

# **Reproductive Health Family Planning (RHFP) Program**

## **Subrecipient Policy and Procedure Manual Template**

P-03173 (08/2023)

Next Review Due: 01/2024

Division of Public Health  
Bureau of Community Health Promotion  
Family Health Section  
Reproductive Health Family Planning Unit



**WISCONSIN DEPARTMENT  
of HEALTH SERVICES**

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## Introduction

Reasonable efforts will be made to complete the annual review of the policies in this manual. This process may be adjusted due to unforeseen regulation changes, reviews, project director and staff update requests, and delays related to other priority deadlines. This manual is a template and is intended for subrecipients to modify as needed. Tips to assist with individualizing this manual are provided below.

1. The "Dates" and "Approved By" fields should be updated with subrecipient specific information.
2. These expectations came directly from the [Title X Handbook](#).
3. Red text indicates where subrecipients should insert agency name.
4. Pink text indicates where subrecipients should insert agency specific processes.

Policy Title	1.1 Voluntary and Non-Coercive Services		
Effective Date	1	Last Review Date	
Approved Date	1	Next Review Date	
Approved By			

**Project Administration 1.1:** Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. (42 CFR § 59.5(a)(2))

**Project Administration 1.2:** Ensure that acceptance of services is solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient. (Sections 1001 and 1007, PHS Act; 42 CFR § 59.5(a)(2))

**Project Administration 1.3:** Ensure that staff are informed that any officer or employee of the United States, officer or employee of any State, political subdivision of a State, or any other entity which administers or supervises the administration of any program receiving federal financial assistance, or person who receives, under any program receiving federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both. (42 U.S.C. § 300a-8, as set out in 42 CFR § 59.5(a)(2) footnote 1)

**Policy:** [insert agency name here] here named "subrecipient" will provide services on a voluntary basis and clients may not be coerced to use any particular method of contraception or services. Subrecipient will have general consent forms or other documentation at service sites (and/or maintained in electronic health record) will inform clients that:

- Services are to be provided on a voluntary basis.
  - o Annual review and update of policies and procedures will be documented within each policy and procedure.
  - o Annual review and update of this manual will be documented on the cover page of this manual.
- This policy and procedure manual is stored: [insert subrecipient specific location]

### Disclaimers:

- This document contains language aligning with federal statutes, and [Title X regulations and reporting requirements](#), and does not reflect or represent the grantee's recognition of gender-neutral and gender-fluid clients.
- This document provides links as a convenience to users and may require additional searches by the user to extract specific information. The Wisconsin Department of



Health Services Reproductive Health Family Planning (WI DHS RHFP) Program does not exercise any editorial control over the external hyperlinks. These links will be reviewed and revised as needed according to the document review schedule.

## Purpose

The purpose of this policy and procedure manual is to:

- Provide an inclusive list of RHFP program expectations as specified by [federal guidance](#).
- Provide written policies and procedures to comply with program expectations.

## Roles and Responsibilities

To maintain compliance with program expectations, subrecipients will:

- Upon hire, train RHFP program staff on this manual.
- Annually review this manual with RHFP program staff.
- Annually review, and update as necessary, RHFP program policies and procedures.
- Document training, annual review, and notification of program expectations.

Examples of documentation may include:

- o New staff training on this manual will be documented in the WI RHFP program onboarding checklist.
  - o Annual staff review of this manual will be documented in the RHFP team meeting minutes.
  - o Annual review and update of policies and procedures will be documented within each policy and procedure.
  - o Annual review and update of this manual will be documented on the cover page of this manual.
- This policy and procedure manual is located: [\[insert subrecipient specific location\]](#)

## Program Expectations

In this manual, the program expectations will be broken down by category, including a list of governing authorities followed by applicable policies and procedures. Program expectations categories consist of:

- 1.0 Project administration
- 2.0 Provision of high-quality family planning services
- 3.0 Adolescent services
- 4.0 Referral to social and medical services
- 5.0 Financial accountability
- 6.0 Subrecipient monitoring and engagement

7.0 Community education, participation, and engagement

8.0 Information and education

9.0 Staff training

10.0 Quality improvement and quality assurance

11.0 Prohibition of abortion

12.0 Additional administrative requirements

### Program expectation crosswalks

Program expectations can cut across categories; below are two tables for crosswalk of program expectation numbers to policy numbers and policy numbers to program expectation numbers.

<b>PE Number</b>	<b>Policy Number</b>	<b>PE Number</b>	<b>Policy Number</b>	<b>PE Number</b>	<b>Policy Number</b>	<b>PE Number</b>	<b>Policy Number</b>
<b>1.1</b>	1.1	<b>2.10</b>	2.10	<b>5.11</b>	5.11	<b>9.4</b>	9.1
<b>1.2</b>	1.1	<b>2.11</b>	9.1	<b>5.12</b>	5.11	<b>10.1</b>	10.1
<b>1.3</b>	1.1	<b>3.1</b>	2.3	<b>5.13</b>	5.7	<b>10.2</b>	10.1
<b>1.4</b>	1.4	<b>3.2</b>	2.3	<b>6.1</b>	6.1	<b>10.3</b>	10.3
<b>1.5</b>	5.1	<b>3.3</b>	1.9	<b>6.2</b>	6.1	<b>11.1</b>	11.1
<b>1.6</b>	1.4	<b>3.4</b>	3.4	<b>6.3</b>	6.1	<b>11.2</b>	11.1
<b>1.7</b>	2.10	<b>3.5</b>	3.4	<b>6.4</b>	6.1	<b>11.3</b>	11.1
<b>1.8</b>	7.1	<b>3.6</b>	3.6	<b>6.5</b>	6.1	<b>11.4</b>	11.1
<b>1.9</b>	1.9	<b>4.1</b>	4.1	<b>6.6</b>	6.1	<b>11.5</b>	11.1
<b>1.10</b>	7.1	<b>4.2</b>	4.1	<b>6.7</b>	6.7	<b>11.6</b>	11.1
<b>1.11</b>	7.1	<b>4.3</b>	4.3	<b>6.8</b>	6.1	<b>12.1</b>	12.1
<b>1.12</b>	1.12	<b>4.4</b>	4.3	<b>6.9</b>	6.1	<b>12.2</b>	12.1
<b>1.13</b>	1.13	<b>5.1</b>	5.1	<b>6.10</b>	6.10	<b>12.3</b>	12.1
<b>1.14</b>	1.12	<b>5.2</b>	5.1	<b>6.11</b>	6.11	<b>12.4</b>	12.1
<b>2.1</b>	2.1	<b>5.3</b>	5.1	<b>7.1</b>	7.1	<b>12.5</b>	12.1
<b>2.2</b>	2.1	<b>5.4</b>	5.6	<b>7.2</b>	7.1	<b>12.6</b>	12.1
<b>2.3</b>	2.3	<b>5.5</b>	5.5	<b>8.1</b>	8.1	<b>12.7</b>	12.7
<b>2.4</b>	2.3	<b>5.6</b>	5.6	<b>8.2</b>	8.1	<b>12.8</b>	12.1
<b>2.5</b>	2.3	<b>5.7</b>	5.7	<b>8.3</b>	8.1	<b>12.9</b>	12.1
<b>2.6</b>	2.6	<b>5.8</b>	4.1	<b>8.4</b>	8.1	<b>12.10</b>	1.4
<b>2.7</b>	7.1	<b>5.9</b>	5.7	<b>9.1</b>	9.1	<b>12.11</b>	12.11
<b>2.8</b>	7.1	<b>5.10</b>	5.7	<b>9.2</b>	9.1	<b>12.13</b>	12.11
<b>2.9</b>	2.9	<b>5.11</b>	5.11	<b>9.3</b>	9.1	<b>12.14</b>	12.11
<b>Policy Number</b>	<b>Includes Expectations</b>		<b>Policy Number</b>	<b>Includes Expectations</b>			
<b>1.1</b>	1.1, 1.2, 1.3		<b>5.5</b>	5.5			
<b>1.4</b>	1.4, 1.6, 12.10		<b>5.6</b>	5.6, 5.4			
<b>1.9</b>	1.9, 3.3		<b>5.7</b>	5.7, 5.9, 5.10, 5.13			
<b>1.12</b>	1.12, 1.14		<b>5.11</b>	5.11, 5.12			

<b>1.13</b>	1.13	<b>6.1</b>	6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.8, 6.9
<b>2.1</b>	2.1, 2.2	<b>6.7</b>	6.7
<b>2.3</b>	2.3, 2.4, 2.5, 3.1, 3.2	<b>6.10</b>	6.10, 6.11
<b>2.6</b>	2.6	<b>7.1</b>	7.1, 7.2, 1.10, 1.11, 2.7, 2.8
<b>2.9</b>	2.9	<b>8.1</b>	8.1, 8.2, 8.3, 8.4
<b>2.10</b>	2.10, 1.7	<b>9.1</b>	9.1, 9.2, 9.3, 9.4, 2.11
<b>3.4</b>	3.4, 3.5	<b>10.1</b>	10.1, 10.2
<b>3.6</b>	3.6	<b>10.3</b>	10.3
<b>4.1</b>	4.1, 4.2, 5.8	<b>11.1</b>	11.1, 11.2, 11.3, 11.4, 11.5, 11.6
<b>4.3</b>	4.3, 4.4	<b>12.1</b>	12.1, 12.2, 12.3, 12.4, 12.5, 12.6, 12.8, 12.9, 12.11, 12.12, 12.13, 12.14
<b>5.1</b>	5.1, 1.5, 5.2, 5.3	<b>12.7</b>	12.7



## 1.0 Project Administration

Project administration expectations are governed by the following authorities:

- [Ecf: 45 CFR 164.520 – Notice of privacy practices for protected health information.](#)
- [Ecf: 42 CFR Part 59 Subpart A – Project Grants for Family Planning Services](#)
- Health Insurance Portability and Accountability Act (HIPAA) | [HIPAA Home | HHS.gov](#)
- HHS Grants Policy Statement 2007 | [Grants Policies & Regulations | HHS.gov](#)
- PA-FPH-22-001 NOFO; Notice of Award Special Terms and Requirements | [grantsolutions](#)
- Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) | [Quality Family Planning | HHS Office of Population Affairs](#)

### Project administration expectation resources

- [Clinic Locator | HHS Office of Population Affairs](#)
- [340B Drug Pricing Program | HRSA](#)
- [ONC Health IT \(HIT\) Certification Program](#)
- [Provider Obligations | HHS.gov](#)
- [HHS Nondiscrimination Notice | HHS.gov](#)
- [Religious Freedom | HHS.gov](#)
- [Conscience Protections for Health Care Providers | HHS.gov](#)
- [Sex-Based Harassment | HHS.gov](#)
- [Disability | HHS.gov](#)
- [Welcome to LEP.gov](#)
- [Fact Sheet on the Revised HHS LEP Guidance | HHS.gov](#)

### WI DHS RHFP program resource documents

- General consent form template
- Statement of understanding
- Release of information



Policy Title	1.1 Voluntary and Non-Coercive Services		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<p><b>Project Administration 1.1:</b> Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. (42 CFR § 59.5(a)(2))</p> <p><b>Project Administration 1.2:</b> Ensure that acceptance of services is solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the recipient. (Sections 1001 and 1007, PHS Act; 42 CFR § 59.5(a)(2))</p> <p><b>Project Administration 1.3:</b> Ensure that staff are informed that any officer or employee of the United States, officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving federal financial assistance, or person who receives, under any program receiving federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both. (42 U.S.C. § 300a-8, as set out in 42 CFR § 59.5(a)(2) footnote 1)</p>			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will provide services on a voluntary basis and clients may not be coerced to use any particular method of contraception or services. Subrecipient will have general consent forms or other documentation at service sites (and/or maintained in electronic health record) will inform clients that:

- Services are to be provided on a voluntary basis.
- Receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.
- Staff personnel may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.

**Procedure:**

- Subrecipient staff providing services will sign the WI RHFP Statement of Understanding annually.
- Prior to providing services, subrecipient staff will instruct each client on:
  - Family planning services are provided solely on a voluntary basis.
  - Acceptance of family planning services are not a prerequisite to eligibility for any other services.

- Staff personnel may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
- Subrecipient will request each client to sign a general consent form acknowledging they were instructed on and understand the above information.



Policy Title	1.4 Non-Discriminatory Services		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<p><b>Project Administration 1.4:</b> Provide services in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status. (42 CFR § 59.5(a)(4))</p> <p><b>Project Administration 1.6:</b> Provide services without the imposition of any durational residence requirement or a requirement that the client be referred by a physician. (42 CFR § 59.5(b)(5))</p> <p><b>Additional Expectations 12.10:</b> Advancing Racial Equity and Support for Underserved Communities Through the Federal Government: Administer projects in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS.</p>			

**Policy:** [insert agency name here] hereinafter named "subrecipient" will:

- Provide services without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status.
- Provide services without the imposition of any durational residence requirement or a requirement that the client be referred by a physician.

**Procedure:**

- Subrecipient staff will be informed of this policy annually.
- Prior to providing services, subrecipient staff will instruct each client that they are eligible to receive services without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status.
- Subrecipient will request each client will sign a general consent form acknowledging they were instructed on and understand the above information.
- Subrecipient will provide services without the imposition of any durational residence requirement or a requirement that the client be referred by a physician.

Policy Title	1.9 Confidentiality		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<p><b>Project Administration 1.9:</b> Ensure that all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual’s documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipients must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. (42 CFR § 59.10(a))</p> <p><b>Adolescent Services 3.3:</b> To the extent practical, Title X projects shall encourage family participation. However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services. (Section 1001, PHS Act; 42 CFR § 59.10(b))</p> <p><b>Notice of Privacy Practices:</b> An individual has a right to adequate notice of the uses and disclosures of protected health information that may be made by the covered entity, and of the individual's rights and the covered entity's legal duties with respect to protected health information. (45 CFR § 164.520)</p>			

**Policy:** [insert agency name here] hereinafter named "subrecipient" will maintain administrative, technical, and physical safeguards to ensure adequate privacy, security, and appropriate access to personal health information.

