

**VDH** VIRGINIA  
DEPARTMENT  
OF HEALTH

# **Title X Family Planning Manual**

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\*These sections must be reviewed by all non-clinical Title X staff. Clinical staff must review the manual in its entirety.

***This manual is only intended for use by Title X sites.***

*Sites not participating in Title X should contact VDH's Community Health Services for guidance related to providing family planning services.*

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Section/Title: 1.0: Table of Acronyms

Effective Date: 09/22/2023

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## Table of Acronyms

ACOG	<a href="#">American College of Obstetricians and Gynecologists</a>
ASCCP	<a href="#">American Society for Colposcopy and Cervical Pathology</a>
CDC	<a href="#">Centers for Disease Control and Prevention</a>
CTC-SRH	<a href="#">Clinical Training Center for Sexual and Reproductive Health</a>
DBE	<a href="#">Documentation By Exception</a>
DMAS	<a href="#">Department of Medical Assistance Services</a> (VA Medicaid)
DNC	Do Not Contact
DPS	<a href="#">Department of Pharmacy Services</a>
DSS	<a href="#">Department of Social Services</a>
EC	Emergency Contraception
ECPs	Emergency Contraception Pills
FP	Family Planning
FPAR	<a href="#">Family Planning Annual Report</a>
FPL	Federal Poverty Level

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FPP	<a href="#">Family Planning Program</a>
FQHC	Federally Qualified Health Center
FPQIC	VDH Family Planning Quality Improvement Committee
HHS	<a href="#">Department of Health and Human Services</a>
HIPAA	Health Insurance Portability and Accountability Act
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HRSA	<a href="#">Health Resources and Services Administration</a>
I&E	Information and Education
IPV	Intimate Partner Violence
IRB	Institutional Review Board
LARC	Long-Acting Reversible Contraceptive
LHD	<a href="#">Local Health District</a>
MEC	<a href="#">Medical Eligibility Criteria</a> for Contraceptive Use
OASH	<a href="#">Office of the Assistant Secretary for Health</a>
OEpi	<a href="#">Office of Epidemiology</a>
OFHS	<a href="#">Office of Family Health Services</a>
OPA	<a href="#">Office of Population Affairs</a>
OSHA	Occupational Safety and Health Administration

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PHS	Public Health Service Act
QA	Quality Assurance
QFP	<a href="#">Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs</a>
QI	Quality Improvement
RHNTC	Reproductive Health National Training Center
SPR	<a href="#">Selected Practice Recommendations</a> for Contraceptive Use
STI	Sexually Transmitted Infection
TA	Technical Assistance
Title X	Title X Family Planning

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Title X Family Planning Manual

Section/Title:	1.1: Central Office Program Staff Acknowledgment
Effective Date:	09/22/2023
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### Program Staff Acknowledgment

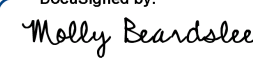
*I acknowledge that I have reviewed the Virginia Department of Health Title X Family Planning Program Manual and will adhere to all regulations and standards. Please print, sign, and date.*

DocuSigned by:  
  
DA44F9F66C6047E... 10/2/2023 | 8:55:23 AM EDT

Family Planning Program Supervisor Date

DocuSigned by:  
  
FFF7D3A96F5448B Janelle Anthony 9/29/2023 | 4:46:23 PM EDT

Family Planning Quality Assurance Nurse Supervisor Date

DocuSigned by:  
  
AAB9E56A257B4D6... 10/2/2023 | 8:58:30 AM EDT

Family Planning Training and Development Coordinator Date

DocuSigned by:  
  
45E13B9B33B54FE... 10/2/2023 | 9:03:43 AM EDT

Division Director, Child and Family Health Date

DocuSigned by:  
  
7F8E56738F7D4BD... 10/2/2023 | 9:15:06 AM EDT

Medical Director, Community Health Services Date

*I have read and approved this manual for use within all VDH Title X service sites.*

DocuSigned by:  
  
D4BBB8B6563D422... 10/2/2023 | 3:34:48 PM EDT

Office Director, Family Health Services Date

# Virginia Department of Health Title X Family Planning Program Manual



Title X Family Planning Manual

Section/Title:	1.2: Title X FP Manual Signature Page
Effective Date:	09/22/2023
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## Signature Page

The Title X Family Planning Manual must be reviewed annually by Health District personnel working in Title X clinics. It is the responsibility of the Nurse Manager, or designee, to ensure that all staff working in the Title X program have reviewed the manual and are up to date with Title X policies and procedures. Once staff have reviewed the Title X FP Manual, they must certify here: <https://redcap.vdh.virginia.gov/redcap/surveys/?s=4XNAFEE93F> **Nurse Managers and Health District Directors do not need to complete the REDCap form.**

The **2023** version of the Title X VDH FP Manual supersedes previous manuals and/or guidance.

Printed Name	Signature	Nurse Manager or Designee	Date
Printed Name	Signature	Nurse Manager or Designee	Date
Printed Name	Signature	Nurse Manager or Designee	Date

The District Director authorizes the use of the Title X Family Planning Manual for all Health District staff working in the Title X Family Planning Program.

Printed Name	Signature	Health Director	Date
Printed Name	Signature	Health Director	Date
Printed Name	Signature	Health Director	Date





Title X Family Planning Manual

Section/Title:	1.3: Introduction to VDH Title X Program
Effective Date:	09/22/2023
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## Introduction

The Title X Family Planning Program (Title X for short, pronounced “ten”) is the only federal grant program dedicated solely to providing comprehensive family planning and related preventive health services. Title X was enacted by Congress in 1970 under Title X of the Public Health Service (PHS) Act. Title X 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). Nationwide, Title X services are provided through state, county, and local health departments; community health centers; Planned Parenthood centers; and hospital-based, school-based, faith-based, and other private nonprofits.

### VDH Title X Background

The Virginia Department of Health (VDH) has been a grantee of federal Title X funds since the program’s inception in 1970. VDH’s Title X Family Planning Program (FPP) is administered by the [Office of Family Health Services \(OFHS\)](#), [Division of Child and Family Health \(DCFH\)](#), [Reproductive Health Unit](#).

VDH’s Title X program is unique in that VDH serves as both a Title X service provider and an agency that awards Title X funds to sub-recipients. VDH’s Title X network currently includes multiple local health districts (LHDs) and three federally qualified health centers (FQHCs). Together, these agencies serve clients in every state-defined health district in Virginia. OFHS is the Title X grantee, local health departments are service sites, and FQHC partners and Arlington Health District are sub-recipients.

### VDH Title X Family Planning Program (FPP)

The VDH Title X FPP is made up of four staff: the Reproductive Health Unit Supervisor, Family Planning Quality Assurance Nurse Supervisor, the Family Planning Training and Development Coordinator, and the Reproductive Health Unit Program Technician. FPP staff manage the Title X grant, including providing ongoing quality assurance, evaluation, and policy development to VDH Title X sites across the state. The FPP ensures compliance by conducting clinical and fiscal audits, developing and monitoring local work plans, offering regular technical assistance calls, and providing one-on-one technical assistance as necessary. The FPP collaborates with the Community Health Services Medical Director and Director of Public Health Nursing to ensure VDH requirements comply with Title X regulations and expectations.

### VDH Title X Family Planning Program Mission

## Virginia Department of Health Title X Family Planning Program Manual

The mission of the FPP is to provide quality reproductive health services to vulnerable populations in Virginia regardless of ability to pay. Clinical services must be provided on a voluntary basis, in a confidential and caring atmosphere, and in the most effective and efficient manner possible.

The FPP values and believes that:

- All persons should have the opportunity to determine the number and spacing of their children.
- Reproductive health care and family planning (FP) must be provided without regard to race, sex, religion, national origin, age, marital status, sexual orientation, gender identity, language, ability status, or financial status, and without the imposition of any durational residency expectation or that the client be referred by a physician.
- The decision to use FP services must be made on a voluntary basis. VDH understands that a person may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
- FP services must never be a prerequisite to the receipt of any other services.
- Clients should receive information, counseling, and medical services before conception, and these services should remain continually available.
- Individuals must receive sufficient evidence-based information to make informed decisions about FP.
- Individuals have the right to FP services that are confidential and non-judgmental and provided with

respect to privacy, dignity, and individuality.

- People of all genders have the right and are encouraged to seek FP and reproductive health services.
- Persons providing FP services must seek continuing education, training and information and strive to provide the highest quality of care.

### Purpose of the Title X FP Manual

All Title X sites must ensure that staff have access to the latest version of the Title X FP Manual. There is no requirement to maintain printed copies of the manual if staff can access the online version.

The manual must be reviewed annually by all staff. Additionally, any staff working in Title X sites must complete an [annual certification survey](#). LHDs with multiple service sites should keep a copy of the signature page at each site or in the district's local online drive. Signature pages and REDCap attestations will be reviewed during the program site review.

The Title X FP Manual is available on the VDH intranet here:

<https://vdhweb.vdh.virginia.gov/family-planning/manual/>

Staff should use the "Find" (Ctrl+F) function to locate pertinent topics within the manual.



Section/Title:	2.0: Mandated Reporting
Effective Date:	09/22/2023
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## Compliance with State Mandated Reporting Laws on Child Abuse, Child Molestation, Sexual Abuse, Rape, or Incest

Title X requires that all staff be knowledgeable and up to date on state and local sexual assault laws, sexual abuse laws, mandatory reporting, and human trafficking laws. All clients must be screened for potential abuse and violence. Cases of suspected child abuse or child neglect must be reported to [Department of Social Services \(DSS\)](#).

### Mandated Reporters

Mandated reporters are defined in VA Code [§63.2-1509](#) *Requirement that certain injuries to children be reported by physicians, nurses, teachers, etc.; penalty for failure to report*. All VDH personnel are expected to follow the procedures outlined in VA Code §63.2-1509 regarding any suspected cases of child abuse and/or neglect.

NOTE: Virginia law only requires that suspected cases of child abuse and/or neglect be reported to the Department of Social Services (DSS). Refer to VDH's [Providing Services to Minors: Ensuring Access to Care, Mandated Reporting Requirements Policy](#) for detailed explanations and reporting procedures.

### Human Trafficking and Intimate Partner Violence (IPV)

Federal law requires state child welfare agencies to report suspected cases of human trafficking to law enforcement. Although VDH is not considered a child welfare agency, Title X sites must provide universal screening to all clients for potential abuse and violence and report any cases of suspected child abuse or child neglect to their local DSS.

While healthcare professionals in Virginia are not legally required to report cases of IPV to law enforcement, staff must screen all clients for trafficking and IPV, and share resources as appropriate.

### Training

Annually, Title X staff must review and sign VDH's [Providing Services to Minors: Ensuring Access to Care, Mandated Reporting Requirements Policy](#) and complete DSS' online reporting requirements training within the Title X training plan. Sites may forgo the online training in lieu of having a representative from their local DSS provide a staff training/presentation. Such training must be documented in staff training plans to meet the Title X training requirement.



Section/Title:	2.1: Confidentiality
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## Confidentiality

Title X staff must adhere to [VDH's Confidentiality Policy](#). All client information obtained by staff related to clients receiving services is protected under [HIPAA](#) guidelines and regulations. Financial eligibility for services and determination of charges must be done in a manner that assures confidentiality and privacy.

An [Authorization for Disclosure of Protected Health Information Form](#) must appear in every client's medical record. Personnel must inform clients fully about the limits of confidentiality, the purposes for which information is obtained, and how information may be used within the confines of the program. Otherwise, client information may only be disclosed in the form of aggregate data that does not identify the individual.

