

Title X Family Planning Financial Management Reference Materials

- A. Title X Guidelines – Section 6.3 “Financial Management”
- B. OPA Program Instruction Series- OPA 97-1:
Fee Charges to Title X Low-Income Clients and Teenagers
(Revised) – April 24, 1997
- C. CFR 42 Part 59 – Grants for Family Planning services, Subpart A-
Project Grants For Family Planning Services (Section 59.1 – 59.12)
- D. Family Planning Council’s Client Fee Policies

Source: TRAINING 3, is the DHHS Region III Family Planning Training Center and a program of the Family Planning Council, Inc. TRAINING 3 is supported by the Office of Population Affairs and the Centers for Disease Control and Prevention.

Reference A: *Program Guidelines For Family Planning Project Grants For Family Planning Services, January 2001*

Section 6.3 FINANCIAL MANAGEMENT

Grantees must maintain a financial management system that meets the standards specified in Subpart C of 45 CFR Part 74 or Subpart C of 45 CFR Part 92, as applicable, as well as any other requirements imposed by the Notice of Grant Award, and which complies with Federal standards to safeguard the use of funds. Documentation and records of all income and expenditures must be maintained as required.

~ Charges, Billing, and Collections

A grantee is responsible for the implementation of policies and procedures for charging, billing, and collecting funds for the services provided by the project. The policies and procedures should be approved by the governing authority or board of the grantee and the Regional Office.

Clients must not be denied project services or be subjected to any variation in quality of services because of the inability to pay. Billing and collection procedures must have the following characteristics:

- (1) Charges must be based on a cost analysis of all services provided by the project. At the time of services, clients who are responsible for paying any fee for their services must be given bills directly. In cases where a third party is responsible, bills must be submitted to that party.
- (2) A schedule of discounts must be developed and implemented with sufficient proportional increments so that inability to pay is never a barrier to service. A schedule of discounts is required for individuals with family incomes between 101% and 250% of the Federal poverty level. Fees must be waived for individuals with family incomes above this amount who, as determined by the service site project director, are unable, for good cause, to pay for family planning services.
- (3) Clients whose documented income is at or below 100% of the Federal poverty level must not be charged, although projects must bill all third parties authorized or legally obligated to pay for services.
- (4) Individual eligibility for a discount must be documented in the client's financial record.
- (5) Bills to third parties must show total charges without applying any discount.
- (6) Where reimbursement is available from Title XIX or Title XX of the Social Security Act, a written agreement with the Title XIX or the Title XX state agency at either the grantee level or delegate/contract agency level is required.
- (7) Bills to clients must show total charges less any allowable discounts.
- (8) Eligibility for discounts for minors who receive confidential services must be based on the income of the minor.

(9) Reasonable efforts to collect charges without jeopardizing client confidentiality must be made.

(10) A method for the "aging" of outstanding accounts must be established.

(11) Voluntary donations from clients are permissible. However, clients must not be pressured to make donations, and donations must not be a prerequisite to the provision of services or supplies. Donations from clients do not waive the billing/charging requirements set out above.

(12) Client income should be re-evaluated at least annually.

Effective financial management will assure the short and long term viability of the project, including the efficient use of grant funds. Technical assistance in achieving this objective is available from the Regional Office. Title X projects offering services that are not required by the statute, regulations or these Guidelines should whenever possible seek other sources of funding for such services before applying Title X funds to those activities.

~ Financial Audit

Audits of grantees and delegate/contract agencies must be conducted in accordance with the provisions of 45 CFR Part 74, Subpart C, and 45 CFR Part 92, Subpart C, as applicable. The audits must be conducted by auditors meeting established criteria for qualifications and independence.

Charges to Title X Low-Income Clients and Teenagers (Revised) – April 24, 1997

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Memorandum

Date: APR 24 1997
From: Acting Deputy Assistant Secretary for Population Affairs
Subject: OPA Program Instruction Series, OPA 97-1: Fees and Charges Title X Low-Income Clients and Teenagers (Revised)
To: Regional Health Administrators, Regions I-X

This memorandum supersedes OPA Program Instruction Series OPA 86-5, "Fees and Charges to Title X Low-Income Clients and Teenagers."

In response to recent questions, this memorandum provides guidance on Title X policy regarding fees for services, in particular the process for charging fees to low income clients and unemancipated minors. Applicable regulations and guidelines remain unchanged.

Projects should be aware that Title X regulations require them to:

- not charge fees to clients from low-income families;
- make all reasonable efforts to obtain third party reimbursement for services; charge fees for services to all other clients, with a schedule of discounts based on ability to pay;
- design fee schedules to recover the reasonable cost of providing service; and
not refuse services because of users' inability to pay.

It is important to note that in providing services, Title X projects must assure that priority is given to persons from low-income families. Low income families are those whose annual income is not above 100 percent of the Poverty Income Guidelines issued by the Department. Clients from low-income families may not be charged for service, including the provision of contraceptives or related medical services.

Clients from families with annual incomes between 100 and 250 percent of the Income Poverty Guidelines must be charged for services. Charges for services must be in accordance with a fee schedule, which has discounts based on ability to pay. In addition, clients from families with incomes above 250 percent of the Income Poverty Guidelines must be charged a full fee to recover the reasonable cost of providing services.

When a client is unable to pay, for good cause (as determined by the project director), for family planning services the fee may be waived. The project must determine, as accurately as possible, the client's ability to pay based upon family income. This determination and notice of any applicable waiver should be made prior to the delivery of services and must be conducted each time a client requests services.

When considering charges to minors for services, several conditions must be taken into account. If the minor is unemancipated and confidentiality of services is not a concern, the family's income must be considered in determining the charge for the services. When a minor requests confidential services, without the involvement of a principal family member, charges for services must be based on the minor's income.

Income actually available to the minor, such as wages from part-time employment, stipends and allowances paid directly to the minor, should be considered in determining the minor's ability to pay for services. Those services normally provided by parents/guardians, e.g., food, shelter, transportation, tuition, etc., should not be included in determining a minor's income.

