



FAMILY PLANNING STATEMENT OF UNDERSTANDING

All activities funded under the Title X Family Planning Services Grant must be in compliance with requirements of the Title X statute, any legislative mandates, and any program regulations, as of the time the requirement is applicable and in effect.

Project staff for the North Dakota Family Planning Program have been informed of and will comply with the following:

1. All family planning services are to be provided without subjecting clients to any coercion to accept services or to use or not use any particular method of family planning.
2. A client's acceptance of family planning 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 that is offered by the grantee, sub-recipient or service site.
3. 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.
4. Services must be provided in a manner that does not discriminate against any client based on religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.
5. Project staff may not provide abortion as a method of family planning.
6. Project staff must offer pregnant clients 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 terminationIf 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.
7. Priority for project services is to clients from low-income families.
8. Provide that no charge will be made for services provided to any clients 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.

9. Provide that charges will be made for services to clients 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.
10. Family income should be assessed before determining whether copayments or additional fees are charged.
11. Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients' self-report. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income.
12. 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.
13. Voluntary donations by clients are permissible, however; clients must not be pressured to make donations and donations must not be a prerequisite to receiving services or supplies.
14. Clients must not be denied project services or be subjected to any variation in quality of services because of inability to pay.
15. Project staff are encouraged to participate in the development of the application for funding and ongoing policy decision making.
16. Provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in person or via telehealth, and necessary referral to other medical facilities when medically indicated and provide for the effective usage of contraceptive devices and practices.
17. Provide for social services related to family planning, including counseling, referral to and from other social and medical service agencies, and any ancillary services which may be necessary to facilitate clinic attendance.



18. Provide for opportunities for community education, participation, and engagement 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 diverse persons to whom family planning services may be beneficial to ensure access to equitable, affordable, client-centered, quality family planning services.
19. Provide for the orientation and in-service training of all project personnel, including the staff of sub-recipient agencies and service sites.
20. Project staff orientation/in-service training must include annual training on Federal/State requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence as well as on human trafficking.
(North Dakota law requires that employees of family planning clinics are considered to be mandatory reporters of child abuse, child molestation, sexual abuse, rape, or incest.)
21. Project staff should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the diverse client population. Staff will participate in cultural competence trainings and in-services.
22. Provide services without the imposition of any durational residency requirement or requirement that the patient be referred by a physician.
23. Provide that family planning medical services will be performed under the direction of a clinical services provider, with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning.
24. Provide that all services purchased for project participants will be authorized by the project director or their designee on the project staff.
25. Projects must provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care.
26. 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. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipient must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client.

27. To the extent practical, Title X projects shall encourage family participation. However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.
28. Projects may not discriminate on the basis of disability and, when viewed in their entirety, facilities must be readily accessible to people with disabilities.

I understand that as a staff member of the North Dakota Family Planning Program, I must comply with the requirements of the Title X statute, any legislative mandates, and any program or other applicable regulations in effect. By signing this form, I assure that I have read and understand this document and have had the opportunity to have my questions answered.

Employee Signature _____ Date _____