Written consent must be obtained prior to staff photocopying and/or releasing medical records outside the health department system. The client's written consent must also be obtained prior to taping or recording any Title X activities. The client's verbal consent must be obtained before permitting third party observation of the clinic visit. The client must be informed that they have the right to allow or deny their partner's presence when receiving Title X services. If the partner is present, the client must also have some time alone with the clinician.

Resident physicians and/or medical, nursing, nurse practitioner, certified nurse

midwife, or physician assistant students may perform examinations as a component of their training. Clients must be informed of their training status prior to the examination.

### Limits of Confidentiality

All clients seeking or receiving Title X services-especially minors, must be informed of situations that may require a provider to break their confidentiality i.e. the limits of confidentiality. In cases of suspected or actual abuse and/or neglect, threats to harm oneself, and/or threats to harm someone else, VDH staff is required to break a client's confidentiality. These limits must be discussed with clients at each family planning visit.

Refer to the "[Mandated Reporting](#)" guidelines for detailed information on reporting requirements.

### Do Not Contact (DNC)

Clients must be advised that they have the right to specify how Title X staff may contact them. Clients have the right to designate themselves as a DNC client; however, they must be advised about the possibility of abnormal test results and the need for further confidential contact in these cases to ensure the health of the client.

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Title X Family Planning Manual

Section/Title:	2.2: Informed Consent
Effective Date:	09/22/2023
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## Informed Consent

Title X sites must obtain the client's written voluntary informed consent before providing any clinical services. The consent form must be written in a language that is understood by the client. If staff assess the client is unable to give informed consent (i.e. because of an intellectual disability), then written informed consent must be given by the parent or legal guardian if the client is a minor, or a legal guardian if the client is an adult. All consent forms must include the signature of the client, the signature of the person obtaining consent and date the consent was obtained. Consent forms must be kept in the client's medical record.

A written consent for general services ([CHS-1A](#)) must be obtained at the initial visit, then reviewed with the client at subsequent visits as necessary. Separate consent may also be required for certain other procedures, e.g. immunizations, colposcopy, LARCs, etc. In cases of Title X procedures, staff may use either the [CHS-1B Consent for Special Services](#) or the [manufacturer consent form](#).

### Medical Records Management

VDH Title X sites are expected to adhere to [VDH HIPAA policies](#) regarding medical records management. VDH Title X services utilize the [Documentation by Exception](#) record system, and all forms have been approved by the Office of the Attorney General prior to use. The most current [Documentation by Exception Guidelines \(DBE\)](#) and [Documentation in the Medical Record Policy](#) must be used to guide client documentation in Title X sites. All client notes and data entry should be completed as the encounter occurs; however, a grace period of five days is allowable.

### Human Subjects Clearance and Research Projects

The FPP must adhere to the legal requirements governing human subjects' research. All LHDs must inform the VDH Office of Family Health Services, and the FPP Supervisor of any research projects requiring Internal Review Board (IRB) approval involving Title X FP clients. The research proposal must be presented to the FPP Supervisor prior to initiation of any planned research activities in the field. The VDH IRB policy must be followed with all research projects involving human subjects directly or indirectly.



Title X Family Planning Manual

Section/Title:	2.3: Emergency Management
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## Emergency Management

All Title X sites must have a written plan for the management of emergencies, and clinic facilities must meet applicable standards established by federal, state, and local governments (e.g., local fire, building, and licensing codes). Health and safety issues within the facility fall under the authority of the Occupational Safety and Health Administration (OSHA). The basic requirements of these regulations include, but are not limited to the following:

### Clinical Site Emergencies

- Title X sites must adhere to the Nursing Directives and Guidelines for [Emergency Treatment of Anaphylaxis](#), and [Prevention and Management of Vasovagal Reactions](#).
- All Title X sites must have a written protocol for 9-1-1 medical emergencies and transport.
- Each Title X site must have a current emergency cart/box/bag easily accessible by all licensed Title X staff. This cart/box/bag must be checked monthly for outdated medications and supplies.
- All Title X staff must be familiar with the emergency plans and protocol and locations of portable cardiac defibrillators (AED).
- Appropriate training, including initial and ongoing training in Cardiopulmonary Resuscitation (CPR) and OSHA blood borne precautions must be made available to staff and training documented in personnel files.

### Disaster Plans (e.g., Fire, Bomb, Terrorism, Earthquake, etc.)

- Staff must be able to identify emergency evacuation routes.
- In the event of the need to evacuate the building, each examination room must have a building evacuation route map posted in a visible location.
- Building exits must be well marked and free from barriers/easily accessed by staff and clients.
- Staff must complete training and understand their role in an emergency or natural disaster.



Title X Family Planning Manual

Section/Title:	3.0: General Program Information
Effective Date:	09/22/2023
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## General Program Information

The Title X grant reporting period is April 1-March 31. The Title X project period lasts five years.

### Title X Services

All Title X sites must offer a broad range of acceptable and effective contraceptive methods (including natural family planning or other fertility awareness-based methods). Title X services must include preconception counseling, education, and general reproductive and fertility health care to improve maternal and infant outcomes, and the health of women, men, and adolescents who seek FP services, and the prevention, diagnosis, and treatment of infections and diseases which may threaten childbearing capability or the health of the individual, sexual partners, and potential future children.

### Title X Clinic Staff Requirements

Title X clinical staff must be limited to individuals who are licensed to practice in Virginia and are qualified for the positions for which they are appointed. Licenses of applicants for positions requiring licensure must be verified prior to employment, and documentation of current licensure must be maintained. Clinical personnel subject to licensure or certification by the Commonwealth of Virginia shall have a current license on file or documentation of such on file at the appropriate administrative office. This includes physicians, nurses, nurse practitioners, certified nurse midwives, physician assistants, pharmacists, laboratory personnel and licensed counselors/social workers.

Certified nurse midwives shall practice in consultation with a licensed physician in accordance with Code of Virginia [18VAC90-40-90. Practice agreement](#). The certified nurse midwife is responsible for maintaining the agreement and providing it to the Virginia Board of Nursing and Virginia Board of Medicine upon request. Refer to VDH's "[Nurse Practitioner Practice Agreement Requirements](#)" memo for more information.

### Scope of Services

Title X sites may adjust their scope of FP services based on available resources and community needs. When adjusting services, Title X sites must continue offering [QFP](#) and

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meet the requirements of Title X. Clinics are also expected to prioritize patients who have demonstrated the highest need for Title X services.

### Title X Clinic Locator/Title X Database

To be eligible for 340B drug discounts, clients must meet the patient eligibility for 340B in addition to Title X eligibility guidelines. 340B utilizes the [Title X Clinic Locator](#) to confirm that sites in receipt of 340B drugs are eligible for discounts. Title X sites must review the clinic locator for accuracy at least once a year. Districts can submit a request via REDCap by clicking [here](#).

### Sub-Recipients

In addition to working with local health districts, the FPP maintains contracts with agencies outside of VDH that have demonstrated the capacity to provide high quality FP services to clients in need. Sub-recipient agencies work directly with the FPP, and are expected to adhere to all federal, state, and programmatic requirements associated with Title X FP services. Local health districts are expected to work collaboratively with these sub-recipient agencies in order to best meet the needs of the client population, and to offer streamlined, coordinated services.

If a district identifies a potential sub-recipient agency, they should refer that agency to the FPP to discuss the possibility of establishing a contract. Districts cannot enter nor end such agreements without first notifying the FPP Supervisor and receiving approval. Districts are discouraged from entering such agreements on the local level, as any district providing Title X funds to an outside organization then becomes responsible for administrative, clinical, and financial oversight of the sub-recipient.





Title X Family Planning Manual

Section/Title:	3.1 : Opening or Closing a Title X Clinical Site
Effective Date:	09/22/2023
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## Opening or Closing a Title X Clinical Site

A Change in Scope occurs when a Title X clinical site proposes to change the objectives, aims, or purposes previously identified in the approved application. Opening and/or closing a Title X site is considered a Change in Scope, as is transferring services to another agency. This includes temporary site closures regardless of the reason (e.g., moving, damage to building, etc.) These changes require a formal request from the Central Office Title X Program Supervisor to the OPA. Title X sites do not need to submit a request to change/adjust clinic hours.

Approval of a Change in Scope request is subject to OPA's approval and can take a few months. Therefore, sites must plan accordingly and notify the FPP regarding plans to add new sites, close existing sites, or transfer services to another agency in advance. No changes may be made without prior approval by the Central Office Title X Supervisor; failure to notify the supervisor may result in a loss of access to Title X funds and Title X 340B drugs. Likewise, if a new site is not officially added to the Title X project without proper approval, that site cannot use Title X 340B drugs.

Districts can submit a Change in Scope request via REDCap by clicking [here](#). All requests must be submitted to the FPP Supervisor for approval and submission to OPA. Once the request is approved by OPA, the FPP will provide the steps needed to begin or close a service site.



Title X Family Planning Manual

Section/Title:	3.2: Program Financial Eligibility and Charges
Effective Date:	09/22/2023
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## Program Financial Eligibility and Charges

The purpose of Title X is to assist individuals and families in identifying goals and developing a plan for the number and spacing of children and how those goals may be achieved. Any individual requesting family planning services who wish to avoid or achieve pregnancy, despite their age or gender, is eligible for VDH Title X services.

No person shall be denied services due to inability to pay. While priority must be given to low-income clients and minors, all Title X services, and contraceptive methods must be charged according to a sliding scale. Additionally, Title X FP services must be strictly voluntary and never coercive. If an established client does not return to the clinic for three years, they must be classified as a new client when they return.

### Title X Charges

Title X clients cannot be denied services or subjected to any variation in quality of services due to an inability to pay. All Title X clients, including minors, must be charged for all services according to an approved sliding scale. A schedule of discounts, based on ability to pay, is required for individuals with family incomes between 101% and 250% of the [Federal Poverty Level \(FPL\)](#). Clients with incomes below 100% of the FPL must never be charged for services, copayment fees, or contraceptive supplies.

Charges to clients will be generated based on procedure/revenue codes in the WebVision System. Consult VDH Community Health Services [Accounts Receivable, Billing, & Eligibility Resources](#) webpage for clarification on eligibility, billing codes, and charges. The FPP will ensure that services to all clients are provided in accordance with the eligibility guidelines stipulated by Title X.

Voluntary donations from clients are permissible; however, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies.

### Financial Eligibility

Charges for Title X services must never present a barrier to any client requesting or receiving services. A financial eligibility screening must be done for every Title X client, including minors. Clients who are responsible to pay for their services must be given bills directly at the time of service. In cases where a third party is responsible, and the client doesn't desire confidentiality, bills must be submitted to that third party, and must show total charges without applying any discount. In such cases, bills to clients must show total charges less any allowable discounts. Sites are expected to make reasonable efforts to collect charges without jeopardizing client confidentiality.

### College Students

College students claiming to be dependents of their parents must provide income eligibility based on family income. If the college student notes confidentiality as a concern, or if the college student is not claiming to be a dependent of their parents, then VDH must determine charges based solely on the client's income based on an economic unit of one.

### Third Party Payers

Medicaid and private health insurance plans must be billed for Title X clients who have coverage, unless doing so would jeopardize client confidentiality. No third-party payers may be billed for "Do Not Contact" clients. VDH Title X sites are expected to adhere to [VDH HIPAA policies](#) regarding confidentiality and billing. For minors not requesting confidential Title X services, third party payers may be billed. Insurance coverage by a third party is considered part of the non-confidential minor's ability to pay.



Title X Family Planning Manual

Section/Title:	3.3: Clinic Management
Effective Date:	09/22/2023
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## Clinic Management

Title X sites must prioritize clients most in need of services, including adolescents. VDH considers adolescents a priority for service, and attempts should be made to schedule their appointments as soon as possible. Appointments for clients most in need of services should be made within one week.

