

**Center for Maternal and Child Health
Maryland State Family Planning Program
Title X Site Review Process**

DATE _____
CLINIC/DELEGATE AGENCY _____
STAFF _____
REVIEWER(s) _____

**Title X Family Planning Services
Program Review Tool: CLINICAL Section**

CLINICAL SERVICES: The delegate agency provides family planning services to clients that are consistent with Title X regulations and with nationally recognized standards of care.

The Clinical Section of the Program Review is based on the following Title X and other Federal grant requirements:

- Title X Legislation and Title X Implementing Regulations, 42 CFR Part 59
- Sterilization of Persons in Federally Assisted Family Planning Projects, 42 CFR Part 50 Subpart B
- Program Guidelines for Family Planning Project Grants for Family Planning Services, 2001
- OPA Program Instructions: 11-01; 09-01; 06-01; 05-01; 03-01;99-1; 98-1

Appropriate clinical services include compliance with the criteria listed in this section of the Program Review tool. Program Review consultants may review the documents listed below to aid in assessing compliance:

- Delegate agency Family Planning clinical/medical policies, protocols, standards and procedures
- Medical record charting forms (such as consent forms, medical history forms, etc.) and written policies for accepted medical record documentation
- Information related to the medical oversight of the program
- Written emergency procedures
- Referral agreements and lists of referral agencies/organizations and physicians
- Written policies for the use of interpreters
- Educational material routinely given to clients

- State pharmacy regulations
- State laws regarding requirements for Advanced Practice Nurses
- Quality assurance and monitoring processes, procedures, schedules and reports
- Delegate agency's service plan

The family planning service sites to be visited should make available the following types of medical records for the clinical consultant to review. Medical records reviewed should be for recent visits (i.e., clients seen within the last year, with all lab results in the chart).

- initial comprehensive visit patients
- adolescent patients, especially adolescents younger than 15 (can be initial or returning visits)
- male family planning patients
- problem visit patients (i.e., abnormal Pap follow-up, method problems, vaginal discharge, etc.)
- pregnancy testing patients
- sterilization patients, if applicable

Title X Family Planning Services Program Review Tool: CLINICAL Section

Criteria for Compliance	C	NC	Comments/Documentation/Explanation
A. Client Services			
1. Delegate agency meets the following criteria for Title X clinical services:			<i>Write/Type Comments in the space below</i>
a) Delegate agency provides clinical, informational, educational, social and referral services related to family planning (42 CFR 59.5(b) (2); Title X Guidelines: Section 7.0)	M		
b) Clinical care component operates under the responsibility of a physician with experience or special training in family planning (42 CFR 59.5 (b) (6); Title X Guidelines: Section 6.5)	M		
c) Delegate agency offers a broad range of acceptable/effective FDA approved contraceptive methods on-site or by referral (Title X Statute, Section 1001; 42 CFR 59.5 (a)(1); Title X Guidelines: Section 7.0)	M		
(1) Methods include natural family planning (Title X Statute, Section 1001; 42 CFR 59.5 (a)(1))	M		
(2) Delegate agency service system provides family planning services to adolescents (Title X Statute, Section 1001; 42 CFR 59.5 (a) (1); Title X Guidelines: Sections 2.0 and 8.7)	M		
d) Delegate agency has a mechanism in place to ensure that all health care providers recognize the signs and symptoms of child abuse, child molestation, sexual abuse, rape or incest, as well as human trafficking. (OPA Program Instructions 11-01)	M		

**Title X Family Planning Services
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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
B. Service Plan and Protocol			
1. Delegate agency's service plan has been successfully implemented			<i>Write/Type Comments in the space below</i>
a) Delegate agency is provided the full range of services as outlined in the service plan <i>(Title X Guidelines: Section 7.1)</i>	M		
(1) If the agency has an exemption for providing a particular service, make a note in the comment section verifying OPA approval and the duration of the waiver	O		
b) Written clinical protocols are in place at each service delivery site and are consistent with Title X Guidelines and nationally recognized standards for medical care <i>(Title X Guidelines: Sections 6.5 and 7.1)</i>	M		
(1) Service site clinical protocols and plans for education are signed off by the Medical Director and approved by the Department <i>(Title X Guidelines: Section 7.1)</i>	M		
(2) Delegate agency has a mechanism in place to assure that protocols are current and reviewed and updated regularly <i>(Title X Guidelines: Section 10.4)</i>	S		

