

Companion Guidance for RH Program Review Tool

Section A – ADMINISTRATIVE REQUIREMENTS

1. Administrative Policies

- a) Clinical observation demonstrates Administrative policies have been reviewed annually and signed by the Authorizing Official.
- b) Clinical observation demonstrates agency provides all services listed within their Scope of Reproductive Health Services.
- c) Documentation demonstrates agency has a policy stating Federal funds will not pay for abortion services.
- d) Clinical observation demonstrates agency has written emergency medical plans, which includes: shock, syncope, hemorrhage, respiratory difficulties and cardiac arrest with AED, if applicable.
- e) Clinical observation demonstrates agency maintains personnel policies, which includes but not limited to: staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits and grievance procedures.
- f) Clinical observation demonstrates agency has a policy which informs staff they are prohibited from using their position for purposes that are, or give the appearance of being motivated for private financial gain for themselves or others.
- g) Clinical observation demonstrates any research conducted within the agency has a policy which describes the process regarding the protection of human subjects with the Oregon Health Authority.

2. Voluntary

- a) Chart audit demonstrates that each client signed a general consent form which informs them that:
 - 1. Services are provided on a voluntary basis;
 - 2. Clients cannot be coerced to accept services, or to use or not use any particular method of family planning; and
 - 3. Receipt of family planning services is not a prerequisite to receipt of any other services offered by the agency.
- b) Documentation demonstrates that staff has been informed that they may be subject to prosecution if they coerce or try to coerce any person.

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3. Confidentiality

- a) Clinical observation indicates safeguards are in place to ensure privacy, security and appropriate access to personal health information.
- b) General consent form for services state that services will be provided in a confidential manner and note any limitations.
- c) Clinical observation demonstrates client educational materials (posters, videos, and flyers) explain that clients have a right to confidential services and is freely available.
- d) Chart audit demonstrates third party billing is processed in a manner that does not breach client confidentiality.
- e) Clinical observation demonstrates physical layout of the facility ensures client services are provided in a manner that allows for confidentiality and privacy.

4. Linguistic and Cultural Responsiveness

- a) Documentation indicates staff are aware of the clinic processes that exist to access language interpretation and translation services when needed.
- b) Clinical observation demonstrates that the information shared with clients is culturally appropriate and reflects the client's beliefs, ethnic background and cultural practices.
- c) Clinical observation of clinic environment demonstrates that it is welcoming (e.g. cleanliness, ease of access to services, language assistance).
- d) Clinical observation demonstrates educational materials are tailored to the literacy, age and language preference of client population.
- e) Clinical observation demonstrates a patient bill of rights which outlines rights and responsibilities and is freely available to clients.

5. Abortion

- a) Written policies that state abortion is not provided as a method of birth control.
- b) Financial documentation demonstrates that federal funds are not used for abortion services.

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- c) Documentation demonstrates adequate separation exists between activities paid for by federal funds and activities paid by non-federal funds.

6. Reproductive Health Coordinator

- a) Agency assigned a staff person to be their Reproductive Health Coordinator (RHC), who is the point of contact with the state RH program.
- b) RHC disseminates information to the appropriate clinic staff that need such information.
- c) RHC attends the annual RH conference (dates determined by the RH program).
- d) RHC (or appropriate staff) participates in required trainings and meetings throughout the year.

7. Trainings

- a) Documentation includes evidence of annual staff training, which may include attendance records and certificates (*cultural responsiveness; BBP; HIPAA; medical emergencies; mandatory reporting; encouraging family involvement; counseling on how to resist sexual coercion*).
- b) Documentation demonstrates new employees are provided training on the RH Program during orientation.

8. Informational and Educational Materials

- a) Agency may choose to use either the state I & E committee or continue to use their own.
 - 1. If using own I & E committee, documentation demonstrates committee represents the population or the community for which the materials are intended and is limited of five to nine members (list of committee members, meeting minutes).
 - 2. Committee meeting minutes demonstrate the process used to review and approve materials.

