services and supplies outside your Title X Project, but your fee schedule would not apply to these and the visit would not be CVRd (counted as a Title X visit).

- Services outside your Title X project might include, STD diagnosis and treatment unrelated to a contraceptive method, pregnancy tests for non-family planning clients, colposcopies, post-abortion exams, and other services not required by Title X.
- Supplies outside your Title X project might include, lubricants, STD treatment medications, pregnancy tests for non-family planning clients, and other supplies not required by Title X.

Assessing Income and Fees with Client

Clients must not be denied project services or be subjected to any variation in their quality because of their inability to pay for them. You must provide the same services and supplies to clients that cannot pay as you do to those that can pay.

Agencies cannot deny services, put clients in a higher income category than the client reports, or charge higher fees for services to a client who fails to produce written income verification. If a client does not have written income documentation, agencies may have the client sign a form stating that the client's verbal declaration is true and that the agency may verify it using other lawful, valid means. Agencies can request that the client bring written documentation of income at their next visit, but may never deny services due to lack of income verification.

Clients Who Request Confidential Services

- A client should be considered a family of one if that client requests confidential services.

Minor Clients

You can consider an adolescent client either a separate family or a member of their family, depending on the circumstances.

- They should be considered a family of one in ANY of the following apply:
 - They want confidential services
 - Their parents are unwilling to pay.
 - They do not live with a parent and are not a dependent college student
 - They are self-supporting.
- They should be considered a member of their parents' family if ALL of the following apply:
 - They do not require confidential services
 - They are supported by a parent
 - The parent is willing to pay

You should consider what income is available to the minor—such as wages from part-time employment, stipends and allowances paid directly to the client—when you determine the minor's ability to pay for services. Services normally provided by parents or guardians—food, shelter, tuition, and transportation, for example—should not be included in determining a minor's income.

You should not:

- Have a general policy of no-fee or flat-fees for services to minors.
- Have a schedule of fees for minors that is different from the schedule of fees other populations use.

No Charge for Low-Income Clients

Clients whose income is at or below 100% FPL **must not** be charged. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay.

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 family planning, but a high deductible is a barrier, the site project director can waive fees.

Priority to Low-Income Clients

The contractor must consider serving people from low-income families its highest priority. Low-income families are families with incomes below 100% of the federal poverty level.

If a client is a full-time salaried employee, base their average gross monthly income on their most recent month's income.

If the client works part-time, works on a commission basis, or otherwise has an unsteady income, base their average gross monthly income on their average gross monthly income for the previous twelve months.

If the client is currently working on a part-time or commission basis, but has been unemployed during the previous twelve months, compute their average gross monthly income by dividing the number of months worked in the previous twelve months into the total dollar amount earned in the previous twelve months.

Some clients might only know the amount of their take home pay or net income. To calculate gross income, multiply the net income (take home pay) by 1.15.

Donations

Clients can make voluntary donations. They must not be pressured to donate to the contractor, and donations must not be required for services or supplies. Donations from clients do not replace billing and charging requirements set out in this policy.

Proof of Income

Clients should be asked for proof of income, but it cannot be required. For example, pay stubs or income tax returns are acceptable documentation, but clients cannot be refused services because they lack of proof of income.

Agencies cannot deny services, put clients in a higher income category than the client reports, or charge higher fees for services to a client who fails to produce written income verification. If a client does not have written income documentation, agencies may have the client sign a form stating that the client's verbal declaration is true and that the agency may verify it using other lawful, valid means. Agencies can request that the client bring written documentation of income at their next visit, but may never deny services due to lack of income verification.

Income should be determined and charges waived before services are delivered; they must be determined and waived (or not) each time a client requests services.

Privacy

Contractors 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.

Billing Clients

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

Billing Third Party Payers, Including Government

Contractors must bill all third parties authorized or legally obligated to pay for services, unless doing so would compromise the client's confidentiality.

Bills to third parties must show total charges without applying any discount.

Contractors must have a written agreement with the Title XIX state agency that allows them to bill Title XIX for reimbursement.

Documenting Client Fees, Payments, and Donations

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

If contractors accept a donation from a client, they must not record it in the client's medical chart. Contractors 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

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

Policies and Procedures on Client Fees

Policies and procedures for assessing, billing, and collecting fees must be approved by FPP.

Resolving Compliance Issues

If FPP review of income conversion tables, fee schedules, and fee assessment procedures indicates that the contractor is in non-compliance with FPP or Title X policy, FPP will work directly with the contractor to clearly define the issues, and will suggest ways to remedy them. FPP will identify a reasonable time frame for compliance, and document compliance. FPP can arrange technical assistance or subsequent reviews to resolve the issue.

