

Title X Family Planning Program

Title X New Rule



Today we will cover:

- The Timeline of the New Title X Rule
- New Abortion Related Rules
 - Clear Physical and Financial Separation of Title X
 - Options Counseling
- Example Script for Referrals
- Changes to the Medical History Form
- Mandatory Referrals
- Referrals Outside of the Provider's Scope
- Mandatory State and Federal Reporting Requirements\Medical History Form
- Encouraging Family Involvement
- Changes to the Client Education and Counseling Checklist
- Example Script for the Encouragement of Family Involvement
- Lack of Insurance Contraceptives Coverage

The Timeline of the New Title X Rule

- June 1, 2018: The US Department of Health Human Services (HHS) officially published their notice to a proposed rulemaking.
- March – June 2019: Despite multiple states and various federal agencies filing numerous injunctions attempting to dismiss or delay implementation, the final rule went into effect and compliance was required, except for the physical-separation requirements.
- September 18, 2019: The Statement and Supporting Evidence with Compliance Requirements from WV FPP was due.
- March 4, 2020: The Statement and Supporting Evidence for Physical Separation between Title X Services and Abortion Services from WV FPP is due.

New Abortion Related Rules

- Referrals:

“A Title X project may not perform, promote, refer for, or support abortion as a method of family planning.”

42 CFR 59.14(a).

The patient may receive:

- A list of licensed, qualified comprehensive primary health care providers (including prenatal care providers).
- Referral to social services or adoption agencies
- Information on having a healthy pregnancy.

Abortion Related Rules

- Options counseling:

Nondirective pregnancy counseling is no longer required but can still be given, when provided by physicians or advanced practice providers. 42 CFR 59.14(b)(1)(i)

“Advanced practice providers” include:

- Physician’s Assistants (PA)
- Advanced Practice Registered Nurses (APRN)
- Certified nurse practitioner (CNP)
- Clinical Nurse Specialist (CNS)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse-Midwife (CNM)

Example Script for Referrals

New/Revised Requirement	Example Script and Additional Information	Applicable Staff	Documentation
Requires meaningful encouragement of parent/child communication in family planning decisions and requires documentation of such encouragement.	<p>To meet this requirement, it may be helpful to have a conversation with the client like the following.</p> <p><i>"It can be helpful to have a trusted adult that you can talk to about things like dating, relationships, and pregnancy prevention. These topics can be challenging and sometimes confusing. Having someone you can talk to can be really helpful."</i></p> <p><i>"If you are nervous about having a conversation with a trusted adult, I can help you start that conversation if you would like."</i></p>	<ul style="list-style-type: none"> • Nursing staff • Clinical service providers • Counselors • Other relevant staff 	<ul style="list-style-type: none"> • Counseling and Education Checklist form • Electronic Health Record or Paper Chart <p>Form or progress notes will include documentation for why counseling was not provided, if applicable.</p>
Prohibits the use of Title X funds to perform, promote, refer for, or support abortion as a method of family planning.	<p>Referral policies prohibit referral for abortion as a method of family planning; referral for abortion is permitted in cases of medical emergencies or when pregnancy resulted from rape or incest.</p> <p>If a client requests referral or information for abortion, nondirective counseling on abortion may be provided by physicians or advanced practice providers. If a client requests a referral for an abortion as a family planning method, the clinical service provider may state, <i>"I will provide you some information on providers who serve pregnant women. Reach out to these providers to learn about the services they provide."</i></p> <p>Front desk, nursing, or counseling staff who receive calls or questions about abortion referrals may state, <i>"Although abortion falls outside the scope of our program under federal law, I can offer you a list of providers that serve pregnant women and you can contact them directly to learn about the services they provide."</i></p>	<ul style="list-style-type: none"> • Clinical service providers • Front Desk Staff • Nursing staff • Counselors <p>Please note change with which professionals are permitted to provide counseling on abortion services under the Title X Final Rule.</p>	<ul style="list-style-type: none"> • Ensure relevant staff are trained on new rules and training dates and employees are recorded. • Keep referral lists current, comprehensive, and non-indicative of abortion services.

