



Reproductive Health Family Planning (RHFP) Program

Project Period Training Manual

Division of Public Health
Bureau of Community Health Promotion
Family Health Section
Reproductive Health Family Planning Unit

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REPRODUCTIVE HEALTH FAMILY PLANNING

This manual is intended for use by any network agency and its staff to provide the basic knowledge, skills, and abilities related to the following provisions:

- Voluntary and Non-Coercive Services ([Sections 1001 & 1007](#), PHS Act; [42CFR 59.5\(a\)\(2\)](#))
 - Staff must be informed that family planning services are to be provided solely on a voluntary basis.
- Services Not a Prerequisite for Eligibility or Services ([Sections 1001 & 1007](#), PHS Act; [42CFR 59.5\(a\)\(2\)](#))
 - Staff must be informed that a client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in any other program that is offered by the service site or any other program grantee or subrecipient.
- Personnel Awareness (Section 205, Public Health Law 94-63, [42CFR 59.5\(a\)\(2\) footnote 1](#))
 - Staff must be informed that that they may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.
- Client-Centered Services ([42CFR 59.5\(a\)\(3\)](#))
 - Project staff should provide services in a manner that is client-centered, culturally, and linguistically appropriate, inclusive, and trauma-informed; protects the dignity of the individual; and ensures equitable and quality service delivery consistent with nationally recognized standards of care.
- Personnel Training ([42CFR 59.5\(b\)\(4\)](#))
 - Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites.
- Confidentiality ([42 CFR 59.10](#))
 - Staff must understand and comply with policies to protect client confidentiality and privacy.
- Non-Discriminatory Services ([42CFR 59.5\(a\)\(4\)](#))
 - Staff must be informed that services must be provided without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.

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Program Overview

This federal program is dedicated solely to the provision of core family planning and related preventive health services. The program seeks to provide services for clients who want to prevent pregnancy and space births, by providing access to a broad range of services including contraceptive products and natural family planning methods, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection services, and other preconception health services ([42 CFR 59.2](#)).

Guidelines

The program is dedicated to providing comprehensive family planning and related preventive health services. The family planning guidelines consist of two components:

- [Title X Program Handbook](#)
- [Providing Quality Family Planning Services: Recommendations of CDC and U.S. Office of Population Affairs \(QFP\)](#)

The QFP identifies recommendations for providing quality family planning services in a client-centered way.

Core services

Family planning services help individuals prevent or achieve pregnancy in order to plan and space births and meet their goals related to family size and composition. Core family planning services are those that are directly related to preventing or achieving pregnancy and include: contraceptive services, pregnancy testing and counseling, support for how to achieve pregnancy, basic infertility services, sexually transmitted infection (STI) screening and treatment, and other preconception health services ([QFP](#)).

Family planning services include the following:

- Contraception to help individuals plan and space births, prevent unintended pregnancies, and reduce the number of abortions
- Pregnancy testing and counseling
- Helping clients who want to conceive
- Basic infertility services
- Preconception health services to improve infant and maternal outcomes, and improve overall health
- STI screening and treatment services to prevent tubal infertility and improve health

In addition, service sites provide or refer for related preventive health services, such as cervical and breast cancer screening. Other preventive health services, such as screening for lipid disorders, diabetes, or other health problems, should also be offered on-site or by referral.

Range of methods

All projects must provide a broad range of acceptable and effective medically-approved family planning methods (including natural family planning methods) and services (including pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, preconception health services, STI services, and adolescent-friendly health services), per [42 CFR 59.5\(a\)\(1\)](#).

FDA-Approved Birth Control Methods:

- Male and female sterilization surgery
- Hormonal IUDs
- Copper IUD
- Implant
- Hormonal injection
- Combined oral contraceptive pills
- Progestin-only contraceptive pills
- Hormonal patch
- Vaginal ring
- Diaphragm
- Sponge
- Internal and external condoms
- Non-hormonal vaginal gel
- Spermicide
- Fertility-based awareness methods (FABM)
- Emergency contraception pills

Clients should be able to choose their methods from a broad range of contraceptive options. Not every site must offer every contraceptive option; however, if a site doesn't offer a particular method, it must be able to provide a prescription to the client for their method of choice or referrals to another provider, as requested ([42 CFR 59.5\(a\)\(1\)](#)). All sites must provide medical services related to family planning and the effective usage of contraceptive devices and practices.