FPP will address continued non-compliance with appropriate action, including possible sanction. The FPP program manager will work with appropriate authorities at the state and federal level.

FPP reserves the right to withhold payment if compliance issues are not corrected, or repeat findings not addressed. Payment may be withheld until acceptable data have been submitted, or until deliverables are met.

Related References

[42 CFR 59 Attachment B](#), Grants for family planning services

[OPA Instruction Memo 97-1](#)

[RCW 9.02](#)

[PR 8](#), Project management and administration

[PR 9](#), Project Services and Clients

DOH CVR Manual

Policy 4600 General Reimbursement Requirements

This policy applies to all contractors.

Signed Contract

A fully signed contract must be on file at DOH before DOH can pay for family planning services.

Basis for Reimbursement

The contractor should submit a monthly invoice. Expenditures should be consistent with the line item budget, approved by FPP, in the contractors annual plan and contract.

Reimbursement must be based upon actual costs incurred through direct association or through an FPP approved cost allocation rate/method, or be the amount remaining in the contract divided by the number of months remaining, plus one, whichever is less.

Reimbursement for State Funds

All state funds must be used in the designated funding period. State funds cannot be carried over past the end of the biennium.

Forms Required for Private Non-Profit Agencies

Private non-profit contractors must request reimbursement using the A19 Invoice Voucher provided by FPP in the FPP reimbursement and expenses workbook.

Forms Required for LHJs

Local health jurisdictions must request reimbursement using a DOH Consolidated Contracts invoice voucher. They must also attach the Reimbursement and Expenses Workbook provided by FPP and any other state required expense information.

Required Signature

The signature on an A19 must be in ink, and be that of the contractor's staff member authorized to approve A19s on the authorized signature form on file with FPP.

Incomplete or Incorrect A19s

Incomplete or incorrect A19s will be returned to contractors. FPP will notify the contractor that they must make corrections, and that payment will be delayed until an accurate A19 is received.

If the contractor bills in excess of their contractual amount their A19 will be adjusted and paid based on the allowable amount. Reimbursement and Expense Worksheets must show, and A19s must be based on, actual expenses.

The contractor will be reimbursed three to six weeks after DOH receives and accurate A19.

The contractor can avoid reimbursement delays by being absolutely certain forms are complete and correct, and that all required documentation is attached.

Billing Due Dates

Contractors should request reimbursement by the last day of the month that follows the month of service.

Billings received more than 60 days after the end date of the contract or funding budget period might not be paid by DOH. All invoices must be received by the final billing due dates listed in the contract.

If DOH has designated your agency as high-risk, more stringent requirements may apply.

Procedure 4600 General Reimbursement Requirements

This procedure applies to all contractors.

This process can take from three to six weeks from the time FPP receives an accurate A19.

Non-Consolidated Contracts

2 CFR 200 Sub Part E

1. Contractor completes and prints Reimbursement and Expenses Workbook (R&E):
 - a. *Title X A19 (invoice)*
 - b. *Other Funding and Expenses*
2. Contractor's authorized staff member signs A19, in ink.
3. Contractor sends A19 and other documentation to FPP at address shown on A19.
4. FPP program consultant reviews A19 and other documentation.
5. If changes are needed, FPP works with contractor to resolve issues.
6. FPP routes A19 to DOH Grants Office for payment.
7. DOH confirms budget balances.
8. DOH pays invoice.

Consolidated Contracts (ConCon)

2 CFR 200 Sub Part E

1. LHJ completes Reimbursement and Expenses Workbook (R&E).
2. LHJ follows DOH instructions for submitting ConCon A19 and includes Other Funding and Expenses portion of R&E with A19.
3. DOH notifies FPP that ConCon invoice is ready for review.
4. FPP program consultant reviews A19 and backup documentation.
5. If changes are needed, FPP works with contractor to resolve issues.
6. DOH confirms budget balances.
7. DOH pays invoice.

Policy 4610 Determining Client Eligibility for Services Not Included in a Title X Project, but Reimbursed Through Your Contract

This policy applies to all contractors.