Under certain circumstances where confidentiality is restricted to limited members of the family, e.g., one parent is aware of the minor seeking services but the other is not because of disagreement regarding the minor's right to receive family planning services, the charges shall be based on the minor's income if the minor's confidentiality would be breached in seeking the full charge.

It is not allowable to have a general policy of no fee or flat fees for the provision of services to minors. Nor is it allowable to have a schedule of fees for minors that are different from other populations receiving family planning services.

Projects must seek payment from third parties who are authorized or legally obligated to pay for services unless, in doing so, patient confidentiality would be compromised. Also, since discounts or waivers are only applicable to individual clients, billing statements to third parties should show total charges without any applicable discount or waiver.

I appreciate your continued cooperation in assuring that grantees are in compliance with Title X requirements, and I hope this memorandum provides additional clarification on this matter.

Thomas C. Kring

**Reference C: CFR 42 Part 59 – Grants for Family Planning Services,
Subpart A: Project grants For Family Planning Services (Section 59.01 –
59.12)**

[Code of Federal Regulations]
[Title 42, Volume 1, Parts 1 to 399]
[Revised as of October 1, 2000]
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[Page 407-416]

TITLE 42--PUBLIC HEALTH

CHAPTER I--PUBLIC HEALTH SERVICE,
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

PART 59--GRANTS FOR FAMILY PLANNING SERVICES

Subpart A--Project Grants for Family Planning Services

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Subpart A--Project Grants for Family Planning Services

Authority: 42 U.S.C. 300a-4.
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Source: 65 FR 41278, July 3, 2000, unless otherwise noted.

Sec. 59.1 To what programs do these regulations apply?

The regulations of this subpart are applicable to the award of grants under section 1001 of the Public Health Service Act (42 U.S.C. 300) to assist in the establishment and operation of voluntary family planning projects. These projects shall consist of the educational, comprehensive medical, and social services necessary to aid individuals to determine freely the number and spacing of their children.

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000]

Sec. 59.2 Definitions.

As used in this subpart: Act means the Public Health Service Act, as amended. Family means a social unit composed of one person, or two or more persons living together, as a household. Low income family means a family whose total annual income does not exceed 100 percent of the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2). "Low-income family" also includes members of families whose annual family 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 services on a confidential basis must be considered on the basis of their own resources.

Nonprofit, as applied to any private agency, institution, or organization, means that no part of the entity's net earnings benefit, or may lawfully benefit, any private shareholder or individual.

Secretary means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.

State includes, in addition to the several States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Northern Mariana Islands, the U.S. Virgin Islands, American Samoa, the U.S. Outlying Islands (Midway, Wake, et al.), the Marshall Islands, the Federated State of Micronesia and the Republic of Palau.

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000]

Sec. 59.3 Who is eligible to apply for a family planning services grant?

Any public or nonprofit private entity in a State may apply for a grant under this subpart.

Sec. 59.4 How does one apply for a family planning services grant?

- (a) Application for a grant under this subpart shall be made on an authorized form.
- (b) An individual authorized to act for the applicant and to assume on behalf of the applicant the obligations imposed by the terms and conditions of the grant, including the regulations of this subpart, must sign the application.
- (c) The application shall contain--
 - (1) A description, satisfactory to the Secretary, of the project and how it will meet the requirements of this subpart;
 - (2) A budget and justification of the amount of grant funds requested;
 - (3) A description of the standards and qualifications which will be required for all personnel and for all facilities to be used by the project; and
 - (4) Such other pertinent information as the Secretary may require.

Sec. 59.5 What requirements must be met by a family planning project?

- (a) Each project supported under this part must:
 - (1) Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents). If an organization offers only a single method of family planning, it may participate as part of a project as long as the entire project offers a broad range of family planning services.
 - (2) Provide services without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning. Acceptance of services must be solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program of the applicant.\1\

Section 205 of Pub. L. 94-63 states: ``Any (1) officer or employee of the United States, (2) officer or employee of any State, political subdivision of a State, or any other entity, which administers or supervises the administration of any program receiving Federal financial assistance, or (3) person who receives, under any program receiving Federal assistance, compensation for services, who coerces or endeavors to coerce any person to undergo an abortion or sterilization procedure by threatening such person with the loss of, or disqualification for the receipt of, any benefit or service under a program receiving Federal financial assistance shall be fined not more than \$1,000 or imprisoned for not more than one year, or both."

- (3) Provide services in a manner which protects the dignity of the individual.
- (4) Provide services without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
- (5) Not provide abortion as a method of family planning. A project must:
 - (i) Offer pregnant women the opportunity to be provided information and counseling regarding each of the following options:
 - (A) Prenatal care and delivery;
 - (B) Infant care, foster care, or adoption; and
 - (C) Pregnancy termination.
 - (ii) 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 woman indicates she does not wish to receive such information and counseling.

- (6) Provide that priority in the provision of services will be given to persons from low-income families.
- (7) Provide that no charge will be made for services provided to any persons from a low-income family except to the extent that payment will be made by a third party (including a government agency) which is authorized to or is under legal obligation to pay this charge.
- (8) Provide that charges will be made for services to persons other than those from low-income families in accordance with a schedule of discounts based on ability to pay, except that charges to persons from families whose annual income exceeds 250 percent of the levels set forth in the most recent Poverty Guidelines issued pursuant to 42 U.S.C. 9902(2) will be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services.
- (9) If a third party (including a Government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts. Where the cost of services is to be reimbursed under title XIX, XX, or XXI of the Social Security Act, a written agreement with the title XIX, XX or XXI agency is required.
- (10)(i) Provide that if an application relates to consolidation of service areas or health resources or would otherwise affect the operations of local or regional entities, the applicant must document that these entities have been given, to the maximum feasible extent, an opportunity to participate in the development of the application. Local and regional entities include existing or potential subgrantees which have previously provided or propose to provide family planning services to the area proposed to be served by the applicant.
 - (ii) Provide an opportunity for maximum participation by existing or potential sub-grantees in the ongoing policy decision making of the project.
- (11) Provide for an Advisory Committee as required by Sec. 59.6. (b) In addition to the requirements of paragraph (a) of this section, each project must meet each of the following requirements unless the Secretary determines that the project has established good cause for its omission. Each project must:
 - (1) Provide for medical services related to family planning (including physician's consultation, examination prescription, and continuing supervision, laboratory examination, contraceptive supplies) and necessary referral to other medical facilities when medically indicated, and provide for the effective usage of contraceptive devices and practices.
 - (2) Provide for social services related to family planning, including counseling, referral to and from other social and medical services agencies, and any ancillary services which may be necessary to facilitate clinic attendance.
 - (3) Provide for informational and educational programs designed to--
 - (i) Achieve community understanding of the objectives of the program;
 - (ii) Inform the community of the availability of services; and
 - (iii) Promote continued participation in the project by persons to whom family planning services may be beneficial.
 - (4) Provide for orientation and in-service training for all project personnel.
 - (5) Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.
 - (6) Provide that family planning medical services will be performed under the

