



Wyoming Health Council

Title X Grantee and Subrecipient Policy and Procedure Manual

Title X grantees and subrecipients are required to have written policies in accordance with [Title X statutes and regulations](#). The policies and procedures provide grantees and subrecipient agencies strategies in which to operate and demonstrate compliance with the requirements of the Title X Program. They do not constitute additional requirements, nor an exhaustive list. Subrecipient agencies are to maintain policies and procedures specific to their needs to ensure they meet the requirements of Title X. Subrecipients should utilize the policy update form with requests for changes. These requests will be reviewed and considered for implementation and kept as a tool for the review and revision process.

The policies are arranged by the following Implementation Strategy Codes aligned with the OPA Program Review Tool 2019. Some policies are shown within two areas (as indicated). As policies tend to overlap, the WHC has attempted to provide cross references under the heading of See Also at the conclusion of some individual documents.

Administrative
Financial
Clinical

Disclaimer: This document provides links as a convenience to our users and may require additional searches by the user to extract specific information. The WHC does not exercise any editorial control over the information and functionality of the external hyperlinks. These links will be reviewed and revised as needed according to the document review schedule.



Wyoming Health Council Administrative Policies and Procedures Disclaimer

These Administrative Policies were all reviewed and updated by the Wyoming Health Council Board of Directors at its meeting on June 4, 2020. Many of these policies, however, were implemented in 2002 and later and have been reviewed and updated periodically by the Board. The original document is available for review at our Casper office.

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FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.1 Voluntary Participation

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)).

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 subrecipient (Section 1007, PHS Act; 42 CFR 59.5(a)(2)).

Personnel working within the family planning project must be informed that they may be subject to prosecution if they coerce or try to coerce any person to accept services or to employ or not to employ any particular methods of family planning (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).

Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) Appendix C (pages 45–46) https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</p> <p>Code of Federal Regulations 42 CFR 59.5(a)(2) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15</p>

Procedure:

- Grantee and subrecipients are responsible for notifying and documenting notification of staff (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.) at the grantee, subrecipient, and service site levels.
- The grantee’s will notify subrecipients of its process for monitoring subrecipients and service sites to ensure compliance with this requirement (notification of site review and use of OPA’s Title X Program Review Tool).
- Grantee and subrecipients must sign the Wyoming Health Council Statement of Understanding annually. Subrecipients must provide this as part of deliverables and the grantee will maintain documentation.
- Subrecipients must include voluntary participation on patient consents.

- Staff will be trained and updated on changes to this policy.
- Subrecipient staff will be informed on where they can access this policy (location of paper/electronic version(s)).

See also:

WHC Family Planning Statement of Understanding.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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.	
Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Section 1008 of the Title X Statute https://www.hhs.gov/opa/sites/default/files/title-x-statute-attachment-a_0.pdf Code of Federal Regulations 42 CFR Part 59.14(a) and 59.5(a)(5) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Grantee will monitor subrecipients and service sites to ensure compliance with this requirement by requiring sites to provide grantee with Pregnancy Resource List to include comprehensive care.
- Grantee must include language in subrecipient contracts addressing the requirement prohibiting sites from providing abortion as a method of family planning.
- Subrecipients must have policies and procedures in place prohibiting referral for abortion services except for medical emergencies, or in the case of rape or incest.
- During site reviews there will be a chart review and observation of pregnancy counseling visit.
- Staff will be trained and updated on changes to this policy through emails, service delivery meetings and updates on the WHC web site.

See also:

CO.CS 20 Pregnancy Testing and Counseling

Sample of subrecipient contract

Clinical Manual: Section 12, Pregnancy Testing and Counseling

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.3 Physical Separation of Title X and Non-Title X Activities	
Title X grantees and subrecipients 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 which are prohibited under section 1008 of the Act and 42 CFR 59.13, 59.14, and 59.16. Systems must be in place to assure adequate physical and financial separation of any non-Title X activities from the Title X project	
Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Section 1008 of the Title X Statute https://www.hhs.gov/opa/sites/default/files/title-x-statute-attachment-a_0.pdf Code of Federal Regulations 42 CFR 59.13, 59.14, 59.15, and 59.16 https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Delegate agencies and service sites must be organized so that they are physically and financially separate from prohibited activities. The Title X project has 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:
 - (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. Documentation at delegate agencies and service sites (e.g., staff circulars, training records) must demonstrate that staff has been trained, at least once, during the current project period, on permissible and impermissible Title X activities. Financial

documentation at service sites must demonstrate 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.

- Grantee must include language in subrecipient contracts addressing the requirement of physical separation of Title X and non-Title X activities.
- Financial audit will demonstrate that Title X funds will not be used for abortion services.

See also:

CO.CS 26 Physical and Financial Separation of Title X and Non-Title X Activities

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.4.3 Authorized Purchases

All services purchased for project participants will be authorized by the project director or his designee on the project staff [42CFR 59.5 (b)(7)]

Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021

Procedure:

- For the grantee and subrecipients, all purchases are made with the prior approval of the Director, or in the Director's absence, by the designated alternate. Any single item with a purchase price of \$5000.00 shall be considered capital; less than \$5000.00 shall be considered small equipment or supplies.
- Purchasing decisions will be based on quality, cost, and competition for the required product. When able to do so, the Director will bulk purchase and/or obtain competitive bids (particularly for major items of \$2000 or more) to assure cost savings to the program.
- Any bids or offers may be rejected by the grantee or subrecipients when it is in the best interest to do so.
- The process for reviewing purchasing decisions will be reviewed during grantee's site review with the subrecipient and in monthly or quarterly fiscal report reviews submitted to the grantee.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.4.5 Subrecipient Inclusion in Grantee Policy Establishment	
Subrecipient agencies must be given an opportunity to participate in the establishment of ongoing grantee policies and guidelines (42 CFR 59.5(a)(10)).	
Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.5(a)(10) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Grantee will update all policies on an annual basis and subrecipients can download the Policy Update Form on the WHC website and send their suggestions to the grantee. These recommendations will be reviewed annually to determine what changes, if any, need to be proposed to the Board for approval.
- Subrecipients must review and update policies and procedures as determined in their administrative policies.
- The grantee will provide training to all subrecipient directors at Service Delivery meetings held throughout the year.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.4.6 Financial Management System, Expenditures and Revenues	
The grantee and each subrecipient 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).	
Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>45 CFR 75.302 - Financial management and standards for financial management systems https://www.govinfo.gov/app/details/CFR-2016-title45-vol1/CFR-2016-title45-vol1-sec75-302</p> <p>45CFR Part 75 Subpart E Cost Principles https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=88c2f29440664f74c9444e7ff44bab5a&mc=true&n=pt45.1.75&r=PART&ty=HTML#_top</p>

Procedure:

- Grantee and subrecipients must maintain financial policies and procedures in line with Federal standards.
- Grantee and subrecipients must have a process for tracking revenues and expenditures associated with the Title X project.
- Grantee will make required forms available electronically to the subrecipient agencies.
- Subrecipients must submit an E&R report to the grantee office according to the deliverable timeline and contract.
- Subrecipients must submit FTE data as part of the FPAR according to the deliverable timeline and contract. FTE data must capture and reflect only the activity time of each employee directly associated with supporting and providing Title X services.
- Grantee Executive Director, or designee, will review the E&R report and FTE data to ensure appropriate use and expenditure of Title X funds.
- Fiscal reviews will also be completed at triennial site visit reviews.
- The following Fiscal Oversight Checklist will be used in the review/monitoring process to provide reasonable assurance regarding the achievement of objectives in the following categories:
 - Effectiveness and efficiency of operations

- Reliability of financial reporting; and
- Compliance with applicable law and regulations.

Fiscal Oversight Checklist

Internal controls pertaining to the compliance requirements for federal programs are designed to provide reasonable assurance regarding the achievement of the following objectives:

- 1.) Transactions are properly recorded and accounted for to:
 - a. Permit the preparation of reliable financial statements and federal reports;
 - b. Maintain accountability over assets; and
 - c. Demonstrate compliance with laws, regulations, and other compliance requirements;
- 2.) Transactions are executed in compliance with:
 - a. Laws, regulations, and the provisions of contracts or grant agreements that could have a direct and material effect on a Federal program; and
 - b. Any other laws and regulations that are identified in the compliance supplements; and
- 3.) Funds, property and other assets are safeguarded against loss from unauthorized use or disposition.

