

Title X Family Planning Annual Program Review Tool Instructions

Introduction:

The federal Title X Family Planning Program, administered by the Office of Population Affairs (OPA), requires by federal regulation (42 CFR 59.1) that all grantees monitor their program and sub recipients to ensure all statutory and regulatory requirements, OPA policies and Quality Family Planning (QFP) guidelines. Links to the Title X statute, implementing regulations and the QFP are below.

- <https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html>
- <https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

Utilize the Program Review Tool as a self-assessment. This tool will help ensure Title X sub recipients comply with program regulations, statutes, and standards of care.

General Instructions

1. This Program Review Tool is required each year, regardless of the level of funding or family planning services provided; and is available [online](#). Once the tool is completed, including all required fields, click the "Submit" button. It will automatically submit to FamilyPlanning@ky.gov. Submit any time prior to **December 31st**.
2. Users should save the tool when multiple designees are completing different sections, or completion of the form occurs over multiple settings. Sub recipient designee(s) (nurse leader, case manager, QA nurse coordinator, etc.) should complete the entire tool prior to submission.
3. The program review sections, excluding the chart reviews, must occur between six and twelve months from the last review. The QA Nurse will review the submission once all data is complete; and will provide feedback within 30 days. The QA Nurse will return the tool if all data elements are not complete.
4. The QA Nurse will conduct a family planning site visit every **three (3) years** utilizing this same tool. Therefore, sub recipients do NOT have to complete this tool the year a family planning site visit occurs. The QA Nurse may visit more frequently, if compliance issues warrant additional visit.

Family Planning Tour

1. Family Planning Services: Indicate which family planning services your clinic provides:
 - on site,
 - referred to another agency,
 - not offered at your agency
2. Clinic Environment: Indicate Yes or No on each line, unless otherwise instructed. Any 'No' answer will require an explanation in the Comments column and a CAP should be completed. Comments may also be made, as necessary, for 'Yes' answers.
 - Client surveys: Subrecipients may design surveys and administer it per their protocol. If surveys are utilized, survey should ask if the client felt respected throughout the visit. Survey scoring should be for clients receiving family planning services, not all services provided by the agency. No CAP needed if N/A.
 - For survey ideas see: [Patient satisfaction survey](#).
3. Policies and Procedures: Indicate Yes or No on each line. Any 'No' answer will require an explanation in the Comments column and a CAP should be completed. Comments may also be made, as necessary, for 'Yes' answers.
 - Post conception referral list. No CAP is needed if N/A.
4. Local Health Departments ONLY: Indicate Yes or No on each line. Any 'No' answer will require an explanation in the Comments column and a CAP should be completed. Comments may also be made, as necessary, for 'Yes' answers.
 - List the name(s) of staff in the comments section that verbalized the location of the AR and CSG.
5. Medications: Indicate Yes or No on each line. Any 'No' answer will require an explanation in the Comments column and a CAP should be completed. Comments may also be made, as necessary, for 'Yes' answers. NA should only be utilized by sub recipients approved by the FPP to not provide any form of hormonal contraception.

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6. Training: Indicate Yes or No on each line. Any 'No' answer will require an explanation in the Comments column and a CAP should be completed. Comments may also be made, as necessary, for 'Yes' answers. All queries in this section should be completed.
7. Staff:
 - Clinical service providers include physicians, APRNs, midwives, physician assistants, CRET nurses, and Expanded Role RNs - Provide the total **number of clinic hours** they are actively involved each week in the direct provision of family planning services.
 - Other service providers include registered nurses, public health nurses, LPN, CNAs, health educators, social workers, or clinic aides, lab techs, - Provide the total number of **encounters** they are involved each week in the direct provision of family planning services
 - Validate professional license for each licensed clinical staff. Complete a CAP if this query answer is 'No'.
8. Community Outreach: Indicate if you combine the I&E Committee and Community Participation Committee (CPC). Indicate date of your last I&E/CPC meeting and if the minutes were submitted to the FPP. Complete a CAP if you are not up-to-date on your I&E/CPC meeting.
9. Local Health Departments ONLY
 - Provide total number of CRET nurses, Extended Role RNs and STI nurses. These are required fields. Enter zero if indicated.