Some, but not all sites include male and female sterilization procedures in the scope of their services ([42 CFR 50 Subpart B](#)).

Sterilization procedures

Projects that perform or arrange voluntary sterilization procedures for clients who wish to use sterilization as their chosen method or family planning must meet the following Federal Requirements, in addition to any state or local laws.

The client must:

- Be at least 21 years old at the time consent is obtained; and
- Be mentally competent; and

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- Have given informed consent at least 30 days but not more than 180 days before the procedure (except in the case of emergency see [§50.204](#)).

The individual obtaining informed consent from the client, must:

- Offer to answer any questions the client may have.
- Advise the client that they are free to withdraw consent at any time.
- Provide a description of available methods of family planning and birth control.
- Advise the client that the sterilization procedure is considered to be irreversible.
- Provide an explanation of the specific procedure, risks, benefits, and possible side effects.
- Provide an interpreter if the client does not understand.
- Include a witness chosen by the individual considering sterilization to be present when consent is obtained.

Informed consent may not be obtained while the individual to be sterilized is:

- In labor or childbirth; or
- Seeking to obtain or obtaining an abortion; or
- Under the influence of alcohol or drugs that could affect the individual's state of awareness.

Priority clients

Access to quality family planning and reproductive health services is integral to overall good health. Research shows that closely spaced pregnancies and pregnancies very early or late in a client's reproductive life can lead to adverse health and social consequences, and improving access to contraception can play a critical role in improving the lives and health of women, families, and children.

Family planning projects exist to enable all persons who want to obtain family planning care have access to such services, with priority given to persons from low-income families and/or households ([42 CFR 59.5 \(a\)\(6\)](#)).

"Low-income family or household" means that the total income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to [42 U.S.C. 9902\(2\)](#). "Low-income family or household" also includes members whose annual income exceeds this amount, but who, as determined by the project director, are unable, for good reasons, to pay for family planning services. For example, unemancipated minors who wish to receive confidential services must be considered on the basis of their own resources ([42 CFR 59.2](#)).

The federal government updates the [Poverty Guidelines](#) annually, and as such, programs must be sure to update their sliding fee schedule accordingly.

Voluntary participation

Voluntary participation is an essential part of reproductive health and family planning.

Voluntary and Non-Coercive Services

Family planning services must only be offered in a voluntary manner ([42 CFR 59.5\(a\)\(2\)](#)). Clients must not be coerced to accept services, or to use or not use any method of family planning.

- Personnel Awareness

Any staff working on projects who coerce, or try to coerce someone into having an abortion or being sterilized may face federal prosecution ([42 CFR 59.5\(a\)\(2\)](#))([42 U.S.C. 300a-8](#)).

Some ways to ensure voluntary services are to:

- Have internal policies and procedures that ensure voluntary participation.
- Confirm that all project staff are aware of requirements on voluntary participation.
- Inform clients verbally and in writing that all services are voluntary.
- Use non-directive, client-centered counseling.

What projects cannot require

Family planning cannot be required in order to receive other services.

Services not a prerequisite for eligibility of services

Family planning services cannot be used as a prerequisite or incentive. An individual must choose the services voluntarily in order to meet their own personal reproductive health goals ([42 CFR 59.5 \(a\)\(2\)](#)). Also, there can be no residency requirement. Individuals are eligible for services at any site, regardless of home address ([42 CFR 59.5\(b\)\(5\)](#)).

Client dignity

Services must be provided in a respectful manner that protects the dignity of the individual.

Non-discriminatory services

- Services must be provided without regard to religion, race, color, national origin, disability, age, sex characteristics, number of pregnancies, or marital status ([42 CFR 59.5\(a\)\(4\)](#)).
- Services must be accessible to people with limited English language skills. Sites must ensure access to language interpretation services is available, without cost to the client ([42 CFR Part 80](#)) ([42 CFR 59.5 \(a\)\(3\)](#)).

In addition, facilities and services must be accessible to people with disabilities. Program staff and activities must not discriminate on the basis of mental or physical ability ([45 CFR 84](#)). To ensure access to services, projects should consider access to public transportation, clinic locations, hours of operation, and other factors that influence the ability of a range of clients to access services.

Cultural humility

Client-centered services

Quality services are client-centered, which means being respectful, culturally and linguistically appropriate, inclusive, and trauma-informed. Staff should be broadly representative of the population served and should be sensitive to the cultural and other characteristics of the client population.

