



# Title X 2.0

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# What is Title X

- The Title X Program is the only Federal program devoted solely to the provision of family planning and reproductive health care.
- The program is designed to provide access to contraceptive supplies and information to all who want and need them with priority given to low income persons.
- All Title X-funded agencies are required to offer a broad range of effective and acceptable medically (FDA approved) contraceptive methods and related preventive health services available on a voluntary and confidential basis.
- In addition to contraceptive services and preventive health services family planning programs provide; patient education and counseling; cervical and breast cancer screening; STD and HIV prevention education, testing and referral screenings; and pregnancy diagnosis and counseling.
- For many clients, Title X clinics provide the only continuing source of health care and health education.

# Title X – Voluntary Participation

- Family planning services are to be provided solely on a voluntary basis
- 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 undergo an abortion or sterilization procedure

# Title X – Voluntary Participation

- A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the grantee or sub-recipient
- Clients cannot be coerced to accept services or to use or not use any particular method of family planning

# Title X – Consent

## General Informed Consent

I willingly ask the Health Department for family planning services.

Family planning services may include my body being checked out, my blood drawn, my urine tested, or being given medication or birth control.

I understand staff will not bully or force me to accept services, use a certain type of birth control, or choose a specific pregnancy option.

I realize the medication or birth control I receive today could have side effects and I could still become pregnant. I agree to assume responsibility for those risks.

I understand that I do not need to receive family planning services to get other services or support from the Health Department.

The things I share and services I get today will be kept private and will not be shared with anyone else unless I say they can or is required by law.

The things I said about how much money I make are truthful. The amount of money I make determines if I pay for services today or not. I will not be denied services if I cannot pay.

The things I share about my health today are truthful. If I am told I need to see another doctor, I will be responsible for calling and paying that doctor.

I will call the Health Department if I have side effects with the medication or birth control I am given.

I know I can ask Health Department staff questions at any time and will be given information that is truthful and clear.

I can ask for a copy of this form.

By signing this form, the Health Department can share my information, as needed.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

## **Acknowledgement of Receipt of Federal Prohibition against Coercion In Federally Supported Programs**

### **U.S. Dept. of Health and Human Services, Program Guidelines for Project Grants for Family Planning Services, Section 5.1 Voluntary Participation**

Use by any individual of project services must be solely on a voluntary basis. Individuals must not be subjected to coercion to receive services or to use or not use any particular method of family planning. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other service or assistance from or participant in any other programs of the applicant.

#### **Public Health Service, HHS, Part 59—Grants for Family Planning Services [59.5(a) (2)]**

Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the applicant.<sup>1</sup>

<sup>1</sup>**Section 205 of Pub.L. 94-63** states: “Any...<sup>(2)</sup> officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or <sup>(3)</sup> person who receives, under any program receiving Federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with loss of or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both.”

I hereby acknowledge receipt of the above Federal requirement and law regarding the prohibition against coercion of any client receiving Title X Family Planning services. I have had the opportunity to discuss this provision and ask questions of my supervisor.

# Confidentiality

- Safeguards must be provided for clients against invasion of personal privacy as required by the Privacy Act.
- No information obtained about the client is disclosed without the client's consent, except as required by law or as necessary to provide services.

# Confidentiality (cont)

- Every effort should be made to have all written and verbal exchanges between clients and office/clerical staff kept private, so that other clients in the waiting room, or other uninvolved staff do not know who is visiting the clinic nor the reason for the visit. An example would be keeping the sign-in sheet from being inappropriately read by other people.



# Confidentiality (cont)

- Information that does not identify the individual may be disclosed in a summary or statistical form.
- Confidentiality under Title X cannot be invoked to circumvent Michigan reporting requirement for Child Abuse and Neglect.

# Title X's Requirements

- Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents).
- Provide services in a manner which protects the dignity of the individual.
- Provide services without regard to religion, race, color national origin, handicapping condition, age, sex number of pregnancies or marital status

# Title X Requirements – Prohibition on Abortion

- Not to provide abortion as a method of family planning. Programs must:
  - Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options;
    - Prenatal care and delivery
    - Infant care, foster care or adoption
    - Pregnancy Termination

# Counseling Pregnant Women

- If requested to provide such information and counseling, provide neutral, factual information and non-directive counseling on each of the options, and referral upon request except with respect to any options(s) about which the pregnant women indicates she does not wish to receive such information and counseling.