For an explanation of the services this policy covers:

- Contractors with no Title X Project, see Policy 3200
- Contractor with a Title X Project, see Policy 3210

Income Level

Clients with incomes at or below 250 percent of the federal poverty level are eligible for the services covered by this policy. (FPP)

Residency

A client must currently live in Washington to be eligible for these services. There is no requirement related to how long an individual must have lived in Washington. No proof of residence is required. (FPP)

Eligibility Period

A client remains eligible for 180 days from the date your agency determined eligibility. (FPP)

How Often Should Eligibility Be Determined?

The Contractor must complete and file a new eligibility determination form in the client's chart each time a client requests that your agency subsidize the services covered by this policy. The exception is if the previous determination was made less than six months before. In that case you may use the previous determination. (FPP)

Eligibility Does Not Guarantee Reimbursement

Reimbursement depends on the amount of available state funds in your agency's contract. A determination of eligibility does not guarantee reimbursement. See Policy 4630. (FPP)

Related References

[Policy 3200](#)

[Policy 3370](#)

[Policy 4630](#)

[Policy 3210](#)

[Policy 4620](#)

[Policy 6500](#)

Policy 4620 Reimbursement for Surgical and Medical Procedures Not Included in Title X Projects

This policy applies to contractors with nonTitle X funding in their contracts. This includes contractors who do not have a Title X Project and contractors who have reserved a portion of their allocation as reimbursement for nonTitle X services.

Services

Contractors can be reimbursed for the following surgical and medical procedures:

- Sterilization (vasectomy, tubal occlusion by surgery or hysteroscopy)
- Abortion (medical or surgical)
- Anesthesia
- MicRhogram
- Ultrasound
- Facility fees
- Supplies

You can request approval of other related surgical and medical procedures as described in Policies 3200 and 3210. To be eligible for this reimbursement, clients must meet eligibility as described in Policy 4610.

Rates

Reimbursement rates for surgical and medical procedures, hospitalization, anesthesia, and supplies are based on the current Rates Development Fee Schedule or a numbered memorandum published by the Washington State HCA Medicaid. FPP uses the Medicaid rate that was current on the date of the service to reimburse for services and supplies.

Third Party Billing

Before contractors bill under this policy, they must make an effort to get payment from Medicaid, private health insurance, or any other third party with a legal obligation to pay, unless it would compromise the client's confidentiality. (FPP)

Information from Medicaid

Read Medicaid's *Family Planning Provider Guide* and *Sterilization Supplemental Provider Guide* for detailed instructions and forms.

- hca.wa.gov/medicaid/billing/pages/familyplanning_prov.aspx
- hca.wa.gov/medicaid/billing/Pages/Sterilization.aspx

Contractors May Not Bill Clients for Services

Payment for procedures covered by this policy constitutes full payment. Contractors must not seek additional payment from the client.

Timing of Payments

DOH will pay the contractor for procedures covered by this policy on receipt of an accurate bill from the contractor. If someone other than the contractor provided the service, the contractor must pay them after receiving payment from DOH.

Contractor Payments to Providers Outside their Title X Project

Contractors must develop formal agreements (MOUs) with providers that they pay to perform services under this policy. The agreement must include a statement that the provider accepts the Medicaid reimbursement rate as payment in full. If a provider is unwilling to sign an agreement, the contractor must document this and keep it on file.

Usual and Customary Fee

Unless a provider has a special agreement, procedures covered by this policy must be billed at a provider's usual fee. Contractors must inform their providers about applicable billing and reimbursement policies and procedures. (FPP)

Incomplete/Inaccurate Invoices

FPP will return incomplete or inaccurate invoices to your agency for correction. Contractors must use the appropriate A19 from their reimbursement and expenses workbook. The date in the *for services in the month of* box on the A19 must match the dates that services were provided. (FPP)

Voucher Due Dates

Contractors can send FPP billings for services covered by this policy at any time. However, A19s received more than 60 days after the end of a funding period will only be paid if the contractor has available funding from the appropriate source.

FPP recommends that contractors avoid scheduling services covered by this policy in the two months before the end date of the funding that will pay for them. This will allow the contractor to make sure they receive all bills from their outside providers in time to bill FPP in a timely manner

Related References:

[Policy 3200](#)

[Policy 3370](#)

[Policy 4630](#)

[Policy 3210](#)

[Policy 4620](#)

[Policy 6500](#)

Procedure 4620 Reimbursement for Surgical and Medical Procedures Not Included in Title X Projects

This policy applies to contractors with nonTitle X funding in their contracts. This includes contractors who do not have a Title X Project and contractors who have reserved a portion of their allocation as reimbursement for nonTitle X services.

This process can take from three to six weeks from the time FPP receives an accurate A19.