direction of a physician with special training or experience in family planning.

- (7) Provide that all services purchased for project participants will be authorized by the project director or his designee on the project staff.
- (8) Provide for coordination and use of referral arrangements with other providers of health care services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs.
- (9) Provide that if family planning services are provided by contract or other similar arrangements with actual providers of services, services will be provided in accordance with a plan which establishes rates and method of payment for medical care. These payments must be made under agreements with a schedule of rates and payment procedures maintained by the grantee. The grantee must be prepared to substantiate, that these rates are reasonable and necessary.
- (10) Provide, to the maximum feasible extent, an opportunity for participation in the development, implementation, and evaluation of the project by persons broadly representative of all significant elements of the population to be served, and by others in the community knowledgeable about the community's needs for family planning services.

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000]

Sec. 59.6 What procedures apply to assure the suitability of informational and educational material?

- (a) A grant under this section may be made only upon assurance satisfactory to the Secretary that the project shall provide for the review and approval of informational and educational materials developed or made available under the project by an Advisory Committee prior to their distribution, to assure that the materials are suitable for the population or community to which they are to be made available and the purposes of title X of the Act. The project shall not disseminate any such materials which are not approved by the Advisory Committee.
- (b) The Advisory Committee referred to in paragraph (a) of this section shall be established as follows:
 - (1) Size. The Committee shall consist of no fewer than five but not more than nine members, except that this provision may be waived by the Secretary for good cause shown.
 - (2) Composition. The Committee shall include individuals broadly representative (in terms of demographic factors such as race, color, national origin, handicapped condition, sex, and age) of the population or community for which the materials are intended.
 - (3) Function. In reviewing materials, the Advisory Committee shall:
 - (i) Consider the educational and cultural backgrounds of individuals to whom the materials are addressed;
 - (ii) Consider the standards of the population or community to be served with respect to such materials;
 - (iii) Review the content of the material to assure that the information is factually correct;
 - (iv) Determine whether the material is suitable for the population or community to which is to be made available; and
 - (v) Establish a written record of its determinations.

Sec. 59.7 What criteria will the Department of Health and Human Services use to decide which family planning services projects to fund and in what amount?

- (a) Within the limits of funds available for these purposes, the Secretary may award grants for the establishment and operation of those projects which will in the Department's judgment best promote the purposes of section 1001 of the Act, taking into account:
 - (1) The number of patients, and, in particular, the number of low-income patients to be served;
 - (2) The extent to which family planning services are needed locally;
 - (3) The relative need of the applicant;
 - (4) The capacity of the applicant to make rapid and effective use of the federal assistance;
 - (5) The adequacy of the applicant's facilities and staff;
 - (6) The relative availability of non-federal resources within the community to be served and the degree to which those resources are committed to the project; and
 - (7) The degree to which the project plan adequately provides for the requirements set forth in these regulations.
- (a) The Secretary shall determine the amount of any award on the basis of his estimate of the sum necessary for the performance of the project. No grant may be made for less than 90 percent of the project's costs, as so estimated, unless the grant is to be made for a project which was supported, under section 1001, for less than 90 percent of its costs in fiscal year 1975. In that case, the grant shall not be for less than the percentage of costs covered by the grant in fiscal year 1975.
- (b) No grant may be made for an amount equal to 100 percent for the project's estimated costs.

Sec. 59.8 How is a grant awarded?

- (c) The notice of grant award specifies how long HHS intends to fund. This period, called the project period, will usually be for three to five years.
- (d) Generally the grant will initially be for one year and subsequent continuation awards will also be for one year at a time. A grantee must submit a separate application to have the support continued for each subsequent year. Decisions regarding continuation awards and the funding level of such awards will be made after consideration of such factors as the grantee's progress and management practices, and the availability of funds. In all cases, continuation awards require a determination by HHS that continued funding is in the best interest of the government.
- (e) Neither the approval of any application nor the award of any grant commits or obligates the United States in any way to make any additional, supplemental, continuation, or other award with respect to any approved application or portion of an approved application.

Sec. 59.9 For what purpose may grant funds be used?

Any funds granted under this subpart shall be expended solely for the purpose for which the funds were granted in accordance with the approved application and budget, the regulations of this subpart,

the terms and conditions of the award, and the applicable cost principles prescribed in 45 CFR Part 74 or Part 92, as applicable.

Sec. 59.10 What other HHS regulations apply to grants under this subpart?

Attention is drawn to the following HHS Department-wide regulations which apply to grants under this subpart. These include:

37 CFR Part 401--Rights to inventions made by nonprofit organizations and small business firms under government grants, contracts, and cooperative agreements
42 CFR Part 50, Subpart D--Public Health Service grant appeals procedure
45 CFR Part 16--Procedures of the Departmental Grant Appeals Board
45 CFR Part 74--Uniform administrative requirements for awards and subawards to institutions of higher education, hospitals, other nonprofit organizations, and commercial organizations; and certain grants and agreements with states, local governments and Indian tribal governments
45 CFR Part 80--Nondiscrimination under programs receiving Federal assistance through the Department of Health and Human Services effectuation of Title VI of the Civil Rights Act of 1964
45 CFR Part 81--Practice and procedure for hearings under Part 80 of this Title
45 CFR Part 84--Nondiscrimination on the basis of handicap in programs and activities receiving or benefitting from Federal financial assistance
45 CFR Part 91--Nondiscrimination on the basis of age in HHS programs or activities receiving Federal financial assistance
45 CFR Part 92--Uniform administrative requirements for grants and cooperative agreements to state and local governments

Sec. 59.11 Confidentiality.

