

## **Family Planning Program (Title X)**

### **Title X Background, Program Priorities & Regulations**

The Title X Family Planning Program was established in 1970 when Congress enacted Title X of the Public Health Service (PHS) Act and is the only domestic federal program dedicated solely to family planning and related preventive health services. It is administered by the Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health (OASH) in the United States Department of Health and Human Services (HHS) and implemented through competitively awarded grants to a diverse network of public and private nonprofit health and community-based clinics.

Each year the Office of Population Affairs (OPA) establishes program priorities that represent overarching goals for the Title X program. [Kentucky Family Planning Program](#) project plans are developed to address the OPA designated Title X program priorities. Title X Priorities include all of the legal requirements covered within the [Title X statute, regulations, and legislative mandates](#). All subrecipients must comply with the requirements regarding the provision of family planning services according to [Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq.](#), and implementing regulations.

Expectations regarding the provision of family planning services under Title X are set out in the implementing regulations which govern project grants for family planning services ([42 CFR Part 59, Subpart A](#)). In addition, sterilization of clients as part of the Title X project must be consistent with Public Health Service sterilization regulations ([42 CFR Part 50, Subpart B](#)). Training to support family planning service delivery can be found at ([42 CFR Part 59, Subpart C](#)). Grants administration regulations at [45 CFR Part 75](#) ("Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards") and other relevant regulations also apply to Title X awards. The [2021 Final Rule](#) was effective November 8, 2021.

### **Family Planning Services**

Family planning services delivered by Title X subrecipients include a broad range of medically approved services, or referral, which includes all Food and Drug Administration 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; sexually transmitted infection services; adolescent-friendly and other preconception health services. Family planning services are provided to females and males in-person or via telehealth.

### **Family Planning Funding**

The Department for Public Health Family Planning Program allocates awarded federal Title X funds first to local health departments who commit to provide family planning services in their area, then to federally qualified health centers or look-a-like providers in areas where local health departments are not providing services or are providing limited family planning services (See KRS 311.715). Allocations are determined annually based on a formula that includes the availability of funds, the number of unduplicated family planning clients seen in the previous calendar year and the extent of family planning services being provided by the subrecipient. Allocations are reimbursed quarterly, dependent upon the adherence of Title X and program requirements, including quarterly submission of the Title X Kentucky Family Planning Quarterly Report.

All annual funding is provided through either Memorandum of Agreements with local health departments or through contractual agreements with universities, federally qualified health centers or other healthcare providers.

## **I. Title X Clinical Requirements**

Title X subrecipients must adhere to all clinical requirements.

### **A. General Expectations**

1. Family planning services must be voluntary and offered in a competent, non-discriminatory manner, trauma-informed manner, respecting client confidentiality. Services should ensure equitable and quality service delivery consistent with nationally recognized standards of care.
2. Family planning services must be provided without subjecting individuals to any coercion to accept services or to employ or not employ any particular methods of family planning. Any agency who is found to coerce or try to coerce any person may be fined or subject to prosecution.
3. Family planning services must be client-centered care that is respectful of, and responsive to, individual client preferences, needs, and values. Client values should guide all clinical decisions.
4. Family planning services must be inclusive and demonstrate health equity by providing services without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, social position, number of pregnancies or marital status. Cultural and linguistically appropriate services are respectful and responsive to the health beliefs, practices, and needs of diverse patients.
5. Subrecipients may not provide, promote, or encourage abortion as a method of family planning.
6. Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy.
7. Subrecipients should provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close proximity to the Title X site, when feasible, in order to promote holistic health and provide seamless continuum of care including services which may be necessary to facilitate clinic attendance.
8. Subrecipients must provide adolescent-friendly health services. They must encourage family participation in a minor's decision to seek family planning services and, with respect to each minor client, ensure that the records maintained document the action taken to encourage such family participation or the specific reason why family participation was not encouraged.
9. Family planning services must be provided without the imposition of durational residency or a requirement that the client be referred by a physician. Imposition of durational residency means that family planning services are to be provided regardless of where (county or state) a patient lives or the amount of time lived at the residence. For example, a patient who just moved from another country or another state and lives across county lines shall receive services at any Title X service site.
10. 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.
11. Individuals may be subject to prosecution if they coerce or endeavor 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 finances.
12. Provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in-person or via telehealth, and necessary referral to other medical facilities when medically indicated and provide for

