



# Wyoming Health Council

## Grantee Title X Program Policy and Procedure Manual

Title X grantees and subrecipients are required to have written policies in accordance with [Title X Statutes, Regulations, and Mandates](#). 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 and updated to comply with the 2021 Title X Final Rule. Some policies are shown within two areas (as indicated). As policies correspond, the WHC provided cross references under the heading of 'See Also' at the conclusion of some individual documents. Due to the corresponding nature of these program policies, every effort has been made to include, and align requirements, recommendations and discretionary action statements throughout the entire document. In the case of conflicting statements, the highest level of obligation will be observed. In a conscious effort to reduce misinterpretations of expectations and compliance with the grant's purpose, a glossary page has been added to this manual for reference and clarification of the WHC's interpretation of the regulations and requirements.

The WHC will continue to monitor compliance through site visits, deliverables review and request of other documentation as needed. Non-compliance may result in a corrective action plan assigned to the delegate agency.

Administrative
Financial
Clinical

Disclaimer: This document contains language aligning with federal statutes, Title X regulations and reporting requirements and does not reflect or represent the grantee's recognition of our gender-neutral and gender-fluid clients.

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.



These policies were originally reviewed 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 have been reviewed annually. Due to the 2021 Title X Final Rule, effective November 8, 2021, a significant revision was completed to comply with the new requirements, regulations and mandates. The original document that is in compliance with the 2019 Title X Final Rule is available for review at the Casper office.

Reasonable efforts will be made to complete the annual review of the policies in this manual according to the “Next Scheduled Review”. This process however may be adjusted due to: unforeseen regulation changes, reviews, project director/staff update requests, and delays related to other priority deadlines within the project.

## Resources and Reference Links

Title X Statutes, Regulations, and Legislative Mandates

<https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates>

QFP 2014 (includes links to 2015 and 2017 updates)

<https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/quality-family-planning>

Electronic Code of Federal Regulations (CFR)→Title 42→Chapter I → Subchapter D → Part 59

<https://www.ecfr.gov/cgi-bin/text-idx?SID=b9fe126a8e5f238e2ef6a7500c61a80e&mc=true&node=pt42.1.59&rgn=div5>

CFR → Title 45 → Subtitle A → Subchapter A → Part 75

<https://www.ecfr.gov/cgi->

[bin/retrieveECFR?gp=12&SID=b9fe126a8e5f238e2ef6a7500c61a80e&h=L&mc=true&n=pt45.1.75&r=PART&ty=HTML#\\_top](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=12&SID=b9fe126a8e5f238e2ef6a7500c61a80e&h=L&mc=true&n=pt45.1.75&r=PART&ty=HTML#_top)

45 CFR Part 75.302 Financial management and standards for financial management systems

<https://www.ecfr.gov/cgi->

[bin/retrieveECFR?gp=12&SID=b9fe126a8e5f238e2ef6a7500c61a80e&ty=HTML&h=L&mc=true&r=SECTION&n=se45.1.75\\_1302](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=12&SID=b9fe126a8e5f238e2ef6a7500c61a80e&ty=HTML&h=L&mc=true&r=SECTION&n=se45.1.75_1302)

45 CFR Part 75 Subpart E Cost Principles

<https://www.ecfr.gov/cgi->

[bin/retrieveECFR?gp=12&SID=b9fe126a8e5f238e2ef6a7500c61a80e&h=L&mc=true&n=pt45.1.75&r=PART&ty=HTML#sp45.1.75.e](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=12&SID=b9fe126a8e5f238e2ef6a7500c61a80e&h=L&mc=true&n=pt45.1.75&r=PART&ty=HTML#sp45.1.75.e)

Reproductive Health National Training Center

<https://rhntc.org>

<https://rhntc.org/resources/financial-operations>

Links accessed October 2021



## GLOSSARY OF TERMS AND DEFINITIONS

<i>Term</i>	<b>Definition</b>
<i>Must</i>	Obligation; mandatory; required
<i>Must not</i>	Prohibition; prohibited; unallowable
<i>Should</i>	Recommendation; best practice
<i>May</i>	Discretionary action; non-mandatory provision (when relating to grantee or delegate agency)
Note: Use of <i>should</i> and <i>may</i> does not relieve grantee or subrecipients from compliance with the policy.	
<i>May</i>	Opportunity or permission (when relating to clients)
<i>Reasonable</i>	Not excessive; logical, and equitable to all clients
<i>Effective</i>	Evidence based
<i>Efficient</i>	Using resources wisely
<i>Safe/safely</i>	Delivered within established standards
<i>Timely</i>	Without delays
<i>Equitable</i>	Without discrimination
<i>Policy</i>	Philosophy of health system, over all approach
<i>Procedure</i>	Steps to achieve a desired result (Title X program compliance)
<i>Protocol</i>	System specific clinical policies and procedures
<i>Standards</i>	Minimum level of quality; “must”
<i>Guidelines</i>	Best practices for quality care; “should”
<i>Recommendations</i>	Provides information about what should be done, implies choice between interventions; “may”
<i>Patient</i>	A person who receives a health care service for treatment of an illness or to restore wellness. May refer to clinical decision-making by a clinical service provider based on a diagnosis.
<i>Client</i>	A person who receives a health care service for health maintenance. May refer to a shared decision-making or collaborative relationship.
Note: The terms of patient and client are used throughout manuals and other documents within the Title X program. As there are numerous definitions, any incident in which terms are used synonymously is not intended to imply a particular relationship with the clinic service provider or agency.	
<i>Grantee</i>	Entity that receives Federal financial assistance by means of a grant, and assumes legal and financial responsibility and accountability for the awarded funds, for the performance of the activities approved for funding and for reporting required information to the Office of Population Affairs.
<i>Family</i>	A social unit composed of one person, or two or more persons living together, as a household.
<i>Family planning services</i>	Services which include a broad range of medically approved services, which includes FDA-approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, and other preconception health services.
<i>Low-income family</i>	A family whose total income does not exceed 100% of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). 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.
<i>Program and project</i>	Synonymous terms. A plan or sequence that is funded to fulfill the requirements elaborated in a Title X funding announcement; it may be comprised of, and implemented by, a single grantee or subrecipient(s), or a group of partnering providers who, under a grantee or subrecipient, deliver comprehensive family planning services that satisfy the requirements grant within a service area.
<i>Project staff</i>	Individuals who directly participate in the provision of Title X Family Planning services. This may include but is not limited to: Medical Director, medical staff, administrative staff, billing staff,

	volunteers, nursing students, medical residents.
<i>Subrecipient and delegate agency</i>	Entity that provides family planning services with Title X funds under a written agreement with a grantee or another subrecipient.
<i>Service site</i>	Clinic or other location where Title X services are provided to clients.
<i>Deliverables</i>	Documents due to grantee to show compliance with program requirements.
<i>Fee Schedule</i>	Complete table of client fee responsibility; included within SFDS
<i>Sliding Fee Discount Schedules (SFDS)</i>	This financial document includes; fee codes, full fee charges, income level ranges based on FPL, percentage of discount from full fee, client responsibility of full fee charge. Models and examples included in 1.5.2 Discount Schedule and applies to other policies. This document must be approved for compliance by the WHC prior to implementing charges.
<i>Corrective Action Plan (CAP)</i>	Report of findings or areas of improvement requiring corrective action in order to be in compliance with regulations, requirements or policies. This will require additional interventions/actions and reporting by the delegate agency in order to stay within the terms of the contract with the grantee.
<i>Confidential services</i>	Phrase used by OPA in 1.5.6 and 42 CFR 59.2 regarding minors seeking services. All clients should expect the services requested are confidential, however this should not be confused with confidential billing and confidential collections.
<i>Confidential billing and confidential collections</i>	When a client for good reason does not want, for good reason, the services received through a Title X Family Planning Project to be billed to private insurance due to an EOB or bill to be sent to the policy holder. (Good reason) includes but is not limited to: client is a minor, client is a victim or domestic violence or any situation in which a client's confidentiality may be jeopardized or may put the client at risk of harm.
<i>Clinical Service Provider</i>	Includes physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of the user (male or female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care.
<i>Quality healthcare</i>	Healthcare which is safe, effective, client-centered, timely, efficient, and equitable.
<i>Client-centered care</i>	Care which is respectful of and responsive to, individual client preferences, needs and values; client values guide all clinical decisions.
<i>Culturally and linguistically appropriate services</i>	Services which are respectful and responsive to the health beliefs, practices and needs of diverse patients.
<i>Trauma-informed care</i>	A program, organization, or system that is trauma-informed realizes the widespread impact and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices, and seek to actively resist re-traumatization.
<i>Health Equity</i>	All persons have the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.
<i>Inclusivity</i>	When all people are fully included and can actively participate in and benefit from family planning, including, but not limited to, individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native Americans persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise affected by persistent poverty or inequality.
<i>Disparity impact statement</i>	Measure and inform how different services will be delivered to, and received by, underserved groups or priority populations within the general population. A tool to achieve health equity for racial and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with LEP, and rural populations.
<i>Adolescent-friendly health services</i>	Services that are accessible, acceptable, equitable, appropriate and effective for adolescents.