All information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the patient or as required by law, with appropriate safeguards for confidentiality. Otherwise, information may be disclosed only in summary, statistical, or other form which does not identify particular individuals.

Sec. 59.12 Additional conditions.

The Secretary may, with respect to any grant, impose additional conditions prior to or at the time of any award, when in the Department's judgment these conditions are necessary to assure or protect advancement of the approved program, the interests of public health, or the proper use of grant funds.

[65 FR 41278, July 3, 2000; 65 FR 49057, Aug. 10, 2000]

Subpart B [Reserved]

Subpart C--Grants for Family Planning Service Training

Authority: Sec. 6(c), 84 Stat. 1507, 42 U.S.C. 300a-4; sec. 6(c), 84 Stat. 1507, 42 U.S.C. 300a-1.

Source: 37 FR 7093, Apr. 8, 1972, unless otherwise noted.

Sec. 59.201 Applicability.

The regulations in this subpart are applicable to the award of grants pursuant to section 1003 of the Public Health Service Act (42 U.S.C. 300a-1) to provide the training for personnel to carry out family planning service programs described in sections 1001 and 1002 of the Public Health Service Act (42 U.S.C. 300, 300a).

Sec. 59.202 Definitions.

As used in this subpart:

- (a) Act means the Public Health Service Act.
- (f) State means one of the 50 States, the District of Columbia, Puerto Rico, Guam, the Virgin Islands, American Samoa, or the Trust Territory of the Pacific Islands.
- (g) Nonprofit private entity means a private entity no part of the net earnings of which inures, or may lawfully inure, to the benefit of any private shareholder or individual.
- (h) Secretary means the Secretary of Health and Human Services and any other officer or employee of the Department of Health and Human Services to whom the authority involved has been delegated.
- (i) Training means job-specific skill development, the purpose of which is to promote and improve the delivery of family planning services.

Sec. 59.203 Eligibility.

- (j) Eligible applicants. Any public or nonprofit private entity located in a State is eligible to apply for a grant under this subpart.
- (k) Eligible projects. Grants pursuant to section 1003 of the Act and this subpart may be made to eligible applicants for the purpose of providing programs, not to exceed three months in duration, for training family planning or other health services delivery personnel in the skills, knowledge, and attitudes necessary for the effective delivery of family planning services: Provided, That the Secretary may in particular cases approve support of a program whose duration is longer than three months where he determines (1) that such program is consistent with the purposes of this subpart and (2) that the program's objectives cannot be accomplished within three months because of the unusually complex or specialized nature of the training to be undertaken.

[37 FR 7093, Apr. 8, 1972, as amended at 40 FR 17991, Apr. 24, 1975]

Sec. 59.204 Application for a grant.

- (l) An application for a grant under this subpart shall be submitted to the Secretary at such time and in such form and manner as the Secretary may prescribe. \1\ The application shall contain a full and adequate description of the project and of the manner in which the applicant intends to conduct the project and carry out the requirements of this subpart, and a budget and justification of the amount of grant funds requested, and such other pertinent information as the Secretary may require.

\1\ Applications and instructions may be obtained from the Program Director, Family Planning Services, at the Regional Office of the Department of Health and Human Services for the region in which the project is to be conducted, or the Office of Family Planning, Office of the Assistant Secretary for Health, Washington, DC 20201.

(b) The application shall be executed by an individual authorized to act for the applicant and to assume for the applicant the obligations imposed by the regulations of this subpart and any additional conditions of the grant.

(Sec. 6(c), Public Health Service Act, 84 Stat. 1506 and 1507 (42 U.S.C. 300, 300a-1, and 300a-4))

[37 FR 7093, Apr. 8, 1972, as amended at 49 FR 38116, Sept. 27, 1984]

Sec. 59.205 Project requirements.

An approvable application must contain each of the following unless the Secretary determines that the applicant has established good cause for its omission:

(a) Assurances that:

- (1) No portion of the Federal funds will be used to train personnel for programs where abortion is a method of family planning.
 - (2) No portion of the Federal funds will be used to provide professional training to any student as part of his education in pursuit of an academic degree.
 - (3) No project personnel or trainees shall on the grounds of sex, religion, or creed be excluded from participation in, be denied the benefits of, or be subjected to discrimination under the project.
- (a) Provision of a methodology to assess the particular training (e.g., skills, attitudes, or knowledge) that prospective trainees in the area to be served need to improve their delivery of family planning services.
 - (b) Provision of a methodology to define the objectives of the training program in light of the particular needs of trainees defined pursuant to paragraph (b) of this section.
 - (d) Provision of a method for development of the training curriculum and any attendant training materials and resources.
 - (e) Provision of a method for implementation of the needed training.
 - (c) Provision of an evaluation methodology, including the manner in which such methodology will be employed, to measure the achievement of the objectives of the training program.
 - (g) Provision of a method and criteria by which trainees will be selected.

Sec. 59.206 Evaluation and grant award.