Confidentiality

Confidentiality is another key requirement.

Information about the client may not be disclosed without the client's written consent unless it is required by law (for instance, laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, human trafficking) or is necessary to provide services to the client. Information can be disclosed only in summary, through statistics, or in other formats that won't identify the client.

Projects must also inform the client of any potential for disclosure of their confidential health information to insurance policyholders where the policyholder is someone other than the client ([42 CFR 59.10](#)).

Service Delivery Program Requirements

Prohibition of abortion

Funds cannot be used by service sites where abortion is a method of family planning ([42 CFR 59.5 \(a\)\(5\)](#)). Policies must be in place that show no funds will be used to pay for abortion as a method of family planning.

Pregnancy testing

Pregnancy testing is a common family planning service. Clients served in reproductive health settings must be offered the opportunity to be provided information and counseling regarding each of the following options:

- Prenatal care and delivery;
- Infant care, foster care, or adoption; and
- Pregnancy termination.

If requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling ([42 CFR 59.5 \(a\)\(5\)](#)).

Referral systems

Sites should have a robust referral network. Service sites are required to provide for a broad range of referrals related to family planning. These may include counseling or referrals to and from social and medical service sites. Other kinds of services may be necessary to facilitate clinic attendance ([42 CFR 59.5\(b\)\(1\)](#)).

Referrals are important to help your clients access other types of care they may need. Also, by establishing referral systems, other service providers can refer their clients to you.

Your service site is not responsible for the cost of care in the case of referrals.

This means your project needs to have a system of referrals in place with other providers of health care and social services. This system should include: ([42 CFR 59.5\(b\)\(8\)](#))

- Primary healthcare providers
- Other providers of healthcare services
- Local health and welfare departments
- Hospitals
- Voluntary agencies
- Health services projects supported by other federal programs

Other services to consider including in your referral network are:

- Primary care
- Prenatal care
- HIV care and treatment
- Substance use treatment
- Children's and family and/or household services (including foster care and adoption)

Referral sources should be in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care.

Legislative mandates

Recipients of funds must also comply with the legislative mandates set out in the Department of Health and Human Services [appropriations act](#), which is updated each year. Service sites must have written policies and procedures in place that address legislative mandates. They should also include administrative, clinical, counseling, and referral services necessary to ensure adherence to these requirements.

Personnel training

Projects must provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites ([42 CFR 59.5\(b\)\(4\)](#)).

Mandatory reporting of abuse

One longstanding legislative mandate states that all staff are required to follow state and local laws related to the reporting of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, and human trafficking.¹

Adolescent counseling

To the extent practical, service sites shall encourage family participation in the decision of minors to seek family planning services. However, sites may not require consent of parents or guardians for the provision of services to minors, nor can any staff notify a parent or guardian before or after a minor has requested and/or received Title family planning services ([42 CFR 59.10](#)).

Per the legislative mandate included in the annual appropriations bill, staff must provide education and counseling to minors on how to resist sexual coercion.²

Fiscal and Administrative Program Requirements

Total program concept

When a clinical service site is awarded RHFP funds, it agrees to abide by the RHFP requirements for all family planning clients and report all RHFP service site data elements. Collecting and reporting data on all clients receiving services covered under the scope of the RHFP project (including all services related to preventing or achieving pregnancy) is required, regardless of payer source. This is known as the "total program concept." RHFP projects cannot carve out certain related tests (such as STI screening), particular methods, or patient populations (adolescents or males) from family planning scope.

All revenue received for family planning services, including payments from Medicaid, private insurance, fees collected from clients, and any other income should be reported as family planning project income. Similarly, any expense associated with family planning services should be reported as family planning project expenses.

Charges, billing, and collections

No one can be denied services or be subjected to any variation in services due to inability to pay. Each services site must have policies for charging, billing, and collecting funds for the services they provide. Requirements for charges and billing include:

- If a client's family or household income is at or below 100% of the federal poverty level, that client cannot be charged ([42 CFR 59.5 \(a\)\(7\)](#)).

¹ Reference the DHS RHFP Annual Training Manual, State Reporting Requirements: Mandatory Reporting for Abuse, Rape, Incest, and Human Trafficking

² Reference the Annual Training Manual, Family Involvement and Coercion

- If there is a third party that is authorized or obligated to pay for those services (Medicaid or health insurance company), reasonable efforts must be made to bill the third party, without the application of any sliding-fee discount ([42 CFR 59.5 \(a\)\(10\)](#)).