<i>Early adolescent</i>	< 15 years of age (minor)
<i>Middle adolescent</i>	15-17 years of age (minor)
<i>Late adolescent</i>	18-24 years of age

## GLOSSARY OF ACRONYMS and SYMBOLS

<i>OPA</i>	Office of Population Affairs
<i>WHC</i>	Wyoming Health Council
<i>QFP</i>	Quality Family Planning
<i>CFR</i>	Code of Federal Regulations
<i>RHNTC</i>	Reproductive Health National Training Center
<i>PHS</i>	Public Health Service
<i>HHS</i>	Department of Health and Human Services
<i>HRSA</i>	Health Resources & Services Administration
<i>SOU</i>	WHC Statement of Understanding
<i>E &amp; R</i>	Expenses/Expenditures and Revenues Report
<i>GY</i>	Grant Year April 1- March 31
<i>FY</i>	WHC Fiscal Year-also follows the Grant Year April 1-March 31. (The WHC does not follow state, county or federal FY)
<i>CY</i>	Calendar Year January 1- December 31
<i>SFDS</i>	Sliding Fee Discount Schedules
<i>FPL</i>	Federal Poverty Level
<i>FPG</i>	Federal Poverty Guidelines
<i>CMS</i>	Centers for Medicare & Medicaid Services
<i>TPP</i>	Third-party payers
<i>EOB</i>	Explanation of Benefits (third-party payers)
<i>CAP</i>	Corrective Action Plan
$\leq$	Less than or equal to; at or below
$\geq$	Greater than or equal to

This document is intended to be a program inclusive; all glossary terms may not appear in every document developed by the WHC.

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Forms: See [Wyoming Health Council](#)



## FAMILY PLANNING PROGRAM POLICY AND PROCEDURES

### Subrecipient Monitoring and Compliance

The Wyoming Health Council (WHC) must monitor and ensure compliance with the Title X regulations by project staff at both the grantee and subrecipient levels. Grantees must have written policies in place that address understanding and interpretations of these regulations and the expectations for the subrecipient to show compliance. WHC reserves the right to request additional data, information and documentation as needed with reasonable time given for submission.

Effective Date	November 8,2021
Last Reviewed	November 2021
Revision Dates	Written November 2021
Next Scheduled Review	November 2022
References	<a href="https://www.wyhc.org/">https://www.wyhc.org/</a>

The WHC made reasonable efforts to create this addition to the P&P Manual as a comprehensive overview of the monitoring for compliance process. Subrecipient project directors or managers are responsible to the contract terms and are expected to request further clarification and support from the WHC as needed. Efforts to maintain updated information and resources are ongoing. The goal of the WHC is to support the subrecipient agencies' success in the provision of high-quality family planning services to all clients requesting services. The following lists are intended to be guides and do not encompass all responsibilities and expectations of the grantee or the subrecipient agencies.

#### Grantee responsibilities/expectations:

WHC will provide compliance guidance via training, contracts, printed or electronic documents and resources (i.e., manuals, toolkits, templates, models, website resources etc.). These may include additional requirement instructions.

- Protocols - WHC Clinical Manual updated annually and signed by Medical Director and medical staff.
- Policy and Procedures - WHC Title X Grantee Policy and Procedure Manual; updated annually and signed by project directors or managers responsible for the agency's compliance.
- Deliverable Timeline
- SFDS Models
- Project staff SOU
- Provide training opportunities on Title X requirements and acceptable compliance processes.
- Project site visit/program review at least once per grant cycle.
- WHC will follow these steps prior to the visit to allow reasonable preparation time for the grantee review team and the subrecipients.
  - Determination of subrecipient to be assessed.
  - Schedule mutually agreeable dates for the visit.
  - Site Visit Announcement Letter and Agenda will be sent to subrecipient project director or manager.
  - OPA Program Review Tool revised for subrecipient monitoring provided.
  - List of requested documents
  - Finalize agenda
  - Site Visit
  - Site Visit reports compiled.

- Site Visit report cover letter and Corrective Action Plan (CAP) sent to subrecipient.
  - Review subrecipient's Visit and CAP response plan
  - Monitor progress on response plan and follow-up as needed until findings are adequately addressed.
  - Send Close-out letter.
- Templates developed by WHC for reporting. These include but are not limited to:
    - E & R Report
    - Community Education Report
    - Incident Report
    - Peer reviews
    - Medical chart audit
    - FPAR FTE
    - Grant application (as needed)
    - Workplan (as needed)
    - Protocol Update Form
    - Policy Update Form
    - Client Satisfaction Survey (QR code and Survey Monkey link)
    - Title X Grand funds application and Work Plan

Subrecipients responsibilities/expectations:

- Submit all required deliverables according to the requested timeline and notify the WHC in the case of extenuating circumstances that do not allow for timely submissions.
- Use required templates.
- Participate in quarterly Service Delivery Meetings, not only in attendance, but in suggestions for training topics, etc.
- Review contracts, manuals and resources.
- Submit Protocol and Policy update forms as needed to participate in the development and improvement of the Wyoming Title X project.
- Develop written agency-specific Policy and Procedure manuals which demonstrate compliance with Title X regulations and grantee requirements.
- Submit additional documentation to grantee as requested.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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	November 8, 2021
Last Review Date	November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	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) <a href="https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf">https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf</a> Code of Federal Regulations 42 CFR 59.5(a)(2) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- Grantee and subrecipient must notify staff according to agency-specific policy (e.g., statement signed by employee, staff circulars, training records, orientation checklist, etc.). Documentation must be maintained.
- Grantee must notify subrecipient of its process for monitoring subrecipient and service sites to ensure compliance. Grantee will provide a program review tool, including requirements prior to a site visit.
- Grantee and subrecipient staff providing Title X services must sign the Wyoming Health Council Statement of Understanding annually. Subrecipient must provide this as part of deliverables and the grantee will maintain documentation.
- Subrecipients must include voluntary participation on patient consents and as a part of Patient Bill of Rights.

### See also:

WHC Family Planning Statement of Understanding

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring of compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 1.2 Prohibition of Abortion

Title X grantee and subrecipient must be in full compliance with Section 1008 of the Title X statute and 42 CFR 59.5(a)(5), which prohibit abortion as a method of family planning. Grantee has documented processes to ensure that they and their subrecipients are in compliance with Section 1008. Grantees should include language in subrecipient contracts addressing this requirement.

