



**Department
of Health**

NYS Family Planning Program Annual Program Update

November 14, 2018

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NYSFPP Annual Program Update - Overview

- NYSDOH Staff
- Division of Family Health Priorities & Focus Areas
- NYS Family Planning Program Overview & Impact
- FY 2018 Title X Program Priorities
- Program Updates
- Fiscal Updates
- IPRO Site Monitoring



NYSFPP Staff



NYSFPP Staff

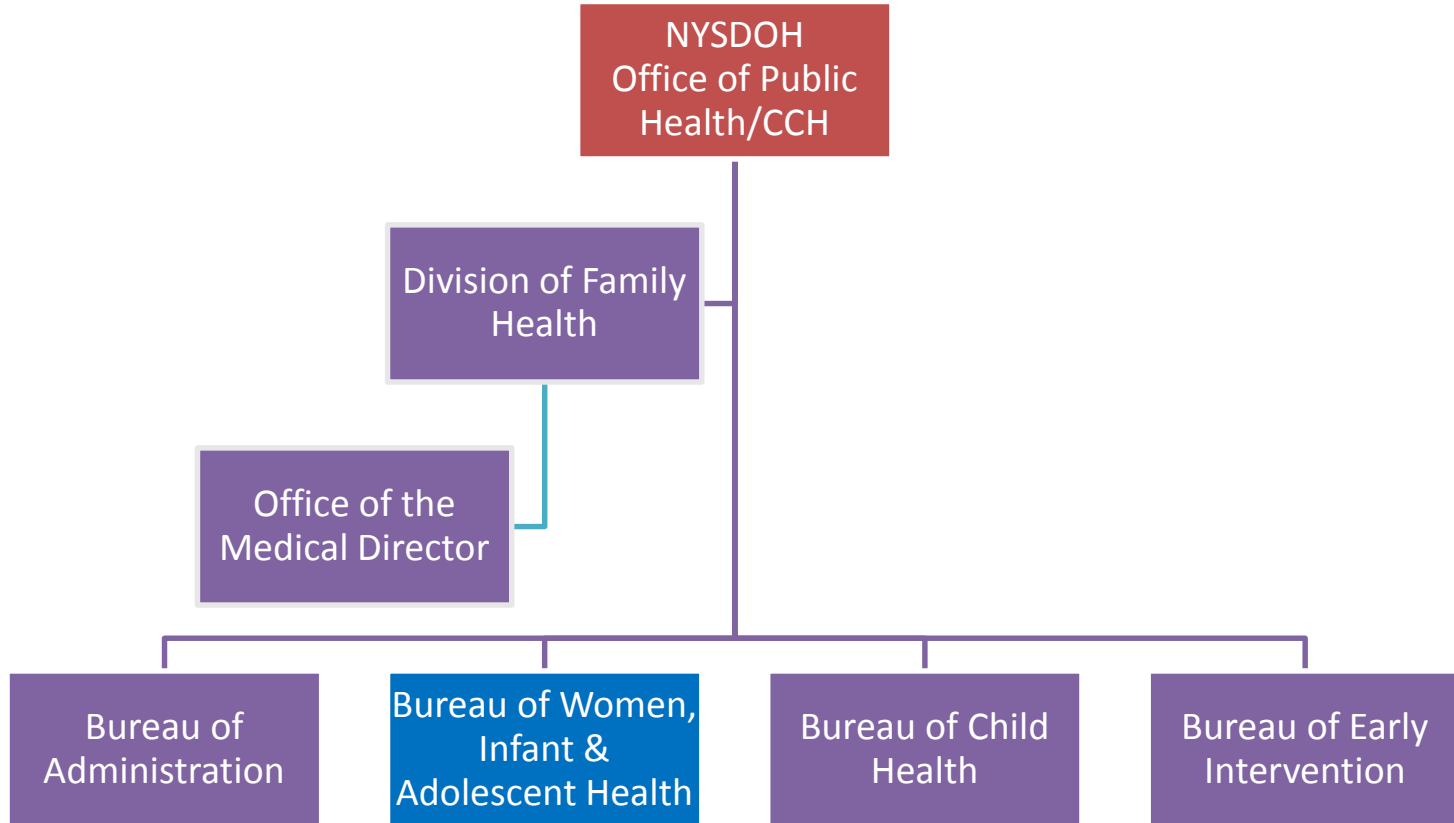
- Program Staff:
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NYSFPP Staff

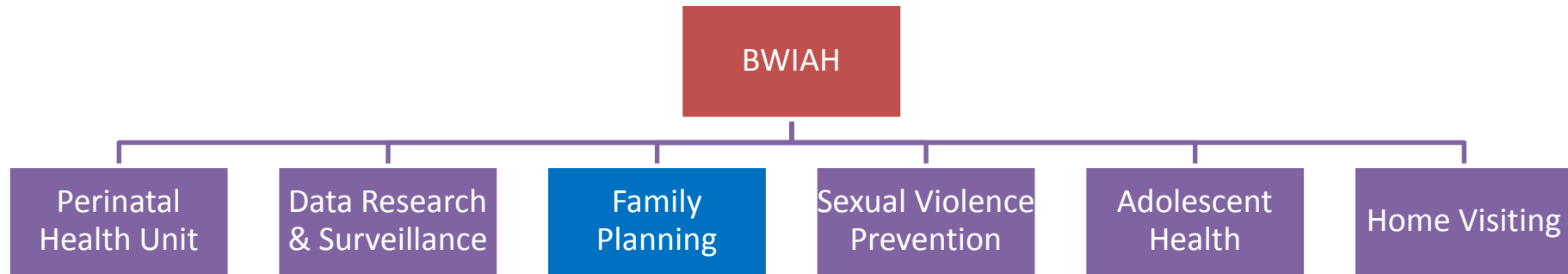
- Data Staff:
 - Eileen Shields, Director Data Analysis, Research & Surveillance – eileen.shields@health.ny.gov
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- Fiscal Staff:
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Division of Family Health – Priorities & Focus Areas

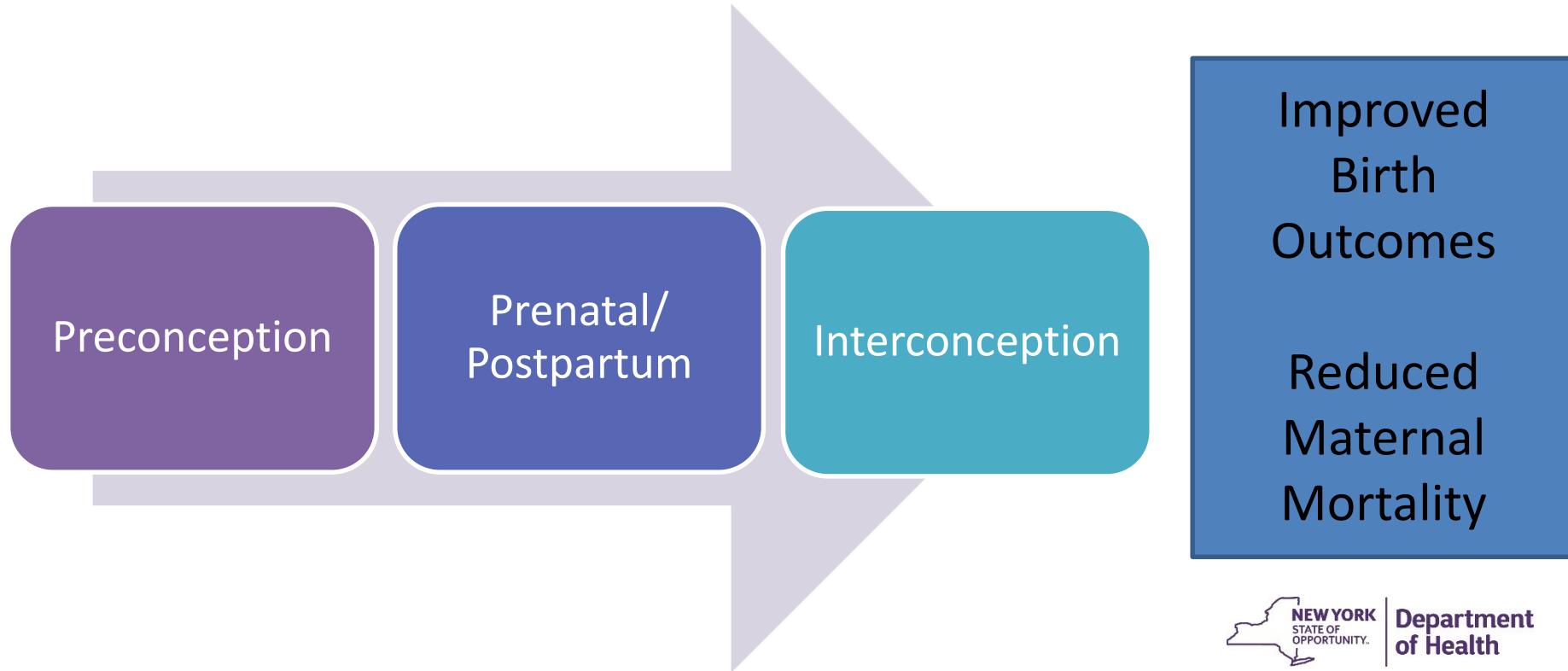
NYSDOH Organizational Chart



NYSDOH Organizational Chart



Lifecourse Model



Pregnancy-related Maternal Mortality (n=59)