9. Community Participation, Education and Promotion

- a) A Community Engagement Plan

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1. Written policies and procedures are in place for ensuring community participation in developing, implementing and evaluating the community engagement plan.
 2. Agency's plan engages diverse community members including adolescents and current clients and specifies ways that community members will be involved in efforts to develop, assess and/or evaluate their services.
 3. Documentation (reports, meeting minutes, etc.) demonstrates that the community engagement plan has been implemented.
- b) A community education and service promotion plan
1. Agency has an education and service plan that is based on an assessment of the community's awareness and access to RH services.
 - i. The plan states that its purpose is to:
 - Enhance community understanding of the objectives of RH services;
 - Make known the availability of services to potential clients and encourage continued participation by persons for whom family planning services may be beneficial; and
 - Promote the use of family planning among those with unmet need.
 2. Documentation (e.g. media spots/materials developed, event photos, participants logs and monitoring reports) demonstrates that:
 - i. the plan has been implemented,
 - ii. evaluated and
 - iii. modifications were made in response to the evaluation.

10. Federal, State and Local Rules and Regulations

- a) Clinical observation demonstrates a current CLIA certificate is posted in the lab area.
- b) Clinical observation demonstrates staff are provided with Personal Protective Equipment.
- c) Documentation indicates staff follow a schedule for cleaning and disinfecting of client-areas and common use areas.

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- d) Clinical observation demonstrates a current Community Health Center license from BOP is posted.
- e) Agency is registered with 340B and Apexus Prime Vendor.
- f) Clinical observation demonstrates clients are provided with information to register to vote when indicated.

11. Access to Care

- a) Documentation (staff in-service, orientation, training curricula) demonstrates that staff have been informed that services must be provided without regard to religion, race, color, national origin, disability, age, sex, number of pregnancies or marital status.
- b) Data indicates that more than half of clients served have incomes at or below 100% of Federal Poverty Level (FPL).
- c) Data demonstrates proportion of adolescents served is close to or above the state average of 25%.
- d) Observation indicates service sites are in locations that are accessible for low-income individuals.
- e) Observation indicates service sites are ADA compliant (e.g. wheelchair accessible)
- f) Chart audit and observation indicate clients are informed on where to access free or low-cost primary care services when indicated.
- g) Observation indicates clients in need of full health insurance are provided with information on how to obtain insurance enrollment information.
- h) Observation indicates that services are provided without the imposition of any durational residence requirement or a requirement that the client must be referred by a physician.

12. Quality Assurance/Quality Improvement

- a) Documentation demonstrates agency has implemented a QA/QI plan that assesses their services.
- b) Documentation demonstrates modifications when indicated by the assessment.
- c) Documentation demonstrates use of data to monitor aspects of quality of care.

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SECTION B – CLINICAL REQUIREMENTS

1. Collaborative Agreements or Partnerships

- a) Documentation demonstrates agency has collaborations with social service agencies for referrals (a referral list of resources undated annually).
- b) Chart audit demonstrates social service referrals are provided as indicated.
- c) Documentation demonstrates agency has collaborations with relevant medical providers for referrals (a referral list of resources updated annually.)
- d) Chart audit demonstrates referrals for medical services are provided, as indicated.

2. Clinical Protocols

- a) Review of clinical protocols indicate they are following national standards of care.
- b) Review of clinical protocols indicate they have been reviewed and approved by agency's medical director/health officer annually.
- c) Review of clinical protocols indicate they have been updated within 6 months of RH Program's revisions.
- d) Clinical observation and chart audit review indicate services are provided per national standards of care cited in clinical protocols.

3. Clinical and Preventive Services

- a) Documentation demonstrates clinical services are provided under the direction of a physician (e.g. meeting minutes, in-service presentation/attendance).
- b) Clinical observation demonstrates agency provides comprehensive medical, informational, educational, social and referral services related to family planning.
- c) Chart audit review demonstrate appropriate medical, educational and informational services and referrals are provided as indicated.

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- d) Clinical observation demonstrates clients are seen within their requested timeframe or provided the option to be referred to another qualified provider.
- e) Clinical observation and chart audit demonstrates agency provides all the core services.
- f) Documentation demonstrates agency has a process for referrals when unable to provide LARC methods.
- g) Documentation demonstrates agency has a process for vasectomy and female sterilization referrals.

4. Pharmacy

- a) Chart audit demonstrates RNs are dispensing three months and no more than 6 months under standing orders.
- b) Chart audit demonstrates refills are dispensed under a current prescription.
- c) Clinical observation demonstrates agency has a broad range of contraceptives including LARCs (*unless an exemption form is on file at the state office*).
- d) Clinical observation demonstrates drugs are kept locked in a secure storage area and only appropriate staff have a key to drug storage area.
- e) Documentation demonstrates a dispensing record is maintained separately from patient chart and kept for minimum of three years.
- f) Clinical observation demonstrates drugs dispensed are properly labeled and written information on the drug is provided.
- g) Documentation demonstrates RNs dispense only drugs listed on the agencies formulary.
- h) Documentation demonstrates outdated, damaged, deteriorated, adulterated drugs are returned to supplier or destroyed.
- i) Documentation demonstrates RNs are trained to ensure competence in the dispensing of drugs.