See also:

E&R Report Form
E&R Report Instructions

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.5.1 Federal Poverty Level 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 who 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.

Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.2 and 59.5(a)(7) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Grantee will forward to the subrecipients the current Federal Poverty Guidelines when available.
- Delegate agencies must have a local policy and procedure in place describing the clinic’s charges, billing and collection policies and procedures. The local policy and procedure must not present a barrier to receipt of services and must meet program requirements.
- Clients with incomes at or below 100% of poverty (0% payment category on the fee schedule) must not be required to pay for family planning services. Clients who qualify (at or below 100% of poverty) are not charged a fee, but donations for family planning services are permissible.
- Clients above 100% of poverty may request a statement of service charges after services are received.
- Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay.
- Statements or bills will be sent to appropriate third-party sources.
- All reasonable efforts to obtain third party reimbursement for eligible clients should be attempted.

- Third parties are not eligible for discount of fees and are charged at the full fee level.
- Every effort must be made to maximize patient fee collections without causing a barrier to service or jeopardize client privacy.
- It is recommended that each agency develop their own financial policy that addresses past due account management.
- An income assessment must be completed by each client at the initial visit, reviewed with the client by a staff member and updated verbally at each visit thereafter. Client responses to these questions are the basis of fee assessment and eligibility for reduced fees or Title XIX.
- Procedure for documenting income verification must not present a barrier of receipt of services.
- Repeat income assessment is completed at least annually or if the client has had a change in their income status.
- The income assessment form must contain the following elements:
 - Gross monthly earned income
 - Other sources of income if applicable
 - Household size - number supported on the above income
 - Existence of insurance coverage
 - Medicaid (Title XIX) Information if applicable
- Verification of income is not required, but recommended. Reasonable efforts must be made to determine the client's ability to pay. Self-declaration of income may be sufficient in some cases.
- No one will be denied services because of inability to prove income for Title X services.
- Client accounts and billing records are separated from clinical record.

See also:

CO.CS.8 Financial Management

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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)).	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.5(a)(8) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15 Family Planning National Training Center https://www.fpntc.org/training-packages/cost-analysis

Procedure:

- Delegate agencies must have a local policy and procedure in place describing the clinic’s charges, billing and collection. The local policy and procedure must not present a barrier to receipt of services and must meet program requirements.
- Schedule of discounts based on the Federal Poverty Guidelines, will be utilized in determining the client’s percentage of payment. An income determination will be completed, at a minimum, annually or when there is an income change.
- Documentation at service sites must indicate client income is assessed annually and discounts are appropriately applied to the cost of services.
- Grantee will forward to the subrecipients the updated Schedule of Discounts based on the latest Federal Poverty Guidelines when available.
- Projects/subrecipients are responsible for incorporating the updated Schedule of Discounts along with their Sliding Fee Scale (SFS) for determining the client’s percentage of payment/costs.
- Revised Sliding Fee Scale/Client Fee Schedule will be sent to the grantee by the projects/ subrecipients annually.
- Clients with incomes at or below 100% of poverty (0% payment category on the fee schedule) must not be required to pay for any service provided by the Family Planning Program. Clients who qualify (at or below 100% of poverty) are not charged a fee, but donations for services are permissible.
- Clients above 100% of poverty may request a statement of service charges after services are received.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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).	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.2 https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Subrecipients must have a process for referring the client’s financial records to the site director, or designee, for review and consideration of waiver of charges when they do not have documented income at or below 100% of the FPL, but who are unable for good cause, to pay for family planning services.
- The project director may find that “low-income family” also includes members of families whose annual income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. 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. For example, but not limited to:
 - Unemancipated minors who wish to receive services on a confidential basis must be considered on the basis of their own resources.
 - 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 contraception 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.

See also:

1.5.6 Discount Eligibility for Minors

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.5.4 Reasonable Costs/Fee Schedules	
For persons from families whose income exceeds 250% of the Federal Poverty Level (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)).	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.5(a)(8) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- The Fee Schedule must cover all required and optional services and supplies, or those identified as within the scope of the project, as offered by the delegate agency regardless of whether provided onsite or performed at another facility.
- Service sites must have a process in place to determine the reasonable cost of services and is updated periodically.
- Financial records must indicate client income is assessed and that charges are applied appropriately to recover the cost of services.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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.

Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Title X Program Review Tool - Updated December 2019

Procedure:

- Service sites may request and accept donations. Onsite documentation and observation must demonstrate that clients are not pressured to do so or that it is a prerequisite to receiving services or supplies. Requests are done so equally regardless of income level or payment source.
- Documentation (e.g., signage, scripts) that demonstrates clients are not pressured to make donations and that donations are not a prerequisite to the provision of services or supplies.
- An overpayment may not be considered a donation without client permission.
- Donation amounts must not be suggested.
- Client must be offered a receipt for their donation.
- Client fees and client donations are not synonymous and must be reported separately.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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).	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations CFR 59.2 https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Subrecipients must 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 resources.
- Documentation at service sites must demonstrate the process for determining whether a minor is seeking confidential services.
- 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. Minor clients should adhere to the same income verification and process schedule of discounts and are eligible under the fee waiver as applicable. No client will be denied Title X services based on the inability to pay.
- Grantee will provide annual and updated (as available) training on providing adolescent services.
- Grantee will monitor subrecipients to ensure compliance with this requirement through review of clinic documents and consent forms.

See also:

Wyoming Title X Family Planning Program Clinical Manual Section 18: Adolescent Services
 1.5.3 Fee Waiver
 1.5.9 Confidential Collections

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.5.7 Third Party Payments	
<p>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)).</p> <p>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% the Federal Poverty Level (FPL) should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.</p>	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.5(a)(9) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Delegate agencies must demonstrate there are contracts with insurance providers, including public and private sources.
- Financial records at services sites must indicate that clients with family incomes between 101%-250% FPL do not pay more copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
- Statements or bills will be sent to appropriate third party sources.
- All reasonable efforts to obtain third party reimbursement for eligible clients should be attempted.
- Third party payers are not eligible for discount of fees and are charged at the full fee level.

See also:

CO.CS. 8 Financial Management

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.5.9 Confidential Collections	
Reasonable efforts to collect charges without jeopardizing client confidentiality must be made (42 CFR 59.11).	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.11 https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Subrecipients must provide a payment policy to clients with signature demonstrating understanding.
- Every effort must be made to maximize patient fee collections without causing a barrier to service or jeopardize client privacy.
- Each agency shall establish policies and procedures to offer or provide a credit payment plan for a client or upon client request.
- Each agency must have safeguards in place that protect client confidentiality, particularly in cases where sending an explanation of benefits could breach client confidentiality.
- Each agency should develop their own financial policy that addresses past due account management and the use of collection agencies. However, a client must not be denied services based on the inability to pay.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.6.1 Personnel Policies	
Grantees and subrecipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including 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.	
Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Title VI of the Civil Rights Act https://www.justice.gov/crt/title-vi-1964-civil-rights-act Titles I of the Americans with Disabilities Act of 1990 (ADA) https://www.eeoc.gov/laws/statutes/ada.cfm

Procedure:

- Subrecipients and service sites must have written policies and procedures in place that provide evidence that there is no discrimination in personnel administration.
- Subrecipient policies and procedures related to personnel administration will be reviewed as part of the triennial site review.

See also:

WHC Personnel Policies

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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)).	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>National Standards for Culturally and Linguistically Appropriate Services (CLAS) https://thinkculturalhealth.hhs.gov/clas</p> <p>Code of Federal Regulations https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15</p> <p>Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (pg. 7) https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf</p>

Procedure:

- Educational information, demographics, consents and surveys must be available in the prevalent languages of the client population served based on the US Census to ensure equal opportunity services.
- LEP services, including translation services, must be available and may include staff members fluent in required language, HIPAA compliant telephone and video translation services.
- Delegate agency should utilize demographic forms to allow for identification of individual experiences to include but are not limited to: sex assigned at birth, gender identity, preferred name and/or pronouns.
- Delegate agency should provide broadly representative educational information and resources for the populations served.
- Providing culturally competent care, completed annually, as part of the mandatory training.
- Service site compliance will be monitored through mandatory training logs, reviewing LEP, LGBTQ material, during service site reviews and as requested.
- Staff training is available through in-services, FPNTC and accessible on the WHC website.
- The QFP states: “In addition, professional recommendations for how to address the needs of diverse clients, such as LGBTQ persons (26–32) or persons with disabilities (33), should be consulted and integrated into procedures, as appropriate. For example, as noted before, providers should avoid making assumptions about a client’s gender identity, sexual orientation,

race, or ethnicity; all requests for services should be treated without regard to these characteristics. Similarly, services for adolescents should be provided in a “youth-friendly” manner, which means that they are accessible, equitable, acceptable, appropriate, comprehensive, effective, and efficient for youth, as recommended by the World Health Organization (34).”