# Title X - Requirements

- Provide that priority in the provision of services will be given to persons from low-income families.

# Title X - Charges

- Provide that no charge will be made for services provided to any persons from a low-income family except to the extent that payment will be made by a third party (incl. govt. agency) which is authorized to or is under legal obligation to pay this charge.

# Title X - Charges

- Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250% of the federal poverty guideline.

# Title X - Charges

- If a third party (including a Government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of discounts.



# Title X - Billing

- Title X agencies are expected to collect and bill for fees to sustain program services
- Donations are acceptable and should be solicited from all clients.
- Ideally, clients should be offered a bill showing services provided and all associated discounts (i.e. insurance, application to sliding fee scale).

# The Quest for Reimbursement

1. **The Greeting** – Always be courteous and pleasant with clients. Treat clients the way you wish to be treated. Remember, aggression breeds aggression.
2. **The Inquiry** – “How was your visit today?” – **How well did our agency perform?**
  - a. Were you seen on time?
  - b. Where you treated with dignity and respect?
  - c. Did you receive the method or a prescription for the method of your choice today?
  - d. Did the staff answer all of your questions? Are there any you still have that I could answer?
  - e. If there was a service you needed that we don't provide, did we provide you with the information regarding where you could obtain those services?
  - f. Were there any issues with your visit today?
3. **The Overview** – “*GREAT!* Let's talk about your bill.....”
  - a. Outline the non-discounted costs for services provided during the visit (Labs, Exams, Office Visit, Supplies) “These are your lab charges”; “This is your exam charge”; “This charge is for medications administered”; And finally...“This is the total cost of the services you received today.”
4. **The Discussion** – “Don't let this amount frighten you. Your income assessment shows that today's services are provided at no cost to you” or “Don't let this amount frighten you, your income assessment shows that you will receive a 50% discount for your services today; your share of the bill is listed here. What portion of this amount will you be able to pay today?”
5. **The Donation** – “We accept and appreciate donations to cover the cost of services provided. Please note that every donation we receive helps assure that we're open the next time you need our services
6. **The Conclusion**– “Were glad to be your reproductive health service provider.”

# Title X – Project Personnel

- Project staff should be broadly representative of all significant elements of the population to be served by the project.
- Delegate agencies must provide that family planning services will be performed under the direction of a physician with special training or experience in family planning.

# Title X –Project Personnel

- Title X Personnel Policies Must Include:
  - Staff recruitment
  - Staff selection
  - Performance Evaluation
  - Promotion
  - Termination
  - Compensation
  - Benefits
  - Grievance Procedures

# Title X – Project Personnel

- Delegates must provide for the orientation and in-service of all project personnel

# Title X- Personnel

- Mandated Training – Every Two Years
  - Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape or incest, as well as on human trafficking
  - 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.

# Title X- Personnel

- Mandated Training – Every Two Years
  - Unique social practices, customs and cultural competence
  - Pharmaceutical training for clinical staff involved in dispensing

# Title X - Personnel

- Mandated Training
  - Emergency, Fire, Natural Disaster – per OHSA
  - Prevention of Transmission, infection control, HIV – per OSHA
  - CPR Certification for clinical staff



# Title X – Annual Plan

- In order to adequately plan and evaluate program activities, grantees should develop written goals and objectives for the project period that are specific, measurable, achievable, realistic, time-framed, and which are consistent with Title X Program Requirements. The program plan should be based on a needs assessment.

# Title X – Planning

- Annual Plan
  - Develop written goals and objectives for the project period that are
    - Specific
    - Measurable
    - Achievable
    - Realistic
    - Time-Sensitive
    - Consistent with Title X program requirements

# Title X - Services

- Provide for medical services related to family planning (inc. physician's consultation, examination, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.

# Title X - Services

- Provide 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.