2012-2013 Preliminary Data

88% of pregnancy-related deaths had prenately identified risk factors

Prenately identified risk factors*	88%
Hypertension	15% (n=9)
Anemia	12% (n=7)
Asthma	12% (n=7)
Psychiatric disorders	12% (n=7)
Cardiac problems	12% (n=7)
Uterine abnormality or incompetent cervix	10% (n=6)

Pre-pregnancy weight status	
Obesity, BMI ≥ 30	34% (n=20)
Overweight, BMI between 25 and 30	12% (n=7)
Smoking prior to pregnancy	12%
Alcohol use prior to pregnancy	12%
Drug use prior to pregnancy	14%



*Factors identified in less than 6 women not presented.

Promote Health Equity

Increase the
intendedness
of pregnancy

Improve birth
outcomes

Improve/foster
healthy
relationships



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NYSDOH Commissioner's Listening Sessions



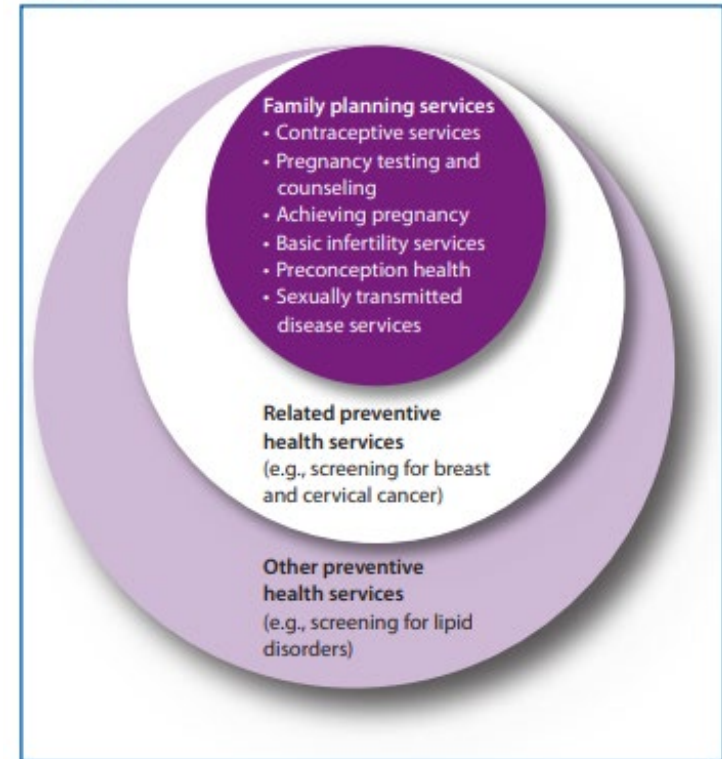
- Focus on maternal health
- Seven locations across NYS
- Family Planning services and access
- Maternal Mortality Task Force
- Recommendations
- Replication



Family Planning is Preventive Care

- **Half of all uninsured** women rely on FP clinics as their only source of medical care
- FP services offers an opportunity to help clients achieve optimum overall health
- Improving overall health and helping clients plan pregnancy can improve birth outcomes

FIGURE 1. Family planning and related and other preventive health services



NYS Family Planning Program Overview & Impact



NYS Family Planning Program

- Family Planning Provider Network consists of:
 - **48** Article 28 facilities that operate **173** family planning service sites
- Family Planning Providers include:
 - NYC Health & Hospitals Corporation Facilities (10)
 - Planned Parenthood Affiliates (9)
 - Local Health Departments (8)
 - Federally Qualified Health Centers (7)
 - Hospital Operated Clinics (6)
 - Teen Focused Health Centers (3)
 - Other Facilities (5)



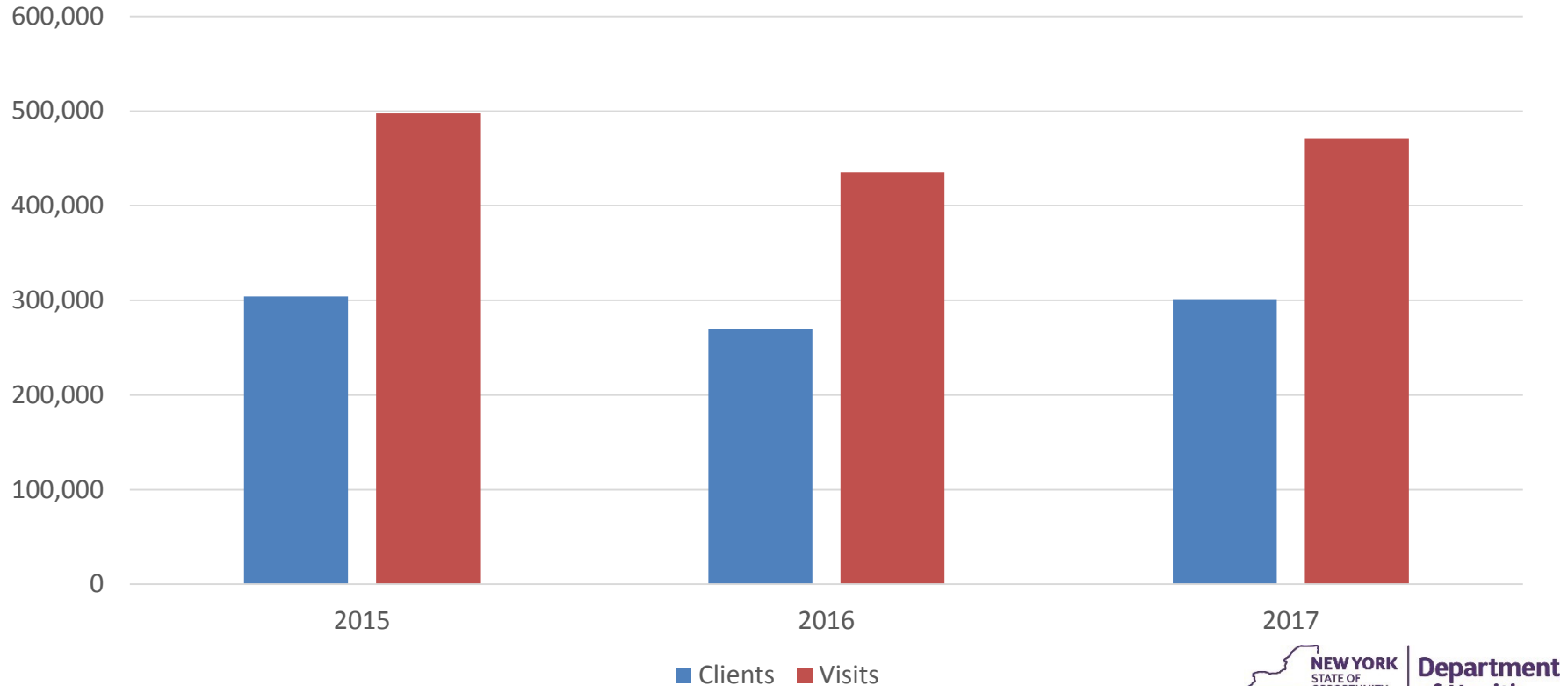
Family Planning Program Impact

2017 Family Planning Annual Report

- 301,128 unduplicated clients
 - 89.4% female
 - 10.6% male
 - 16.4% adolescents
- 470,973 total visits
- 67% at or below 100% FPL