Non-Consolidated Contracts

2 CFR 200 Sub Part E

1. Contractor completes and prints Reimbursement and Expenses Workbook (R&E):
 - a. One *Surgical A19*
 - b. A *Surgical Attachment* for each client
2. Contractor includes a redacted copy of the Health Insurance Claim Form for each client they are billing for.

(Redact client name, date of birth, address, phone #, and any other individually identifiable information.)
3. Contractor authorized signer signs A19, in ink
4. Contractor sends A19 and other documentation to FPP at address shown on surgical A19
5. FPP calculates Medicaid reimbursement amounts
6. FPP program consultant reviews A19 and documentation
7. If changes are needed, FPP works with agency to resolve issues.
8. FPP routes A19 to DOH Grants Office for payment.
9. DOH confirms budget balances
10. DOH pays invoice.

Consolidated Contracts (ConCon)

2 CFR 200 Sub Part E

1. LHJ completes and prints Reimbursement and Expenses Workbook (R&E):
 - a. One *Surgical A19*
 - b. A *Surgical Attachment* for each client
2. LHJ includes a redacted copy of the *Health Insurance Claim Form* for each client they are billing for.

(Redact client name, date of birth, address, phone #, and any other individually identifiable information.)
3. LHJ sends A19 and other documentation directly to FPP at address on surgical A19.
4. FPP calculates Medicaid reimbursement amounts
5. FPP program consultant reviews A19 and documentation
6. If changes are needed, FPP works with agency to resolve issues
7. FPP sends A19 with Medicaid reimbursement amounts (MRA A19) back to LHJ.
8. LHJ adds MRA A19 to next ConCon A19, following DOH process.
9. DOH notifies FPP that ConCon invoice is ready for review.
10. FPP program consultant reviews A19 and backup documentation.
11. If changes are needed, FPP works with agency to resolve issues.
12. DOH confirms budget balances.
13. DOH pays invoice.

Policy 4630 Moving Funds Into or Out of Your Title X Project

This policy applies to contractors that receive Title 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)

In a like manner, you can move a portion of your Title X State funds out of your Title X Project to fund activities and services outside your Title X Project. Unless FPP makes an exception due to extraordinary circumstances, the total funds available outside your Title X Project cannot exceed 5% of your total State funding allocation for the timeframe covered by your statement of work.

Related References

[Policy 3210](#)

[Policy 3340](#)

[Policy 4620](#)

Procedure 4630 Moving Funds Into or Out of Your Title X Project

This procedure applies to contractors that receive Title X funds.

Contractor

The contractor emails their FPP program consultant and asks to reallocate all or some of their nonTitle X balance back into their Title X Project (or some of their Title X state funds outside their Title X Project).

Denials

FPP program consultant may deny the request to move funds based on contractor's current and past compliance with nonTitle X expenditure policies and the practicality of the request due to timing and funding periods.

- FPP program consultant will email denial, if any, to contractor with an explanation.
- Contractor loses the ability to use the balance of their non-Title X funds unless they have appropriate expenses for services outside their Title X Project.
- Contractor will not be reimbursed for expenses outside their Title X Project that exceed the maximum nonTitle X funds in their contract.

Approvals

If request to move funds is approved FPP program consultant will:

- Confirm balance or works with contractor to reconcile figures.
- Review circumstances to decide if a contract amendment is needed
 - LHJs always require an amendment to move funds inside or outside of their projects. With the systematic, scheduled nature of ConCon amendments, this can take up to four months. LHJs should carefully consider whether they should designate any funds as outside their Title X Project.
 - Contractors who are not LHJs, and want to move some of their Title X state funds out of their Title X Project, but do not have a task specifically for activities outside their Title X Projects in their statements of work, require an amendment to add this task. Amendments typically take between one and two months to fully execute.
 - Contractors who are not LHJs and already have some funds designated as outside their Title Project typically do not require an amendment to move funds inside or outside their Title X Projects.

If an amendment is required

- FPP program consultant emails contractor to discuss the specifics of the amendment.
- FPP program consultant processes contract amendment through standard DOH process, which can take between one and two months for nonLHJs and up to four months for LHJs.

- Once amendment is fully executed, contractor bills for appropriate services provided from start date of funding timeframe or statement of work (whichever is later) to the end of the funding timeframe or statement of work (whichever is earlier).

If an amendment is NOT required

If a contractor is not an LHJ and already has some funding outside their Title X Project, we can typically move funding either into or out of their project in a more informal way. It is important that the contractor adjusts their accounting system to reflect this change.

