

TITLE X PROGRAM REVIEW TOOL

Updated December 2019

Introduction:

The Title X Family Planning Program is administered by the Office of Population Affairs (OPA), Office of the Assistant Secretary for Health (OASH), within the U.S. Department of Health and Human Services (HHS). The family planning services grants program is authorized by Title X of the Public Health Service (PHS) Act (42 U.S.C. 300 *et seq.*). Implementing regulations are at 42 CFR part 59, subpart A. The requirements that apply to the direct recipients of Title X funds also apply to sub-recipients (42 CFR 59.1; HHS Grants Policy Statement, 2007). The information set forth in this document applies to the award of family planning services grants under section 1001 of the PHS Act (42 U.S.C. 300(a)), “to assist in the establishment and operation of voluntary family planning projects.” These projects “consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children” (42 CFR 59.1(a)).

Links to the Title X statute and implementing regulations, other statutory provisions that are applicable to the Title X program, regulations related to sterilization, and additional resources to maximize the quality of services offered by Title X projects are provided below.

Purpose:

This Title X Program Review Tool is a compilation of information related to the Title X program. It consists of three parts:

1. [Title X program requirements](#), which consist of the Federal statutory and regulatory requirements that apply to the Title X program.
2. Title X program policies, which set out OPA’s longstanding expectations for the way in which Title X grantees and subrecipients should implement their projects.
3. [Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs \(QFP\)](#), which provides clinical recommendations for how to provide family planning services in a manner that is consistent with the best available scientific evidence and medical practice.

This Title X Program Review Tool is intended for use by OPA staff and consultants. It should also be used by Title X grantees as a self-assessment, which can be adapted for use by grantees for monitoring their sub-recipients and service sites. The tool describes implementation strategies that grantees may use to operationalize applicable Title X statutory and regulatory requirements, OPA policy, and QFP. However, these strategies are only examples of the ways in which grantees can demonstrate compliance and not additional requirements or an exhaustive list.

In cases where the grantee relies on other entities (sub-recipients) for the provision of family planning services, the grantee is responsible for ensuring that sub-recipients are in compliance with the Title X program requirements and that they are implementing their subawards consistent with OPA policy and QFP.

Rating Instructions:

There are two types of assessments that will be generated by OPA upon completion of this program review tool:

1. Title X Program Assessment: Met/Not Met/N/A

This assessment relates to the grantee’s compliance with the applicable statutes, regulations, and policy. For these, the grantee will receive an assessment of compliance and will receive a rating of “met” or “not met.” The evidence that minimum criteria have been met will be determined based on both grantee and sub-recipient records and observation at grantee administrative offices and selected service sites as part of the monitoring process. Grantees will be evaluated using the list of evidence items in the implementation strategy column. These are minimum elements that the grantee should have on site or otherwise readily available as evidence that the project meets requirements. Evidence may include but is not limited to, policies, procedures, protocols, documentation of training, review of medical records, direct visual confirmation per consultants and/or OPA staff to ensure that what is contained in written policy or instructions is actually being carried out, or any other form of documentation that substantiates that the project is operating in accordance with the applicable Title X program requirement and/or policy.

	Met	Not Met	Sub-Recipient/ Service Site Score
Option A: Questions Applying to Grantee Only	<input type="checkbox"/>	<input type="checkbox"/>	
Option B: Questions Applying to Grantee, with N/A Option for sites with no sub-recipient agencies	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>
Option C: Questions Applying to Grantee and Sub-Recipient/Service Sites	<input type="checkbox"/>	<input type="checkbox"/>	Site A: Met Site B: Met Site C: Not Met

2. QFP Quality Assessment Rating

This assessment reflects the extent to which the grantee has implemented key aspects of QFP within each item. Sections within the document identify where there is a relationship between the Title X program requirements and QFP. Grantees will be assessed based on evidence that certain quality indicators are in place. Consideration is also given to additional quality indicators, best practices, or highly innovative approaches. The quality assessment rating (0, Fair, Good, or Exceptional) is based on the number of quality indicators evident per section. This will serve as a tool for OPA and the grantee to recognize achievement in the individual sections assessed as well as identify areas in need of improvement and/or technical assistance.

Quality Assessment Score Options	
<input type="checkbox"/>	Exceptional ([all] Quality Indicators Evident + Best Practices In Place)
<input type="checkbox"/>	Good ([half or more] Quality Indicators Evident)
<input type="checkbox"/>	Fair ([half or fewer] Quality Indicators Evident)
<input type="checkbox"/>	0 Quality Indicators Evident
<input type="checkbox"/>	Not applicable

Definitions

Term	Definition
Title X Program Requirements	Requirements applicable to the Title X program, as set out in the Title X statute and implementing regulations (42 CFR part 59, subpart A), and in other applicable Federal statutes and regulations. Language from these statutes and regulations is quoted and/or paraphrased in this document.
Title X Policies	OPA's longstanding expectations for the way in which Title X grantees and subrecipients should implement their projects.
Implementation Strategy	Implementation strategy includes the grantee's mechanism for ensuring compliance with Title X program requirements and program policies. This includes providing evidence on site or otherwise readily available to document and demonstrate that the project meets requirements. <u>The examples listed in this program review tool are not additional program requirements and do not represent an exhaustive list.</u> Evidence may include but is not limited to, policies, procedures, protocols, documentation of training, medical record review, direct visual confirmation per consultants and/or OPA staff to ensure that what is contained in written policy or instructions is actually being carried out, or any other form of documentation that substantiates that the project is operating in accordance with the Title X program requirements and policies, and Recommendations for Providing Quality Family Planning Services (QFP).
Family Planning Services	The voluntary process of identifying goals and developing a plan for the number and spacing of children and the means by which those goals may be achieved. Family planning services include a broad range of acceptable and effective family planning methods and services, which may range from choosing not to have sex to the use of other family planning methods and services to limit or enhance the likelihood of conception (including contraceptive methods and natural family planning or other fertility awareness-based methods) and the management of infertility, including information about or referrals for adoption. Family planning services include preconception counseling, education, and general reproductive and fertility health care to improve maternal and infant outcomes, and the health of women, men, and adolescents who seek family planning services, and the prevention, diagnosis, and treatment of infections and diseases which may threaten childbearing capability or the health of the individual, sexual partners, and potential future children. Family planning methods and services are never to be coercive and must always be strictly voluntary. (42 CFR 59.2) These services should be offered to both women and men in accordance with QFP, and Title X policies. Title X providers should be trained and equipped to offer these services.
Related Preventive Health Services	Services that are considered to be beneficial to reproductive health, are closely linked to family planning services, and are appropriate to deliver in the context of a family planning visit but do not contribute directly to achieving or preventing pregnancy (e.g., breast and cervical cancer screening). Title X providers should be trained and equipped to offer these services.

Term	Definition
Other Preventive Health Services	These include other preventive health services for women and men that are not listed above. Screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis are examples. Although important in the context of primary care, these have no direct link to family planning services. Title X providers should be trained and equipped to provide referrals for these as well as other primary care services, but they should not be considered a Title X service.

