

LHD Title X Family Planning Annual Program Review Tool Instructions

Introduction:

The federal Title X Family Planning Program, administered by the Office of Population Affairs (OPA), requires by federal regulation (42 CFR 59.1) that all grantees monitor their program and sub-recipients to assure all statutory and regulatory requirements, OPA policies and Quality Family Planning (QFP) guidelines are operational. Links to the Title X statute, implementing regulations and the QFP are below.

- <https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html>
- <https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>

This Program Review Tool is to be utilized as a self-assessment for sub-recipients and as a monitoring tool for the Kentucky Family Planning Program (FPP). This tool will assure that sub-recipients receiving Title X funding are in compliance with program regulations, statutes and standards of care. All items in the Kentucky Title X QA Program Review Tool directly replicate the OPA Program Review Tool utilized for federal site visits to Title X grantees. No additional assessment items have been added to the tool.

General Instructions:

1. The Title X Program Annual Tour and Review will be required each year by all sub-recipients, regardless of the level of funding or family planning services provided. The completed Program Review Tool, including any required compliance action plan(s) (CAPs), must be sent to the appropriate regional Division of Women's Health (DWH) Quality Assurance (QA) Nurse by **December 31** of each calendar year. This tool can be completed and submitted at any time during the calendar year. The program review sections, excluding the chart reviews, must occur at least six (6) months from the last review. Required chart reviews may be started three months after the last review. The QA Nurse will review the submission and contact the LHD Nurse Leader with any questions, comments or recommendations within 30 days of receiving the program review.
2. The regional DWH QA Nurse will conduct a family planning site visit every **three (3) years** utilizing the same Family Planning Program Review Tool used by sub-recipients for their annual review. The DWH QA Nurse may visit more frequently than every three years if compliance issues warrants a more frequent visit. Sub-recipients DO NOT have to complete the Annual Tour and Review Tool the year a family planning site visit from the DWH QA Nurse occurs.
3. The Annual Tour and Review Tool should be completed by the sub-recipient designee (Nurse leader, Case Manager, QA Nurse Coordinator, etc.).

FP Tour Tab:

1. Family Planning Services: Please indicate which family planning services your clinic provides:
 - on site,
 - through a contracted provider,
 - per patient request: these methods are not kept in stock but are obtained upon the request of the uninsured client (e.g. female condoms, diaphragm, etc.).

LHDs receiving funds to just provide STD testing, pregnancy testing, ECP: please note this in the comment section.

2. Clinic Environment: Please indicate Yes or No on each line, unless otherwise instructed. Any 'No' answer will require an explanation in the 'Comments' column and a CAP should be completed. Comments may also be made, as necessary, for 'Yes' answers.
 - Client surveys: Each sub-recipient must provide client surveys at some period of time during the year. Sub-recipients may design the survey and administer it per their protocol. Surveys must include a question regarding clients feeling staff were respectful. Survey scoring should be for clients receiving family planning services, not all services provided by the agency.
 - Please put 'NA' for any area that is not applicable to your agency. A CAP is not required.
3. Policies and Procedures: Please indicate Yes or No on each line. Any 'No' answer will require an explanation in the 'Comments' column and a CAP should be completed. Comments may also be made, as necessary, for 'Yes' answers.

Please put 'NA' for any area that is not applicable to your agency. CAP is not required

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FP Tour/Policies and Procedures (cont.):

Clinic staff verbalize where they access the AR and CSG: Please interview at least one staff member for the query: List the name(s) of staff interviewed in Comments section

4. Medications: Please indicate Yes or No on each line. Any 'No' answer will require an explanation in the 'Comments' column and a CAP should be completed. Comments may also be made, as necessary, for 'Yes' answers. All queries in this section must be completed by sub-recipients. 'NA' should only be utilized by sub-recipients approved by the FPP to not provide any form of hormonal contraception.
5. Training: Please indicate Yes or No on each line. Any 'No' answer will require an explanation in the 'Comments' column and a CAP should be completed. Comments may also be made, as necessary, for 'Yes' answers. All queries in this section must be completed by all sub-recipients.
6. Staff: All queries in this section should be completed by all sub-recipients. Sub-recipients not employing APRN or higher level providers should indicate this in the 'clinic hours' section. Please indicate that a current professional license validation is on file for all licensed clinical staff. Please complete a CAP if this query answer is 'No'.
7. Community Outreach: Please indicate if you combine the I&E Committee and Community Participation Committee (CPC). Indicate your last I&E/CPC meeting and if the minutes were submitted to the FPP. Please complete a CAP if you are not up-to-date on your I&E Committee/CPC meeting.