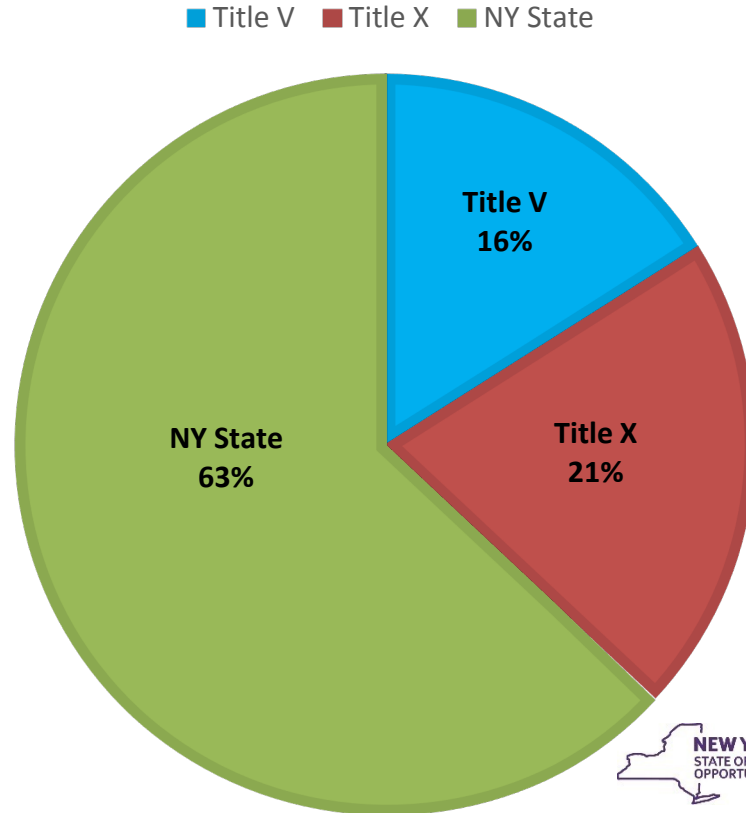


Clients/Visits Over Time



Strong Investment in Family Planning

- NYS contributes the majority of our program's funding



Unique Components of the NYS FPP Include:

- Family Planning Benefit Program and FPBP Coordinators
- Standard NYS FPP workplan
- Chlamydia/HIV testing and counseling free for anyone at or below 200% FPL
- Annual review of schedule of discounts
- Performance Measure Initiatives
- Site Monitoring conducted by IPRO
- NYS Family Planning Training Center



Things to Consider

- How your agency data compares to statewide program data
 - QIR report available in Ahlers
- Possible CQI projects
- Technical Assistance from NYS Family Planning Training Center and NYSDOH
- Learning Collaborative Opportunities

Title X Updates



Title X Grant Award

- Funded for period
September 1, 2018
through March 31, 2019
- FY 2018 Program
Priorities



ABOUT TITLE X

A network of public and private nonprofit health and community service agencies deliver Title X services.



\$286.5 MILLION
TITLE X PROGRAM FUNDING



89 GRANTS AWARDED

- 47 state and local health departments
- 42 nonprofit family planning and community health agencies



3,858 SERVICE SITES
in 50 states, the District of Columbia, and eight U.S. territories and **Freely Associated States** (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Puerto Rico, Republic of the Marshall Islands, Republic of Palau, and the U.S. Virgin Islands)

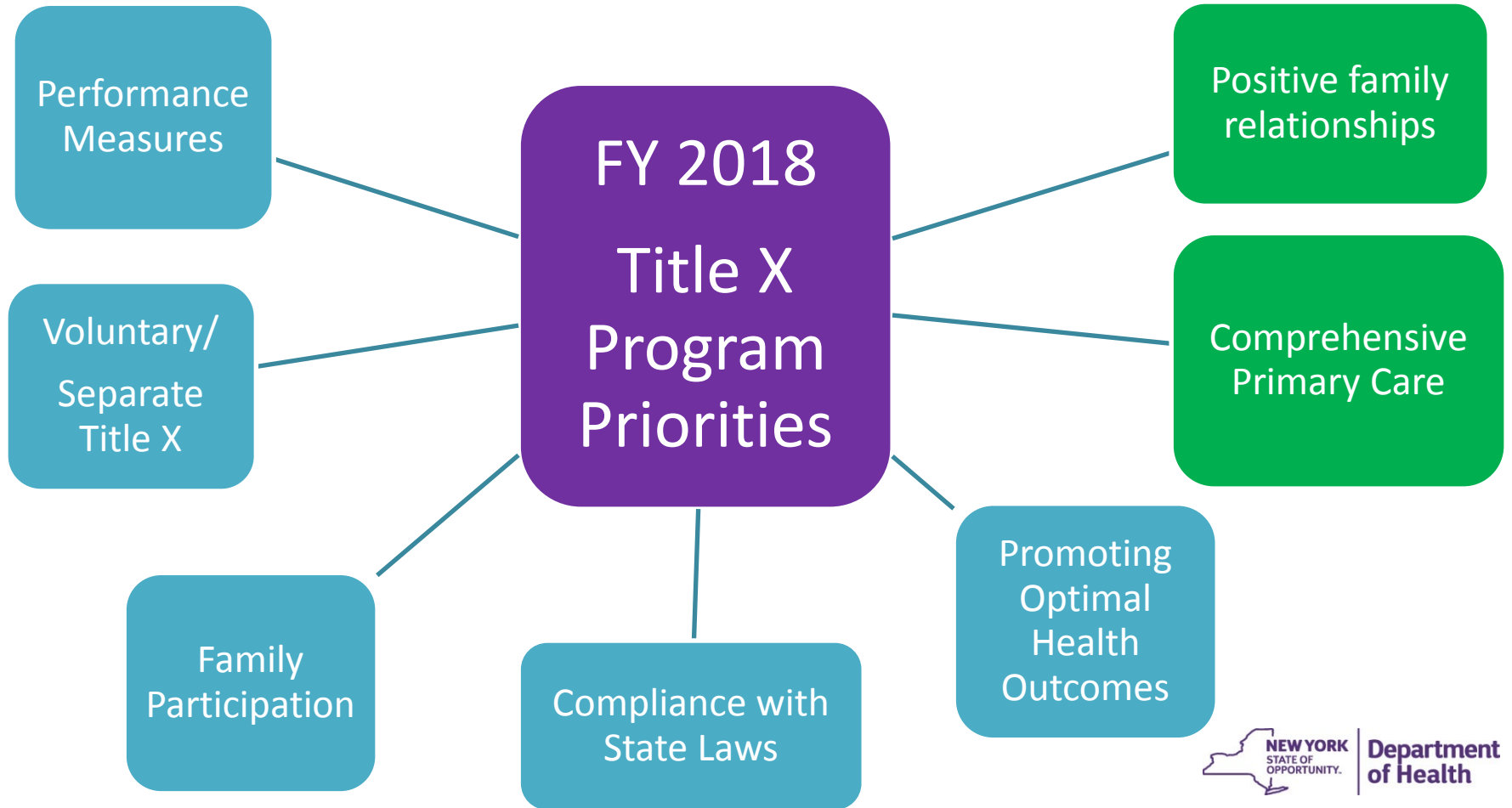


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Title X FY 2018 Program Priorities

- Available on HHS website at:
 - <https://www.hhs.gov/opa/title-x-family-planning/about-title-x-grants/program-priorities/index.html>





1. Efficient & Effective
Program Management

2. Management and
Decision-Making and
Accountability for
Outcomes

3. Cooperation with
community and faith based
organizations

4. Meaningful collaboration
with subrecipients and
documented partners

5. Education & Counseling
on Healthy Relationships &
Avoiding Sexual
Risk/Returning to a Sexually
Risk Free Status

6. Sexual Risk Avoidance for
Adolescents

7. Voluntary Services

8. Data Collection &
Performance Management



Program Updates



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2018 Review & Reminders

- OPA Database Updates
 - Responsibility of subrecipient agency
 - Used to verify 340B eligibility
- Notification of Changes in Programs/Service Sites
- Annual Report
 - Request forthcoming, due in January 2019
- CVR Updates
 - Emailed 10/15/18

Upcoming in 2019

- NYS FPP Program Manual & Training Guidance
- Contract Extension Documents
- BWIAH Joint Provider Day – May 2019
 - Integration into Well-Woman Care
- NYSDOH Contract Manager Site Visits
- IPRO Site Monitoring Visits Completed

Fiscal Updates





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Division of Family Health Bureau of Administration

DFH.BOA@health.ny.gov

(518) 473-4441

General Reminders on Claims

- Claims are due 30 days after the end of each quarter. (i.e. 7/1/18 – 9/30/18 due 10/30/18)
- The following documentation **must** be included with your claim:
 - Claim for Payment form (AC3253-S)
 - Budget Statement and Report of Expenditures (BSROE)
 - Expenditure and Revenue Report
- All claims are to be signed and submitted electronically to: DFH.BOA@health.ny.gov
- Subject line should contain the following information: Contract # / Organization / Claim Period / Program Name / Indicate Claim Type (*i.e. Q1, Supplemental, Advance, or FINAL*)

C12345GG / ABC Company / Family Planning / 7/1-9/30/18 / Q3



2019 Contract Period

- Contracts are in place through December 31, 2019.
- Advance payment up to 25% of the 2019 budget value may be requested by submitting a claim to DFH.BOA@health.ny.gov prior to January 1, 2019.
 - *Advance claims cannot be paid until after the start of the budget period (January 1st).
- The approved 2019 budget can be found in the executed contract. A budget modification request must be submitted if changes are required.
- Budget modification requests must be submitted to DFH.BOA@health.ny.gov for review. Please use the following naming convention in the subject line on budget modification request emails: Contract # / Organization / Program Name / Budget Period / Bud Mod.