Title X Family Planning Services Program Review Tool: CLINICAL Section

Criteria for Compliance	C	NC	Comments/Documentation/Explanation
C. Procedural Outline			
1. The following services are offered at the initial comprehensive visit and properly documented in the clients' charts: <i>(Title X Guidelines: Section 7.2)</i>			<i>Write/Type Comments in the space below</i>
a) Education M			
b) Counseling M			
c) Informed consent M			
d) History M			
e) Examination M			
f) Laboratory testing M			
g) Follow up and referrals M			
2. The following components, appropriate to the purpose of the visit, must be offered and documented on all clients' charts: <i>(Title X Guidelines: Section 7.2)</i>			<i>Write/Type Comments in the space below</i>
a) The following must be documented on all return visits:			
(1) History update M			
(2) Examination M			
(3) Laboratory testing M			
(4) Follow-up and referrals M			
b) Client return visits <i>(excluding routine supply visits)</i> include an assessment of the client's health status, current complaints, and evaluation of birth control method, and opportunity to change methods S			
			M

**Title X Family Planning Services
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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
D. Emergencies			
1. Written protocols for medical emergencies are current and include the following situations: <i>(Title X Guidelines: Section 7.3)</i>			<i>Write/Type Comments in the space below</i>
a) Vaso-vagal reactions/syncope <i>(fainting)</i>	M		
b) Anaphylaxis <i>(severe allergic reactions)</i>	M		
c) Cardiac arrest/respiratory difficulties	M		
d) Shock/Hemorrhage <i>(uncontrolled bleeding)</i>	M		
e) Emergencies requiring EMS transport	M		
f) After hours emergencies and management of contraceptive emergencies	M		
2. Staff is prepared to manage clinic-based emergencies (e.g., fire, vandalism) <i>(Title X Guidelines: Sections 6.4 and 7.3)</i>			<i>Write/Type Comments in the space below</i>
a) Staff members know their role during an emergency	M		
b) Training for emergencies (including CPR) is available to staff	S		

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
E. Referrals and Follow-Up			
1. Delegate agency has formal agreements with referral agencies where necessary <i>(42 CFR 59.5 (b) (8); Title X Guidelines: Section 7.4)</i>			<i>Write/Type Comments in the space below</i>
a) Required services (as listed in Title X Guidelines: Section 8.0) are provided by referral (1) If yes, go to b) (2) If no, proceed to 2 b) A formal, written agreement is established with the referral agency: M (1) Agreement includes a description of the services provided M (2) Agreement includes cost reimbursement information M			
2. Written policies/procedures are in place for follow-up on referrals made for abnormal findings <i>(42 CFR 59.5 (b) (8); Title X Guidelines: Section 7.4)</i>			<i>Write/Type Comments in the space below</i>
a) Follow-up policy is sensitive to the client's concern for confidentiality and privacy M			

**Title X Family Planning Services
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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
<p>3. Referrals for care beyond the scope of the project (e.g., non-family planning, emergency care, etc.) are made consistent with Title X requirements <i>(42 CFR 59.5 (b) (8); Title X Guidelines: Section 7.4)</i></p>			<i>Write/Type Comments in the space below</i>
<p>a) Proper arrangements are made to provide pertinent client information to the referral provider, with appropriate safeguards for confidentiality M</p> <p>b) Client's consent was obtained for referral arrangements <i>(except as required by law)</i> M</p> <p>c) Documentation that client was advised of referral and counseled on their responsibility to comply with referral M</p>			
<p>4. Delegate agency maintains a current referral list <i>(42 CFR 59.5 (b) (8); Title X Guidelines: Section 7.4)</i></p>			<i>Write/Type Comments in the space below</i>
<p>a) Referral list includes health care providers, local health departments, hospitals, voluntary agencies, and health services projects, and other Federal programs M</p>			

Title X Family Planning Services Program Review Tool: CLINICAL Section

Criteria for Compliance	C	NC	Comments/Documentation/Explanation
F. Required Services			
1. Delegate agency provides consent forms consistent with Title X requirements:			<i>Write/Type Comments in the space below</i>
a) Written, informed, voluntary consent is obtained prior to services <i>(Title X Guidelines: Section 8.0)</i>	M		
b) Informed contraceptive method specific consent is appropriately obtained meaning: <i>(Title X Guidelines: Sections 8.0-8.1)</i>			
(1) If the client chooses a prescription method of contraception, a method-specific consent form obtained and is updated with any change in prescription contraceptive method(s)	M		
(2) Method consent form(s) used are approved by the service site Medical Director	S		
(3) Method specific consent is updated when there was a major change in client's health status	S		
(4) Consent form is language appropriate, i.e., written in a language understood by the client or translated and witnessed by an interpreter	M		
(5) Clients are provided information on:			
(a) Contraception benefits and risks	M		
(b) Effectiveness	M		
(c) Potential side effects	M		
(d) Complications	M		
(e) Discontinuation issues	M		
(f) Danger signs of method chosen	M		

