

Kentucky Family Planning Program Title X Grant Requirements

The following Family Planning Program guidelines and requirements are to be followed by any organization receiving any amount of Title X Family Planning Grant funds.

The Kentucky Family Planning/Title X Program is authorized by the Public Health Service Act through the Family Planning Services and Population Research Act of 1970 ([Public Law 91-572](#)). This Act established the Office of Population Affairs (OPA), within the U.S. Department of Health and Human Services (HHS), to manage the Title X grant program including family planning services and population research. For more than 50 years, Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals and other vulnerable populations. All Title X service sites (clinics or other locations where Title X services are provided to clients) provide quality healthcare that is safe, effective, client-centered, timely, efficient, and equitable.

Title X Program Priorities

Each year, OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the HHS priorities. 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 the implementing regulations. Legislative mandates and the 2021 Final Rule priorities are found at the end of this document.

Family Planning Services

Family planning services include contraceptive services, pregnancy testing and counseling or referral, basic infertility services, sexually transmitted disease services and preconception health services. Family planning services are provided to both females and males in person or via telehealth.

Federal Title X Family Planning Funding

The Department for Public Health 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 (FQHCs) or look-alike 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. All annual funding to subrecipients is provided through contractual agreements approved by the Cabinet for Health and Family Services.

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Allocations are automatically reimbursed quarterly, dependent upon the adherence of the title X and program requirement, including quarterly submission of the Title X Kentucky Family Planning Quarterly Report, and the Title X Kentucky Family Planning Budget Expense Review. The Budget Expense Review is due twice a year (midyear and end of year) intended to capture the majority of how the Title X funds are spent.

I. Title X Clinical Requirements for All Subrecipients Receiving Federal Title X Funds

Regardless of the extent of family planning services provided, Title X (42 CFR 59) subrecipients must adhere to all clinical requirements.

A. General

1. Family planning services must be voluntary and offered in a competent, non-discriminatory, 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 maybe 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. Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients. Family planning services must be provided without the imposition of durational residency or a requirement that the client be referred by a physician.
5. Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy.
6. Subrecipients may not provide abortion as a method of family planning.
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 physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care.
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.

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B. Personnel

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 will be 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 ([42 CFR Part 59.2](#)). 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, sexually transmitted infection (STI), 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, pregnancy 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 advanced practice provider, RN or LPN:

- Provide contraceptive injections (Dep-Provera) and provide contraceptive methods to a client as ordered.

C. Medication Guidelines

Each subrecipient shall establish and maintain a medication policy and guidelines for all staff to follow. These guidelines shall be written and developed in accordance to state and federal requirements.

D. Client Education, Counseling and Informed Consent

Client education and counseling should be client-centered. Provide all education and counseling in a culturally competent manner in order to meet the needs of all clients regardless of religion, color, national origin, disability, age, sex, sex characteristics, gender

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identity, race, sexual orientation, number of pregnancies or marital status.

1. All 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 not to have a child in the near future and is sexually active with no use of contraceptive, offer or refer for contraceptive services. Also offer the FPEM-19 brochure. (Email FamilyPlanning@ky.gov to order FREE copies or provide electronic version.)
 - 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.
2. When initiating a new method of contraception, help the client develop a plan for appropriate use, provide the desired contraceptive, followed with instructions of correct and consistent use, and document client understanding. Provide a follow-up appointment if indicated or if client understanding is not confirmed. Special consents are only required for the following family planning methods and procedures:
 - IUD Insertion and/or Removal,
 - Contraceptive Implant Insertion and/or Removal, and
 - Sterilization Consent.

All consent forms should be available in English and Spanish.

3. Adolescent consents and counseling:
 - Adolescents may consent for reproductive health services without the consent of a parent (KRS 214.185).
 - All adolescents must be counseled:
 - sexual abstinence, is an effective way to prevent pregnancy and STIs, how to resist being coerced into engaging in sexual activities, and encourage the minor to involve his/her family (including guardians) in his/her decision to seek family planning services. 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.
4. Post-conception (pregnancy) counseling (42 CFR Part 59.5)
Title X funds are intended only for family planning (achieving or avoiding pregnancy). Confirmation that a family planning client is pregnant should prompt a referral to a healthcare provider for prenatal care. Adequately trained staff who is involved in providing family planning services to a client may provide information and counseling to pregnant client as follows:
 - Offer pregnant clients the opportunity to be provided information

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and counseling regarding each of the following options:

- Prenatal care and delivery
- Infant care, foster care, or adoption; and
- Pregnancy termination - if requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling.
- 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.

E. Mandatory Reporting

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.

F. 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. FQHCs and look-alike clinics must have a mechanism in place in the EMR and other documentation to identify these clients and must ensure that no communication will be sent to the home of a "no home contact" client, including billing statements, payer explanation of benefits regarding the visit, lab results, etc.

Income and sliding scale fees shall be assessed on a "no home contact" client based on

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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. These clients may be treated as uninsured, regardless of their insurance status, and the Family Planning Program may be invoiced for their services.

G. Information and Education (I&E) Committee, and Community Participation, Education, and Project Promotion Plan (CPEP)

Every Title X Family Planning subrecipient, regardless of the level of services provided, is responsible for establishing an I&E Advisory Committee to review and approve informational and educational materials, and a CPEP to engage and educate the community.