- the effective usage of contraceptive devices and practices.
13. Provide that priority in the provision of services will be given to clients from low-income families.
  14. Provide orientation and in-service training for all project personnel.
  15. Email FamilyPlanning@ky.gov of any clinic closure, deletions, additions, or changes to the name, location, street address and email, services provided on-site, and contact information for Title X recipients and services sites. Changes must be reported within 30 days of the official change.
  16. Enroll in the 340B Program and comply with all 340B Program requirements, including annual recertification and avoiding diversion or duplicate discounts.
  17. Acknowledge Title X federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents – such as toolkits, resource guides, websites, and presentations.
  18. Family Planning clients shall have the opportunity to review or receive *Family Planning Bill of Rights*

## **B. Personnel Requirements**

**Family Planning Providers(s):** A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that exercise independent judgment as to the services rendered to the client during an encounter. Family planning medical services are performed under the direction of a clinical services provider, with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. Two general types of providers deliver Title X family planning services: advanced practice providers and other services providers.

1. **Advance Practice Providers** – A medical professional who receives at least a graduate level degree in the relevant medical field and maintains a license to diagnose, treat, and counsel clients. Advance practice providers are physicians, physician assistants, nurse practitioners, certified nurse midwives who are trained and permitted by state-specific regulations to perform *all aspects* of the patient(male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Advance practice providers should 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.
2. **Other Service Providers** – Include other agency staff that provide any level of service to family planning clients. This includes registered nurses (RNs), licensed practical nurses (LPNs), certified nurse assistants, health educators, and social workers.
  - The following duties may be performed by any adequately trained service provider:
    - Obtain samples for routine lab tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis).
    - Perform routine clinical procedures that may include some aspects of the client’s physical assessment (blood pressure evaluation).
    - Client education, contraceptive counseling, preconception health counseling, referral, or follow-up services relating to the client’s proposed or adopted method of contraception, general reproductive health, basic infertility counseling.
  - The following duties must be performed by an advance practice provider, RN, or LPN:
    - Provide contraceptive injections (Depo-Provera) and provide contraceptive methods to a client.

### **C. Medication Guidelines**

All subrecipients shall establish and maintain a medication policy and guidelines for all staff to follow. These guidelines shall be written and developed in accordance to the DPH administrative guidelines for local policy and procedures.

### **D. Client Education, Counseling**

1. Client education and counseling should be client centered. Provide all education and counseling in a culturally competent manner to meet the needs of all clients, regardless of religion, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, social position, race, number of pregnancies or marital status.
2. Clients must have a reproductive life plan assessment, which outlines personal goals about achieving or avoiding pregnancy. Assessment of reproductive life plan may identify unmet reproductive health care needs. The American College of Obstetricians and Gynecologists strongly supports women's access to comprehensive and culturally appropriate reproductive life planning and encourages providers to use every patient encounter as an opportunity to talk with patients about their pregnancy intentions.
  - If the client indicates that he/she prefers to have a child at a time in the future and is sexually active with no use of contraceptive, offer or refer for contraceptive services.
  - If the client is not pregnant and indicates desire to have a child now, then provide or refer for services to help the client achieve pregnancy.
3. Initiation of a new method of contraception should include education and counseling to help the client understand correct and consistent use, and document client understanding. Provide a follow-up appointment if indicated or if client understanding is not confirmed.

### **E. Consents**

Special consents are only required for the following family planning methods and procedures: IUD insertion and/or removal (ACH-280), contraceptive implant insertion and/or Removal, and a sterilization consent (See *Sterilization* section).

### **F. Adolescent Services:**

1. Adolescents may consent for reproductive health services without the consent of a parent (KRS 214.185).
2. All adolescents must be counseled on the following:
  - Sexual abstinence is an effective way to prevent pregnancy and STD/STIs.
  - Ways to resist being coerced into engaging in sexual activities.
  - To the extent practical, Title X projects should encourage family participation. However, Title X projects 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.
  - Documentation on adolescent counseling must be clearly noted in the medical record. Likewise, documentation should clearly indicate the reason(s) why counseling was not provided.

## **G. Pregnancy Testing and Counseling**

Title X funds are intended only for family planning (achieving or avoiding pregnancy). All subrecipients receiving any level of Title X funding should offer pregnancy testing. Counseling clients with negative pregnancy results include reproductive life plan, contraceptive methods, and provision of a quick start or other contraceptive or provide a referral for the client to get started on a method of contraception, unless a client desires to achieve pregnancy.