C12345GG / ABC Company / Family Planning / 2019 / Bud Mod



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Forms

- All forms are available upon written request to DFH.BOA@health.ny.gov. Please use the following naming convention in the subject line on emails: Contract # / Organization / Program Name / Budget Period / Request Type.

C12345GG / ABC Company / Family Planning / 2019 / Form Request

- The following forms will contain prepopulated information:
 - Budget Statement and Report of Expenditure (BSROE)
 - Contains current approved budget and prior period expenditures
 - Budget Modification Request
 - Contains current approved budget



Supporting Documentation

- Although supporting documentation is NOT required at the time of claim submission, you may be requested to provide appropriate supporting documentation at any time for any or all of the expenses included on the claim.
- The Division of Family Health, Bureau of Administration performs routine claim traces and OSC performs audits on some claims prior to approval.
- In general we are looking for:
 - Proof the expense was incurred (i.e. payroll records/invoices/bills/purchase orders),
 - Proof the expense was paid (cancelled checks (front and back) or copies of bank statements to demonstrate electronic funds transfers),
 - Documentation of how the expense was allocated to this contract (i.e. check request form demonstrating how the expense was allocated). Other proof of allocation is also acceptable, and
 - If “Out-of-State” Travel costs are claimed, proof that prior approval was obtained.



IPRO Site Monitoring



Site Monitoring Process

- IPRO conducts site monitoring reviews **on behalf of NYSDOH**
 - Reviews completed from July 2017 to September 2018
 - 39 Subrecipient Agencies
 - 56 Service Sites
- Review includes:
 - Pre-review submissions, on-site observations, staff interviews, and document review
 - DOH contract staff conduct Desk Audit of fiscal, data, and administrative indicators

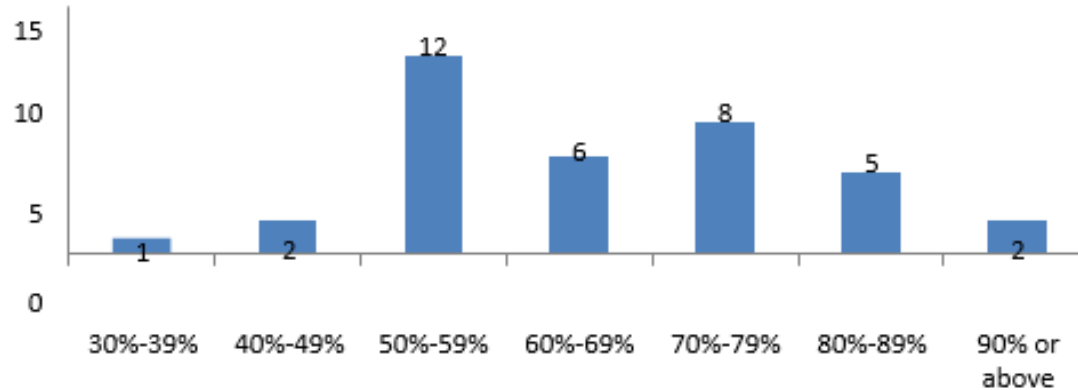
Site Monitoring Process

- IPRO issues **monitoring report**, detailing all findings from site review
 - **Immediate Action Reports** – issued if IPRO identifies major finding, especially related to health and safety
- Provider has **45 days** to submit Corrective Action Plan (CAP)
- DOH reviews/requests revisions and/or approves CAP
- Provider implements changes outlined in CAP
 - This may require ongoing updates to DOH demonstrating CAP has been implemented

12 Month Review Summary

- Range of scores: 38% to 100% (average 67%)
- Summary of reviews conducted from 7/1/17 – 6/30/18

Figure 1 - Family Planning Program Performance (N=36)



12 Month Review Summary

- Average Scores by Provider Type
 - Provider group discussion tomorrow

Figure 2 - Family Planning Reviews Completed, by Program Type (N=36)

Program Type	# Site Reviewed	Average Score	% CAPS Passing First Screen
Federally Qualified Health Center (FQHC)	7	59%	29%
Hospital Operated (HO - excluding NYC H&H)	7	75%	83%
Local Health Department (LHD)	7	57%	60%
New York City Health & Hospitals (NYC H&H)	4	60%	67%
Planned Parenthood (PP)	6	83%	40%
Teen Focused (TF)	2	82%	100%
Other (O)	3	55%	67%

(July 1, 2017 – June 30, 2018)



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12 Month Review Summary

- Top 5 Findings Most Frequently Assessed as “Not Met”

Figure 3 - Five Findings Most Frequently Assessed Not Met (N=36)

Indicator Criteria	% Not Met
Determination of waived fees made by site director (6a)	96%
Staff have been trained in pregnancy counseling (22h)	69%
Staff have been trained in <i>Providing QFP Services</i> (19a)	67%
Adolescents are counseled on resisting coercion (23b)	67%
Pregnant clients are assessed re: social supports (22c)	66%

(July 1, 2017 – June 30, 2018)



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Indicator Detail:

6a) Determination of waived fees made by the *site director* and the determination is documented and that the client is informed of the determination

(Title X Program Requirement 8.4.3).

- Five common findings associated with this indicator:
 - No documentation at all
 - No documentation that the client was informed
 - Decision made by registration staff
 - Decision made by finance or billing staff
 - Other

Corrective Action Plans (CAPs)

- CAP submission and review process
 - Each indicator not met/finding requires its own CAP
- CAP components most frequently missing or not complete:
 - Staff Training & TA plans
 - Policies & Procedures
 - Documentation
 - Follow Up

12 Month Review Summary

Figure 3 - Five Findings Assessed Met in 100% of Site Reviews

Indicator Criteria
Upon interview, select staff did demonstrate an understanding of the principles of client-centered care and quality counseling (1c)
Observation did demonstrate that clinic procedures protect client privacy (15a)
Documentation did demonstrate that a referral directory of health care providers is maintained for services determined to be necessary but beyond the scope of the project (18b)
Projects must have written policies in place that address legislative mandates, including policies stating that minors are provided counseling on how to resist attempts to coerce them into engaging in sexual activity (37a23)
Project provides an opportunity for participation in development of a community engagement plan by persons broadly representative of the populations to be served (38h)

(July 1, 2017 – June 30, 2018)



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Successes

- Over 35 indicators were met 100% during site reviews
- Strengths and similarities identified by provider type
- Encourage sharing/collaboration of successes

