

B. Exhibit 6

Agency Review Tools

- Compliance Review
- Family Planning Chart Review
- FPEP Chart Audit
- IPP Chart Audit

FAMILY PLANNING PROGRAM REVIEW

COUNTY/AGENCY:

DATE:

REVIEWER:

FAMILY PLANNING COORDINATOR:

PARTICIPANTS:

Criteria for Compliance Organization and Administration	Compliance Met		Comments/ Documentation/ Explanation/Timelines Program Guidelines for Project Grants for Family Planning Services* Section 6.0 Program Management
	Yes	No	
A. There is a line item budget, which reflects the annual plan for family planning services. (<i>Section 6.2*</i>)			
B. There is a written description of the program, which is current and reflects the annual health plan. (<i>Section 6.2*</i>)			
C. There is an advisory group of 5-9 members that is involved in the development, implementation and evaluation of the program. (<i>Section 6.8*</i>)			
1. There is written documentation that printed material and visual aids are approved by the Advisory Committee is current, accurate and appropriate for the population served. (<i>Section 6.8*</i>)			
D. All program personnel participate in continuing education programs related to their activities. (<i>Section 6.6*</i>)			
1. There is a written record of attendance by personnel at educational activities. (<i>Section 6.6*</i>)			
E. Priority for services is given to adolescents and persons from low-income families. (<i>42 CFR 59.5**</i>)			
F. The current State DHS OFH fee schedule is used to determine patient fees. (<i>Section 6.3*</i>)			
G. The program/agency is listed in the phone directory. (<i>Section 6.9*</i>)			

Criteria for Compliance	Compliance Met		Comments/ Documentation/ Explanation/Timelines
	Yes	No	
I. Organization and Administration (Continued)			Program Guidelines for Project Grants for Family Planning Services* Section 6.0 Program Management
H. Services are provided in locations and at times appropriate to meet the needs of the area. (Section 6.4*)			
II. Services	Yes	No	Program Guidelines for Project Grants for Family Planning Services* Section 7.0 Client Services
A. Services include provision for natural family planning methods, infertility care, and services for adolescents. (42 CFR 59.5**)			
B. Services are provided in a manner that protects the dignity of the individual. (42 CFR 59.5**)			
C. Abortion services are not provided on site. (42 CFR 59.5**)			
1. Agency does not pay for abortion services through referral.			
2. Agency does not arrange for abortion services.			
D. To the extent practical, agency encourages parental participation in services provided to clients 17 years and below. (Section 8.7*)			
E. The agency has child abuse reporting policy and procedures to meet the minimum elements of the State DHS OFH requirements. (OPA 99-1***)			
F. To the extent practical, agency provides counseling to minors on resisting attempts to coerce minors into engaging in sexual activities. (Section 8.7*)			
G. There are current written policies, procedures and protocols for the provision of all services offered, signed by the Medical Director including: (Section 7.1*)			
1. Current written clinic policies and procedures, including fiscal, that are consistent with Title X. (Section 6.3*)			

Criteria for Compliance	Compliance Met		Comments/ Documentation/ Explanation/ Timelines Program Guidelines for Project Grants for Family Planning Services* Section 7.0 Client Services
	Yes	No	
II. Services (Continued)			
2. Current written client education plans with content outlines. (Section 8.1*)			
3. Current written clinical protocols for RN's and clinicians appropriate for scope of practice. (Section 7.1*)			
4. Medical emergencies (Section 7.3*)			
5. Laboratory service procedures (Section 7.1*)			
6. Disinfection and sterilization (Section 10.0*)			
H. The new patient receives family planning information prior to examination, allowing for informed consent. Describe patient health education activities. (Section 8.0*)			
I. A post exam counseling interview is provided to insure the patient's understanding of the current usage of the method received. (Section 8.1*)			
J. All clients receive counseling on STD's and HIV that is based on the clients personal risk and includes steps to be taken by the client to reduce risk. (Section 8.2*)			
K. Risk assessment for HIV infection or referral for assessment, testing and counseling is provided when indicated. (Section 8.2*)			
L. Clients newly starting prescriptive methods are scheduled for return visits within 3 months. (Section 8.3*)			
M. There is a tracking system to identify clients in need of follow-up or continuing care. (Section 8.3*)			
N. There is a written policy and procedure regarding the follow-up of clients who are treated for chlamydia and their partners. (Section 8.3*)			

Criteria for Compliance	Compliance Met		Comments/ Documentation/ Explanation/Timelines
	Yes	No	
II. Services (Continued)			Program Guidelines for Project Grants for Family Planning Services* Section 7.0 Client Services
O. There are community information and educational programs designed to: achieve community understanding of the objectives of the program; inform the community of the availability of services; and, promote continuing participation in the project by persons to whom family planning services may be beneficial. (<i>Section 6.9*</i>)			
III. Quality Assurance	Yes	No	Program Guidelines for Project Grants for Family Planning Services* Section 6/10 Program/Clinic Management
A. There is a quality assurance system in place that provides for ongoing evaluation of project personnel and services. (<i>Section 10.4*</i>)			
B. The program participates in a client data collection system. (<i>Section 6.7*</i>)			
C. There is a written plan for periodic routine efforts to assess and measure progress toward attaining stated program objectives. (<i>Section 6.2*</i>)			
QUALITY ASSURANCE REVIEW QUESTIONS			
1. Average attendance is:			
2. Waiting time for new patient does not exceed two weeks.			
3. No-show rate is:			
4. Two to four patients are scheduled per hour per provider, and sessions are not less than two hours.			
5. There is adequate staff with supervision to provide services.			