**Procedure:**

Subrecipient Site Provisions

- Subrecipient staff must be oriented about the importance of confidentiality.
- Subrecipients will not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received family planning services.
- Subrecipient will assure client confidentiality and provide appropriate administrative, technical, and physical safeguards to protect the privacy of protected health information. Subrecipient safeguards include:
  - Administrative:
    - Staff shall not discuss any client outside the clinic or with anyone other than appropriate staff members within the clinic.
    - All information obtained about a client shall be considered privileged communication.

- Protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function.
- Technical:
  - Staff shall limit access to passwords or pass codes.
  - Subrecipient will utilize an EHR that was tested and certified under the [ONC Health IT \(HIT\) Certification Program](#).
- Physical:
  - Staff shall secure medical records with lock and key.
  - Staff shall shred documents containing protected health information before discarding them.
- Subrecipient must only disclose information in summary, statistical or other form which does not identify individuals.
- Subrecipient will make medical records readily accessible and available upon request by the client. Medical records must be released upon receipt of a release of records request signed by the client. When information is requested, clinics should only release the specific information requested.
- Subrecipient must immediately report to WI RHFP Program any unauthorized disclosures of PHI. The elements of a breach that need to be reported are as follows:
  - Date of the breach and the date of the discovery of the breach.
  - A description of the types of unsecured PHI involved in the breach such as, full name, Social Security Number, Date of Birth, home address, account number, diagnosis, etc.
  - Brief description of what the clinic is doing to investigate the breach, to mitigate harm to the individual, and to protect against further breaches.
  - Any steps the individual needs to take to protect themselves from potential harm resulting from the breach (e.g., contacting credit card companies).

#### Client Provisions

- Prior to providing services, subrecipient staff will instruct each client on and offer a copy of the Notice of Privacy Practice.
- Subrecipient will request each client will sign a general consent form acknowledging they were instructed on and understand the above information.

<b>Policy Title</b>	<b>1.12 Title X Clinic Locator &amp; Duplication of Services</b>		
<b>Effective Date</b>		<b>Last Review Date</b>	
<b>Approved Date</b>		<b>Next Review Date</b>	
<b>Approved By</b>			
<p><b>Project Administration 1.12:</b> Provide notice to OPA in the Title X Clinic Locator Database any deletions, additions, or changes to the name, location, street address and email, services provided on-site, and contact information for Title X recipients and service sites. Changes must be entered into the database within 30 days from the official OPA/GAM prior approval for changes in project scope, including clinic closures. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)</p> <p><b>Project Administration 1.14:</b> In furtherance of maximizing access and best serving individuals in need in the service areas, recipients should make reasonable efforts to avoid duplication of effort in the provision of services across the Title X network. For example, Title X recipients' coverage areas may overlap geographically, but duplication of subrecipient sites could be minimized or avoided to create more opportunities for services. (FY 22 Notice of Award Special, Terms and Requirements)</p>			

**Policy:** [insert agency name here] hereinafter named "subrecipient" will report any deletions, additions, or changes to the name, location, street address, and email and contact information for service site(s).

**Procedure:**

- Subrecipient will, in a timely manner (within 30 days), inform the WI RHFP Program of any deletions, additions, or changes to the name, location, street address, and email and contact information for service site(s).

Policy Title	1.13 340B Program		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Project Administration 1.13:</b> Enroll in the 340B Program and comply with all 340B Program requirements, including annual recertification and avoiding diversion or duplicate discounts. (FY 22 Notice of Award Special Terms and Requirements)			

**Policy:**

- **[insert agency name here]** hereinafter named “subrecipient” will comply with all requirements and restrictions of Section 340B of the Public Health Service Act including, but not limited to, the prohibition against duplicate discounts/rebates under Medicaid, and the prohibition against transferring drugs purchased under 340B to anyone other than a patient of the entity. (Reference: [Public Law 102-585, Section 602](#), [340B Guidelines](#), [340B Policy Releases](#).)
- Subrecipient will use any savings generated from 340B in accordance with 340B Program intent.
- Subrecipient will have systems and mechanisms and internal controls in place to reasonably ensure ongoing compliance with all 340B requirements.
- Subrecipient will maintain auditable records demonstrating compliance with the 340B Program.
  - These reports are reviewed by Subrecipient every **[insert entity-specific frequency interval here]** as part of its 340B oversight and compliance program.

**Procedures:**

- Subrecipient will follow policies and procedures listed in 1.13A through 1.13K.

**Policy 1.13A: Covered Entity Eligibility:** Subrecipient must meet the requirements of 42 USC §256b(a)(4)(C) to be eligible for the purchase of drugs through the 340B Program.

**Procedure:** The basis for 340B eligibility is determined by the receipt of federal grant dollars (Title X) awarded by the Office of Population Affairs.

- Subrecipient has identified locations where it dispenses or prescribes 340B drugs (i.e., within the four walls of the covered entity or entity-owned outpatient pharmacy).
  - Covered entities should maintain auditable records, policies, and procedures related to the definition of covered outpatient drug that is consistent with the 340B statute and Social Security Act.
  - Define covered outpatient drugs based on [section 1927\(k\) of the Social Security Act](#).

- Subrecipient ensures that 340B OPAIS is complete, accurate, and correct for all 340B eligible locations and contract pharmacy(ies). Refer to Policy and Procedure "[340B Program Enrollment, Recertification, and Change Request](#)." All off-site locations that use 340B drugs are registered on subrecipient's 340B OPAIS record.
  - All main addresses, billing and shipping addresses, the authorizing official, and the primary contact information are correct and up to date.
  - Subrecipient regularly reviews its 340B OPAIS records.
  - Subrecipient informs HRSA immediately of any changes to its Medicaid information by updating the 340B OPAIS Medicaid Exclusion File within 30 days. The data included in the Medicaid Exclusion File is provided by covered entities for drugs billed under Medicaid fee-for-service and does not apply to Medicaid managed care organizations.
- Subrecipient annually recertifies subrecipient's information on 340B OPAIS. Refer to Policy and Procedure "[340B Program Enrollment, Recertification, and Change Request](#)."

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**Policy 1.13B: 340B Program Enrollment, Recertification, and Change Requests:**

Subrecipient must maintain the accuracy of 340B OPAIS and be actively registered to participate in the 340B Program.

**Procedures:**Enrollment

- Subrecipient is eligible to participate in the 340B Program Refer to Policy and Procedure "[Covered Entity Eligibility](#)."
- Subrecipient identifies upcoming registration dates and deadlines.
- Subrecipient identifies subrecipient's authorizing official and primary contact.
- Subrecipient has available the required documents/contracts.
  - Include federal grant number (for example, "FHPA-----" for FP).
- Subrecipient completes registration on [340B OPAIS](#).

Recertification

- Subrecipient annually recertifies subrecipient's information on [340B OPAIS](#).
- [Entity's authorizing official] completes the annual recertification by following the directions in the recertification email sent from HRSA to [Entity's authorizing official] prior to the stated deadline.
  - Subrecipient submits specific recertification questions to [340b.recertification@hrsa.gov](mailto:340b.recertification@hrsa.gov).

Enrollment Procedure: New Contract Pharmacy(ies)



- Subrecipient has a signed contract pharmacy services [agreement](#) between the entity and contract pharmacy prior to registration on 340B OPAIS.
  - Subrecipient's legal counsel has reviewed the contract and verified that all federal, state, and local requirements have been met.
- Subrecipient has contract pharmacy oversight and monitoring policy and procedure developed, approved, and implemented. Refer to Policy and Procedure "[Contract Pharmacy Oversight Management](#)."
- Subrecipient's authorizing official or designee completes the online registration during one of four registration windows.
  - Within 15 days from the date of the online registration, the authorizing official certifies online that the contract pharmacy registration request was completed.
- Subrecipient begins using the contract pharmacy services arrangement only on or after the effective date shown on 340B OPAIS.

#### Changes to Subrecipient's Information in 340B OPAIS

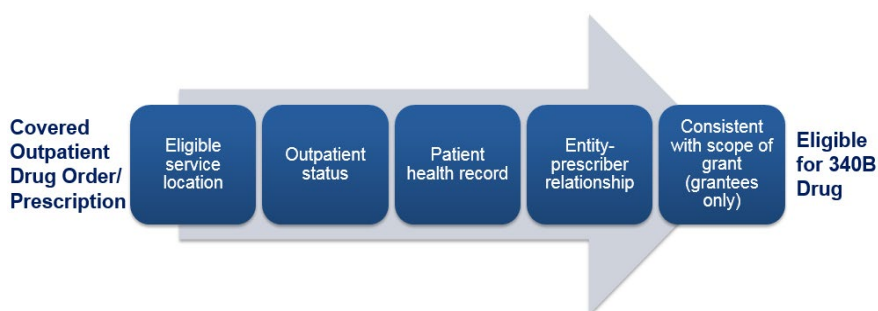
- Subrecipient notifies HRSA immediately of any changes to subrecipient's grant status or other such changes within the subrecipient.
  - Subrecipient will stop the purchase of 340B drugs as soon as Subrecipient loses 340B Program eligibility (for example, through a grant status change)
  - Subrecipient's authorizing official will complete the online change request as soon as a change in eligibility is identified.
    - Subrecipient will expect changes to be reflected within two weeks of submission of the changes and requests.
- Subrecipient will notify HRSA immediately of any changes to subrecipient's information on 340B OPAIS. Refer to Policy and Procedure "[Covered Entity Eligibility](#)."
- Subrecipient's authorizing official will complete the online change request as soon as a change in eligibility is identified.
  - Subrecipient will expect changes to be reflected within about two to four weeks of submission of the changes and requests.

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**Policy 1.13C: Patient Eligibility and definition:** According to the Final Notice Regarding Section 602 of the Veterans Health Care Act of 1992 Patient and Entity Eligibility, 340B drugs are to be provided only to individuals eligible to receive 340B drugs from covered entities.

**Procedure:**





- Subrecipient validates site/service eligibility.
  - Refer to Policy and Procedure “[Covered Entity Eligibility.](#)”
- Subrecipient determines patient status is outpatient status due to the type of services provided.
- Subrecipient maintains records of individual’s health care.
- Subrecipient determines provider eligibility.
  - Provider is either employed by the covered entity or provides health care under contractual or other arrangements (i.e., referral for consultation) such that responsibility for the care provided remains with the covered entity.
- Subrecipient determines that the individual receives a health care service or range of services from the covered entity consistent with the service or range of services for which grant funding has been provided to the entity.
- Subrecipient determines patient’s Medicaid status. Refer to Policy and Procedure “[Prevention of Duplicate Discounts.](#)”

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**Policy 1.13D: Prevention of Duplicate Discounts:** 42 USC §256b(a)(5)(A)(i) prohibits duplicate discounts; that is, manufacturers are not required to provide a discounted 340B price and a Medicaid drug rebate for the same drug. Covered entities must have mechanisms in place to prevent duplicate discounts.

**Procedure:** Subrecipient has elected to dispense 340B drugs to its Medicaid patients (carve in).

- **Medicaid Carve-In (FFS)** – Subrecipient dispenses or administers 340B purchased drugs to Medicaid patients (carve in). Subrecipient has answered “yes” to the question, “Will the covered entity dispense 340B purchased drugs to Medicaid patients?” on 340B OPAIS.
  - Subrecipient bills Medicaid according to state Medicaid reimbursement requirements.
  - Subrecipient informs HRSA immediately of any changes in its Medicaid Exclusion File information by updating 340B OPAIS before the 15<sup>th</sup> of the month prior to the quarter when the changes take effect (note that this is a different timeframe than quarterly registration).



- Subrecipient regularly reviews its 340B OPAIS Medicaid Exclusion File records.
- Medicaid reimburses Subrecipient for 340B drugs per state policy and does not seek rebates on drug claims submitted by Subrecipient.

**Policy 1.13E: Subrecipient 340B Program Roles and Responsibilities:** Covered entities participating in the 340B Program must ensure program integrity and compliance with 340B Program requirements.

**Procedure:**

- Subrecipient has established a 340B Oversight Committee that is responsible for the oversight of the 340B Program, or other similar oversight process, including that the committee: [\[Insert entity specifics here\]](#).
- Subrecipient's 340B Oversight Committee:
  - Meets on a regular basis [\[Insert entity specifics here\]](#).
  - Reviews 340B rules/regulations/guidelines to ensure consistent policies/procedures/oversight throughout the entity.
  - Identifies activities necessary to conduct comprehensive reviews of 340B compliance.
    - Ensures that the organization meets compliance requirements of program eligibility, patient definition, 340B drug diversion, and duplicate discounts via ongoing multidisciplinary teamwork.
    - Integrates departments such as information technology, legal, pharmacy, compliance, and patient financial services to develop standard processes for contract/data review to ensure program compliance.
  - Oversees the review process of compliance activities, as well as taking corrective actions based on findings.
  - Reviews and approves work group recommendations (process changes, self-monitoring outcomes, and resolutions).

**Policy 1.13F: 340B Program Education and Competency:** Program integrity and compliance are the responsibility of all 340B key stakeholders. Ongoing education and training are needed to ensure that these 340B key stakeholders have the knowledge to guarantee compliant 340B operations.

**Procedure:**

- Subrecipient 340B key stakeholders complete initial basic training upon hire.
  - Watch "[Introduction to the 340B Drug Pricing Program.](#)"
  - Complete OnDemand modules on the [PVP](#) website.
  - Attend [340B University](#).

- Subrecipient provides educational updates and training, as needed (i.e., 340B policy changes, updates in HRSA guidance).
- Subrecipient conducts annual verification of 340B Program competency.
- Training and education records are maintained according to organizational policy and available for review.

