Fields Outlined in RED are REQUIRED

RESET FORM

Family Planning Tour

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site:	**Date:**
Completed by:	**A Compliance Action Plan (CAP) must be submitted for any area out of compliance ("No" response).**

Indicate how Family Planning Services are provided	On Site	Referred	Not Offered	Comment
Pregnancy Testing				
STD Testing				
Emergency Contraception				
IUD				
Implant				
Depo Provera				
Oral Contraceptives				
Contraceptive Patch				
Vaginal Ring				
Diaphragm, cervical cap				
Female Condom				
Male Condom				
Spermicides				
Fertility Awareness Method - provide an assistive device (e.g., cycle beads)				
Preconception Counseling				
Related preventive health services (Pap testing, BSA etc.)				

Fields Outlined in RED are REQUIRED

Family Planning Tour

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site:	Date:	Completed by:

Clinic Environment	Yes	No	Comment
HIPAA Notice of Privacy Practices posted in the lobby.			
LEP/Interpretation Services posted at each registration desk and in a variety of languages.			
Interpretation Services Staff interpreter Language Line	Other:		
Privacy of patient is ensured in all clinic locations.			
Clinic areas are free from obvious structural barriers that would prevent disabled individuals from accessing services (ADA compliant) and/or pose a safety concern.			
Clinic environment demonstrates that it is welcoming (i.e., cleanliness of exam rooms, ease of access, areas are decluttered).			
Surveys provided to clients during this reporting period document that at least 75% of the clients perceive providers and other clinic staff to be respectful.			N/A
Clients are able to obtain the following services you provide during any clinic hours: Preg. Testing, ECP, STD testing, contraceptive resupply and deferred exam.			

Policies and Procedures	Yes	No	Comment
HIPAA Policy and Medical Records Release Policy is current.			
Notice of Privacy Policy and Practices are current.			
Post conception referral list, if applicable, provides a comprehensive list of providers and does not identify which providers perform abortion services.			N/A
Social media complies with Title X requirements and avoids abortion reference.			

Local Health Departments ONLY	Yes	No	
AR and CSG utilized by staff, is up-to-date and signed annually by medical director			
Clinic staff verbalize where they access the AR and CSG. List the name(s) of staff interviewed in Comments section			
Contraceptive administration protocols reviewed and signed annually by medical director.			

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Family Planning Tour

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site		Date:		Completed by:	
Medications	**Yes**	**No**	**Comment**		
Clients were provided with the prescribed amount of contraceptive stock on the date of service from the 340B inventory.					
Medications purchased through Family Planning 340B certification are stored in a separate secure location and inventoried separately from non-340B medications.					
Contraceptive stock reflects the methods provided on site.					
Training	**Yes**	**No**	**Comment**		
Staff training logs are current and available for review.					
Staff have reviewed policies and/or received training on HIPAA, Interpretation Services standards, IT/Computer Safety and Security, Patient Rights, Civil Rights, ADA.					
All clinic staff have completed the required annual trainings on adolescents, cultural competency and mandatory reporting.					
All clinic staff have completed the FP trainings required every 3 years.					
Staff	**Yes**	**No**	**Comment**		
Clinical service providers (see instructions). Provide the total number of clinic hours they are actively involved each week in the direct provision of family planning services					
Other service providers (see instructions). Provide the total number of **encounters** they are involved in each week in family planning services.					
Current professional license validation on file for each licensed clinic staff.					
Community Outreach	**Yes**	**No**	**Comment**		
I&E Committee and Community Participation Committee (CPC) combined? (No CAP needed)					
Have you had an I&E/CPC Committee meeting in the past twelve months?					
Date of last I&E/CPC Committee meeting:					
Minutes submitted to FamilyPlanning@ky.gov					
Local Health Departments ONLY					
Provide total number: CRET nurses	ER,RNs	STI nurses			

Fields Outlined in RED are REQUIRED

Family Planning Discussion Questions

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site:	**Date:**	**Completed By:**