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<p>c) All consent forms contain a statement that the client has been counseled and provided appropriate informational material and understands the content of both <i>(Title X Guidelines: Section 8.1)</i></p> <p>d) Signed informed consent forms are maintained in the client's record <i>(Title X Guidelines: Section 8.1)</i></p>	<p>S</p> <p>M</p>		
<p>2. Sterilization complies with Title X requirements: <i>(42 CFR Part 50, Subpart B)</i></p>			<i>Write/Type Comments in the space below</i>
<p>a) Federally approved consent form is used <i>(Found in the Appendix to 42 CFR Part 50, Subpart B, Section 50.201)</i></p> <p>b) Required signatures are secured. These include:</p> <p style="margin-left: 20px;">(1) Individual sterilized</p> <p style="margin-left: 20px;">(2) Interpreter</p> <p style="margin-left: 20px;">(3) Person who obtains the consent</p> <p style="margin-left: 20px;">(4) Physician performing the sterilization</p> <p>c) Copy of 42 CFR Part 50, Subpart B (most current edition) is available for staff to review their responsibilities when participating in sterilization procedures</p>	<p>M</p> <p>M</p> <p>M</p> <p>M</p> <p>S</p>		

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
G. Client Education			
1. Written plan for client education is current and consistent with Title X requirements: <i>(Title X Guidelines: Section 8.1)</i> An acceptable plan has:			<i>Write/Type Comments in the space below</i>
a) Goals and content outlined to ensure consistency and accuracy of information provided by staff	M		
b) Signature approval of grantee and service site Medical Director <i>(Title X Guidelines: Section 7.1)</i>	M		
c) Client education requires:			
(1) Proper documentation of education in the chart	M		
(2) Presentation of education in an unbiased manner	S		
(3) Presentation of education appropriate for client's age, knowledge, language, and socio-cultural background	S		
(4) A mechanism has been established to determine if the information provided the client was understood	S		
<i>Note: If the delegate agency uses checklists for documenting required education components, such as family involvement, confidentiality, avoiding sexual coercion, etc., a detailed written protocol for what is included in that education should be reviewed</i>	S		

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2. Education services offered allow client to make informed decisions and take positive health actions. When appropriate, this includes: <i>(Title X Guidelines: Section 8.1; OPA 03-01)</i>			<i>Write/Type Comments in the space below</i>
a) Information needed to make informed decisions about family planning	M		
b) Information on the range of services, purpose and sequence of clinic procedures	M		
c) Information on basic female and male reproductive anatomy and physiology, if indicated	S		
d) Instruction on BSE/TSE (<i>breast or testicular self exams</i>)	S		
e) Actions to reduce transmission of HIV and STDs/STIs	M		
f) Importance of recommended tests and procedures	M		
g) Value of fertility regulation in maintaining family/individual health	S		
h) Use of specific methods of contraception and adverse effects	M		
i) Health promotion/disease prevention information (i.e., nutrition, exercise, smoking cessation, alcohol/drug abuse, domestic violence, and sexual abuse)	S		
	S		

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
H. Counseling			
<p>1. Counseling services comply with Title X requirements: <i>(Title X Guidelines: Section 8.2)</i></p> <p>a) Documentation of counseling is included in client record M</p> <p>b) Counselors are sufficiently knowledgeable to provide accurate information regarding the benefits and risk, safety, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the various contraceptive methods M</p> <p style="padding-left: 20px;">(1) Counselors should be objective, nonjudgmental, culturally aware, and sensitive to individual differences of clients S</p> <p style="padding-left: 20px;">(2) Counselors should be knowledgeable about other services offered by the clinic S</p> <p style="padding-left: 20px;">M</p> <p><i>Note: If the Grantee/sub-recipient uses checklists for documenting required counseling components, a detailed written protocol for what is included in that counseling should be reviewed M</i></p>			<i>Write/Type Comments in the space below</i>