Appointments should be offered at convenient times for clients and should be offered during evenings and/or weekends in addition to during the day when possible. While appointments should be scheduled in the order of the client’s request for services, clients with an urgent concern should be seen the same day. If this is not possible, the client should be referred to the nearest hospital emergency room, community health center, or private provider. A clinic’s schedule should include a certain number of slots each day to accommodate walk-ins and/or clients with urgent needs.

### Telehealth

Title X sites may opt to use telemedicine when appropriate using a HIPAA-compliant telehealth platform. For more information, refer to the VDH [Telehealth](#) intranet page. For Title X-specific telehealth information, sites should refer to the [RHNTC telehealth information](#).

### Wait Time

Client wait time during a Title X visit is expected to be minimal and not to exceed actual services time. For comprehensive visits, the total client visit time should not exceed 90 minutes. Clients should be served as closely as possible to their scheduled appointment time.

### Show Rates

Title X sites must regularly monitor clinic “show rates” with the goal of maintaining an 80% patient “show rate.” If “no show rates” remain above 20% at any location, the Title X site should consider double booking patient slots or adjusting clinic hours.

### Clinic Schedules

Title X clients must be informed of clinic routine hours of operation. These hours must be posted in the clinic where they are clearly visible to clients, potential clients, and visitors. Clients should be advised of the telephone number to call for appointments, a telephone number to be used in case of a problem when the office is closed, and where to access emergency contraception if needed. Appointment reminders (postcards, phone calls, text messages, etc.) should be sent to clients several days before the appointment, if possible.

### Late and/or Missed Appointments

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Title X sites are responsible for establishing procedures for managing clients who arrive late for their scheduled appointments. Clients who arrive late for their appointment should be offered the option of rescheduling the appointment for another day or waiting until all scheduled clients are seen. If the client chooses to reschedule, they should be offered any contraceptives they may need until their rescheduled appointment. It is never appropriate to let a client run out of contraceptives while waiting for an appointment.

### Client Refusal to Pay

Title X staff must adhere to VDH's [Eligibility and Charging Structure Guidance Document](#) for information on denying services for a client's refusal to pay for services rendered.

### Client Refusal to Comply with Treatment and/or Abusive Behavior

Title X sites reserve the right to terminate Title X services due to a client lost to follow-up or who repeatedly fails to comply with treatment plans. Additionally, clients deemed disruptive or abusive may be refused service. Sites must ensure that the documentation in the client's medical record supports the decision to refuse service.



Section/Title:	3.4: Providing Title X Services to Minors
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Providing Title X Services to Minors

Title X sites must provide adolescent-friendly health services, which are services that are accessible, acceptable, equitable, appropriate, and effective for adolescents. In accordance with VDH policies, any staff providing services to minors must read and sign the [Providing Services to Minors: Ensuring Access to Care, Mandated Reporting Requirements Policy](#).

### § 54.1-2969. Authority to consent to surgical and medical treatment of certain minors

The Code of Virginia deems minors as adults for consenting to:

1. Medical or health services needed to determine the presence of or to treat venereal disease or any infectious or contagious disease that the State Board of Health requires to be reported;
2. Medical or health services required in case of birth control, pregnancy or family planning except for the purposes of sexual sterilization;
3. Medical or health services needed in the case of outpatient care, treatment or rehabilitation for substance abuse as defined in [§37.2-100](#); or
4. Medical or health services needed in the case of outpatient care, treatment or rehabilitation for mental illness or emotional disturbance.

A minor shall also be deemed an adult for the purpose of accessing or authorizing the disclosure of medical records related to subdivisions 1 through 4. Refer to the [Confidentiality](#) guidelines regarding the disclosure of medical records.

### Parental/Guardian Consent

Parental/guardian consent cannot be required in order for a minor to receive Title X services, nor may parents/guardians access the minor's Title X record without the minor's written authorization. Staff cannot notify parents/guardians before or after a minor

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receives Title X services. If follow-up outside the scope of Title X services is necessary, every effort should be made to assure the minor's privacy and confidentiality.

Refer to the [Limits of Confidentiality](#) for information on when confidentiality may be broken.

### Eligibility

Minors accompanied by a parent(s) to the clinic should be screened using the income of that parent(s), unless confidentiality is requested. For minors requesting confidential Title X services (i.e. "Do Not Contact" clients), an income eligibility screening must be completed, and the client's charges will be calculated based on an economic unit of one. Charges must be based solely on the income actually available to the minor, such as wages from part-time employment, stipends and allowances paid directly to the minor. Services normally provided by the parents/guardians, such as food, shelter, transportation, etc., should not be included in determining the minor's income.

Under circumstances where confidentiality is restricted to limited members of the family (e.g. one parent is aware of the minor seeking services but the other is not), and the minor's confidentiality would be breached in seeking the full charge, the charges must be based solely on the minor's income.

If a minor is receiving confidential services and has income of their own to pay for services, then the client should be handed an invoice for services while in the clinic. If the client lives with parent(s) or guardian(s), then an invoice should not be sent to the client's mailing address. If the client becomes delinquent in their payments, the client should be given a delinquency notice at the next visit and each subsequent visit until the delinquency is resolved. Under no circumstances should a client who lives with their parent(s) or guardian(s) be referred to an outside collection agency.

### Clinic Appointments

Title X sites must prioritize clients most in need of services, including adolescents. VDH considers adolescents a priority for service, and attempts should be made to schedule their appointments as soon as possible. Appointments for clients most in need of services should be made within one week.

### Counseling

All Title X sites must provide documented counseling that encourages family participation in the decision of minors to seek Title X services, as well as counseling on how to resist attempts to coerce minors into engaging in sexual activities. Refer to the [Minor Counseling](#) guidelines for specific guidance.

### Referrals

Minors must be provided with referrals for services beyond the scope of Title X services when appropriate. When such referrals are made, staff must inform the minor that parental/guardian consent may be needed for those services.



Section/Title:	3.5: Mandatory Title X Visit Components
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Mandatory Title X Visit Components

Title X sites must ensure that only clients identified as Title X users are reported in the [Family Planning Annual Report \(FPAR\)](#). The primary purpose of a Title X encounter must be to provide FP and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies. A written record of the services provided during the Title X encounter must be clearly documented in the client medical record. Additionally, encounters must contain the correct sub-programming on the [VDH encounter](#) form i.e. superbill, and in WebVISION.

Clients are not required to exit the visit with a method to receive Title X services. Rather, their chosen method of contraception must be documented even if the client chooses “abstinence,” “no method,” or “condoms.”

Clients not meeting the eligibility requirements for a Title X visit may be seen in clinic sites with district’s local funds. Refer to the [Non-Title X FP Visit](#) guidelines for information on how to code FP visits not meeting Title X criteria.

### Box 1. Mandatory Components of Title X Family Planning Encounter

The following **must** be clearly documented for a visit to be considered a Title X FP encounter:

- Medical History
- Physical/medical assessment as needed and related to contraceptive use (blood pressure and/or weight is acceptable). Refer to the [Medical Eligibility Criteria \(MEC\)](#) and [Selected Practice Recommendations for Contraceptive Use \(USSPR\)](#) for further guidance.
- Reproductive life plan
- Contraceptive counseling, including method effectiveness, side effects, etc.
- Client’s chosen method of contraception
- STI risk reduction counseling
- Sexual coercion assessment, based on the client’s needs
- Minor counseling for clients under 18 years old





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Section/Title:	3.6: Pharmaceuticals, Supplies, and Equipment
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Pharmaceuticals, Supplies, and Equipment

Title X sites are expected to maintain an adequate inventory of pharmaceuticals, supplies, and equipment necessary to provide safe, comprehensive Title X services in accordance with all program guidelines. The VDH [Division of Pharmacy Services \(DPS\)](#) operates under the [Virginia Board of Pharmacy](#) statutes and regulations, and the administrative authority is housed within VDH's [Office of Epidemiology \(OEpi\)](#). DPS maintains a [Memorandum of Understanding](#) with Community Health Services to manage and maintain an alternate drug delivery site. Inventory, supply and provision of pharmaceuticals must be in compliance with state pharmacy laws and professional practice regulations. Title X staff dispensing, administering, and/or ordering medications must be familiar with the DPS policies and procedures and VDH's [Medical Supply Inventory Control Policy](#).

### On Site Dispensing

VDH Title X sites must provide a broad range of contraceptives and may order pharmaceuticals through DPS. Sites are encouraged to write prescriptions for clients when appropriate (i.e. not a barrier for client, client has insurance, etc.). The dosage and number of subsequent cycles of contraceptives provided on-site should be based on site resources, as well as the client's circumstances.

### Ship to Home

Shipping medications to a client's home may be an option when medications that can be self-administered are prescribed and then filled by DPS. Some self-administered medications may not be eligible for this ship to home option in which the medication(s) would be shipped from DPS to the client's home or alternative address. Refer to the DPS' [Alternate Delivery of Medication\(s\) \(Ship to Home\) Health Department Guide April 2022](#) for more details.

### Billing

All Title X contraceptive methods and supplies must be charged according to a sliding scale. Clients who lose birth control supplies must be charged for replacements according to the sliding fee schedule.

### Other Considerations

[§ 38.2-3407.5:2. Reimbursements for dispensing hormonal contraceptives](#) ensures that all private health insurance plans in Virginia cover up to a 12-month supply of hormonal contraception at one time. This law went into effect on July 1, 2017, though insurance companies had until January 1, 2018 to be in compliance.

[§ 54.1-3303.1. Initiating of treatment with and dispensing and administering of controlled substances by pharmacists](#) allows Virginia pharmacists to dispense injectable or self-administered hormonal contraceptives, provided the patient completes an assessment consistent with the CDC's MEC. The Virginia protocol, algorithm, and self-screening questionnaire are posted on the [Virginia Board of Pharmacy's website](#).

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Title X Family Planning Manual

Section/Title:	3.7: 340B Drug Pricing Program
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## 340B Drug Pricing Program

The 340B Drug Pricing Program is administered by the Office of Pharmacy Affairs, a part of the federal HRSA/HHS. VDH sites receiving Title X funds are eligible for 340B drug discount pricing. The VDH 340B Drug Program is managed by the VDH [Division of Pharmacy Services \(DPS\)](#) 340B Compliance Officer.

### VDH Title X 340B Procedures

The FPP will work with the VDH 340B Compliance Officer to confirm that sites updated and certified in the [Office of Pharmacy Affairs' OPAIS Database](#) are recipients of Title X grant funds. 340B medications offered through the Title X program must only be used for eligible Title X clients. More information regarding client eligibility can be found in the [Client Eligibility](#), [Mandatory Title X Visit Components](#), and [Sub-programming and Coding Title X Visits](#) sections of this manual.

Each Title X site is responsible for the annual recertification of any clinic sites where 340B purchased medications are used. Failure to recertify will result in the site being unable to use 340B medications in any clinic sites that are not certified. Sites should refer to the [VDH 340B Manual](#) for VDH-specific policies and procedures related to 340B.

### Title X 340B Patient Definition

Title X clients shall remain eligible for 340B medications for a period of 18 months after a qualifying Title X visit. Additionally, refills for Title X clients are eligible for 340B pricing for a period of 18 months after a qualifying Title X visit. If a change in method is warranted, the new method shall also be inclusive at 340B pricing, as the client remains Title X eligible for 18 months after a qualifying visit.

### Non-Title X 340B Procedures

Clients' ineligible for Title X 340B drugs may receive 340B drugs under other program designations. Sites wishing to utilize 340B drugs for family planning clients ineligible for Title X services should refer to DPS' "[340B Program FAQ's: Non-Title X Designation](#)" document.