# QFP Guidance: Standards for Clinical Services

## Required Services

- Contraception services
- Preconception health services
- Achieving desired pregnancy
- Pregnancy testing and counseling
- Basic infertility
- STD services

## Related Preventative Health Services

- Clinical breast exam
- Cervical cancer screening
- Pelvic exam
- Recommendations for screening
- Mammography
- Genital exam
- Referral for specialist care

**Referral for  
Other  
Preventative  
Health Services  
as Needed**

# Clinical Documentation Reminder

## Client Encounters

- Women and men of reproductive age
- Six core family planning services

The following questions **MUST** be asked and documented:

- What is the clients reason for visit?
- Does client have access to another source of primary health care?
- What is clients reproductive life plan?

# History and Exam for Core Visits

Resource: [www.fpntc.org](http://www.fpntc.org)

- Checklist for male and female clients
- History
- Physical exam
- Laboratory testing



# Checklist

## Family planning and related preventive health services for women



|                      |                           | Family planning services<br>(provide services in accordance with the appropriate clinical recommendation) |                                  |                            |                               |                               |                                    |
|----------------------|---------------------------|---|----------------------------------|----------------------------|-------------------------------|-------------------------------|------------------------------------|
| Screening components |                           | Contraceptive services <sup>1</sup>   | Pregnancy testing and counseling | Basic infertility services | Preconception health services | STD services <sup>2</sup>     | Related preventive health services |
| History              | Reproductive life plan    | ✓   | ✓                                | ✓                          | ✓                             | ✓                             |                                    |
|                      | Medical history           | ✓   | ✓                                | ✓                          | ✓                             | ✓                             | ✓                                  |
|                      | Current pregnancy status  | ✓   |                                  |                            |                               |                               |                                    |
|                      | Sexual health assessment  | ✓   |                                  | ✓                          | ✓                             | ✓                             |                                    |
|                      | Intimate partner violence |   |                                  |                            | ✓                             |                               |                                    |
|                      | Alcohol & other drug use  |   |                                  |                            | ✓                             |                               |                                    |
|                      | Tobacco use               | ✓ (combined hormonal methods for clients ≥35 years)   |                                  |                            | ✓                             |                               |                                    |
|                      | Immunizations             |   |                                  |                            | ✓                             | ✓ <sup>3</sup><br>(HPV & HBV) |                                    |
|                      | Depression<br>Folic acid  |   |                                  |                            | ✓<br>✓                        |                               |                                    |
| Physical examination | Height, weight & BMI      | ✓ (hormonal methods) <sup>3</sup>   |                                  | ✓                          | ✓                             |                               |                                    |
|                      | Blood pressure            | ✓ (combined hormonal methods)   |                                  |                            | ✓ <sup>4</sup>                |                               |                                    |
|                      | Clinical breast exam      |   |                                  | ✓                          |                               |                               | ✓ <sup>5</sup>                     |
|                      | Pelvic exam               | ✓ (initiating diaphragm or IUD)   | ✓ (if clinically indicated)      | ✓                          |                               |                               |                                    |
|                      | Signs of androgen excess  |   |                                  | ✓                          |                               |                               |                                    |
|                      | Thyroid exam              |   |                                  | ✓                          |                               |                               |                                    |
| Laboratory testing   | Pregnancy test            | ✓ (if clinically indicated)   | ✓                                |                            |                               |                               |                                    |
|                      | Chlamydia                 | ✓ <sup>6</sup>  |                                  |                            |                               | ✓ <sup>6</sup>                |                                    |
|                      | Gonorrhea                 | ✓ <sup>6</sup>  |                                  |                            |                               | ✓ <sup>6</sup>                |                                    |
|                      | Syphilis                  |   |                                  |                            |                               | ✓ <sup>6</sup>                |                                    |
|                      | HIV/AIDS                  |   |                                  |                            |                               | ✓ <sup>6</sup>                |                                    |
|                      | Hepatitis C               |   |                                  |                            |                               | ✓ <sup>6</sup>                |                                    |
|                      | Diabetes                  |   |                                  |                            | ✓ <sup>4</sup>                |                               |                                    |
|                      | Cervical cytology         |   |                                  |                            |                               |                               | ✓ <sup>5</sup>                     |
|                      | Mammography               |   |                                  |                            |                               |                               | ✓ <sup>5</sup>                     |

**Source:** Centers for Disease Control and Prevention (CDC). (2014, April 25). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR. Morbidity and Mortality Weekly Reports*. Retrieved from <http://www.cdc.gov/mmwr/pdf/nr/n6304.pdf>

**Abbreviations:** BMI = body mass index; HBV = hepatitis B virus; HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome; HPV = human papillomavirus; IUD = intrauterine device; STD = sexually transmitted disease.