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**Policy 1.13G: Inventory Management:** Covered entities must be able to track and account for all 340B drugs to ensure the prevention of diversion.

**Procedure:**

Subrecipient uses the following inventory method:

- Physical inventory (both 340B and non-340B drugs) is maintained at [name(s) of site(s)]
  - Subrecipient identifies all 340B and non-340B accounts used for purchasing drugs in each practice setting.
  - Subrecipient separates 340B inventory from non-340B inventory. [Insert entity-specific process here].
  - Subrecipient performs daily inventory reviews and shelf inspections of periodic automatic replenishment (PAR) levels to determine daily purchase order. [Insert entity-specific process here.]
  - Subrecipient places 340B and non-340B drug orders. [Insert entity-specific process here.]
  - Subrecipient receives shipment. [Insert entity-specific process here].
  - Subrecipient verifies quantity received with quantity ordered. [Insert entity-specific process here]
    - Identifies any inaccuracies
    - Resolves inaccuracies
    - Documents resolution of inaccuracies
  - Subrecipient maintains records of 340B-related transactions for [X period of time] in a readily retrievable and auditable format located [insert entity specifics here].
  - These reports are reviewed by the subrecipient [interval] as part of its 340B oversight and compliance program. [Insert entity specifics here].
  - Wasted 340B Medication
    - Subrecipient pharmacy/clinician staff documents destroyed or wasted drug not administered to the patient.
    - Subrecipient pharmacy/clinician staff communicates wastage to the 340B coordinator.

- Subrecipient pharmacy staff adjusts 340B accumulator and documents adjustment with reason (if applicable).
- Subrecipient replaces medication through appropriate purchasing account.

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**Policy 1.13H: 340B Noncompliance/Material Breach:** Covered entities are responsible for contacting HRSA as soon as reasonably possible if there is any material breach by the covered entity or any instance of noncompliance with any of the 340B Program requirements.

**Procedure:**

- Subrecipient's established threshold of what constitutes a material breach of 340B Program compliance is.
  - Subrecipient ensures that identification of any threshold variations occurs among all its 340B settings, including contract pharmacies (if applicable).
- Subrecipient assesses materiality.
  - Subrecipient maintains records of materiality assessments.
- Subrecipient reports identified material breach immediately to HRSA and applicable manufacturers.
  - Maintain records of material breach violations, including manufacturer resolution correspondence, as determined by organization policy.
  - 340B PVP Education Tool: [Establishing Material Breach Threshold](#)
  - 340B PVP Education Tool: [Self-Disclosure to HRSA and Manufacturer Template](#)

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**Policy 1.13I: 340B Program Compliance Monitoring/Reporting:** Covered entities are required to maintain auditable records demonstrating compliance with 340B Program requirements.

**Procedure:**

- Subrecipient develops an annual internal audit plan approved by the internal compliance officer or as determined by organizational policy.
- Subrecipient reviews 340B OPAIS to ensure the accuracy of the information for all site locations and contract pharmacies (if applicable).
- Subrecipient reviews the Medicaid Exclusion File (MEF) to ensure the accuracy of the information for the site locations and contract pharmacies (if applicable).
- Subrecipient reconciles purchasing records and dispensing records to ensure that covered outpatient drugs purchased through the 340B Program are dispensed or administered only to patients eligible to receive 340B drugs and that any variances are not the result of diversion.

- Subrecipient reconciles dispensing records to patients' health care records to ensure that all medications dispensed were provided to patients eligible to receive 340B drugs. Subrecipient will select [Insert number here] records from a drug utilization file and preform the audit [Insert time period, i.e., monthly, quarterly, annually].
- Subrecipient reconciles dispensing records and Medicaid billing practices to demonstrate that subrecipient's practice is following the Medicaid billing question on 340B OPAIS.
- Subrecipient's 340B Oversight Committee reviews the internal audit results.
  - Assess whether audit results are indicative of a material breach.
- Subrecipient maintains records of 340B-related transactions for a period of [time interval] in a readily retrievable and auditable format located [reference].

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**Policy 1.13J: Contract Pharmacy Oversight and Monitoring:** Covered entities are required to provide oversight of their contract pharmacy arrangements to ensure ongoing compliance. The covered entity has full accountability for compliance with all requirements to ensure eligibility and to prevent diversion and duplicate discounts. Auditable records must be maintained to demonstrate compliance with those requirements.

**Procedure:**

- Subrecipient routinely conducts internal reviews of each registered contract pharmacy for compliance with 340B Program requirements. The following elements will be included when conducting self-audits of contract pharmacy(ies) to ensure program compliance:
  - Prescription is written from a 340B eligible site of care that provides health care services.
  - Patient eligibility: The episode of care that resulted in the 340B prescription is supported in the patient's medical record and the service provided is consistent with the grant funding scope of services provided to the entity.
  - Provider eligibility: The prescribing provider is employed, contracted, or under another arrangement with the entity at the time of writing the prescription so that the entity maintains responsibility for the care.
  - The 11-digit NDC level is documented for accumulation and/or replenishment of a 340B dispensation or administration (if a virtual inventory is used).
  - Subrecipient can document that no prescriptions were billed to Medicaid unless the contract pharmacy is listed as a carve-in contract pharmacy on 340B OPAIS.
- Subrecipient conducts independent audits of each registered contract pharmacy for compliance with the 340B Program requirements.

*Note: It is HRSA's expectation that covered entities will use annual independent audits as part of fulfilling their ongoing obligation of ensuring 340B Program compliance.*

- Independent audits will include reviews of:
    - 340B eligibility
    - 340B registration
    - Documented policies and procedures
    - Inventory, ordering, and record-keeping practices for all 340B accounts
    - Listing in the Medicaid Exclusion File and its reflection in actual practices
    - Testing of claims sample to determine any instance of diversion or duplicate discounts over a set period of time
  - Subrecipient has mechanisms in place to demonstrate compliance with all state Medicaid billing requirements to prevent duplicate discounts at all sites, including off-site outpatient facilities.
  - Subrecipient follows all state practices consistent with state guidance and Subrecipient Medicaid billing numbers/NPI numbers are properly reflected in the Medicaid Exclusion File.
    - The following state Medicaid programs are billed by Subrecipient: [Insert entity specifics here.]
  - Subrecipient's 340B Oversight Committee reviews audit results.
  - Assess if audit results are indicative of a material breach.
  - Subrecipient maintains records of 340B-related transactions for a period of [time interval] in a readily retrievable and auditable format located [reference].
- 

**Policy 1.13K: Prime Vendor Program (PVP) Enrollment and Updates:** The purpose of the Prime Vendor Program (PVP) is to improve access to affordable medications for covered entities and their patients.

**Procedure:**

Enrollment in PVP:

- Subrecipient completes online 340B Program registration with HRSA.
- Subrecipient completes online PVP registration ([www.340bpvp.com](http://www.340bpvp.com)).
- PVP staff validates information and sends confirmation email to subrecipient.
- Subrecipient logs in to [www.340bpvp.com](http://www.340bpvp.com), selects username/password.

Update PVP Profile:

- Subrecipient accesses [www.340bpvp.com](http://www.340bpvp.com).
- Subrecipient clicks Login in the upper right corner.
- Subrecipient inputs PVP log-in credentials.
  - In the upper right corner:

- Click "My Profile" to access page.  
<https://members.340bpvp.com/webMemberProfileInstructions.aspx>.
- Subrecipient clicks "Continue to My Profile" to access page:  
<https://members.340bpvp.com/webMemberProfile.aspx>.
  - Find a list of your facilities.
    - Click on the 340B ID number hyperlink to view or change profile information for that facility.
  - Update HRSA Information:
    - Complete the 340B Change Form as detailed above.
      - After 340B OPAIS has been updated, the PVP database will be updated during the nightly synchronization.
- Subrecipient updates the 340B Prime Vendor Program (PVP) Participation Information:
  - Edit subrecipient's DEA number, distributor and/or contacts.
  - Click submit.



## 2.0 Provision of High-Quality Family Planning Services

Provision of High-Quality Family Planning Services Expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 444](#)
- [eCFR: 42 CFR Part 59 Subpart A -- Project Grants for Family Planning Services](#)
- Health Insurance Portability and Accountability Act (HIPAA) | [HIPAA Home | HHS.gov](#)
- HHS Grants Policy Statement 2007 | [Grants Policies & Regulations | HHS.gov](#)
- PA-FPH-22-001 NOFO; Notice of Award Special Terms and Requirements | [GrantSolutions](#)
- Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) | [Quality Family Planning | HHS Office of Population Affairs](#)

### Provision of High-Quality Family Planning Services Expectation Resources

- [Patient Experience Improvement Toolkit | Reproductive Health National Training Center \(rhntc.org\)](#)
- Cervical and Breast Cancer Screening | [Breast Cancer Overview](#) | [Cervical Cancer Overview Cancer](#)
- Cervical and Breast Cancer Screening | [Cervical Cancer: Screening | United States Preventive Services Taskforce](#) | [Breast Cancer: Screening | United States Preventive Services Taskforce](#)
- Cervical Cancer Screening and Management Results | [Screening - ASCCP | Management - ASCCP](#)
- Taking a Sexual History | [A Guide to Taking a Sexual History \(cdc.gov\)](#)
- US Medical Eligibility Criteria (MEC) | [US MEC for Contraceptive Use | CDC](#)
- US Selected Practice Recommendations (SPR) | [U.S. SPR for Contraceptive Use | MMWR \(cdc.gov\)](#)
- Vaccination Recommendations | [Advisory Committee on Immunization Practices \(ACIP\) | CDC](#)
- [Sample Patient Bill of Rights | Reproductive Health National Training Center \(rhntc.org\)](#)

### WI DHS RHFP program resource documents

- Patients' Bill of Rights
- RN Clinical Protocols
- Providing Quality RHFP Services Guidelines
- Medical Health History Form
- Physical Exam Form



Policy Title	2.1 Range of Family Planning Methods		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<p><b>Provision of High-Quality Family Planning Services Expectation 2.1:</b> Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) services, preconception health services, and adolescent-friendly health services). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of acceptable and effective medically approved family planning methods and services. (Section 1001, PHS Act; 42 CFR § 59.5(a)(1))</p> <p>Service sites are expected to provide most, if not all, of acceptable and effective medically approved family planning methods and services on site and to detail the referral process for family planning methods and services that are unavailable on-site.</p> <p><b>Provision of High-Quality Family Planning Services 2.2:</b> Ensure that service sites that are unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services, must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested. (42 CFR § 59.5(a)(1))</p>			

**Policy:**

- **[insert agency name here]** hereinafter named "subrecipient" will provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, preconception health services, and adolescent-friendly health services).
- If subrecipient is unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services, they must provide a prescription to the client for their method of choice or referrals to another provider, as requested

**Procedure:**

- Subrecipient's advanced practice providers will provide a broad range of acceptable and effective medically approved family planning methods and services within their licensed scope of work and in coordination with their agency's processes and Quality Family Planning Services (QFP) standards.
- Subrecipient's registered nurses will follow their medical director approved RN protocols to provide a broad range of acceptable and effective medically approved family planning methods and services within their licensed scope of work and in coordination with their agency's processes and QFP standards.

- If subrecipient is unable to provide client with their chosen method; subrecipient, with permission from the client, will provide a referral to another provider per [Referral for Services and Follow Up](#).



<b>Policy Title</b>	<b>2.3 Quality Client-Centered Care</b>		
<b>Effective Date</b>		<b>Last Review Date</b>	
<b>Approved Date</b>		<b>Next Review Date</b>	
<b>Approved By</b>			

**Provision of High-Quality Family Planning Services Expectation 2.3:** Provide services in a manner that is client-centered, culturally, and linguistically appropriate, inclusive, and trauma-informed. (42 CFR § 59.5(a)(3))

- Client-centered care is respectful of, and responsive to, individual client preferences, needs, and values; client values guide all clinical decisions. (42 CFR § 59.2)
- Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients. (42 CFR § 59.2)
- Inclusive is when all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. (42 CFR § 59.2)
- Trauma-informed means a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization. (42 CFR § 59.2)

**Provision of High-Quality Family Planning Services Expectation 2.4:** Provide services in a manner that protects the dignity of the individual. (42 CFR § 59.5(a)(3))

**Provision of High-Quality Family Planning Services Expectation 2.5:** Provide services in a manner that ensures equitable and quality service delivery consistent with nationally recognized standards of care. (42 CFR § 59.5(a)(3))

**Adolescent Services Expectation 3.1:** Apply all expectations listed in the section above, "Provision of High-Quality Family Planning Services," when providing services to adolescent clients.

**Adolescent Services Expectation 3.2:** Provide adolescent-friendly health services, which are services that are accessible, acceptable, equitable, appropriate, and effective for adolescents. (42 CFR § 59.2)

**Policy:**

- [insert agency name here] hereinafter named "subrecipient" will protect client's privacy and primary purpose for visiting the service site will be respected.

- Documentation will be posted in the service sites, clearly visible to all clients, that outlines the client's rights and responsibilities (i.e., a client/patient bill of rights).
- Services will be provided in a client-centered, respectful, and with cultural humility.
- Project staff receive training in cultural humility to meet the needs of key populations including LGBTQ+, adolescents, individuals with limited English-proficiency, and persons living with disabilities. .