See also:

2.2 Client Dignity

2.3 Non-Discriminatory Services Policy

6.1 Facilities and Accessibility of Services

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.7 Staff Training and Project Technical Assistance

Projects must provide for the orientation and in-service training of all project personnel, including the staff of subrecipient agencies and service sites (42 CFR 59.5(b)(4)).

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).

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).

Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.5(b)(4), 59.2, and 59.17 https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Grantee will provide training and education needs assessment survey to staff and subrecipients. Data collected on surveys will be used in conjunction with the key issues and work plan to develop training at Service Delivery meetings by grantee and staff training by the program directors.
- Grantee will provide training resources on the deliverable timeline under the heading of mandatory training and on the WHC website under training.
- Grantee and subrecipients may use all available modes of training platforms, to include but are not limited to: FPNTC and other online options, in-person training and virtual training.
- Grantee and program directors are recommended to utilize the FPNTC administrative training tracking program to ensure compliance with mandatory training for orientation and continuing annual requirements. This system should also be used to provide additional recommended training courses.
- Grantee will document attendance and training within Service Delivery meeting minutes.

See also: CO.CS. 1 Adolescent Counseling
 Deliverable Timeline

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

1.8 Meetings and Minutes

Projects must provide for the orientation and in-service training of all project personnel, including the staff of subrecipient agencies and service sites (42 CFR 59).

Title X delegate agencies must hold and document staff meetings to discuss present clinic operations, client problems, and administrative issues, to plan for future changes and developments and to provide opportunities for in-service experience.

Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59

Procedure:

- Board and/or advisory committee meeting minutes must be submitted according to the grantee/delegate agency contract.
- Grantee board minutes must be made available to delegate agencies upon request.
- Delegate agency directors, or representative, must attend Service Delivery meetings for updates and in-service training aligned with Title X Guidelines and Priorities and the OPA 10 Key Issues according to the current grant application workplan.
- Delegate agencies must provide training to staff members according to above mentioned trainings. Minutes and training logs must reflect completion.
- Staff meeting minutes are kept at the agency and available for review at the site review visit and as requested by the grantee.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

2.2 Client Dignity	
Services must be provided in a manner which protects the dignity of the individual (42 CFR 59.5(a)(3)).	
Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) (pages 4 and 24) https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</p> <p>Code of Federal Regulations CFR 59.5(a)(3) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15</p>

Procedure:

- Subrecipients must notify patients of their rights by providing a patient rights and responsibilities document for review by the client. Consent for services must be signed upon initial visit to clinic, annually and as needed.
- Subrecipients must participate in utilizing client satisfaction surveys. Grantee must provide templates for the surveys, collection, organization and sharing of the data to the subrecipients and Board of Directors.
- Grantee and subrecipients will develop or utilize community needs assessments to determine those populations that are in need of culturally competent care.
- Grantee and subrecipients will provide training in meeting the needs of key populations (i.e., LGBTQ, adolescents, LEP clients and the disabled).
- Grantees and subrecipients must have accessibility for those with disabilities.
- Grantee and subrecipients will utilize appropriate education materials, translation and interpreter services to meet the needs of clients.
- Subrecipients must have processes in place to ensure client privacy during their clinic visit.
- Grantee and subrecipients will provide a welcoming environment including but not limited to: privacy curtains, adequate or separate space for clients to discuss check-in and check-out questions, language assistance availability, fair and equitable charges, sliding fee scale and fee waiver policies.
- Grantee will monitor compliance by ensuring policies are in place to meet this requirement during site visits and reviewing patient rights, consent and financial documents.

- Grantee and subrecipient will provide training to staff annually and as the needs assessments indicates a change in population needs. Training will be available at in-person meetings and on the WHC website.

See also:

1.6.2 Cultural Competency

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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)).	
Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.5(a)(4) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Grantee and subrecipient must show process by which staff will be informed about requirements for providing non-discriminatory services.
- Grantee and subrecipients must show compliance through use of personnel and training documents.
- WHC Family Planning Statement of Understanding will be signed by every staff that works within a Title X project.

See also:

WHC Family Planning Statement of Understanding

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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)).	
Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (pages 4–20) https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf</p> <p>Code of Federal Regulations 42 CFR 59.5 (b)(2) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15</p>

Procedure:

- Grantee and subrecipients will utilize community needs assessment to determine referrals to other agencies providing those medical services, or services that help facilitate access to receiving those services.
- Subrecipients will establish and maintain formal referral agreements with other medical and social service agencies through MOUs or MOAs.
- Subrecipients must maintain an updated pregnancy resource list to include a comprehensive list of these and other agencies with missions that support the fulfillment of the basic (safety and physiological) human needs (i.e., WIC, Maternal Child Health, parenting resources and utility services).
- Patient records must show documentation that appropriate referrals were made based on client specific situation and needs.

See Also:

2.5 Availability and Use of Referrals

Grantee and sub-recipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

2.5 Availability and Use of Referrals	
<p>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)).</p>	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (pgs. 4–20) https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf</p> <p>Code of Federal Regulations 42 CFR 59.5 (b)(8) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15</p>

Additional Policy Statements:

A Title X project should offer either comprehensive primary health services onsite or have a robust referral linkage with primary health providers who are in close physical proximity to the Title X site, in order to promote holistic health and provide seamless care. (42 CFR 59.5 (a)(12))

A Title X project may not use the provision of any prenatal, social service, emergency medical, or other referral, any counseling, or any provider lists, as an indirect means of encouraging or promoting abortion as a method of family planning. (42 CFR 59.14) Service sites will get signed written collaborative agreements with these other agencies when possible and if appropriate.

Procedure:

- Delegate agencies must 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.
- Delegate agencies must have evidence of a 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, collaborative agreements).
- Delegate agencies must have evidence of referral for medically necessary prenatal care.
- Title X project may not provide, promote, refer for, or support abortion as a method of family planning, nor take any other affirmative action to assist a patient to secure an abortion. 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.

- Delegate agencies will assure that the client is given a choice of health care providers and service agencies when possible. A referral information list of local health providers, hospitals, health and social service agencies is maintained, reviewed and revised as necessary. Neither the list nor project staff may identify which providers on the list perform abortion.
- Delegate agencies should provide a written referral to a medical or social service site for the client when applicable. This information should include reason for referral, copies of applicable records and test results, and recommendations for follow-up from the provider the client was referred to.
- Referrals for conditions which are not urgent or life-threatening require written documentation in the chart noting that the client is aware of the need for follow-up.
- Referrals for non-required services, or for complications resulting from procedures or medications provided by the program, are the financial responsibility of the client. It is recommended that the delegate agency help the client identify available resources.

See also:

CO.CS. 22 Referral/Follow Up

Wyoming Title X Family Planning Program Clinical Manual Section 23: Referral and Follow Up

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

2.6 Clinical Protocols and Standards of Care	
All grantees should ensure 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.	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) (pages 1–40) https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html

Procedure:

- Delegate agencies and service sites must 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. These protocols are included in the WHC Title X Clinical Manual.
- Nationally recognized standards of care include but are not limited to: OPA, USPSTF, CDC, ACOG.
- Clinical protocols are reviewed annually to ensure they are current and reflect current Federal and professional medical associations recommendations for each type of service as cited in the QFP, signed by the medical director and posted to the WHC website.
- Document clinical staff participation in mandatory annual training on the QFP.
- All clinical staff participating in providing medical services must review and sign the Clinical Manual annually.
- Protocol Update Form is available on the WHC website for suggestions to improve/change/add information to any protocol.
- Assessing adherence to approved protocols through medical records reviews done biannually and during clinical review of medical charts at service site visits. Client visit observations are also done at a service site review using the Title X Program Review Tool.
- Protocols for services provided which are outside the scope of family planning must be developed through collaboration between the medical director and the midlevel clinicians of the delegate agency.