DISCUSSION QUESTIONS: *Please respond to the questions below in the RESPONSE column to the right*	**Response**
Referral Information	
How does your agency provide effective referrals to relevant agencies, providers, including providers of services (reproductive and medical) not provided on site, HIV/AIDS care and treatment, social service agencies, substance use disorder care and treatment?	
How does your agency provide referrals for post-conception care, including: prenatal care, social services, WIC, HANDS, etc.?	
Please list any providers or agencies you have signed written collaborative agreements (contracts) or assurances for family planning related services.	
Clinic Efficiencies	
Provide an estimate as to the average number of family planning clients seen in a month.	Month:
Does your clinic(s) offer extended hours? If so, please describe.	
Community Outreach	
List any collaborations with agencies or community partners related to reproductive health.	
List outreach activities utilized to provide community education and promote community participation in reproductive health initiatives.	
Technical Assistance/Training Needs	
Do you need technical assistance/training related to coding and billing? If so, please describe.	
Do you or your staff need clarification of the family planning program description, clinical guidelines, federal Title X regulations or the standards of care outlined in "Providing Quality Family Planning" (QFP)?	
List any trainings or technical assistance needed to help your agency provide quality family planning services.	

Fields Outlined in RED are REQUIRED

Family Planning Client Care Observation

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site: **Date:** **Completed By:**

Client Initials Reason for visit

Client Care Indicators	Yes, Definitely 3	Yes, Somewhat 2	Not really 1	Score*	Comments
Registration & Check Out					
The behavior and words of the registration clerk were respectful, supportive and friendly.	All the words and actions were respectful and supportive. The client did not appear to be put off or offended.	Frustration or annoyance with the registration process was shown. Some of the words of the clerk were harsh or sarcastic or the clerk did not address the client's frustration.	The clerk's words and actions were excessively harsh and/or negative. The client was visibly upset.		
The registration clerk demonstrated a "values neutral" approach that respected the client.	The clerk demonstrated an accepting and culturally sensitive approach to the client. There was no commentary by the clerk on client values or health practices.	The clerk's values stances were evident/expressed during registration. A particular belief system was presented to the client. The client may have interpreted this as a criticism.	The clerk's values were very evident during registration. Client values and behaviors were strongly criticized.		
Privacy was maintained.	The clerk ensured client privacy during registration by speaking in a soft voice. Registration was provided in a private location to keep conversations out of earshot of other client's, etc. Clerk assured client they are receiving confidential care. No home contact status was assessed, if indicated.	Patient privacy may have been compromised. One of the following occurred: -The clerk spoke in a loud voice and others could hear. - The registration process was out in the open and could be heard in earshot of other client's. -Client was not assured they are receiving confidential care and/or no home contact was not assessed.	Patient privacy compromised. The clerk spoke in a loud voice and registration was in earshot of other clients. Client was not assured of confidential care and no home contact was not assessed, even though indicated.		

*See QA Tool Instructions for CAP requirements for Client Care Observation

Fields Outlined in RED are REQUIRED

Family Planning Client Care Observation

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site: **Date:** **Completed By:**

Client Initials Reason for visit

Client Care Indicators	Yes, Definitely 3	Yes, Somewhat 2	Not really 1	Score*	Comments
Client questions were answered appropriately.	Yes	Somewhat. Some misinformation given or inappropriate health information was provided.	Inaccurate/inappropriate information provided that should have been referred to healthcare staff.		
Clinic Visit					
The behavior and words of the healthcare staff were respectful, supportive and friendly.	All the words and actions were respectful and supportive. The client did not appear to be put off or offended.	Frustration or annoyance with the registration process was shown.Some of the words of the clerk were harsh or sarcastic or the clerk did not address the client's frustration.	The clerk's words and actions were excessively harsh and/or negative.The client was visibly upset.		
The healthcare staff demonstrated a "values neutral" approach that respected the client.	Staff demonstrated an accepting and culturally sensitive approach to the client. There was no commentary by the staff on client or staff values, belief system or health practices.	The values/beliefs of the staff were somewhat evident/expressed during the visit. A particular belief system was presented to the client. The client may have interpreted this as a criticism.	The values of the staff member were very evident. Client values and behaviors were strongly criticized.		
Client-centered care. The client's physical, mental, and social needs are assessed. Care and teaching is personalized to the client, including providing the client with information on multiple contraception options and providing referrals, as appropriate.	Client care was based on client history and interaction. Client was able to choose from multiple contraception options. Client education and counseling were personalized to those needs. Appropriate referrals were provided.	Some of the indicators for this area are present but not all.	Client care was nonspecific and did not focus on client's history or needs. Client was not given multiple options for contraception. Client questions or needs were not considered. Appropriate referrals were not provided.		