<sup>1</sup> This table presents highlights from CDC's recommendations on contraceptive use. However, providers should consult appropriate guidelines when treating individual patients to obtain more detailed information about specific medical conditions and characteristics (Source: CDC, U.S. medical eligibility criteria for contraceptive use 2010. *MMWR* 2010;59(No. RR-4)).

<sup>2</sup> STD services also promote preconception health but are listed separately here to highlight their importance in the context of all types of family planning visits. The services listed in this column are for women without symptoms suggestive of an STD.

<sup>3</sup> Weight (BMI) measurement is not needed to determine medical eligibility for any methods of contraception because all methods can be used (US Medical Eligibility Criteria 1) or generally can be used (US Medical Eligibility Criteria 2) among obese women. (Source: CDC, U.S. medical eligibility criteria for contraceptive use 2010. *MMWR* 2010;59(No. RR-4)). However, measuring weight and calculating BMI at baseline might be helpful for monitoring any changes and counseling women who might be concerned about weight change perceived to be associated with their contraceptive method.

<sup>4</sup> Indicates that screening is suggested only for those persons at highest risk or for a specific subpopulation with high prevalence of an infection or condition.



# Checklist

## Family planning and related preventive health services

### for men



|                      |                          | Family planning services<br>(provide services in accordance with the appropriate clinical recommendation) |                             |  |                             |                                    |
|----------------------|--------------------------|---|-----------------------------|--|-----------------------------|------------------------------------|
| Screening components |                          | Contraceptive services <sup>1</sup>   | Basic infertility services  | Preconception health services <sup>2</sup> | STD services <sup>2</sup>   | Related preventive health services |
| History              | Reproductive life plan   | ✓   | ✓                           | ✓  | ✓                           |                                    |
|                      | Medical history          | ✓   | ✓                           | ✓  | ✓                           |                                    |
|                      | Sexual health assessment | ✓   | ✓                           | ✓  | ✓                           |                                    |
|                      | Alcohol & other drug use |   |                             | ✓  |                             |                                    |
|                      | Tobacco use              |   |                             | ✓  |                             |                                    |
|                      | Immunizations            |   |                             | ✓  | ✓ (HPV & HBV) <sup>4</sup>  |                                    |
|                      | Depression               |   |                             | ✓  |                             |                                    |
| Physical examination | Height, weight & BMI     |   |                             | ✓  |                             |                                    |
|                      | Blood pressure           |   |                             | ✓ <sup>4</sup>                             |                             |                                    |
|                      | Genital exam             |   | ✓ (if clinically indicated) |  | ✓ (if clinically indicated) | ✓ <sup>4</sup>                     |
| Laboratory testing   | Chlamydia                |   |                             |  | ✓ <sup>4</sup>              |                                    |
|                      | Gonorrhea                |   |                             |  | ✓ <sup>4</sup>              |                                    |
|                      | Syphilis                 |   |                             |  | ✓ <sup>4</sup>              |                                    |
|                      | HIV/AIDS                 |   |                             |  | ✓ <sup>4</sup>              |                                    |
|                      | Hepatitis C              |   |                             |  | ✓ <sup>4</sup>              |                                    |
|                      | Diabetes                 |   |                             | ✓ <sup>4</sup>                             |                             |                                    |

**Source:** Centers for Disease Control and Prevention (CDC). (2014, April 25). Providing quality family planning services: Recommendations of CDC and the U.S. Office of Population Affairs. *MMWR. Morbidity and Mortality Weekly Reports*. Retrieved from <http://www.cdc.gov/mmwr/pdf/mr6304.pdf>

**Abbreviations:** BMI = body mass index; HBV = hepatitis B virus; HIV/AIDS = human immunodeficiency virus/acquired immunodeficiency syndrome; HPV = human papillomavirus; STD = sexually transmitted disease.