Reviewer Codes

A Administrative Reviewer	These initials in the Implementation Strategy Column identify which reviewer will complete the assessment for that element.
C Clinical Reviewer	
F Financial Reviewer	

Title X Program Review Tool

Grantee Name: Sites Evaluated: A. ____ B. ____ C. ____	Region: Project Officer:	Reviewer Name: Dates of Review:
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1: Project Management and Administration

1.1: Voluntary Participation					
Section 1.1.1: Voluntary and Non-Coercive Services					
<p>Family planning services are to be provided solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)). Clients cannot be coerced to accept services or to use or not use any particular method of family planning (42 CFR 59.5 (a)(2)).</p> <p>Grantees should institutionalize administrative procedures (i.e., staff training, clinical protocols, and consent forms) to ensure clients receive services on a voluntary basis.</p>					
Reviewer Code	Met	Not Met	Sub-Recipient/Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has written policies and procedures that specify services are to be provided on a voluntary basis. If the grantee does not provide all services directly, and sub-contracts for services to be performed, the grantee's policies and procedures and contract language specifies that all sub-recipients provide services solely on a voluntary basis.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Administrative policies used by service sites include a written statement that clients may not be coerced to use contraception, or to use any particular method of contraception or service.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Documentation at service sites demonstrates (e.g., staff circulars, training curriculum, and records) staff has been informed at least once during the current project period that services must be provided on a voluntary basis.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. General consent forms or other documentation at service sites inform clients that services are provided on a voluntary basis.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	6. Record review at service sites demonstrates that each client has signed a general consent form or other documentation that demonstrates they have received an assurance that services are voluntary.	

1.1.1 Link to QFP: Client-Centered Counseling

A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered which includes providing services on a voluntary basis. The key principles of providing quality, client-centered counseling include: 1) Establish and maintain rapport with the client, 2) Assess the client’s needs and personalize discussions accordingly, 3) Work with the client interactively to establish a plan, 4) Provide information that can be understood and retained by the client, and 5) Confirm client understanding. These principles are useful when developing counseling protocols that ensure voluntary participation. (See Appendix C of QFP for additional detail.)

Observation of counseling process, including Information & Education (I & E) material provided, at service sites demonstrates that the five principles of quality counseling are utilized when providing family planning services.

Reviewer Code	Evidence of Quality Indicator in Place?		Quality Indicator	Comments	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Establish and maintain rapport with the client.		
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Assess the client’s needs and personalize discussions accordingly.		
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Work with the client interactively to establish a plan.		
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Provide information that can be understood and retained by the client.		
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Confirm client understanding.		
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	+ Additional quality indicators, best practices, or highly innovative approaches	If Yes, describe:	
1.1.1 Quality Assessment Score:			<input type="checkbox"/> Exceptional (All 5 Quality Indicators Evident + Best Practices In Place)		
			<input type="checkbox"/> Good (3 – 5 Quality Indicators Evident)		
			<input type="checkbox"/> Fair (1 – 2 Quality Indicators Evident)		
			<input type="checkbox"/> 0 Quality Indicators Evident		
Section 1.1.2: Acceptance of FP Services not a Prerequisite for Eligibility or Services					
A client’s acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in, any other program that is offered by the grantee or sub-recipient (Section 1007, PHS Act; 42 CFR 59.5 (a)(2)).					
Grantee should institutionalize administrative procedures (e.g., staff training, clinical protocols, and consent forms) to ensure clients’ receipt of family planning services is not used as a prerequisite to receive other services from the service site.					
Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments

A	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has a written policy that prohibits their service sites, and any sub-recipient service sites from making the acceptance of family planning services a prerequisite to the receipt of any other services.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Administrative policies at service sites include a written statement that receipt of family planning services is not a prerequisite to the receipt of any other services offered by the service site.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Documentation at the service site(s) (e.g., staff circulars, training curriculum) indicates staff has been informed at least once during the current project period that a client's receipt of family planning services may not be used as a prerequisite to the receipt of any other services offered by the service site.	
A	<input type="checkbox"/>	<input type="checkbox"/>		5. Grantee has written policies and procedures that require that all staff of the grantee, sub-recipients, and service sites are informed that they may be fined or subject to prosecution or both if they coerce or try to coerce any person to undergo an abortion or sterilization procedure. ¹	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	6. General consent form or other documentation provided to clients state that receipt of family planning services is not a prerequisite to receipt of any other services offered by the service site.	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	7. Medical record review demonstrates that each client has signed a general consent form stating receipt of family planning services is not a prerequisite to receipt of any other services offered.	
<p>1.1 Additional Comments: [e.g., "Met 13 out of 13 requirements"]</p>					

¹ Personnel working within the family planning project may be fined or subject to prosecution or both if they coerce or try to coerce any person to undergo an abortion or sterilization procedure by threatening the person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

1.2: Prohibition of Abortion & Referral for Abortion

Title X grantees and sub-recipients must be in full compliance with Section 1008 of the Title X statute, which prohibits abortion as a method of family planning, 42 CFR 59.5(a)(5), which prohibits projects from providing, promoting, referring for, or supporting abortion as a method of family planning, and 42 CFR 59.14(a), which bars referral for abortion as a method of family planning.. Grantee has documented processes to ensure that they and their sub-recipients are in compliance with Section 1008 and 42 CFR 59.5(a)(5) and 59.14(a). Grantees include language in sub-recipient contracts addressing these requirements.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has written policies and procedures that prohibit sub-recipients and/or service sites from providing abortion as a method of family planning as part of the Title X project.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee has written policies and procedures that prohibit sub-recipients and/or service sites from referring for abortion as part of the Title X project, except for medical emergencies, or in the case of rape or incest.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	3. Grantee includes language in sub-recipient contracts addressing the requirement prohibiting sites from providing abortion as a method of family planning.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	4. Grantee includes language in sub-recipient contracts addressing the requirement prohibiting referral for abortion as a method of family planning.	
A	<input type="checkbox"/>	<input type="checkbox"/>		5. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	6. Administrative policies at service sites prohibit the site from providing abortion as a method of family planning part of the Title X project.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	7. Administrative policies or procedures at the service sites prohibit sub-recipients and/or service sites from referring for abortion as part of the Title X project, except for medical emergencies, or in the case of rape or incest.	

1.2 Additional Comments:

1.3: Physical separation of Title X and non-Title X activities

Title X grantees and sub-recipients must be in full compliance with 42 CFR 59.15, which stipulates that a Title X project must be organized so that it is physically and financially separate, from activities that are prohibited under section 1008 of the Act and 42 CFR 59.13, 59.14, and 59.16. The financial separation requirement is currently in effect; the date for compliance with the physical separation requirement is March 4, 2020. Systems must be in place to assure adequate physical and financial separation of any non-Title X activities from the Title X project. Grantee has documented processes to ensure that they and their sub-recipients are in compliance with Section 1008 and 42 CFR 59.15.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
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<p>A</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>		<p>1. Grantee has written policies and procedures that ensure that the Title X project (including sub-recipients and/or service sites) is organized so that it is physically and financially separate from prohibited activities. Policies document that the Title X project has an objective integrity and independence from prohibited activities, based upon a review of the facts and circumstances set out in 42 CFR 59.15(a)-(d) including:</p> <ul style="list-style-type: none"> (a) The existence of separate, accurate accounting records; (b) The degree of separation from facilities (e.g., treatment, consultation, examination and waiting rooms, office entrances and exits, shared phone numbers, email addresses, educational services, and websites) in which prohibited activities occur and the extent of such prohibited activities; (c) The existence of separate personnel, electronic or paper-based health care records, and workstations; and (d) The extent to which signs and other forms of identification of the Title X project are present, and signs and material referencing or promoting abortion are absent. 	
<p>A</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>Question N/A (No Sub-Recipients) <input type="checkbox"/></p>	<p>2. Grantee includes language in sub-recipient contracts addressing the requirement of physical separation.</p>	
<p>A</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/></p>	<p>3. Documentation at sub-recipients and service sites (e.g., staff circulars, training records) demonstrates that staff has been trained at least once during the current project period on permissible and impermissible Title X activities.</p>	
<p>F</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/></p>	<p>4. Financial documentation at service sites demonstrates that Title X funds are not being used for abortion services, or referral for abortion as a method of family planning, and adequate separation exists between Title X and non-Title X activities.</p>	

1.3 Additional Comments:

1.4: Structure and Management

Family planning services under a Title X grant may be offered by grantees directly and/or by sub-recipient agencies operating under the umbrella of a grantee. However, the grantee is accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by sub-recipients. Where required services are provided by referral, the grantee is expected to have written agreements for the provision of services and reimbursement of costs as appropriate.