Discussion Questions Tab:

The FPP is utilizing discussion questions to comply with some of the federal assessment requirements. Please answer each area with complete and accurate information. There is no CAP requirement for this section.

1. Clinic Efficiencies Section: Provide the average number of family planning clients seen either by each clinic day or week. You do not have to complete both. Remember the family planning client services include contraceptive services, STD testing, pregnancy testing, preconception health care, related preventive services and basic infertility services.

Client Care Observation

The Client Observation section of the FP Program Review tool is to assure clients are receiving quality client-centered care. Sub-recipients are encouraged to use this tool 1) as a guide to what client-centered care looks like and 2) as a tool to assess needs in the clinic to improve client-centered care and provide needed training to staff. A Clinic Leadership staff member (nurse leader, etc.) must follow a minimum of one client each year through their visit experience at the clinic. Sub-recipients may choose to follow more than one client. Please complete a Client Observation tool for each client observed. Definitions and scoring of compliance for each indicator is provided in an effort to be as objective as possible with observations.

1. Observation sections: Two observations sections have been provided to clearly indicate compliance with care during the client's visit.
 - Registration and Check Out: Observe the client's experience related to care and staff interaction(s) during the registration and check out periods of the client visit.
 - Clinic Visit: Observe the client's experience related to care and staff interaction(s) during the clinical portion of the client visit.
2. Scoring:
 - Objectively and honestly score what is observed in each area during the client visit. If multiple staff in each area are observed, please average the score and comment when noncompliance is observed.
 - Any score in an area of '2' or '1' must be commented on. Comments may also be made with a score of '3' but are not required.
 - CAP: A score of '1' in any area requires a CAP.
3. Sub-recipients are encouraged to share the results with the staff they observe, including those with high scores. Consider sharing the observation criteria with staff to help them understand client-centered care.

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Chart Reviews

Family Planning Chart reviews are required annually. They can be completed all at once or may be spaced out during the year. Please allow three months to pass from the last annual program review to begin chart reviews. All chart reviews will include the client's initials/age, the reviewer's initials/date of review and the date of the visit being reviewed. Chart reviews will be required for the following categories:

➤ **Family Planning Visit:** 5 charts are required to be reviewed annually (at least 2 charts must be for adolescents)

1. **LHDs receiving funds to provide only STD testing, pregnancy testing, etc.: DO NOT have to complete the Family Planning Visit chart reviews.**
2. Family planning visit chart reviews should be on at least three (3) visit types. Family planning visit types should be indicated on the review for each client. Visit Types include:
 - C: Contraceptive start
 - A: Annual exam
 - D: deferred exam
 - R: resupply
3. Mark each query with a 'Y' (yes) when the indicator is present or 'N' (no) when the indicator is not present. 'NA' should be avoided except with the queries about minors on adult charts (> age 18). An explanation should be provided in the comment area when 'N' or 'NA' is marked.
4. At least two of the Family Planning Visit chart reviews must be for adolescent clients (under age 18). These reviews may come from any visit type. Disregard the queries for minors if the chart is for an adult (>age 18) and mark 'NA'.
5. PEF query: the PEF should be pulled for the visit and audited for the following items:
 - LEP indicator was marked, where applicable
 - The primary ICD-10 code is an approved family planning code. CDP will not process the chart as a family planning client and reimburse in cost center 802 if the first (primary) ICD-10 code is not an approved code. Contact the FPP if a list of approved ICD-10 codes are needed.
 - All charges were marked appropriately (e.g. office visit type, contraceptive method given, injection fee for Depo injections, appropriate testing (e.g. both chlamydia and gonorrhea were charged when chlamydia and/or GC was ordered). No charges were inappropriately marked.
 - The method of contraception the client was planning to use upon discharge was marked in the appropriate area on the back of the PEF, regardless of visit type or if a contraceptive was given. This area is vital to capture accurate data for the Family Planning Annual Report (FPAR) submitted each year to the Office of Population Affairs.

Sub-recipients, while not required to report this during the review, may want to run a data report to see if the PEF was entered correctly in the Patient Portal.