Title X Family Planning Manual

Section/Title:	3.8 : Sub-programming and Coding Title X Family Planning Encounters
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Sub-programming and Coding Title X Family Planning Encounters

### Title X Family Planning Encounter

Title X defines a FP encounter as “a documented, face-to-face contact between an individual and a FP provider that takes place in a Title X service site”. The primary purpose of a FP encounter must be to provide FP and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies.” Encounters occurring at community outreach events, health fairs, etc., cannot be counted as Title X encounters unless the site has previously been approved by the FPP as a Title X site; approved Title X services sites are those locations listed in the [Title X Clinic Locator](#) database. Staff should refer to the RHNTC’s [“Understanding FPAR Definitions: What is a Family Planning Encounter and Who is a Family Planning User?”](#) job aid for other important definitions.

### Title X Family Planning User

A FP user is an individual who has at least one FP encounter during the reporting period. The same individual may be counted as a FP user only once during a reporting period/calendar year. Sites may only identify clients as Title X users if the required Title X components are clearly documented in the medical record. Without these required components, the client cannot be counted in the FPAR system, nor can the client receive medications purchased with the Title X 340B ID. Clients receiving a written prescription with refills during a Title X encounter can be counted as a Title X encounter for the duration of the prescription.

### Title X Encounter in WebVISION

In order for WebVISION to count a visit as a Title X FP encounter, the “FP” subprogram code and Title X FP data code must be selected on the encounter and entered into WebVISION.

WebVISION allows VDH clients to have more than one subprogram code. To add a secondary FP subprogram:

1. Keep the primary encounter subprogram (e.g. VD, IM, etc.)
2. On the procedure line of Encounter Details, add the FP subprogram
3. The procedure code is the appropriate FP data code

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4. The diagnosis code for that FP subprogram line and FP data code is the appropriate Z30 series code

### VDH Encounter Data Reporting Codes

The Title X FP data code refers to the most effective method that the client is using when they leave the clinic that day. If a client exits the Title X site using more than one method, only the most effective method must be reported. These data codes must only be used for eligible Title X visits.

Note: Clients are not required to leave with any particular method of contraception in order to receive Title X services. Rather, their chosen method of contraception must be documented in the medical record, even if the client chooses “abstinence,” “no method,” or “condoms.”

\*For purposes of FPAR reporting, these methods are considered “female” methods only. Refer to [Non-Title X FP Visit](#) for information on how to code FP visits not meeting Title X criteria.

Method: Data Code	Definition
Abstinence: <b>FPABST</b>	Refraining from oral, vaginal, and anal intercourse
3-Month Hormonal Injection*: <b>FPDEPO</b>	3-month injectable hormonal contraception
Fertility Awareness Method (FAM)*: <b>FPFAM</b>	FP methods that rely on identifying the fertile days in each menstrual cycle when intercourse is most likely to result in a pregnancy e.g. Standard Days, Calendar Rhythm, TwoDay, Billings Ovulation, and SymptoThermal methods. The Lactational Amenorrhea Method (LAM) is the proactive application of exclusive breastfeeding during lactational amenorrhea for the first 6 months after delivery. For LAM to ensure adequate protection from an unplanned pregnancy, the following conditions must be met: (1) infant is less than 6 months of age, (2) no periods or spotting since delivery (i.e., amenorrhea), (3) exclusive or fully breastfeeding (i.e., no other liquid or solid given to infant) or nearly fully breastfeeding (i.e., infrequent supplementation in small amounts, but not by bottle), and (4) frequent or on-demand breastfeeding (i.e., no interval longer than 4 to 6 hours between breastfeeds).
Female Condom*: <b>FPFCON</b>	Female users who use female condoms (with or without a spermicide or non-spermicidal gel)

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Spermicide, Foam, or Film*: <b>FPFJCS</b>	Female users who use only (i.e., not in conjunction with another contraceptive method) spermicidal jelly, cream, gel, foam, film, or suppository or non-spermicidal gel
Hormonal Implant*: <b>FPIMPL</b>	Long-term, subdermal hormonal implant
Intrauterine Device*: <b>FPIUD</b>	Long-term hormonal or other type of intrauterine device (IUD) or system (IUS) including the Cu-IUD
Male Condom: <b>FPMCON</b>	Male condoms (with or without a spermicide or non-spermicidal gel)
None: <b>FPNONE</b>	Not using any FP method to avoid pregnancy due to reasons other than pregnancy or seeking pregnancy e.g. partner is sterile without having been sterilized surgically, either partner has had a non-contraceptive surgical procedure that has rendered them unable to conceive or impregnate, or if the user has a sexual partner of the same sex
Vaginal Ring*: <b>FPNUVA</b>	Hormonal vaginal ring
Oral Contraceptives*: <b>FPORA</b>	Any oral contraceptive, including combination and progestin-only (“mini-pills”) formulations. DOES NOT INCLUDE EC.
Other: <b>FPOTHR</b>	Withdrawal or other methods not listed in this chart e.g. Anal sex
Patch*: <b>FPPATCH</b>	Transdermal contraceptive patch
Pregnant or Seeking Pregnancy: <b>FPPRG</b>	Female or male users who are not using any FP method because they or their partners are pregnant or seeking pregnancy
Male Relies on Female Method: <b>FPRFM</b>	Male FP users who rely on their female partners’ family planning methods as their primary methods.
Contraceptive Sponge*: <b>FPSPNG</b>	Contraceptive sponge
Female Sterilization*: <b>FPTUBAL</b>	Female users who rely on female sterilization as their primary family planning method. Female sterilization refers to a contraceptive surgical (tubal ligation) or non-surgical (implant) procedure performed on a female user
Unknown: <b>FPUNK</b>	Method at exit from the last family planning encounter is unknown or not reported

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Cervical Cap or Diaphragm*: <b>FPDIACC</b>	Cervical cap or diaphragm (with or without spermicidal jelly or cream)
Vasectomy: <b>FPVAS</b>	Conventional incisional or no-scalpel vasectomy performed on a male user, or the male partner of a female user



Title X Family Planning Manual

Section/Title:	3.9 : Non-Title X Family Planning Visits
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Non-Title X Family Planning Visits

Clients not meeting Title X requirements may still receive FP services. Whether or not services are provided, and which services are provided, is dependent upon district resources. Some examples of non-Title X FP visits are Pap-only visits (desires no contraception), confirmed menopausal clients, and clients who have had hysterectomies.

Clients' ineligible for Title X 340B drugs may receive 340B drugs under other program designations. For information on using 340B for non-Title X sites, refer to DPS' [340B Program FAQ's: Non-Title X Designation](#) document. Title X FP Data Codes (e.g. FPMCON, FPNONE, etc.) must **not** be used with the subprogram codes on the VDH encounter, or in WebVISION. Common subprogram codes for non-Title X FP visits are listed below.

Box 1. [WebVision Subprogram Codes](#)

Program	Subprogram	Uses
Adult Services (AS)	HM	Preventive health maintenance and yearly routine physical exams. Includes gynecological services to premenopausal women <b>not</b> related to FP or MA, the diagnosis, treatment, and clinical follow-up of acute illness, and chronic conditions in adults. BP checks, B12 injections.
Adult Services (AS)	GZ	Gynecological services provided to women of all ages who are post-menopausal or who have had surgical sterilization, including hysterectomies. For women not covered under the Breast and Surgical Cancer Program.
Outside Laboratory (OS)	LO	Services provided to a client in between regularly scheduled doctor visits when specimens need to be sent to external labs for testing, including Mat. & FP. Can use service area as a secondary subprogram code (FP, MA).
Maternal Health (MH)	MA	Routine prenatal care provided in health department clinics. Can be one visit. Routine prenatal care provided in health Department clinics. Can be one visit for nurse counseling and referral or routine prenatal care.
Pharmacy (HS)	PH	Patient not seen by any other provider that day; pick up meds only, etc. If picking up meds for a 340B subprogram (FP, VD, HV, TB), must change subprogram on dispensing screen from PH to the appropriate 340B subprogram for that drug.





Section/Title:	3.10: Title X Orientation
Effective Date:	09/22/2023
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## Title X Orientation

In accordance with Title X regulations, the FPP must “Provide for orientation and in-service training for all project personnel.” All new staff (clinical and/or non-clinical) participating in the Title X FP project must be provided with an appropriate orientation by experienced district Title X staff.

- Any staff working in a Title X site must complete the [Title X Orientation Plan](#).
- The plan consists of 3 sections that must be completed at different intervals.
- The entire plan must be completed within 6 months of hire.
- Staff should only complete the assigned sections (i.e., non-clinical staff are not required to complete clinical sections).
- Staff are only required to complete the Title X Orientation Plan once unless otherwise specified. Changes to this requirement will be communicated by the FPP.
- LHDs must monitor staff completion of the Title X Orientation and retain documentation. Completion of the orientation will be reviewed during the FPP site visit.



Section/Title:	3.11: Title X Training
Effective Date:	09/22/2023
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## Title X Training

In accordance with Title X regulations, the FPP must (1) provide for orientation and in-service training for all project personnel, (2) ensure routine training of staff on federal/state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking, (3) ensure routine training on involving family members in the decision of minors to seek Title X services and counseling minors on how to resist being coerced into engaging in sexual activities, and (4) provide routine training on an annual basis.

VDH’s Title X program utilizes the [Reproductive Health National Training Center \(RHNTC\)](#) and [Clinical Training Center for Sexual and Reproductive Health \(CTC-SRH\)](#) as its official training sites.

### Reproductive Health National Training Center (RHNTC)

OPA funds and collaborates with the RHNTC to address the training and technical assistance (TA) needs of Title X grantees. Title X staff are encouraged to [subscribe to RHNTC’s mailing list](#) to receive their monthly newsletter, which includes new resources, webinars, and training opportunities.

### Clinical Training Center for Sexual and Reproductive Health (CTC-SRH)

OPA funds the CTC-SRH to deliver continuous, high-quality clinical skills training and resources to providers within the Title X network. The CTC-SRH provides current clinical protocols using new technologies and national standards. The CTC-SRH also hosts the annual National Reproductive Health Conference. Title X staff are encouraged to [subscribe](#) to CTC-SRH’s mailing list to receive their emails, training notifications, monthly newsletter, *Clinical Connections*, and updates about the annual conference.

### LHD Training Responsibilities

LHDs must:

- assess staff training needs at least annually;
- allow time each month for staff to complete required FP training(s);
- complete training as required by the current work plan;

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- seek out additional Title X FP training(s) as needed; and
- monitor staff completion of Title X training and retain documentation for the current project period.

### Title X FP Manual Review and Annual Certification

The FPP is required to inform Title X sites of certain legislative mandates/regulations annually. Annually, all Title X staff must review the Title X FP manual and complete the [Title X Annual Certification Survey](#) certifying that they have been informed of Title X legislative mandates/regulations. Staff should not complete this survey until they have completed the initial Title X Orientation Training Plan.

### Technical Assistance (TA)

The FPP is available for consultation and technical assistance by phone, email, or video conference, and encourages districts to utilize these resources. FP sites may request on-site technical assistance as needed by contacting the VDH FPP.

Each grant year, the FPP hosts an annual webinar to review the previous year's performance and upcoming grant requirements. TA webinars are held every other month on the third Tuesday from 12pm-1pm. Any staff working in Title X is encouraged to join the webinar. Registration information will be posted in the [Training and Technical Assistance MS Team Channel](#). Each call is recorded, and the link to access the recording will be sent out following the webinar. Any changes to the TA call schedule will be communicated via email.