**Procedure:** Steps in offering client-centered services include:

- Respect the client's primary purpose for visiting the service site.
  - Providers should avoid making assumptions about a client's gender identity or sexual orientation. All requests for services should be treated without regard to these characteristics.
  - The transgender client's gender identity should always be honored, and the pronouns and terminology that the client requests should always be used.
- Noting the importance of confidential services and suggesting ways to provide them.
- Encouraging the availability of a broad range of contraceptive services and suggesting ways to provide them.
- Offer a robust referral linkage with culturally appropriate primary health providers who are in close physical proximity to the service site, in order to promote holistic health and provide seamless care.
- Reinforcing the need to deliver services in a culturally competent manner so as to meet the needs of all clients, including but not limited to adolescents, those with limited English proficiency, persons living with disabilities, racial and ethnic minorities, and lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons.
- The principles for providing quality counseling include:
  - Principle 1: Establish and maintain rapport with the client
  - Principle 2: Assess the Client's Needs and Personalize Discussions Accordingly
  - Principle 3: Work with the client interactively to establish a plan
  - Principle 4: Provide information that can be understood and retained by the client
  - Principle 5: Confirm client understanding
- The transgender client's gender identity should always be honored, and the pronouns and terminology that the client requests should always be used.
- The clinic environment should be welcoming and accessible (i.e., privacy, cleanliness of exam rooms, ease of access to services, fair and equitable charges for services including waiver of fees for "good cause," and language assistance).
  - To assess patient experience, subrecipient will, conduct an annual client satisfaction survey. Subrecipient may utilize RHNTC's [Patient Experience Improvement Toolkit](#).

Policy Title	2.6 Recognized Standards of Care		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Provision of High-Quality Family Planning Services Expectation 2.6</b> Provide quality family planning services that are consistent with the <i>Providing Quality Family Planning Services: Recommendations from Centers for Disease Control and Prevention and the U.S. Office of Population Affairs</i> (QFP) and other relevant nationally recognized standards of care. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will use nationally recognized standards of care for family planning services

**Procedure:**

- Subrecipient will implement nationally recognized standards of care for family planning services in their clinical scopes of practice or RN Clinical protocols.
- Subrecipient may use, but is not limited to, the national standards listed in the below table.

Standards of Care   Link
Cervical and Breast Cancer Screening   <a href="#">Breast Cancer Overview</a>   <a href="#">Cervical Cancer Overview</a>
Cervical and Breast Cancer Screening   <a href="#">Cervical Cancer: Screening   United States Preventive Services Taskforce</a>   <a href="#">Breast Cancer: Screening   United States Preventive Services Taskforce</a>
Cervical Cancer Screening and Management Results   <a href="#">Screening - ASCCP</a>   <a href="#">Management - ASCCP</a>
Taking a Sexual History   <a href="#">A Guide to Taking a Sexual History (cdc.gov)</a>
US Medical Eligibility Criteria (MEC)   <a href="#">US MEC for Contraceptive Use   CDC</a>
US Selected Practice Recommendations (SPR)   <a href="#">U.S. SPR for Contraceptive Use   MMWR (cdc.gov)</a>
Vaccination Recommendations   <a href="#">Advisory Committee on Immunization Practices (ACIP)   CDC</a>

Policy Title	2.9 Pregnancy Options Counseling		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<p><b>Provision of High-Quality Family Planning Services Expectation 2.9:</b> Offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination. If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. (42 CFR § 59.5(a)(5), Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022))</p>			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will provide pregnancy testing and counseling to clients in need or requesting of these services.

**Procedure:**

- Subrecipient’s advanced practice providers will provide pregnancy testing and counseling within their licensed scope of work and in coordination with their agency’s processes and QFP standards.
- Subrecipient’s registered nurses will follow their medical director approved RN protocol “Pregnancy Testing and Counseling” within their licensed scope of work and in coordination with their agency’s processes and QFP standards.

Policy Title	2.10 Clinical Services Provider		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<p><b>Provision of High-Quality Family Planning Services Expectation 2.10:</b> Provide that family planning medical services will be performed under the direction of a clinical services provider (CSP), with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. (42 CFR § 59.5(b)(6) and 42 CFR § 59.2)</p> <p><b>Project Administration Expectation 1.7:</b> Provide that family planning medical services will be performed under the direction of a clinical services provider (CSP). The CSP’s direction must be within their scope of practice and allowable under State law, and with special training or experience in family planning. CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. (42 CFR § 59.5(b)(6) and 42 CFR § 59.2)</p>			

**Policy:** [insert agency name here] hereinafter named "subrecipient" will provide family planning medical services under the direction of clinical services provider.

**Procedure:**

- As needed, subrecipient will have their medical director review and sign RHFP RN Protocols.
- Subrecipient's advanced practice providers will provide family planning medical services within their licensed scope of work and in coordination with their agency's processes and QFP standards.
- Subrecipient's registered nurses will follow their medical director approved RN protocols within their licensed scope of work and in coordination with their agency's processes and QFP standards.



### 3.0 Adolescent Services

Adolescent services expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 466](#)
- [Ecfr: 42 CFR Part 59 Subpart A -- Project Grants for Family Planning Services](#)
- Wisconsin Legislature:
  - [48.02\(1\)\(b\)](#) | [48.981](#) | [253.07](#) | [448](#)

#### **Adolescent services expectation resources**

- [A Minor's Right to Consent to Treatment and Authorize Disclosure of PHI](#)
- [Confidential Services Available to Youth in Wisconsin | Wisconsin Department of Public Instruction](#)
- [Mandatory Child Abuse Reporting State Summaries | Reproductive Health National Training Center \(rhntc.org\)](#)
- [Wisconsin Mandated Reporter Online Training](#)



Policy Title	3.4 Adolescent Counseling		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Adolescent Services Expectation 3.4:</b> Ensure that all applicants for Title X funds certify that they encourage family participation in the decision of minors to seek family planning services. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 466 (2022))			
<b>Adolescent Services Expectation 3.5:</b> Ensure that all applicants for Title X funds certify that they provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 466 (2022))			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will provide services to adolescents confidentially and do not require consent of parents or guardians for the provision of services. In addition, adolescents will receive counseling on family participation in the decision of minors to seek family planning services and how to resist attempts to coerce minors into engaging in sexual activities.

**Procedure:**

- Staff will offer confidential services to adolescents.
  - Adolescents must be assured that all counseling and services are confidential, and any necessary follow-up will assure the privacy of the individual. Acceptable ways to notify the client, when necessary, should be discussed with the adolescent client.
    - Client approved contact methods will be documented in client’s medical record.
  - All adolescent visits should begin with a clear, developmentally appropriate explanation of confidentiality to help build the trust needed to provide good care and facilitate the reporting process. Explain the limits of confidentiality, such as when a client or others are at risk or have been harmed.
- Staff will provide adolescent counseling on family participation, and ways to resist sexual coercion.
- Staff will provide adolescent counseling at the client’s initial visit and annually thereafter, until the client is no longer considered a minor (≥18 years old).
  - If client indicates they do not wish to receive such information and counseling, it will be documented in the client’s medical record.
- All counseling will be documented in the client’s medical record.
  - If a provider has completed full adolescent counseling at initial visit and annually, the providers must document in the medical record follow up on adolescent

counseling, if needed, or provide the reason they are not counseling at that visit (i.e., adolescent counseling provided at previous visit this year).

- Components of counseling include:
  - Family Involvement
    - Encourage adolescents to involve families or trusted adult in their health care, including family planning.
    - Explore who, other than the clinic, is aware of the client's family planning visit.
    - Explore with the client the likelihood of their family noticing changes caused by a chosen method and how the client might respond if approached.
    - As appropriate, discuss availability of workshops or continued counseling opportunities for both the client and family members offered by the clinic.
    - Assure the adolescent of their confidentiality and that it is not required to involve a family member to receive Title X services.
    - Document in the medical record specific actions taken to involve a family member in their reproductive health care or the specific reason involvement was not recommended.
  - Sexual Coercion
    - Explore the power differential between the partners. Ask about how the couple communicates and makes decisions about being sexually active. For example, if sexually active, the provider may ask, "How did you and your partner decide to be sexually active?"
    - Define sexual coercion to an adolescent client as a feeling, situation, or atmosphere where emotional and physical control leads to sexual abuse, rape, or a person feeling that they have no choice but to submit to sexual activity.
    - Define the various types of sexual coercion:
      - Sexual abuse
      - Rape
      - Acquaintance/date rape
      - Relationship or Intimate Partner Violence (IPV)
      - Human trafficking
    - Discuss ways to negotiate with a partner those sexual activities that they will or will not engage in within their relationship.
    - Emphasize that sexual activity should always be a personal, positive choice.
    - As appropriate, discuss availability of workshops or continued counseling opportunities related to healthy relationships offered by the clinic.

- Adolescents must receive appropriate referrals beyond the scope of Title X services.
- Staff should discuss with adolescent clients whether the right to self-consent and confidentiality would apply to referral services. For example, an adolescent that receives confidential services from the Title X clinic may be referred to another provider for primary care services. The client should be informed that parental consent may be needed for those services.



Policy Title	3.6 Mandatory Reporting		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Adolescent Services Expectation 3.6:</b> No Title X services provider shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444, 466–67 (2022))			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will comply with state laws requiring notification or the reporting of child abuse.

**Procedure:**

Mandated Reporters: All licensed medical professionals at subrecipient’s service site are mandated reporters for abuse and neglect of a child per [Wisconsin Legislature: 48.981\(2\)](#)

- Exception to reporting requirement; health care services: Minors have a legal right to confidential access to certain health care services. For purposes of mandated reporting, health care services are defined as family planning services, pregnancy testing, obstetrical health care or screening, and diagnosis and treatment of sexually transmitted disease. It is critical that minors are not discouraged from accessing these services when they need them, but it is also critical that they be protected from assault and exploitation.
  - If you are a doctor, physician assistant or nurse, you are not required to report sexual intercourse or sexual contact experienced by minors who come to you for health care services as defined above.
  - All of the above persons are still required to report if they have reason to suspect:
    - The sexual intercourse or contact was or is likely to be with a caregiver.
    - The child was incapable of understanding the consequences of the sexual intercourse or contact, because of age, immaturity, mental illness, or mental deficiency.
    - The child was unconscious or for any other reason physically incapable of communicating unwillingness.
    - Another participant was or is exploiting the child.
    - Or if the reporter has any reasonable doubt about whether the child’s participation was voluntary.
- Child abuse reporting is an individual duty in the state of Wisconsin and reporting to other staff through an internal process is not sufficient.

Definition of Child Abuse and Neglect: For the most current definitions of these terms, refer to the [Wisconsin Statutes](#) at the Wisconsin State Legislature website.

How to Report: Subrecipient shall immediately [inform](#), by telephone or personally, the county department or, in a county having a population of 750,000 or more, the department or a licensed child welfare agency under contract with the department or the sheriff or city, village, or town police department of the facts and circumstances contributing to a suspicion of child abuse or neglect or of unborn child abuse or to a belief that abuse or neglect will occur. When reporting a child abuse case, report to:

- [Insert site-specific information](#)

Documentation and Recording: Keeping subrecipient requires that [\[insert reporting information required for agency files\]](#) be kept for [\[insert period of time\]](#). Files must be stored in [\[insert location at agency\]](#). Reports [\[insert should also/not\]](#) be included in the client's record. The following information should be documented for agency files:

- Date report was completed and filed
- Date of visit and name of the informant (this will usually be the youth, but could also be a parent, caregiver, or other adult)
- Date of alleged abuse (or date range for ongoing abuse)
- Any injuries (this can be done on a body map)
- Date and time the report was submitted
- Name of the individual who took the report (if applicable)
- [\[Insert additional information required by agency\]](#)

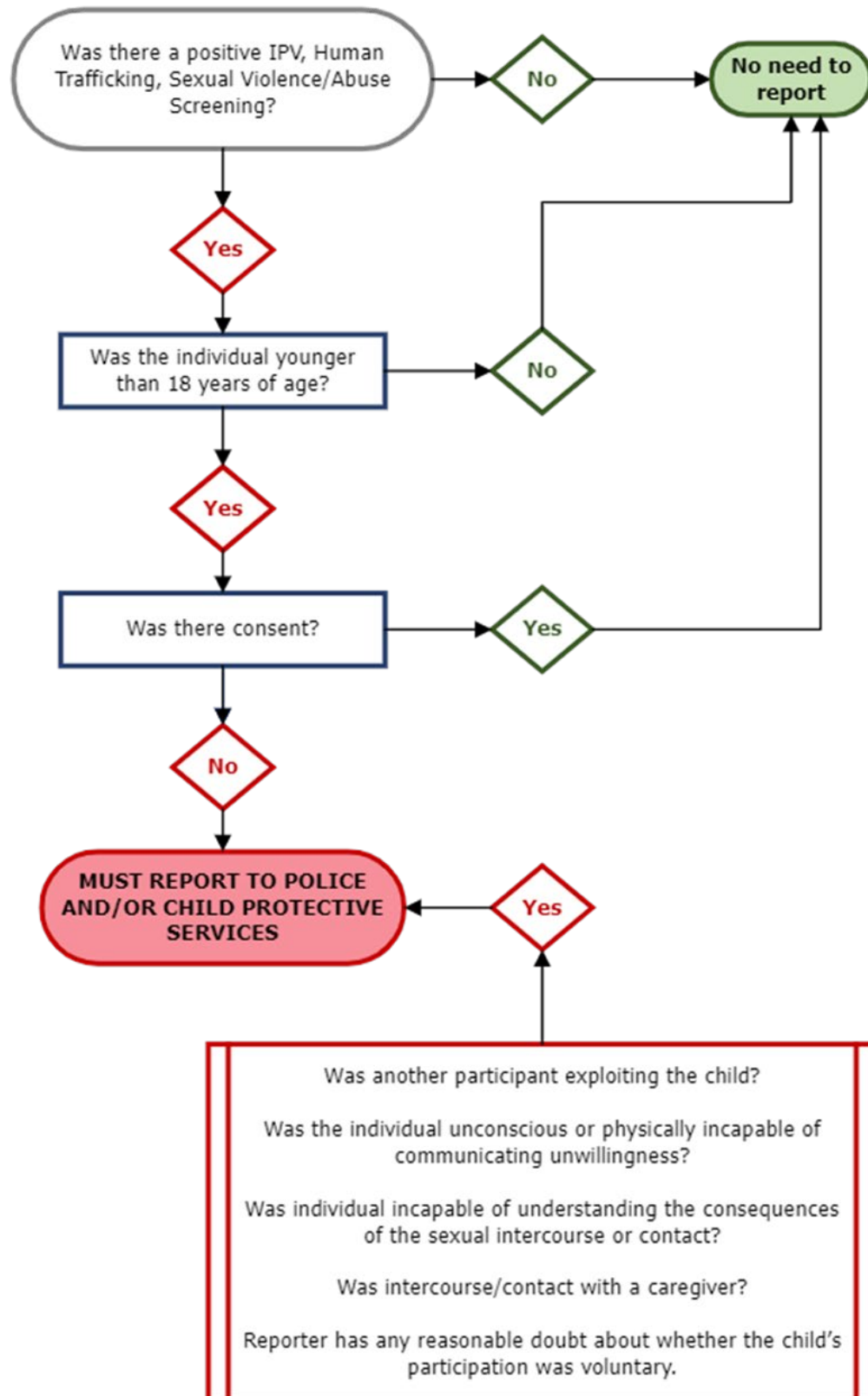
Trauma-Informed Reporting: Subrecipient will make a commitment to utilizing trauma-informed practices. Staff engage in trauma-informed reporting, which means they do the following:

- Provide care and services with sensitivity and awareness of a client's possible past trauma
- Create a physically, psychologically, and emotionally safe space
- Allow clients to feel a sense of power and control over the services they receive
- Avoid processes, procedures etc. that could re-traumatize a client

*[Note: Mandated child abuse reporting laws require the release of personal information when reporting is indicated. Thus, staff do not violate confidentiality laws when making a mandated report. Reporters may only release relevant and required information to the indicated reporting agency; the client's confidentiality must still be maintained when it comes to parents or other individuals. The release of all other information requires client authorization.]*

## Mandatory Reporting Algorithm

Adopted from: Healthfirst Network Inc. and WFPRHA



## 4.0 Referral for Social and Medical Services

Referral for social and medical services expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 444](#)
- [eCFR: 42 CFR Part 59 Subpart A -- Project Grants for Family Planning Services](#)
- Health Insurance Portability and Accountability Act (HIPAA) | [HIPAA Home | HHS.gov](#)
- HHS Grants Policy Statement 2007 | [Grants Policies & Regulations | HHS.gov](#)
- PA-FPH-22-001 NOFO; Notice of Award Special Terms and Requirements | [GrantSolutions](#)
- Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) | [Quality Family Planning | HHS Office of Population Affairs](#)

### Referral for Social and Medical Services Expectation Resources

- [Establishing and Providing Effective Referrals for Clients: A Toolkit for Family Planning Providers | Reproductive Health National Training Center \(rhntc.org\)](#)
  - [Referral Form Template | Reproductive Health National Training Center \(rhntc.org\)](#)
  - [Sample MOU Introductory Letters for Family Planning Referrals | Reproductive Health National Training Center \(rhntc.org\)](#)
  - [Title X Sample MOU Template | Reproductive Health National Training Center \(rhntc.org\)](#)





Policy Title	4.1 Referral for Services and Follow-Up		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Referral for Social and Medical Services Expectations 4.1:</b> Provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated and provide for the effective usage of contraceptive devices and practices. (42 CFR § 59.5(b)(1))			
<b>Referral for Social and Medical Services Expectations 4.2:</b> Provide for social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services which may be necessary to facilitate clinic attendance. (42 CFR § 59.5(b)(2))			
<b>Financial Accountability Expectation 5.8:</b> Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the recipient. The recipient must be prepared to substantiate that these rates are reasonable and necessary. (42 CFR § 59.5(b)(9))			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will refer clients to relevant social and medical services agencies (i.e., childcare agencies, transport providers, WIC programs).

- Subrecipient will have processes for effective referrals to relevant agencies.
- Subrecipient will get signed written collaborative agreements with these other agencies when possible and if appropriate.
- Staff and providers will document in the medical record when referrals were made based on documented specific condition/issue.
- Subrecipient’s clients have the right to elect or refuse referrals.

**Procedure:**

- If the client is at the clinic when conditions are found which indicate that a referral is necessary, subrecipient staff shall fully explain the need for referral to the client.
  - Subrecipient has a responsibility to follow-up in any situation that may be, or is known to be, life/health-threatening.
- If the client is NOT at the clinic when conditions are found which indicates that a referral is necessary, subrecipient staff shall:
  - Attempt to contact the client while maintaining confidentiality of the client.

- Attempts to contact the client may be made by phone, text, email, or mail, with all attempts documented in the chart.
- Referrals for conditions which are not urgent or life-threatening require written documentation in the chart noting that the client is aware of their need for follow-up.
- Urgent or potentially life-threatening conditions require on-going attempts to assure follow-up.
- Subrecipient staff will document refusal or acceptance of referral.
- When possible, up to three referral provider options shall be given.
- A written referral should be provided to the client. Signed documentation of reason for referral should be placed in chart.

### Referral

- Internal – The client may be asked to return to the family planning clinic later for further evaluation or follow-up. Documentation should be made in the chart, including the time frame for and purpose of this return visit.
- External – If the client is referred to an outside agency or health care provider, the client should be given a referral form that identifies the reason for the referral. Client should give consent for transfer of medical records as indicated.
- Timeframes for referral follow-up are dependent upon the urgency of the client's problem:
  - Standard timeframe is two to four weeks or sooner.
  - Emergency timeframe is 12–48 hours or sooner. Some examples of emergency conditions are PID, complicated GC/CT, and possible ectopic pregnancy.
- All referrals will be logged [\[insert agency specific workflow here\]](#).
  - The log will be checked at [\[insert frequency\]](#) intervals to assure that the clients have obtained further care. If the client has not obtained further care subrecipient staff will:
    - Attempt to contact the client while maintaining confidentiality of the client.
    - Attempts to contact the client may be made by phone, text, email, or mail, with all attempts documented in the chart.
    - Referrals for conditions which are not urgent or life-threatening require written documentation in the chart noting that the client is aware of their need for follow-up.
    - Urgent or potentially life-threatening conditions require on-going attempts to assure follow-up.
- When follow-up reports are returned to the program, they will be checked off on the log, reviewed, signed by [the staff member that initiated the referral](#) **OR** signed by a [staff member](#), and filed in the client's chart.



Provision of Services to Clients Referred for Follow-up Care: Best practice is for subrecipient to have written follow-up information from the referral source for any client that was referred. However, if client fails to obtain the indicated follow-up or the clinic is unable to obtain the documentation of the follow-up care, the decision to provide ongoing care should be made using shared decision making and consideration of the risk of unintended pregnancy from loss of contraceptive services.

#### Financial Responsibility for Referrals

- Referrals for RHFP services through an outside contractor, such as IUD or implant insertions, should be provided on the sliding fee scale to decrease access to care. Establishing a Memoranda of Understanding (MOU) will assist with clarifying payment expectations.
- Referrals for non-required services or for complications resulting from procedures or medications provided by the subrecipient are the financial responsibility of the client. The referral agency is not expected to assume part or all this financial liability. It is recommended that the referral agency help the client identify available resources.

#### Referral Limitations

- Referrals for abortion services must comply with Title X regulations as summarized in the [11.1 Prohibition of Abortion](#) policy and procedure.

#### Out of State Referrals

- Title X providers have flexibility to refer clients for services across state lines if necessary (42 CFR § 59.5(b)(5)).
- Title X recipients cannot limit receipt of services to only residents from their states. Title X recipients are required to provide services without the imposition of any durational residency requirements (42 CFR § 59.5(b)(5)).
- There are no geographic limits for Title X recipients making referrals for their clients. Title X recipients are required to provide for coordination and use of referrals and linkages with primary health care providers, other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, in close physical proximity to the Title X site, when feasible, to promote access to services and provide a seamless continuum of care.



Policy Title	4.3 Links to Community Providers		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<p><b>Referral for Social and Medical Services Expectation 4.3:</b> Provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care. (42 CFR § 59.5(b)(8))</p> <p><b>Referral for Social and Medical Services Expectation 4.4:</b> Ensure service sites and subrecipients have strong links to other community providers to ensure that clients have access to primary care. If a client does not have another source of primary care, priority should be given to providing related reproductive health services or providing referrals, as needed. Screening services such as, medical history; cervical cytology; clinical breast examination; mammography; and pelvic and genital examination should be provided for clients without a primary care provider, where applicable, and consistent with nationally recognized standards of care.<sup>2</sup> In addition, appropriate follow-up, if needed, should be provided while linking the client to a primary care provider.</p>			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will collaborate with community partners to address the related social service and medical needs of clients as well as ancillary services needed to facilitate clinic attendance.

- Subrecipient will get signed written collaborative agreements with these other agencies when possible and if appropriate.

**Procedure:**

- Provide client a choice of referral entities, when possible.
- A resource list of local health providers, hospitals, health, and social service agencies is maintained, minimally reviewed annually, and revised as necessary.

Vetting Referrals

- Efforts should be made to ensure resources are neutral, factual, and nondirective.
  - [The Pregnancy Center Map](#) provides location information about all the crisis pregnancy centers operating in the United States. Crisis Pregnancy Centers may appear to be professional health care centers but do not follow prevailing medical standards of sexual and reproductive health care.
  - For information about current legal status of abortion in other states, visit [www.abortionfinder.org](http://www.abortionfinder.org).

## 5.0 Financial Accountability

Financial accountability expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 444](#)
- [eCFR: 42 CFR Part 59 Subpart A -- Project Grants for Family Planning Services](#)
- Health Insurance Portability and Accountability Act (HIPAA) | [HIPAA Home | HHS.gov](#)
- HHS Grants Policy Statement 2007 | [Grants Policies & Regulations | HHS.gov](#)
- PA-FPH-22-001 NOFO; Notice of Award Special Terms and Requirements | [GrantSolutions](#)
- DHS Allowable Cost Policy Manual | [Allowable Cost Policy Manual | Wisconsin Department of Health Services](#)

### Financial accountability expectation resources

- [Sample Patient Bill of Rights | Reproductive Health National Training Center \(rhntc.org\)](#)
- [Defining Family Income for Title X Charges, Billing, and Collections Job Aid | Reproductive Health National Training Center \(rhntc.org\)](#)

### WI DHS RHFP program resource documents

- [DHS accounting manual](#)
- RHFP budget template
- RHFP budget directions & FAQ
- RHFP budget checklist
- Expense report

<b>Policy Title</b>	<b>5.1 Discount Schedule</b>		
<b>Effective Date</b>		<b>Last Review Date</b>	
<b>Approved Date</b>		<b>Next Review Date</b>	
<b>Approved By</b>			

**Financial Accountability Expectation 5.1 and Project Administration 1.5:** Provide that no charge will be made for services provided to any clients from a low-income family except to the extent that payment will be made by a third party (including a government agency) that is authorized or is under legal obligation to pay this charge. Low-income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). "Low-income family" also includes members of families whose annual family income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. (Section 1006(c)(1), PHS Act; 42 CFR § 59.5(a)(7) and 42 CFR § 59.2)

Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources. (42 CFR § 59.2)

**Financial Accountability Expectation 5.2:** Provide that charges will be made for services to clients other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR § 59.5(a)(8))

The schedule of discounts should be updated annually in accordance with the Federal Poverty Level (FPL).

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

**Financial Accountability Expectation 5.3:** Ensure that family income is assessed before determining whether copayments or additional fees are charged. (42 CFR § 59.5(a)(8))

**Policy:** [insert agency name here] hereinafter named "subrecipient" will take reasonable measures to verify client income accurately and consistently, without burdening clients. Title X subrecipients must have a system to determine the reasonableness, allocability, and allowability of expenditures (hereafter, referred to as costs) that are in accordance with Federal cost principles outlined in [2 CFR 200.E- Cost Principles](#).

**Procedure:**

Site Provisions

- Discount Schedule
  - Develop and/or update a schedule of discounts for services provided in accordance with the current FPL.
- Cost Analysis
  - Complete a cost analysis, minimally every three (3) years, to develop/update a schedule of fees designed to recover the reasonable cost of providing services.

Client Provisions

- Do not deny project services or vary the quality of services because of inability to pay.
  - The site director (or designee) is responsible for making determinations regarding waiver of charges.
- Inform all clients of the sliding fee scale/schedule of discounts when they are seeking to pay cash for services.
- Assist with Family Planning Only Services (FPOS) enrollment to all eligible clients before requesting sliding fee scale cash payments.
- Do not charge clients whose documented income is at or below 100% of the FPL for family planning services.
  - Subrecipient may use [Defining Family Income](#) to assist with income determination.
- Services provided in the Title X Project to individuals with family incomes between 101% and 250% of the FPL will be based on individuals' ability to pay.
- Charge for provided services to persons from families whose income exceeds 250% of the FPL, based on a schedule of fees designed to recover the reasonable cost of providing services.

Policy Title	5.5 Income Verification		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Financial Accountability Expectation 5.5:</b> Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client’s participation in another program may use those data rather than re-verify income or rely solely on clients’ self-report. If a client’s income cannot be verified after reasonable attempts to do so, charges are to be based on the client’s self-reported income. (42 CFR § 59.5(a)(9))			

**Policy:** [insert agency name here] hereinafter named "subrecipient" will take reasonable measures to verify client income accurately and consistently, without burdening clients.