Client Education and Counseling Checklist

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
FAMILY PLANNING PROGRAM



CLIENT EDUCATION AND COUNSELING CHECKLIST

Client Name: _____

BASIC FAMILY PLANNING EDUCATION: (Initial Medical Visit or as indicated)	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial
Provided family planning counseling & method options					
FAMILY PLANNING COUNSELING:					
Method-Specific Counseling:					
A. Effective use of contraceptive method(s)					
B. Possible side effects/complications					
C. How to discontinue the method selected					
D. Planned return schedule/follow-up visits					
E. Emergency telephone number					
F. Location where emergency services can be obtained					
G. Referral for additional services as needed					
Counseling for Minors:					
A. Family participation in decision of minors to seek family planning services <ul style="list-style-type: none"> Counseling was not given due to indications of rape, incest, or abuse 					
B. How to resist coercive attempts to engage in sexual activities					
Pregnancy Options Counseling: (if indicated)					
A. Negative test result <ul style="list-style-type: none"> Information on availability of family planning services 					
B. Positive Test Result <ul style="list-style-type: none"> Non-directive options counseling recommended but not required 					
DATE	CREDENTIALS	INITIAL	SIGNATURE		

WVDHHR/BPH/OMCFH/DPWH/FP/L561/8-19

Mandatory Referrals

- “Because Title X funds are intended only for family planning, once a client served by Title X project is medically verified as pregnant, she shall be referred to a health care provider for medically necessary prenatal health care.” 42 CFR 59.14(b)(1).
- “In cases in which emergency care is required, the Title X project shall only be required to refer the client immediately to an appropriate provider of medical services needed to address the emergency.” 42 CFR 59.14(b)(2).

Clear Physical and Financial Separation

“A Title X project must be organized so that it is physically and financially separate, as determined in accordance with the review established in this section, from activities which are prohibited under section 1008 of the Act and § § 59.13, 59.14, and 59.16 of these regulations from inclusion in the Title X program. In order to be physically and financially separate, a Title X project must have an objective integrity and independence from prohibited activities. Mere bookkeeping separation of Title X funds from other monies is not sufficient. The Secretary will determine whether such objective integrity and independence exist based on a review of facts and circumstances.” 42 CFR 59.15

Referrals Outside of the Provider's Scope

“Ensure transparency in the delivery of services by reporting the following information in grant applications and all required reports: Detailed description of the extent of the collaboration with subrecipients, referral agencies, and any individuals providing referral services, in order to demonstrate a seamless continuum of care for clients...” 42 CFR 59.5(a)(13)(ii).

Referrals Outside of the Provider's Scope (cont.)

- Each site must have a referral list with site details for those who may be used for a specialty referral source (prenatal services, infertility services, primary care, etc.)
- The Quality Assurance Monitoring Team will ensure that each site has either the FPP's referral list filled out or their own that covers the specialty types listed on the FPP's list.
- The site must have a partnership with their referral sites.
- The program must know the closest Nexplanon, intrauterine device (IUD), and sterilization providers through the FPP if they are unable to provide these services onsite.

42 CFR 59.17(a)(b)(1)

(a) Title X projects shall comply with all State and local laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence or human trafficking (collectively, “State notification laws”).

(b) A project may not receive funds under this subpart unless it provides appropriate documentation or other assurance satisfactory to the Secretary that it:

(1) Has in place and implements a plan to comply with State notification laws. Such plan shall include, at a minimum, policies and procedures that include:

- (i) A summary of obligations of the project or organizations and individuals carrying out the project under State notification laws, including any obligation to inquire about or determine the age of a minor client or of a minor client's sexual partner(s).
- (ii) Timely and adequate annual training of all individuals (whether or not they are employees) serving clients for, or on behalf of, the project regarding State notification laws; policies and procedures of the Title X project and/or provider with respect to notification and reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence and human trafficking; appropriate interventions, strategies, and referrals to improve the safety and current situation of the patient; and compliance with State notification laws.”
- (iii) Protocols to ensure that every minor who presents for treatment is provided counseling on how to resist attempts to coerce them into engaging in sexual activities;”

42 CFR 59.17(a)(b)(1)(i)(ii)(iii)

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Office of Maternal, Child and
Family Health

The following are excerpts highlighting important requirements from the *Program Requirements for Title X Funded Family Planning Projects Version 1.0 April 2014* and *Title X of the PHS Act, 42 C.F.R., Part 59, as amended by the Final Rule (Compliance with Statutory Program Integrity Requirements)*:

- I hereby acknowledge that I have read the federally required information above, as well as the current *WV Family Planning Program Guidelines*. I also acknowledge that I have received training on these topics, as required and provided by the WV Family Planning Program. I have documentation at my clinic site that certifies training for all employees with access to Family Planning clients. I have had the opportunity to discuss these requirements and ask questions of Family Planning Program Staff. I further acknowledge that I have a clear understanding of my responsibilities as it relates to these documents and my obligated to follow these mandates.