Contact Information

Family Planning Program mailbox:
bwhfpp@health.ny.gov



NYS Family Planning Program

Data Trends and Other Related Information

Eileen Shields & Victoria VanHoesen

November 14, 2018

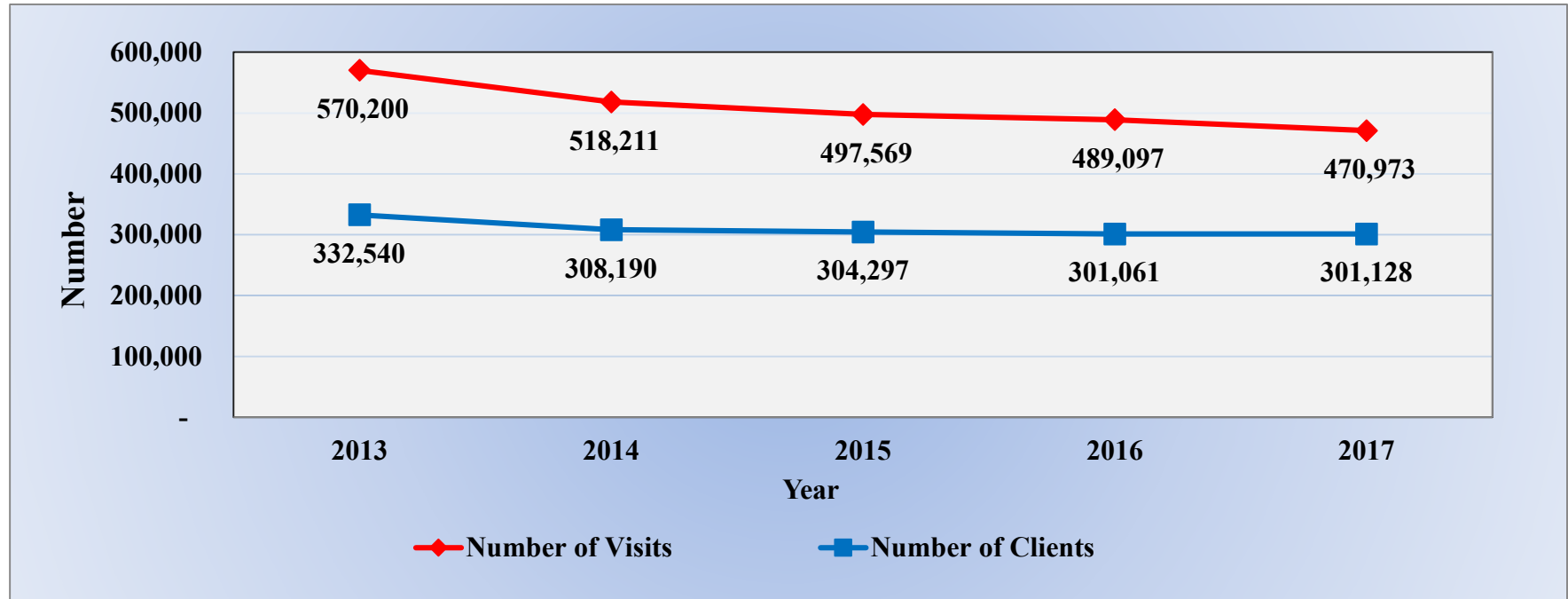
Data Trends and Issues Contents

- Five-Year Trends for 2013 – 2017
- Review of Changes in the CVR for 2019
- Review of Family Planning Encounter Definition
- Updates



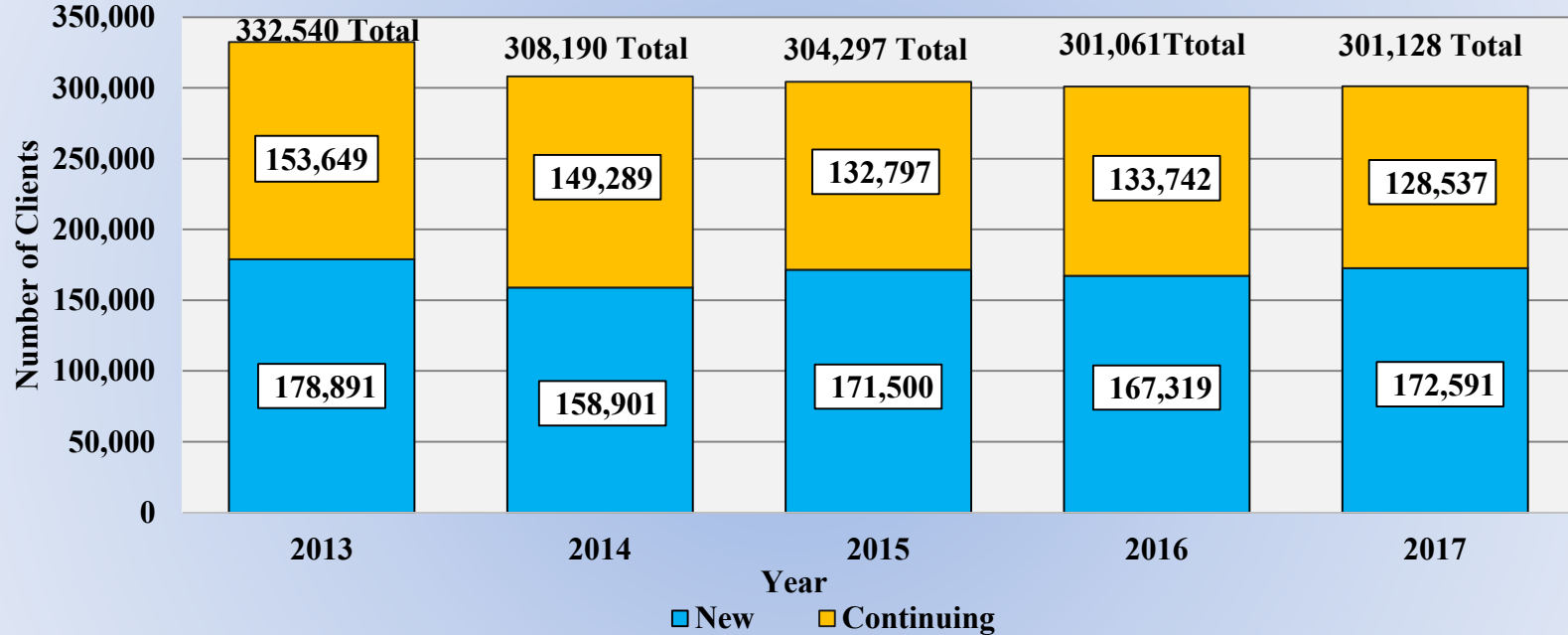
Five-Year Trends for 2013 – 2017

NYS Family Planning Program
Number of Clients Served and Visits by Year
2013-2017



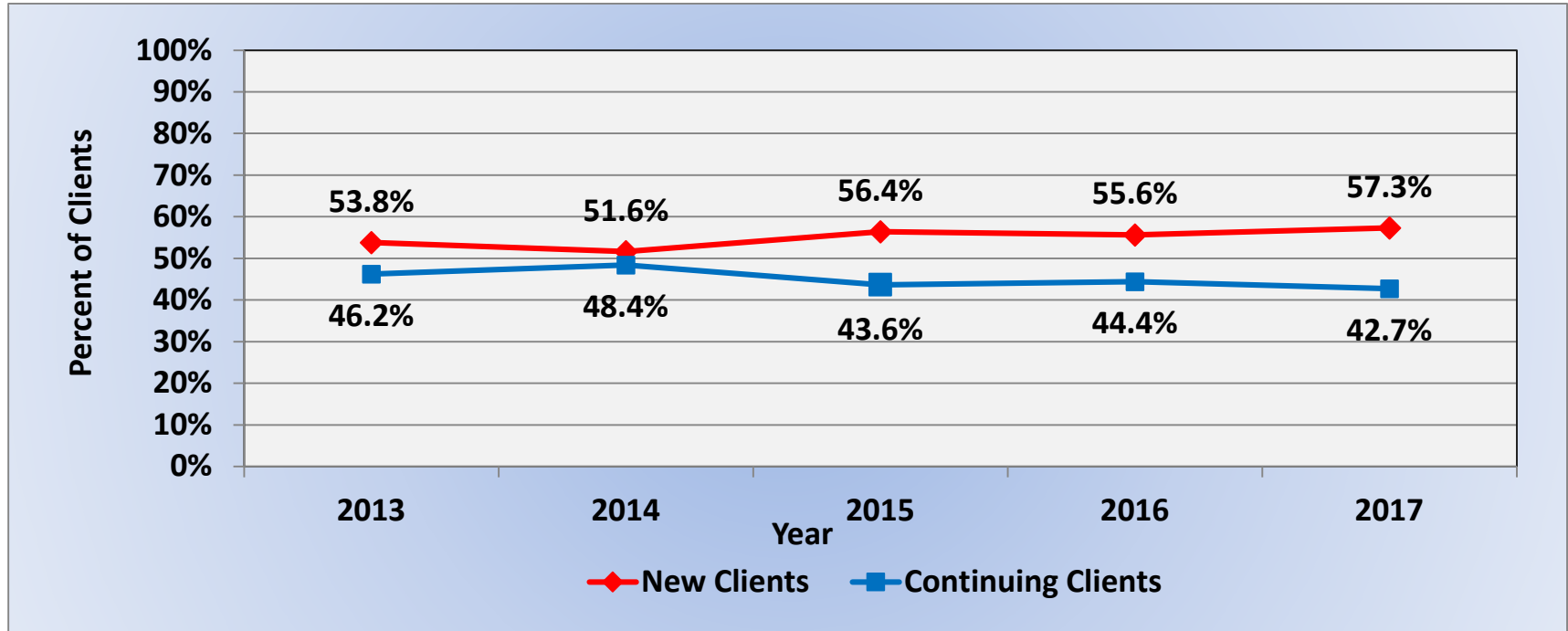
Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program
Unduplicated Number of Clients Served
by Year
2013-2017