Family Planning Discussion Question

The FPP is utilizing discussion questions to comply with some of the federal assessment requirements. Answer each area with complete and accurate information. There is no CAP requirement for this section.

1. Clinic Efficiencies Section: Provide the average number of family planning clients seen in a week. **Family planning client services include contraceptive services, STD testing, pregnancy testing, preconception health care, related preventive services and basic infertility services.**

Family Planning Client Care Observation

The Client Observation section of the FP Program Review tool is to assure clients are receiving quality client-centered care. Sub recipients are encouraged to use this tool 1) as a guide to what client-centered care looks like and 2) as a tool to assess needs in the clinic to improve client-centered care and provide needed training to staff. A clinic leader staff member (nurse leader, etc.) must follow a minimum of one client each year through their visit experience at the clinic. Sub recipients may choose to follow more than one client. Complete a Client Observation tool for each client observed. Definitions and scoring of compliance for each indicator is provided in an effort to be as objective as possible with observations.

1. Observation sections: Two observations sections have been provided to clearly indicate compliance with care during the client's visit.
 - Registration and Check Out: Observe the client's experience related to care and staff interaction(s) during the registration and check out periods of the client visit.
 - Clinic Visit: Observe the client's experience related to care and staff interaction(s) during the clinical portion of the client visit.
2. Scoring:
 - Objectively and honestly score what is observed in each area during the client visit. If multiple staff in each area are observed average the score and comment when noncompliance is observed.
 - Any score in an area of '2' or '1' must be commented on. Comments may also be made with a score of '3' but are not required.
 - CAP: A score of '1' in any area requires a CAP.
3. Sub recipients are encouraged to share the results with the staff they observe, including those with high scores. Consider sharing the observation criteria with staff to help them understand client-centered care.

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Family Planning Chart Reviews

Family Planning chart reviews are required annually. They can be completed all at once or spaced out during the year. All chart reviews will include the client's initials/age, the reviewer's initials/date of review, and the date of the visit. Chart reviews will be required for the following categories:

Family Planning Visit

- Family planning visit chart reviews include STD, emergency contraceptive and pregnancy testing
- Review five (5) charts each year
 - Two reviews should be for clients under 18 years of age
 - Five adult charts if there are no adolescent charts to review
- Review at least three different visit types. Indicate which type of visit for each review
 - A: Annual exam
 - C: Contraceptive start
 - E: Emergency Contraceptive
 - D: Deferred exam
 - R: Resupply
- Mark each query with appropriate response
 - Yes – if indicator is present
 - No – if indicator is not present (provide a comment)
 - NA – if indicator is not applicable to your agency (provide a comment)
- CAP requirements: See the scoring directions at the end of this section.

Local Health Departments ONLY

- PEF was completed correctly query:
 - Review the actual PEF to check the following:
 - LEP indicator was marked, where applicable.
 - Primary ICD-10 code is on the Family Planning List of Approved Codes
 - CDP will not process the chart as family planning if primary code is not on the list
 - FPP reimbursement will not occur if primary code is not on the list
 - All charges are appropriately marked and there are no missed charges
 - office visit type
 - contraceptive method provided
 - injection fee for DMPA administration
 - capture both charges (gonorrhea and chlamydia) when a GC & CT test is ordered
- The method of contraception the client planned to use upon discharge is marked in the appropriate area on the back of the PEF. This is vital for FPAR report. Method of contraception should be marked, regardless of visit type or if a contraceptive was provided.
- Run a data report to verify the PEF was entered correctly in the Patient Portal.