### Continuing Education Credits (CEs)

Current issues of Contraceptive Technology Update newsletters are located on the [VDH FP intranet](#). It is the responsibility of all Title X FP staff to obtain any required certification CEs, CMEs, or contact hours on an individual basis. The VDH FPP will disseminate information on continuing education opportunities as they become available.

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Section/Title:	4.0: Title X Standards of Care
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Standards of Care

Title X regulations and Program Priorities require grantees to provide quality family planning services consistent with nationally recognized standards of care. Nationally recognized standards of care include [CDC QFP](#), as well as nationally recognized standards from governmental institutions and national medical associations.

Source	Standards of Care
Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> <li>• <a href="#">US Medical Eligibility Criteria (MEC)</a></li> <li>• <a href="#">US Selected Practice Recommendations (USSPR)</a></li> <li>• <a href="#">STI Treatment Guidelines</a></li> <li>• <a href="#">Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services</a></li> <li>• <a href="#">Taking a Sexual History</a></li> </ul>
United States Preventive Services Taskforce (USPSTF)	<ul style="list-style-type: none"> <li>• <a href="#">USPSTF Cervical Cancer Screening Recommendations</a></li> <li>• <a href="#">USPSTF Breast Cancer Screening Recommendations</a></li> </ul>
American Cancer Society (ACS)	<ul style="list-style-type: none"> <li>• <a href="#">ACS Cervical Cancer Screening Recommendations</a></li> <li>• <a href="#">ACS Breast Cancer Screening Recommendations</a></li> </ul>
American College of Obstetricians and Gynecologists (ACOG)	<ul style="list-style-type: none"> <li>• <a href="#">ACOG Practice Bulletin Number 179: Breast Cancer Risk Assessment and Screening in Average-Risk Women</a></li> <li>• <a href="#">ACOG Cervical Cancer Screening Guidelines</a></li> </ul>
American Society for Colposcopy and Cervical Pathology (ASCCP)	<ul style="list-style-type: none"> <li>• <a href="#">ASCCP Cervical Cancer Screening Guidelines</a></li> <li>• <a href="#">ASCCP Risk-Based Management Consensus Guidelines for abnormal cervical cancer screening tests and cancer precursors</a></li> </ul>
American Society for Reproductive Medicine (ASRM)	<ul style="list-style-type: none"> <li>• <a href="#">ASRM Optimizing natural fertility: a committee opinion</a></li> <li>• <a href="#">ASRM Diagnostic evaluation of the infertile female: a committee opinion/</a></li> <li>• <a href="#">Diagnostic evaluation of the infertile male: a committee opinion</a></li> </ul>

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Advisory Committee  
on Immunization  
Practices (ACIP)

- [Advisory Committee on Immunization Practices](#)



Section/Title: 4.1 : Determining a Client's Need for Title X Services

Effective Date: 09/22/2023

Next Revision Date: 09/22/2025

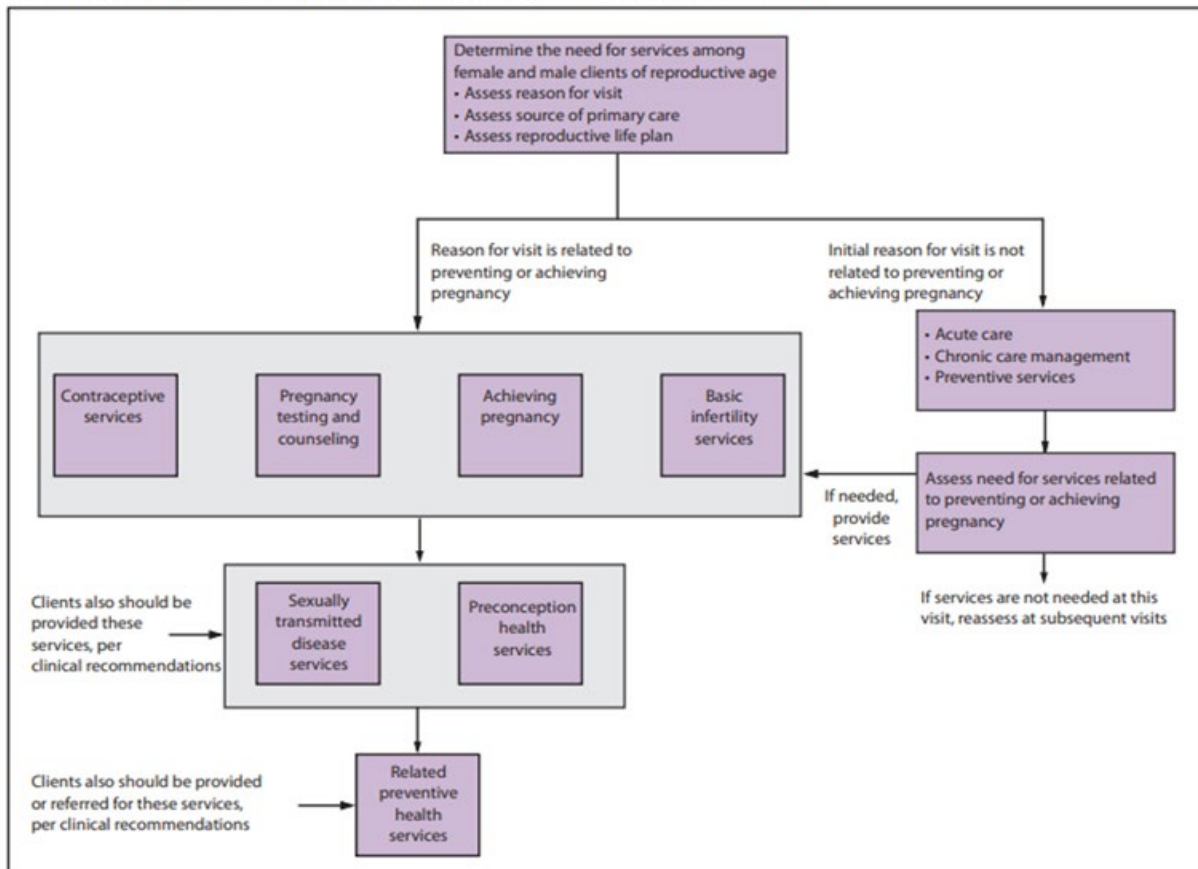
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## Determining a Client's Need for Title X Services

The [QFP](#) Clinical Pathway should be used as a framework to determine a client's need for services in the Title X setting. Title X services must be provided in accordance with nationally recognized standards of care.

Clients declining any of the services below must not be counted as Title X encounters.

FIGURE 2. Clinical pathway of family planning services for women and men of reproductive age



(Centers for Disease Control and Prevention, 2014)



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Section/Title: 4.2: Examinations and Preventive Health Services

Effective Date: 09/22/2023

Next Revision Date: 09/22/2025

## Examinations and Preventive Health Services

Family planning services may be the only source of health care for many people of reproductive health age. Therefore, it is imperative that Title X sites offer preventive health services to all clients, regardless of gender identity or sexual orientation. In addition to the [CDC QFP](#), all Title X sites should use the [RHNTC's FP and Preventive Services Checklist](#) as a guide for all Title X visits.

Title X visits must be individualized and based on:

- Client needs
- Reason for the client's visit
- Current clinical guidelines and recommendations

For in depth guidance for the provision of QFP services for males, refer to the [Preventive Male Sexual and Reproductive Health Care: Recommendations for Clinical Practice](#).

Clients whose primary reason for a clinical visit is not related to preventing or achieving pregnancy, should be assessed for their need of Title X services in accordance with the [QFP Clinical Pathway](#).



Title X Family Planning Manual

Section/Title:	4.3 : Timing of Contraceptive Method Initiation
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Timing of Contraceptive Method Initiation

Title X sites must provide quality family planning services consistent with [CDC QFP](#). QFP guidance recommends that providers initiate contraception during the initial visit based on the [CDC’s How to be Reasonably Certain a Woman is Not Pregnant](#) (Box 1), and the [CDC SPR](#) for the initiation of contraception. Sites should determine the dosage and number of subsequent cycles it will provide on-site based on their resources and the client’s circumstances. If a client does not receive their chosen method during a visit, documentation in the medical record must support such a decision. Depending on the client’s circumstances, initiation of a LARC may require a bridging method and a return visit. Refer to VDH’s [LARC](#) policy for guidance on IUDs and implants.

The FPP believes that emergency contraception (EC) should be a basic component of women’s reproductive health care. All Title X clients not using a LARC method must be offered prophylactic EC for future use. Prophylactic EC is defined as EC given to the client prior to the client needing and/or requesting it.

EC must be offered if the client has had unprotected intercourse 5 or less days prior to presentation. Nurses must adhere to the [VDH Standing Order for Emergency Contraception Pills \(ECPs\)](#).

### Box 1. How to be Reasonably Certain a Woman is Not Pregnant

A health-care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

- is < 7 days after the start of normal menses
- has not had sexual intercourse since the start of last normal menses
- has been correctly and consistently using a reliable method of contraception
- is < 7 days after spontaneous or induced abortion
- is within 4 weeks postpartum
- is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [>85%] of feeds are breastfeeds), amenorrheic, and < 6 months postpartum





Section/Title:	4.4 : Referrals
Effective Date:	09/22/2023
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## Referrals

Title X sites must provide medical services related to FP, as well as necessary referrals to other medical facilities when medically indicated, including emergencies that require referral. In the context of Title X, a referral is a resource list, although there may be situations in which a “warm” handoff is appropriate.

Services such as substance use disorder diagnosis and/or treatment, as well as the diagnosis and management of mental health disorders, are outside of the scope of VDH's Title X project and require a referral. Optimally, such referrals are signed, written collaborative agreements. Sites must develop and implement plans to coordinate with and refer clients to other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs. Projects are not responsible for the cost of care outside the scope of the Title X project.

### Referral/Resource List

Title X sites must maintain referral and resource lists of health care providers, social service providers, and other support programs that could benefit Title X clients. Staff should solicit feedback from clients regarding their satisfaction with referral providers. Referral and resource lists must be reviewed for accuracy annually and updated as needed; proof of an updated referral/resource list will be requested during program site visits.

### Referrals Between Local Health Districts

LHDs making regular referrals (more than twice a year) to another LHD for Title X services must have a written MOA/MOU. In such cases, the referring LHD must reimburse the providing district for staff/clinician time, the contraceptive method, and any other costs related to providing that service.

### Referrals Outside of VDH Title X Sites

## Virginia Department of Health Title X Family Planning Program Manual

Title X sites must create a system to identify clients in need of follow-up and/or continuing care. Clients should be given a choice of providers from which to select when possible. When a client is referred for non-FP or emergency clinical care, Title X staff must:

- Provide the client with a written list of current referrals options;
- Solicit an acceptable way to notify the client in case follow-up is needed;
- Advise minors that confidentiality cannot be guaranteed once referred to another agency or program;
- Make arrangements for the provision of client information to the referral provider. Staff should obtain the client's consent to such arrangement, except as may be necessary to provide services to the client or as required by law, with the appropriate safeguards for confidentiality;
- Advise the client of their responsibility in complying with the referral;
- Counsel the client on the importance of such referral and the agreed upon method of follow-up;
- Assess clients on their satisfaction level with their referral providers; and
- Document refusals of referrals in the client's medical record.



Section/Title:	4.5: Follow-up and Continuity of Care
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Follow-up and Continuity of Care

Title X sites must follow-up on any abnormal clinical findings or test results per [Title X Referrals Guidelines](#), [VDH Documentation in the Medical Record](#), and [Laboratory Services](#) policies. In the event that the client’s needs extend beyond the scope of the Title X program, clients must be referred to other providers for care.