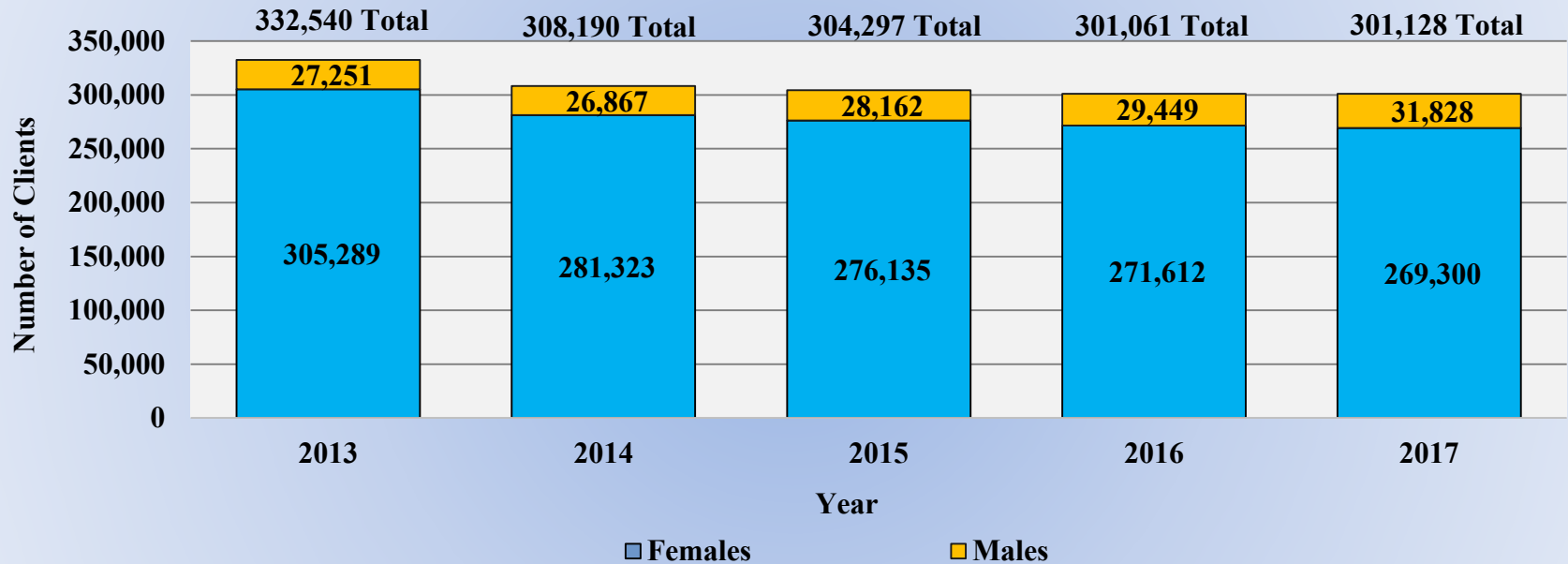
Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program
Type of Clients Served by Year
2013-2017



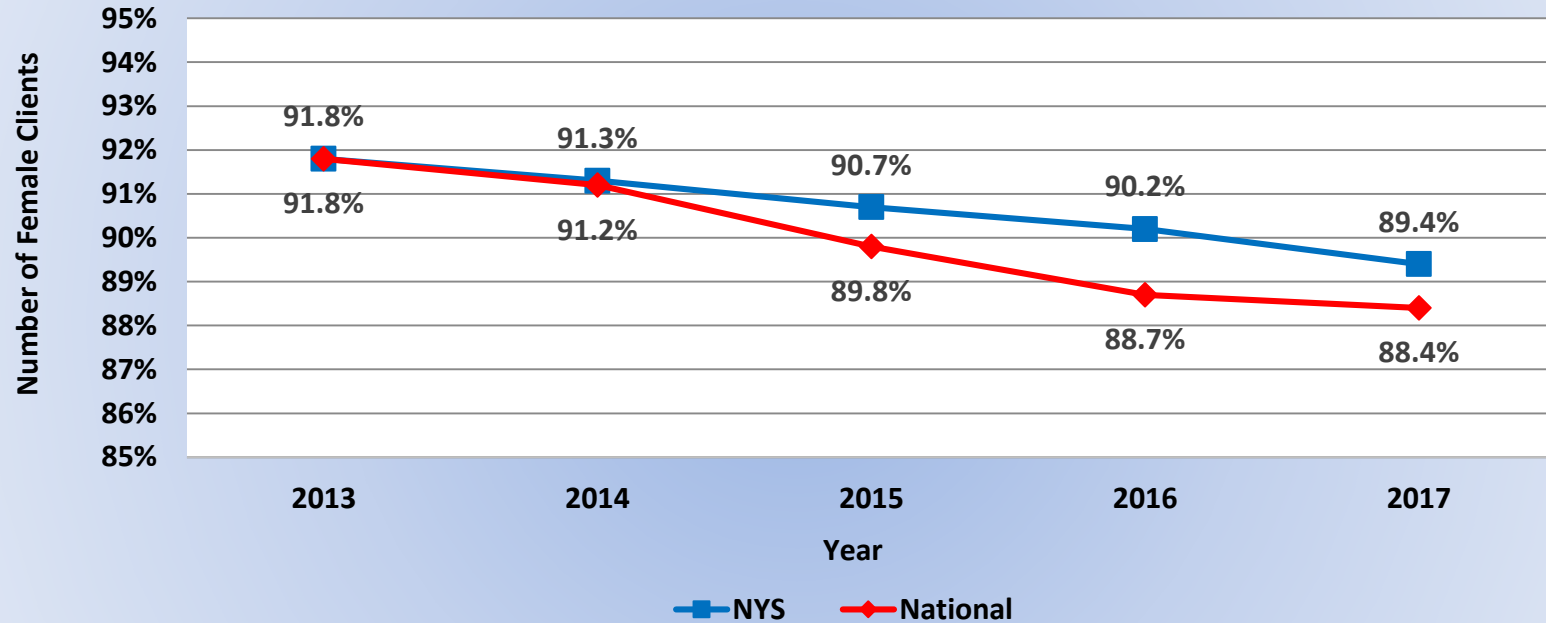
Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program
Number of Clients Served
by Gender by Year
2013-2017



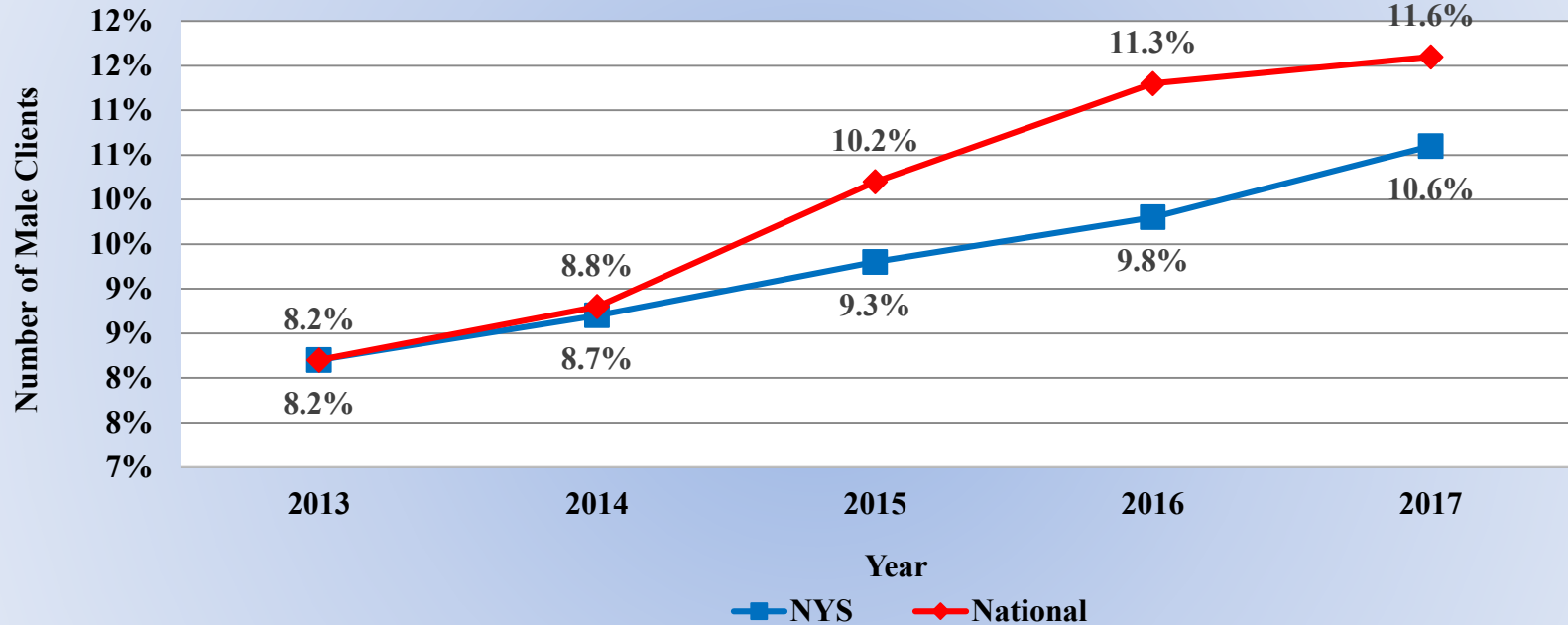
Source: NYS FPP Clinic Visit Record Data