- 1 No special evaluation needs to be done prior to making condoms available to males. However, when a male client requests advice on pregnancy prevention, he should be provided contraceptive services as described in the section "Provide Contraceptive Services."
- 2 The services listed here represent a sub-set of recommended preconception health services for men that were recommended and for which there was a direct link to fertility or infant health outcomes (Source: Frey K, Navarro S, Kotelchuck M, Lu M. The clinical content of preconception care: preconception care for men. *Am J Obstet Gynecol* 2008;199 [6 Suppl 2]:S389-95).
- 3 STD services also promote preconception health, but are listed separately here to highlight their importance in the context of all types of family planning visit. The services listed in this column are for men without symptoms suggestive of an STD.
- 4 Indicates that screening is suggested only for individuals at highest risk or for a specific subpopulation with high prevalence of infection or other condition.

# QFP History Elements For Core Services

| Assess:   | CONTRACEPTIVE SERVICES | PRECONCEPTION HEALTH SERVICES | ACHIEVING PREGNANCY | PREGNANCY TESTING | BASIC INFERTILITY | STD SERVICES |
|---|------------------------|-------------------------------|---------------------|-------------------|-------------------|--------------|
| Reason for visit  | X                      | X                             | X                   | X                 | X                 | X            |
| Source of primary care  | X                      | X                             | X                   | X                 | X                 | X            |
| Reproductive life plan  | X                      | X                             | X                   | X                 | X                 | X            |
| Allergies   | X                      |                               |                     |                   | X                 | X            |
| Medications   | X                      |                               |                     | X                 | X                 | X            |
| Immunizations   | X                      | X                             | X                   | X                 |                   | X            |
| Recent intercourse  | X                      |                               |                     |                   |                   | X            |
| Present infectious or chronic health conditions   | X                      | X                             |                     | X                 | X                 | X            |
| Sexual health and risk assessment- 5Ps  | X                      | X                             | X                   | X                 | X                 | X            |
| Interest in sterilization - if age appropriate  | X                      |                               |                     |                   |                   |              |
| Genetic conditions  |                        | X                             |                     |                   |                   |              |
| Prior surgeries/hospitalizations  |                        |                               |                     |                   | X                 |              |
| Environmental exposure to hazards and toxins  |                        | X                             |                     | X                 |                   |              |
| Social history/Risk behaviors   | X                      | X                             | X                   | X                 | X                 |              |
| Mental health and substance use behaviors   | X                      | X                             |                     | X                 |                   |              |
| Zika Risk Assessment  | X                      | X                             | X                   | X                 | X                 | X            |
| <b>FEMALE</b>   |                        |                               |                     |                   |                   |              |
| Gynecologic history   | X                      |                               |                     |                   |                   |              |
| Obstetrical history   | X                      | X                             |                     |                   |                   |              |
| Contraceptive use   | X                      |                               |                     | X                 |                   |              |
| Reproductive history  | X                      | X                             |                     |                   | X                 |              |
| Intimate partner violence   | X                      | X                             |                     |                   |                   |              |
| Family history  |                        | X                             |                     |                   | X                 |              |
| Review of Systems   | X                      |                               |                     |                   | X                 |              |
| Serious illnesses or injuries/ physical disabilities  |                        |                               |                     |                   | X                 |              |
| Medical conditions associated with reproductive failure or family history of reproductive failure |                        |                               |                     |                   | X                 |              |
| Childhood disorders   |                        |                               |                     |                   | X                 |              |
| Cervical cancer screening and treatment results   |                        |                               |                     |                   | X                 |              |
| Level of fertility awareness and any previous eval/tx   |                        |                               | X                   |                   | X                 |              |

# QFP History Elements For Core Services

|  | CONTRACEPTIVE SERVICES | PRECONCEPTION HEALTH SERVICES | ACHIEVING PREGNANCY | PREGNANCY TESTING | BASIC INFERTILITY | STD SERVICES |
|--|------------------------|-------------------------------|---------------------|-------------------|-------------------|--------------|
| <b>MALE</b>  |                        |                               |                     |                   |                   |              |
| Use of condoms   | X                      |                               |                     |                   |                   |              |
| Partner history  | X                      |                               |                     |                   | X                 |              |
| Contraceptive experiences and preferences                          | X                      |                               |                     |                   |                   |              |
| Past medical and surgical history that impairs reproductive health |                        | X                             |                     |                   | X                 |              |
| Hx of reproductive failures or conditions                          |                        | X                             |                     |                   |                   |              |
| Lifestyle exposure   |                        |                               |                     |                   | X                 |              |
|  |                        |                               |                     |                   |                   |              |
|  |                        |                               |                     |                   |                   |              |
|  |                        |                               |                     |                   |                   |              |
|  |                        |                               |                     |                   |                   |              |
| Revised 2017   |                        |                               |                     |                   |                   |              |

# Title X – Services

- Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents)

# Title X - Services

- Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.