Section 1.4.1: Written Sub-Recipient Agreements and Standards

The grantee must have a written agreement with each sub-recipient and establish written standards and guidelines for all delegated project activities consistent with the appropriate section(s) of the Title X program requirements, as well as other applicable requirements (42 CFR 59.2).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	1. Grantee has written agreements documenting that any entity(s) carrying out the scope of the contract do so in accordance with Title X and other applicable federal requirements.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. Review of Grantee and sub-recipient monitoring tools and reports demonstrates that the grantee ensures, on a regular basis, that all sub-recipients are being monitored for compliance with all statutory and regulatory Title X requirements.	

Section 1.4.2: Sub-Recipient Subcontracts

If a sub-recipient wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the grantee must be maintained by the sub-recipient (42 CFR 59.1).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	1. Grantee has a signed agreement with any sub-recipient who subcontracts for responsibilities or services, that requires the sub-recipient to include compliance with Title X requirements in their subcontracts.	

A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	2. Grantee documentation indicates oversight of sub-recipients compliance with this section.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Documentation shows that sub-recipients who subcontract for responsibilities or services include Title X requirements in their subcontracts.	

Section 1.4.3: Authorized Purchases

The grantee must ensure that all services purchased for project participants will be authorized by the project director or his designee on the project staff (42 CFR 59.5(b)(7)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee policies clearly indicate the approval process for any services that are purchased for participants.	
F	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Documentation of purchases demonstrates that the grantee and subrecipients' established policies and procedures are followed.	

Section 1.4.4: Schedule of Rates and Payment Procedures

The grantee must ensure that services provided through a contract or other similar arrangement are paid for under agreements that include a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate that these rates are reasonable and necessary (42 CFR 59.5(b)(9)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Contracts) <input type="checkbox"/>	1. Grantee contracts clearly indicate the schedule of rates and payment procedures for services.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Contracts) <input type="checkbox"/>	2. The grantee can substantiate that the rates are reasonable and necessary. This includes demonstrating the process and/or rationale used to determine payments, examples of financial records, applicable internal controls.	

Section 1.4.5: Sub-Recipient Inclusion in Grantee Policy Establishment

Sub-recipient agencies must be given an opportunity to participate in the establishment of ongoing grantee policies and guidelines (42 CFR 59.5 (a)(10)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Contracts) <input type="checkbox"/>	1. Grantee policies identify the mechanism(s) used to involve sub-recipient agencies in the development of policies and guidelines.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Contracts) <input type="checkbox"/>	2. Documentation exists that sub-recipients participate in this process as indicated in the grantee policy. This may be demonstrated by meeting minutes, conference calls and webinars.	

Section 1.4.6: Financial Management System

The grantee and each sub-recipient must maintain a financial management system that meets Federal standards, as applicable, as well as any other requirements imposed by the Notice of Award, and which complies with Federal standards that will support effective control and accountability of funds, as required (45 CFR 75.302).

Reviewer Code	Met	Not Met	Sub-Recipient/Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	1. Grantee and each subrecipient maintain financial policies and procedures that can be referenced back to federal regulations as applicable.	
F	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Grantee and each subrecipient maintain financial records and oversight documentation that demonstrates that the financial management practices within all project sites are aligned with Title X and other applicable regulations and grants requirements.	

1.4 Additional Comments:

1.5: Charges, Billings, and Collections

The grantee is responsible for the implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the projects. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay. Projects should not have a general policy of no fee or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services.

Section 1.5.1: FPL Guidance, Third Party Billing, and Income Verification

Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services (Section 1006(c)(2), PHS Act; 42 CFR 59.5(a)(7)). For the purposes of considering payment for contraceptive services only, where a woman has health insurance coverage through an employer that does not provide the contraceptive services sought by the woman because the employer has a sincerely held religious or moral objection to providing such coverage, the project director may consider her insurance coverage status as a good reason why she is unable to pay for contraceptive services, as detailed in (42 CFR 59.2). Although not required to do so, grantees 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 the client's self-report.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	1. Grantee and subrecipients have policies and procedures assuring that clients whose documented income is at or below 100% FPL are not charged for services and that third party payers are billed.	
F	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service sites follow a written policy and procedure for documenting client income that is aligned with Title X requirements.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Financial documentation at the service site(s) indicates clients whose documented income is at or below 100% FPL are not charged for services.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Service site policy and procedure for documenting client income does not present a barrier to receipt of services.	

Section 1.5.2: Discount Schedules

A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL) (42 CFR 59.5(a)(8)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
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F	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has policies and procedures requiring that a schedule of discounts be developed for services provided in the project and updated annually to be in accordance with the FPL.	
F	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service sites follow a written policy and procedure requiring that a schedule of discounts be developed for services provided in the project and updated annually to be in accordance with the FPL.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Service site documentation indicates client income is assessed annually and discounts are appropriately applied to the cost of services.	

Section 1.5.3: Fee Waiver
 Fees may be waived for individuals with family incomes above 100% of the FPL who, as determined by the service site project director, are unable, for good reasons, to pay for family planning services (42 CFR 59.2).

Reviewer Code	Met	Not Met	Sub-Recipient/Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has policies and procedures that require sub-recipients to have a process to refer clients (or financial records) to the service site director for review and consideration of waiver of charges.	
F	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service sites follow a written policy and procedure requiring a process to refer clients (or financial records) to the service site director for review and consideration of waiver of charges.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Documentation at the service site demonstrates clients that are unable to pay for good reasons are evaluated by the service site director, the decision is documented, and the client is informed of the determination.	

Section 1.5.4: Reasonable Costs/Fee Schedules
 For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. (42 CFR 59.5(a)(8)).

Reviewer Code	Met	Not Met	Sub-Recipient/Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has documented policies and procedures requiring sub-recipients and service sites to have a sound rationale and process for determining the cost of services.	

F	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service sites have a process in place to determine the reasonable cost of services and this is updated periodically.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Financial records indicate client income is assessed and that charges are applied appropriately to recover the cost of services.	

Section 1.5.5: Voluntary Donations

Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.

Reviewer Code	Met	Not Met	Sub-Recipient/Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee policies and procedures indicate if the project service sites may request and/or accept donations.	
F	<input type="checkbox"/>	<input type="checkbox"/>		Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service site policies and procedures document if the agency requests and/or accepts donations.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Onsite documentation and observation demonstrates that clients are not pressured to make donations and that donations are not a prerequisite to the provision of services or supplies. Observation may include signage, financial counseling scripts, or other evidence.	

Section 1.5.6: Discount Eligibility for Minors

Eligibility for discounts for unemancipated minors who receive confidential services must be based on the resources of the minor, provided that the Title X provider has documented its efforts to involve the minor's family in the decision to seek family planning services (absent abuse and, if so, with appropriate reporting) (42 CFR 59.2).

Reviewer Code	Met	Not Met	Sub-Recipient/Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has policies that require sub-recipients and service sites to have a process for determining whether a minor is seeking confidential services and stipulates that charges to adolescents seeking confidential services will be based solely on the adolescent's resources.	
F	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	

F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service sites have a policy and procedure for determining whether a minor is seeking confidential services and stipulates that charges to adolescents seeking confidential services will be based solely on the adolescent's resources.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Documentation at service sites demonstrates the process for determining whether a minor is seeking confidential services and that charges for adolescents seeking confidential services are based solely on the adolescent's resources.	

