

**TITLE X/XX TOOL MONITORING INSTRUCTIONS  
FY 2007**

**Reviews are based on the requirements found in the Policy Manual. These instructions highlight review procedures.  
Please note that the manual should always be referred to as the complete reference.**

REVIEW CRITERIA	INSTRUCTIONS
<b>I. Program Management</b>	
X1. There is a process that has been implemented for community participation in the development, implementation, and evaluation of the program.	The agency provides an opportunity for participation in the development, implementation, and evaluation of the program by persons who are: (1) broadly representative of the population to be served, and (2) knowledgeable about the community's needs for family planning services. The Informational & Educational (I&E) Advisory Committee may serve the community participation function if it meets the above requirements or a separate group may be identified. In either case, the agency/clinic must have a plan for community participation. The Community Participation Committee must meet annually or more often as appropriate. To fulfill this requirement, the agency has a policy/plan and appropriate documentation, e.g., minutes, surveys, focus groups, proceedings, etc. that are evaluated by the reviewer. <b>This is required of Title X contractors only.</b>
2. The agency has established and implemented planned activities whereby their services are made known to the community.	The reviewer assures that, to facilitate community awareness of and access to family planning services, the agency has established and implemented planned activities that make its services known to the community through posting availability of family planning services, days and times when these services are available, and emergency contact information.
X3. The agency has an Informational & Educational Advisory Committee (I&E), which consists of five to nine members who are broadly representative of the community/population to be served. There is documentation (meeting minutes, literature evaluation forms) of committee review and approval of all educational materials.	The agency I&E committee consists of 5-9 members who are representative of the community being served. The I & E committee has reviewed and approved all informational and educational materials developed by or made available through the agency prior to distribution to assure the materials or information is suitable for the population and community for which they are intended. The reviewer verifies the above and examines documentation of meeting minutes, literature evaluation forms/records, etc. <b>This is required of Title X contractors only.</b>

<p>X4. Donations are voluntary. Clients are not pressured to donate. Any posters that advise clients of the acceptability of donations clearly state that donations are optional and no amount is specified.</p>	<p>The reviewer examines the policy regarding donations to assure that it addresses that all donations are voluntary and clients are not be pressured to donate. Signage on posters reflects that donations are voluntary. <b>Note:</b> A policy is required whether or not the agency accepts donations. <b>This is required of Title X contractors only.</b></p>
<p><b>II. Eligibility</b></p>	<p>For applicable criteria below, ten (10) Title X/XX and 3 Title XIX records from each site visited are requested. When completing the Tool, state the number of records reviewed and the number of those records that were found to be out of compliance. Each component of the record review criteria is reviewed individually for compliance. To receive a “Yes,” at least 80% of the records reviewed are in compliance with that component. That is, of 10 records reviewed, 8 (or 80%) must receive a “Yes” on that component. <b>NOTE THE FOLLOWING EXCEPTIONS THAT ARE AUTOMATIC FINDINGS: (1) an eligibility finding resulting in the client's actual ineligibility; (2) overcharging the client for covered services; and (3) billing for services not documented in the client's record.</b> If a contractor/provider is out of compliance with a component, the “No” is marked with an explanation of which component is not in compliance. Ten (10) records are reviewed at each site visited. The 80% compliance level is applied per site visited. If the agency does not have at least 7 records that contain visits since the agency began the program or since the last review, this service is not reviewed and the team leader will be notified.</p>
<p>1. The agency has a written eligibility policy.</p>	<p>The reviewer assures that the agency has a policy in place that indicates income, residency, and family size are self-declared. The agency may request income verification but must not require it. Methods of income verification must not jeopardize the client’s right to confidentiality nor impose a barrier to receipt of services. <b>Note:</b> Services may be provided to clients with third party insurance based on the sliding fee scale if the confidentiality of the client is a concern.</p>
<p>2. Client income/eligibility is appropriately and accurately determined, documented and maintained in the client’s record using approved eligibility screening tool.</p>	<p>The reviewer verifies the following:</p> <ol style="list-style-type: none"> <li>1. The agency ensures that the individual’s eligibility screen is accurately determined, documented and maintained in the client record.</li> <li>2. Client eligibility for Titles X and XX is assessed by the contractor/delegate, using the Family Planning 2025 Eligibility Form or a DSHS program-approved substitute.</li> <li>3. The completed 2025 form is maintained in the client record. (NOTE: Reviewer determines how the agency documents the client’s FPIL percentage in order to charge the client a co-pay.)</li> </ol>