*OPA Office of Family Planning Program Guidelines for Project Grants for Family Planning Services, January 2001

**42 CFR Ch. 1 (10-1-00 Edition) Public Health Service, HHS, Part 59 Grants for Family Planning Services

***OPA Program Instruction Series, OPA 99-1: Compliance with State Reporting Laws

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Family Planning Records Review

Agency: _____ Date: _____ Reviewer: _____
 Blank = Yes, 0 = No, NA = Not applicable, SC = See Comments

	1	2	3	4	5	6	7	8	9	10	Comments
A. Identifying Information											
1. Name and address											
2. Date of birth											
3. How to contact											
4. Amount of income and adjusted fee level											
B. History											
1. Family											
2. Medical, General											
<i>a. Rubella</i>											
<i>b. Allergies</i>											
<i>c. DES</i>											
<i>d. Tobacco</i>											
<i>e. Drugs</i>											
<i>f. Alcohol</i>											
<i>g. STD</i>											
<i>h. Medications</i>											

CVR # or PT #	1	2	3	4	5	6	7	8	9	10	Comments
3. Surgical											
4. OB/GYN											
<i>a. Contraceptive Use</i>											
5. Up-dated annually											
C. Physical Exam											
1. Height											
2. Weight											
3. Blood pressure											
4. Thyroid											
5. Heart											
6. Lung											
7. Breast											
<i>a. Self-exam instructions</i>											
8. Abdomen											
9. Extremities											
10. Pelvic											
11. Rectal											
12. Clinical impression or diagnosis											
13. Prescription											
14. Return to clinic schedule											
D. Laboratory											
1. Hb &/or Hct (initial & annual for all prescription methods)											

FPEP CHART REVIEW TOOL

Date: _____ Agency: _____ Project # _____ Site # _____ Reviewer: _____

Identification	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
FPEP Client ID #										
Client age or birth date										
Gender										
FPEP Enrollment Form										
*All required fields complete										
*Citizenship Verified										
*Identity Verified										
Household income documented correctly										
Client signature date										
Specific FPEP Visit Info										
*Within eligibility time period										
*Chart notes support majority of visit to be contraceptive management										
OFH Staff - Database Check										
*Signature date matches eligibility date in the database										
Birth certificate matched electronically										
Was this visit billable to FPEP?										

Does the agency dispense supplies at visit? _____

Please indicate Yes / No NA = Not Applicable or SC = See Comments (on back)

Revised July 2008

Additional Comments to Charts Reviewed

<u>Chart #1</u>	<u>Chart #6</u>
<u>Chart #2</u>	<u>Chart #7</u>
<u>Chart #3</u>	<u>Chart #8</u>
<u>Chart #4</u>	<u>Chart #9</u>
<u>Chart #5</u>	<u>Chart #10</u>

Additional Quality Assurance that clinic staff should monitor and document:

1. In-house regular chart audits/review of charts by management and staff.
2. Reporting of clients with positive results as required by state law.
3. Lab log documentation as required by CLIA.
4. The number of contacts to a + CT client is documented in the client medical record.
5. The clinic has current protocols for CT screening, Rx, and F/U that reflect current practice and meet Region X IPP Guidelines.
6. STD/HIV prevention counseling is included in client education plans and documented in medical records.

REGION X IPP/FAMILY PLANNING CHART AUDIT TOOL

Date: _____ Agency: _____ Project # _____ Site #: _____ Reviewer: _____
 Yes = _____, No = _____, NA = Not Applicable SC = See Comments

Identification	Chart 1	Chart 2	Chart 3	Chart 4	Chart 5	Chart 6	Chart 7	Chart 8	Chart 9	Chart 10
ID #/Chart #/ Identifier										
Client age or Birth Date										
Gender										
IPP/FP Screening Criteria										
Was testing done with last pelvic										
Did the client have UA/CT test										
Were screening criteria met										
Lab slip info same as chart info										
STD/HIV risk assessment done										
Positive CT Timely Treatment										
Attempt to notify client in 1 week										
Did client have Rx in 30 days										
IPP/CDC Rx Guideline followed										
Were condoms offered/dispensed										
Partner Management (PM)										
Charted that PM is discussed										
F/U charting about PM /Rx										
Client Education Documented										
About Chlamydia										
About Chlamydia Treatment										
About Risk Reduction										
Rescreening (if service offered)										
Was rescreening discussed										
Did client RTC for rescreening										
Did clinic track rescreening										
CT lab slip correct for rescreening										

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<u>Chart #1</u>	<u>Chart #6</u>
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