- (a) Within the limits of funds available for such purpose, the Secretary may award grants to assist in the establishment and operation of those projects which will in his judgment best promote the purposes of section 1003 of the Act, taking into account:
 - (1) The extent to which a training program will increase the delivery of services to people, particularly low-income groups, with a high percentage of unmet need for family planning services;
 - (2) The extent to which the training program promises to fulfill the family planning services delivery needs of the area to be served, which may include, among other things:
 - (i) Development of a capability within family planning service projects to provide pre- and in-service training to their own staffs;
 - (ii) Improvement of the family planning services delivery skills of family planning

- and health services personnel;
- (iii) Improvement in the utilization and career development of paraprofessional and paramedical manpower in family planning services;
 - (iv) Expansion of family planning services, particularly in rural areas, through new or improved approaches to program planning and deployment of resources;
- (3) The capacity of the applicant to make rapid and effective use of such assistance;
 - (4) The administrative and management capability and competence of the applicant;
 - (5) The competence of the project staff in relation to the services to be provided; and
 - (6) The degree to which the project plan adequately provides for the requirements set forth in Sec. 59.205.
- (b) The amount of any award shall be determined by the Secretary on the basis of his estimate of the sum necessary for all or a designated portion of direct project costs plus an additional amount for indirect costs, if any, which will be calculated by the Secretary either: (1) On the basis of his estimate of the actual indirect costs reasonably related to the project, or (2) on the basis of a percentage of all, or a portion of, the estimated direct costs of the project when there are reasonable assurances that the use of such percentage will not exceed the approximate actual indirect costs. Such award may include an estimated provisional amount for indirect costs or for designated direct costs (such as travel or supply costs) subject to upward (within the limits of available funds) as well as downward adjustments to actual costs when the amount properly expended by the grantee for provisional items has been determined by the Secretary.
 - (c) Allowability of costs shall be in conformance with the applicable cost principles prescribed by Subpart Q of 35 CFR part 74.
 - (d) All grant awards shall be in writing, shall set forth the amount of funds granted and the period for which support is recommended.
 - (e) Neither the approval of any project nor any grant award shall commit or obligate the United States in any way to make any additional, supplemental, continuation, or other award with respect to any approved project or portion thereof. For continuation support, grantees must make separate application annually at such times and in such form as the Secretary may direct.

[37 FR 7093, Apr. 8, 1972, as amended at 38 FR 26199, Sept. 19, 1973]

Sec. 59.207 Payments.

The Secretary shall from time to time make payments to a grantee of all or a portion of any grant award, either in advance or by way of reimbursement for expenses incurred or to be incurred in the performance of the project to the extent he determines such payments necessary to promote prompt initiation and advancement of the approved project.

Sec. 59.208 Use of project funds.

- (a) Any funds granted pursuant to this subpart as well as other funds to be used in performance of the approved project shall be expended solely for carrying out the approved project in accordance with the statute, the regulations of this subpart, the terms and conditions of the award, and, except as may otherwise be provided in this subpart, the applicable cost principles prescribed by subpart Q of 45 CFR part 74.

- (b) Prior approval by the Secretary of revision of the budget and project plan is required whenever there is to be a significant change in the scope or nature of project activities.
- (c) The Secretary may approve the payment of grant funds to trainees for:
- (1) Return travel to the trainee's point of origin.
 - (2) Per diem during the training program, and during travel to and from the program, at the prevailing institutional or governmental rate, whichever is lower.

[37 FR 7093, Apr. 8, 1972, as amended at 38 FR 26199, Sept. 19, 1973]

Sec. 59.209 Civil rights.

Attention is called to the requirements of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. 2000d et seq.) and in particular section 601 of such Act which provides that no person in the United States shall, on the grounds of race, color, or national origin be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. A regulation implementing such title VI, which applies to grants made under this part, has been issued by the Secretary of Health and Human Services with the approval of the President (45 CFR part 80).

Sec. 59.210 Inventions or discoveries.

Any grant award pursuant to Sec. 59.206 is subject to the regulations of the Department of Health and Human Services as set forth in 45 CFR parts 6 and 8, as amended. Such regulations shall apply to any activity for which grant funds are in fact used whether within the scope of the project as approved or otherwise. Appropriate measures shall be taken by the grantee and by the Secretary to assure that no contracts, assignments or other arrangements inconsistent with the grant obligation are continued or entered into and that all personnel involved in the supported activity are aware of and comply with such obligations. Laboratory notes, related technical data, and information pertaining to inventions and discoveries shall be maintained for such periods, and filed with or otherwise made available to the Secretary, or those he may designate at such times and in such manner, as he may determine necessary to carry out such Department regulations.

Sec. 59.211 Publications and copyright.

Except as may otherwise be provided under the terms and conditions of the award, the grantee may copyright without prior approval any publications, films or similar materials developed or resulting from a project supported by a grant under this part, subject, however, to a royalty-free, nonexclusive, and irrevocable license or right in the Government to reproduce, translate, publish, use, disseminate, and dispose of such materials and to authorize others to do so.

Sec. 59.212 Grantee accountability.

(a) Accounting for grant award payments. All payments made by the Secretary shall be recorded by the grantee in accounting records separate from the records of all other grant funds, including funds derived from other grant awards. With respect to each approved project the grantee shall account for the sum total of all amounts paid by presenting or otherwise making available evidence satisfactory to the Secretary of expenditures for direct and indirect costs meeting the requirements of this part: Provided, however, That when the amount awarded for indirect costs was based on a predetermined fixed-percentage of estimated

direct costs, the amount allowed for indirect costs shall be computed on the basis of such predetermined fixed-percentage rates applied to the total, or a selected element thereof, of the reimbursable

direct costs incurred.

(b) [Reserved]

(c) Accounting for grant-related income--(1) Interest. Pursuant to section 203 of the Intergovernmental Cooperation Act of 1968 (42 U.S.C. 4213), a State will not be grant purposes. A State, as defined in section 102 of the Intergovernmental Cooperation Act, means any one of the several States, the District of Columbia, Puerto Rico, any territory or possession of the United States, or any agency or instrumentality of a State, but does not include the governments of the political subdivisions of the State. All grantees other than a State, as defined in this subsection, must return all interest earned on grant funds to the Federal Government.

(d) Grant closeout--(1) Date of final accounting. A grantee shall render, with respect to each approved project, a full account, as provided herein, as of the date of the termination of grant support. The Secretary may require other special and periodic accounting.

(1) Final settlement. There shall be payable to the Federal Government as final settlement with respect to each approved project the total sum of: (i) Any amount not accounted for pursuant to paragraph (a) of this section; (ii) Any credits for earned interest pursuant to paragraph (c)(1) of this section; (iii) Any other amounts due pursuant to subparts F, M, and O of 45 CFR part 74. Such total sum shall constitute a debt owed by the grantee to the Federal Government and shall be recovered from the grantee or its successors or assignees by setoff or other action as provided by law.