Effective Date	November 8, 2021
Last Review Date	June 2020, November 2021
Revision Dates	November 2021
Next Scheduled Review	November 2022
References	Section 1008 of the Title X Statute <a href="https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates">https://opa.hhs.gov/grant-programs/title-x-service-grants/title-x-statutes-regulations-and-legislative-mandates</a> Code of Federal Regulations 42 CFR 59.5(a)(5) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- Grantee must have written policies and procedures that prohibit subrecipients and/or service sites from providing abortion as part of the Title X project.
- Grantee will monitor subrecipient and service sites to ensure compliance with this requirement by requiring sites to provide grantee.
- Grantee/ Subrecipient contract will include language addressing the requirement demonstrating no funds are used for abortion services.
- Grantee/ Subrecipient contract will include language addressing the requirement demonstrating adequate separation of Title X and non-Title X activities.

### See also:

Sample of Subrecipient Contract

Clinical Manual: Section 12, Pregnancy Testing and Counseling

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 1.4.3 Authorized Purchases

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

Effective Date	June 2020
Last Review Date	June 2020, November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022

#### 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 \$5,000.00 shall be considered capital; less than \$5,000.00 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 \$2,000 or more) to assure cost savings to the program.
- Any bids or offers may be rejected by the grantee or subrecipient 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.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 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	November 8, 2021
Last Review Date	June 2020, November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(a)(10) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

Procedure:

- Grantee will update all policies on an annual basis and subrecipient 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.
- Grantee will update Clinical Protocols on an annual basis and subrecipient can download the Protocol 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 Medical Director for approval.
- Grantee will update training documents on an annual basis and subrecipient can download the Training and Education Needs Assessment Form on the WHC website and submit to the grantee. These requests will be reviewed and addressed by the agency program director along with opportunities for training and education for program staff. These opportunities may be through a number of platforms that include but are not limited to: virtual, Service Delivery meetings, TA visits to agency, conferences and webinars.
- Subrecipients must review and update policies and procedures as determined in their administrative policies.
- The grantee will provide training to all subrecipient program directors or representatives at Service Delivery meetings held quarterly.

See also:

Policies related to I&E Committee, Advisory Board and Materials Review

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 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	November 8, 2021
Last Review Date	June 2020, November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	45 CFR 75.302 - Financial management and standards for financial management systems  45CFR Part 75 Subpart E Cost Principles

#### Procedure:

- Grantee and subrecipient must maintain financial policies and procedures in line with Federal standards.
- Grantee and subrecipient 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 (project 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.
- 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

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 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	October 2021
Last Reviewed	November 2021
Revision Dates	June 2020, October 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.2 and 59.5(a)(7), (a)(9) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

#### Procedure:

- Grantee will forward to the subrecipient the current Federal Poverty Guidelines when available. HHS generally releases the annual guidelines within the first quarter of the CY.
- Subrecipients must apply the current Federal Poverty Guidelines no later than 30 days using a SFDS that has been approved by the WHC.
- The delegate agency's governing board does not supersede the grantee's approval of the SFDS.
- 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 TPP with the exception for those clients who request confidential billing.
- All reasonable efforts to obtain third party reimbursement for eligible clients should be attempted. Delegate agency must inform the client of any potential for disclosure of the confidential health information to policyholders where the policyholder is someone other than the client (i.e., parents, guardians, or spouse).
- Third parties are not eligible for discount of fees and are charged at the full fee level.
- Reasonable efforts must be made to maximize patient fee collections without causing a barrier to service or jeopardize client privacy.

- It is recommended that each delegate 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, annually, reviewed with the client by a staff member and should be updated verbally at each visit thereafter and if a client indicates a change in income status. Client income assessments are the basis of eligibility for reduced fees or Medicaid programs.
- Agencies are required to use client self-reported income after reasonable attempts are made to verify income.
- Procedure for documenting income verification must not present a barrier of receipt of services.
- 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 should be sufficient in some cases.
- Clients must not be denied services because of inability to prove income for Title X services.
- Client accounts and billing records must be separated from clinical record.
- Non-Title X services charges may be placed on a sliding fee scale. When these services are provided during a family planning encounter, the visit/office charge must be on the SFDS.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits*

## 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	October 2021
Last Reviewed	November 2021
Revision Dates	June 2020, October 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(a)(8) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a> Reproductive Health National Training Center <a href="https://rhntc.org/resources/financial-operations">https://rhntc.org/resources/financial-operations</a>

**Procedure:**

- Grantee will complete a cost analysis annually utilizing the RHNTC Abbreviated Cost Analysis job aid, CMS Medicare Fee Schedule, and data provided by delegate agencies. Results will be shared with delegate agencies.
- Delegate agencies must have a local policy and procedure in place describing the agency’s processes for determining SFDS, charges, billing and collection processes.
- The SFDS must apply equitable discounts in proportional increments that do not create a barrier to services due to inability to pay.
- Schedule of discounts based on the Federal Poverty Guidelines, must be utilized in determining the client’s fee responsibility. An income assessment must be completed, at a minimum, annually or when there is an income change as indicated by the client.
- Grantee will forward to the subrecipient the Federal Poverty Guidelines upon release from HHS. Guidelines are generally issued within the first quarter of each calendar year.
- Subrecipients must apply the current Federal Poverty Guidelines no later than 30 days using an approved WHC SFDS.
- Grantee will provide approved SFDS models which apply the characteristics described in the preceding procedure statements. It is recommended delegate agencies use these models to assure compliance with the grantee’s requirements. Delegate agencies must submit for approval a copy of their proposed SFDS to include; Name of delegate agency, year of utilization, FPL income ranges, codes, discount percentage for each code (applied consistently for every service and supply), and all charges.
- Due to the difference of income from >100% and 101% and other transition numbers, it is recommended the delegate agency determine if the subsequent code income will be set at 100% FPL +\$1.00 or 101%. This must be indicated appropriately on the SFDS and reported to Ahlers for correct application of discount due to the client. The income level and assigned discount must match the discount on financial records.
- Documentation at service sites must indicate client income is assessed annually and discounts are appropriately applied to the cost of services.
- Clients with incomes at or below 100% of poverty (0% payment category on the fee schedule) must not be required to pay for any Title X 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.

- Non-Title X services charges are not required to be placed on a sliding fee scale. When these services are provided during a family planning encounter, the visit must be on the SFDS.
- Non-compliance with the requirements of this policy may result in delegate agency to be responsible for providing refunds to clients for over payment for the time in which charges were incorrectly billed.

See also:

SFDS Model Templates and Example

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

**TITLE X FAMILY PLANNING  
SLIDING FEE DISCOUNT SCHEDULES (SFDS)  
APPROVED MODEL TEMPLATES**

**5 Code Model**

<i>Federal Poverty Level</i>	<i>Code</i>	<i>% of Discount from Full Fee</i>	<i>Client responsibility of Full Fee</i>
≤100%	1	100%	0%
>100% - 150%	2	75%	25%
>150% - 200%	3	50%	50%
>200% - 250%	4	25%	75%
> 250%	5	0%	100%

**6 Code Models**

<i>Federal Poverty Level</i>	<i>Code</i>	<i>% of Discount from Full Fee</i>	<i>Client responsibility of Full Fee</i>
≤100%	1	100%	0%
>100% - 150%	2	80%	20%
>150% - 185%	3	60%	40%
>185% - 220%	4	40%	60%
>220% -250%	5	20%	80%
>250%	6	0%	100%

<i>Federal Poverty Level</i>	<i>Code</i>	<i>% of Discount from Full Fee</i>	<i>Client responsibility of Full Fee</i>
≤100%	1	100%	0%
>100% - 138%	2	80%	20%
>138% - 175%	3	60%	40%
>175% - 220%	4	40%	60%
>220% -250%	5	20%	80%
>250%	6	0%	100%

Federal Poverty Level ranges may be adjusted based on agency-specific considerations. Once a range is determined, it must be used for every service and supply provided under Title X family planning program. 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)).

% Of Discounts from Full Fee for individuals ≤100% and >250% must be 100% and 0%, respectfully.

% Of Discount(s) from Full Fee must be applied consistently across all Title X services.

Number of Codes must include at least 3 discounts for those > 100% - ≤250%. This will require a minimum of 5 codes to meet the requirement.