WVDHHR/BPH/OMCFH/DPWH/FPP/10-2016

WEST VIRGINIA
Department of
**Health & Human
Resources**
BUREAU FOR PUBLIC HEALTH
Office of Maternal, Child and
Family Health

My signature below certifies I have read the federally required information in this notification, as well as the current WV Family Planning Program Guidelines. I acknowledge that I have received training and/or further explanation on these topics, as required. I have a clear understanding of my responsibilities as it relates to these documents. My signature below serves as my agreement to adhere to these mandates.

WVDHHR/BPH/OMCFH/DPWH/FPP/10-2016

WV Mandatory Reporting Law

WV Code § 49-2-803. Persons mandated to report suspected abuse and neglect; requirements:

(a) Any **medical, dental, or mental health professional**, Christian Science practitioner, religious healer, **school teacher or other school personnel**, social service worker, child care or foster care worker, **emergency medical services personnel**, peace officer or law-enforcement official, humane officer, member of the clergy, circuit court judge, family court judge, employee of the Division of Juvenile Services, magistrate, youth camp administrator or counselor, employee, coach or volunteer of an entity that provides organized activities for children, or commercial film or photographic print processor **who has reasonable cause to suspect that a child is neglected or abused, including sexual abuse or sexual assault, or observes the child being subjected to conditions that are likely to result in abuse or neglect shall immediately, and not more than 24 hours after suspecting this abuse or neglect, report the circumstances to the Department of Health and Human Resources. In any case where the reporter believes that the child suffered serious physical abuse or sexual abuse or sexual assault, the reporter shall also immediately report to the State Police and any law-enforcement agency having jurisdiction to investigate the complaint.** Any person required to report under this article who is a member of the staff or volunteer of a public or private institution, school, entity that provides organized activities for children, facility, or agency shall also immediately notify the person in charge of the institution, school, entity that provides organized activities for children, facility, or agency, or a designated agent thereof, who may supplement the report or cause an additional report to be made: Provided, That notifying a person in charge, supervisor, or superior does not exempt a person from his or her mandate to report suspected abuse or neglect.

WV Mandatory Reporting Law (Cont.)

WV Code § 49-2-809. Reporting procedures:

(a) Reports of child abuse and neglect pursuant to this article shall be made immediately to the department of child protective services by a method established by the department: Provided, That if the method for reporting is web-based, the Department of Health and Human Resources shall maintain a system for addressing emergency situations that require immediate attention and shall be followed by a written report within 48 hours if so requested by the receiving agency. The state department shall establish and maintain a 24-hour, seven-day-a-week telephone number to receive calls reporting suspected or known child abuse or neglect.

(b) A copy of any report of serious physical abuse, sexual abuse, or assault shall be forwarded by the department to the appropriate law-enforcement agency, the prosecuting attorney, or the coroner or medical examiner's office. All reports under this article are confidential. Reports of known or suspected institutional child abuse or neglect shall be made and received as all other reports made pursuant to this article.

WV Mandatory Reporting Law (Cont.)

WV Code § 61-8B-2. Lack of consent:

(a) Whether or not specifically stated, it is an element of every offense defined in this article that the sexual act was committed without the consent of the victim.

(b) Lack of consent results from:

(1) Forcible compulsion;

(2) Incapacity to consent; or

(3) If the offense charged is sexual abuse, any circumstances in addition to the forcible compulsion or incapacity to consent in which the victim does not expressly or impliedly acquiesce in the actor's conduct.

(c) A person is deemed incapable of consent when such person is:

(1) Less than sixteen years old;

(2) Mentally defective;

(3) Mentally incapacitated;

(4) Physically helpless; or

(5) Subject to confinement or supervision by a state or local government entity, when the actor is a person prohibited from having sexual intercourse, or causing sexual intrusion or sexual contact pursuant to subsections (a) and (b) of section ten of this article.