**Procedure:**

- Subrecipient may use [Defining Family Income](#) to assist with income verification.
- Income verification lawfully obtained for the client's participation in another program may be used, rather than re-verifying income or rely solely on the client's self-report.
- Client income verification will align with Title X program requirements and will not present a barrier to receipt of services.
- Client income is verified during client registration and annually thereafter.
- If the client is unable or unwilling to share income during this time, services will continue as to not present a barrier to receipt of services.
  - Clients who refuse to provide income information are considered full fee.
  - Clients' verbal declaration will be used for those who are unable to provide documentation.
- Eligibility discounts for minors seeking confidential Title X services will be based on the following:
  - Adolescent's income should be used when the adolescent is self-supporting, is supported by a parent or guardian but requests enhanced confidentiality or is supported by a parent or guardian but parents are unwilling to pay for services.
  - Family income should be used when the adolescent is partially or completely supported by a parent or guardian who is willing to pay for the services.
- Subrecipient Supervisor/Director has the authority to approve other types of income verification on an individual basis.



Policy Title	5.6 Third-Party Billing		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Financial Accountability Expectation 5.6:</b> Take all reasonable efforts to obtain the third-party payment without application of any discounts, if a third party (including a government agency) is authorized or legally obligated to pay for services. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX, or XXI agency is required. (42 CFR § 59.5(a)(10))			
<b>Financial Accountability Expectation 5.4:</b> Ensure that, with regard to insured clients, clients whose family income is at or below 250 percent of the FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied. (42 CFR § 59.5(a)(8))			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will take all reasonable efforts to obtain third party payment, without the application of discounts, when a third party (including a government agency) is authorized or legally obligated to pay for services. Subrecipient will also ensure that insured clients whose family income is at or below 250 percent of the FPL should not pay more than what they would otherwise pay when the schedule of discounts is applied.

**Procedure:**

- Apply for or maintain Wisconsin Medical Assistance certification.
- Enroll as a Family Planning Clinic Provider Type (PT 71) on the [ForwardHealth](#) portal.
- Obtain written agreements with third party payors for reimbursement for services provided.
- Bill third party payors for services provided in a timely manner.
- Ensure that insured clients whose family income is at or below 250 percent of the FPL will not pay more than what they would otherwise pay when the schedule of discounts is applied.

Policy Title	5.7 Authorized Purchases		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Financial Accountability Expectation 5.7:</b> Provide that all services purchased for project participants will be authorized by the project director or their designee on the project staff. (42 CFR § 59.5(b)(7))			
<b>Financial Accountability Expectation 5.9:</b> Comply with all terms and conditions outlined in the grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements (GPS), (Note: any references in the GPS to 45 CFR Part 74 or 92 are now replaced by 45 CFR Part 75, and the SF269 is now the SF-425); requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; and any requirements or limitations in any applicable appropriations acts. (FY 22 Notice of Award Special Terms and Requirements)			
<b>Financial Accountability Expectation 5.10:</b> Ensure that no mobile health unit(s) or other vehicle(s), even if proposed in the application for the Title X award, is purchased with award funds without prior written approval from the grants management officer. Requests for approval of such purchases must include a justification with a cost-benefit analysis comparing both purchase and lease options. Such requests must be submitted as a Budget Revision Amendment. (FY 22 Notice of Award Special Terms and Requirements)			
<b>Financial Accountability Expectation 5.13:</b> Ensure that Title X funds shall not be expended for any activity (including the publication or distribution of literature) that in any way tends to promote public support or opposition to any legislative proposal or candidate for public office. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022))			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will comply with budget planning, budget modifications, purchasing and expense reporting as requested by WI DHS RHFP Program.

**Procedure:**

- Subrecipient will submit a planning budget as requested by their Contract Manager (CM).
  - As needed, coordinate with CM for budget clarification.
- As needed, subrecipient will amend budget per request of their CM.
- Purchasing decisions will be based on quality, cost, and competition for the required product. When able to do so, the subrecipient will bulk purchase and/or obtain competitive bids to assure cost savings to the program.
- Any bids or offers may be rejected by WI DHS RHFP Program or subrecipient when it is in the best interest to do so.

- Electronically submit expense reports as directed in the Title X Scope of Work (SOW).

*[Note: Important budget highlights listed below, reference Budget Directions and FAQ for additional information.]*

- *Equipment (a single item with a purchase price of \$5,000.00 or more) will need to be preapproved.*
- **All** budget line items must relate to carrying out the Title X SOW.



<b>Policy Title</b>	<b>5.11 Cost Sharing</b>		
<b>Effective Date</b>		<b>Last Review Date</b>	
<b>Approved Date</b>		<b>Next Review Date</b>	
<b>Approved By</b>			
<p><b>Financial Accountability Expectation 5.11:</b> Include financial support from sources other than Title X, as no grant may be made for an amount equal to 100 percent of the project's estimated costs. Although projects are expected to identify additional sources of funding and not solely rely on Title X funds, there is no specific amount of level of financial match requirement for this program. (42 CFR § 59.7(c)) (PA-FPH-22-001 NOFO)</p> <p><b>Financial Accountability Expectation 5.12:</b> Ensure that program income (fees, premiums, third-party reimbursements that the project may reasonably expect to receive), as well as State, local and other operational funding, will be used to finance the non-federal share of the scope of project as defined in the approved grant application and reflected in the approved budget. Program income and the level projected in the approved budget will be used to further program objectives. Program Income may be used to meet the cost sharing or matching requirement of the federal award. The amount of the federal award stays the same. Program Income in excess of any amounts specified must be added to the federal funds awarded. They must be used for the purposes and conditions of this award for the duration of the Project period. (45 CFR § 75.307(e); FY 22 Notice of Award Special Terms and Requirements)</p>			

**Policy:** [insert agency name here] hereinafter named "subrecipient" will report program generated income (PGI) earned and PGI expended via expense reports.

**Procedure:**

- Electronically submit expense reports as directed in the Title X SOW.

## 6.0 Subrecipient Monitoring and Engagement

Subrecipient monitoring and engagement expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 444](#)
- [eCFR: 42 CFR Part 59 Subpart A -- Project Grants for Family Planning Services](#)
- Health Insurance Portability and Accountability Act (HIPAA) | [HIPAA Home | HHS.gov](#)
- HHS Grants Policy Statement 2007 | [Grants Policies & Regulations | HHS.gov](#)
- PA-FPH-22-001 NOFO; Notice of Award Special Terms and Requirements | [GrantSolutions](#)
- DHS Allowable Cost Policy Manual | [Allowable Cost Policy Manual | Wisconsin Department of Health Services](#)

### **Subrecipient monitoring and engagement expectation resources**

- [Sample Patient Bill of Rights | Reproductive Health National Training Center \(rhntc.org\)](#)

<b>Policy Title</b>	<b>6.1 Subrecipient Monitoring &amp; Oversight</b>		
<b>Effective Date</b>		<b>Last Review Date</b>	
<b>Approved Date</b>		<b>Next Review Date</b>	
<b>Approved By</b>			
<p><b>Subrecipient Monitoring and Engagement Expectation 6.1:</b> Detail a plan for monitoring the delivery of family planning services under the Title X project, including the monitoring and oversight of subrecipients. (45 CFR § 75.352)</p> <p><b>Subrecipient Monitoring and Engagement Expectation 6.2:</b> Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the required information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the recipient (i.e., pass-through entity) must provide the best information available to describe the federal award and subaward. As noted in 45 CFR § 75.352, the required information includes:</p> <ul style="list-style-type: none"> <li>a. Subrecipient name (which must match the name associated with its unique entity identifier);</li> <li>b. Subrecipient's unique entity identifier;</li> <li>c. Federal Award Identification Number (FAIN);</li> <li>d. Federal award date (see § 75.2 federal award date) of award to the recipient by the HHS awarding agency;</li> <li>e. Subaward period of performance start and end date;</li> <li>f. Amount of federal funds obligated by this action by the recipient to the subrecipient;</li> <li>g. Total amount of federal funds obligated to the subrecipient by the recipient including the current obligation;</li> <li>h. Total amount of the federal award committed to the subrecipient by the recipient;</li> <li>i. Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA);</li> <li>j. Name of HHS awarding agency, recipient, and contract information for awarding official of the recipient;</li> <li>k. Catalog of Federal Domestic Assistance (CFDA) number and name; the recipient must identify the dollar amount made available under each federal award and the CFDA number at time of disbursement;</li> <li>l. Identification of whether the award is R&amp;D; and</li> <li>m. Indirect cost rate for the federal award (including if the de minimis rate is charged per § 75.414).</li> </ul>			

- i. All requirements imposed by the recipient on the subrecipient so that the federal award is used in accordance with federal statutes, regulations and the terms and conditions of the federal award.
- ii. Any additional requirements that the recipient imposes on the subrecipient in order for the recipient to meet its own responsibility to the HHS awarding agency including identification of any required financial and performance reports.
- iii. An approved federally recognized indirect cost rate negotiated between the subrecipient and the federal government or, if no such rate exists, either a rate negotiated between the recipient and the subrecipient (in compliance with 45 CFR Part 75), or a de minimis indirect cost rate as defined in § 75.414(f).
- iv. A requirement that the subrecipient permit the recipient and auditors to have access to the subrecipient's records and financial statements as necessary for the recipient to meet the requirements of 45 CFR Part 75.
- v. Appropriate terms and conditions concerning closeout of the subaward.

**Subrecipient Monitoring and Engagement Expectation 6.3:** Evaluate each subrecipient's risk of noncompliance with federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring in accordance with 45 CFR § 75.352(d) and (e). (45 CFR § 75.352(b)).

**Subrecipient Monitoring and Engagement Expectation 6.4:** Consider imposing specific subaward conditions upon a subrecipient if appropriate as described in 45 CFR § 75.207. (45 CFR § 75.352(c)).

**Subrecipient Monitoring and Engagement Expectation 6.5:** In accordance with 45 CFR § 75.352(d), monitor the activities of the subrecipient as necessary to ensure that the subaward is used for authorized purposes, in compliance with federal statutes, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipient monitoring of the subrecipient must include:

- a. Reviewing financial and performance reports required by the recipient.
- b. Following-up and ensuring that the subrecipient takes timely and appropriate action on all deficiencies pertaining to the federal award provided to the subrecipient from the recipient detected through audits, on-site reviews, and other means.
- c. Issuing a management decision for audit findings pertaining to the federal award provided to the subrecipient from the recipient as required by 45 CFR § 75.521.

**Subrecipient Monitoring and Engagement Expectation 6.6:** Depending upon the recipient's assessment of risk posed by the subrecipient, employ the following monitoring tools that may be useful for the recipient to ensure proper accountability and compliance with program requirements and achievement of performance goals: providing subrecipients with training and technical assistance on program-related matters; performing on-site reviews of the subrecipient's program operations; and arranging for

agreed-upon-procedure engagements as described in 45 CFR § 75.425. (45 CFR § 75.352(e))

**Subrecipient Monitoring and Engagement Expectation 6.8:** Consider whether the results of the subrecipient's audits, on-site reviews, or other monitoring indicate conditions that necessitate adjustments to the recipient's own records. (45 CFR § 75.352(g)).

**Subrecipient Monitoring and Engagement Expectation 6.9:** Consider taking enforcement action against noncompliant subrecipients as described in 45 CFR § 75.371 and in program regulations. (45 CFR § 75.352(h)).

**Policy:** [insert agency name here] hereinafter named "subrecipient" will comply to the contract terms and are expected to request further clarification and support from the WI DHS RHFP Program as needed.

**Procedure:**

- Subrecipient project directors or managers are expected to request further clarification and support from the WI DHS RHFP Program as needed.
- Notify the WI DHS RHFP Program in the case of extenuating circumstances that do not allow for timely submissions.
- Submit additional documentation to WI DHS RHFP Program as requested.



Policy Title	6.7 Audit		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Subrecipient Monitoring and Engagement Expectation 6.7:</b> Verify that every subrecipient is audited as required by Subpart F of 45 CFR Part 75 when it is expected that the subrecipient's federal awards expended during the respective fiscal year equaled or exceeded the threshold set forth in 45 CFR § 75.501. (45 CFR § 75.352(f))			

**Policy:** [insert agency name here] hereinafter named "subrecipient" will be audited required by Subpart F of 45 CFR Part 75 when it is expected that the subrecipient's federal awards expended during the respective fiscal year will equal or exceed the threshold set forth in 45 CFR § 75.501.

**Procedure:**

- As needed, comply with an audit that meets requirements as dictated in the Grant Agreement between WI DHS and subrecipient.
- Submit completed auditor's report as dictated in the Title X Scope of Work.

<b>Policy Title</b>	<b>6.10 Opportunity to Participate</b>		
<b>Effective Date</b>		<b>Last Review Date</b>	
<b>Approved Date</b>		<b>Next Review Date</b>	
<b>Approved By</b>			
<p><b>Subrecipient Monitoring and Engagement Expectation 6.10:</b> Provide that if an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential subrecipients that have previously provided or propose to provide family planning services to the area proposed to be served by the applicant. (42 CFR § 59.5(a)(11)(i))</p> <p><b>Subrecipient Monitoring and Engagement Expectation 6.11:</b> Provide an opportunity for maximum participation by existing or potential subrecipients in the ongoing policy decision making of the project. (42 CFR § 59.5(a)(11)(ii))</p>			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will participate, as appropriate, in the ongoing policy decision-making of the project.

**Procedure:**

- Submit suggestions to change, add or delete information from WI DHS RHFP Program Documents using the provided electronic link.
- Participate in opportunities provided by WI DHS RHFP Program.