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
2. Method counseling is provided, when indicated, and includes: <i>(Title X Guidelines: Section 8.2)</i>			<i>Write/Type Comments in the space below</i>
a) Results of physical exam and lab studies M			
b) Effective use of contraceptive methods, benefits, and efficacy of the methods M			
c) Possible side effects/complications M			
d) How to discontinue the method selected and information regarding back-up method used M			
e) Planned return schedule M			
f) Emergency 24-hour telephone number M			
g) Location where emergency services can be obtained M			
h) Appropriate referral for additional services, if needed M			
3. Project offers STD/STI and HIV prevention education according to nationally recognized standards:			<i>Write/Type Comments in the space below</i>
a) There is evidence STD/STI and HIV prevention education is available to clients at all sites. At a minimum, this includes: M			
(1) Education about HIV Infection and AIDS M			
(2) Information on risks, infection prevention, and referral services M			
(3) Discussion of personal risk and risk reduction steps M			

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
(5) Where not provided, client deferral or decline of a health maintenance service is properly documented	S		
(a) Counseling includes information on possible health risks associated with declining or delaying preventive screening tests or procedures	M		
b) Requirements for female physical examination and laboratory tests stipulated in the prescribing information for a specific contraceptive method are followed	M		
(1) Physical exam and preventive services are completed within 3 months of initial visit	S		
(a) When services are deferred, reason for deferral is documented	M		
(b) In no case is the physical exam delayed beyond 6 months unless the clinician has documented a compelling reason	M		
(c) Protocols have been developed for ensuring deferrals are not lost to follow-up	S		
c) INITIAL MALE physical assessment should include:			
(1) Height/weight	S		
(2) Thyroid, heart, lung, extremities, breasts, abdomen, genitals, and rectum	S		
(3) STD/STI and HIV testing, as indicated	S		
d) Clinic encourages and provides for health maintenance screening procedures for male clients. These include:			
(1) Blood pressure	S		
(2) Colo-rectal cancer screening	S		

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
3. Laboratory Testing: Information related to client laboratory testing are consistent with Title X requirements: <i>(Title X Guidelines: Section 8.3)</i>			<i>Write/Type Comments in the space below</i>
a) The delegate agency provides on-site pregnancy testing	M		
b) The delegate agency provides the following tests when required by the specific contraceptive method <i>(FDA or prescribing recommendations)</i> . They <u>may</u> be provided for the maintenance of health status and/or diagnostic purposes either on-site or by referral:	M		
(1) Anemia assessment			
(2) Gonorrhea and Chlamydia test	M		
(3) Vaginal wet mount	M		
(4) Diabetes Testing	M		
(5) Cholesterol and lipids	M		
(6) Hepatitis B testing	M		
(7) Syphilis serology (VDRL, RPR)	M		
(8) Rubella titer	M		
(9) Urinalysis	M		
(10) HIV testing	M		
c) Clients are notified of abnormal lab test results	M		
(1) Notification procedure maintains client confidentiality	M		
	M		
	M		

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
4. Revisits are individualized and based on client need as required by Title X: <i>(Title X Guidelines: Section 8.3)</i>			<i>Write/Type Comments in the space below</i>
a) Revisit schedules must be based on client need for: (1) Education M (2) Counseling M (3) Clinical care beyond that provided at previous visit M b) First time users of hormonal methods, IUDs, diaphragms and cervical caps, should be scheduled for early revisit S			
J. Fertility Regulation			
1. Reversible Contraception complies with Title X requirements: <i>(Title X Guidelines: Sections 8.2 and 8.4)</i>			<i>Write/Type Comments in the space below</i>
a) When indicated, clients are given more than one method to minimize the risks of STDs/STIs, HIV and pregnancy S b) Consistent and correct use of condoms is encouraged, as appropriate S			
2. Permanent Contraception (<i>Sterilization</i>) complies with Title X requirements: <i>(42 CFR Part 50, Subpart B)</i>			<i>Write/Type Comments in the space below</i>
a) Counseling and consent process must assure that the client's decision to undergo sterilization is completely voluntary M b) Federal sterilization regulations must be complied with when sterilization is performed or arranged for by the project M			

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
L. Pregnancy Diagnosis and Counseling			
1. Delegate agency provides pregnancy diagnosis consistent with Title X regulations: <i>(42 CFR 59.5 (a)(5); Title X Guidelines: Section 8.6)</i>			<i>Write/Type Comments in the space below</i>
a) Pregnancy diagnosis and counseling is provided to all clients in need of these services M			
b) Pregnancy diagnosis includes:			
(1) History M			
(2) Pregnancy testing M			
(3) Physical assessment (including pelvic exam) S			
(a) When exam not performed onsite, the provider documented client was counseled of the importance to receive an exam as soon as possible, preferably within 15 days M			
c) If ectopic pregnancy is suspected, the client is referred for immediate diagnosis and treatment M			