- FPP program consultant processes DOH internal paperwork
- Contractor adjusts their budget and accounting records to reflect reallocation
- Contractor bills for appropriate services provided from start date of funding timeframe or statement of work (whichever is later) to the end of the funding timeframe or statement of work (whichever is earlier).

Chapter 5 Client Rights

<u>Policy 5000</u>	Minors and Parental Consent
<u>Policy 5100</u>	Mandatory Reporting
<u>Policy 5200</u>	Human Trafficking Reporting
<u>Policy 5300</u>	Research

Policy 5000 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

[OPA Program Policy Notice 2014-01](#)

Policy 5100 Mandatory Reporting

Family Planning contractors 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

[OPA Program Policy Notice 2014-01](#)

Policy 5200 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. Family planning contractors must report suspected human trafficking (RCW 9A.40.100).

Related References

[RCW 9A.40.100](#), Trafficking

Policy 5300 Research

Agencies must notify Washington State Department of Health Family Planning 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. (45 CFR 46; PR)

Related References

[45 CFR 46](#), Protection of human subjects

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

Chapter 6 Client Services

<u>Policy 6000</u>	Guidelines for the Delivery of Family Planning Services
<u>Policy 6100</u>	Clinical Practice
<u>Policy 6200</u>	National Clinical Guidelines and Recommendations
<u>Policy 6300</u>	Records Retention
<u>Policy 6400</u>	Laboratory Certification
<u>Policy 6410</u>	Laboratory Results Reporting Requirements
<u>Policy 6500</u>	Sterilization Consent
<u>Policy 6600</u>	Informed Consent and Contraceptive Counseling
<u>Policy 6700</u>	Pharmaceuticals
<u>Policy 6800</u>	Risk Management
<u>Appendix A</u>	Conditions Notifiable by Health Care Providers

Policy 6000 Guidelines for the Delivery of Family Planning Services

The guidelines for the delivery of family planning services are comprised of *Program Requirements for Title X Funded Family Planning Projects* (PR) and *Providing Quality Family Planning Services April 25, 2014* (QFP). These documents form the basis for monitoring projects under the Title X program.

[*Program Requirements for Title X Funded Family Planning Projects*](#) was developed to assist current and prospective grantees in understanding and implementing the family planning grants program authorized by Title X of the PHS Act (42 U.S.C. 300 et seq.). The document is organized into 16 sections that describe the various requirements applicable to the Title X program, as set out in the Title X statute and implementing regulations (42 CFR 59A), and in other applicable Federal statutes, regulations, and policies.

[*Providing Quality Family Planning Services April 25, 2014*](#) [source: MMWR 2014;63(RR04):1–54] recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose to not have children.

The recommendations describe:

- Services that should be offered in a family planning visit (contraceptive services, pregnancy testing and counseling, helping clients achieve pregnancy, basic infertility services, preconception health services, and STD services).
- How these services should be provided by drawing upon existing recommendations and filling gaps where needed.
- Services available for clients of all genders and special populations, such as adolescents, and provide detailed guidance on contraceptive services.
- Using the family planning visit to provide selected preventive health services, such as breast and cervical cancer screening

Related References

[PR](#)

[QFP](#)

Policy 6100 Clinical Practice

All agencies should assure services provided are in accordance with nationally recognized guidelines and recommendations, and state law. Written or online links for recommendations and guidelines must be approved by the agency's medical director and available at each clinical site. (PR).

Related References

[PR 9.6](#), Clinical protocols

Policy 6200 National Clinical Guidelines and Recommendations

[CDC's Reproductive Life Plan Tool For Health Professionals](#)

[US Selected Practice Recommendations for Contraceptive Use, 2016](#)

[source: *MMWR* 2016;65(RR-4):1–72] addresses a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods.

- [Download](#) free SPR application for iPhone/iPad/iPod from the iTunes App Store
- [What to Do If Late, Missed, or Delayed Combined Hormonal Contraception](#)
- [Management of IUD when Pelvic Inflammatory Disease \(PID\) is Found and Management of Women with Bleeding Irregularities](#)

[U.S. Medical Eligibility Criteria for Contraceptive Use, 2016](#) [source: *MMWR* 2016;65(RR-3):1–104] comprises recommendations for the use of specific contraceptive methods by women and men who have certain characteristics or medical conditions.