WV Mandatory Reporting Law (Cont.)

- The person who has concerns or has had a disclosure **must** report. They may not hand the information to a superior or anyone else to report.
- Anyone who reports has legal protections. Any person who reports in good faith shall be immune from any civil or criminal liability.
- Mandatory reporters have no more than 24 hours to call the West Virginia Child Abuse and Neglect Hotline, the centralized intake hotline for Child Protective Services, at 1-800-352-6513.
- Some information they may ask for:
 - Victim demographic information
 - Type of abuse or neglect suspected
 - Location of the victim and caregivers
 - Does the perpetrator have access to the victim?
 - General functioning of victim and caregivers
 - Any safety threats for first responders
- If the reporter suspects that the child suffered serious physical abuse, sexual abuse, or sexual assault, they **must** also report to the State Police and any law-enforcement agency having jurisdiction to investigate the complaint.

Reporting Tips

- Things would report for:
 - Physical abuse
 - Neglect
 - Sexual abuse
 - Sexual exploitation
 - Imminent danger:
 - Trauma inflicted by parents, guardians, sibling, babysitters, or caretaker(s)
 - Nutritional deprivation
 - Substantial emotional injury
 - Inadequate treatment of serious illness or disease
 - Guardian's abuse of alcohol or drugs impairing their parenting

Liabilities and Consequences

WV Code § 49-2-812. Failure to report; penalty.

(a) Any person, official or institution required by this article to report a case involving a child known or suspected to be abused or neglected, or required by section eight hundred nine of this article to forward a copy of a report of serious injury, who knowingly fails to do so or knowingly prevents another person acting reasonably from doing so, is guilty of a misdemeanor and, upon conviction, shall be confined in jail not more than ninety days or fined not more than \$5,000, or both fined and confined.

(b) Any person, official or institution required by this article to report a case involving a child known or suspected to be sexually assaulted or sexually abused, or student known or suspected to have been a victim of any non-consensual sexual contact, sexual intercourse or sexual intrusion on school premises, who knowingly fails to do so or knowingly prevents another person acting reasonably from doing so, is guilty of a misdemeanor and, upon conviction thereof, shall be confined in jail not more than six months or fined not more than \$10,000, or both.

Identifying Abuse, Victimization, Human Trafficking

“(iv) Commitment to conduct a preliminary screening of any minor who presents with a sexually transmitted disease (STD), pregnancy, or any suspicion of abuse, in order to rule out victimization of a minor” 42 CFR 59.17(b)(1)(iv)

FPNTC Human Trafficking Resource

Red Flags and Indicators

General Indicators of Human Trafficking	
<ul style="list-style-type: none"> <input type="checkbox"/> Shares a scripted or inconsistent history <input type="checkbox"/> Is unwilling or hesitant to answer questions about the injury or illness <input type="checkbox"/> Is accompanied by an individual who does not let the patient speak for themselves, refuses to let the patient have privacy, or who interprets for them <input type="checkbox"/> Evidence of controlling or dominating relationships (excessive concerns about pleasing a family member, romantic partner, or employer) <input type="checkbox"/> Demonstrates fearful or nervous behavior or avoids eye contact <input type="checkbox"/> Is resistant to assistance or demonstrates hostile behavior <input type="checkbox"/> Is unable to provide his/her address <input type="checkbox"/> Is not aware of his/her location, the current date, or time <input type="checkbox"/> Is not in possession of his/her identification documents <input type="checkbox"/> Is not in control of his or her own money <input type="checkbox"/> Is not being paid or wages are withheld 	
Labor Trafficking Indicators	Sex Trafficking Indicators
<ul style="list-style-type: none"> <input type="checkbox"/> Has been abused at work or threatened with harm by an employer or supervisor <input type="checkbox"/> Is not allowed to take adequate breaks, food, or water while at work <input type="checkbox"/> Is not provided with adequate personal protective equipment for hazardous work <input type="checkbox"/> Was recruited for different work than he/she is currently doing <input type="checkbox"/> Is required to live in housing provided by employer <input type="checkbox"/> Has a debt to employer or recruiter that he/she cannot pay off 	<ul style="list-style-type: none"> <input type="checkbox"/> Patient is under the age of 18 and is involved in the commercial sex industry <input type="checkbox"/> Has tattoos or other forms of branding, such as tattoos that say, "Daddy," "Property of...," "For sale," etc. <input type="checkbox"/> Reports an unusually high numbers of sexual partners <input type="checkbox"/> Does not have appropriate clothing for the weather or venue <input type="checkbox"/> Uses language common in the commercial sex industry

This publication was made possible in part through Grant Number 90ZV0102 from the Office on Trafficking in Persons, Administration for Children and Families, U.S. Department of Health and Human Services (HHS). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Office on Trafficking in Persons, Administration for Children and Families, or HHS.