Title X Family Planning Services Program Review Tool: CLINICAL Section

Criteria for Compliance	C	NC	Comments/Documentation/Explanation
2. Delegate agency provides pregnancy counseling consistent with Title X regulations: <i>(42 CFR 59.5 (a)(5); Title X Guidelines: Section 8.6)</i>			<i>Write/Type Comments in the space below</i>
a) Clients with a positive pregnancy test: <ul style="list-style-type: none"> (1) Pregnant clients are offered the opportunity for counseling on pregnancy options, including: <ul style="list-style-type: none"> (a) Prenatal care and delivery M (b) Infant care, foster care, or adoption M (c) Pregnancy termination M (2) Options counseling is provided as 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 woman indicates she does not wish to receive such information and counseling M (3) Clients electing to continue their pregnancy are: <ul style="list-style-type: none"> (a) Referred for early prenatal care S (b) Provided information on good health practices during early pregnancy <i>(e.g., good nutrition, avoidance of smoking, drugs, alcohol, x-rays)</i> S 			
b) Clients with a negative pregnancy test are given information about the availability of contraceptive and infertility services, as appropriate S			

**Title X Family Planning Services
Program Review Tool: CLINICAL Section**

Criteria for Compliance	C	NC	Comments/Documentation/Explanation
M. Adolescent Services			
1. Delegate agency provides contraceptives services to adolescents consistent with Title X requirements: <i>(Title X Statute Section 1001; Title X Guidelines: Section 8.7)</i>			<i>Write/Type Comments in the space below</i>
a) Delegate agency ensures appointments for services to adolescents are provided as soon as possible	S		
b) Services are provided in a manner that does not assume that the adolescent is sexually active simply because they have come for family planning services	S		
c) Delegate agency complies with state requirements regarding notification or reporting of child abuse, child molestation, sexual abuse, rape, or incest <i>(OPA Program Instructions 11-01; 06-01 and 99-1)</i>	M		
d) Adolescents seeking contraceptive services are informed about all methods of contraception	M		
e) Adolescents are informed of the following:			
(1) Abstinence	M		
(2) Contraceptive options	M		
(3) Safer sex practices	M		
f) Counseling sessions and needed follow-up are confidential	M		

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
g) Services are provided to minors are confidential and do not require written consent of parents or guardians	M		
h) There is no evidence that parents or guardians are notified before or after a minor has requested and received Title X services without the minors consent <i>(Title X Statute Section 1001; OPA Program Instructions 98-1)</i>	M		
i) Policies and procedures must be in place to provide counseling to minors on how to resist coercive attempts to engage in sexual activities <i>(OPA Program Instructions 98-1)</i>	M		

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
N. Related Services (Optional Services)			
1. If optional services are offered, skilled personnel and equipment are available:			<i>Write/Type Comments in the space below</i>
a) Delegate agency provides for the diagnosis and treatment of minor gynecologic problems (Vaginitis, UTI, etc.) <i>(Title X Guidelines: Section 9.1)</i>	S		
b) Delegate agency provides for detection and treatment of the more common STDS/STIs (e.g., GC, syphilis, Chlamydia, HIV) <i>(Title X Guidelines: Section 9.2)</i>	S		
c) Gonorrhea and Chlamydia tests are made available for clients requesting IUD insertions <i>(Title X Guidelines: Section 9.2)</i>	M		
d) If testing is done, delegate agency must comply with state and local STD/STI reporting requirements <i>(Title X Guidelines: Section 9.2)</i>	M		
e) When treatment for a) or b) is provided on-site, appropriate follow-up measures are undertaken <i>(Title X Guidelines: Section 9.2)</i>	M		

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
O. Special Counseling			
1. Delegate agency meets the Title X requirements for special counseling: <i>(Title X Guidelines: Section 9.3)</i>			<i>Write/Type Comments in the space below</i>
a) When indicated, clients are offered appropriate counseling and referral for the following: <ul style="list-style-type: none"> (1) Future planned pregnancies / preconceptional counseling S (2) Management of a current pregnancy S (3) Other concerns (e.g., substance use and abuse, sexual abuse, domestic violence, genetic issues, nutrition, sexual concerns, etc.) S 			
P. Genetic Information and Referral			
1. Delegate agency meets the Title X requirements for genetic information and referral: <i>(Title X Guidelines: Section 9.4)</i>			<i>Write/Type Comments in the space below</i>
a) Basic information regarding genetic condition is offered to clients who request or are in need of these services S b) Referral systems should be in place for further genetic counseling and evaluation S			