- [Download](#) the free U.S. MEC application for iPhone/iPad/iPod from the iTunes App Store.
- A [full color summary MEC chart](#) (in English) can be printed double sided, laminated, and used by health care providers when counseling women. A Spanish version is coming soon.
- [Effectiveness of Family Planning Methods – English](#) both 8.5x11 and poster size
- The MEC Wheel, MMWRs, and other provider tools are available to order from [CDC-INFO on demand](#) in limited quantities. Some of the tools available are:
 - The MEC Wheel
 - Effectiveness of Family Planning Methods – Spanish
 - U.S. Medical Eligibility Criteria for Contraceptive Use Laminated Color Coded Summary Chart (Legal Size)
 - U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 *MMWR* Vol. 65, No. 3

[Recommendations to Improve Preconception Health and Health Care—United States April 2006](#)

[source: *MMWR* 2006;55(RR06):1–23] provides recommendations to improve both preconception health and care. The goal of these recommendations is to improve the health of women and couples, before conception of a first or subsequent pregnancy.

[Sexually Transmitted Diseases Treatment Guidelines, 2015](#) [source: *MMWR*. 2015;64(RR3):1–138] are recommendations for treating persons who have or are at risk for sexually transmitted diseases. These updated guidelines discuss 1) alternative treatment regimens for *Neisseria gonorrhoeae*; 2) the use of nucleic acid amplification tests for the diagnosis of trichomoniasis; 3) alternative treatment options for genital warts; 4) the role of *Mycoplasma genitalium* in urethritis/cervicitis and treatment-related implications; 5) updated HPV vaccine recommendations and counseling messages; 6) the management of persons who are transgender; 7) annual testing for hepatitis C in persons with HIV infection; 8) updated recommendations for

diagnostic evaluation of urethritis; and 9) retesting to detect repeat infection. Related resources include:

- [Wall chart](#) and [pocket guide](#)
- [Download](#) the free 2015 STD Treatment (Tx) Guidelines application for iPhone/iPad/iPod from the iTunes App Store. This is an easy-to-use reference that combines information from the STD Treatment Guidelines with MMWR updates. It features a streamlined interface so providers can access treatment and diagnostic information. An Android app is currently being developed.

[Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings](#) [source: *MMWR*. 2006;55(RR14):1–17] are recommendations for human immunodeficiency virus (HIV) testing for all health-care providers.

The [American Society for Colposcopy and Cervical Pathology \(ASCCP\) guidelines](#) for the prevention and early detection of cervical cancer, and management of abnormal screening results. This site includes a link for downloading a ASCCP mobile app for Android, iPhone, and iPad. The app is also available in Spanish.

[American Congress of Obstetricians and Gynecologists \(ACOG\) Committee Opinions](#) include:

- [Well-Woman Recommendations](#)
- [Human Papillomavirus Vaccination](#)
- [Depot Medroxyprogesterone Acetate and Bone Effects](#)
- [Colorectal Cancer Screening Strategies](#)
- [Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices](#)

[US Preventive Services Task Force Recommendations](#) include:

- [Cervical Cancer: Screening](#)
- [Breast Cancer: Screening](#)
- [Colorectal Cancer: Screening](#)
- [Human Immunodeficiency Virus \(HIV\) Infection: Screening](#)
- [Chlamydia and Gonorrhea: Screening](#)
- [Testicular Cancer: Recommendation Against Screening](#)
- [Folic Acid to Prevent Neural Tube Defects: Preventive Medication](#)
- [Hepatitis B Virus Infection: Screening, 2014](#)
- [Hepatitis C: Screening](#)
- [Sexually Transmitted Infections: Behavioral Counseling](#)
- [Tobacco Use in Adults and Pregnant Women: Counseling and Interventions](#)
- [Tobacco Use in Children and Adolescents: Primary Care Interventions](#)

[*Human Papillomavirus Vaccination: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\)*](#) [source: MMWR, August 29, 2014, Vo1 63, #RR05] summarizes the epidemiology of human papillomavirus (HPV) and associated diseases, describes the licensed HPV vaccines, provides updated data from clinical trials and post licensure safety studies, and compiles recommendations from CDC's Advisory Committee on Immunization Practices (ACIP) for use of HPV vaccines.

[*Use of 9-Valent Human Papillomavirus \(HPV\) Vaccine: Updated HPV Vaccination Recommendations of the Advisory Committee on Immunization Practices*](#) [source: MMWR. 2015;64(11);300-304].

Background

Under RCW 70.02.080, a health care provider must permit a patient to examine or copy the patient's recorded health care information. No statute or regulation addresses how long a health care provider must retain a patient'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 patient's request either to examine or copy the record or to correct or amend the record.