Section 1.5.7: Third Party Payments

Where there is legal obligation or authorization for third party reimbursement, including public or private sources, all reasonable efforts must be made to obtain third party payment without the application of any discounts (42 CFR 59.5(a)(9)).

Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee policies and procedures require that all project sites bill insurance in accordance with Title X regulations.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. The grantee and its subrecipients can demonstrate that there are contracts with insurance providers, including public and private sources.	
F	<input type="checkbox"/>	<input type="checkbox"/>		3. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
				4. Service sites have policies and procedures to ensure that clients with family incomes between 101%-250% FPL do not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Financial records indicate that clients with family incomes between 101%-250% FPL do not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.	

Section 1.5.8: Title XIX/Title XX/Title XXI Agreements

Where reimbursement is available from Title XIX, Title XX, or Title XXI of the Social Security Act, a written agreement with the Title XIX, Title XX, or Title XXI agency at either the grantee level or sub-recipient agency is required (42 CFR 59.5(a)(9)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
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F	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	1. Grantee and/or its sub-recipients maintain written agreements with Title XIX, Title XX, and/or Title XXI and ensure they are kept current, as appropriate.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. Documentation indicates that the grantee and/or its sub-recipients maintain oversight of its sub-recipients' agreements with Title XIX, Title XX, and/or Title XXI.	

Section 1.5.9: Confidential Collections
Reasonable efforts to collect charges without jeopardizing client confidentiality must be made (42 CFR 59.11).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
F	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has policies addressing collection by service sites that include safeguards that protect client confidentiality, particularly in cases where sending an explanation of benefits could breach client confidentiality.	
F	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. The service site has policy and procedures that safeguards and protects client confidentiality.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Documentation at service sites demonstrates that policies and procedures are in place when clients request confidential services that confidentiality is maintained when billing and collecting payments.	

1.5 Additional Comments:

1.6: Project Personnel

Title X grantees must have approved personnel policies and procedures.

Section 1.6.1: Personnel Policies

Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including, but not limited to, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has written policies and procedures in place that provide evidence that there is no discrimination in personnel administration at its organizations and within its sub-recipient network. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. There is evidence that the grantee monitors sub-recipients to ensure compliance with this requirement.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service site has written policies and procedures in place that provide evidence that there is no discrimination in personnel administration.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Documentation at the service sites demonstrates that there is no discrimination in personnel administration.	

Section 1.6.2: Cultural Competency

Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population(42 CFR 59.5 (b)(10)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has written policies and procedures that address how the project operationalizes cultural competency.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. There is evidence that the grantee monitors sub-recipients to ensure compliance with this requirement.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service site has written policies and procedures that address how the project operationalizes cultural competency.	

A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Documentation at service sites includes records of cultural competence training, in-services, client satisfaction surveys, or other documentation that supports culturally competent services.	
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Section 1.6.3: Project Director
 Projects must be administered by a qualified project director. Change in status, including Absence of Principle Investigator/Project Director and Other Key Personnel requires pre-approval by the Office of Grants Management. For more information, see HHS Grants Policy Statement and 45 CFR part 75.308(c)(1)(ii-iii).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Changes) <input type="checkbox"/>	1. Documentation indicates any changes in project director, project director time or other key personnel have been submitted to and approved by the Office of Grants Management.	

Section 1.6.4: Clinical Leadership
 Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5(b)(6)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
C	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee demonstrates evidence that the medical/clinical services operate under the direction of a physician.	
C	<input type="checkbox"/>	<input type="checkbox"/>		2. Curriculum vitae of the Medical Director indicates special training or experience in family planning.	
C	<input type="checkbox"/>	<input type="checkbox"/>		3. There is evidence that the grantee monitors that sub-recipients' clinical protocols are approved by the Medical Director.	
C	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. There is evidence at both the grantee and sub-recipient locations indicating involvement of the Medical Director in program operations (e.g., medical advisory committee, board, and staff meetings).	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Clinical protocols are approved by the Medical Director.	

Section 1.6.5: Salary
 Appropriate salary rate limitations will apply as required by law.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
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F	<input type="checkbox"/>	<input type="checkbox"/>		1. Documentation indicates that the grantee is complying with required salary limits as documented in the most current family planning services Funding Opportunity Announcement (FOA) such as budgets and payroll records.	
1.6 Additional Comments:					

1.7: Staff Training and Project Technical Assistance					
Title X grantees are responsible for the training of all project staff.					
Section 1.7.1: Personnel Training					
Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites (42 CFR 59.5(b)(4)).					
Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee records demonstrate the assessment(s) of staff training needs and a training plan that addresses key requirements of the Title X program and priority areas.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee maintains written records of orientation, in-service and other training attendance by project personnel.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	3. Grantee documentation demonstrates oversight of sub-recipient training plans and activities.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Service site policy requires orientation for all new project personnel.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Documentation at service sites includes records of orientation and in-service training for all project personnel.	
Section 1.7.2: Training on Federal/State Reporting Requirements					
The project's orientation/in-service training includes annual training on Federal/State and local laws regarding notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest, intimate partner violence, as well as on human trafficking (42 CFR 59.17).					

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee policies ensure that staff has received annual training on Federal/State and local-specific reporting/notification requirements for each of these topics.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	2. Grantee documentation demonstrates oversight of sub-recipient training activities for these topics.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service site policies ensure that staff has received annual training on Federal/State and local-specific reporting/notification requirements for each of these topics.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Documentation at service sites includes records of annual training on Federal/State and local reporting/notification requirements.	

Section 1.7.3: Training on Minors (Family Involvement and Coercion)

The project’s orientation/in-service training should include 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.(42 CFR 59.2, 59.17)

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee documentation includes evidence of annual staff training specific to this area which may include attendance records and certificates.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. Documentation includes training attendance records/certificates which indicate that training on family involvement counseling and sexual coercion counseling has been provided.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	3. Grantee documentation demonstrates oversight of sub-recipient training activities on these topics.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Service site policies require annual training specific to this area.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Documentation at service sites includes records of annual staff training on minors, family involvement, and coercion.	

1.7 Additional Comments:

1.8: Planning and Evaluation					
Grantees must ensure that the project is competently and efficiently administered (42 CFR 59.5(a)(13)).					
Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has a written plan for monitoring the delivery of all services described in approved grant application, including monitoring of sub-recipients.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. Grantee records document periodic assessment of work plan progress, including work plan revisions when needed.	
A	<input type="checkbox"/>	<input type="checkbox"/>		3. Grantee collects and submits data for the Family Planning Annual Report (FPAR) in a timely, complete, and accurate manner.	
<p>1.8 Link to QFP: Framework for Program Evaluations</p> <p>When designing evaluations, projects should follow the Recommendations for Providing Quality Family Planning Services, which defines what services to provide and how to do so and thereby provides a framework by which program evaluations can be developed. Projects should also follow the QFP that defines ‘quality’ care and describes how to conduct quality improvement processes so that performance is monitored and improved on an ongoing basis. Quality Improvement activities should be overseen by the grantee and occur at both the grantee and sub-recipient levels.</p>					
Reviewer Code	Evidence of Quality Indicator in Place?		Quality Indicator		Comments
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Grantee demonstrates use of FPAR data to calculate for grantee level the percentage of adolescent and adult women at risk of unintended pregnancy who use: (a) a most or moderately effective method of contraception, and (b) long-acting reversible methods of contraception.		
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Grantee project records document the use of ongoing (i.e., at least annually) quality improvement processes related to the contraceptive use measure (see #1 above).		
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Grantee demonstrates use of FPAR data to calculate for all service sites within the grantee’s network the percentage of adolescent and adult women at risk of unintended pregnancy who use: (a) a most or moderately effective method of contraception, and (b) long-acting reversible methods of contraception.		