See also:

Wyoming Title X Family Planning Program Clinical Manual

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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.

Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.14(a) and 59.5 (b)(1) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Current clinical protocols indicate the following services will be offered to all family planning 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.
- Breast and cervical cancer screening will be available on-site or by referral.
- Age appropriate “initial/annual examinations” and “preventive health visits” are still encouraged in accordance with medical standards of care and clinical recommendations. These visits have a strong focus on risk reduction, health counseling, preventive services and screening along with the provision of the core components of the QFP recommendations. Delegate agencies should offer either comprehensive primary health services onsite or have a robust referral linkage with primary health providers who are in close physical proximity to the Title X site in order to promote holistic health and provide seamless care.
- All services listed in QFP are offered to female and male clients, including adolescents as specified in clinical protocols.
- Client Services are outlined in the current CO.CS Manual.
- Description of collaborative agreements with relevant referral agencies including: emergency care, HIV/AIDS care and treatment providers, infertility specialists, primary care and chronic care management providers.

- Delegate agencies will show compliance with this requirement by: manual review, approval and signatures; medical chart reviews and providing a list of formal agreements to the WHC as part of the grant deliverables.
- Delegate agencies are notified of revisions and addendums made to the manual via email.
- Delegate agencies can access this policy and related documents/references on the WHC website.

See also:

2.5 Availability and Use of Referral
CO.CS Manual

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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)).

Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) Recommendations (pages 1–23) https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</p> <p>Code of Federal Regulations 42 CFR 59.5(a)(1) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15</p> <p>CDC U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR 2016;65(4):1-72. https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html</p> <p>CDC U.S Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR 2016: 65(3):1-96 www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html</p>

Procedure:

- Subrecipient agencies must submit Exhibit C: Services Provided document as part of the competing and non-competing grants to the grantee.
- Services provided by delegate agencies and service sites, when viewed in its entirety, provide a broad range of acceptable and effective methods and services.
- Medical record reviews demonstrate that clients are offered a broad range of acceptable and effective family planning methods and services.

- 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. All methods available on-site are in stock with no outdated contraceptive methods.
- All services listed in QFP are offered to female and male clients, including adolescents as specified in clinical protocols.
- Clinic protocols for contraceptive methods are reviewed and updated yearly.
- Method specific client information sheets are reviewed annually.
- Consent forms are required for procedures (IUD's and Implants).

See also:

Wyoming Title X Family Planning Program Clinical Manual

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

2.9 Durational Residency	
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)).	
Effective Date	June 2020
Last Review Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.5(b)(5) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- The grantee and subrecipients must have a policy prohibiting the use of any residency requirement to access Title X services at any service site.
- Subrecipients and service sites will maintain documentation to verify that services are provided without the imposition of any durational residency or physician referral requirements.
- The grantee will monitor subrecipients and service sites to ensure compliance with this requirement at triennial site reviews.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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)

Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) (pages 13–14) https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</p> <p>Code of Federal Regulations 42 CFR 59.14 https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&gn=div6#se42.1.59_15</p>

	Conscience Protections for Health Care Providers https://www.hhs.gov/conscience/conscience-protections/index.html
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Procedure:

- Delegate agencies and service sites must provide a referral to a health care provider for medically necessary prenatal health care, once a client is medically verified as pregnant.
- Service sites must follow the pregnancy testing and diagnosis protocol.
- Service sites must conduct a preliminary screening of any minor who presents with a sexually transmitted disease (STD), pregnancy, or any suspicion of abuse, in order to rule out victimization of a minor. Projects are permitted to diagnose, test for, and treat STDs. (42 CFR 59.17) The Title X provider may choose to provide the following counseling and/or information to her:
 - Information and counseling provided was nondirective and was provided by a physician or Advanced Practice Provider
 - Referral for medically necessary prenatal care has been provided.
 - Referrals for abortion have only occurred in cases of medical emergencies, or in the case of incest or rape.
 - Information about maintaining the health of the mother and unborn child during pregnancy.
 - *Note: Title X provider may include RN, unless specifically noted above, to only be a physician or advanced practice provider. However, ensure that these activities are within the scope of their profession according to their individual licensing boards.*
- The staff member responsible for pregnancy test appointments may perform the test, confirm the pregnancy, and provide basic factual acknowledgement of the options available to the client. Any questions or conversation beyond confirming pregnancy and providing basic factual acknowledgement of the options available to the client, must be referred to a physician or an advanced practice provider.
- Resource lists provided to pregnant clients includes licensed, qualified, comprehensive primary care providers, including providers of prenatal care, of which may provide abortion as part of their comprehensive health care services. This list may not be used to indirectly refer for abortion or identify abortion providers to the clients.
- All staff must receive training on pregnancy counseling recommendation presented in QFP at least once in employment and annually for those staff performing this service.
- Delegate agencies are monitored for compliance by review of medical records and Community Resource lists.
- Project staff must be informed of laws that protect the conscience rights of individuals.
- A client who is pregnant and requests a Title X service may be counted as a client if the visit meets the three criteria to constitute an encounter:
 - 1) there is face-to-face contact between the client and provider AND
 - 2) the provider documents the encounter in the client's record AND
 - 3) the encounter takes place in a Title X service site.

See also:

CO.CS. 20 Pregnancy Testing and Counseling

WHC Statement of Understanding 2020

Wyoming Title X Family Planning Program Clinical Manual Section 12: Pregnancy Testing and Counseling

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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.”

Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Title X Legislative Mandates https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/legislative-mandates/index.html</p> <p>Wyoming Laws https://www.wyo.gov/laws/ See Rape and Sexual Assault Crime Definitions, Consent and Mandatory Reporting</p>

Procedure:

- Delegate agencies must inform their staff at least once annually that:
 - 1) Minors seeking care must receive counseling to encourage family participation in the decision to seek family planning services.
 - 2) Minors seeking services must receive counseling on how to resist attempts to coerce them into engaging in sexual activities
 - 3) Compliance with any State law must be followed requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
- Clinical staff must document in the medical record counseling regarding encouragement of family participation in minor clients’ decisions to seek family planning services, and how to resist attempts to being coerced into engaging in sexual activities. A statement is included on consents signed by minor clients stating they received this counseling.
- All family planning clients must be notified of the requirement of mandatory reporting.

- 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.
- Annual training and resources are provided to the subrecipients on the legislative mandates and State of Wyoming laws.

See also:

Incident Report Form

WHC Statement of Understanding 2020

Wyoming Title X Family Planning Program Clinical Manual

Section 18: Adolescent Services

Section 20: Client Consent

Section 25: Mandatory Reporting & Human Trafficking

CO.CS 1 Adolescent Counseling

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

3.0 Confidentiality

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).

Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Health Insurance Portability and Accountability Act (HIPAA) https://www.hhs.gov/hipaa/index.html Code of Federal Regulations 42 CFR 59.11 https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15</p>

Procedure:

- Delegate agencies and service sites must safeguard client confidentiality. Grantee contracts with delegate agencies include this requirement.
- 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.
- Clinical protocols and policies have statements related to client confidentiality and privacy.
- The health records system has safeguards in place to ensure adequate privacy, security and appropriate access to personal health information.
- There is evidence that HIPAA privacy forms are provided to clients and signed forms are collected as required.
- General consent forms or other documentation at all service sites state that services will be provided in a confidential manner and note any limitations that may apply.
- 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).