	<p>4. Client eligibility is determined annually or when the client reports changes that might affect her or his eligibility.  <b>(Refer to I.1. of the Eligibility and Billing record review tool).</b></p>
3. Observation of Eligibility Services	
a. Staff utilizes approved screening tool correctly.	Observation by the reviewer of the eligibility screening process includes the observation of use of the approved screening tool. Additional eligibility information identified during observation is documented in the client record.
b. Staff provides the client with an explanation of the eligibility determination process.	Staff provides the client with an explanation of the eligibility determination process and the client's responsibility to report changes that affect eligibility.
<b>III. Billing</b>	
X1. The agency has approved and implemented fee policies.	<p>The reviewer assures that the agency has approved and implemented fee policies, which address the following:</p> <ol style="list-style-type: none"> <li>1. charging, billing, and collecting funds for the services</li> <li>2. client bills showing total charges less any allowable discounts</li> <li>3. co-pay fee schedule (schedule of discounts) with sufficient proportional increments so that inability to pay is never a barrier to family planning services. <b>See record review criteria below for implementation.</b></li> <li>4. process for waiving fees (to include co-pay fee scale/schedule of discounts) for individuals with family incomes above 250% of the FPL who, as determined by the service site program director, are unable, for good cause, to pay for family planning services</li> <li>5. process for billing third parties showing that total charges are billed without applying any discount (copay).</li> <li>6. description of a record keeping system to maintain information regarding client fees paid and balance owed. Client fees may be paid, waived, or on an aging account.</li> <li>7. a method for the "aging" of outstanding accounts, which establishes when the agency removes balances from a client account due to inability to pay</li> </ol> <p>(Approval can be documented by minutes, signature of the board chair, or other clear indication of renewal and approval.) <b>This is required of Title X contractors only.</b></p>

<p><b>X2.</b> Clients at or below 100% of poverty are not charged for services (as required by Federal law).</p>	<p>Clients who are at or below 100% of FPL are not charged for Title X services per Title X Federal Regulations. This is evaluated through record review and eligibility. <b>This is required of Title X contractors only. (Refer to II.1. of the Eligibility and Billing record review tool).</b></p>
<p><b>X3.</b> A co-pay fee scale for Title X clients based on current Federal Poverty Guidelines is appropriately assessed for clients 101% but less than or equal to 250% poverty.</p>	<p>The reviewer evaluates the client record to assure that copayments are assessed per agency policy. <b>This is required of Title X contractors only. (Refer to II.2. of the Eligibility and Billing record review tool if contractor provides Title X/XX services).</b></p>
<p><b>XX4.</b>If the agency collects co-pay for Title XX (optional), a co-pay fee scale based on current Federal Poverty Guidelines is in place for clients less than or equal to 150% poverty.</p>	<p>If the agency collects co-pay for Title XX services, the reviewer assures the following:</p> <ol style="list-style-type: none"> <li>1. The agency has a co-pay fee scale established on FPL for clients less than or equal to 150% that has been approved by DSHS</li> <li>2. The co-payment schedule is revised annually when the FPL Guidelines are revised</li> <li>3. Co-payment schedules range from 0% co-pay to 25% of the reimbursement amount</li> <li>4. If the client's income is zero, no co-pay fee may be charged</li> <li>5. The contractor's board or advisory group has established a policy for waiving or reducing client co-payments on an individual basis. Criteria have been established to determine the need to waive or reduce co-payments based on the circumstances of the individual Title XX client. The co-payment may be waived for unmarried clients age 19 and younger, and if so, is documented in policy. The provider who does not waive co-pay for these clients must not deny them family planning services if they cannot pay (due to lack of funds or concerns about confidentiality). <b>This is required of Title XX only contractors that collect co-pays. (Refer to II.2. of the Eligibility and Billing record review tool for Title XX only contractors that collect co-pays).</b></li> </ol>
<p>5. Billing is for allowable services, is supported by documentation in the client record and matches the billing log/encounter forms for Compass 21 for Family Planning services.</p>	<p>The reviewer compares service date documentation in the client record to verify that it matches the service date in Compass 21 and that the client is eligible for services prior to the delivery of services, and assesses whether billing is for allowable services under Titles XIX and XX as per the Texas Medicaid Provider Procedures Manual, Section 20. [On-line] <a href="http://www.tmhp.com/default.aspx">http://www.tmhp.com/default.aspx</a>. NOTE: Compass 21 does not pay for services that are not allowable. For Title XX and XIX billing review, the reviewer compares the Texas Medicaid Healthcare Partnership (TMHP) Compass 21 Vision claims query system to the documentation in the client record. For Title X, the TMHP Remittance and Status (R&amp;S) report is</p>