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
Q. Health Promotion/Disease Prevention			
1. Delegate agency meets Title X requirements for health promotion: <i>(Title X Guidelines: Section 9.5)</i>			<i>Write/Type Comments in the space below</i>
a) Delegate agency provides or coordinates access to health promotion and disease prevention services	S		
b) Delegate agency considers the health problems in their community and has developed health promotion strategies to address these problems	S		
R. Postpartum Care			
1. Delegate agency meets Title X requirements for postpartum care: <i>(Title X Guidelines: Section 9.6)</i>			<i>Write/Type Comments in the space below</i>
a) If postpartum care is provided, it is directed toward assessment of the woman's physical health, initiation of contraception, and counseling and education related to parenting, breast feeding, infant care, and family adjustment	S		

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S. Equipment and Supplies			
1. Equipment and supplies are appropriate for the type of care offered by the delegate agency: <i>(Title X Guidelines: Section 10.1)</i>			<i>Write/Type Comments in the space below</i>
a) Equipment and supplies are appropriate to the type of care offered by the project M			
b) Clinic follows applicable Federal and state regulations regarding infection control M			
T. Pharmaceuticals			
1. Delegate agency meets Title X requirements as they relate to pharmaceuticals: <i>(Title X Guidelines: Section 10.2)</i>			<i>Write/Type Comments in the space below</i>
a) Each facility maintains an adequate supply and variety of drugs and devices to effectively manage the contraceptive needs of its clients M			
b) Delegate agency maintains the necessary drugs or devices for the provision of any other services it includes within the scope of the Title X project M			

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U. Medical Records			
1. Delegate agency meets Title X requirements as they relate to medical records: <i>(Title X Guidelines: Section 10.3)</i>			<i>Write/Type Comments in the space below</i>
a) A medical record is established for each client who obtains clinical services	M		
b) Medical records are retained in accordance with accepted medical standards and state laws	M		
Records must be:			
(1) Complete, legible, and accurate. <i>(Telephone encounters of a clinical nature are documented)</i>	M		
(2) Signed by the clinician <i>(name, title, date)</i>	M		
(3) Readily accessible	M		
(4) Systematically organized to facilitate prompt retrieval of information	M		
(5) Confidential, safeguarded against loss or use by unauthorized persons	M		
(6) Secured by lock when not in use	M		
(7) Available upon request to the client	M		
c) Content of Client Record: Record must contain sufficient information to identify the client, indicate contact information, justify clinical diagnosis, and warrant the treatment and end results. The required content includes:	M		
(1) Personal data	M		
(2) Scheduled revisits	M		

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(3) Medical history, physical exam, clinical findings, diagnostic/laboratory orders, results, and treatment	M		
(4) Documentation of continuing care, referral, and follow up	M		
(5) Informed consent(s)	M		
(6) Refusal of services	M		
(7) Allergies and drug reactions	M		
(8) Medical record allows for entries by counseling and social service staff	M		
d) Client financial information is kept separate from chart or there is no evidence that client services are withheld because of client's financial status	S		
e) Confidentiality and Release of Records:			
(1) A confidentiality assurance statement must appear in the client's record	M		
(2) HIV information is handled according to State law	M		
(3) A written consent of the client is required for release of personally identifiable information, except as may be necessary to provide services to the client or as required by law, with appropriate safeguards for confidentiality	M		
f) Delegate agency has a mechanism to expedite the transfer of medical records to other providers upon client's request	M		

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Criteria for Compliance	C	NC	Comments/Documentation/Explanation
V. Quality Assurance			
1. Delegate agency has a quality assurance system in place that provides for ongoing evaluation of project personnel and services <i>(Title X Guidelines: Section 10.4)</i>			<i>Write/Type Comments in the space below</i>
a) The quality assurance system includes: <ul style="list-style-type: none"> (1) An established set of clinical, administrative, and programmatic standards by which conformity is maintained S (2) A tracking system to identify clients in need of follow-up and/or continuing care S (3) Ongoing medical audits to determine conformity with agency protocols S (4) Peer review procedures to evaluate individual clinician performance S (5) Periodic review and update of medical protocols S (6) A process to elicit consumer feedback S (7) Ongoing and systematic documentation of QA activities S 			