“(2) Maintains records to demonstrate compliance with each of the requirements set forth in paragraph (b)(1) of this section, including which:

- (i) Indicate the age of minor clients;
- (ii) Indicate the age of the minor client's sexual partners if such age is an element of a State notification law under which a report is required; and
- (iii) Document each notification or report made pursuant to such State notification laws.”

42 CFR 59.17(b)(2)

§ 61-8B-3. Sexual assault in the first degree.

(a) A person is guilty of sexual assault in the first degree when:

(1) The person engages in sexual intercourse or sexual intrusion with another person and, in so doing:

(i) Inflicts serious bodily injury upon anyone; or

(ii) Employs a deadly weapon in the commission of the act; or

(2) The person, being fourteen years old or more, engages in sexual intercourse or sexual intrusion with another person who is younger than twelve years old and is not married to that person.

§ 61-8B-5. Sexual assault in the third degree.

(a) A person is guilty of sexual assault in the third degree when:

(1) The person engages in sexual intercourse or sexual intrusion with another person who is mentally defective or mentally incapacitated; or

(2) The person, being sixteen years old or more, engages in sexual intercourse or sexual intrusion with another person who is less than sixteen years old and who is at least four years younger than the defendant and is not married to the defendant.

§ 61-8B-7. Sexual abuse in the first degree.

(a) A person is guilty of sexual abuse in the first degree when:

- (1) Such person subjects another person to sexual contact without their consent, and the lack of consent results from forcible compulsion; or
- (2) Such person subjects another person to sexual contact who is physically helpless; or
- (3) Such person, being fourteen years old or more, subjects another person to sexual contact who is younger than twelve years old.

§ 61-8B-9. Sexual abuse in the third degree.

(a) A person is guilty of sexual abuse in the third degree when he subjects another person to sexual contact without the latter's consent, when such lack of consent is due to the victim's incapacity to consent by reason of being less than sixteen years old.

(b) In any prosecution under this section it is a defense that:

- (1) The defendant was less than sixteen years old; or
- (2) The defendant was less than four years older than the victim.

Medical History Form

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
FAMILY PLANNING PROGRAM



MEDICAL HISTORY

DATE: _____		SOCIAL SECURITY NUMBER: _____	
NAME: _____		DATE OF BIRTH: ____/____/____	AGE: _____
CURRENT MEDICATIONS: (prescriptions and over-the-counter) _____			
ALLERGIES: (list any medicines, foods, latex, etc. that you are allergic to and the reaction you have) _____			
HISTORY (✓ all that apply)	SELF	FAMILY	FEMALE: PREGNANCY HISTORY: # pregnancies: _____ Age first pregnancy: _____ # live births: _____ # living children: _____ # miscarriages: _____ # abortions: _____ Complications: _____ CONTRACEPTIVE HISTORY: Current birth control method: _____ Any problems: _____ Do you want to continue your present birth control method? _____ MENSTRUAL/SEXUAL HISTORY: First day of last menstrual period? _____ Are your periods regular? _____ Are your periods: Light ____ Medium ____ Heavy ____ Do you miss periods? _____ Severe cramping? _____ Age when periods started? _____ Pain/bleeding with intercourse? _____ Number of sexual partners (lifetime)? _____ Are you currently having sex with more than one person? _____ PAP HISTORY: Ever had an abnormal Pap smear? _____ Date: _____ Treatment, if any: _____ Last Pap smear (date): _____ MALE: Are you currently having sex with more than one person? _____ Do you use condoms? _____ Urological problems? _____ PARTNER HISTORY: (female and male clients) Does your partner use injectable drugs? _____ Is your partner having sex with more than one person? _____ Does your partner have a history of STD/HIV/Hepatitis B Virus? _____ Do you have sex with men _____ women _____ or both? _____ If you are ≤15, what is/are the age(s) of your sexual partner(s)? _____ PERSONAL HISTORY: (female and male clients) Have you ever been hit, slapped, kicked, shaken or hurt by anyone? _____ Is there anyone who makes you feel unsafe now? _____ Has anyone pressured you to perform a sexual act? _____ Have you ever been forced to have sex? _____
Allergies			
Hospitalizations			
Surgery			
Headaches			
Epilepsy/Seizures			
Depression/Anxiety			
Thyroid disease			
Breast cancer or other breast problems			
Heart diseases or abnormal heart conditions			
High blood pressure			
Blood clot to leg (DVT) or Lung Clot (PE)			
Varicose veins			
Cancer			
Lung problems			
Liver disease/Hepatitis			
Kidney/Bladder problems			
Diabetes			
Hormone problems			
Ovarian or Uterine Cancer			
Endometriosis			
Fibroids/Ovarian Cysts			
Vaginal infections			
Sexually transmitted diseases/HIV/Hepatitis B Virus			
Alcohol use			
Drug use			
Tobacco use			
Breast implants			
In the past 48 hours, have you douched, used tampons, spermicidal or vaginal creams or had intercourse?			
Immunizations up to date?			
Blood transfusion or exposure to blood products?			
		CLIENT SIGNATURE _____	DATE _____
		CLINICAL STAFF SIGNATURE/TITLE _____	DATE _____