*See QA Tool Instructions for CAP requirements for Client Care Observation

Fields Outlined in RED are REQUIRED

Family Planning Client Care Observation

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site: **Date:** **Completed By:**

Client Initials Reason for visit

Client Care Indicators	Yes, Definitely 3	Yes, Somewhat 2	Not really 1	Score*	Comments
The client is interactively included to establish a plan of care.	The client's input was directly utilized to establish the plan of care.	The client's input was considered but a plan of care was established and did not completely include the client's input.	The client had little or no input into the plan of care.		
Counseling and education is appropriate, culturally sensitive, age-appropriate, and presented in a way that is easily understood.	Client education/ counseling is presented in a way that emphasizes essential points (limits the amount of information appropriately). Provides information that is cultural and age appropriate and reflects the clients beliefs, ethnic background and cultural practices.	Some of the indicators for this area are present but not all.	Patient is provided teaching sheets that are not centered on patient needs. No client-centered counseling is provided.		
Client confirms understanding of education/counseling and is provided the opportunity to ask questions.	Client verbalized, understands and asks appropriate questions.	Some of the indicators for this area are present but not all.	Client is not asked to verbalize understanding and is not given the opportunity to ask questions.		

*See QA Tool Instructions for CAP requirements for Client Care Observation

Fields Outlined in RED are REQUIRED

Family Planning Chart Reviews

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site: **Date:** **Completed By:**

Directions for Chart Review: These reviews can be completed all at once or spaced out during the year. Chart reviews will be required for the following categories: Family planning visit, STD, ECP (Emergency Contraceptive) and pregnancy test visit. **A CAP must be provided for any area < 75% compliance.** See the Annual Review Tool Instructions.

Family Planning Visit (Annual exam, Contraceptive start, Deferred exam, ECP or Resupply) Review 5 charts each year; 2 of the 5 charts should be adolescents, if applicable.	*A-annual exam C-contraceptive start D-deferred exam E-ECP R-resupply					% of charts in compliance	Comments
	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5		
Client Initials/Age						**If there are no visits to review, enter NA in the required red boxes.**	
Reviewer Initials/Date							
Primary reason for visit (A,C, D, E or R)*							
Date of visit							
Income level, insurance and applied sliding scale documented						0	
Consent for treatment completed and signed						0	
No home contact indicated on the chart						0	
Appropriate medical history complete without blanks						0	
Immunization status documented						0	
Height, weight, BMI documented						0	
Blood pressure documented						0	
Reproductive Life Plan documented						0	
Tobacco/vaping cessation & appropriate counseling documented						0	
Alcohol & substance use with appropriate counseling documented						0	
Risk of abuse, neglect, violence, exploitation documented						0	

Fields Outlined in RED are REQUIRED

Family Planning Chart Reviews

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site: **Date:** **Completed By:**

Family Planning Visit (Annual exam, Contraceptive start, Deferred exam, ECP or Resupply) Review 5 charts each year; 2 of the 5 charts should be adolescents, if applicable.	***A**-anual exam, **C**-contraceptive start, **D**-deferred exam, **E**-ECP, **R**-resupply					% of charts in compliance	Comments
	Chart 1	**Chart 2**	**Chart 3**	**Chart 4**	**Chart 5**		
Pelvic exam completed and documented (if applicable)						0	
Cervical cancer screening completed and documented (if applicable)						0	
Appropriate STD/HIV testing and counseling documented						0	
Annual chlamydia test if under aged 25 or as indicated						0	
Minor: Age of partner documented						0	
Minor: Counsel on parent/trusted adult involvement documented						0	
Minor: Counsel on consent and coercion documented						0	
Minor: Documented counseling on abstinence, condom use, and a variety of contraceptive methods, including LARCs						0	
Appropriate client education and resources provided and documented						0	
Appropriate referrals were made for services not provided at clinic. Indicate which referrals were made using referral codes. ****See page 11**							
Local Health Departments ONLY							
PEF was completed						0	

Fields Outlined in RED are REQUIRED

Family Planning Chart Reviews

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site:		**Date:**		**Completed By:**	