6. CAP requirements: See the scoring directions at the end of this section.

➤ **STD Testing Visit:** 4 charts are required to be reviewed annually

1. **All sub-recipients must complete this section.**
2. At least one STD visit chart must be on a male client. Contact your regional QA nurse if you have not seen a male client in the past year.
1. Mark each query with a 'Y' (yes) when the indicator is present or 'N' (no) when the indicator is not present. 'NA' should be avoided except with the queries about minors on adult charts (> age 18). An explanation should be provided in the comment area when 'N' or 'NA' is marked.
3. At least one of the STD Testing Visit chart review must be for an adolescent client (under age 18). Disregard the queries for minors if the chart is for an adult (>age 18) and mark 'NA'. Contact your regional QA nurse if you have not seen an adolescent client in the past year.

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4. PEF query: please see the directions in the **Family Planning Visit** on page 3(item #5)
5. CAP requirements: See the scoring directions at the end of this section.

➤ **Pregnancy Test Visit:** 2 positive test and 2 negative test charts are required to be reviewed annually

1. **All sub-recipients must complete this section.**
2. Mark each query with a 'Y' (yes) when the indicator is present or 'N' (no) when the indicator is not present. 'NA' should be avoided except with the queries about minors on adult charts (> age 18). An explanation should be provided in the comment area when 'N' or 'NA' is marked.
3. At least one of the Pregnancy Test Visit chart review must be for an adolescent client (under age 18). This can be a positive test or a negative test. Disregard the queries for minors if the chart is for an adult (>age 18) and mark 'NA'. Contact your regional QA nurse if you have not seen an adolescent client in the past year.
4. PEF query: please see the directions in the **Family Planning Visit** on page 3 (item #5)
5. CAP requirements: See the scoring directions at the end of this section.

Compliance Action Plan (CAP) Requirement for all chart review types

1. Each query line should be assessed for compliance. Compliance is when 'Y' (Yes) is marked for the chart. Each query line is required to have a **75%** or higher compliance. Any query with a score of 74% or lower requires a CAP be completed on the CAP Forms section of the Review Tool.
2. Calculating the percentage of compliance:
 - a. Add the 'Ys' (Yeses) on a query line. Divide the number of 'Ys' by then number of charts reviewed. Multiply that number by 100. See examples below

All charts reviewed

Family Planning Visit						% of charts in compliance	Comments
Insurance documented	Y	Y	Y	Y	Y	100%	
Height, weight, BMI documented	Y	Y	N	Y	N	60%	Information omitted

"Height, weight, BMI documented" on 3 of 5 Charts: $3 \div 5 = 0.6 \times 100 = 60\%$ compliant.
A CAP needs to be completed for the query.

A portion of the charts are reviewed when it is a minor or pregnancy test chart. Calculate compliance only on the appropriate charts.

Family Planning Visit						% of charts in compliance	Comments
Client Initials/Age	AB 17	CD 24	EF 21	GH 15	IJ 23		
Minor: Age of partner documented	Y	NA	NA	N	NA	50%	Information omitted
Minor: Counsel on parent/trusted adult involvement documented	Y	NA	NA	Y	NA	100%	

"Minor: Age of partner documented" on 1 of 2 charts (do not count the adult /NA charts)
 $1 \div 2 = 0.5 \times 100 = 50\%$ compliant. A CAP need to be completed for the query.

3. Remember, although a particular query may have happened during the client visit, if it is not documented it did not happen.

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➤ **Compliance Action Plan(s) (CAPs)**

A CAP must be completed for any area out of compliance as described in the instructions above within 30 days of the annual review date. The CAP should address each area out of compliance and include a corrective action plan for each area, including the person(s) responsible and implementation date. . A summary of CAP requirements for each area is below.

➤ **FP-Family Planning Tour:**

A CAP is required for any 'No' answer on a query unless otherwise indicated in the instructions on page 1-3 of this document.

➤ **Discussion Questions:**

Please completely answer each question. There are no questions that require a CAP.

➤ **Client Care Observation:**

A CAP is required for any query that scores a '1' on the assessment.

➤ **Chart Reviews:**

A CAP should be provided with for any query line with a compliance of less than 75%. Specific information and scoring instructions can be found on pages 3-4 of this document.

Technical Assistance

Questions or needed technical assistance related to the Family Planning Annual Site Review can be directed to the appropriate regional QA nurse, the FP nurse consultant, or the FP Program Director.