- Client education materials noting the client's right to confidential services are available to clients (e.g., posters, videos, flyers).
- The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

4.1 Collaborative Planning and Community Engagement	
<p>Title X grantees and subrecipient 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)).</p>	
Effective Date	June 2020
Last Reviewed Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Code of Federal Regulations 42 CFR 59.5(b)(10) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&gn=div6#se42.1.59_15</p>

Procedure:

- Grantee and subrecipients will have a plan which addresses community participation and education.
- If the I&E Advisory Committee meets the requirements, it may serve in the Community Participation role, or a separate group can be identified, such as a public health advisory committee.
- The Community Participation Committee should be supportive of the Title X program mission and work with similar populations.
- Community Participation Committee members can, but are not limited to:
 - Assist with program problem solving.
 - Offer feedback about the programs strengths and areas that need improvement.
 - Serve as advocates who can aid in increasing the understanding or need for the program within the community.
 - Offer feedback on annual action plans.
- The Community Participation Committee, or I&E Advisory Committee, if it meets the requirements, will meet once a year, or more as needed.
- The committee will review annual or quarterly data reports at the meeting and distribute them prior to the meeting. Meeting minutes will be kept.
- Subrecipients will submit to the grantee reports gathered by the Community Participation Committee (I&E Advisory Committee) as according to the contract and deliverable timeline (Attendance, discussion topics, minutes). Education Material Review form can be found on WHC website.

See also: Educational Material Review Form
Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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.

Effective Date	June 2020
Last Reviewed Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.5(b)(3) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- Grantee and subrecipients must make efforts to make services known to the target population of the program.
- The program will use accepted, appropriate, valid and reliable community assessment tools to determine community educational needs. Needs Assessment can be found on the WHC website.
- To facilitate community awareness and access to program services, grantee and subrecipients must establish and implement community education and promotional activities. These can include, but are not limited to:
 - The program will participate in community events and activities to increase awareness of program services and distribute educational materials.
 - The program may implement social media as a community outreach and education tool. The program may utilize the Social Media Policy provided on the WHC website.
 - The program will offer educational classes to all schools, community groups and providers as requested and /or needed.
 - The program will provide education to other service agencies and institutions that can be of assistance in meeting program needs.
- Promotion activities should be reviewed annually and be responsive to the changing needs of the community served.
- Subrecipients will submit to grantee, as according to contract and deliverable timeline, reports containing information regarding the type of community education delivered. The Community Education Report Form can be found on the WHC website.

See also:

4.3 Social Media Policy

Needs Assessment

Community Education Report Form

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

4.3 Social Media Policy

The Wyoming Health Council and subrecipients acknowledge the use of social media as a strategic communications tool. The Wyoming Health Council has found using social media tools as an effective way to expand reach, foster engagement, promote education and increase access to credible, science-based health messages.

Social media can include, but is not limited to: web and mobile phone applications, curated blog posts, news and story sharing sites, photo and video sharing sites, micro-blogging, etcetera, that can be used to enhance the community awareness and education efforts of the project. (42 CFR 59.5(b)(3))

The Wyoming Health Council adopts the following social media policy for grantee and subrecipient use.

Effective Date	June 2020
Last Reviewed Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.5(b)(3) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

The benefits of social media include:

- Increasing the dissemination and potential impact of reproduction health information and services throughout the state of Wyoming.
- Improving reach to diverse audiences.
- Enhancing community understanding of the objectives of the project.
- Making known the availability of services to potential clients.
- Promoting the use of family planning among those with unmet needs.

Procedure:

- Social media posts must protect confidential and proprietary information.
- Social media posts must respect copyright and licensing requirements.
- Photography, video, audio and quotes of individuals will not be posted without prior consent. The Photo/ Video/ Audio Release Form can be found on the WHC website.
- Social media posts will not lobby or activity endorse abortion (42 CFR 59.16 (a)).

- Social media posts will not endorse (or oppose) specific political candidates, parties or special interests. Social media posts can provide informational outreach explaining how proposed or enacted legislation, including funding measures, impacts the clients we serve.
- Wyoming Health Council is not responsible for content or comments made by third-parties on its social media sites.
- Social media posts will strive for accuracy: factual information, reputable and recognizable sites, spelling and grammar.
- Educational information should be suitable for the population being served.
- Sexual and reproductive health information will be medically accurate, and any individual questions about health concerns will be responded to with the recommendation to access a healthcare provider.
- The Wyoming Health Council may delegate social media functions for the review and approval of materials to appropriate project staff; however, the responsibility for the final social media review process rests with the Board of Directors.
- Project staff will provide and update periodically a list of reputable and accurate websites for the Advisory Committee to approve, that may be used at any given time on the Wyoming Health Councils website and social media platforms.
- The Wyoming Health Council will track the progress of content on social media sites and provide reports on a quarterly basis, or as requested.
- If a subrecipient chooses to utilize social media, they must create a local social media policy.
- Subrecipients will submit to grantee reports containing information regarding the type of social media delivered as according to the contract and deliverable timeline. The Community Education Report form can be found on the WHC website.

See also:

Photo/ Video/ Audio Release Form
Community Education Report Form

Grantee and subrecipient staff can find training and updated changes to this policy on The Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

5.1 Materials Review and Approval Process	
Title X grantees and subrecipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational (I&E) materials developed or made available under the project prior to their distribution (Section 1006(d)(2), PHS Act; 42 CFR 59.6(a)).	
Effective Date	June 2020
Last Reviewed Date	June 2020
Revision Date	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.6(a) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- The Title X grantees and subrecipients will develop their own I&E Advisory Committees.
- The I&E Advisory Committee will be comprised of five to nine members.
 - Except that the size provision may be waived by the Secretary for good cause shown (42 CRF 59.6 (b)(1)).
- Identify and invite members who are broadly representative of the community served, representing a culturally diverse array of socioeconomic, ethnic, racial, gender and age groups.
- Send an introductory letter to potential members requesting their assistance and explaining what the expectations are. The sample introductory letter on the WHC website may be used.
- Keep a roster of members, contact information, and a copy of the introductory letter sent to each member.
- The committee will hold a meeting at least one time per year, in which all members reviews and comments are compiled and discussed, and a group decision is made to approve, not approve, or change materials.
 - If committee members have difficulty coordinating a common date and time, the approval process may be handled by email, video/voice conference call, or mail.
 - If not meeting in person, the material review forms may be emailed or mailed. Documentation must be kept on these finding in replace of meeting minutes.
- The committee members will receive an email or letter prior to the yearly meeting, with an agenda, a packet of materials to be reviewed and approved, and an evaluation form(s). The material will either be reviewed and approved in person or mailed by a deadline date. Educational Material Review form can be found on the WHC website.

- The I&E Committee will establish a written record of determinations, written minutes and summary of materials reviewed.

The I&E 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 materials to assure that the information is factually correct;
 - Determine whether the material is suitable for the populations or community to which it is to be made available;
 - Establish a written record of its determinations.
 - The I&E Committee will have a process in place to provide and review materials in accordance with LEP (Limited English Proficiency) Guidelines.
- Federal grant support must be acknowledged in any publication funded for development by the program(s). This involves placing a brief statement on any brochure, educational materials or flyers produced by the grantee or subrecipients that acknowledges federal support. The word “publication” is defined to include computer software and applications. (48 CFR-252.235-7010)
 - The I&E Committee may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, the final approval of the I&E material will rest with the Advisory Board.
 - The grantee may delegate the I&E functions for the review and approval of materials to subrecipient agencies; however, the responsibility for the I&E review process rests with the grantee.
 - Educational materials from service sites will be reviewed during triennial site reviews and as requested by grantee.

See also:

1.6.2 Cultural Competency

6.1 Facilities and Accessibility to Services

Introductory Letter

Educational Material Review Form

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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 ensure that the materials are suitable for the population and community for which they are intended and to ensure their consistency with the purposes of Title X (Section 1006(d)(1), PHS Act; 42 CFR 59.6(a)).

Effective Date	June 2020
Last Reviewed	June 2020
Revision Date	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations 42 CFR 59.6(b)(1) and 42 CFR 59.6(a) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- The Title X grantee and subrecipients will develop their own Advisory Committees.
- The Advisory Committee will be comprised 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 I&E committee may also serve as the Advisory Board function if it meets these requirements.
- Identify and invite members who are broadly representative of the community served, representing a culturally diverse array of socioeconomic, ethnic, racial, gender and age groups.
- Send an introductory letter to potential members requesting their assistance and explaining what the expectations are. The sample introductory letter on the WHC website may be used.
- Keep a roster of members and a copy of the introductory letter sent to each member.
- The committee will hold a meeting at least one time per year, in which all members reviews and comments are compiled and discussed, and a group decision is made to approve, not approve, or change materials.
 - If committee members have difficulty coordinating a common date and time, the approval process may be handled by email, video/voice conference call, or mail.
 - If not meeting in person, the material review forms may be emailed or mailed. Documentation must be kept on these finding in replace of meeting minutes.