	reviewed for documentation of client billing. <b>(Refer to II.3. of the Eligibility and Billing record review tool).</b>
6. The agency reports all client claims/encounters to the DSHS specified billing/reporting system.	The reviewer assesses whether the agency submits claim/encounter forms in the Compass 21 system for all clients regardless of availability of reimbursement.
<b>IV. Clinic Management</b>	
1. There are appropriate written clinical policies and procedures for services provided such as client education, follow-up on referrals for abnormal findings, etc.	The reviewer assures that the agency has written procedures that address: <ol style="list-style-type: none"> <li>1. Client education including (a) client-centered education that is based on the client history or risk assessment, (b) education that is consistent and accurate and (c) a mechanism to determine if the client understands the information.</li> <li>2. Identification of referral resources where clients will be referred when they have an abnormal physical exam or laboratory test findings.</li> <li>3. Follow-up that includes the process for determining if the client received assistance.</li> </ol>
2. The agency has adolescent policy/policies for or must be able to demonstrate the following components:	The provision of adolescent services may be observed during the client education and/or may be evidenced in policy/procedure. The reviewer assures the following:
a. Counseling and services are age-appropriate.	The reviewer observes and/or policy addresses that adolescents are counseled on the use of all medically approved birth control methods, including abstinence.
b. Family participation is encouraged.	The reviewer observes and/or policy addresses that family participation is encouraged in the decision of minors to seek family planning services.
c. Client is counseled to resist sexual coercion.	The reviewer observes and/or policy addresses that minors are counseled on resisting attempts by others to engage in sexual activities.
d. Client receives appointments within 2 weeks of request.	The reviewer assesses whether the agency makes counseling and clinical services available to adolescents as soon as possible (at least within 2 weeks of the request).
e. Client confidentiality.	The reviewer observes and/or policy addresses that adolescents are provided with assurance that all services are confidential and that if follow-up contact is necessary, every effort will be made to protect client privacy.
X3. For required services that are to be provided by referral, the agency has formal arrangements with the referral agency.	The reviewer assures that the agency has written or verbal agreements with the referral resource that describe the services to be provided and cost reimbursement arrangements. <b>This is required of Title X contractors only.</b>

4. Basic infertility services are available on-site.	The reviewer assures that the agency has written policy describing the basic infertility services available on-site to clients who desire such services. The agency provides basic infertility services that include initial infertility interview, education, physical examination, counseling, and appropriate referral.
5. The following contraceptive methods are provided on-site:	The agency makes available on-site a broad range of reversible contraceptive methods, including methods from each of the categories below. All methods need not be present at each clinic within the agency; however, there must be a method of obtaining the contraceptive method from another clinic within the agency. The reviewer interviews agency staff and/or views inventory to assure the availability of the following contraceptive methods:
a. Sexual abstinence counseling	The agency provides counseling on sexual abstinence.
b. Barrier method and spermicide	The agency provides male condoms and at least one female barrier method (female condom, foam, diaphragm, cervical cap, contraceptive sponge, Lea's shield or Femcap,) and one spermicidal method (gel, cream, foam, suppositories, N-9 film) on site.
c. Hormonal methods	The agency provides at least one combined oral contraceptive monophasic formulation (Alesse, Mircette, Seasonale, Noreddette); one combined oral contraceptive multiphasic formulation (Ortho Tri-Cyclen, Cyclessa, Jenest); one progestin only oral contraceptive (Micronor, Ovrette, Nor-QD); injectable hormonal contraceptive (Depo-Provera); transdermal hormonal contraceptive (Ortho Evra) and/or vaginal hormonal contraceptive (Nuva Ring); and emergency contraceptive pills (2 tablets of 750 mcg levonorgestrel, combined estrogen-progestin ECP options) on site.
6. The following contraceptive methods are provided on site-or by referral	
a. IUDs	The agency provides at least one type of intrauterine device or system, such as the copper-T IUD (ParaGard) or the levonorgestrel intrauterine system (Mirena).
b. Fertility awareness	The agency provides education to teach clients how to determine the beginning and end of the fertile time during the menstrual cycle potentially using one or more of these indicators: calendar calculations, cycle beads, basal body temperature, or cervical secretions.
c. Sterilization (both male and female)	The agency provides or refers male and female sterilization procedures. ( <b>Note:</b> The contractor's proposal indicates the number of sterilizations to be