The WHC recommends delegate agencies use these models to develop a SFDS to utilize for their project. Other submitted SFDS will be reviewed and considered for approval. The SFDS must follow Title X Program Regulations and Requirements and must be approved by WHC before implementation. It is further recommended delegate agencies limit the adjustments to their SFDS once annually.

When developing agency-specific schedules, the following should be considered: client population served; assuring cost will not create a barrier to services; discriminate, directly or indirectly promote services; cost analysis data; usual, customary and reasonable charge definition; adequate stewardship of Title X funds; and program sustainability. See additional SFDS resources located at <https://www.wyhc.org/fiscal-tools/>

See also:

1.5.2 Discount Schedules

1.5.4 Reasonable Costs/Fee Schedule

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

**EXAMPLE SFDS/FEE SCHEDULE TO SUBMIT TO WHC FOR APPROVAL**

(Full Fee charges shown are random amounts for demonstration purposes ONLY and do not represent required charges.  
Income level ranges, fee codes and discount % are an example of an approved model)

Delegate Agency name						
GY 2021-2022						
Fee Codes	6	5	4	3	2	1/Full Fee
Income Level ranges	≤ 100%	>100-138%	>138-175%	>175-220%	>220-250%	>250%
% Discount from Full Fee Charge	100%	80%	60%	40%	20%	0%
<b>CLIENT RESPONSIBILITY OF FULL FEE CHARGE BASED ON INCOME LEVEL AND DISCOUNT</b>						
Visit	\$0	\$52	\$104	\$156	\$208	\$260
Visit	\$0	\$22	\$44	\$66	\$88	\$110
Procedure	\$0	\$15	\$30	\$44	\$59	\$74
Pregnancy test	\$0	\$48	\$96	\$144	\$192	\$240
Lab	\$0	\$18	\$37	\$55	\$74	\$92
<b>Supplies</b>						
Oral Contraceptives	\$0	\$4	\$8	\$12	\$16	\$20
ECP	\$0	\$4	\$8	\$12	\$16	\$20
Depo Provera	\$0	\$15	\$30	\$45	\$60	\$75
Cervical Cap	\$0	\$10	\$20	\$30	\$40	\$50
Contraceptive Ring	\$0	\$15	\$30	\$45	\$60	\$75
Contraceptive Patch	\$0	\$24	\$48	\$72	\$96	\$120
Paragard IUD	\$0	\$190	\$380	\$570	\$760	\$950
Mirena IUD	\$0	\$200	\$400	\$600	\$800	\$1,000
Kyleena IUD	\$0	\$260	\$520	\$780	\$1,040	\$1,300
Liletta IUD	\$0	\$120	\$240	\$360	\$480	\$600
Contraceptive Implant	\$0	\$210	\$420	\$630	\$840	\$1,050
Non-Title X visit	\$91	\$91	\$91	\$91	\$91	\$91
Non-Title X procedure	\$100	\$100	\$100	\$100	\$100	\$100
Non-Title X supply/medication	\$30	\$30	\$30	\$30	\$30	\$30
Non-Title X lab	\$75	\$75	\$75	\$75	\$75	\$75

### 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	October 2021
Last Reviewed	November 2021
Revision Dates	June 2020, October 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.2 <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

#### 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 documented income above 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 project 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.
  - Situational financial hardships (i.e., employment loss, COVID, high medical debt, high deductible, etc.).
- This waiver should be utilized in a fair, equitable manner on a case-by-case situation.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 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	November 2021
Revision Dates	June 2020, October 2021, November 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(a)(8) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

#### 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.
- Grantee will complete a cost analysis annually utilizing the RHNTC Abbreviated Cost Analysis job aid, CMS Medicare Fee Schedule, and data provided by delegate agencies. Results will be shared with delegate agencies.
- Delegate agencies must have a process in place to determine the reasonable cost of services. Charges should be reasonable, fair, and equitable for all clients.
- Financial records must indicate client income is assessed and that charges are applied appropriately to recover the cost of services.
- Total amount recovered through TPP reimbursements and client fees must not exceed full fee charge of the service or supply.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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	November 2021
Revision Dates	June 2020, October 2021, November 2021
Next Scheduled Review	November 2022
References	Title X Program Review Tool

### Procedure:

- Service sites should 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. Verbal or written permission is acceptable and process must be documented in agency-specific donation procedures.
- 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.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 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. (42 CFR 59.2).

Effective Date	October 2021
Last Reviewed	November 2021
Revision Dates	June 2020, October 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations CFR 59.2 <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

#### Procedure:

- Subrecipients must have a process for determining whether a minor is seeking confidential services and stipulates those 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.
- WHC recommends agencies determine if the minor is requests confidential billing, in which the insurance would not be billed and an explanation of benefits or a billing invoice would not be sent to the policy holder.
- 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 subrecipient to ensure compliance with this requirement through review of clinic documents and consent forms.
- Title X projects shall encourage family participation, to the extent practical and may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.
- Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Grantee and subrecipient must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client (i.e., parents/guardians/spouse) is the policyholder and the EOB would be addressed to them.

#### See also:

Glossary of Terms and Definitions for *Confidential services* and *Confidential billing and confidential collections*

Wyoming Title X Family Planning Program Clinical Manual Section 18: Adolescent Services

1.5.9 Confidential Collections

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 1.5.7 Third Party Payments

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

Family income should be assessed before determining whether copayments or additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% 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.

Effective Date	October 2021
Last Reviewed	November 2021
Revision Dates	June 2020, October 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(a)(9) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

#### Procedure:

- Delegate agencies must demonstrate there are contracts with insurance providers, including public and private sources and the appropriate TPP is billed.
- Contracts are agreements between the delegate agency and the TPP. Delegate agencies must follow terms of those contracts. Understanding and negotiation of contract terms responsibility lies solely with the delegate agency.
- Financial records at services sites must indicate that clients with family incomes between >100%-250% FPL do not pay more copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
- All reasonable efforts to obtain TPP reimbursement for eligible clients should be attempted.
- This policy must not supersede a situation in which a client requests confidential billing.
- TPP are not eligible for discount of fees and are charged at the full fee level that has been determined to capture reasonable costs of providing services.
- Total amount recovered through TPP reimbursements and client fees must not exceed full fee charge of the service or supply.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 1.5.9 Confidential Collections

Reasonable efforts to collect charges without jeopardizing client confidentiality must be made (42 CFR 59.11).

Effective Date	October 2021
Last Reviewed	November 2021
Revision Dates	June 2020, October 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.11 <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

Procedure:

- Subrecipient agencies must provide a payment policy to clients with signature that demonstrates understanding.
- Reasonable efforts must be made to maximize patient fee collections without causing a barrier to service or jeopardize client privacy.
- Each agency should 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.
- Grantee and subrecipient must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client (i.e., parents/guardians/spouse) and the EOB would be addressed to them.
- Grantee must provide options for subrecipient to identify confidential clients. Use of Ahlers for data entry and reporting is required by grantee. The Ahlers client profile fact sheet allows for an alert setting to indicate a request for confidential services/billing.
- 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.
- The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.

See also:

Glossary of Terms and Definitions for *Confidential services* and *Confidential billing and confidential collections*

All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.

## 1.6.1 Personnel Policies

Grantee and subrecipient 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	November 8, 2021
Last Review Date	June 2020, November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	Title VI of the Civil Rights Act <a href="https://www.justice.gov/crt/title-vi-1964-civil-rights-act">https://www.justice.gov/crt/title-vi-1964-civil-rights-act</a>  Titles I of the Americans with Disabilities Act of 1990 (ADA) <a href="https://www.eeoc.gov/laws/statutes/ada.cfm">https://www.eeoc.gov/laws/statutes/ada.cfm</a>

Additional policy reference:

[Equal Opportunity, Anti-Harassment & Whistleblower Protection Policy](#)

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 site review.