# Title X – Services

- Assure services provided by delegate agencies operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by the grantee and signed by medical director of the service site.

# Title X - Services

- Provide pregnancy diagnosis and counseling to all clients in need of this service

# Teens

- Agencies must address in their annual plan service delivery to teenagers, including total number of teens the agency anticipates serving.
- Agencies may not require written consent of parents or guardians for the provision of services to minors. Nor can they notify parents or guardians before or after a minor has requested and received family planning services.



# Teens – Specialized Services

- Assurance of confidentiality of services.
- Encourage teenager to discuss their reproductive health needs with parents or other family members.
- Adolescents should be informed that in special cases (e.g. suspected child abuse) that reporting to authorities is required.
- Counseling is provided on how to resist attempts to be coerced into engaging in sexual activities.

# Mandated Reporting - What Constitutes Abuse or Neglect

- Michigan law defines “child abuse” as “harm or threatened harm to a child’s health or welfare that occurs through no accidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child’s health or welfare or by a teacher, a teacher’s aide, or a member of the clergy”

# Mandated Reporting - Child Abuse and Child Neglect

- Michigan law defines “child neglect” as “harm or threatened harm to a child’s health or welfare by a parent, legal guardian , or any other person responsible for the child’s health or welfare that occurs through either of the following:
  - (i) Neglect treatment, including the failure to provide adequate food, clothing, shelter, or medical care.

# Child Abuse and Child Neglect

- (ii) Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk

# A Person Responsible for the Child's Health or Welfare

- Includes a parent, legal guardian, person 18 years of age or older who resides for any length of time in the same home in which the child resides, a non parent adult (as defined by state law) or an owner, operator, volunteer, or employee of one or more of the following (i) licensed or registered child care org. or (ii) licensed or unlicensed adult foster care family home or adult foster care small group home as defined in section 3 of the adult foster care facility licensing act.

# What Sexual Activities are Mandated Reporters to Report?

- Specifically, a report is mandated if the following three criteria are met
  - (1) The activity involves a minor
  - (2) The minors partner is a parent, legal guardian, teacher, member of the clergy, 18 years or older and resides for any length of time with the minor (et al.)
  - (3) Involves sexual activity (et al.)

# Minors *Consensual* Sexual Activity

- The Michigan Child Protection Law does not distinguish between consensual and non-consensual activity when defining what activity constitutes child abuse. If the criteria described in the previous slides are met, a report is required – irrespective of the claimed consent.

# Mandated Reporting - Age

- The pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of ages but less that 12 years of age is deemed “reasonable cause to suspect” child abuse or neglect have occurred under the Michigan Protection Law



# Mandated Reporting – Title X Delegate Responsibilities

- Assure each delegate agency site has a copy of Minor Consent, Confidentiality, and Child Abuse Reporting In Title X Funded Family Planning Settings
- Establish policy with regard to Minor Consent, Confidentiality, and Child Abuse Reporting
- Train staff on current policy and procedure.

# Mandated Reporting - Title X Delegate Responsibilities

- Review and monitor staff and medical records to assure that policy and procedure are followed.
- Annually assess the training and education needs of staff with regard to Minor Consent, Confidentiality, and Child Abuse Reporting in Title X settings.

# Limited English Proficiency

- All delegate agencies must ensure meaningful access to services for persons with limited English proficiency (LEP).
- All delegate agencies must develop and implement a written plan regarding the process for providing language assistance to LEP clients.
- The scope and complexity of the plan will depend on
  - Size of LEP population
  - Frequency of contact with LEP population

# Community Participation, Education and Project Promotion

- Must provide an opportunity for participation in the development, implementation and evaluation of the project
- Implement planned activities to facilitate community awareness of an access to FP services

# Community Participation & Education

- Title X Sub-recipient agencies are responsible to maintain an Information and Education (I & E)/ Advisory Committee that follows these Title X requirements:
  - Provide opportunities for participation in program development
  - Provide opportunities for participation in program implementation
  - Provide opportunities for participation in the evaluation of the project
  - Review and approve education materials used in association with program services