STD Testing Visit

- Review four (4) charts each year
 - One chart on a male client, if no male clients, then review four female client visits
 - One chart on a client less than 18 years of age (adolescent)
 - If there are no adolescent visits, review four (4) adult client visits
 - Mark NA to the queries regarding adolescents for adult chart reviews
 - Mark each query with appropriate response
 - Yes – if indicator is present
 - No – if indicator is not present (provide a comment)
 - NA – if indicator is not applicable to your agency (provide a comment)
 - CAP requirements: See the scoring directions at the end of this section.

Local Health Departments ONLY

- PEF was completed correctly query: see directions in Family Planning Visit with appropriate response

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- STD-1 form completed correctly

Pregnancy Test Visit

- Review four (4) charts each year
 - Two reviews for positive test results
 - Two reviews for negative test results
 - One of the reviews for a client under 18 years of age (adolescent)
 - If there are no adolescent visits, review four (4) adult client visits
 - Mark NA to the queries regarding adolescents for adult chart reviews
- Mark each query with appropriate response
 - Yes – if indicator is present
 - No – if indicator is not present (provide a comment)
 - NA – if indicator is not applicable to your agency (provide a comment)
- CAP requirements: See the scoring directions at the end of this section.

Local Health Departments ONLY

- PEF was completed correctly query: see directions in Family Planning Visit with appropriate response
- PT-1 form completed

Compliance Action Plan (CAP) Requirement for all chart review types

1. Each query line should be assessed for compliance. Compliance is when ‘Y’ (Yes) is marked for the chart. Each query line is required to have a **75%** or higher compliance. Any query with a score of 74% or lower requires a CAP be completed on the CAP Forms section of the Review Tool.
2. Calculating the percentage of compliance:
 - a. Add the ‘Ys’ (Yeses) on a query line. Divide the number of ‘Ys’ by the number of charts reviewed. Multiply that number by 100. See examples below.

All charts reviewed

Family Planning Visit						% of charts in compliance	Comments
Insurance documented	Y	Y	Y	Y	Y	100%	
Height, weight, BMI documented	Y	Y	N	Y	N	60%	Information omitted

“Height, weight, BMI documented” on 3 of 5 Charts: $3 \div 5 = 0.6 \times 100 = 60\%$ compliant.

A CAP needs to be completed for the query.

A portion of the charts are reviewed when it is a minor or pregnancy test chart. Calculate compliance only on the appropriate charts.

Family Planning Visit						% of charts in compliance	Comments
Client Initials/Age	AB/17	CD/24	EF/21	GH/15	IJ/23		
Minor: Age of partner documented	Y	NA	NA	NA	NA	50%	Information omitted
Minor: Counsel on parent/trusted adult involvement documented	Y	NA	NA	Y	NA	100%	

“Minor: Age of partner documented” on 1 of 2 charts (do not count the adult NA charts)

$1 \div 2 = 0.5 \times 100 = 50\%$ compliant. Complete a CAP for the query.

3. Mark a ‘Y’ only if documentation is in the chart to support the query.

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Compliance Action Plan(s) (CAPs)

Complete a CAP for any area out of compliance, as described in the instructions above, within 30 days of the annual review date. The CAP should address each area out of compliance and include a corrective action plan for each area, including the person(s) responsible and implementation date. A summary of CAP requirements for each area is below.

➤ **FP-Family Planning Tour:**

A CAP is required for any 'No' answer on a query unless otherwise indicated in the instructions on page 1-3 of this document.

➤ **Discussion Questions:**

Completely answer each question. There are no questions that require a CAP.

➤ **Client Care Observation:**

A CAP is required for any query that scores a '1' on the assessment.

➤ **Chart Reviews:**

Provide a CAP for any query line with a compliance of less than 75%. Specific information and scoring instructions can be found on pages 3-4 of this document.

Technical Assistance

Please email FamilyPlanning@ky.gov for technical assistance or questions related to this review tool.