A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Grantee project records document the use of ongoing (i.e., at least annually) quality improvement processes related to the contraceptive use measure across all service sites within the grantee network (see #2 above), and a description of steps taken by the grantee, sub-recipients and service sites in response to findings.	
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Grantee project records demonstrate the use of data at service site level to monitor other aspects of quality care (e.g., client experience, chlamydia screening rates, timelines, and efficiency).	
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	6. Grantee has implemented Health Information Technology and can demonstrate how its use has increased its ability to monitor the quality of care.	
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	+ Additional quality indicators, best practices, or highly innovative approaches	If Yes, describe:
1.8 Quality Assessment Score:			<input type="checkbox"/>	Exceptional (All 6 Quality Indicators Evident + Best Practices In Place)
			<input type="checkbox"/>	Good (4 – 6 Quality Indicators Evident)
			<input type="checkbox"/>	Fair (1 – 3 Quality Indicators Evident)
			<input type="checkbox"/>	0 Quality Indicators Evident
1.8 Additional Comments:				

2. Project Services and Clients

Projects funded under Title X are intended to enable all persons who want to obtain family planning care to have access to such services. Projects must provide for comprehensive medical, informational, educational, social, and referral services related to family planning for clients who want such services.

2.1: Priority Clients					
Priority for project services is to persons from low-income families (Section 1006(c)(1), PHS Act; 42 CFR 59.5(a)(6)).					
Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments

A	<input type="checkbox"/>	<input type="checkbox"/>		1. Data submitted to the Family Planning Annual Report by the grantee demonstrates that more than half of clients served have incomes that are at or below 100% of the Federal Poverty Level (FPL).	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. Service site(s) are located in locations that are accessible for low-income persons.	

2.1 Additional Comments:

2.2: Client Dignity

Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5 (a)(3)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	1. Service sites ensures protection of client privacy as evidenced in their policies and confirmed by consultant observation.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. A patient bill of rights or other documentation which outlines client's rights and responsibilities is available for review by the client.	

2.2 Link to QFP: Cultural Competency and Client Dignity

A core premise of Recommendations for Providing Quality Family Planning Services is that quality services are client-centered, which includes providing services in a respectful and culturally competent manner.

Reviewer Code	Evidence of Quality Indicator in Place?		Quality Indicator	Comments
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. The grantee needs assessments or other documentation (including those of the sub-recipients) describe populations that may be in need of culturally competent care.	
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. The grantee has written policies and procedures that require their sites and sub-recipients to receive training in culturally competent care. This should include how to meet the needs of the following key populations: LGBTQ, adolescents, individuals with limited English-proficiency and the disabled.	

A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Documentation (e.g., training records) that demonstrates staff has received training in providing culturally competent care to populations identified in the needs assessment.	
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Observation of the clinic environment demonstrates that it is welcoming (i.e., Privacy, cleanliness of exam rooms, ease of access to service, fair and equitable charges for services including waiver of fees for “good reasons,” language assistance).	
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Surveys provided to clients document that clients perceive providers and other clinic staff to be respectful.	
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	+ Additional quality indicators, best practices, or highly innovative approaches	If Yes, describe:
2.2 Quality Assessment Score:			<input type="checkbox"/>	Exceptional (All 5 Quality Indicators Evident + Best Practices In Place)
			<input type="checkbox"/>	Good (3 – 5 Quality Indicators Evident)
			<input type="checkbox"/>	Fair (1 – 2 Quality Indicators Evident)
			<input type="checkbox"/>	0 Quality Indicators Evident
2.2 Additional Comments:				

2.3: Non-Discriminatory Services					
Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)).					
Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has written policies and procedures that require their service sites and any sub-recipient sites to provide service without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status, and to inform staff of this requirement on an annual basis.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	2. Grantee has documentation of monitoring of sub-recipients for compliance with non-discrimination requirements.	

A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service site has written policies and procedures that require services to be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status, and to inform staff of this requirement on an annual basis.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Documentation at sub-recipients and service sites (e.g., staff circulars, orientation documentation, training curricula) demonstrates that staff is informed on an annual basis that services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status.	

2.3 Additional Comments:

2.4: Availability of Social Services

Projects must provide for social services related to family planning including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance (42 CFR 59.5 (b)(2)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee’s needs assessment or other activities has documented the social service and medical needs of the community to be served, as well as ancillary services that are needed to facilitate clinic attendance, and identified relevant social and medical services available to help meet those needs.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	2. Grantee has a written policy that requires sub-recipients to develop and implement plans to address the related social service and medical needs of clients as well as ancillary services needed to facilitate clinic attendance.	
A	<input type="checkbox"/>	<input type="checkbox"/>		3. There is evidence that the grantee monitors sub-recipients to ensure compliance with this requirement.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Service site has a policy and/or plan to address the related social service and medical needs of clients as well as ancillary services needed to facilitate clinic attendance.	

A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. There is evidence of a process to refer clients to relevant social and medical services agencies for example: child care agencies, transport providers, WIC programs. (Optimally, signed, written collaborative agreements).	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	6. Medical records indicate that referrals were made based on documented specific condition/issues.	

2.4 Additional Comments:

2.5: Availability and Use of Referrals

Except as provided in 42 CFR 59.14(a) with respect to the prohibition on referrals for abortion as a method of family planning, projects must provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs (42 CFR 59.5(b)(8)).

Reviewer Code	Met	Not Met	Sub-Recipient/Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has a written policy that requires sub-recipients and service sites to develop and implement plans to coordinate with and refer clients to other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. There is evidence that the grantee monitors sub-recipients to ensure compliance with this requirement.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service site has plans to coordinate with and refer clients to other providers of health care.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Service sites have evidence of processes for effective referrals to relevant agencies, including: emergency care, HIV/AIDS care and treatment agencies, infertility specialists, and chronic care management providers, and providers of other medical services not provided on-site (Optimally, signed, written collaborative agreements).	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Service site has evidence of referral for medically necessary prenatal care.	

2.5 Additional Comments:

2.6: Clinical Protocols and Standards of Care

All grantees should assure services provided within their project operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee, and signed by the physician responsible for the service site.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
C	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has written policies and procedures requiring sub-recipients and service sites to operate within written clinical protocols aligned with nationally recognized standards of care and signed by the medical director or physician responsible for the service site.	
C	<input type="checkbox"/>	<input type="checkbox"/>		2. Documentation exists that the grantee monitors all service sites and sub-recipients for the existence of current written clinical protocols that are aligned with nationally recognized standards of care (such as QFP) and signed by the medical director or physician responsible for the service sites.	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Service site clinical protocols align with nationally recognized standards of care.	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Medical records document that clinical services align with approved protocols.	

2.6 Link to QFP
Grantees should follow QFP, which describes what services should be offered by family planning providers, and recommends how to provide those services by citing specific Federal and professional medical associations' recommendations for clinical care.

Reviewer Code	Evidence of Quality Indicator in Place?		Quality Indicator	Comments
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Written clinical protocols include the full scope of family planning services as defined in QFP including contraception, pregnancy testing; and counseling; achieving pregnancy; basic infertility, STD, and preconception health services.	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Service sites have current clinical protocols (i.e., revised within the past 12 months) that reflect the most current version of Federal and professional medical associations' recommendations for each type of service, as cited in QFP.	