- The committee members will receive an email or letter prior to the yearly meeting, with an agenda, a packet of materials to be reviewed and approved, and an Educational Material Review form . The material will either be reviewed and approved in person or mailed by a deadline date. Evaluation forms may be found on the WHC website
- The Advisory Committee will establish a written record of determinations, written minutes and summary of materials reviewed.

- The Advisory Committee may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, the final approval of the I&E material will rest with the Advisory Board.
- The grantee may delegate the I&E functions for the review and approval of materials to subrecipient agencies; however, the responsibility for the I&E review process rests with the grantee.
- The Advisory Committee at service sites will be reviewed during triennial site reviews and as requested by grantee.

See also:

See 5.1 Materials Review and Approval Process

Introductory Letter

Educational Material Review Form

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

5.4 Grantee Oversight for Materials Review	
The grantee may delegate information and education (I&E) functions for the review and approval of materials to subrecipient agencies; however, the oversight of the I&E review process rests with the grantee.	
Effective Date	June 2020
Last Reviewed Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&gn=div6#se42.1.59_15

Procedure:

- The grantee may delegate the I&E functions for the review and approval of materials to subrecipient agencies; however, the responsibility for the I&E review process rests with the grantee.
- The grantee will establish a written record of its determinations and tack approved materials by subrecipients.
- The Advisory Committee at service sites will be reviewed during triennial site reviews or as requested by grantee.

See also:

5.5 Advisory Committee Responsibility for Materials Review

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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 information and education (I&E) materials rests with the Advisory Committee.	
Effective Date	June 2020
Last Reviewed Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	Code of Federal Regulations https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15

Procedure:

- The grantee may delegate the I&E functions for the review and approval of materials to subrecipient agencies; however, the responsibility for the I&E review process rests with the grantee.
 - The subrecipient agency must establish a written record of determinations made by their Advisory (I&E) Committee and provide it to the grantee
- The Advisory (I&E) Committee may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, the final approval of the I&E material will rest with the Advisory Committee.
 - The project staff must establish a written record of determinations (documentation of factual, technical and clinical accuracy of materials reviewed) made and provide it to the Advisory (I&E) Committee.
- Educational and materials reviews from service sites will be reviewed during triennial site reviews or as requested by grantee.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

5.6 Advisory Committee Requirements

In reviewing materials, the information and education (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 ensure 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)).

Effective Date	June 2020
Last Reviewed Date	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>CDC Health Literacy Resources https://www.cdc.gov/healthliteracy/developmaterials/testing-messages-materials.html</p> <p>Code of Federal Regulations 42 CFR 59.6(b) https://www.ecfr.gov/cgi-bin/text-idx?SID=c1cbd72e13f7230f1e8328fa52b57899&mc=true&node=sp42.1.59.a&rgn=div6#se42.1.59_15</p>

Procedure:

- The I&E Advisory Committee will hold a meeting at least one time per year, in which all members' reviews and comments are compiled and discussed, and a group decision is made to approve, not approve, or change materials.
 - If committee members have difficulty coordinating a common date and time, the approval process may be handled by email, video/voice conference call, or mail.
 - If not meeting in person, the material review forms may be emailed or mailed. Documentation must be kept on these finding in replace of meeting minutes

The I&E 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 materials to assure that the information is factually correct;
 - Determine whether the material is suitable for the populations or community to which it is to be made available;
 - Establish a written record of its determinations.
-
- The I&E Committee will have a process in place to provide and review materials in accordance with LEP (Limited English Proficiency) Guidelines.
 - The I&E Committee may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff; however, the final approval of the I&E material will rest with the Advisory Board.
 - The grantee may delegate the I&E functions for the review and approval of materials to subrecipient agencies; however, the responsibility for the I&E review process rests with the grantee.
 - Educational materials from service sites will be reviewed during triennial site reviews or as requested by grantee.

See also:

1.6.2 Cultural Competency

5.1 Materials Review and Approval Process

5.3 Advisory Committee Membership

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

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).

Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Last Scheduled Review	June 2021
References	<p>HHS Office for Civil Rights https://www.hhs.gov/ocr/index.html</p> <p>Providing Quality Family Planning Services: Recommendations from the Centers for Disease Control and Prevention and the U.S. Office of Population Affairs (QFP) (page 24) https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</p> <p>Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html</p> <p>CDC Health Literacy Resources https://www.cdc.gov/healthliteracy/developmaterials/testing-messages-materials.html</p>

Procedure:

- Delegate agency policies assure language translation services are readily provided when needed and staff is aware of how to access language translation services when needed.
- All service site signage, educational materials and other posters will be written in both English and a second language that is predominant to the population served by that site, as determined by the US Census Bureau. This signage will identify: days of clinic operation, clinic hours, telephone numbers and the availability of interpreter services.

- A language identification card will be utilized to assure that the client speaks and can read and understand the second language.
- Brochures written in the identified second language that contain information about the clinic services including, but not limited to, free interpreter services as related to their family planning visit, will be distributed to LEP persons.
- All forms and literature utilized by the clinic will also be available in the identified second language, and clients will complete and sign the forms in that language. It will be the clinic personnel's responsibility to have the written responses translated to English.
- During off hours, a telephone answering system will be used providing clinic information both in English and the second language.
- The clinic receptionist will place a call to the designated interpreter service if an LEP client is present at the clinic seeking services. An interpreter can then solicit the needed information in order to schedule an appointment or provide other services.
- Clinics will identify and engage the services of a competent interpreter organization or individual interpreter(s). The interpreter must be identified as fluent and competent in interpreting medical terms to LEP clients. The use of certified interpreters, when available, is encouraged.
- LEP clients may choose to bring in their own interpreter or English-speaking family members. In these circumstances, clients are encouraged to use the provided clinic service interpreter(s), with an explanation that due to the personal nature of some visits, they may not want a family member involved. If clients choose to use their interpreter, the agency may have a release signed.
- All interpreters will sign the same documents as other clinic personnel pertaining to clinic confidentiality and knowledge of HIPAA rules and regulations. These signed documents will be incorporated in the individual client medical records, as well as in the clinic administrative files.
- As per Title X FPAR requirements, service sites will use the CVR to report the use of interpreter services.
- Service sites must provide appropriate translation and interpretation services at no cost to the client.
- Delegate agencies must ensure access to services for individuals with disabilities at their sites.
- Service sites are free from obvious structural or other barriers that would prevent disabled individuals from accessing services.
- Observation during site reviews should demonstrate that information is presented in a way that emphasizes essential points, information on risks and benefits, and is communicated in a way that is easily understood.
- Information provided during counseling is culturally appropriate and reflects client's beliefs, ethnic background, and cultural practices.

See also:

1.6.2 Cultural Competency

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.



FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

6.2 Human Subjects Clearance (Research)	
<p>Research conducted within the 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.</p>	
Effective Date	June 2020
Last Reviewed	June 2020
Revision Dates	June 2020
Next Scheduled Review	June 2021
References	<p>Code of Federal Regulations 45 CFR Part 46 https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=83cd09e1c0f5c6937cd9d7513160fc3f&pitd=20180719&n=pt45.1.46&r=PART&ty=HTML</p>

Procedure:

- Delegate agencies must advise the WHC and OPA in writing of any research projects that involve Title X clients.

Grantee and subrecipient staff can find training and updated changes to this policy on the Wyoming Health Council website.