## 7.0 Community Education, Participation, and Engagement

Community education, participation, and engagement expectations are governed by the following authorities:

- [Ecf: 42 CFR Part 59 Subpart A -- Project Grants for Family Planning Services](#)

### **Community education, participation, and engagement expectation resources**

- [Community Participation, Education, and Project Promotion Plan: Objectives, Activities, and Worksheet | Reproductive Health National Training Center \(rhntc.org\)](#)

### **WI DHS RHFP program resource documents**

- Community Participation, Education, and Project Promotion (CPEP) Plan Worksheet
- CPEP objective ideas



Policy Title	7.1 Community Education, Participation, and Engagement		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<p><b>Community Education, Participation, and Engagement Expectation 7.1:</b> Provide opportunities for community education, participation, and engagement to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and promote continued participation in the project by diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered, and quality family planning services. (42 CFR § 59.5(b)(3))</p> <p><b>Community Education, Participation, and Engagement Expectation 7.2:</b> Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services. (42 CFR § 59.5(b)(10))</p> <p><b>Project Administration Expectation 1.10:</b> Develop plans and strategies for implementing family planning services in ways that make services as accessible as possible for clients. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)</p> <p><b>Project Administration Expectation 1.11:</b> Identify and execute strategies for delivering services that are responsive to the diverse needs of the clients and communities served. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)</p> <p><b>Provision of High-Quality Family Planning Services Expectation 2.7:</b> Advance health equity through the delivery of Title X services. Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements, and 42 CFR § 59.2)</p> <p><b>Provision of High-Quality Family Planning Services Expectation 2.8:</b> Improve and expand accessibility of services for all clients, especially low-income clients, by providing client-centered services that are available when and where clients need them and can most effectively access them. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)</p>			

**Policy:** [insert agency name here] hereinafter named "subrecipient" will establish and implement planned activities to facilitate community awareness/education of and access to family planning services.

**Procedure:**

- Minimally, complete one CPEP event per quarter during the current budget period.
  - Quarter 1: April 1 through June 30
  - Quarter 2: July 1 through September 30
  - Quarter 3: October 1 through December 31
  - Quarter 4: January 1 through March 31
- Complete CPEP Plan Worksheet or equivalent and submit it to the WI DHS RHFP Program as directed in the Scope of Work.



## 8.0 Information and Education (I & E)

Information and education expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 444](#)
- [eCFR: 42 CFR Part 59 Subpart A -- Project Grants for Family Planning Services](#)
- [2021 Final Rule FAQs](#)

### Information and education expectation resources

- [I & E Materials Review Toolkit | Reproductive Health National Training Center \(rhntc.org\)](#)

### WI DHS RHFP program resource documents

- [I & E Review Request Form](#)



<b>Policy Title</b>	<b>8.1 Advisory Committee</b>		
<b>Effective Date</b>		<b>Last Review Date</b>	
<b>Approved Date</b>		<b>Next Review Date</b>	
<b>Approved By</b>			

**Information and Education Expectation 8.1:** Have an advisory committee (sometimes referred to as information and education committee) that reviews and approves print and electronic informational and educational materials developed or made available under the project, prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of Title X. The project shall not disseminate any materials which are not approved by the advisory committee. (Section 1006(d)(1) and (2), PHS Act; 42 CFR § 59.6(a))

**Information and Education Expectation 8.2:** Think specifically about the print and electronic materials made available to Title X clients under the Title X project when considering which materials require review and approval by the advisory committee. To help identify which materials require review and approval by the advisory committee, Title X projects should think specifically about the materials that they are making available to Title X clients under the Title X project. For Title X projects that provide non-Title X services (i.e., hospitals, FQHCs), this does not include all possible materials that a Title X client may find on the organization's website or as they walk through the building, but only those specific materials that are made available to the Title X client under the Title X project and those materials developed specifically for the Title X client. If the material is intended to be provided to the client as information and education, it should be reviewed by the advisory committee; this does not include tweets. (2021 Final Rule FAQs)

**Information and Education Expectation 8.3:** Establish and maintain an advisory committee that:

- Consists of no fewer than five members and up to as many members the recipient determines.
- Includes individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality). (Section 1006(d)(2), PHS Act; 42 CFR § 59.6(b))

**Information and Education Expectation 8.4:** Ensure that the advisory committee, in reviewing materials:

- Consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed,

- Consider the standards of the population or community to be served with respect to such materials,
- Review the content of the material to assure that the information is factually correct, medically accurate, culturally, and linguistically appropriate, inclusive, and trauma-informed,
- Determine whether the material is suitable for the population or community to which is to be made available, and
- Establish and maintain a written record of its determinations. (Section 1006(d)(1), PHS Act; 42 CFR § 59.6(b))

**Policy:** [insert agency name here] hereinafter named “subrecipient” will utilize the Statewide Advisory Committee and the I & E Committee.

**Procedure:**

- Subrecipient will participate in the Statewide Advisory Committee and an I & E Committee.
- Subrecipient will observe the Advisory Committee and I & E Committee Charter
- As needed, subrecipient will submit I & E materials to their CM.
  - The CM is responsible for submitting materials to the I & E Committee.
- Subrecipient will not distribute information or education materials that have not been approved by the I & E committee.

**OR**

**Policy:** [insert agency name here] hereinafter named “subrecipient” will coordinate a local Advisory Committee and I & E Committee.

**Procedure:** Subrecipient will need to individualize the information below.

- The process for reviewing materials (for example, in person, virtually, electronically).
- Criteria (and any relevant review tools) any I & E Advisory Committee members will use for reviewing and approving materials to ensure that they are suitable for the population and community for which they are intended and to ensure their consistency with Title X Program Requirements.
- Frequency of materials review and approval process.
- Documentation (e.g., roster of committee members, list of materials reviewed including dates reviewed and approved, meeting minutes) to demonstrate compliance with this requirement.



## 9.0 Staff Training

Staff training expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 444](#)
- [eCFR: 42 CFR Part 59 Subpart A – Project Grants for Family Planning Services](#)

### **Staff training expectation resources**

- [Federal Title X Training Requirements Summary | Reproductive Health National Training Center \(rhntc.org\)](#)
- [Putting the QFP into Practice Series Toolkit | Reproductive Health National Training Center \(rhntc.org\)](#)
- [Title X Orientation: Program Requirements for Title X Funded Family Planning Projects eLearning | Reproductive Health National Training Center \(rhntc.org\)](#)

### **WI DHS RHFP program resource documents**

- RHFP program training tracking tool

Policy Title	9.1 Staff Training and Project Technical Assistance		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>Staff Training Expectation 9.1:</b> Provide for orientation and in-service training for all project personnel. (42 CFR § 59.5(b)(4))			
<b>Staff Training Expectation 9.2:</b> Ensure routine training of staff on federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking.			
<b>Staff Training Expectation 9.3:</b> Ensure routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.			
<b>Staff Training Expectation 9.4:</b> Are expected to provide routine training as noted above on an annual basis. In addition, OPA recommends Title X recipients provide routine training in accordance with the RHNTC’s Title X Training Requirements Summary Job Aid.			
<b>Provision of High-Quality Family Planning Services Expectation 2.11:</b> Ensure that non-clinical counseling services (such as contraceptive counseling, nondirective options counseling, reproductive life planning, etc.) is provided by any adequately trained staff member who is involved in providing family planning services to Title X clients. An adequately trained staff member may include CSPs and non-CSPs (i.e., health educators). (2021 Final Rule FAQs)			

**Policy:** [insert agency name here] hereinafter named "subrecipient" will provide orientation and in-service training to all staff that would encounter a Title X client, including staff of satellite clinics.

**Procedure:**

- Complete the training and education needs assessment.
- Document completion of training in: Each staff member's RHNTC account OR a Training Tracking spreadsheet OR a copy of printed/saved certificates.
- The table below provides options for annual, once per project period, and recommended trainings as indicated on [RHNTC's Title X Training Requirements Summary Job Aid](#)

Annual required training		
Topic	WI RHFP Trainings	RHNTC Trainings
State Reporting Requirements: Mandatory Reporting for Abuse, Rape, Incest, and Human Trafficking	<a href="#">2022 WCASA Mandatory Reporting and Sexual Abuse</a>	<a href="#">Mandatory Child Abuse Reporting: Instructions for State-Specific Training</a>
		<a href="#">Trauma-Informed Child Abuse Reporting in a Family Planning Setting Video</a>
	<a href="#">2022 Human Trafficking in Wisconsin</a>	<a href="#">Identifying and Responding to Human Trafficking in Title X Settings Course</a>
		<a href="#">Signs and Indicators of Human Trafficking</a>
Family Involvement and Coercion	<a href="#">2022 Encouraging Family Participation in Adolescent Decision Making</a>	<a href="#">Counseling Adolescent Clients to Encourage Family Participation Video</a>
	<a href="#">2022 Counseling Adolescent Clients on Body Autonomy, Consent &amp; Sexual Coercion</a>	<a href="#">Counseling Adolescent Clients to Resist Sexual Coercion Video</a>
Once per project period training		
Topic	WI RHFP Trainings	RHNTC Trainings
Voluntary & Non-Coercive Services   Services Not a Prerequisite for Eligibility or Services   Personnel Awareness   Personnel Training   Confidentiality   Non-Discriminatory Services	N/A	<a href="#">Title X Orientation: Program Requirements for Title X Funded Family Planning Projects</a>
Client-Centered Services	N/A	<a href="#">Cultural Competency in Family Planning Care</a>
Optional - Recommended Training		
<a href="#">Putting the QFP into Practice Series Toolkit   Reproductive Health National Training Center (rhntc.org)</a>		
<a href="#">Completing a Cost Analysis elearning   Reproductive Health National Training Center (rhntc.org)</a>		
<a href="#">Structures &amp; Self: Advancing Equity and Justice elearning   Reproductive Health National Training Center (rhntc.org)</a>		
<a href="#">The Need for Accepting and Affirming Care in Title X Settings Video Series   Reproductive Health National Training Center (rhntc.org)</a>		



## 10.0 Quality Improvement (QI) and Quality Assurance (QA)

QI and QA expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 444](#)
- [eCFR: 42 CFR Part 59 Subpart A – Project Grants for Family Planning Services](#)

### QI and QA resources

- [Quality Improvement Plan | Reproductive Health National Training Center \(rhntc.org\)](#)



Policy Title	10.1 QI and QA Plan		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>QI and QA expectation 10.1:</b> Develop and implement a quality improvement and quality assurance plan that involves collecting and using data to monitor the delivery of quality family planning services, inform modifications to the provision of services, inform oversight and decision-making regarding the provision of services, and assess patient satisfaction. (PA-FPH-22-001 NOFO)			
<b>QI and QA expectation 10.2:</b> Address oversight and service provision at the recipient level, the subrecipient level, and the service site level within their QI/QA plan. (PA-FPH-22-001 NOFO and FY 22 Notice of Award Special Terms and Requirements)			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will develop and implement a quality improvement and quality assurance plan.

**Procedure:**

- Determine which measures are needed to monitor quality. Consider the following questions when selecting performance measures.
  - Is the topic important to measure and report? For example, does it address a priority aspect of health care, and is there opportunity for improvement?
  - What is the level of evidence for the measure (for example, that a change in the measure is likely to represent a true change in health outcomes)? Does the measure produce consistent (reliable) and credible (valid) results about the quality of care?
  - Are the results meaningful and understandable and useful for informing quality improvement?
  - Is the measure feasible? Can it be implemented without undue burden (for example, captured with electronic data or electronic health records)?
- Collect the needed information. Commonly used methods of data collection include the following:
  - Review of medical records
  - Exit interviews with clients
  - Facility Audit
  - Direct Observation
  - Interviews with health care providers
- Tabulate and analyze the data to improve care. Analysis should address the following questions:
  - What is the performance level of the facility?

- Is there a consistent pattern of performance among providers?
  - What is the trend in performance?
  - What are the causes of suboptimal performance?
  - How can performance gaps be minimized?
- Use a systemic approach to improve the quality of care.
- Ideally, these steps will be conducted on a frequent (optimally, quarterly) and ongoing basis.



Policy Title	10.3 FPAR Data		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<b>QI and QA expectation 10.3:</b> Submit a Family Planning Annual Report (FPAR). The information collection (reporting requirements) and format for this report have been approved by the Office of Management and Budget (OMB) and assigned OMB No. 0990-0479 (Expires 9/30/2024). The FPAR data elements, instrument, and instructions are found on the OPA Web site at <a href="http://opa.hhs.gov">http://opa.hhs.gov</a> . Recipients are expected to use the FPAR data to inform their QI/QA activities. (PA-FPH-22-001 NOFO and FY 22 Notice of Award Special Terms and Requirements)			

**Policy:** [insert agency name here] hereinafter named “subrecipient” will comply with all reporting requirements set by the Office of Population Affairs (OPA).

**Procedure:**

- Subrecipient will submit a Family Planning Annual Report (FPAR).
  - Agencies without an electronic health records (EHR) system will collect and report OPA-required data into REDCap on a quarterly basis.
  - Agencies with an EHR will collect OPA-required data elements for all family planning visits and will work with a contractor to develop data extraction infrastructure and procedures for quarterly reporting.
- Work with the RHFP epidemiologist and as needed, the contractor, to ensure data accurately reflects program activities and is of high quality.