See also:

WHC Personnel Policies (for employees paid directly by the grantee)

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## Grant Funds

Grant funds are to be used to carry out the goals and objectives identified in the grant and are subject to certain regulations, oversight, and audit. Using federal grant dollars for unjust enrichment, personal gain, or other than their intended use is a form of theft, subject to criminal and civil prosecution under the laws of the United States. (National Procurement Fraud Task Force)

Effective Date	November 2021
Last Reviewed	
Revision Dates	Created November 2021
Next Scheduled Review	November 2022
References	Grants.gov <a href="https://www.grants.gov/learn-grants/grant-fraud/grant-fraud-responsibilities.html">https://www.grants.gov/learn-grants/grant-fraud/grant-fraud-responsibilities.html</a>

The Wyoming Health Council (WHC) requires project staff to observe high standards of business and personal ethics in the conduct of their duties and responsibilities. As employees and representatives of WHC, we must practice honesty and integrity in fulfilling our responsibilities and comply with all applicable laws and regulations.

- Reporting Responsibility

Any grant recipient staff member who with good cause suspects fraudulent use of federal funds.

- Reporting Procedure

Allegations of fraud can and should be made directly to [HHS Office of Inspector General](#).

- Acting in Good Faith

Anyone filing a written complaint concerning a violation or suspected violation must be acting in good faith and have reasonable grounds for believing the information disclosed indicates a violation. Any allegations that prove not to be substantiated and which prove to have been made maliciously or knowingly to be false will be viewed as a serious disciplinary offense.

- Confidentiality

Violations, or suspected violations, may be submitted on a confidential basis by the complainant. Reports of violations, or suspected violations, will be kept confidential to the extent possible, consistent with the need to conduct an adequate investigation.

- No Retaliation

It is contrary to the values of WHC for anyone to retaliate against any project staff who in good faith reports an ethics violation, or a suspected violation of law, such as a complaint of discrimination, or suspected fraud, or suspected violation of any regulation governing the operations of WHC. A project staff who retaliates against someone who has reported a violation in good faith is subject to discipline up to and including termination of employment.

- Handling of Reported Violations

All reports will be promptly investigated and appropriate corrective action will be taken if warranted by the investigation. The complainant will be informed that follow-up has or is occurring within two weeks after the Executive Director or Board President has received the complaint or report. The Executive Committee shall be informed of all such complaints.

## 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	November 8, 2021
Last Reviewed	June 2020, November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	National Standards for Culturally and Linguistically Appropriate Services (CLAS) <a href="https://thinkculturalhealth.hhs.gov/clas">https://thinkculturalhealth.hhs.gov/clas</a> Code of Federal Regulations <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a> Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (pg. 7) <a href="https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf">https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf</a>

### 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
- 5.1 Material Review and Procedures
- 6.1 Facilities and Accessibility of Services

All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.

## 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).

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References	Code of Federal Regulations 42 CFR 59.5(b)(4), 59.2, and 59.17 <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### 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 subrecipient may use all available modes of training platforms, to include but not limited to: RHNTC and other online options, in-person training and virtual training.
- Grantee and program directors are recommended to utilize the RHNTC 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.
- Title X projects shall encourage family participation, to the extent practical and may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.
- Client education materials noting the client's right to confidential services are available to clients (i.e., posters, videos, flyers).
- The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.

See also:

Deliverable Timeline

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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.

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References	Code of Federal Regulations 42 CFR 59 <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### 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 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.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 2.2 Client Dignity

Services must be provided in a manner which protects the dignity of the individual, be client-centered, culturally and linguistically appropriate, inclusive, trauma-informed; and ensure equitable and quality services delivery. (42 CFR 59.5(a)(3)).

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Last Review Date	June 2020, November 2021
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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 4 and 24) <a href="https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html">https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</a>  Code of Federal Regulations CFR 59.5(a)(3) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- Subrecipients must notify clients 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 subrecipient and Board of Directors.
- Grantee and subrecipient will develop or utilize community needs assessments to determine those populations that are in need of culturally competent care.
- Grantee and subrecipient will provide training in meeting the needs of key populations (i.e., LGBTQ, adolescents, LEP clients and people with disabilities).
- Grantees and subrecipients must have accessibility for those with disabilities.
- Grantee and subrecipient 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.

### See also:

1.6.2 Cultural Competency

5.1 Material Review and Approval Process

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 2.3 Non-Discriminatory Services

Services must be provided without regard to religion, race, color, national origin, disability, age, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status (42 CFR 59.5 (a)(4)).

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Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(a)(4) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- Grantee and subrecipient must show process by which staff will be informed about requirements for providing non-discriminatory services.
- Grantee and subrecipient must show compliance through use of personnel and training documents.
- WHC Family Planning Statement of Understanding will be signed by every staff that has a role in the provision of Title X family planning services.

### See also:

WHC Family Planning Statement of Understanding

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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)).

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Last Review Date	June 2020, November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (pages 4–20) ( <a href="https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf">https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf</a> )  Code of Federal Regulations 42 CFR 59.5 (b)(2) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- Grantee and subrecipient 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).
- Client records must show documentation that appropriate referrals were made based on client specific situation and needs.

### See Also:

Availability and Use of Referrals

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 2.5 Availability and Use of Referrals

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)). 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)).

Effective Date	November 8, 2021
Last Reviewed	June 2020, November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (pgs. 4–20) ( <a href="https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf">https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf</a> ) Code of Federal Regulations 42 CFR 59.5 (b)(2) and (b)(8) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### 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))

### Procedure:

- Delegate agencies must have evidence of processes for effective referrals to relevant agencies including: emergency care, HIV/AIDS care and treatment agencies, infertility specialists, chronic care management providers, and providers of other medical services not provided on site.
- Delegate agencies will assure that the client is given a choice of health care providers and service agencies when possible. A resource list of local health providers, hospitals, health and social service agencies is maintained, reviewed and revised as necessary.
- 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:

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

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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 clinical services provider responsible for the service site.

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Last Reviewed	June 2020, November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
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) <a href="https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html">https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</a>

### Procedure:

- Delegate agencies and service sites should provide clinical services consistent with the written clinical protocols aligned with nationally recognized standards of care and signed by the medical director or clinical service provider responsible for the service site. These protocols are included in the WHC Title X Clinical Manual. Protocols should not replace sound clinical judgement, the clients right to voluntary acceptance and client-centered care.
- 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 are 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 (current) 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 clinical service providers of the delegate agency.

### See also:

Wyoming Title X Family Planning Program Clinical Manual

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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) as well as necessary referrals to other medical facilities when medically indicated (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.

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Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5 (b)(1) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### 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.
- Services are required to be client-centered, culturally and linguistically appropriate, inclusive, trauma-informed. Quality services must be delivered in an equitable and non-discriminatory, confidential manner.
- 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.
- 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.
- Grantee and subrecipient projects must not violate the conscience objections of project staff; however, they must not refuse or deny any client the right, directly or indirectly, to receive comprehensive services upon request. Staffing must be as such to comply with this policy.
- Delegate agencies will show compliance with this requirement by: manual review, approval and signatures; agency specific Policy and Procedure manuals, medical chart reviews and providing a list of formal agreements to the WHC as part of the grant deliverables.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 2.8 Range of Family Planning Methods

All projects must provide a broad range of acceptable and effective family planning methods (including natural family planning) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services, preconception health services and adolescent-friendly health services). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of acceptable and effective medically approved family planning methods and services. Title X sites that are unable to provide clients with access to a broad range of acceptable and effective medically approved family planning methods and services, must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested. (42 CFR 59.5(a)(1)).