C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Documentation exists that clinical staff has participated in training on QFP (e.g., training available from the Title X National Training Centers).	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. A review of medical records and/or observational assessment confirms that the recommended services are provided in a manner consistent with QFP including those identified in QFP Tables 2 and 3 on pages 22-23.	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	+ Additional quality indicators, best practices, or highly innovative approaches	If Yes, describe:
2.6 Quality Assessment Score:			<input type="checkbox"/>	Exceptional (All 4 Quality Indicators Evident + Best Practices In Place)
			<input type="checkbox"/>	Good (2 – 3 Quality Indicators Evident)
			<input type="checkbox"/>	Fair (1 Quality Indicator Evident)
			<input type="checkbox"/>	0 Quality Indicators Evident
2.6 Additional Comments:				

2.7: Provision of Family Planning and Related Services

All projects must provide for medical services related to family planning (including physician’s consultation, examination, prescription, and continuing supervision, laboratory examination, contraceptive supplies) and referral to other medical facilities when medically necessary, consistent with the prohibition on referral for abortion as a method of family planning in 42 CFR 59.14(a), and provide for the effective usage of contraceptive devices and practices (42 CFR 59.5(b)(1)).

This includes, but is not limited to emergencies that require referral. Efforts may be made to aid the client in finding potential resources for reimbursement of the referral provider, but projects are not responsible for the cost of this care.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
C	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has written policies and procedures requiring sub-recipients and service sites to provide medical services related to family planning as indicated in this section.	
C	<input type="checkbox"/>	<input type="checkbox"/>		2. There is evidence that the grantee monitors sub-recipients to ensure compliance with this requirement.	

	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Current written (i.e., updated within the past 12 months) clinical protocols clearly indicate that the following services will be offered to female, male and adolescent clients as appropriate: a broad range of contraceptives, including natural family planning methods and other fertility awareness based methods; pregnancy testing and counseling; services to assist with achieving pregnancy; basic infertility services; STD services; and preconception health services.	
	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Breast and cervical cancer screening are available on-site or by referral to female clients.	
	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Written collaborative agreements with relevant referral agencies exist, including: emergency care, HIV/AIDS care and treatment providers, infertility specialists, primary care and chronic care management providers.	
	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	6. Medical records document that clients are provided referrals when medically indicated.	

2.7 Additional Comments:

2.8: Range of Family Planning Methods

All projects must provide a broad range of acceptable and effective family planning methods (including contraceptives, natural family planning or other fertility awareness-based methods) and services (including infertility services, information about or referrals for adoption, and services for adolescents). If an organization offers only a single method or a limited number of methods of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning methods and services. (42 CFR 59.5(a)(1)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
	<input type="checkbox"/>	<input type="checkbox"/>		1. Services provided by the grantee and each sub-recipient, when viewed in its entirety provide, a broad range of acceptable and effective methods (including contraceptives, natural family planning or other fertility awareness-based methods) and services (including infertility services, information about or referrals for adoption, and services for adolescents).	

C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. Medical record reviews demonstrate that clients are offered a broad range of acceptable and effective family planning methods (including contraceptives, natural family planning or other fertility awareness-based methods) and services (including infertility services, information about or referrals for adoption, and services for adolescents).	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. A review of the current stock of contraceptive methods demonstrates that a broad range of methods, including LARCs, are available on-site or by referral through a subrecipient or contract with the Title X grantee. If only offering a single method or limited number of contraceptive methods or services on-site, there is documentation that demonstrates that the site is part of a network offering a broad range of contraceptive methods and services.	
C	<input type="checkbox"/>	<input type="checkbox"/>		4. Grantee documentation indicates oversight of sub-recipients/service sites compliance with this section.	

2.8 Link to QFP

QFP notes the need to offer a broad range of contraceptive methods, and that this is an important part of providing client-centered care that respects the individual's choice. Projects should have a system in place to ensure continuous access to a broad range of medically-approved contraceptive methods, including fertility awareness-based methods, optimally on-site.

QFP notes the special needs of adolescent clients and recommends ways to address those needs, e.g., how to tailor contraceptive counseling for adolescents and ways to make services more youth-friendly.

Reviewer Code	Evidence of Quality Indicator in Place?		Quality Indicator	Comments
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. All services listed in QFP are offered to female and male clients, including adolescents, as specified in clinical protocols.	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. A review of clinic/pharmacy records demonstrates no stock-out of any contraceptive method that is routinely offered occurred during the past 6 months.	
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. A review of the service site's FPAR data demonstrates that the proportion of males receiving family planning services is close to or above the national average.	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. A review of medical records confirms that adolescents have been counseled about abstinence, the use of condoms and other contraceptive methods, including LARCs.	

A / C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	+ Additional quality indicators, best practices, or highly innovative approaches	If Yes, describe:								
	<table border="1"> <tr> <td rowspan="4">2.8 Quality Assessment Score:</td> <td><input type="checkbox"/></td> <td>Exceptional (All 4 Quality Indicators Evident + Best Practices In Place)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Good (2 – 3 Quality Indicators Evident)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Fair (1 Quality Indicator Evident)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>0 Quality Indicators Evident</td> </tr> </table>				2.8 Quality Assessment Score:	<input type="checkbox"/>	Exceptional (All 4 Quality Indicators Evident + Best Practices In Place)	<input type="checkbox"/>	Good (2 – 3 Quality Indicators Evident)	<input type="checkbox"/>	Fair (1 Quality Indicator Evident)	<input type="checkbox"/>
2.8 Quality Assessment Score:	<input type="checkbox"/>	Exceptional (All 4 Quality Indicators Evident + Best Practices In Place)										
	<input type="checkbox"/>	Good (2 – 3 Quality Indicators Evident)										
	<input type="checkbox"/>	Fair (1 Quality Indicator Evident)										
	<input type="checkbox"/>	0 Quality Indicators Evident										
2.8 Additional Comments:												

2.9: Durational Residency Requirements					
Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician (42 CFR 59.5(b)(5)).					
Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has a written policy stating that sub-recipient and service sites must provide services without the imposition of any durational residence requirement or a requirement that the client be referred by a physician.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. Written clinic policies explicitly address this requirement.	
2.9 Additional Comments:					

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2.10: Pregnancy Testing and Diagnosis

Because Title X funds are intended only for family planning, once a client served by a Title X project is medically verified as pregnant, she shall be referred to a health care provider for medically necessary prenatal health care. The Title X provider may also choose to provide the following counseling and/or information to her:

- (i) Nondirective pregnancy counseling, when provided by physicians or advanced practice providers;
- (ii) A list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care);
- (iii) Referral to social services or adoption agencies; and/or
- (iv) Information about maintaining the health of the mother and unborn child during pregnancy.

In cases in which emergency care is required, the Title X project shall only be required to refer the client immediately to an appropriate provider of medical services needed to address the emergency.

A Title X project may not use the provision of any prenatal, social service, emergency medical, or other referral, of any counseling, or of any provider lists, as an indirect means of encouraging or promoting abortion as a method of family planning. The list of licensed, qualified, comprehensive primary health care providers (including providers of prenatal care) in bullet ii above may be limited to those that do not provide abortion, or may include licensed, qualified, comprehensive primary health care providers (including providers of prenatal care), some, but not the majority, of which also provide abortion as part of their comprehensive health care services. Neither the list nor project staff may identify which providers on the list perform abortion.

Nothing here shall be construed as prohibiting the provision of information to a project client that is medically necessary to assess the risks and benefits of different methods of contraception in the course of selecting a method, provided that the provision of such information does not promote abortion as a method of family planning. (42 CFR 59.14)

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has written policies and procedures requiring their sites and all sub-recipients to provide a referral to a health care provider for medically necessary prenatal health care, once a client served by a Title X project is medically verified as pregnant.	
C	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. If the grantee has chosen to include nondirective pregnancy counseling in its Title X project, they have written clinical protocols ensuring that pregnant clients may be offered 1) neutral, factual information, and 2) non-directive pregnancy counseling, when provided by a physician or Advanced Practice Provider.	
A	<input type="checkbox"/>	<input type="checkbox"/>		3. The grantee has written policies and procedures consistent with laws that protect the conscience rights of individuals.	