STD Testing Visit: *Review 4 charts; at least 1 male client and 1 client under the age of 18 if applicable.*	Chart 1	Chart 2	Chart 3	Chart 4	% of charts in compliance	Comments
Client Initials/Age/Gender					**If there are no visits to review, enter NA in the required red boxes.**	
Reviewer Initials/Date						
Date of visit						
Income level, insurance and applied sliding scale documented					0	
Consent for treatment completed and signed					0	
No home contact indicated on the chart					0	
Reproductive Life Plan documented					0	
Partner history documented					0	
Tobacco/vaping cessation & appropriate counseling documented					0	
Alcohol & substance use & appropriate counseling documented					0	
Risk of abuse, neglect, violence, exploitation documented					0	
AppropriateSTD/HIV, other testing					0	
Annual chlamydia test if under age 25 or as indicated					0	
Appropriate STD counseling documented					0	
Minor: Age of partner documented					0	
Minor: Documented counseling on parent/trusted adult involvement					0	
Minor: Documented counseling on consent and coercion					0	
Minor: Documented counseling on abstinence, condom use, and a variety of contraceptive methods, including LARCs					0	
Appropriate referrals were made for services not provided at clinic					0	
Indicate which referrals were made by using referral codes. ****See page 11**						
Local Health Departments ONLY						
PEF was completed correctly					0	
Appropriate STD-1 complete without blanks					0	

Fields Outlined in RED are REQUIRED

Family Planning Chart Reviews

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site:		Date:		Completed By:	

**Referral codes:

C- provider for contraceptive service,
GYN- provider for reproductive health issues,
M- provider for other medical treatment(s),
SUD- alcohol/drug rehab assistance,
SS- social services for financial and social assistance,
T- tobacco cessation,
HIV- HIV counseling/.treatment,
O- other

Pregnancy Test Visit: Review 4 charts (2 positive, 2 negative) and 1 client under the age of 18, if applicable.	Chart 1	Chart 2	Chart 3	Chart 4	% of charts in compliance	Comments
Positive/Negative						
Client Initials/Age					**If there are no visits to review, enter NA in the required red boxes.**	
Reviewer Initials/Date						
Date of visit						
Income level, insurance and applied sliding scale documented					0	
Consent for treatment completed and signed					0	
No home contact indicated on the chart					0	
Reproductive Life Plan documented					0	
Tobacco/vaping cessation & appropriate counseling documented					0	
Alcohol & substance use & appropriate counseling documented					0	
Risk of abuse, neglect, violence, exploitation documented					0	
Minor: Age of partner documented					0	
Minor: Documented counseling on parent/trusted adult involvement					0	
Minor: Documented counseling on consent and coercion					0	

Fields Outlined in RED are REQUIRED

Family Planning Chart Reviews

Please follow the directions provided in the FP Annual Review Instructions.

Clinic Site: **Date:** **Completed By:**

Pregnancy Test Visit Review 4 charts (2 positive, 2 Negative) at least 1 client under the age of 18, if applicable.	Chart 1	Chart 2	Chart 3	Chart 4	% of charts in compliance	Comments
Negative Pregnancy Test						
Contraceptive counseling documented					0	
Quick start method provided					0	
Appropriate referrals were made for services not provided at clinic					0	
Minor: Documented counseling on abstinence, condom use, and a variety of contraceptive methods, including LARCs					0	
Indicate which referrals were made using referral codes. **See page 11						
Positive Pregnancy Test						
Appropriate referrals were made for prenatal care, social services (WIC, HANDS, etc.) and other needed services.					0	
Non-directive, client-centered counseling was provided by APRN or MD or appropriate referral was made.					0	
If referred for an abortion, it was in the case of a medical emergency, rape or incest. Otherwise, discussion of abortion was avoided.					0	
Local Health Departments ONLY						
PEF was completed correctly					0	
Appropriate PT-1 Completed without blanks					0	

Fields Outlined in RED are REQUIRED

Family Planning Compliance Action Plan (CAP)

Please follow the directions provided in the FP Annual Review Instructions.

Clinic: **Date:** **Completed By:**

A Compliance Action Plan (CAP) needs to be submitted within 30 days of the annual review date for any area out of compliance. The CAP should address each area out of compliance and include a corrective action plan for each area, including person(s) responsible and implementation date. If no compliance issues are identified, please put "NONE IDENTIFIED" in the first Compliance Issue box.

Please use the following area codes for the area section. **FP**- Family Planning Tour **CCO**- Client Care Observation **CR**- Chart Review

Area	Compliance Issue	Corrective Action	Person(s) Responsible	Implementation Date

SUBMIT FORM

January 2023