### Abnormal Test Results

In cases of clients with abnormal test results, Title X staff must:

- Have a system for tracking clients in need of follow-up.
- Follow-up on all missed appointments for the evaluation of abnormal physical findings.
- Obtain an acceptable way to notify clients considered DNC.
- Advise clients that it is their responsibility to provide payment for any services outside of the Title X clinic.
- Per the Title X Manual’s [Clinic Management Guidelines](#), Title X sites reserve the right to terminate Title X services due to a client lost to follow-up, or for clients who repeatedly fail to comply with treatment plans. Sites must ensure that the documentation in the client’s medical record supports the decision to refuse services.



Section/Title:	4.6: Contraceptive Methods
Effective Date:	09/22/2023
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## Contraceptive Methods

Title X sites must offer a broad range of acceptable and effective contraceptive methods (including natural FP or other FABMs). Sites not offering specific methods must ensure the client is provided a referral to obtain the method of their choice. For information related to referrals between LHDs, see “[Referrals Between Local Health Districts](#)”.

Contraception services must be provided in accordance with the [QFP](#) guidelines. Title X sites must refer to the guidance below regarding the provision of contraception. Abortion as a method of family planning within Title X is strictly prohibited.

### National Contraceptive Guidelines

[CDC U.S. Selected Practice Recommendations for Contraceptive Use](#): evidence-based guidance on how to use contraceptive methods safely and effectively once they are deemed to be medically appropriate

[CDC US Medical Eligibility Criteria for Contraceptive Use](#): an up-to-date, detailed list of contraindications for contraception

### VDH Contraceptive Guidelines

[Dispensing and Administering Depo-Provera](#): guidance on the administration of Depo Provera

[Long-Acting Reversible Contraception \(LARC\): Implants and Intrauterine Devices](#): guidance on the prescription and insertion and/or removal of LARCs

[Standing Order for ECs](#): guidance on the provision of Emergency Contraception Pills (ECs) in VDH clinics

[Alternate Delivery of Medication\(s\) \(Ship to Home\) Health Department Guide April 2022](#): guidance on shipping medication to a client’s home.

### Other Considerations

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Clients utilizing sterilization (i.e., tubal ligation or vasectomy) can be seen in Title X clinics provided the client receives all the mandatory visit components and the services are properly documented in the client's medical record. However, clients having no method of contraception should receive priority services.

The dosage and number of subsequent cycles of contraceptives provided on-site should be based on site resources and the client's circumstances.

Prescriptions may be written for contraceptives on the clinic or client's insurance plan formulary. Accepting a prescription must not pose a barrier for the client.

Education and information regarding sterilization must be provided for all clients, if indicated or requested. Title X sites must maintain a list of community providers where clients can be referred for sterilization.



Title X Family Planning Manual

Section/Title:	4.7: Emergency Contraception (EC)
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Emergency Contraception (EC)

Emergency contraception (EC) consists of methods that can be used by women after sexual intercourse to prevent pregnancy. EC is not an abortifacient, nor will it disrupt an established pregnancy. The EC options are the copper IUD (Cu-IUD) and three types of emergency contraception pills (ECPs).

Title X sites are expected to provide EC on site. VDH maintains a [Standing Order for Emergency Contraception Pills](#) for clients desiring EC. Staff should refer to VDH's [LARC Policy](#) for clients desiring the Cu-IUD as EC. Title X clients receiving EC must be charged according to the VDH approved sliding fee scale; income “A” clients must never be charged a fee for EC.

Types of EC	Brand Name	Timing of Use After Sex	Prescription Required	Other Considerations
IUD	Paragard (Cu-IUD)	Within 5 days	Must be inserted by provider	
Ulipristal acetate (UPA)	ella®	Within 5 days	Yes	UPA may be less effective for clients over 195 lbs
Progestin-only	My Way™, Next Choice™, Plan B One Step™	3-5 days (less effective after 3 days)	No	Progestin-only EC may be less effective for clients over 165 lbs, or who have a BMI of 30 and higher
Combined hormonal pills	Various	Within 5 days	Yes	

### Clinical Considerations

For a detailed list of contraindications for the use of hormonal contraception, consult the most recent [MEC](#).

Clients who have been raped should be encouraged to go to an emergency room so that evidence may be collected, and appropriate treatment given. EC is available at most emergency rooms.

### Procedure

- Title X staff must assess a client's eligibility for EC.
- The client must provide the date of their last menstrual period (or date of recent delivery or abortion), whether the last menstrual period was normal, the date and time of the most recent act of unprotected intercourse, and whether any other acts of unprotected intercourse have occurred since her last menstrual period. This information must be documented on the appropriate VDH medical record form.
- Provide counseling to the client regarding how EC works, how to use EC, and EC effectiveness. Staff may RHNTC's [Explaining Contraception Job Aid](#) for counseling information.
  - Clients must be advised that EC is not as effective in preventing pregnancy as a birth control method used consistently and correctly.
- Counsel client that EC does not protect against STIs. Offer condoms and encourage use with each sex act.
- Offer the client approved written instructions and/or materials. Clients reserve the right to decline materials to only distribute them at the client's request.
- When possible, the client should be seen in the clinic that day and started on a contraceptive method.



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Section/Title:	4.8: Cervical Cytology Screening and Gynecologic Services
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Cervical Cytology Screening and Gynecologic Services

Cervical cancer screening is appropriate to deliver in the context of a FP visit but does not contribute directly to achieving or preventing pregnancy. Cervical cytology is no longer recommended on an annual basis, nor is there any medical benefit to requiring a routine pelvic examination or cervical cytology prior to the initiation of contraception. Therefore, Title X sites must consider that the prospect of such an examination may deter a client, especially an adolescent, from having a clinical visit. Additionally, the need for cervical cytology must not delay initiation or hinder continuation of a contraceptive method.

The VDH FPP adheres to the most recent [American College of Obstetricians and Gynecologists \(ACOG\)](#) and [American Society of Colposcopy and Cervical Pathology \(ASCCP\)](#) guidelines for cervical cancer screening and management.

### Gynecologic Services

Title X sites must provide for the diagnosis and treatment of minor gynecologic problems in Title X clinics so as to avoid fragmentation or lack of health care for clients with these conditions. Complex procedures may be offered to Title X clients provided that clinician performing these services has specialized training and equipment. All Title X sites must maintain a current list of provider referral sites for clients needing advanced gynecological services.

### Abnormal Cytology Follow-up

Clients with abnormal cytology results must be treated according to current clinical standards of care. Procedures such as colposcopy and biopsy may be offered to Title X clients if the clinician performing these services has specialized training and equipment. Title X sites must adhere to the VDH Nursing Directive: Abnormal Cytology Follow-up.





Title X Family Planning Manual

Section/Title:	4.9 : Sexually Transmitted Infection (STI) Testing and Treatment
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Sexually Transmitted Infection (STI) Testing and Treatment

STI services, including HIV testing, are required Title X services. Title X sites should use the [CDC Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services](#) in conjunction with the [CDC Sexually Transmitted Diseases Treatment Guidelines](#) to provide STI services in accordance with quality family planning guidelines. All Title X sites must comply with state and local reporting requirements, therefore clients must be informed of state policies concerning mandatory STI reporting and partner notification requirements.

### STI Prevention

CDC suggests the following eight strategies for preventing STDs and related conditions, including HIV:

- Condom provision
- Hepatitis A vaccination
- Hepatitis B vaccination
- Human Papillomavirus (HPV) vaccination
- Emergency contraceptive pills
- STD/HIV prevention counseling (brief, moderate intensity, or high intensity)
- PrEP for HIV prevention risk assessment, education, counseling, provision, and linking or referral, or both
- Nonoccupational postexposure prophylaxis (nPEP) of HIV risk assessment, education, counseling, provision, and linking or referral, or both, to HIV care

### VDH STI Clinical Efficiency & Effectiveness Project

VDH policies and procedures related to STI clinical billing, testing, and treatment are located on the VDH [Community Health Services](#) intranet page. In instances when VDH policy conflicts with Title X policy (e.g., billing a flat fee), Title X staff must follow Title X guidance.



Section/Title:	4.10: Basic Infertility Services
Effective Date:	09/22/2023
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## Basic Infertility Services

Infertility is defined as the failure of a couple to conceive after 12 months or longer of regular, unprotected intercourse or after 6 months for women:

- Over age 35
- With oligomenorrhea
- With a history of known or suspected uterine or tubal disease or endometriosis
- With a partner known to be subfertile

### Basic Infertility Services

All Title X sites are required to provide basic infertility services. When possible, both partners should be evaluated concurrently. Refer to the CTC-SRH's [Basic Infertility Services Components](#) for a detailed checklist on basic infertility services for women and men, including infertility counseling.

### Additional Infertility Services

Some labs associated with basic infertility services may require an outside referral. Higher level fertility services include sophisticated infertility testing by gynecologists and reproductive endocrinologists who specialize in assisted reproductive technology. These services are beyond the scope of VDH Title X services, therefore clients requiring these services must be referred to an outside provider. Clients must be informed that such a referral may include additional costs that the client is responsible for paying.



Section/Title:	4.11 : Postpartum Visit
Effective Date:	09/22/2023
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## Postpartum Visit

The weeks following birth are important for both the birthing person and infant’s long-term health and wellbeing. To optimize the health of birthing people and infants, ACOG states that postpartum care should be an ongoing process, not just a single encounter. ACOG recommends that all women contact their OB/GYN or other obstetric care provider within the first three weeks postpartum. This initial assessment should be followed up with a comprehensive postpartum visit no later than 12 weeks after birth.

To best meet the needs of people during the postpartum period, the timing of the comprehensive visit should be individualized and patient-centered. Changes in insurance coverage after delivery should be considered.

If a district undertakes responsibility for postpartum care, an assessment of the patient’s physical, social, and psychological well-being must be conducted.

Due to the wide variation of resources vary amongst Title X service sites, sites are not expected to implement all practices recommended in ACOG’s current Committee Opinion on [Optimizing Postpartum Care](#). However, ACOG’s current Committee Opinion on Postpartum Care must be used as a guide when drafting local policies.



Title X Family Planning Manual

Section/Title: 4.12 : Perimenopausal/Menopausal Clients

Effective Date: 09/22/2023

Next Revision Date: 09/22/2025

## Perimenopausal/Menopausal Clients

ACOG defines [perimenopause](#) as “the years leading up to menopause.” The most common symptom is changes in the menstrual cycle. Although these clients are actively experiencing declining fertility, they may still be at risk for an unintended pregnancy. Therefore, Title X sites may provide services to these clients, but the clients should be strongly encouraged to visit a primary care physician for a definitive diagnosis. Clients experiencing amenorrhea for a period of 12 months, without any other physiological or biological cause, cannot receive services using Title X funds.

### Menopausal Clients

Menopausal clients are not trying to achieve a pregnancy, nor are they at risk for an unintended pregnancy. Therefore, these clients are not eligible for Title X services or Title X 340B drugs. VDH sites may see these clients using non-Title X funds (e.g., local district funds, other funding, etc.). Refer to the Title X FP Manual’s [Non-Title X Family Planning Visit](#) guidelines for more information.



Title X Family Planning Manual

Section/Title:	5.0: Client-Centered Counseling
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Client-Centered Counseling

The purpose of counseling in the Title X setting is to assist individuals and couples in reaching an informed decision regarding their reproductive health. All counseling must be client-centered. Title X sites should adopt the [PATH Framework](#) to engage in conversations with clients about their sexual and reproductive health.