Sliding fee discount

Family planning projects must apply a sliding-fee discount to any self-pay charges ([42 CFR 59.5 \(a\)\(7-8\)](#)).

- Clients at or below 100% of the federal poverty level must not be charged for family planning services.
- Clients whose family or household income is between 101% and 250% of the federal poverty level must be charged a discounted rate based on the client's ability to pay.
- Clients whose family or household income is over 250% of the federal poverty level must be charged fees that are based on the reasonable cost of providing services.
- Insured clients with incomes at or below 250% of the federal poverty level must not be charged more in copays or additional fees than they would otherwise pay, not based on the sliding scale.

In some cases, fees may be waived for clients with family or household incomes above 100% of the federal poverty level. If the project director determines that there is good cause that the client is not able to pay for services, the director may apply the sliding-fee discount schedule (for example, if the family or household suffered a tragedy such as a house fire or has other catastrophic medical bills) ([42 CFR 59.2](#)).

Cannot deny services

Service sites cannot deny services due to a client's inability to pay. Services should not be routinely offered free or at no cost, except for clients with family or household incomes at or below 100% of the federal poverty level ([42 CFR 59.5 \(a\)\(7\)](#)).

Minors should not be charged differently than other clients. Minors cannot be assumed to be no-charge clients; their income must still be assessed, and they must be charged based on the schedule of discounts. Minors who request confidentially-billed services (for example, if they do not want their parents' insurance to be used) should be charged based on the individual adolescent's income ([42 CFR 59.2](#)).

Income verification and voluntary donations

Income verification can be important to ensuring that clients are charged appropriately for their services.

Income verification should not present a barrier to clients needing services. If you have lawful access to information that would help verify a client's income (for example, if the client is part of another program that has already verified income), use that information, so the client doesn't have to go through the income verification process again.

A project may take reasonable measures to verify client income, but if a client's income cannot be verified after reasonable attempts, charges are to be based on the client's self-reported income. While in the process of attempting to verify income (which could occur over several visits), it is important to remember that clients may not be denied services or be subject to a variation in services from those provided to other Title X clients ([42 CFR 59.5 \(a\)\(9\)](#)).

Voluntary donations from clients are allowed, but clients must not be pressured to make them, and the service site cannot dictate donation amounts. Donations must not be a prerequisite to the provision of services or supplies, and they must be completely voluntary, discussed in the same manner with all clients, and tracked as project income.

Make sure to follow your agency's policy for income verification and voluntary donations.

Materials review and approval

Service sites are responsible for reviewing and approving informational and educational materials.

All client education materials, such as brochures, posters, videos, or any other materials, printed or electronic, that your project uses to help inform or educate clients about services, must be reviewed and approved by an Advisory Committee that represents the community served ([42 CFR 59.6](#)).

Standards of conduct

Service sites must establish policies to prevent employees, consultants, or members of governing or advisory bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others.

Because of the importance of protecting family planning clients, Title X projects are required to inform the OPA Project Officer in writing about plans for any research projects that involve Title X clients. This will ensure that any research is done in accordance with regulations for the protection of human subjects ([45 CFR Part 46](#)).

Training Checklist and Completion Acknowledgement

Please attest to the completion of the below required trainings by either:

Submitting the electronic [RHFP Staff Training Tracking](#) form

or

Submitting a signed copy of the below form

I agree and am aware of the required trainings for participation in the Wisconsin Department of Health Services Reproductive Health and Family Planning Program. By checking the boxes, and signing below, I acknowledge that I have successfully completed these trainings.

- Voluntary and Non-Coercive Services (Sections 1001 & 1007, PHS Act; 42CFR 59.5(a)(2))
- Services Not a Prerequisite for Eligibility or Services (Sections 1001 & 1007, PHS Act; 42CFR 59.5(a)(2))
- Personnel Awareness (Section 205, Public Health Law 94-63, 42CFR 59.5(a)(2) footnote 1)
- Client-Centered Services (42CFR 59.5(a)(3))
- Personnel Training (42CFR 59.5(b)(4))
- Confidentiality (42 CFR 59.10)
- Non-Discriminatory Services (42CFR 59.5(a)(4))

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