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Next Scheduled Review	November 2022
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) <a href="https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html">https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</a></p> <p>Code of Federal Regulations 42 CFR 59.5(a)(1) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a></p> <p>CDC U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR 2016;65(4):1-72. <a href="https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html">https://www.cdc.gov/reproductivehealth/contraception/mmwr/spr/summary.html</a></p> <p>CDC U.S Medical Eligibility Criteria for Contraceptive Use, 2016. MMWR 2016: 65(3):1-96 <a href="http://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html">www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html</a></p>

### Procedure:

- Subrecipient agencies must submit an exhibit: Services Provided document as part of the competing and non-competing grants to the grantee.
- Clinical staff must participate in training on QFP.
- Grantees and subrecipients must ensure that project staff must be available to provide the full scope of Title X family planning services to include those services documented in their statement of services provided.
- Grantee and subrecipient projects must not violate the conscience objections of project staff; however, they must not refuse or deny any client the right, directly or indirectly, to receive comprehensive services upon request. Staffing must be as such to comply with this policy.
- Services provided by delegate agencies and service sites must provide a broad range of effective and medically (FDA) approved methods and services.
- Providing a prescription for a method available at a service site should not be used to create a barrier to accessing services/supplies.
- Medical record reviews demonstrate that clients, including adolescents, are offered a broad range of acceptable and effective family planning methods and services.

- Services are to be provided to female, male, and adolescent clients as appropriate: contraception, pregnancy testing and counseling, services for achieving pregnancy, basic infertility services, STD services, and preconception health 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.
- Consent forms are required for procedures (IUDs and Implants).

See also:

Wyoming Title X Family Planning Program Clinical Manual

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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)).

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References	Code of Federal Regulations 42 CFR 59.5(b)(5) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- Programs must provide services to all clients without regards to state residency or U.S. residency.
- Programs must provide services to all clients without the requirement of a clinical service provider.
- Subrecipients and service sites will maintain documentation to verify that services are provided without the imposition of any durational residency or physician referral requirements.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 2.10 Pregnancy Testing and Diagnosis

Projects must provide pregnancy diagnosis and counseling to all clients in need of these services (42CFR 59.5(a)(5)).

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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 13–14) <a href="https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html">https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</a>  Code of Federal Regulations 42 CFR 59.5(a)(5) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- Pregnancy services are provided in accordance with the recommendations in the QFP, including reproductive life planning discussions and medical histories that include coexisting conditions.
- Clinical staff are required to participate in training on pregnancy counseling based on recommendations in the QFP.

### See also:

Wyoming Title X Family Planning Program Clinical Manual

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 2.10.1 Pregnancy Counseling Options

Projects must offer pregnant clients the opportunity to be provided information and counseling regarding each of the following options:

- Prenatal care and delivery;
- Infant care, foster care, or adoption; and
- Pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates she does not wish to receive such information and counseling (42CFR 59.5(a)(5)).

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Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(a)(5) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

Procedure:

- Grantee and subrecipient agencies will ensure all pregnant clients are provided the opportunity to receive information and counseling about all pregnancy options as requested.
- Document that pregnant clients are offered the opportunity to be provided with information and counseling about all three pregnancy options, except for those which the client did not want to receive information and counseling. Documentation also includes referrals were made as requested.
- Grantees and subrecipient must ensure project staff must be available to provide the full scope of Title X family planning services to include those services documented in their statement of services provided.
- Grantee and subrecipient projects must not violate the conscience objections of project staff; however, they must not refuse or deny any client the right, directly or indirectly, to receive comprehensive services upon request. Staffing must be as such to comply with this policy.

See also:

Wyoming Title X Family Planning Program Clinical Manual

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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.”

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Next Scheduled Review	November 2022
References	<p>Title X Legislative Mandates <a href="https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/legislative-mandates/index.html">https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/legislative-mandates/index.html</a></p> <p>Wyoming Laws <a href="https://www.rainn.org/laws-your-state-wyoming">https://www.rainn.org/laws-your-state-wyoming</a></p> <p>See Rape and Sexual Assault Crime Definitions, Consent and Mandatory Reporting</p>

### Procedure:

- Delegate agencies must inform their staff at least once annually that:
  - Minors seeking care must receive counseling to encourage family participation in the decision to seek family planning services.
  - Minors seeking services must receive counseling on how to resist attempts to coerce them into engaging in sexual activities.
  - 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 after visit stating they received this counseling.
- All family planning clients must be notified of the requirement of mandatory reporting.
- To the extent practical, Title X project staff shall encourage family participation, but must not require consent of parents or guardians for the provision of services to minors, nor can project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services (42 CFR 59.10).

See also:

Incident Report Form

WHC Statement of Understanding 2021

Wyoming Title X Family Planning Program Clinical Manual

Section 18: Adolescent Services

Section 20: Client Consent

Section 25: Mandatory Reporting & Human Trafficking

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 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. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual (42 CFR 59.11).

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References	Health Insurance Portability and Accountability Act (HIPAA) <a href="https://www.hhs.gov/hipaa/index.html">https://www.hhs.gov/hipaa/index.html</a> Code of Federal Regulations 42 CFR 59.11 <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

#### Procedure:

- Delegate agencies and service sites must safeguard client confidentiality. Grantee contracts with delegate agencies include this requirement.
- Documentation 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 physical layout of the facility ensures that client services are provided in a manner that allows for 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.
- Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Subrecipient must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client (i.e., parents/guardians/spouse) is the policyholder and the EOB would be addressed to them. This may include any individual for whom billing the policy holder could put them at increased risk of interpersonal or domestic violence.
- Title X projects shall encourage family participation, to the extent practical and may not require consent of parents or guardians for the provision of services minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 4.1 Collaborative Planning and Community Engagement

Title X grantees and 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)).

Effective Date	November 8, 2021
Last Reviewed	November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(b)(10) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- Grantee and subrecipient must have a plan which addresses community participation and education.
- If the Advisory/ Information and Education (I&E) Committee meets the requirements (see 5.3) it may serve in the community participation role; or a separate group can be identified per the needs of the community served.
- The Advisory/ I&E Committee should be supportive of the Title X program mission.
- The Advisory/ I&E 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 family planning program within the community.
- The WHC and its subrecipients, should they choose, will utilize a Statewide Advisory/ I&E Committee to serve in the community participation role as it meets annually, or more as needed, to review materials and provide feedback on educational outreach and project promotion.
- If subrecipients choose to utilize a local Advisory/ I&E Committee they must submit to the grantee reports gathered by the local Advisory/I&E Committee as according to the contract and deliverable timeline (see 5.1-5.4).
- The Advisory/ I&E Committee will review annual or quarterly data reports and educational and outreach materials at the meeting. Materials will be distributed prior to meetings and review forms and meeting minutes will be kept (see 5.1, 5.5, 5.6).

### See also:

5.1 Materials Review and Approval Process  
5.3 Advisory Committee Membership  
5.4 Grantee Oversight for Materials Review  
5.5 Advisory Committee Responsibility for Material Review  
5.6 Advisory Committee Requirements  
I&E Materials Medical Review Form  
I&E Materials General Staff Review Form  
I&E Advisory Committee Review Form  
I&E Materials Inventory Log  
Client Satisfaction Survey

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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 to ensure access to equitable, affordable, client-centered, quality family planning services. (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	November 8, 2021
Last Reviewed	November 2021
Revision Dates	June 2020, August 2021, November 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(b)(10) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- The WHC 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.
- 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 may 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 should offer educational classes to all schools, community groups and providers as requested and /or needed.
  - The program should provide education to other service agencies and institutions that can be of assistance in meeting program needs.
- Promotion activities will be reviewed quarterly 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 (see Community Education Report Form).

### See also:

4.3 Social Media Policy

Community Education Report Form

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 4.3 Social Media Policy

The Wyoming Health Council and subrecipient acknowledge the use of social media as a strategic communications tool. The Wyoming Health Council has found using social media tools to be 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 use.

Effective Date	November 8, 2021
Last Reviewed	November 2021
Revision Dates	June 2020, August 2021, November 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(b)(10) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

The benefits of social media include:

- Increasing the dissemination and potential impact of reproductive 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 actively 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.
- Social media posts (i.e., Facebook, Twitter, Instagram) fall under outreach and program promotion (4.2) and, as such, do not need to be reviewed by an Advisory/ I&E Committee.
- Project staff will provide and update periodically a list of reputable and accurate websites for the Statewide Advisory/ I&E 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 must submit to grantee reports containing information regarding the type of social media delivered as according to the contract and deliverable timeline (see Community Education Report Form).