	performed annually.)
<b>V. Observation</b>	The reviewer observes that the following processes are followed and information provided during observation of staff/client interactions.
1. A Family Planning method specific consent form is signed and dated for clients receiving prescriptive methods after the provision of appropriate information regarding a particular method.	The reviewer observes that method specific consent is informed consent, and the form is not signed by the client until after appropriate information about the particular method is provided. The form is updated to reflect current information about that method, for a change in client health status, for a change in contraceptive method, or if there is a break in service of two or more years. The reviewer asks agency staff at what point during the client visit the method specific consent form is completed. This process is observed by the reviewer at whatever point in time the form is completed.
2. Counselors verbally provide accurate client information.	The reviewer observes that the staff providing the education is familiar with the standards of the program as well as provides accurate information regarding family planning methods and procedures.  Information should be provided to new family planning clients if, upon assessing their knowledge, it is found that the client lacks knowledge of basic reproductive health and contraception. The focus of education should be based on the client needs. During annual visits, client knowledge should again be assessed and information provided or clarified accordingly.
3. Clients receive reproductive health information according to a written client education procedure and education is based on a client-centered assessment. Information is reviewed with clients as needed on subsequent visits. The client education content may vary according to the educator's assessment of the client's current knowledge.	The reviewer observes that the primary purpose of counseling in the family planning setting is to assist clients in reaching an informed decision regarding her/his reproductive health, as well as her/his choice and continued use of family planning methods and services.  All counseling must be guided by the wishes of the client. Counseling must provide neutral, factual information and be nondirective.
4. Pregnancy test counseling is appropriate to test results.	The reviewer observes that pregnancy test counseling is provided according to the needs of the client.

<p><b>VI. Clinical Record Review</b></p>	<p>Each component of the record review criteria is reviewed individually for compliance. To receive a “Yes,” at least 80% of the records reviewed are in compliance with that component. That is, of 10 records reviewed, 8 (or 80%) must receive a “Yes” on that component. If a contractor/provider is out of compliance with a component, the “No” is marked with an explanation of which component is not in compliance.</p> <p>Ten (10) records are reviewed, preferably, the same records selected by the Regional Contract Manager to be reviewed for the billing and eligibility portion of the review. The 80% compliance level is applied per site visited. If multiple sites are visited during a review, 10 records from each site visited are reviewed. The sample should include Title XIX. In the case where a record is not available for review, select another record to review and inform the team leader. A finding related to the unavailability of records is noted at the end of the tool in the “Other pertinent information as noted by reviewer” section. If the agency does not have at least 7 records that contain visits since the agency began the program or since the last review, this service is not reviewed and the team leader is notified.</p>
<p>1. Consent forms (to include method specific and HIV consent forms, if applicable, are completed and signed.</p>	<p>The record contains the following consents:</p> <ol style="list-style-type: none"> <li>1. General Consent for treatment (<b>NOTE:</b> Minors may consent to their care related to pregnancy including a pregnancy test. <b>Scored on the Core Tool</b>)</li> <li>2. Method Specific Consent for prescription method of contraception, if applicable, for Family Planning services (<b>NOTE:</b> Minors may consent for Family Planning services provided under Title X only, Title X/XX or Title XIX)</li> <li>3. HIV consent given verbally or in writing is documented, if applicable (<b>NOTE:</b> Minors may consent to HIV/STD screening and testing)</li> <li>4. Sterilization Consent Form, if applicable (Title X/XX contractors are required to use the Medicaid consent). Consent must be signed at least 30 days but not more than 180 days prior to sterilization procedure, unless in the case of premature delivery or emergency abdominal surgery, 72 hours have passed since informed consent was given (and regarding premature delivery, the informed consent was given at least 30 days before the expected due date)</li> </ol>



2. History (initial and interval, as appropriate) is completed to include allergies, a risk assessment/identification (family violence, TB, lead, etc.) and immunization status.