Length of retention

The Family Planning program 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 patient's death;
- 10 years from the date of a patient's last visit, prescription refill, telephone contact, test or other patient contact;
- 21 years from the date of a minor patient's birth;
- Indefinitely, if the patient is incompetent, if the physician is aware of any problems with a patient's care, or has any reason to believe the patient 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

Policy 6400 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

Policy 6410 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 246-101-635](#), Special conditions—AIDS and HIV

[Chapter 70.24 RCW](#), Control and Treatment of Sexually Transmitted Diseases

Policy 6500 Sterilization Consent

The counseling and consent process must confirm that the client's decision to be sterilized is completely voluntary and made with a full understanding of the permanence, risks, and benefits associated with sterilization procedures. Agencies must comply with federal informed consent requirements when a procedure is performed, or arranged by, a local agency. (PR 8.1)

Before the client receives a federally subsidized sterilization, he or she must sign a copy of a [Consent for Sterilization: Form HHS-687](#). Sterilization consent goes into effect 30 days following the date this consent form is signed and remains valid for 180 days. (42 CFR 50.204)

If the client is covered by Washington State Health Care Authority (HCA) Medicaid or Take Charge/Family Planning Only (has a Medical ID card for payment), they must sign the [Consent for Sterilization: Form HHS-687](#). Read the Medicaid Provider Guide Supplement: [Sterilization Supplement Provider Guide April 1, 2016](#) for specific information on providers, procedures, and billing.

Related References

[PR 8.1](#), Voluntary participation

[7 RCW 70.050](#), Failure to secure informed consent, necessary elements of proof, emergency situations

[7 RCW 70.060](#), Consent form, contents, prima facie evidence, shared decision making, patient decision aid, failure to use

[7 RCW 70.065](#), Informed consent, persons authorized to provide for patients who are not competent, priority

[WAC 388-531-1550](#), Sterilization – physician-related services

[42 CFR 50](#), Subpart B—Sterilization of persons in federally assisted family planning projects

OPA publications webpage hhs.gov/opa/order-publications

[Medicaid Sterilization Supplemental Provider Guide April 2016](#)

[PHS Sterilization Consent Form with OMB clearance No.0937-0166](#) (English version)

[PHS Sterilization Consent Form with OMB clearance No.0937-0166](#) (Spanish version)

[Policy 3100](#)

[Policy 3210](#)

[Policy 3270](#)

[Policy 4620](#)

[Policy 4630](#)

Policy 6600 Informed Consent and Contraceptive Counseling

Written informed consent must be obtained prior to services. The consent form must be language appropriate (written in a language understood by the client or translated and witnessed by an interpreter). Contractor must ensure there is a process in place for ensuring and documenting client understanding of:

1. Contraception benefits and risks
2. Effectiveness (including correct use)
3. Potential side effects
4. Complications
5. Discontinuation issues
6. Danger signs of method chosen

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 patient, 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

[WAC 246-883](#), Pharmaceutical sales requiring prescriptions

[WAC 236-885](#), Pharmacy identification, imprints, marking, labeling of legend drugs

[WAC 246-869-210](#), Prescription Labeling

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 and Health Administration/Washington Industrial Safety and Health Act

Agencies must meet OSHA/WISHA requirements. You 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)

Chemical Hazard Communication

You 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.

(WAC 296-800-170)