**NYS Family Planning Program
Female Clients Served by Year
2013-2017**



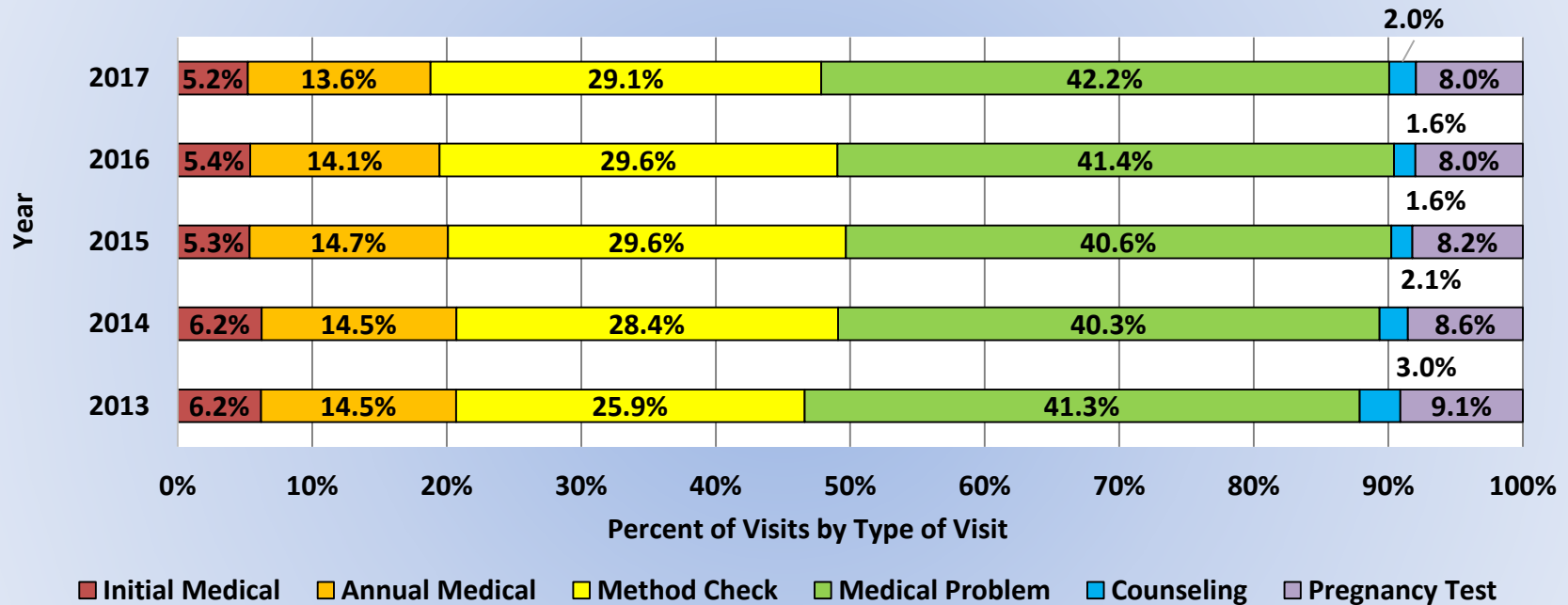
Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program
Male Clients Served by Year
2013-2017



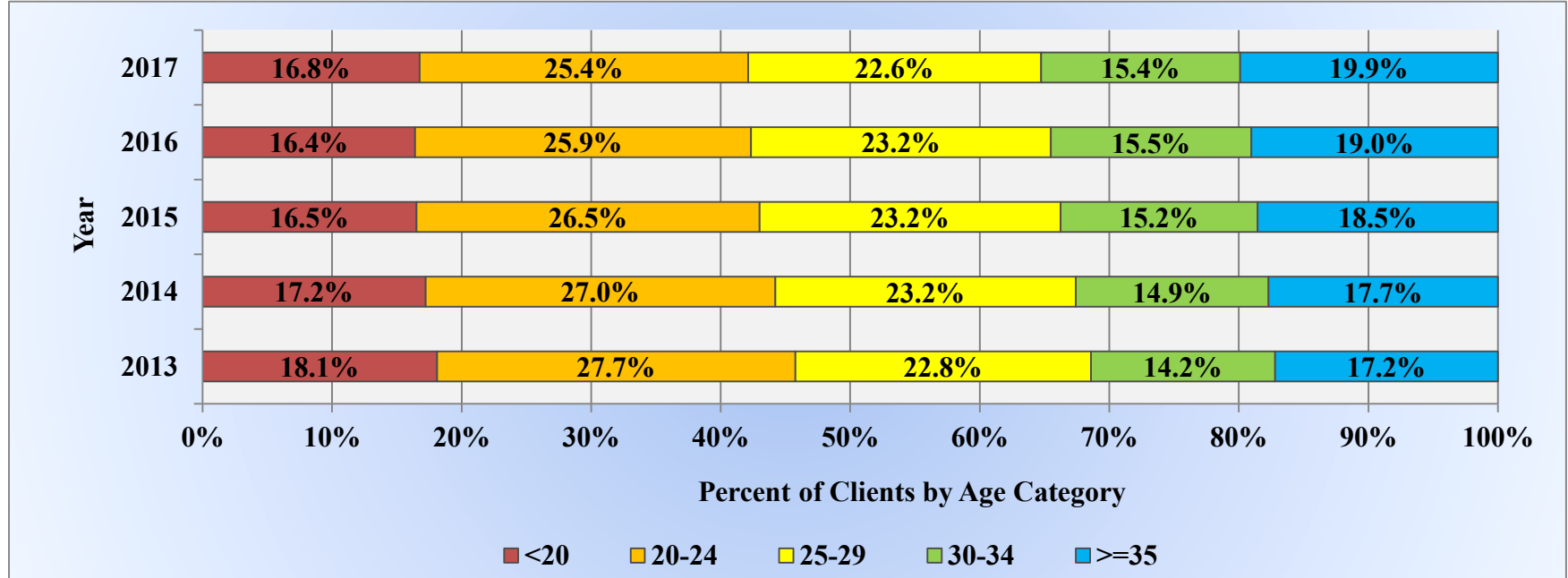
Source: NYS FPP Clinic Visit Record Data