The record contains the following information as appropriate to the client:

1. Reason for visit
2. Current health status, including acute and chronic medical conditions
3. Significant past illness, including hospitalizations
4. Previous surgery/biopsies
5. Blood transfusions and other exposure to blood products
6. Current medications, including over the counter and alternative medications
7. Allergies, sensitivities or reactions to medicines or other substance(s)
8. Use of tobacco/alcohol/illicit drugs (including type, duration, frequency, route)
9. Immunization status, including rubella status (non-pregnant female clients of childbearing age with unknown or inadequate rubella immunity must be provided vaccination on-site or be referred)
10. Pertinent history of immediate family
11. Assessment of family violence (including safety assessment, if indicated)
12. Partner history (including injectable drug use, number of partners, STDs and HIV history and risk factors, and bisexuality)
13. Reproductive health history
  - a. Sexual behavior history, including family planning practices, number of partners, sexual orientation, sexual abuse
  - b. STDs (including hepatitis B and C) and HIV risks and exposure
  - c. Urologic conditions
  - d. Additional female reproductive health history elements include:
    - i. Menstrual history
    - ii. Obstetrical history
    - iii. Gynecological conditions
    - iv. Cervical cancer screening history
    - v. In utero exposure to diethylstilbestrol (DES)

Applicable interval histories are obtained.

<p>3. Physical assessments are documented.</p>	<p>The record documents a complete physical assessment, as applicable, including:</p> <ol style="list-style-type: none"> <li>1. Height measurement (annually for females 20 years of age or younger until 2 years post menarche and females 55 years of age or older)</li> <li>2. Weight measurement</li> <li>3. Blood Pressure evaluation</li> <li>4. Cardiovascular assessment</li> <li>5. Clinical Breast exam for females 20 years of age and older</li> <li>6. Visual inspection of external genitalia and anal area</li> <li>7. Pelvic exam, including vulvar evaluation and bimanual exam (for females)</li> <li>8. Palpation of prostate for males as indicated by history</li> <li>9. Manual examination of penis, scrotum, and testicles for males</li> </ol> <p>Other systems as indicated by history, risk profile, other findings</p>
<p>4. Appropriate lab/diagnostic tests are ordered, tracked, results reviewed, and the client was notified of abnormal findings.</p>	<p>The record contains documentation that lab tests were ordered and tracked, the results were reviewed, and the client was notified of abnormal findings.</p> <p>Laboratory tests for Family Planning clients include:</p> <ol style="list-style-type: none"> <li>1. Cervical cancer screening (may be delayed until three years after sexual debut or at age 21 years, whichever comes first) (<b>Note:</b> Conventional Pap tests should be performed annually, then every 3 years for women age 30 years or older once 3 consecutive negative cytology tests are achieved. Liquid-based cytology should be performed every 2 years, then every 3 years for women age 30 years or older once 3 negative cytology tests are achieved.)</li> <li>2. Sexually transmitted disease testing (including Syphilis serology, Hepatitis B Antigen (HbsAg), HIV, Gonorrhea, Chlamydia) should be provided for the determination of health status and/or diagnostic purposes, if indicated. (Chlamydia testing is recommended for sexually active females age 24 or younger at least annually based on risk assessment.)</li> <li>3. Pregnancy test as indicated by history or physical</li> <li>4. Rubella serology, if status not previously established by verbal confirmation from the client or immunization record</li> <li>5. TB skin test as indicated by risk assessment, history, or physical</li> <li>6. Colo-rectal cancer screening in individuals 50 years of age and older</li> </ol>

	<p>7. Other lab as indicated by risk assessment, history, and/or physical</p> <p>Contractors receiving Title X funds will be required to provide HIV testing on-site effective January 1, 2006. <b>This is required of Title X contractors only.</b></p>
5. Education/counseling/anticipatory guidance is documented, as appropriate.	<p>The record contains documentation of client-centered education and counseling for the following criteria:</p> <ol style="list-style-type: none"> <li>1. Family Planning: <ol style="list-style-type: none"> <li>a. Method Specific Counseling including: <ol style="list-style-type: none"> <li>i. Results of physical exam and evaluation</li> <li>ii. Correct use of client's selected method of contraception including side effects and complications</li> <li>iii. Back up methods, including emergency contraception and discontinuation issues</li> <li>iv. Access for urgent and emergency care, including 24-hour emergency telephone number</li> </ol> </li> <li>b. STD and HIV counseling</li> </ol> </li> <li>2. Other education and counseling is provided as indicated by risk assessment, history and physical exam.</li> </ol>
6. Problem management/treatment.	The record contains documentation that problems were managed or treated.
7. Referrals, as indicated.	The record contains documentation of referrals, as applicable, including the provision of pertinent client information to the referral source in compliance with HIPAA regulations.
8. Follow-up to include return visit date, missed appointments, and referral outcome	The record contains documentation of follow-up, including, the return visit date, missed appointments, and referral outcome, as appropriate. The outcome from a referral visit must be documented in the client record.