Title X staff who provide education/counseling to clients must be knowledgeable, objective, nonjudgmental, sensitive to the rights and differences of clients as individuals, culturally aware, and able to create an environment in which the client feels comfortable discussing personal information.

### PATH Framework

The purpose of the PATH Framework is to provide an efficient approach for engaging clients in a conversation to help clarify their reproductive goals and needs.

<b>PA</b>	Parenting/Pregnancy Attitudes	<b>PA</b>	“Do you think you might like to have (more) children at some point?”
<b>T</b>	Timing	<b>T</b>	“When do you think that might be?”
<b>H</b>	How Important?	<b>H</b>	“How important is it to you to prevent pregnancy (until then)?”

### Counseling Resources

A variety of tools to assist staff with patient-centered counseling are located on the FP intranet under “[Tools](#)”. Title X sites may opt to print out the [RHNTC PATH Palm Card](#) to guide counseling during the client visit.

### Other Considerations

In some cases, the type of counseling needed by the client is beyond the scope of that which can be provided on a short-term basis in the Title X clinic. In these cases, clinic staff must maintain a list of referral resources for meeting the client’s long-term counseling needs.



Section/Title: 5.1: Minor Counseling

Effective Date: 09/22/2023

Next Revision Date: 09/22/2025

## Minor Counseling

### Key Components of Minor Counseling

- Limits of confidentiality
  - Assure the minor of their confidentiality, situations when confidentiality may be broken, and that family member consent is not required to receive Title X services
- Family/Trusted adult involvement
  - Encourage minors to involve their families or trusted adults in their health care, including FP.
  - Explore who, other than the clinic staff, is aware of the minor's FP visit.
  - Explore with the client the likelihood of families noticing changes caused by a chosen method, and how the client might respond if approached.
- Sexual coercion
  - How to resist coercive attempts to engage in sexual activities
- Acceptable ways for the clinic to contact the minor when necessary

See VDH's [Providing Services to Minors: Ensuring Access to Care, Mandated Reporting Requirements, Disclosures and Confidentiality](#) for reporting requirements.

### Key Components of Sexual Coercion Counseling

All clients must be counseled on how to resist coercive attempts to engage in sexual activities, regardless of age.

Suggested topics are below. Counseling should be tailored to the patient.

- Emphasize that sexual activity should always be a personal, positive, empowered choice.
- Define sexual coercion as a feeling, situation, or atmosphere where emotional and physical control leads to sexual abuse, rape, or a person feeling that they have no choice but to submit to sexual activity.
- Discuss the various types of sexual coercion, including sexual trauma, sexual violence, rape, intimate partner violence, and human trafficking.
- Discuss ways to negotiate with a partner those sexual activities that they will or will not engage in within their relationship.
- Assess for reproductive coercion (behavior that interferes with contraception use and pregnancy).

### Key Components of Family Involvement/Trusted Adult Counseling

The goal of family involvement/trusted adult counseling is to encourage minors to seek input from their family or a trusted adult when making decisions about their sexual health. When youth have open, supportive communication with their families about their sexual health, they tend to experience healthier outcomes. Use counseling skills, such as open-ended questions, to explore the minor's family dynamic and how comfortable the minor is in discussing these issues.

Examples of open-ended questions to use to introduce adult/family involvement:

- How comfortable are your parents/trusted adult with your sexuality? (*What do they think?*)
- Tell me about sexuality discussions you've had with your parents/trusted adult.
- Even if they are uncomfortable, how do your parents/trusted adult handle your questions about sexuality? (*How do they communicate?*)

Be aware that there may be circumstances when family involvement is not advisable at the time, such as:

- Violence in the family
- Parents have rigid or poor communication skills
- Parents have clearly stated their opposition to the client
- Hints of any of the above

Do not assume that a minor's situation will always remain the same. Revisit the issue at subsequent visits. For example, ask, "Has there been any change..."

- ...in your parents'/trusted adult's position on you coming here?"
- ...in your parents'/trusted adult's position about your sexual behaviors?"
- ...in your parents'/trusted adult's position on your choice of partners?"
- ...in your comfort level in talking with your parents/trusted adult?"



Title X Family Planning Manual

Section/Title:	5.2: Preconception Counseling
Effective Date:	09/22/2023
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## Preconception Counseling

The goal of preconception counseling is to optimize health outcomes by providing education and addressing modifiable risk factors. Any visit with a client who has reproductive potential is an opportunity for preconception counseling. All Title X sites must provide documented preconception health services to clients.

Preconception health services include counseling on:

- Folic acid
- Reproductive life planning/Pregnancy intention
- Sexual health assessment
- Medical history intake
- Screening for intimate partner violence
- Alcohol and other drug use, and tobacco use
- Immunizations
- Depression
- Height, weight, and body mass index (when appropriate)
- Blood pressure

### Counseling Resources

[Patient-centered Contraceptive Counseling \(PATH Palm Card\)](#)

[Preconception Counseling Checklist \(RHNTC\)](#)

[CDC Providing Quality Family Planning Services \(QFP\)](#)

[CDC Preconception Planning](#)





Title X Family Planning Manual

Section/Title:	5.3: Pregnancy Diagnosis and Options Counseling
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Pregnancy Diagnosis and Options Counseling

Client-centered pregnancy options counseling must be offered to all pregnant clients in need of this service. Title X staff must provide objective, factual and non-directive information on pregnancy options. The client's wishes must guide the counseling session.

Each Title X site must have [patient education](#) for all pregnancy options available. If a clinic chooses to have information about pregnancy options in the Title X waiting room, they must clearly display information related to all options, including parenting, adoption, and abortion. [Pregnancy counseling tools](#) and [pregnancy options resources](#) are available on the VDH FP intranet.

### 2021 Final Rule

On October 4, 2021, OPA amended the Title X regulations. Title X sites are no longer required to maintain separate pregnancy referral lists and resource lists. Resource/referral lists can be combined, and abortion providers can be designated as such on the list(s). Additionally, any qualified Title X staff member may conduct options counseling.

### Pregnancy Resource/Crisis Centers

Pregnancy resource/crisis pregnancy centers are community-based organizations that provide material and emotional support to pregnant people throughout the state. These centers are an appropriate resource for clients choosing parenting or adoption. Pregnancy resource/crisis centers are not an appropriate resource for clients who choose abortion or are unsure about their decision. This resource must not be shared with clients who have expressed this.

### Termination/Abortion

When a client requests referral information for a termination, they may be provided a name, address, telephone number, and other relevant factual information (e.g. whether a provider accepts Medicaid, charges, etc.). Staff may not take any affirmative action such as negotiating a fee reduction, making an appointment, or providing transportation for a client to secure an abortion.

In cases where an abortion is medically indicated because of the condition of the client or fetus (i.e. life endangerment), a warm referral to an appropriate provider is allowable.



Title X Family Planning Manual

Section/Title:	6.0: Community Education, Participation, and Engagement Overview
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Community Education, Participation, and Engagement Overview

Title X sites must provide opportunities in the development, implementation, and evaluation of Title X services to people broadly representative of the community being served. This includes current clients, potential clients (those who would benefit from services, but do not currently receive services), and other community members and groups that are knowledgeable about the community’s need for family planning services, such as social service agencies, primary care providers, faith-based organizations, school personnel, youth and client advisory committees, correctional and juvenile justice organizations, homeless shelters, and food banks.

The purpose of these activities is to inform the community of the availability and purpose of Title X services (i.e., expand access), as well as to encourage current clients who benefit from family planning to continue utilizing Title X services. LHDs must ensure that services are accessible for all clients, and sites must be responsive to the diverse needs of the community being served.

Clients and the community should have an opportunity to provide input on topics such as: service hours and locations, service modality (e.g., in-person, telehealth, drive-thru, mobile clinics), the availability of ancillary services such as translation services and referral linkages, and community outreach and education.

### Community Participation and Engagement Plan (CPEP)

Title X sites must have procedures in place to ensure that there is an opportunity for community participation in developing, implementing, and evaluating their Title X program. A written community engagement plan should be based on the needs assessment findings, and is an ideal way to ensure community participation and engagement. Sites must have documentation of the implementation of the community engagement plan available for review during the program review.

Community engagement plans must:

- Engage diverse community members, including adolescents and current clients

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- Specify ways that community members will be involved in efforts to develop, assess, and/or evaluate the program

### Other Considerations

Title X agencies often reach their CPEP goals through community engagement, including conducting routine community assessments, implementing social media campaigns, performing community resource and partner mapping, presenting at community events, volunteering with other agencies, and other community activities.

Title X FP needs assessments should be conducted at least once per project period (i.e., every 5 years). Sites may use community organization assessments as long as reproductive health metrics are included.

### Title X Needs Assessment Resources

The following additional resources are available to assist LHDs:

- [Needs Assessment Polycom](#)
- [Needs Assessment Template](#)
- [Crafting Your Best Needs Assessment Guide](#)
- [Community Participation, Education, and Project Promotion Plan: Objectives, Activities, and Worksheet](#)
- [Improvement Plan](#) based on survey results
- [Data Collection Methods](#)
- [Patient Improvement Toolkit](#)



Title X Family Planning Manual

Section/Title:	6.1: Information and Education (I&E) Advisory Committee
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Information and Education (I&E) Advisory Committee

Title X sites are required to have an I&E Advisory Committee to review and approve information and education materials developed or made available to Title X clients in clinic sites. Materials must be reviewed prior to distribution to Title X clients to assure that materials are appropriate for the community or population being served, and of high quality and trauma-informed.

The FPP partners with the [Virginia Community Health Workers Association](#) (VACHWA) to serve as the VDH Title X Project I&E Committee. The FPP and FPQIC will review materials for factual, technical, and clinical accuracy prior to submission to the I&E Committee as needed. Title X sites must have all client materials approved by the FPP prior to sharing with Title X clients. When appropriate, approved materials are posted on the [VDH FP Intranet](#).

The FPP will track material submissions, reviews, and approval utilizing the RHNTC I&E Materials Inventory Log. Materials will be reviewed for accuracy bi-annually, and the Inventory Log will be up-to-dated to reflect the review.

### I&E Committee Toolkit

The RHNTC has created an [I&E Toolkit](#) to assist sites with managing their I&E Committees. Title X sites are encouraged to work with the FPP to submit prospective materials to the VACHWA for approval, however, some Title X sites may choose to have a local advisory board or committee serve as its I&E Committee. Sites utilizing their own I&E Committee should utilize the materials within the toolkit and ensure that the I&E Committee meets the requirements listed below.

### I&E Committee Member Requirements

An I&E Committee must adhere to the following characteristics/requirements:

- Consist of at least 5 committee members
- Committee members must be broadly representative of the population or community for which the materials are intended

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- 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, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality must be considered when creating an I&E Committee. (Title X Handbook, 2022)
- Some sites may choose to solicit feedback from clients. Clients can be recruited to serve on I&E Committee, and review materials when they make their appointments or while they are waiting to see a provider. When recruiting clients for I&E materials review, be sure to tell them that their participation is voluntary and will not impact the services they receive.

### Additional I&E Committee Requirements for Pre-existing Groups

Sites wishing to use a pre-existing group to serve as the I&E Committee must:

- Create a tracking system for all FP/reproductive health materials created by the site with the purpose of being shared with clients
- Inform reviewers of relevant agency I&E policies
- Provide reviewers with guidance on how to ensure materials are trauma-informed
- Ensure that all materials developed with Title X funds contain the following statement of support, “This brochure was developed (in part) with federal funds from the Office of Population Affairs grant [insert grant number here].”

### I&E Committee Meetings

Sites should strive to conduct in-person I&E meetings when feasible. If the committee is unable to meet in-person, sites may use alternative methods of obtaining I&E feedback. Alternative methods such as sending materials to committee members electronically and meeting over the phone, via video conference, or by collecting committee members’ input via an online survey is allowable.