5. Clinical Laboratory

- a) Clinical observation demonstrates tests performed are within the scope of the agency's CLIA certificate.

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- b) Clinical observation demonstrates samples are sent off-site to a CLIA-certified laboratory.
- c) Chart audit demonstrates follow up on abnormal labs in a timely manner
- d) Chart audit demonstrates lab results are reviewed by ordering provider.
- e) Documentation demonstrates QA is performed per manufacturer recommendations.

6. Emergency Management

- a) Clinical observation demonstrates an emergency cart/box is available and checked monthly.
- b) Staff can describe their role in an emergency.
- c) Documentation demonstrates clients are informed of what to do in an after-hour emergency.

7. Education and Counseling

- a) Clinical observation demonstrates information is presented in the consideration of the educational and cultural background of the individual.
- b) Clinical observation demonstrates information presented is factually correct.
- c) Clinical observation demonstrates the counseling process utilizes the five principles of quality counseling when providing family planning services.
- d) Clinical observation and chart audit demonstrates adolescents are counseled on abstinence.
- e) Clinical observation and chart audit demonstrates adolescents are provided counseling on resisting sexual coercion including relationship safety; Intimate partner violence and human trafficking.
- f) Clinical observation and chart audit demonstrates adolescents are counseled on involving parent/family in their decision to seek family planning services.
- g) Clinical observation and chart audit demonstrates clients are asked about their reproductive life plan and appropriate services are provided according to the client's need of service.

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- h) Clinical observation and chart audit demonstrates clients with a positive pregnancy test are provided with options counseling and appropriate resources are provided according to the client's need of service.
- i) Clinical observation and chart audit demonstrate clients with a positive pregnancy test are provided with a written brochure on pregnancy options and referral information.
- j) Clinical observation and chart audit demonstrate clients with a negative pregnancy test are provide with appropriate services according to the client's need of service.

SECTION C - FISCAL AND BILLING

1. Fiscal

- a) Non-LPHAs submit their current A-133 annually.
- b) Revenue reports are submitted on time.

2. Billing

- a) Clinical observation demonstrates agency has a sliding fee scale up to 250% of Federal Poverty Level (FPL).
- b) Clinic observation and chart audit demonstrates client's income is assessed.
- c) Clinical observation demonstrates clients self-report household size and income.
- d) Clinical observation demonstrates a cost analysis of services for setting fees is done every two years.
- e) Clinical observation demonstrates agency has a process to refer clients to services director/financial manager for review and consideration of waiver of charges.
- f) Documentation demonstrates a determination is made by the service site director/financial manager, is documented and the client is informed of the determination when an individual with good cause is unable to pay for family planning services.
- g) Clinic observation demonstrates agency has contracts with insurance providers, private and public.

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- h) Chart audit demonstrates private insurances are billed first, if confidentiality is not requested.
- i) Chart audit demonstrates Oregon Health Plan is billed, when indicated.
- j) Chart audit demonstrates client confidentiality is maintained per client's preferred *contact* mode when billing for services.

3. Payment

- a) Chart audit demonstrates agency accepts payment in full for clients enrolled in RH Program.
- b) Chart audit demonstrates clients may be billed for services not covered under the RH Program.
- c) Chart audit demonstrates clients over 250% of FPL may be billed for the full fee
- d) Clinical observation demonstrates clients are not denied services if unable to pay
- e) Clinical observation demonstrates that clients are not pressured to make donations and that donations are not a prerequisite of services or supplies. Observation may include signage, financial counseling scripts or other evidence.
- f) Chart audit demonstrates client confidentiality is maintained per client's preferred *contact* mode when collecting payment for services.

4. Data Collection and Reporting

- a) Clinical observation demonstrate RH enrollment form is filled out correctly.
- b) Billing and enrollment form audit demonstrates RH Program enrollment data is entered into RH program's database.
- c) Chart audit demonstrate required CVR data is collected.
- d) Agency submits CVR data to RH Program's vendor routinely.
- e) Agency submits clinical updates annually, when requested from RH Program.
- f) Agency submits additional data when requested by RH Program.