

GLOSSARY OF TERMS AND DEFINITIONS

Term	Definition
<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>Delegated Responsibility</i>	A nursing activity, skill or procedure that is transferred from a licensed nurse to a delegatee. This must be within the delegator’s scope of practice. (National Guidelines for Nursing Delegations 4.2.2019)
<i>Assignment</i>	The routine care, activities and procedures that are within the authorized scope of practice of the RN. (National Guidelines for Nursing Delegations 4.2.2019)
<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.
Term	Definition

<i>Family planning user</i>	An individual who has at least one family planning encounter at a Title X service site during the reporting period.
<i>Family planning encounter</i>	A documented contact between an individual and a family planning provider that is either face-to-face in a Title X service site or virtual using telehealth technology. The purpose of a family planning encounter-whether clinical or non-clinical-is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. To be counted for purposes of the FPAR, a written record of the services provided during the family planning encounter <i>must</i> be documented in the client record.
<i>Virtual family planning encounter</i>	An encounter using telecommunications and information technology to provide access to Title X family planning and related preventive health services, including assessment, diagnosis, intervention, consultation, education and counseling, and supervision, at a distance.
<i>Telehealth technologies</i>	Includes telephone, facsimile machines, electronic mail systems, videoconferencing, store-and-forward imaging, streaming media, remote monitoring devices, and terrestrial and wireless communications.
<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>Family Planning Provider</i>	A family planning provider is the individual who assumes primary responsibility for assess a client and documenting services in the client record. Providers include those agency staff that exercise independent judgement as to the services rendered to the client during an encounter. The provider
<i>Clinical Service Provider (CSP)</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. CSPs are

	able to offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, in accordance with the Title X program requirements.
<i>Other Services Providers</i>	Include other agency staff (e.g., RN, PHN, LPN, CNA, health educators, social workers, or clinic aides) that offer client education, counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment, as described in the Title X program requirements.
<i>The type of family planning provider who renders the care, regardless of the services rendered, determines the type of family planning encounter. Although a client may meet with both CSP and other CSP during an encounter, the provider with the highest level of training, who take ultimate responsibility for the client's clinical or non-clinical assessment and care during the encounter, is credited with the encounter. Title X and the WHC protocols, policies, and procedures do not supersede scope of practice promulgated by the respective State of Wyoming Regulatory Agency Licensing Boards. Clinical</i>	
<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>NFPRHA 2000 Regulation and 2019 Rule Comparison</i>
<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>OASH</i>	Office of the Assistant Secretary for Health
<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>FPAR</i>	Family Planning Annual Report. Uses CY as reporting period.
<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>CDC</i>	Center for Disease Control and Prevention
<i>CDC QCS</i>	Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services, 2020
<i>USPSTF</i>	United States Preventive Services Task Force
<i>ACOG</i>	American College of Obstetricians and Gynecologists
<i>US SPR</i>	United States Selected Practice Recommendations for Contraceptive Use
<i>US MEC</i>	United States Medical Eligibility Criteria for Contraceptive
<i>QFP</i>	Providing Quality Family Planning Services (Recommendations of CDC and the Office of Population Affairs Publication)
<i>ACS</i>	American Cancer Society
<i>ASCCP</i>	American Society for Colposcopy and Cervical Pathology
<i>ASCP</i>	American Society for Clinical Pathology
<i>SOU</i>	WHC Statement of Understanding
<i>E & 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
<i>CSP</i>	Clinical Service Provider
\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.