See also:

4.2 Community Awareness and Education

Community Education Report Form

Photo/ Video/ Audio Release Form

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 5.1 Materials Review and Approval Process

Title X grantees and agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational (I&E) materials (print and electronic) developed or made available under the project prior to their distribution, to assure that that the materials are suitable for the population or community to which they are made available. The project shall not disseminate any such materials which are not approved by the Advisory Committee. (Section 1006(d)(2), PHS Act; 42 CFR 59.6(a)).

Effective Date	November 8, 2021
Last Reviewed	November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(b)(10) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- The WHC and subrecipients must develop their own Advisory/ Information and Education (I&E) Committees.
- The Advisory Committee shall consist of no fewer than five members and up to as many members the recipient determines;
  - Except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6 (b)(1)).
  - The Information and Education (I&E) Committee may also serve as the Advisory Committee function if it meets these requirements (i.e., Advisory/I&E Committee).
  - The Advisory Committee and the I&E Committee can either be two separate groups or one group serving both functions.
- The WHC will provide a Statewide Advisory/ I&E Committee for subrecipient use.
- Subrecipients have the option to utilize the WHC Statewide Advisory/I&E Committee or use a local Advisory/I&E Committee.
  - If the subrecipient utilizes the WHC Statewide Advisory/I&E Committee, it must be stated in their Policy and Procedures.
  - If the subrecipient utilizes a local Advisory/I&E Committee, it must be stated in their Policy and Procedures must abide by the Title X regulations (see 4.1-5.6).
- Grantee will ensure compliance with the use of the Statewide or local Advisory/I&E Committee, as educational materials from service sites will be reviewed annually by the Statewide Advisory/I&E Committee or during the grant period site review for local Advisory/I&E Committee, or as requested by grantee or subrecipient (see 5.4, 5.5, I&E Materials Expedited Review Form).
- Informational and Education materials can be mailed, or sent electronically by subrecipient to the grantee Education and Outreach Coordinator who will provide them to State Advisory/ I&E Committee for review and approval.
- Materials that subrecipients require urgent approval for, may be sent to the grantee Education and Outreach Coordinator to be reviewed/approved by an expedited process (see I&E Materials Expedited Review Form).
- The Advisory/I&E Committee, either state or local, will meet at least annually, or as needed, to review and discuss all materials submitted for review (see I&E Material Review Form (s), I&E Materials Inventory Log).

- The Statewide or local Advisory/I&E Committee may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff (i.e., Clinical Director, General Staff); however, the final approval of the material will rest with the Advisory/I&E Committee (see I&E Materials Medical Review Form, I&E General Staff Material Review Form).
- The Statewide Advisory/ I&E Committee will review and approve information and educational materials and add them to a Statewide Materials Inventory Log for subrecipient use. This list will be updated and sent to subrecipients at least annually.

**When reviewing informational and education materials the Advisory/ I&E Committee(s) must:**

- Consider the educational, cultural, and diverse 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, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed.
  - Determine whether the material is suitable for the populations or community to which it is to be made available;
  - (see 5.3-5.6)
- The Statewide or local Advisory/ I&E Committee will review materials in accordance with LEP (Limited English Proficiency) Guidelines (see 1.6.2 Cultural Competency, I&E Advisory Committee Review Form).
  - 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 subrecipient that acknowledges federal support. The word “publication” is defined to include computer software and applications (48 CFR-252.235-7010).
  - The Statewide or local Advisory/ I&E Committee will establish a written record of determinations.
  - If subrecipients choose to utilize a local Advisory/ I&E Committee they must submit to the grantee reports gathered by the local Advisory/I&E Advisory Committee according to the contract and deliverable timeline (see 5.1-5.4).

See also:

1.6.2 Cultural Competency  
 5.3 Advisory Committee Membership  
 5.4 Grantee Oversight for Materials Review  
 5.5 Advisory Committee Responsibility for Materials Review  
 5.6 Advisory Committee Requirements  
 6.1 Facilities and Accessibility to Services  
 I&E Materials Medical Review Form  
 I&E Materials General Staff Review Form  
 I&E Advisory Committee Review Form  
 Expedited I&E Material Review Form

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

### 5.3 Advisory Committee Membership

Each Title X grantee must have an Advisory Committee of no fewer than five members and up to as many members as the recipient determines; 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 (print and electronic) 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	November 8, 2021
Last Reviewed	November 2021
Revision Dates	June 2020, August 2021, November 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(b)(10) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

#### Procedure:

- The Title X grantee and subrecipients will develop their own Advisory Committees.
  - The committee shall include individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color, members of religious minorities, lesbian, gay, bisexual, transgender, and queer (LGBTQIA+ persons); persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequity).
- The Advisory Committee shall be comprised of no fewer than five members and up to as many members as the recipient determines;
  - Except that the size provision may be waived by the Secretary for good cause shown (42 CFR 59.6(b)(1)).
    - The Information and Education (I&E) committee may also serve as the Advisory Committee function if it meets these requirements (i.e., Advisory/I&E Committee).
    - The Advisory Committee and the Information and Education (I&E) Committee can either be two separate groups or one group serving both functions
- The WHC will provide a Statewide Advisory/ Information and Education (I&E) Committee for subrecipient use.
  - Subrecipients have the option to utilize the WHC Statewide Advisory/ I&E Committee or use a local Advisory/I&E Committee.
  - If the subrecipient utilizes the WHC Statewide Advisory/I&E Committee, it must be stated in their Policy and Procedures.
  - If the subrecipient utilizes a local Advisory/I&E Committee, it must be stated in their Policy and Procedures and abide by the Title X regulations (see 4.1-5.6).
- Grantee will ensure compliance with the use of the Statewide or local Advisory/I&E Committee, as educational materials from service sites will be reviewed annually by the Statewide Advisory/I&E Committee or during the grant period site review for local Advisory/I&E Committee, or as requested by grantee or subrecipient (see 5.4, 5.5, I&E Materials Expedited Review Form).

- The grantee will send a Statewide Advisory/ I&E Committee application to potential members (see Statewide Advisory/Information and Education Committee Application).
- Grantee will keep a roster of members and a copy of the application and acceptance letter sent to each member (see Statewide Advisory/ I&E Committee Application, Acceptance Letter).
- The Statewide Advisory/I&E Committee will hold a meeting at least one time per year, or as needed, 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.
  - The committee members will receive an email or letter prior to the meeting, with an agenda, a packet of materials to be reviewed, and I&E Advisory Committee Review Form (see I&E Advisory Committee Review Form).
  - Committee members will review materials, complete the Material Review Forms, and then mail or email the forms to the Education and Outreach Coordinator by a deadline date (see 5.1 Materials Review and Approval Process, I&E Advisory Committee Review Form).
  - The Statewide Advisory/I&E Committee will meet in person or via video/voice conference call to review and approve materials.
  - The Statewide Advisory/ I&E Committee will review and approve information and educational materials and add them to a Statewide Materials Inventory Log for use. This list will be updated and sent to subrecipients at least annually.
  - The Statewide Advisory/ I&E Committee will establish a written record of determinations, written minutes and summary of materials reviewed.
- The Statewide Advisory/ I&E Committee may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff (i.e., Clinical Director, I&E Medical Material Review Form, I&E Materials General Staff Review Form); however, the final approval of the material will rest with the Statewide Advisory/ I&E Committee.
- The WHC may delegate the Advisory/ I&E functions for the review and approval of materials to subrecipient agencies who choose to utilize a local Advisory/I&E Committee; however, compliance with Title X regulations rests with the WHC.
  - Local Advisory/ I&E Committees at service sites will be reviewed during grant period site reviews and as requested by grantee.