C	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. If the grantee has chosen to include nondirective pregnancy counseling in its Title X project, medical records of pregnant clients document that information and counseling provided was nondirective, and was provided by a physician or Advanced Practice Provider.	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Medical records of pregnant clients document that referral for medically necessary prenatal care has been made.	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	6. Medical records of pregnant clients document that referrals for abortion have only occurred in cases of medical emergencies, or in the case of incest or rape.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	7. If the service site has chosen to include a provider list as part of its Title X project, written protocols and lists demonstrate that any list provided to clients includes licensed, qualified, comprehensive primary health care providers (including providers of prenatal care), some (but not the majority) of which may provide abortion as part of their comprehensive health care services.	
A	<input type="checkbox"/>	<input type="checkbox"/>		8. There is evidence that the grantee monitors sub-recipients to ensure compliance with this section.	

2.10 Link to QFP

Projects should follow QFP, which describes how to provide pregnancy testing and counseling services, and cites the clinical recommendations of the relevant professional medical associations.

Reviewer Code	Evidence of Quality Indicator in Place?		Quality Indicator	Comments
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Written clinical protocols regarding pregnancy testing and counseling are in accordance with the recommendations presented in QFP, including reproductive life planning discussions and medical histories that include any coexisting conditions.	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Chart review demonstrates that clients with a positive pregnancy test receive appropriate counseling and are assessed regarding their social support.	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Chart review demonstrates that clients with a negative pregnancy test who do not want to become pregnant are offered same day contraception, if appropriate.	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Staff has received training on pregnancy counseling recommendations presented in QFP at least once during employment.	

C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Observation and/or medical record review demonstrates counseling recommendations in accordance with the principles presented in QFP including reproductive life planning discussions.	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	+ Additional quality indicators, best practices, or highly innovative approaches	If Yes, describe:
2.10 Quality Assessment Score:			<input type="checkbox"/>	Exceptional (All 5 Quality Indicators Evident + Best Practices In Place)
			<input type="checkbox"/>	Good (3 – 5 Quality Indicators Evident)
			<input type="checkbox"/>	Fair (1 – 2 Quality Indicators Evident)
			<input type="checkbox"/>	0 Quality Indicators Evident
2.10 Additional Comments:				

2.11: Compliance with Legislative Mandates

Title X grantees must comply with applicable legislative mandates set out in the HHS appropriations act. Grantees must have written policies in place that address these legislative mandates:

“None of the funds appropriated in the Act may be made available to any entity under Title X of the Public Health Service Act unless the applicant for the award certifies to the Secretary of Health and Human Services that it encourages family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.”

“Notwithstanding any other provision of law, no provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.”

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
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A	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has written policies and procedures requiring their sites and all sub-recipients to inform their staff periodically that: (a) clinic staff must encourage family participation in the decision of minors to seek family planning services, (b) minors must be counseled on how to resist attempts to coerce them into engaging in sexual activities, and (c) State law must be followed requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest. Grantee contracts with sub-recipients include these requirements.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. Documentation (e.g., staff circulars, training curricula) demonstrates that all staff has been formally informed about items 1a-c above at least once annually.	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Medical records of minors document encouragement regarding family participation in their decision to seek family planning services and counseling on how to resist attempts to being coerced into engaging in sexual activities.	
C	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. A review of medical records confirms that in instances where minors have not been encouraged to include their family in family planning decisions, the reasons for not having done so are documented.	
A	<input type="checkbox"/>	<input type="checkbox"/>		5. There is evidence that the grantee monitors sub-recipients to ensure compliance with this section.	
2.11 Additional Comments:					

3: Confidentiality

All projects receiving Title X funds must ensure client confidentiality.

3: Confidentiality
<p>Every project must have safeguards to ensure client confidentiality. Information obtained by project staff about an individual receiving services may not be disclosed without the individual’s documented consent, except as required by law or as may be necessary to provide services to the individual, with appropriate safeguards for confidentiality. Concern with respect to the confidentiality of information may not be used as a rationale for noncompliance with laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, human trafficking or other similar reporting laws. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).</p>

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has a written policy requiring that all service sites and sub-recipients safeguard client confidentiality. Grantee contracts with sub-recipients include this requirement.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. Documentation (e.g., staff circulars, new employee orientation documentation, training curricula) demonstrates that staff has been informed at least once during the current project period about policies related to preserving client confidentiality and privacy.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. Clinical protocols and policies have statements related to client confidentiality and privacy.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. The health records system has safeguards in place to ensure adequate privacy, security and appropriate access to personal health information.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. There is evidence that HIPAA privacy forms are provided to clients and signed forms are collected as required.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	6. General consent forms or other documentation at service sites state that services will be provided in a confidential manner, and note any limitations that may apply.	
F	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	7. Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence).	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	8. Client education materials (e.g., posters, videos, flyers) noting the client's right to confidential services are available to clients.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	9. The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.	
A	<input type="checkbox"/>	<input type="checkbox"/>		10. There is evidence that the grantee monitors sub-recipients to ensure compliance with this section.	
3 Additional Comments:					

4: Community Participation, Education, and Project Promotion

Title X grantees are expected to provide for community participation and education and to promote the activities of the project.

4.1: Collaborative Planning and Community Engagement					
Title X grantees and sub-recipient agencies must 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 persons in the community knowledgeable about the community's needs for family planning services (42 CFR 59.5(b)(10)).					
Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has written policies and procedures in place for ensuring that there is an opportunity for community participation in developing, implementing, and evaluating the project plan. Participants should include individuals who are broadly representative of the population to be served, and who are knowledgeable about the community's needs for family planning services.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. The community engagement plan: (a) engages diverse community members including adolescents and current clients, and (b) specifies ways that community members will be involved in efforts to develop, assess, and/or evaluate the program.	
A	<input type="checkbox"/>	<input type="checkbox"/>		3. Documentation demonstrates that the community engagement plan has been implemented (e.g., reports, meeting minutes, etc.).	
4.1 Additional Comments:					

4.2: Community Awareness and Education

Each family planning project must provide for community information and education programs. Community education should serve to achieve community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning services may be beneficial. (42 CFR 59.5(b)(3)). The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has written policies and procedures in place to guide community awareness and community education activities.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. Documentation demonstrates that the grantee conducts periodic assessment of the needs of the community with regard to their awareness of and need for access to family planning services.	
A	<input type="checkbox"/>	<input type="checkbox"/>		3. Grantee has a written community education and service promotion plan that has been implemented (e.g., media spots/materials developed, event photos, participant logs, and monitoring reports). The plan: (a) states that the purpose is to achieve community understanding of the objectives of the project, make known the availability of services to potential clients, and encourage continued participation by persons to whom family planning may be beneficial, (b) promotes the use of family planning among those with unmet need, (c) utilizes an appropriate range of methods to reach the community, and (d) includes an evaluation strategy.	
A	<input type="checkbox"/>	<input type="checkbox"/>		4. There is documentation that the plan has been implemented and evaluated, and that program activities have been modified in response.	

4.2 Additional Comments:

5: Information and Education Materials Approval

Every project is responsible for reviewing and approving informational and educational materials. The Information and Education (I&E) Advisory Committee may serve the community participation function in 42 CFR 59.5(b)(10) if it meets the requirements, or a separate group may be identified.