### **Positive Pregnancy Test Result (42 CFR Part 59.5)**

Confirmation that a family planning client is pregnant should prompt a referral to a healthcare provider for prenatal care. Adequately trained staff who are involved in providing family planning services to a client may provide information and counseling to pregnant clients. Clients with positive pregnancy test results include the opportunity to discuss, if requested by client, prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination to the extent state law allows. Any counseling should be neutral, factual information and nondirective.

Any licensed clinic staff may provide the following information and resources:

- A list of licensed, qualified comprehensive primary health care providers, including prenatal care providers;
- A list and/or referral to social services, community agencies and/or adoption agencies;
- Information about maintaining the health of the mother and unborn child during pregnancy.

## **H. Mandatory Reporting Requirements**

Title X subrecipients shall comply with all state and local mandatory reporting laws requiring notification of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence or human trafficking. A subrecipient must have a plan that can be implemented. The plan should include the following:

- policies and procedures that address obligations of the organization and individuals to comply with mandatory reporting laws;
- adequate annual training of all individuals serving clients;
- documentation in the medical record of the age of a minor client, and the age of the minor client's partner;
- screening for abuse, neglect, and victimization of all clients, especially adolescent/minor clients.

## **I. Confidentiality/No Home Contact**

All information as to personal facts and circumstances obtained by the subrecipient staff about individuals receiving services must be held confidential. Only information necessary to provide services to the patient, or as required by law, may be disclosed without documented consent. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipient 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. Confidentiality of information may not be used as a rationale for noncompliance with laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape incest, intimate partner violence, human trafficking, or similar reporting laws (42 CFR Part 59.10).

Some family planning clients will need an extra layer of confidentiality in place because of personal circumstances. These individuals should be classified as "confidential/**no home**

**contact**” clients. All subrecipients must ensure that no communication (billing, lab results, EOBs, etc.) will be sent to the home of a client marked as “no home contact”.

Income and sliding scale fees shall be assessed on a “confidential/*no home contact*” client based on the individual’s personal income, not household income. Inability to pay shall not be a barrier to treatment; and a billing statement or other communication should never be sent to the client’s home.

## **J. Information and Education Advisory (I&E) Committee and Community Participation, Education, and Project Promotion Plan (CPEP) Requirements**

Every Title X Family Planning subrecipient, regardless of the level of services provided, is responsible for ensuring any materials made available for family planning clients are reviewed and approved by an I&E Advisory Committee prior to distribution. Subrecipients must also have a Community Participation, Education, and Project Promotion Plan (CPEP) to promote the activities of the local family planning program.

### **Informational and Educational Advisory Committee (I&E)**

Guidance can be found on the [Kentucky Family Planning I&E and CPEP Reference Page](#). Guidance is for any I&E committee, including statewide or local.

Committee members should be broadly representative of the population or community for which the materials are intended. Considerations should be made 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, members of religious minorities, LGBTQ+ persons, persons who live in rural areas, and persons otherwise adversely affected by persistent poverty or inequality.

**Submit meeting minutes and roster to [FamilyPlanning@ky.gov](mailto:FamilyPlanning@ky.gov) by December 31<sup>st</sup> of each year.**

### **Community Participation, Education, and Project Promotion Plan (CPEP)**

Guidance can be found on the [Kentucky Family Planning I&E and CPEP Reference Page](#).

Title X programs must provide opportunities for community education, participation, and engagement to achieve community understanding of the availability of services, and to promote participation by diverse persons to whom services may be beneficial to ensure access to equitable affordable, client-centered, quality family planning services.

\*During solicitation of clients to serve on committee or to obtain feedback, remind clients that participation on the committee is voluntary, and does not impact the services they receive.

## **K. Training Requirements for Family Planning Staff**

Trainings and time frame requirements are listed on the [Family Planning Training Calendar](#)

## **L. Billing and Collection**

Title X clients are to be billed according to a sliding fee scale, based on family/household income, using the latest sliding fee scale adopted by the organization. This schedule reflects discounts for individuals with family incomes based on a sliding fee scale between 100–250% of poverty. Additional billing guidelines include:

- Ensure that the inability to pay is not a barrier to services.
- Be based on a cost analysis of services, bills showing total charges shall be given directly to the patient or another payment source.