### I&E Committee Member Review Process

When reviewing materials, the I&E Committee must:

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- Consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed,
- Consider the standards of the population or community to be served with respect to such materials,
- Review the content of the material to assure that the information is factually correct, medically accurate, culturally, and linguistically appropriate, inclusive, and trauma-informed,
- Determine whether the material is suitable for the population or community to which is to be made available, and
- Establish and maintain a written record of its determinations.

### Post I&E Committee Meeting

Within 30 days of the I&E meeting, the site must send the following items to the FPP for final review and approval:

- A completed copy of [I&E Materials Review Summary Form](#)
- Copies of each completed [Informational & Educational Materials Review Form](#) (including member's [demographic information](#) as listed above)
- A copy of each of the print materials reviewed and a listing of any videos and/or DVDs

Materials must not be distributed to clients prior to the FPP approval. Sites with questions regarding I&E and/or client education materials should reach out to the FPP for clarification.



Title X Family Planning Manual

Section/Title:	6.2: Client Education Materials
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Client Education Materials

Any materials created using Title X funds (even partly) must acknowledge that Federal grant support was. This involves placing a brief statement on any Title X FP brochures, educational materials or flyers produced by districts.

Ex. *“This brochure was developed (in part) with federal funds from the Office of Population Affairs grant number FPHAxxxx.”*

### Materials Requiring I&E Approval

Print and electronic materials developed by sites with the intent of dissemination to Title X clients require approval by the VDH [I&E Committee](#). Regarding which materials require approval for sites offering more than Title X services, the [Title X Program Handbook](#) (July 2022) explains,

*“For Title X projects that provide non-Title X services (e.g., hospitals, FQHCs), this does not include all possible materials that a Title X client may find on the organization’s website or as they walk through the building, but only those specific materials that are made available to the Title X client under the Title X project and those materials developed specifically for the Title X client. If the material is intended to be provided to the client as information and education, it should be reviewed by the advisory committee; this does not include tweets (2021 Final Rule FAQs).*

Refer to the [Information and Education Advisory Committee](#) guidelines for detailed requirements/procedures for client education material approval.



Title X Family Planning Manual

Section/Title:	6.3: Client Experience/Satisfaction Surveys
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Client Experience/Satisfaction Surveys

Title X sites must develop a system for regularly soliciting consumer feedback, such as client satisfaction surveys, focus groups, or suggestion boxes.

### Client Experience/Satisfaction Surveys

Client satisfaction with Title X services must be assessed at least once per calendar year. Sites may use the RHNTC survey on the FP intranet ([English](#), [Spanish](#)), or a survey previously approved by the FPP. Requests to have the survey translated into other languages can be made via email to the FPP.

Sites will choose when, and for how long to administer client satisfaction surveys. At least 10% of clients receiving Title X services during the chosen time period must be surveyed. LHDs with multiple sites may administer surveys at one site, or each site as long as 10% of clients served are assessed.

### Other Methods of Assessing Client Experience/Satisfaction

Sites wishing to assess client’s experience/satisfaction with a method other than a satisfaction survey should refer to the [RHNTC Patient Experience Improvement Toolkit](#). Sites must notify the FPP of the assessment method, and receive approval prior to using another method.

### Evaluating Client Experience/Satisfaction

Title X sites must evaluate client feedback and follow-up based on the results.

- Sites must identify specific actions to improve services
- At a minimum, documentation must include how the top finding is addressed
- Documentation of completed client evaluations and actions taken must be kept on file for at least one year. This documentation must be available for review on site visits

### Title X FP Client Feedback

VDH Title X clients may be referred to VDH’s website to [leave feedback](#) for the FPP regarding their visit, or to share suggestions to improve Title X services.





Title X Family Planning Manual

Section/Title:	7.0: Quality Assurance (QA) and Quality Improvement (QI) Overview
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Quality Assurance (QA) and Quality Improvement (QI) Overview

The FPP QA and QI processes are ongoing and ensure that Title X sites are providing services consistent with Title X legislative mandates and program requirements, relevant federal and state statutes, VDH guidelines, and other established professional standards, with the expressed purpose of meeting the needs of clients. Oversight of Title X sites is provided by the FPP through monitoring of site level data, training, annual work plans, progress reports, client satisfaction surveys, medical record audits, and Title X site reviews. The FPP assures program consistency by maintaining clinical, administrative, and programmatic standards within the Title X FP Manual.

### Program Review

The VDH FP program review, or site visit, is a continuous process between the administrative office and the local service sites. The program review provides an opportunity for face-to-face interaction between program administrative staff, service providers, and clients in the local setting. Title X services must be provided in accordance with QFP, with the expressed purpose of meeting the need of clients being served. The VDH FPP ensures that service sites are providing Title X FP services consistent with Title X legislative mandates and program requirements, relevant federal and state statutes, VDH guidelines, and other established professional standards, by performing program reviews.

### Program Review Schedule

The FPP will conduct in-person program reviews at least once each project period. Sites not due to receive an in-person review during the grant year will be subject to self audits.

### REDCap

The FPP will utilize REDCap surveys for the following activities: certification of the annual FP Manual review, change in scope requests, Title X clinic locator/database update requests, and other activities as identified by the FPP work plan. Visit VDH's intranet page or click [here](#) to request access to VDH's REDCap system.

### **Title X Tableau Dashboards**

Under the leadership and guidance of the Perinatal and Reproductive Health Epidemiologist, the VDH FPP will utilize Tableau to regularly monitor FPAR elements and population health level data about Title X clients. Title X sites are expected to review Title X data reports at least quarterly to ensure that the data accurately reflects the services provided. If you receive an error when attempting to access Tableau or are unsure of whether or not you have access to the Title X-specific reports, please reach out to the Perinatal and Reproductive Health Epidemiologist via email.



Title X Family Planning Manual

Section/Title:	7.1: Title X Family Planning Quality Improvement Committee (FPQIC)
Effective Date:	09/22/2023
Next Revision Date:	09/22/2025

## Title X Family Planning Quality Improvement Committee (FPQIC)

The FPQIC, formerly the Family Planning Medical Advisory Committee (FPMAC), advises the FPP in all areas related to Title X, with a specific focus on clinical QI activities. The goal of the FPQIC is to ensure that the VDH Title X Program is providing quality family planning services that are equitable and aligned with Title X regulations. Special focus will be given to increasing services to low-income patients, adolescent patients, and patients with limited English proficiency.

The FPP has adopted the Model for Improvement framework, developed by [Associates in Process Improvement \(API\)](#), to guide continuous QI activities. This model consists of two parts; three essential questions meant to guide improvement, and the Plan-Do-Study-Act (PDSA) Cycle to guide and document a test of change.

### FPQIC Responsibilities

The FPQIC will collaborate with the FPP on all Title X QA/QI activities. Some of these activities are:

- Collaborating with the FPP in the creation, monitoring, and evaluation of the annual QA/QI Work Plan
- Creating and maintaining the Title X FP QA/QI Manual
- Providing feedback on VDH Title X program review process
- Reviewing and updating Title X FP Manual and pertinent VDH policies

### FPQIC Membership

The FPQIC is led by the FPP Quality Assurance Nurse Supervisor and Perinatal and Reproductive Health Epidemiologist. Representation includes Title X nursing staff, Title X administrative staff, at least one clinic representative from a FQHC sub-recipient, and a Reproductive Health Unit Youth Advisor. All FPQIC members are required to complete the [RHNTC's Quality Improvement for Family Planning Programs](#) training within 30 days of joining the committee. Anyone interested in joining the FPQIC should contact the FPP.

### FPQIC Meeting Schedule

The FPQIC meets bimonthly to allow for continuous monitoring. The FPP has created an FPQIC Microsoft Team Channel to allow members to work on tasks and convene via video.



Title X Family Planning Manual

Section/Title:	7.2: Title X Tableau Data
Effective Date:	09/22/2023
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## Title X Tableau Data

The [LHD Dashboard Workbook](#) in Tableau consists of the following data tables: Title X FPAR Dashboard, Title X Work Plan Tracker Dashboard, and the Title X Required Training Tracker Dashboard. Additional Tableau Tables that may be of use to Title X sites are: [340B Diversion Table](#) and the [340 Duplicate Discount Table](#). Requests for other Title X FP data may be submitted to the Perinatal and Reproductive Health Epidemiologist by clicking [here](#).

### Title X FPAR Dashboard

The purpose of the Title X Dashboard is to provide a visual representation of statewide, district, and site level clinical activities. Annually, the FPP submits the combined site data for the required FPAR report. This dashboard can be filtered by year, district, and site. The Title X Dashboard is automatically updated every Sunday evening.

### Title X Work Plan Tracker

The purpose of the Title X Work Plan Tracker is to provide statewide, district, and site level data on the metrics within the FPP Work Plan submitted to Title X. This dashboard is used in lieu of a paperwork plan and allows the FPP and sites to monitor their progress toward meeting grant year clinical activities as outlined within the FPP Work Plan. The Title X Dashboard is automatically updated every Sunday evening.

### Title X Required Trainings Dashboard

The purpose of the Title X Required Trainings Dashboard is to allow RN Managers and/or Supervisors to monitor the progress and/or completion of required Title X training for staff. This dashboard is monitored by the FPP, and will be discussed during program reviews. Unlike the FPAR and Work Plan Dashboards, this dashboard is not automatically updated, therefore, staff may not see their completion represented in real time. At least quarterly, the FPP will update the training dashboard.

### Title X Information and Education (I&E) Materials Inventory Log Dashboard

The purpose of the I&E Materials Inventory Log Dashboard is to allow the FPP and Title X sites to monitor material submissions. The I&E Dashboard will be updated as reviews occur.



Title X Family Planning Manual

Section/Title:	7.3: Title X Program Review
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## Title X Program Review

Title X FP clinics are subject to program reviews and medical record audits by authorized state and federal personnel. This includes but is not limited to the review of service records, policies and procedures, staffing, training, job descriptions, and licensure verification. FP clinics must comply with audits of medical records, financial and accounting practices, and any other documents that are conducted by state and federal personnel, or other persons duly authorized by the VDH. The FP review team must be allowed access to all information related to Title X FP program services to ensure patient care is provided in accordance with Federal and State regulations and guidelines, as well as current evidence-based practice standards.

### VDH Title X Program Review Process

Title X Program Reviews are conducted by the Program Supervisor, Quality Assurance Nurse Supervisor, Training and Development Coordinator, and Fiscal Auditor. When feasible, the Review Team will conduct the administrative, clinical, and financial sections on the same day. However, the fiscal auditor reserves the right to conduct the Title X program review while on site for other program reviews.

The FPP utilizes a modified version of the current [OPA Title X Program Review Tool](#) to conduct required program reviews. When possible, the FPP will provide written notification of a scheduled program review at least 30 days in advance. The FPP will send an agenda listing required staff, a list of program review documents, and the program review tool, prior to the on site review.

### Post Program Review

Post review, the review team will draft a written report with findings and recommendations. Staff will receive the review team's completed program review tool and written report within 30 days of the visit. Staff is expected to respond to the report with a complete Corrective Action Plan (CAP) within 30 days of receipt. Once the CAP is accepted by the FPP, a follow-up review will be scheduled by the review team.

### VDH Title X Program Review Document Retention

For FP site review purposes, documents such as patient surveys, training logs, chart audit forms, etc. need only be kept for the current project period. Please note that districts may be required to retain documents longer for VDH's [Office of Internal Audit](#); sites should contact the Office of Internal Audit directly with any questions.