WVDHHR/BPH/OMCFH/DPWH/FPP/September 2019

Encouraging Family Involvement

“Each project supported under this part must...Encourage family participation in the decision to seek family planning services; and, with respect to each minor patient, ensure that the records maintained document the specific actions taken to encourage such family participation (or the specific reason why such participation was not encouraged).” (42 CFR 59.5(a)(14)).

“...documentation of such encouragement is not to be required if the Title X provider has documented in the medical record:

- (i) That it suspects the minor to be the victim of child abuse or incest; and
- (ii) That it has, consistent with, and if permitted or required by, applicable State or local law, reported the situation to the relevant authorities.”

42 CFR 59.2(1)(i)(ii)

Changes to the Client Education and Counseling Checklist

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
FAMILY PLANNING PROGRAM



CLIENT EDUCATION AND COUNSELING CHECKLIST

Client Name: _____

BASIC FAMILY PLANNING EDUCATION: (Initial Medical Visit or as indicated)	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial	Date/ Initial
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A. Family participation in decision of minors to seek family planning services <ul style="list-style-type: none"> Counseling was not given due to indications of rape, incest, or abuse 					
B. How to resist coercive attempts to engage in sexual activities					
Pregnancy Options Counseling: (if indicated)					
A. Negative test result <ul style="list-style-type: none"> Information on availability of family planning services 					
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Example Script for Encouragement of Family Involvement

New/Revised Requirement	Example Script and Additional Information	Applicable Staff	Documentation
Requires meaningful encouragement of parent/child communication in family planning decisions and requires documentation of such encouragement.	<p>To meet this requirement, it may be helpful to have a conversation with the client like the following.</p> <p><i>"It can be helpful to have a trusted adult that you can talk to about things like dating, relationships, and pregnancy prevention. These topics can be challenging and sometimes confusing. Having someone you can talk to can be really helpful."</i></p> <p><i>"If you are nervous about having a conversation with a trusted adult, I can help you start that conversation if you would like."</i></p>	<ul style="list-style-type: none"> • Nursing staff • Clinical service providers • Counselors • Other relevant staff 	<ul style="list-style-type: none"> • Counseling and Education Checklist form • Electronic Health Record or Paper Chart <p>Form or progress notes will include documentation for why counseling was not provided, if applicable.</p>
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Lack of Insurance Contraceptive Coverage

“For the purposes of considering payment for contraceptive services only, where a women has health insurance coverage through an employer that does not provide the contraceptive services sought by the woman because the employer has a sincerely held religious or moral objection to providing such coverage, the project director may consider her insurance coverage status as a good reason why she is unable to pay for contraceptive services. In making that determination, the project director must also consider other circumstances affecting her ability to pay, such as her total income.”

42 CFR 59.2(2)

Q&A Session Available

The Family Planning Program will host identical calls on October 15th at 9 am and 2 pm to answer any questions sites may have about implementing the new rule or the new forms. This is not a required call but is available if any one has any questions.