Type of Community Education	Date	Number of Persons Receiving Information

Quarter: _____

**WYOMING HEALTH COUNCIL
EXPENDITURE/REVENUE REPORT**

Sample
Balance Forward \$0.00

REVENUES	April	May	June	July	August	September	October	November	December	January	February	March	YTD TOTALS	BUDGETED	% RECEIVED
FEDERAL GRANTS															
Title X													\$0.00		#DIV/0!
Other Federal Grants													\$0.00		#DIV/0!
THIRD PARTY															
Client Fees													\$0.00		#DIV/0!
Client Donations													\$0.00		#DIV/0!
Medicaid													\$0.00		#DIV/0!
Private Insurance													\$0.00		#DIV/0!
OTHER SOURCES															
CDC/State STD													\$0.00		#DIV/0!
CSBG													\$0.00		#DIV/0!
Local Government													\$0.00		#DIV/0!
State Government													\$0.00		#DIV/0!
Fundraising													\$0.00		#DIV/0!
United Way													\$0.00		#DIV/0!
In-Kind													\$0.00		#DIV/0!
Others													\$0.00		#DIV/0!
TOTAL REVENUES	\$0.00												\$0.00		#DIV/0!
													YTD TOTALS	BUDGETED	% SPENT
EXPENDITURES															
Wages													\$0.00		#DIV/0!
Fringe Benefits													\$0.00		#DIV/0!
Travel/Training													\$0.00		#DIV/0!
Equipment													\$0.00		#DIV/0!
Supplies													\$0.00		#DIV/0!
Contractual													\$0.00		#DIV/0!
In-Kind													\$0.00		#DIV/0!
OTHER															
Rent/Utilities													\$0.00		#DIV/0!
Maintenance													\$0.00		#DIV/0!
Insurance													\$0.00		#DIV/0!
Telephone													\$0.00		#DIV/0!
Advertising													\$0.00		#DIV/0!
Postage													\$0.00		#DIV/0!
Audit													\$0.00		#DIV/0!
Dues/Subscriptions													\$0.00		#DIV/0!
Fundraising													\$0.00		#DIV/0!
Patient Care													\$0.00		#DIV/0!
Others													\$0.00		#DIV/0!
TOTAL EXPENSES	\$0.00												\$0.00	\$0.00	#DIV/0!
Balance End of Month	\$0.00														
Title X Funds															
Accounts Receivable															
Accounts Payable															

I certify that this report has been examined by me and to the best of my knowledge and belief is a true, correct and complete report, made in good faith, for the period stated. All supporting documents will be kept on file, and available for audit.

Signature of Project Director

Date

Signature of Designated Board Member

Date



EXPENDITURE & REVENUE REPORT INSTRUCTIONS

Each delegate agency must complete and E&R Reports to the WHC, per timeline and contract. Attach the spreadsheet in an email for submission. Provided spreadsheet includes automatic calculations. E&R Reports should be completed monthly as follows:

- **Balance Forward:** Start with \$0.00 for April.
- **Month columns:** In these columns, the revenues and expenditures should be entered on the appropriate line for the month of the report. Update as needed.
- **YTD total:** This column will automatically calculate for the budget period.
- **Budgeted:** Input figures to follow your agency's 12-month budget.
- **% Received:** This column will calculate the percentage of funds received or expended based on the budget figures.

Revenues:

Federal grants:

- **Title X:** Include federal Title X funding received by contract from the WHC.
- **Other Federal Grants:** Include all other federal grants.

Third party:

- **Client Fees:** Include fees collected from clients assessed on the sliding fee scale. (Do not include client donations)
- **Client Donations:** Include any funds donated by clients. (Do not include client fees)
- **Medicaid:** Include federal Title XIX (Medicaid) payments received from the State of Wyoming Medicaid Office.
- **Private Insurance:** Include payments received from the client's private insurance company. This includes Tricare.

Other sources:

- **CDC/State STD:** Include funds received from WDH for STI/HIV testing and other State Health Department STD Prevention initiatives such as Knowyo vouchers.
- **CSBG:** Include Community Services Block Grant funds received through your local community.
- **Local Government:** Include funds received from city and county governments. (non-federal).
- **State Government:** Include any funds received directly from the State of Wyoming.

- **Fundraising:** Include any funds received from fundraising efforts.
- **United Way:** Include any funding received from United Way fund drives or United Way special projects.
- **In-Kind:** Include the estimated value of donated goods or services.
- **Others:** Include all other revenues not listed above. Call the WHC if you are unsure where to include a source of revenue.
- **TOTAL REVENUES:** Add the totals for each column on this line.

Expenditures:

- **Wages:** Include the gross salary for each staff member. Individuals under contract should not be included in this category, but in the "contractual" category.
- **Fringe Benefits:** Include the cost of fringe benefits for each salaried employee. Includes employer FICA/Medicare, Worker's Compensation, Unemployment, health & life insurance, retirement plans paid by the employer, and any other benefits related to the employee's salary.
- **Travel/Training:** Include costs for staff to travel to meetings, training events, training fees, and other agency travel. Costs will usually consist of mileage, commercial travel, per diem, hotel, etc.
- **Equipment:** Include costs for equipment purchased. Any costs allocated to this line item will usually be permanent items (fixed assets) which cost in excess of \$5,000.00 and are included in your depreciation schedule.
- **Supplies:** Include costs for all consumable supplies such as medical supplies, pharmacy supplies, contraceptives, lab supplies, and office supplies.
- **Contractual:** Include the costs for medical provider contractual costs such as copier lease, janitorial services, Ahlers software, telehealth platforms, etc.
- **In-kind:** This amount must equal the in-kind amount under revenues.

OTHER:

- **Rent/Utilities:** All rent including utilities such as electric, gas, water, etc.
- **Maintenance:** Include costs for the upkeep of a building, equipment, etc.
- **Insurance:** Include costs for medical liability, property/contents, professional liability and bonding insurances.
- **Telephone:** Include costs for phone service, internet service, fax lines, cell phone service, etc.

- **Advertising:** Include costs for advertising.
- **Postage:** Include costs for mailing & shipping.
- **Audit:** Include costs for performing a financial audit.
- **Dues/Subscriptions:** Include costs for dues to an organization, subscriptions, etc.
- **Fundraising:** Include all costs related to fundraising events.
- **Patient Care:** Include all costs for patient services to include cytology lab costs.
- **Others:** Include all other expenses not listed above. Call the WHC if you are unsure where to include an expenditure.
- **TOTAL EXPENDITURES:** Add the totals for each column on this line.

Balance/End of Month: Add the Balance Forward at the top left side of the Expenditure/Revenue Report and the Total Revenues for the month, and then subtract the Total Expenses for the month.

Title X funds: This is the disbursement amount of the Total Title X Grant award to the agency.

Outstanding Accounts Receivable - End of Month: This is the amount of money that is owed to the agency for services.

Outstanding Accounts Payable - End of Month: This is the amount of money that the agency owes to vendors, contractors etc. that is still outstanding and was not paid out at the end of this month.

Signatures: The Project Director and one other designated member of the agency governing board must sign. Signed originals are to be kept at agency and made available upon request and for audit.

Educational Material Review Form

Title:

Target audience(s):

Is the material:

Yes

No*

Factually accurate and current?

Appropriate for community and target audience standards?

Clearly presented?

Well organized?

Suitable for the population or community addressed?

Free of biases (racial, sexual, cultural, product, religious, political)?

Age appropriate?

Appropriate reading level?

Culturally sensitive? Linguistically appropriate?

Enhanced by appropriate illustrations/graphics?

If you answered "No" to a question, please explain:

Please check one:

Approve _____

Do not approve _____

Comments: _____

Reviewed by: _____ Date: _____

Organization: _____ Phone: _____

PLEASE RETURN THIS FORM BY:

Fax or mail the completed form to:

Thank you for your feedback!

WYOMING HEALTH COUNCIL
FAMILY PLANNING STATEMENT OF UNDERSTANDING

Project staff and sub-recipient staff of Title X Grant, administered by the Wyoming Health Council, have been informed of and understand the following guidelines for the delivery of family planning services, as stated in the "Program Requirements for Title X Funded Family Planning Projects, including new rules effective July 15, 2019":
(please initial each bullet and sign at the bottom of the document)

- _____ All family planning services are to be provided solely on a voluntary basis. Clients cannot be coerced to accept services or to use or not use any particular method of family planning.
- _____ 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 at our facility.
- _____ Prohibits the use of Title X funds to perform, promote, refer for, or support abortion as a method of family planning.
- _____ Personnel working within the family planning project may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
- _____ Abortion is prohibited as a method of family planning.
- _____ Project staff are allowed to participate in the establishment of ongoing grantee policies and guidelines and may participate on the various state facilitated committees.
- _____ Voluntary donations by clients are permissible, however; clients must not be pressured to make donations and donations must not be a prerequisite to receiving services or supplies.
- _____ Project staff should be sensitive to, and able to deal effectively with cultural and other characteristics of the diverse client population. Staff will participate in cultural competence training and in-services.
- _____ Project staff orientation/in-service training must include training on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking
 - Wyoming law requires that employees of family planning clinics are considered to be mandatory reporters of child abuse, child molestation, sexual abuse, rape, or incest. 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.
- _____ Project staff will encourage family participation in the decision of minors to seek family planning services and provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities. Staff will participate in training and in-services regarding minors.
- _____ Priority for project services are for persons from low-income families.
- _____ Services must be provided in a manner which protects the dignity of the individual.