# Community Participation & Education

- Advisory Council
  - **Hold annual meeting**
  - Defined duties (By-Laws/policy):
    - Provide opportunity for community input/participation/development
    - Provide opportunities for evaluation of the project
  - Document meetings and decisions
- I & E Committee
  - 5-9 diverse members
  - **Hold annual meeting**
  - Defined duties (By-Laws/policy)
    - Annually review, approval and documentation of education and program promotion materials
  - Document meetings and documented material approval process

# Information and Education Advisory Committee

- The Information and Education Advisory Committee may serve the community participation function if it meets the requirements or a separate group may be identified.
  - 5-9 diverse members
  - Defined functions (By-laws/policy)
    - Community participation
    - Program promotion
    - Program evaluation
    - Review and approval of education materials
  - Annual meeting with minutes reflective of actions taken
  - Documentation of approval of education materials

# Accreditation

- Each delegate is reviewed every three years.
- Minimum Reporting Requirements (MPR)
- MDHHS Fiscal Audits – Every three years



# Family Planning Annual Report

- Mid-Year (July) & Annual (January)
- Unduplicated Clients
- FPAR Forms and Instructions
  - Excel versions of the forms are available of the 15 required tables
  - Consultants are always available for technical assistance

# The Family Planning Encounter

- A family planning encounter is a clinic-based encounter between a user and a medical provider or other health provider, the primary purpose of which is to provide **family planning and related preventive health services.**

# The Family Planning User

- A family planning user is an individual who has had at least one clinic-based family planning encounter during the reporting period.
- An individual may be counted as a family planning user only once during a reporting period.

# Family Planning Services

- The family planning services must be clinical or educational and related to contraception, infertility or sterilization.
- Only face to face encounters documented in a medical or health record can be counted.

# Family Planning Encounter With a Medical Provider

- A clinic-based encounter between a physician, nurse, or mid level provider and a family planning user, during which the user is provided **medical** or non-clinical services relating to the proposed or adopted method of contraception or infertility treatment.

# Family Planning Encounter w/ Non-Medical/Clinical Provider

- **NON-CLINICAL SERVICES PROVIDER** – Includes other agency staff (e.g., nurses, health educators, social workers, or clinic aides) that are able to offer client education, counseling, referral, and/or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, or infertility treatment. Non-clinical services providers may also perform or obtain samples for routine laboratory tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis), give contraceptive injections (e.g., Depo Provera), and perform routine clinical procedures

# Male Family Planning User

- Medical Chart
- Exam Form
- History Form
- Documented education received
- Offer physical exam and document the status of the offer on record
- Demographic and income information

# Title X – Structure and Management

- Subcontracted Staff
- Cost Study
  - What it cost to provide services
  - What clients are charged
- Quality Assurance
- Outreach and Program Promotion
- Audit
- Changes in Scope
  - New Coordinator
  - New Clinic Hours
  - New Clinic Location
  - Closing Clinics
  - Subcontracting for Services
- Performance
- Contract Amendments



# Title X – Structure and Management

- Accessibility
  - Geographic
  - Disability
  - Limited English Proficiency
- After Hours and Emergency Messaging
- OSHA
- Licensure
- Human Subjects
- Referral Agreements
- Referral Lists
- Annually Signed Clinical Protocols
- Billing to Sustain Services
- Donations
- Teens

# Summary

- The family planning user is an individual who has had at least one face to face family planning encounter with a medical and/or other health provider for which the primary purpose is for family planning services which must be clinical and or educational and related to contraception, infertility or sterilization and documented in the medical record.

# Technical Assistance

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# Valuable Links

- Office of Population Affairs
  - <https://www.hhs.gov/opa/title-x-family-planning/index.html>
- Michigan Department of Health and Human Services
  - [www.Michigan.gov/familyplanning](http://www.Michigan.gov/familyplanning)
- Michigan Public Health Institute
  - [www.events.mphi.org](http://www.events.mphi.org)

# Valuable Links

- Family Planning National Training Center
  - [www.fpntc.org](http://www.fpntc.org)
- Quality Family Planning
  - <https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>



Questions?????