Related References

[PR 13.2](#), Emergency management

[29 CFR 1910.1030](#), Occupational safety and health standards

[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

Appendix A Conditions Notifiable by Health Care Providers

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Acquired Immunodeficiency Syndrome (AIDS)	Within 3 business days	√	
Animal Bites (when human exposure to rabies is suspected)	Immediately	√	
Anthrax	Immediately	√	
Arboviral Disease (acute disease only including, but not limited to, West Nile virus, eastern and western equine encephalitis, dengue, St. Louis encephalitis, La Crosse encephalitis, Japanese encephalitis, and Powassan)	Within 3 business days	√	
Asthma, occupational	Monthly		√
Birth Defects—Autism Spectrum Disorders	Monthly		√
Birth Defects—Cerebral Palsy	Monthly		√
Birth Defects—Alcohol Related Birth Defects	Monthly		√
Botulism (foodborne, infant, and wound)	Immediately	√	
Brucellosis (<i>Brucella</i> species)	Within 24 hours	√	
Burkholderia mallei (Glanders) and pseudomallei (Meliodiosis)	Immediately	√	
Campylobacteriosis	Within 3 business days	√	
Chancroid	Within 3 business days	√	
Chlamydia trachomatis infection	Within 3 business days	√	
Cholera	Immediately	√	
Cryptosporidiosis	Within 3 business days	√	
Cyclosporiasis	Within 3 business days	√	
Diphtheria	Immediately	√	
Disease of suspected bioterrorism origin	Immediately	√	
Domoic acid poisoning	Immediately	√	
<i>E. coli</i> —Refer to "Shiga toxin-producing <i>E. coli</i> "	Immediately	√	
Emerging condition with outbreak potential	Immediately	√	
Giardiasis	Within 3 business days	√	
Gonorrhea	Within 3 business days	√	
Granuloma inguinale	Within 3 business days	√	
<i>Haemophilus influenzae</i> (invasive disease, children under age 5)	Immediately	√	
Hantavirus pulmonary syndrome	Within 24 hours	√	
Hepatitis A (acute infection)	Within 24 hours	√	
Hepatitis B (acute infection)	Within 24 hours	√	
Hepatitis B surface antigen + pregnant women	Within 3 business days	√	

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Hepatitis B (chronic infection)—Initial diagnosis, and previously unreported prevalent cases	Monthly	√	
Hepatitis C (acute infection)	Within 3 business days	√	
Hepatitis C (chronic infection)	Monthly	√	
Hepatitis D (acute and chronic infection)	Within 3 business days	√	
Hepatitis E (acute infection)	Within 24 hours	√	
Herpes simplex, neonatal and genital (initial infection only)	Within 3 business days	√	
Human immunodeficiency virus (HIV) infection	Within 3 business days	√	
Influenza, novel or unsubtypeable strain	Immediately	√	
Influenza-associated death (lab confirmed)	Within 3 business days	√	
Legionellosis	Within 24 hours	√	
Leptospirosis	Within 24 hours	√	
Listeriosis	Within 24 hours	√	
Lyme Disease	Within 3 business days	√	
Lymphogranuloma venereum	Within 3 business days	√	
Malaria	Within 3 business days	√	
Measles (rubeola)—Acute disease only	Immediately	√	
Meningococcal disease (invasive)	Immediately	√	
Monkeypox	Immediately	√	
Mumps (acute disease only)	Within 24 hours	√	
Outbreaks of suspected foodborne origin	Immediately	√	
Outbreaks of suspected waterborne origin	Immediately	√	
Paralytic shellfish poisoning	Immediately	√	
Pertussis	Within 24 hours	√	
Pesticide poisoning (hospitalized, fatal, or cluster)	Immediately		√
Pesticide poisoning (all other)	Within 3 business days		√
Plague	Immediately	√	
Poliomyelitis	Immediately	√	
Prion disease	Within 3 business days	√	
Psittacosis	Within 24 hours	√	
Q Fever	Within 24 hours	√	
Rabies (Confirmed Human or Animal)	Immediately	√	
Rabies, suspected human exposure (suspected human rabies exposures due to a bite from or other exposure to an animal that is suspected of being infected with rabies)	Immediately	√	
Relapsing fever (borreliosis)	Within 24 hours	√	

Notifiable Condition	Time Frame for Notification	Notifiable to Local Health Department	Notifiable to State Department of Health
Rubella (including congenital rubella syndrome) (acute disease only)	Immediately	√	
Salmonellosis	Within 24 hours	√	
SARS	Immediately	√	
Serious adverse reactions to immunizations	Within 3 business days	√	
Shiga toxin-producing <i>E. coli</i> infections (enterohemorrhagic <i>E. coli</i> including, but not limited to, <i>E. coli</i> O157:H7)	Immediately	√	
Shigellosis	Within 24 hours	√	
Smallpox	Immediately	√	
Syphilis	Within 3 business days	√	
Tetanus	Within 3 business days	√	
Trichinosis	Within 3 business days	√	
Tuberculosis	Immediately	√	
Tularemia	Immediately	√	
Vaccinia transmission	Immediately	√	
Vancomycin-resistant <i>Staphylococcus aureus</i> (not to include vancomycin-intermediate)	Within 24 hours	√	
Varicella-associated death	Within 3 business days	√	
Vibriosis	Within 24 hours	√	
Viral hemorrhagic fever	Immediately	√	
Yellow fever	Immediately	√	
Yersiniosis	Within 24 hours	√	
Other rare diseases of public health significance	Within 24 hours	√	
Unexplained critical illness or death	Within 24 hours	√	

(√) Indicates which agency should receive case and suspected case reports.