5.1: Materials Review and Approval Process					
Title X grantees and sub-recipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational materials developed or made available under the project prior to their distribution (Section 1006 (d)(2) PHS Act; 42 CFR 59.6(a)).					
Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has policies and procedures that ensure materials are reviewed prior to being made available to the clients that receive services within the project. If a grantee sub-contracts for services, the grantee must ensure that sub-recipients have a process in place that meets this requirement.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. There is evidence that the grantee monitors sub-recipients to ensure compliance with this section.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. If the grantee has delegated the responsibility, the service site has written policies and procedures for reviewing all informational and educational materials prior to their distribution.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Committee meeting minutes (grantee or sub-recipient, as applicable) demonstrate the process used to review and approve materials.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Educational materials available at the service sites have been approved by the I&E Committee.	
5.1 Additional Comments:					

5.2: Advisory Committee Diversity

The committee must include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex and age) of the population or community for which the materials are intended (42 CFR 59.6 (b)(2)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. The grantee has established a project advisory board that is comprised of members who are broadly representative of the population served.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	2. If a grantee sub-contracts for services, the grantee must ensure that sub-recipients have a process in place that meets this requirement.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. If the grantee has delegated the responsibility, the service site has written policies to establish and oversee an advisory board.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Grantee (and/or sub-recipients) documentation (meeting minutes, lists of board members, etc.) demonstrates this requirement has been met.	
A	<input type="checkbox"/>	<input type="checkbox"/>		5. There is evidence that the grantee monitors sub-recipients to ensure compliance with this section.	

5.2 Additional Comments:

5.3: Advisory Committee Membership

Each Title X grantee must have an Advisory Committee of five to nine members, except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6(b)(1)). The Advisory Committee must review and approve all informational and educational (I&E) materials developed or made available under the project prior to their distribution to assure that the materials are suitable for the population and community for which they are intended and to assure their consistency with the purposes of Title X (Section 1006(d)(1) PHS Act; 42 CFR 59.6(a)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee has policies and procedures in place to address the Advisory Committee requirements.	

	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (No Sub-Recipients) <input type="checkbox"/>	2. If a grantee sub-contracts for services, the grantee must ensure that sub-recipients have policies and procedures in place to address the Advisory Committee requirements.	
	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	3. If the grantee has delegated the responsibility, the service site has written policies and procedures in place to address the Advisory Committee requirements.	
	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	4. Grantee (and/or sub-recipients) maintain and update Lists/Rosters of Advisory Committee members.	
	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Grantee (and/or sub-recipients) maintain Advisory Committee written meeting minutes.	
	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	6. Advisory committee minutes indicate that the committee is active.	
	<input type="checkbox"/>	<input type="checkbox"/>		7. There is evidence that the grantee monitors sub-recipients to ensure compliance with this section.	

5.3 Additional Comments:

5.4: Grantee Oversight for Materials Review

The grantee may delegate I&E functions for the review and approval of materials to sub-recipient agencies; however, the oversight of the I&E review process rests with the grantee.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee policies and procedures indicate responsibility for this element. If the grantee chooses to delegate this activity, grantee policies indicate how the grantee will maintain oversight of the process.	
	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (Oversight Process Not Delegated) <input type="checkbox"/>	2. Grantee documentation indicates that an oversight process has been implemented by the grantee.	

5.4 Additional Comments:

5.5: Advisory Committee Responsibility for Materials Review

The Advisory Committee(s) may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, final responsibility for approval of the I&E materials rests with the Advisory Committee.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	1. Grantee (and/or sub-recipient) policies and procedures specify how the factual, technical, and clinical accuracy components of the review are assured.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (Review Process Not Delegated) <input type="checkbox"/>	2. If review of factual, technical, and/or clinical content has been delegated, there is evidence of advisory committee oversight and final approval.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (Review Process Not Delegated) <input type="checkbox"/>	3. There is evidence that the grantee monitors sub-recipients to ensure compliance with this section.	

5.5 Additional Comments:

5.6: Advisory Committee Requirements

In reviewing materials, the I&E Advisory Committee(s) must:

- Consider the educational and cultural backgrounds of the 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;
- Determine whether the material is suitable for the population or community to which it is to be made available; and
- Establish a written record of its determinations (Section 1006(d), PHS Act; 42 CFR 59.6(b)).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	1. Grantee (and/or sub-recipient) policies and procedures document that the required elements of this section are addressed.	

A	<input type="checkbox"/>	<input type="checkbox"/>	Grantee: <input type="checkbox"/> Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. Meeting minutes and/or review forms document that all required components are addressed.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Question N/A (Review Process Not Delegated) <input type="checkbox"/>	3. There is evidence that the grantee monitors sub-recipients to ensure compliance with this section.	

5.6 Additional Comments:

6: Additional Administrative Requirements

This section addresses additional requirements that are applicable to the Title X program and are set out in authorities other than the Title X statute and implementing regulations.

6.1: Facilities and Accessibility of Services

Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, *Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons* (August 4, 2003) (HHS Grants Policy Statement 2007, II-23).

Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities (45 CFR 84).

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee policies assure language translation services are readily provided when needed.	
A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	2. Service site documentation indicates that staff is aware of policies and processes that exist to access language translation services when needed.	
A	<input type="checkbox"/>	<input type="checkbox"/>		3. Grantee policies and procedures ensure access to services for individuals with disabilities at their sites and at all sub-recipient sites.	
A	<input type="checkbox"/>	<input type="checkbox"/>		4. Grantee maintains documentation of any accommodations made for disabled individuals.	

A	<input type="checkbox"/>	<input type="checkbox"/>	Site A: <input type="checkbox"/> Site B: <input type="checkbox"/> Site C: <input type="checkbox"/>	5. Project sites are free from obvious structural or other barriers that would prevent disabled individuals from accessing services.	
A	<input type="checkbox"/>	<input type="checkbox"/>		6. There is evidence that the grantee monitors sub-recipients to ensure compliance with this section.	

6.1 Link to QFP: Communication and Education

When developing written policies that meet these requirements, projects implement the recommendations presented in “Appendix E” of the QFP.

Strategies that can make information more accessible for clients with Limited English Proficiency include:

- Presenting information in the client’s primary language.
- Providing translation services.

Ensure that information is culturally appropriate and reflects the client’s beliefs, ethnic background, and cultural practices.

Reviewer Code	Evidence of Quality Indicator in Place?		Quality Indicator	Comments
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	1. Educational materials are clear and easy to understand (e.g., 4th-6th grade reading level).	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	2. Observation demonstrates that information is presented in a way that emphasizes essential points (e.g., limits the amount of information presented appropriately).	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	3. Observation demonstrates information on risks and benefits is communicated in a way that is easily understood (e.g., using natural frequencies and common denominators).	
C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	4. Information provided during counseling is culturally appropriate and reflects the client’s beliefs, ethnic background, and cultural practices.	
A	Yes <input type="checkbox"/>	No <input type="checkbox"/>	5. Educational materials are tailored to literacy, age, and language preferences of client populations.	
A / C	Yes <input type="checkbox"/>	No <input type="checkbox"/>	+ Additional quality indicators, best practices, or highly innovative approaches	If Yes, describe:
6.1 Quality Assessment Score:			<input type="checkbox"/>	Exceptional (All 5 Quality Indicators Evident + Best Practices In Place)
			<input type="checkbox"/>	Good (3 – 5 Quality Indicators Evident)
			<input type="checkbox"/>	Fair (1 – 2 Quality Indicators Evident)
			<input type="checkbox"/>	0 Quality Indicators Evident

6.1 Additional Comments:

6.2: Human Subjects Clearance (Research)

Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The grantee/sub-recipient should advise OPA in writing of any research projects that involve Title X clients.

Reviewer Code	Met	Not Met	Sub-Recipient/ Service Site Score	Implementation Strategy	Comments
A	<input type="checkbox"/>	<input type="checkbox"/>		1. Grantee policies address this requirement.	
A	<input type="checkbox"/>	<input type="checkbox"/>		2. There is evidence of grantee oversight of sub-recipients/service sites for compliance with this requirement.	

6.2 Additional Comments: