

2.2 CLIENT ELIGIBILITY AND PRIORITY POPULATIONS

Policy: Priority for Title X services is to persons from low-income families (*Section 1006(c)(1), PHS Act; 42 CFR 59.5 (a)(6)*).

Quality Title X services must be equitable and accessible, which includes providing services to low-income individuals who may not otherwise have access to quality care.

The WMHS has identified the following groups as high priority populations:

- **Adolescents:** Adolescents (19 years and younger) have been identified as in particular need of family planning services because of adverse health, social and economic consequences of teenage pregnancy and childbearing.
- **Low-Income Women and Men:** Low-income women and men (those with incomes less than 250% of the federal poverty level) are considered a priority for family planning services because of the challenges they face in obtaining reproductive health services.
- **Uninsured Women and Men:** Women and men who lack or have inadequate insurance coverage face barriers in accessing reproductive health care and represent a target population for Montana's Title X clinics.
- **American Indians:** The Montana American Indian population faces the greatest health disparities in the state. Teen pregnancy and chlamydia rates for the American Indian population far exceed the state average.

Services must be provided with no durational residency requirements or the requirement that the client be referred by a physician.

Procedure:

1. Sub-recipient work plans for community outreach and education must document that these activities have been targeted to low-income individuals and communities.
2. Sub-recipients must target educational programs and services to at least one vulnerable populations identified in the Health Education Work Plan that is submitted to the WMHS annually.
3. When possible, clinic site(s) are located in low-income communities, especially those communities with limited access to subsidized healthcare services.
4. Clinic data submitted to the WMHS demonstrates that a majority of clients served are low income.
5. A review of the clinic data demonstrates that a reasonable proportion of clients seen are:
 - a. Males
 - b. Adolescents
 - c. American Indians
 - d. Low-Income Women and Men
 - e. Uninsured Women and Men