- _____ Services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies, sexual orientation, gender identity, or marital status.
- _____ 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.
- _____ Projects must provide for coordination and use of referral arrangements with other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
- _____ Projects must provide pregnancy diagnosis and counseling to all clients in need of these services.
 - A prenatal care referral must be given to all clients with a positive pregnancy test regardless of the client's desire for the pregnancy.
 - Nondirective pregnancy options counseling and information may be offered to pregnant clients. Nondirective pregnancy counseling may include information on abortion, prenatal care, delivery, infant care, foster care, and adoption. A nurse practitioner, certified nurse midwife, physician assistant, or physician must provide this type of counseling.
 - Nondirective pregnancy options counseling must not include referring clients for abortion services. This includes all written and verbal abortion referrals.
 - A nurse practitioner, certified nurse midwife, physician assistant, or physician, as defined by the May 2019 regulation, may refer for abortion for documented emergency care reasons (84 F.R. at 7745)
- _____ Every project must have safeguards to ensure client confidentiality. Information obtained by the project staff about individuals 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. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. This clinic has policies related to preserving client confidentiality and privacy. Project staff are to read these policies (to include HIPAA) and comply with the requirements.
- _____ Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities.
- _____ Project staff are not required to perform any services that violate their religious and moral beliefs.
- _____ Employees will be informed of their role in a disaster or emergency, as well as how to respond. All employees must know where the emergency exits are located in their facility and help ensure that these exits are recognizable to the public and kept free from any barriers.
- _____ I understand the WHC Whistle-blower and Non-Retaliation policy. I also verify that I have been provided with an opportunity to ask questions about the policy.

I understand that I am responsible for maintaining current knowledge of the Title X Requirements. In signing this form, I acknowledge that I have read this document and have had the opportunity to have any questions I may have answered fully.

Employee Printed Name _____

Employee Signature _____ Date _____

Wyoming Health Council Incident Report Form

Definition: Incident – any event which might possibly result in harm or a problem for a patient, volunteer, employee or a visitor.

Instructions: Please complete this form *immediately* following the incident. Incident reports must be completed for medication errors, employee or volunteer accidents (e.g. a fall, needle stick), and for *any* incident or event which might possibly result in a negative outcome. (If in doubt – fill it out!) For Blood Borne Pathogen (BBP) exposures, you must also complete and attach a BBP Procedure and Checklist form. Form(s) should be completed by the employee who (1) observed the incident, (2) had the accident, or (3) was first one on the scene. Please fax incident report to WHC (307-439-2076) as soon as reasonable. **Please also call WHC Executive Director or Nurse Consultant if the incident is of an urgent or serious nature.**

Clinic site and phone number _____

1. *Identifying Information (for the person the incident is concerning):*

MR # or Initials _____ DOB _____ Sex _____

Address _____ City _____

Phone Number _____ MR # (if not already provided) _____

2. Relationship to Clinic: Patient _____ Employee _____ Volunteer _____ Visitor _____ Other (specify) _____

3. Date of Incident _____ Time of Incident _____ a.m. or p.m. (circle one)

4. TYPE OF INCIDENT: Medication error _____ Fall/Injury _____ HIPAA breach _____ Product defect/recall _____
Interpersonal violence _____ Blood exposure _____ Adverse medical outcome _____
Other(specify) _____

5. If incident is injury to an employee, was a worker's compensation claim filed?

Yes _____ No _____ If, yes provide case # _____

If no, explain why not. _____

6. Report (s) made to:

Agency Director: _____ In person _____ Writing _____ Phone _____

Medical Director: _____ In person _____ Writing _____ Phone _____

WHC _____

7. Report made to other parties (e.g. employee's private physician, police, etc):

_____ Yes _____ No If yes, to whom and when? _____

Page 2 Must Be Completed and Signed

8. *Description of Incident:* (Describe exactly what happened, who was involved, what the circumstances were, and what you observed, including pertinent information prior to the incident and any witnesses, and what you and others have done in response.)

9. *Signatures:*

Person Completing Report (signature) (printed name) Date

Agency Director *or* Medical Director (signature) (printed name) Date

Received by:

WHC Executive Director (signature) (printed name) Date
or WHC Nurse Consultant

MEDICAL RECORDS RELEASE

From:		To:	
Client's Name		Date of Birth	Telephone Number
Address		City	State ZIP Code
<input type="checkbox"/> Client requests that client records be released to your clinic.		<input type="checkbox"/> Client requests that client records be released to our clinic.	
<input type="checkbox"/> Client requests to hand carry records.		<input type="checkbox"/> Client authorizes communication between agencies.	
_____ I understand that this may include information regarding mental health, alcohol/drug use, and HIV testing/treatment. I understand that once disclosed, information may be re-disclosed by the recipient and no longer protected.			

Send clinical notation/copy of the following:	COMMENTS
Medical History (for requests to other FP clinics)	
Last Physical Examination	
Pelvic Examination	
Breast Examination	
Pap Smear (copy of cytology report)	
Chlamydia/Gonorrhea (copy of lab report)	
Biopsy (copy of pathology report)	
Treatment Post Colposcopy	
Pap Smear Follow-up Schedule	
Other	

Pertinent Medical or Surgical History:

I understand that I may request copies of any information disclosed by this authorization. It is my understanding that this authorization will expire in 12 months from the date signed below. I understand that I may revoke authorization by notifying, in writing, the Family Planning Program Manager of this agency, knowing that previously disclosed information may not be subject to my revoke request.

I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to receive services, payment or my eligibility for benefits.

I hereby request and authorize the above-identified agencies to exchange the necessary information pertinent to this request for release of records.

Client's Signature	Date
Witness	Date
Chart Number	

This information has been disclosed to you from records whose confidentiality is protected from disclosure by state and federal law. You may not make further disclosure without the specific and informed release of the individual to whom it pertains, their authorized representative, or as otherwise permitted by law. A general authorization for release of information is not sufficient for this purpose.



**Wyoming
Health Council**

400 E. 1st St. Suite 313
Casper, Wy 82601
307-439-2033

Photo/ Video/Audio Release Form

I hereby consent to the use, reproduction, editing and or/broadcast by the Wyoming Health Council of any and all photographs, video recordings and audio recordings of me taken by or on behalf of the Wyoming Health Council, from this day, without compensation to me. All negatives and positives, prints, video-recorded images and audio recordings shall constitute the property of the Wyoming Health Council solely and completely.

Name (Please Print)

Signature

Date



400 E. 1st St. Suite 313
Casper, WY 82601
307-439-2033

Dear,

This letter confirms your membership on the Family Planning Program Information and Education (I&E) Advisory Committee. Our Title X federally funded program provides critical health services to low-income and uninsured individuals to prevent unintended pregnancies.

Thank you for your assistance in developing and selecting materials appropriate for our clients and the community. We value and respect your opinion.

We will occasionally send you materials such as pamphlets, posters, a video, teaching tools or other informational materials. We will ask you to complete a one-page survey or invite you to a meeting to get your feedback regarding material appropriateness for the audience and community.

Thank you for your participation. We look forward to working with you.

Sincerely,



**WHC TRAINING and EDUCATIONAL
NEEDS SURVEY**
Due July 31, 2020

The Wyoming Health Council in accordance with Title X guidelines and WHC Policy 1.7, conducts an annual training needs assessment. Your input is important.

Depending on your role at the agency, share with us your top three training or educational needs. When done please email your completed survey to the WHC. Your responses will be kept confidential.

CLINIC SUPPORT STAFF

- 1.
- 2.
- 3.

MEDICAL PROVIDER

- 1.
- 2.
- 3.

ADMINISTRATIVE/MANAGEMENT

- 1.
- 2.
- 3.