See also:

4.1 Collaborative Planning and Community Engagement  
 5.1 Materials Review and Approval Process  
 5.4 Grantee Oversight for Material Review  
 5.5 Advisory Committee Responsibility for Materials Review  
 5.6 Advisory Committee Requirements  
 Statewide Advisory/Information and Education Application  
 Sample Acceptance Letter  
 I&E Materials Medical Review Form  
 I&E Materials General Staff Review Form  
 I&E Advisory Committee Review Form

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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	November 8, 2021
Last Reviewed	November 2021
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Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(b)(10) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- The WHC may delegate the review and approval of information and educational (I&E) materials to subrecipients local Advisory/ Information and Education (I&E) Committees; however, compliance with the Title X regulations rests with the WHC.
- If the subrecipient utilizes a local Advisory/I&E Committee, their Policy and Procedures must abide by the Title X regulations (see 4.1-5.6).
  - Local Advisory/ I&E Committees at service sites will be reviewed during grant period site reviews and as requested by grantee.
  - The grantee will establish a written record of its determinations and tack approved materials by subrecipients (see Community Education Report, I&E Material Inventory Log).
- Subrecipients have the option to utilize the WHC Statewide Advisory/ I&E Committee.
  - If the subrecipient utilizes the WHC Statewide Advisory/I&E Committee, it must be stated in their Policy and Procedures.
  - Subrecipients will submit information and educational (I&E) materials to the Statewide Advisory/I&E for review and approval (see 4.2,4.3,5.1,5.5).
- Materials that subrecipients require urgent approval for, may be sent to the grantee Education and Outreach Coordinator to be reviewed/approved by an expedited process (Expedited Review Form).
- Grantee will ensure compliance with the use of the Statewide or local Advisory/I&E Committee, as educational materials from service sites will be reviewed annually by the Statewide Advisory/I&E Committee or during grant period site reviews for local Advisory/I&E Committee, or as requested by grantee or subrecipient (see 5.4, 5.5, I&E Materials Expedited Review Form).

### See also:

I&E Materials Medical Review Form

I&E Materials General Staff Review Form

I&E Advisory Committee Review Form

Expedited I&E Materials Review Form

I&E Materials Inventory Log

Community Education Report

4.1 Collaborative Planning and Community Engagement

4.2 Community Awareness and Education

4.3 Social Media Policy

5.1 Materials Review and Approval Process

5.3 Advisory Committee Membership

5.4 Grantee Oversight for Materials Review

5.5 Advisory Committee Responsibility for Materials Review

5.6 Advisory Committee Requirements

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits*

## 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	November 8, 2021
Last Reviewed	November 2021
Revision Dates	June 2020, August 2021, November 2021
Next Scheduled Review	November 2022
References	Code of Federal Regulations 42 CFR 59.5(b)(10) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

### Procedure:

- The Advisory/ Information and Education (I&E) Committee may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff (i.e., Clinical Director, General Staff); however, the final approval of the material will rest with the Advisory/ I&E Committee.
  - The WHC will provide a Statewide Advisory/ Information and Education (I&E) Committee for use.
  - Subrecipients have the option to utilize the WHC Statewide Advisory/I&E Committee or use a local Advisory/I&E Committee.
    - If the subrecipient utilizes the WHC Statewide Advisory/I&E Committee, it must be stated in their Policy and Procedures.
    - If the subrecipient utilizes a local Advisory/ I&E committee, it must be stated in their Policy and Procedures and follow Title X regulations.
- The delegated project staff must establish a written record of determinations made and provide it to the Statewide or local Advisory/ I&E Committee (see I&E Materials Review Form (s)).
- Subrecipients local Advisory/ I&E Committees must establish a written record of determinations made by their delegated project staff that will be reviewed during grant period site reviews and as requested by grantee (see I&E Materials Review Form (s), I&E Materials Inventory Log).

### See also:

5.3 Advisory Committee Membership  
5.4 Grantee Oversight for Materials Review  
5.5 Advisory Committee Responsibility for Materials Review  
5.6 Advisory Committee Requirements  
I&E Materials Medical Review Form  
I&E Materials General Staff Review Form  
I&E Advisory Committee Review Form  
Expedited I&E Materials Review Form  
I&E Materials Inventory Log  
Community Education Form

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits*

## 5.6 Advisory Committee Requirements

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

- Consider the educational, cultural and diverse 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, medically accurate, culturally and linguistically appropriate, inclusive and trauma informed;
- 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	November 8, 2021
Last Reviewed	November 2021
Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	CDC Health Literacy Resources <a href="https://www.cdc.gov/healthliteracy/index.html">https://www.cdc.gov/healthliteracy/index.html</a> Code of Federal Regulations 42 CFR 59.5(b)(10) <a href="https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59">https://www.ecfr.gov/current/title-42/chapter-I/subchapter-D/part-59</a>

Procedure:

- The Statewide or local Advisory/ Information and Education (I&E) 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 (5.1-5.5, I&E Material Review Form (s)).

The I&E Committee(s) must:

- Consider the educational, cultural and diverse 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, medically accurate, culturally and linguistically appropriate, inclusive and trauma informed;
- 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 Statewide or local Advisory/ I&E Committee may delegate responsibility for the review of the factual, technical, and clinical accuracy to appropriate project staff (i.e., Clinical Director, General Staff); however, the final approval of the material will rest with the Statewide or local Advisory/ I&E Committee (see I&E Materials Review Form (s)).
- The grantee may delegate the review and approval of information and educational (I&E) materials to subrecipient local Advisory/ I&E Committees; however, compliance with the Title X regulations rests with the WHC (see 5.1-5.5).
  - Documentation of review and approval process of education and Information (I&E) materials from local Advisory/ I&E Committee will be reviewed during grant period site reviews or as requested by grantee (see I&E Material Review Form (s), I&E Materials Inventory Log).

- Materials that subrecipients require urgent approval for, may be sent to the grantee Education and Outreach Coordinator to be reviewed/approved by an expedited process (I&E Expedited Materials Review Form).
- The Advisory/ I&E Committee will have a process in place to provide and review materials in accordance with LEP (Limited English Proficiency) Guidelines (see 1.6.2, I&E Material Review Form (s)).
- 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 subrecipient that acknowledges federal support. The word “publication” is defined to include computer software and applications (48 CFR-252.235-7010).

See also:

1.6.2 Cultural Competency

5.1 Materials Review and Approval Process

5.3 Advisory Committee Membership

5.4 Grantee Oversight for Materials Review

5.5 Advisory Committee Responsibility for Materials Review

I&E Material General Staff Review Form

I&E Materials Medical Review Form

Expedited I&E Materials Review Form

I&E Materials Inventory Log

Community Education Form

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 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).

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Revision Dates	June 2020, November 2021
Next Scheduled Review	November 2022
References	<p>HHS Office for Civil Rights  <a href="https://www.hhs.gov/ocr/index.html">https://www.hhs.gov/ocr/index.html</a></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)  <a href="https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html">https://www.hhs.gov/opa/guidelines/clinical-guidelines/quality-family-planning/index.html</a></p> <p>Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons  <a href="https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html">https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/guidance-federal-financial-assistance-recipients-title-vi/index.html</a></p> <p>CDC Health Literacy Resources  <a href="https://www.cdc.gov/healthliteracy/developmaterials/testing-messages-materials.html">https://www.cdc.gov/healthliteracy/developmaterials/testing-messages-materials.html</a></p> <p>Limited English Proficiency  <a href="https://www.lep.gov/">https://www.lep.gov/</a></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 should 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 should be available.
- 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.

- Clinics will identify and engage the services of a competent interpreter organization or individual interpreter(s) for visit needs. 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, clinic personnel are encouraged to use the services clinic provided 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 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.

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*

## 6.2 Human Subjects Clearance (Research)

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/subrecipient should advise OPA in writing of any research projects that involve Title X clients.

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References	Code of Federal Regulations 45 CFR Part 46 <a href="https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46">https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46</a> <a href="https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html">https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html</a>

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

*All program staff can access this policy, updates and training regarding this policy on the [Wyoming Health Council](#) website. Monitoring for compliance of this policy will be completed through required deliverables and program reviews during site visits.*