4.1 Project Personnel

Title X grantees must have approved personnel policies and procedures.

Grantees and sub-recipients are obligated to establish and maintain personnel policies that comply with applicable Federal and State requirements, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, Title I of the Americans with Disabilities Act, and the annual appropriations language. These policies should include, but are not to be limited to, staff recruitment, selection, performance evaluation, promotion, termination, compensation, benefits, and grievance procedures.

Project staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population (42 CFR 59.5 (b)(10)).

Projects must be administered by a qualified project director. Change in Status, including Absence, of Principal Investigator/Project Director and Other Key Personnel requires pre-approval by the Office of Grants Management. For more information, see HHS Grants Policy Statement, 2007 Section II-54.

Projects must provide that family planning medical services will be performed under the direction of a physician with special training or experience in family planning (42 CFR 59.5 (b)(6)). (This applies to the Title X grantee, MSDH)

Appropriate salary limits will apply as required by law.

4.2 Staff Training and Project Technical Assistance

Title X grantees are responsible for the training of all project staff. Technical assistance may be provided by OPA or the Regional Office.

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)).

The project’s training plan should provide for routine training of staff on federal and state requirements for reporting or notification of child abuse, child molestation, sexual abuse, rape, or incest, as well as on human trafficking.
The project’s training plan should provide for routine training on involving family members in the decision of minors to seek family planning services and on counseling minors on how to resist being coerced into engaging in sexual activities.

In order to meet this federal program requirement, the MSDH CRH requires that sub-grantees have a comprehensive employee manual for the organization that features all areas listed above.

### 4.3 Staff Orientation and Training

All sub-grantees must have an established orientation and training program for all staff, including specific family planning training. It is recommended that all staff working for the program be oriented to the Title X program, including staff that provide medical interpretation and/or translation for the program. Sub-grantees should consider adding this training to their agency’s orientation checklist, if one is used.

All staff who interact with a Title X client in a Title X clinic must participate in annual training on the required topics (please click on link below to access the webinar or presentation). Information can be found at [https://msdh.ms.gov/msdhsite/_static/41,0,107,154.html](https://msdh.ms.gov/msdhsite/_static/41,0,107,154.html)

- **Orientation**
  Family Planning National Training Center (FPNTC)

- **Voluntary, Client Centered, Non Coercive Services**
  FPNTC

- **Encouraging Family Participating in Adolescent Decisions for Title X Services**
  FPNTC

- **Human Trafficking** and **Supplemental Handout on Human Trafficking in Mississippi**
  FPNTC and Mississippi Attorney General’s Office

- **Mandatory Reporting of Child Abuse**
  FPNTC

To streamline these requirements, MSDH has created an online form where each staff member who interacts with a Title X client must document the date of the training and whether he/she has read the MSDH Family Planning Manuals. This online form is completed annually and will be checked during the annual audit. Link to online form: [https://goo.gl/forms/UeXkNBxyGEnxaw8w1](https://goo.gl/forms/UeXkNBxyGEnxaw8w1)
Training Resources

The National Clinical Training Center for Family Planning is a national training and technical assistance center funded by the Office of Population Affairs to provide the most up-to-date and latest evidence-based, quality training nationwide for family planning clinicians:

http://www.ctcfp.org/clinical-training/

4.4 Limited English Proficiency

Policy: All sub-grantees must take reasonable steps to ensure that clients with limited English proficiency (LEP) have meaningful access to service at all points of contact; at no cost to LEP individuals. This includes having access to more than just Spanish interpretation (spoken) and translation (written) resources.

Definition: Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English are considered limited English proficient, or "LEP."

A person with Limited English Proficiency will have difficulty speaking or reading English. An organization and the LEP individual will benefit from an interpreter (in-person or telephonic/over the phone) who will interpret for the LEP and provider.

Written Documents: A LEP individual may also need documents written in English translated into his or her primary language so that person can understand important documents related to health and human services such as vital written documents. Vital written documents include, but are not limited to, consent and complaint forms; intake and application forms with the potential for important consequences; written notices of rights; notices of denials, losses, or decreases in benefits or services; notice of disciplinary action; signs; and notices advising LEP individuals of free language assistance services.

MSDH requires all family planning sub-grantees have access to language service provider(s) for interpretation (telephonic or on-site) and document translation. In addition, vital written documents such as materials and intake forms should be translated into languages more often spoken by the patient populations served.

More information on LEP can be found here:
http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/lepotfedres.html
4.5 Section 1557 Policy

In accordance to the Office of Civil Rights, agencies contracted through the MSDH, Title X, Family Planning Program must comply with Section 1557 of the Affordable Care Act (ACA), which was enacted in 2010. Section 1557 is the nondiscrimination provision of the ACA, which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs or activities. This is built upon long-standing Federal civil rights laws. On May 13, 2016, the HHS Office for Civil Rights issued the final rule implementing of Section 1557. MSDH’s policy can be found: https://www.colorado.gov/pacific/sites/default/files/PSD_titleX2_2016-Section-1557-Policy.pdf

This includes further protection for individuals under the following:

- Protecting Individuals against Sex Discrimination
- Ensuring Meaning Access for Individuals with Limited English Proficiency
- Ensuring Effective Communication with and Accessibility for Individuals with Disabilities
- Coverage of Health Insurance in Marketplaces and Other Health Plans

All Title X funded agencies must review and comply with Section 1557: http://www.hhs.gov/civil-rights/for-individuals/section-1557/. If items of the rule are not already part of the agency’s policies and procedures, agencies must update accordingly. Along with policies and procedures being in compliance with Section 1557, agencies must have the following at a minimum:

1. Utilization of a gender inclusive comprehensive family planning history form

2. Statement of nondiscrimination on major publications

3. Notice of nondiscrimination available to clients
   - Availability includes posting in the waiting room, clinic room, intake forms or other forms of communications where patients can readily review.
   - Follow the link for notices of nondiscrimination templates: http://www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html

4. Posted language access information
For more information and access to tools to help agencies comply with these regulations, please visit the Office of Civil Rights website: http://www.hhs.gov/civil-rights/for-individuals/section-1557/.