For further information, see [Information & Educational Advisory Committee, and Community Participation, Education, and Project Promotion Plan Reference Page.](#)

H. Training

Any staff member having any encounter with a family planning client must complete recommended annual training. The [training calendar](#) is updated July 1st of every year. It is located on the [Family Planning Providers website.](#)

Subrecipients must maintain a record of all employee training. Training records will be reviewed during quality assurance site visits and must be presented to the Kentucky Family Planning Program, upon request.

I. Billing and Collection

Title X clients are to be billed according to a [sliding fee scale](#), based on family/household income, using the sliding fee schedule adopted by the organization (e.g., National Health Service Corps (NHSC) Sliding Fee Schedule, Uniform Percentage Guideline Scale). This schedule should reflect discounts for individuals with family incomes based on a sliding fee scale between 100–250% of poverty.

FQHCs and look-alike providers utilizing the NHSC Scale or similar scale with a maximum slide to 200% must make the following adjustments for clients receiving only family planning services at the clinic visit:

- Clients receiving only family planning services and are 100% below the federal poverty level (FPL) may not be charged, including a nominal fee. A nominal fee may be charged for clients 100% below the FPL and are receiving multiple services at the same visit.
- The last category of the scale (200%/80% Pay) must be increased from 200% to 250%. A new category does not need to be added. No other categories of the fee scale need to be adjusted. The 100% Pay category would be "Above 250%". Again, this is for clients receiving only family planning services. The normal Sliding Fee Discount Program scale to 200% may be used if a client is receiving additional non-family planning services at the same visit.

Additional billing guidelines include:

- Ensure that inability to pay is not a barrier to services.
- Be based on a cost analysis of services, bills showing total charges shall be given

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- directly to the patient or another payment source.
- 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. With regard to 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.
- Clients without adequate contraceptive services coverage from employer-paid insurance should be treated as uninsured for the family planning.
- 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.

II. Specific Title X Family Planning Services Guidance

A. Contraceptive Services

Contraceptive services should include a broad range of FDA-approved contraceptive methods, a brief assessment to identify safe contraceptive methods for the client, and contraceptive counseling to help a client choose a method of contraception and use it correctly and consistently. While a subrecipient 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 by referral with a contracted provider. Uninsured clients 100% below the federal poverty level must not be required to pay for a contraceptive method. Uninsured clients should receive the desired method without a cost to the client. Condoms should be made available to all clients for contraception and 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 risk 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**

Male and female sterilization is a family planning program service. Notify the Family Planning Program if an uninsured client presents to the clinic desiring a vasectomy or tubal ligation.

If a client of reproductive age is sterilized under the Title X program and desires to receive 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.

- **Contraceptive Follow Up**

Contraceptive follow up is at the discretion of the provider. The following follow-up appointment routines are suggested, but not mandated:

- IUD Insertion: Return in 4-6 weeks for evaluation, then annually.

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- Depo-Provera Users: Return in 11 to 13 weeks for next injection. Counsel on necessity of receiving injections on time.
- Special considerations that may require a scheduled follow-up visit:
 - Clients with a history of inconsistent or incorrect use of a method.
 - Clients who have had problems with other contraceptive methods.
 - Clients fitted with a diaphragm may need a follow up visit to assure the client is properly placing the device.
- Routine follow-up visits are not required for most clients utilizing all other contraceptive methods. Clients should be advised to return at any time to discuss questions regarding their contraceptive choice, including complication and barriers to compliance with the method.

Alternative modes of follow-up other than visits to the service site, such as telephone call, e-mail, or text message may be considered, with the client's permission.

B. Pregnancy Testing and Counseling

Pregnancy testing and counseling are a family planning service. Counseling clients with negative pregnancy results include reproductive life plan counseling, contraceptive counseling and provision of a contraceptive or referral to a provider if the client chooses a method.

Counseling clients with positive pregnancy test results include opportunity to discuss prenatal care and delivery, adoption care, foster care, or infant care; and pregnancy termination may be discussed (if requested, should provide neutral, factual, non-directive counseling on each of the options), and provide referral upon request with the exception to any options which the pregnant client indicates they do not wish to receive such information and counseling.

C. Sexually Transmitted Infection Services

All subrecipients should offer sexually transmitted infection testing and treatment. Services should be offered in accordance with CDC's STI treatment and HIV testing guidelines. Family planning STI services include assessment and screening. The family planning program provides funding for testing and treatment of STIs.

D. Achieving Pregnancy and Basic Infertility Services

A client's clinic visit will always 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 publication [Providing 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.

E. Preconception Health Services and Preventive Health Services

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

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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 birth weight, 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.

III. Legislative Mandates

Requirements regarding the provision of family planning services under Title X can be found in the statute ([Title X of the Public Health Service Act, 42 U.S.C. 300, et seq. - PDF](#)) and in the implementing regulations which govern project grants for family planning services ([42 CFR part 59, subpart A](#)), as amended by the Final Rule ([Compliance with Statutory Program Integrity Requirements](#)) and its compliance dates. Regulations that apply to grants for training to support family planning service delivery can be found at [42 CFR part 59, Subpart C](#) ("Grants for Family Planning Service Training"). In addition, sterilization of clients as part of the Title X program must be consistent with [42 CFR part 50 subpart B](#), ("Sterilization of Persons in Federally Assisted Family Planning Projects"). Title X of the Public Health Service Act authorizes the Secretary of Health and Human Services (HHS) to award grants for projects to provide family planning services to any person desiring such services, with priority given to individuals from low-income families.

[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.