## 11.0 Prohibition of Abortion

Prohibition of abortion expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 444](#)
- [eCFR: 42 CFR Part 59 Subpart A – Project Grants for Family Planning Services](#)
- [Section 1008 of the Title X Statute](#)
- [2021 Title X Final Rule Summary](#)





Policy Title	11.1 Prohibition of Abortion		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			
<p><b>Prohibition of Abortion 11.1:</b> Not provide abortion as a method of family planning as part of the Title X project. (Section 1008, PHS Act; Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 444 (2022);42 CFR § 59.5(a)(5))</p>			
<p><b>Prohibition of Abortion 11.2:</b> Prohibit providing services that directly facilitate the use of abortion as a method of family planning, such as: providing transportation for an abortion; explaining and obtaining signed abortion consent forms from clients interested in abortions; negotiating a reduction in fees for an abortion; scheduling or arranging for the performance of an abortion; promoting or advocating abortion within Title X program activities; or failing to preserve sufficient separation between Title X program activities and abortion-related activities. (65 Fed. Reg. 41281 (July 3, 2000))</p>			
<p><b>Prohibition of Abortion 11.3:</b> Prohibit promoting or encouraging the use of abortion as a method of family planning through advocacy activities such as providing speakers to debate in opposition to anti-abortion speakers, bringing legal action to liberalize statutes relating to abortion, or producing and/or showing films that encourage or promote a favorable attitude toward abortion as a method of family planning. Films that present only neutral, factual information about abortion are permissible. A Title X project may be a dues-paying participant in a national abortion advocacy organization, so long as there are other legitimate program-related reasons for the affiliation (such as access to certain information or data useful to the Title X project). A Title X project may also discuss abortion as an available alternative when a family planning method fails in a discussion of relative risks of various methods of contraception. (65 Fed. Reg. 41281, 41282 (July 3, 2000))</p>			
<p><b>Prohibition of Abortion 11.4:</b> Ensure that non-Title X abortion activities are separate and distinct from Title X project activities. Where recipients conduct abortion activities that are not part of the Title X project and would not be permissible if they were, the recipient must ensure that the Title X-supported project is separate and distinguishable from those other activities. What must be looked at is whether the abortion element in a program of family planning services is so large and so intimately related to all aspects of the program as to make it difficult or impossible to separate the eligible and non-eligible items of cost. The Title X project is the set of activities the recipient agreed to perform in the relevant grant documents as a condition of receiving Title X funds. A grant applicant may include both project and non-project activities in its grant application, and, so long as these are properly distinguished from each other and prohibited activities are not reflected in the amount of the total approved budget, no problem is created. Separation of Title X from abortion activities does not require separate recipients or even a separate health facility, but separate bookkeeping entries alone will not satisfy the spirit of the law. Mere technical allocation of funds, attributing federal dollars to non-abortion activities, is not a legally supportable avoidance of section 1008. Certain kinds of shared facilities are</p>			

permissible, so long as it is possible to distinguish between the Title X-supported activities and non-Title X abortion-related activities:

- A common waiting room is permissible, as long as the costs are properly pro-rated.
- Common staff is permissible, so long as salaries are properly allocated, and all abortion-related activities of the staff members are performed in a program that is entirely separate from the Title X project.
- A hospital offering abortions for family planning purposes and also housing a Title X project is permissible, as long as the abortion activities are sufficiently separate from the Title X project.
- Maintenance of a single file system for abortion and family planning patients is permissible, so long as costs are properly allocated. (65 Fed. Reg. 41281, 41282 (July 3, 2000))

**Prohibition of Abortion 11.5:** A Title X project may not provide pregnancy options counseling that promotes abortion or encourages persons to obtain abortion, although the project may provide patients with complete factual information about all medical options and the accompanying risks and benefits. While a Title X project may provide a referral for abortion, which may include providing a patient with the name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.) about an abortion provider, the project may not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the patient. (65 Fed. Reg. 41281 (July 3, 2000))

**Prohibition of Abortion 11.6:** Where a referral to another provider who might perform an abortion is medically indicated because of the patient's condition or the condition of the fetus (such as where the woman's life would be endangered), such a referral by a Title X project is not prohibited by section 1008 and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications. (65 Fed. Reg. 41281 (July 3, 2000)).

**Policy:** [insert agency name here] hereinafter named "subrecipient" will not provide abortion as a method of family planning and will offer pregnant clients the opportunity to be provided information and counseling regarding prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination.

**Procedure:**

- Abortion will not be provided as a method of family planning.
- Offer the pregnant client the opportunity to be provided information and counseling regarding each of the following options:
  - Prenatal care and delivery
  - Infant care, foster care, or adoption
  - Pregnancy termination

- If requested to provide such information and counseling, staff at the service site will provide neutral, factual information and nondirective counseling on each of the options (except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling).
- Refer the client, as requested, for additional services (e.g., for prenatal care, delivery, infant care, foster care, adoption, or pregnancy termination) per the [4.1 Referral for Services and Follow-Up](#) policy and procedure.
  - When a client requests referral for pregnancy termination/abortion, they may be given a name, address, telephone number, and other relevant factual information (such as whether the provider accepts Medicaid, charges, etc.). Staff will not take further affirmative action (such as negotiating a fee reduction, making an appointment, providing transportation) to secure abortion services for the client.
  - Where a referral to another provider who might perform an abortion is medically indicated because of the client's condition or the condition of the fetus (such as where the woman's life would be endangered), such a referral by a Title X project is not prohibited by section 1008 of the Public Health Service Act and is required by 42 CFR § 59.5(b)(1). The limitations on referrals do not apply in cases in which a referral is made for medical indications (65 Fed. Reg. 41281 (July 3, 2000)).

*[Note: Abortion is currently banned in Wisconsin with very limited exceptions. There is currently no federal protection for abortion access. Some states have legal protections in place that will ensure that abortion remains legal. For information about current legal status of abortion in other states, visit [www.abortionfinder.org](http://www.abortionfinder.org).]*

## 12.0 Additional Expectations

Additional expectations are governed by the following authorities:

- Consolidated Appropriations Act, [2022, Pub. L. No. 117-103, 136 Stat. 49, 444](#)
- [eCFR: 42 CFR Part 59 Subpart A – Project Grants for Family Planning Services](#)



Policy Title	12.1 Additional Terms & Requirements		
Effective Date		Last Review Date	
Approved Date		Next Review Date	
Approved By			

**Additional Expectations 12.1:** Additional Expectation Evaluation and Cooperation: Title X recipients are expected to participate in OPA research and evaluation activities, if selected, and must agree to follow all evaluation protocols established by OPA or its designee.

**Additional Expectations 12.2:** Grantee Meetings: Recipients are encouraged to actively participate in all OPA-supported Title X recipient meetings and recipient conferences.

**Additional Expectations 12.3:** Institutional Review Board (IRB): Recipients submit Institutional Review Board (IRB) approvals, when required, via Grant Solutions Grant Notes within 5 business days of receipt from the IRB. No activities that require IRB approval may take place prior to receipt of the IRB approval. For more information on 45 CFR Part 46 Protection of Human Subjects, recipients should refer to the HHS Office of Human Research Protections.

**Additional Expectations 12.4:** Salary Limitation (Further Consolidated Appropriations Act, 2022, Div. H, Title II, sec. 202): Recipients ensure that "None of the funds appropriated in the HHS Appropriations Act shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II." The Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. Effective January 2022, the Executive Level II salary is \$203,700. For the purposes of the salary limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant or cooperative agreement. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds. (Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, 136 Stat. 49, 467 (2022))

**Additional Expectations 12.5:** Reporting Subawards and Executive Compensation: Recipients report each action that obligates \$30,000 or more in federal funds that does not include Recovery Act funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity, unless they are exempt as defined in their NOA, Standard Terms. Additional details and the full text of this standard term are available in Appendix D. (2 CFR part 170)

**Additional Expectations 12.6:** Intellectual Property and Data Rights: Recipients may copyright any work that is subject to copyright and was developed, or for which ownership was acquired, under a federal award. The federal government reserves a royalty-free, nonexclusive, and irrevocable right to reproduce, publish, or otherwise use the work for federal purposes, and to authorize others to do so. The awardee is subject to applicable regulations governing patents and inventions, including government-wide regulations issued by the Department of Commerce at 37 CFR part 401. The federal government has the right to: obtain, reproduce, publish, or otherwise use the data

produced under this award; and authorize others to receive, reproduce, publish, or otherwise use such data for federal purposes. (43 CFR § 75.322)

**Additional Expectations 12.8:** Recipients are given notice that the 48 CFR § 3.908 (related to the enhancement of contractor employee whistleblower protections), implementing 41 U.S.C. § 4712, as amended (entitled “Enhancement of contractor protection from reprisal for disclosure of certain information”) applies to their Title X award.

**Additional Expectations 12.9:** Reporting of Matters Related to Recipient Integrity and Performance: Recipients refer to their NOA regarding the reporting of matters related to recipient integrity and performance, specifically the general reporting requirement; proceedings about which recipients must report; reporting procedures and frequency; definitions; and disclosure requirements.

**Additional Expectations 12.11:** Trafficking in Persons: Title X recipients are subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. § 7104) and should refer to their NOA for more information.

**Additional Expectations 12.12:** Prohibition on certain telecommunications and video surveillance services or equipment: Recipients are prohibited to obligate or spend grant funds (to include direct and indirect expenditures as well as cost share and program) to:

- Procure or obtain,
- Extend or renew a contract to procure or obtain, or
- Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
  - For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
  - Telecommunications or video surveillance services provided by such entities or using such equipment.

Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. (2 CFR § 200.216)

**Additional Expectations 12.13:** Ensure that their service sites and subrecipients meet applicable fire, building, and licensing codes and standards established by federal, state, and local governments and maintain Exit Routes, Emergency Action Plans, and Fire Prevention Plans in accordance with Occupational Safety and Health Administration (OSHA). Recipients should refer to the U.S. Department of Labor’s OSHA for more information.

**Additional Expectations 12.14:** Must administer projects in compliance with health information technology legislation and regulations under Office of the National Coordinator’s (ONC) authority. Recipients should refer to the ONC for Health Information Technology for more information.

**Policy:** [insert agency name here] hereinafter named “subrecipient” will comply with the above Title X Additional Expectations.

**Procedure:**

- Follow agency specific policies and procedures.

<b>Policy Title</b>	<b>12.7 Acknowledgement</b>		
<b>Effective Date</b>		<b>Last Review Date</b>	
<b>Approved Date</b>		<b>Next Review Date</b>	
<b>Approved By</b>			

**Additional expectations 12.7:** Acknowledgement of Federal Grant Support: Recipients acknowledge federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents --such as tool-kits, resource guides, websites, and presentations (hereafter "statements")--describing the projects or programs funded in whole or in part with HHS federal funds, the recipient must clearly state the percentage and dollar amount of the total costs of the program or project funded with federal money and the percentage and dollar amount of the total costs of the project or program funded by non-governmental sources. When issuing statements resulting from activities supported by HHS financial assistance, the recipient entity must include an acknowledgement of federal assistance using one of the following or a similar statement:

- If the HHS Grant or Cooperative Agreement is NOT funded with other non-governmental sources: This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with 100 percent funded by [PROGRAM OFFICE]/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].
- The HHS Grant or Cooperative Agreement IS partially funded with other nongovernmental sources: This [project/publication/program/website, etc.] [is/was] supported by the [full name of the PROGRAM OFFICE] of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$XX with XX percentage funded by [PROGRAM OFFICE]/OASH/HHS and \$XX amount and XX percentage funded by non-government source(s). The contents are those of the author (s) and do not necessarily represent the official views of, nor an endorsement, by [PROGRAM OFFICE]/OASH/HHS, or the U.S. Government. For more information, please visit [PROGRAM OFFICE website, if available].

The federal award total must reflect total costs (direct and indirect) for all authorized funds (including supplements and carryover) for the total competitive segment up to the time of the public statement.

Any amendments by the recipient to the acknowledgement statement must be coordinated with the OASH federal project officer and the OASH grants management officer.

If the recipient plans to issue a press release concerning the outcome of activities supported by this financial assistance, it should notify the OASH federal project officer and the OASH grants management officer in advance to allow for coordination.



**Policy and Procedure:** [insert agency name here] hereinafter named “subrecipient” will acknowledge federal funding when issuing statements, press releases, publications, requests for proposals, bid solicitations, and other documents—such as toolkits, resource guides, websites, and presentations.

## Acronyms

### Acronym | Definition

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<b>ACIP</b>	Advisory Committee on Immunization Practices
<b>ASCCP</b>	American Society for Colposcopy and Cervical Pathology
<b>ASRM</b>	American Society for Reproductive Medicine
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CFDA</b>	Catalog of Federal Domestic Assistance
<b>CFR</b>	Code of Federal Regulations
<b>CSP</b>	Clinical Services Provider
<b>DHS</b>	Department of Health Services
<b>FAIN</b>	Federal Award Identification Number
<b>FFATA</b>	Federal Funding Accountability and Transparency Act
<b>FPAR</b>	Family Planning Annual Report
<b>FPL</b>	Federal Poverty Level
<b>FQHC</b>	Federally Qualified Health Center
<b>FY</b>	Fiscal Year
<b>GAM</b>	Grants and Acquisition Management
<b>GPS</b>	Grants Policy Statement
<b>HHS</b>	Department of Health and Human Services
<b>HRSA</b>	Health Resources & Services Administration
<b>I&amp;E</b>	Information and Education
<b>IRB</b>	Institutional Review Board
<b>LARC</b>	Long-Acting Reversible Contraceptive
<b>LGBTQI+</b>	Lesbian/gay/bisexual/transgender/queer/intersex/nonbinary/gender non-conforming
<b>MEC</b>	Medical Eligibility Criteria for Contraceptive Use
<b>NOA</b>	Notice of Award
<b>NOFO</b>	Notice of Funding Opportunity
<b>OASH</b>	Office of the Assistant Secretary for Health
<b>OMB</b>	Office of Management and Budget
<b>ONC</b>	Office of the National Coordinator for Health Information Technology
<b>OPA</b>	Office of Population Affairs
<b>OSHA</b>	Occupational Safety and Health Administration
<b>PHS</b>	Public Health Service
<b>PO</b>	Project Officer
<b>PPN</b>	Program Policy Notice
<b>QFP</b>	Providing Quality Family Planning Services: Recommendations of CDC and the U.S. OPA
<b>QI/QA</b>	Quality Improvement/Quality Assurance
<b>R&amp;D</b>	Research and Development
<b>RHFP</b>	Reproductive Health Family Planning
<b>RHNTC</b>	Reproductive Health National Training Center
<b>SF</b>	Standard Form
<b>SFDS</b>	Sliding Fee Discount Schedule
<b>SPR</b>	Selected Practice Recommendations for Contraceptive Use



**STI** | Sexually Transmitted Infection

**U.S.C** | United States Code

**WI DHS RHFP** | Wisconsin Department of Health Services Reproductive Health Family Planning