[36 FR 18465, Sept. 15, 1971, as amended at 38 FR 26199, Sept. 19, 1973]

Sec. 59.213 [Reserved]

Sec. 59.214 Additional conditions.

The Secretary may with respect to any grant award impose additional conditions prior to or at the time of any award when in his judgment such conditions are necessary to assure or protect advancement of the approved project, the interests of public health, or the conservation of grant funds.

Sec. 59.215 Applicability of 45 CFR part 74.

The provisions of 45 CFR part 74, establishing uniform administrative requirements and cost principles, shall apply to all grants under this subpart to State and local governments as those terms are defined in subpart A of that part 74. The relevant provisions of the following subparts of part 74 shall also apply to grants to all other grantee organizations under this subpart.

45 CFR Part 74

Subpart:

A General.

B Cash Depositories.

C Bonding and Insurance.

D Retention and Custodial Requirements for Records.

F Grant-Related Income.

- G Matching and Cost Sharing.
- K Grant Payment Requirements.
- L Budget Revision Procedures.
- M Grant Closeout, Suspension, and Termination.
- O Property.
- Q Cost Principles.

[38 FR 26199, Sept. 19, 1973]

This following document is an example of one Title X Grantee's (Family Planning Council, Inc) policies that comprehensively address client fees and financial management issues. You are welcome to use this document as a source for developing your own agency policies.

Reference D: Family Planning Council's Client Fee Policies

Client Fee Policies
Family Planning Council
Approved: pre-1991; 3/01; 6/03; 4/05; 10/05(edits)

Introduction:

It is the philosophy of the Family Planning Council that all individuals should have access to voluntary, high quality, confidential and affordable family planning services. Further, the scope of these services for any client should not be determined by her/his method of payment. It is imperative that family planning agencies maximize all sources of payment for family planning services provided to clients so that public funding is used most effectively. Sources of payment include: third party payers (such as Medicaid HMOs and commercial insurance plans) and first party payers (client fees).

These **Client Fee Policies** refer to the charges, billing and collection of client fees as set forth in the Title X and Titles XX and V funding regulations for family planning provider agencies.

It is the intention of the Family Planning Council that neither the cost of services and supplies nor the procedures for collecting fees should present a barrier to the receipt of family planning services or supplies for the client who has been assessed a fee. Further, fee-paying clients shall not be denied services because of an inability to pay for those services and supplies.

Therefore, fee assessment and collections must be done by well-trained, qualified staff who are able to interact effectively with the client regarding sensitive financial matters. It must also be acknowledged that a client's finances may change between visits: thus, fee assessment and payment are discussed and reviewed at each client visit. The Family Planning Council's training department offers on-going courses related to fee assessment and collections for family planning staff.

The Family Planning Council does not impose a fee schedule on its provider agencies. Rather, a fee schedule is individually determined by agencies based on their costs, local circumstances and funding source regulations. All agencies must have a sliding fee schedule with the full fee based on the reasonable cost of clinical and laboratory services and all supplies (hereafter referred to as "services and supplies").

I. Reasonable Cost

Title X regulations specify that full fees charged to clients are to be based on reasonable cost of all the family planning services and supplies provided. This assessment establishes the upper end of the sliding fee schedule.

II. Sliding Fee Scale

For clients whose income is at or below 250% of the federal poverty level but above 100% of poverty, the fee charged must be based on the reasonable cost for all services and supplies, less a discount based on household income and family size.

Title X regulations require that clients must not be denied services or be subjected to any variation in quality of services because of the inability to pay at the time of the visit. Provider agencies must have signage posted in an area visible to clients (such as in the waiting area) that communicate this information.

A scale must have at least five slides: no fee, three proportional discounted fees, and full fee. Any variation above or below reasonable cost for an agency requires that agency to submit a written justification to the Council.

No one at or below 100% of the federal poverty level can be charged a fee for any family planning service or supply. Clients who are at or below 100% poverty and have commercial insurance may not be charged a visit or prescription co-pay.

The income criteria schedule is based on the annual federally defined poverty level (by household income and family size), and is issued by the Council (effective July 1st of each year). It is to be appended to these policies annually as *Appendix 1*.

As noted above, Reasonable Cost covers the cost of all services (clinical and laboratory) and all supplies (birth control and medications). When charges for supplies and/or laboratory services are not in the visit fee, these too must be charged according to a sliding fee schedule based on reasonable cost for the supplies and/or services with proportional increments.

NOTE: On an annual basis, each family planning provider agency must submit a copy of its sliding fee schedule and its current fee policies to the Council (Patient Services Department) for review.

III. Fee Assessment

Family planning projects must have a schedule of discounted services and supplies. The fee charged to a client 18 years and older at her/his visit must be determined by an objective assessment that takes into account the client's self-declared/reported family size and household income. Family planning providers must use self-declaration as reported by the client and may not routinely require a client to provide written documentation of either age, family size, or household income. Coverage under Medical Assistance must also be routinely ascertained.

Adolescents under 18 years old receive family planning services and supplies free-of-charge under the regulations governed by Title XX and Title V funding. Therefore, it is not necessary to conduct a fee assessment of adolescents under 18 although age must be reviewed at each visit to determine current age and coverage under Medical Assistance must be ascertained.

Example (1): a high school student who is 15 years old is not charged for any of her/his services or supplies and can sign her/his own consent forms related to receiving those services and supplies. However, if she/he is covered under Medical Assistance, this coverage must be used as her source of payment.

Example (2): a high school student who is 18 years old and not on Medical Assistance must be fee assessed. Based on her/his household income and family size, this client may or may not qualify for free services.

Title X regulations permit fee assessment of adolescents under 18; however, if a provider agency wishes to implement a sliding fee schedule affecting adolescents under 18, this policy must first be reviewed and approved by the Family Planning Council to ensure it is compliant with Title X regulations and that waivers from Titles XX and V regulations are obtained.

Family size is the number of family members/individuals living in a household and supported by the income of that household (see below).

Household income is defined as including all sources of income as listed in the attached *Appendix2* taken from the Title XX family planning regulations. The client's fee is based on household gross income and the number of persons supported by that income. Unemployment compensation and other sources of public income are considered in determining household income.

If a client does not know her/his household income, attempt to determine if household income and family size is at or below 100% of poverty. If at or below 100% poverty, she/he cannot be charged a fee for any services or supplies. If above 100%, try to determine an income range to put her/him into one of the fee categories. If she/he is clearly above 100% poverty and cannot estimate income, determine her/his disposable income to pay for the services.

A client who refuses to provide household income and family size information must be charged the full fee.

Fee assessment and/or quoting a fee cannot be done over the telephone. Rather, general fee information must be provided. This includes the fact that: 1) an agency has a sliding fee scale which is based on income and can range from no charge at all to a full charge of (state \$ amount for full fee), 2) no client is denied services because she/he cannot pay the fee determined at that visit, 3) the agency accepts all HealthChoices plans without referral as full payment of services, and 4) the agency also accepts other health plans such as (state the health plans).

A fee assessment must be conducted or revisited at each visit to allow for changes in a client's financial situation. Fees cannot be based on a negotiation with the client as to how much she/he can pay at that visit or her/his willingness to pay an amount not determined by the fee schedule. The financial information includes: household income, family size and the fee category (no fee, partial, or full).

- If a client lives with someone and pays her/his share to room and board and other living expenses, her/his individual income is used to determine fee status.

Example (3): A client is living with roommates in an apartment and pays her/his portion of rent and food and other living expenses, only her/his income is assessed.

Example (4): A client is working, pays room and board to her/his parents (or other family member with whom she/he resides) and pays for all other living expenses (such as clothes, car payments, etc.), then only her/his income is assessed.

- If a client lives with someone and does not pay for room and board, and is being supported by another member of the household, then the household income and family size must be determined and considered in the fee assessment.

Example (5): A client lives with her/his parents and does not pay them for room and board, whether the client has her/his own income or not, the entire household income and family size must be assessed.

- If a client lives with someone and they combine their resources to pay for room and board and living expenses, then the income of both must be assessed along with the family size.

Example (6): A client lives with her/his partner and they keep a joint account for paying bills and other living expenses (regardless of whether both or only one partner has income), then the income of both is considered along with the total number of persons being supported on the combined income.

- Fee determination for college students must be determined on the basis of whose income is providing their support. College students may not be charged a flat fee. They must be income assessed at each visit.

Example (7): If a student is being supported by her/his parents (parents are paying tuition, board and other living expenses), then the family's household income and size must be assessed.

Example (8): If a student is living completely on grants, stipends or loans, income must be established according to any discretionary income she/he may have.

Example (9): If a student is living at home and is working, but does not pay for her/his room and board, then the entire household income and family size are assessed.

Example (10): If a student is living at home and is working and pays for her/his room and board and other living expenses, then her/his individual income is assessed.

I. Declaration Method (Age, Household Income, and Family Size)

Documentation of age of an adolescent cannot be required on a routine basis. Documentation can be requested in limited circumstances if, in the judgment of the family planning agency, the information provided by the client is questionable and the reason for this concern is documented in the financial section of the client record.

Example (11): A client says she/he is under 18 years old, but the family planning counselor has reason to believe this is not the case (for example, earlier records show a birth date establishing the client as being 18), the counselor can ask the client to bring proof of age at her next visit – she/he cannot be denied services at this visit.

In limited circumstances, documentation of household income and family size can be requested at a subsequent visit if, in the judgment of the family planning agency, the information provided by the client is questionable and the reason for this concern is documented in the financial section of the client record. The client must be informed in advance of the need to bring the required documentation to the subsequent visit and this advance notice must be documented in the financial section of the

client record. Services may not be denied if requested documentation is not presented; however, the client may be assessed a full fee.

Example (12): Client talks about her current job with staff person A at her visit and then, when fee assessed, tells staff person B that she is unemployed and has no income.

V. Adjustments to Fee Balances and Denial of Service

Title X regulations require that clients must not be denied services or be subjected to any variation in quality of services because of the inability to pay. Family planning providers must have written procedures for adjusting fee balances based on circumstances such as financial hardship and/or a client's inability to access household income. Based on these procedures, open balances must be reviewed and adjustments/write-offs made per the agency's policy.

Only under extraordinary circumstances, e.g., when a client has **refused** to make payments against an open balance, can that client be denied services and/or supplies and then only after the family planning agency follows the guidelines listed below: Financial counseling about the outstanding balance is a prerequisite, including informing the client of her responsibility to pay, reviewing and possibly reassessing client's fee status and her ability to pay on the outstanding balance, creating a suitable payment plan, giving the client an opportunity to meet this new payment plan. Once this counseling has been provided, a client can be denied services or supplies after: 1) she/he has been advised during a previous visit that this might occur, 2) this warning is documented in the client record, and 3) the client has been given a current bill with the outstanding balance which includes information that non-payment of the balance or any portion thereof may be cause for denial of future services and/or supplies.

VI Client Billing and Payment Adjustments

Services provided, total fee, discount, and the net amount due must be reflected on the client's bill. Reasonable efforts to collect client fees may include mailing of bills to clients; however, client confidentiality and mode of contact must be respected.

Provider agencies must have a written policy regarding procedures for writing off open balances and for aging accounts.

In instances where a client has changed fee categories due to a decrease in household income, agencies have the flexibility to adjust a client's outstanding fee balance downward based on her/his current ability to pay. The reason for the adjustment and the method used to determine the new balance must be documented.

VII. Donations

Donations may be accepted from clients, but individual (one-on-one) solicitation for donations is not permitted. Instead, agencies may post signs that inform clients as follows:

*This clinic is a non-profit family planning service.
We gladly accept donations from our clients and other supporters.
These donations help us continue to provide services at the lowest cost
possible to all our clients.
See the XXXXX if you would like to make a donation. Thank you.*

Agencies must have systems in place that account for the receipt of donations from clients.

VIII. Commercial Insurance

Some family planning agencies also have the capacity to directly bill commercial insurance plans. Clients with commercial insurance plans must be asked about the confidentiality of their services. Most private insurances and CHIP will send an Explanation of Benefits to the cardholder. Medicaid HMOs do not send Explanation of Benefits to the cardholder. If a client is seeking confidential services and is concerned about an Explanation of Benefits being sent to her/his home, the insurance company should not be billed. Instead, the client should be fee assessed and charged as appropriate to the agency's fee schedule.

Example (13): A 20 year old female college student comes to the clinic seeking a pregnancy test. She is covered by her parent's Blue Cross Personal Choice and has the card with her. Your clinic accepts BCPC. You must explain to the client that a form called an Explanation of Benefits will be sent to the parent who carries the insurance. This explanation may show that she had a pregnancy test done at her visit. You need to make sure this will not cause problems for the client.

Some clients may have a commercial insurance plan that cannot be billed by the agency. These clients must be fee assessed as though they do not have this coverage. In these cases, agencies may advise their clients that: 1). They may submit the clinic receipt to the insurance company to receive reimbursement for the cost as allowable under their plan, or 2). They may obtain services for less cost if they use another provider who accepts their insurance plan. The agency should assist the client in determining the appropriate option, taking into account her/his unique circumstances and/or need for confidential services.

Example (14): A client calls for an appointment. She tells you she has Aetna Health Insurance. You explain your agency does not accept Aetna. You explain that 1) you have a sliding fee scale which is based on income and can range from no charge at all to a full charge of (state \$ amount for full fee), 2) no client is denied services because she/he cannot pay the fee determined at that visit, 3) the agency accepts all Medicaid HMOs plans and if relevant, accepts other health plans such as (state the health plans). She decides she wants to be seen at an office that will accept her Aetna insurance and is not concerned about the disclosure on the Explanation of Benefits notice. You refer her to the Customer Service line, which can be found on the back of most insurance cards and on the insurance companies website for help in finding services in her area.

Visit Fees

For clients who choose to use their commercial insurance plan, the client should be fee assessed and the cost of the visit determined based on income and family size. The clinic must accept as full payment the lesser of either: 1) the insurance plan co-pay, or 2) the reduced fee for the visit.

Example (15) A client has Keystone Health Plan East. She has an IUD in place and is provided a complete annual exam. Based on her fee assessment, she falls into a Part Fee Category, which means she would have paid \$15 for her services at that agency. Her co-pay is \$20.00. This client is charged \$15.00 for the visit.

Example (16) Another client with Keystone Health Plan East and an IUD in place also receives a complete annual exam. Based on her income and family size, she is assessed at full fee, which means she would have paid \$35 for her services at that agency. Her co-pay is \$20.00. This client is charged \$20.00 for the visit.

Contraceptive Supplies

If the client's commercial plan does not include prescription coverage for birth control supplies, then the client should be charged for supplies according to her fee assessment the agency's sliding fee schedule for contraceptive supplies.

Example (17) A client with Blue Cross comes in for a breast recheck and a refill of her prophylactic emergency contraception. She does not have a prescription plan. She is fee assessed as a full fee client. The full fee visit cost is \$30.00 and the ECP full fee is \$5.00. The client's Blue Cross co-pay is \$20.00. She is charged \$20.00 for the visit and \$5.00 for the ECP.

If the client's commercial plan covers birth control supplies and confidentiality is not a concern for the client, then the client should be charged the lesser of either: 1) the prescription plan co-pay, or 2) the reduced fee for the supplies.

Example (18) A client with Blue Cross comes for an annual exam and supply of birth control pills. She also has a prescription plan. She is fee assessed and falls into a Part Fee Category, which means she would have paid \$15 for her services. Her fee category also would have her paying \$5 for a one-month supply of birth control pills. Her visit co-pay is \$20 and her prescription plan co-pay is \$10. She is charged a total of \$20 (\$15 for the visit and \$5 for the supplies).

As the examples show, these policies may result in family planning agencies collecting fees below the commercial insurance co-pay level. The Council has confirmed this practice with two commercial insurance plans and received assurances that this practice is acceptable.

Coding and the Data System

All clients with commercial insurance that will be billed by the agency must be fee assessed at each visit. Commercial insurance should be indicated as the Primary Coverage and the client's income and family size must be entered on the PVA or in the data system. The fees charged for supplies or co-pays should be indicated on the PVA or in the data system.

IX. Residency Status and Other Factors

Family planning agencies cannot deny services or supplies to anyone on the basis of state or county of residence nor on the basis of country of origin or citizenship. Additionally, services or supplies cannot be denied on the basis of age, gender, sexual orientation, race or ethnicity, religion, handicap, or marital status.

Exclusive of teens under 18 years old, all family planning clients who are not covered by HealthChoices or another billable insurance plan must be assessed and charged for the cost of services as described in these policies. These charges may range from no charge (zero fee) to a full fee charge, depending on household income and family size.

ADDENDUM TO FPC CLIENT FEE POLICY

(Relevant to Emergency Contraception and Chlamydia Testing)

1. All Chlamydia and ECP fee policies must follow the current FPC Patient Fee Policy
 - A. Specific to this policy, no provider may charge a fee for Chlamydia testing or ECP to a patient whose income is below 100% of the poverty level. There must be a sliding fee schedule in place for all patients with incomes above 100% poverty.
 - B. While it is important to fee assess patients at each visit, the Council will be evaluating the provider billing system and the CHOICE feedback system to assure providers are not charging patients inconsistently and inappropriately.

1. No provider may charge a full fee family planning patient more than:
 - o The MA/HealthChoices reimbursement rate for a Chlamydia test
 - o \$5 for a FPC supplied ECP dose.

1. As stated in the FPC Supplementary Patient Fee Policies, "Title X Regulations specify that full fees charged to patients are based on reasonable cost of all family planning services provided. This establishes the upper end of the sliding fee schedule. A scale must have 5 slides: no fee, 3 discounted fees, and a full fee. Any variance above or below reasonable cost for an agency requires written justification."