- Ensure that patients at or below 100% of poverty are not billed, although obligated third-party payers shall be billed total charges.
- Ensure that discounts for minors requesting confidential services without the involvement of a principal family member are based only on the income of the minor.
- Household income should be assessed before determining whether copayments of additional fees are charged. Insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.
- Family planning charges accrued by clients who are without adequate contraceptive services coverage from employer-paid insurances should be treated as uninsured for family planning purposes; family planning funds may be used to cover these charges.
- Maintain reasonable efforts to collect charges without jeopardizing patient confidentiality (see No Home Contact section).
- Allow voluntary donations.
- Ensure that patient income is re-evaluated at least annually and maintain a method for “aging” outstanding accounts. Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that 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 clients’ self-report. If a client’s income cannot be verified after reasonable attempts to do so, charges are to be based on the client’s self-reported income.
- Self-pay and/or adult vaccines should be placed on a separate PEF from the family planning visit. Vaccines should be full charge and not included in the sliding fee schedule for family planning services. Title X services do not require the provision of vaccines.
- Clients who present for STI testing **only** may be charged \$5.00 per CPT code instead of the sliding scale fee when the sliding scale fee is more than a \$5.00 per CPT code amount.

## **II. Specific Title X Family Planning Services Guidance**

### **A. Contraceptive Services**

Contraceptive services should include a broad range of medically approved services, which includes Food and Drug Administration - 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, sexually transmitted infection services, and other preconception health services. While the health department does not have to offer every form of contraception, a variety of the most effective contraceptive methods, including, but not limited to IUD, hormonal implant, Depo-Provera, oral contraceptives, hormonal patch and contraceptive vaginal ring should be available either on site, or must be able to provide a prescription to the client for their method of choice or by referral to another provider, as requested. Clients at or below 100% of the federal poverty level must not be required to pay for a contraceptive method and should receive the desired method without a cost to the client. Condoms should be made available to all clients as a method of contraception and/or STI prevention.

Contraceptive counseling and education should be provided to all clients and should include information on non-hormonal contraception including, but not limited to, condoms, fertility awareness-based methods and sexual abstinence. Education is an integral component of the contraceptive counseling process that helps clients to make informed decisions and obtain the information they need to use contraceptive methods correctly.

## **Sterilization**

- Individuals may be subject to prosecution if they coerce or endeavor to coerce any person to undergo a sterilization procedure by threatening such person with loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal finances.
- A contract should be in place with local providers who can provide a vasectomy or tubal ligation. Contracts with providers for sterilizations must adhere to the federal requirements, including but not limited to the following language: *The federal sterilization Consent For Services form is available in [English](#) and [Spanish](#) shall be signed at least 30 days (no less) prior to the date of surgery. The procedure should be performed within 180 days of signature.*
- If a client of reproductive age is sterilized and desires to continue gynecological or related preventive health services from the site, the encounter is considered a family planning encounter. The agency may continue to count the client as a family planning client.

## **B. Sexually Transmitted Infection Services**

All subrecipients should offer sexually transmitted infection Family planning STI services include assessment and screening, including the reproductive life plan. STI treatment is provided in accordance with current CDC recommendations.

## **C. Achieving Pregnancy and Basic Infertility Services**

A client's clinic visit will include a medical history, reproductive health history, appropriate physical exam, and a reproductive life plan assessment. When a client (male or female) reports difficulty to achieve a desired pregnancy, additional reproductive history should include pertinent screenings related to achieving pregnancy. See the [CDC Quality Family Planning Services](#). All clients reporting difficulty with achieving pregnancy should be referred to an appropriate advanced practice provider for further evaluation and treatment.

## **D. Preconception Health Services and Preventive Health Services**

All subrecipients who choose to provide all family planning services should provide preconception health services and appropriate related preventive health services to female and male family planning clients on site and/or through a contracted provider.

Preconception health services for clients aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcomes through prevention and management of those risks. It promotes the health of women of reproductive age before conception, and thereby helps to reduce pregnancy-related adverse outcomes, such as low birthweight, premature birth, and infant mortality. Preconception health includes a medical history screening and counseling for risks such as tobacco use, substance use, obesity, blood pressure, intimate partner violence, diabetes, immunizations, and depression.

Related preventive health services include appropriate health screening and referral for treatment including cervical cytology (Pap testing and HPV co-testing), clinical breast exams, mammograms, etc.

[Providing Quality Family Planning Services](#), Recommendations of CDC and the U.S. Office of Population Affairs provides the standards of care and guidelines for all family planning services.