**NYS Family Planning Program
Client Visits by Type by Year
2013-2017**



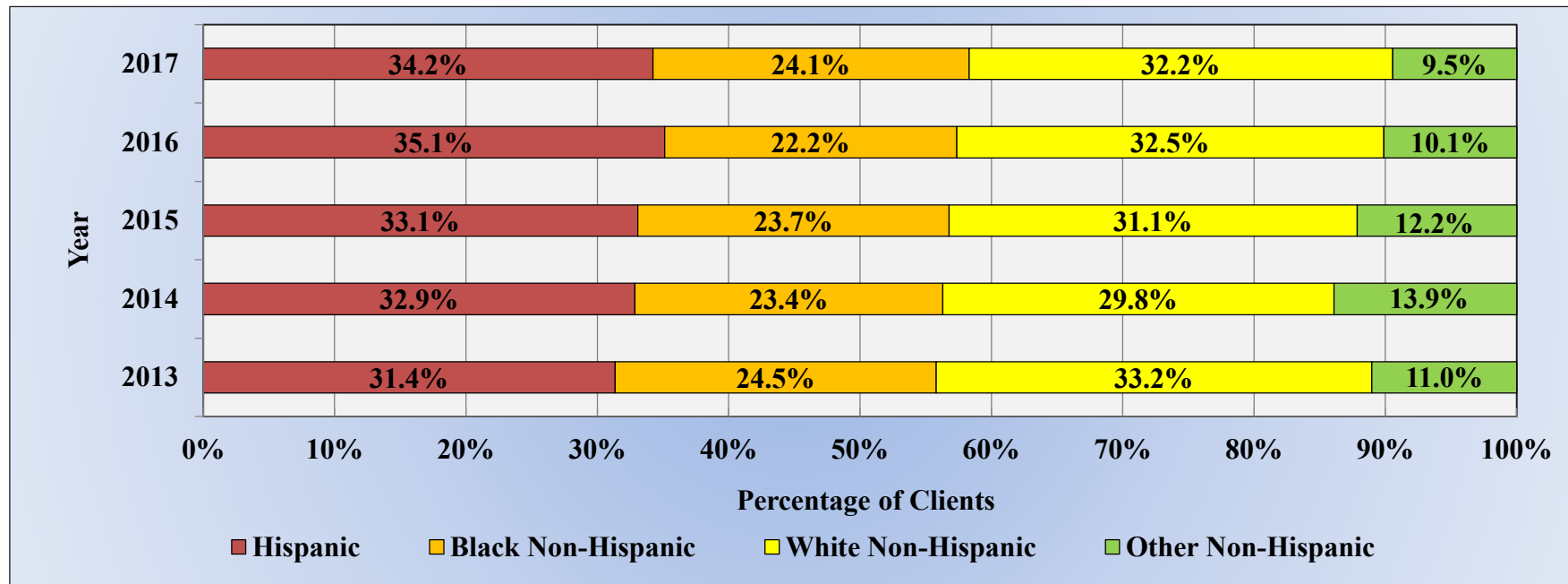
Source: NYS FPP Clinic Visit Record Data

**NYS Family Planning Program
Percentage of Clients Served
by Age Category by Year
2013-2017**



Source: NYS FPP Clinic Visit Record Data

**NYS Family Planning Program
Percentage of Clients Served
by Race/Ethnicity by Year
2013-2017**



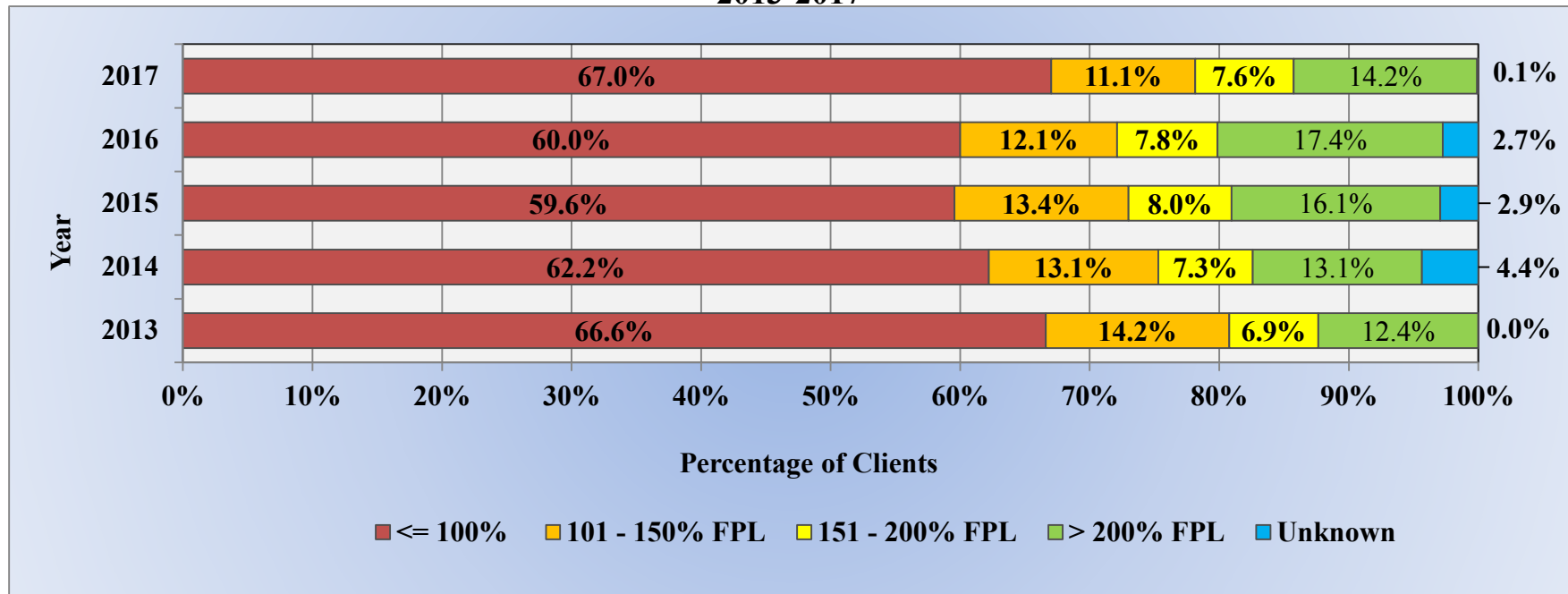
Non-Hispanic Other includes Asians, Alaskan Natives, Hawaiian and other Pacific Islanders, those of multiple races, and those with unknown or unreported races.

Source: NYS FPP Clinic Visit Record Data



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NYS Family Planning Program
Percentage of Clients by Federal Poverty Level (FPL)
by Year
2013-2017

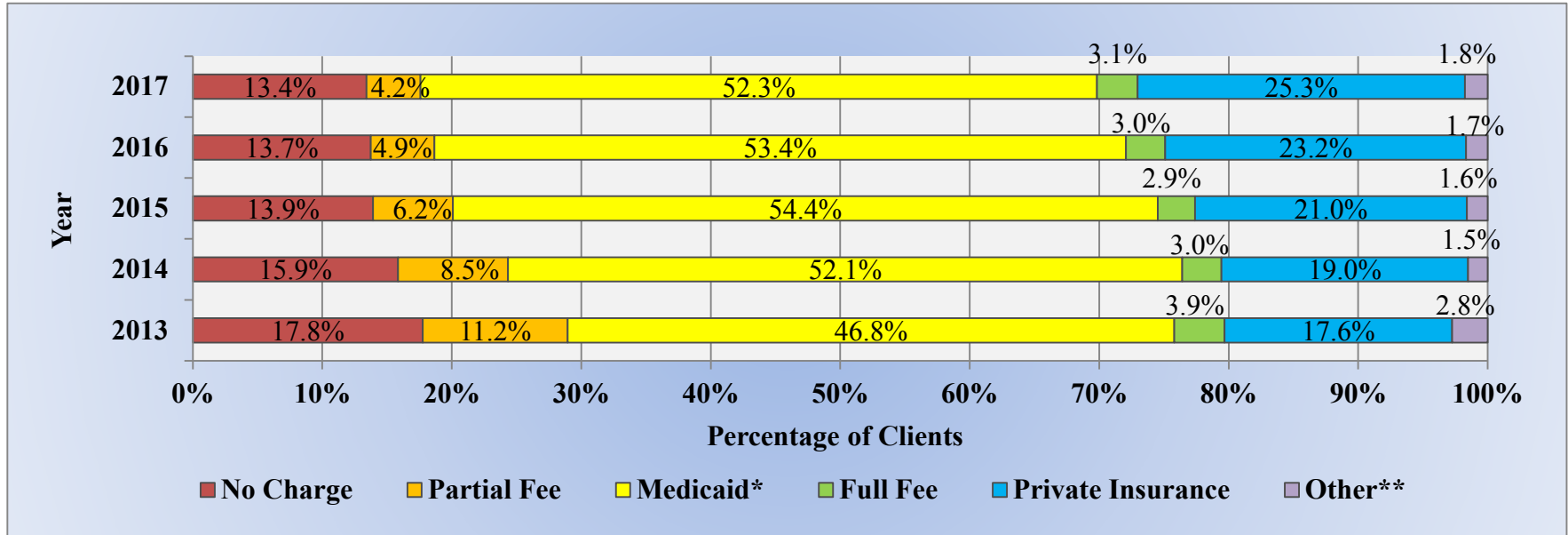


Source: NYS FPP Clinic Visit Record Data



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NYS Family Planning Program
Percentage of Clients by Source of Payment
by Year
2013-2017

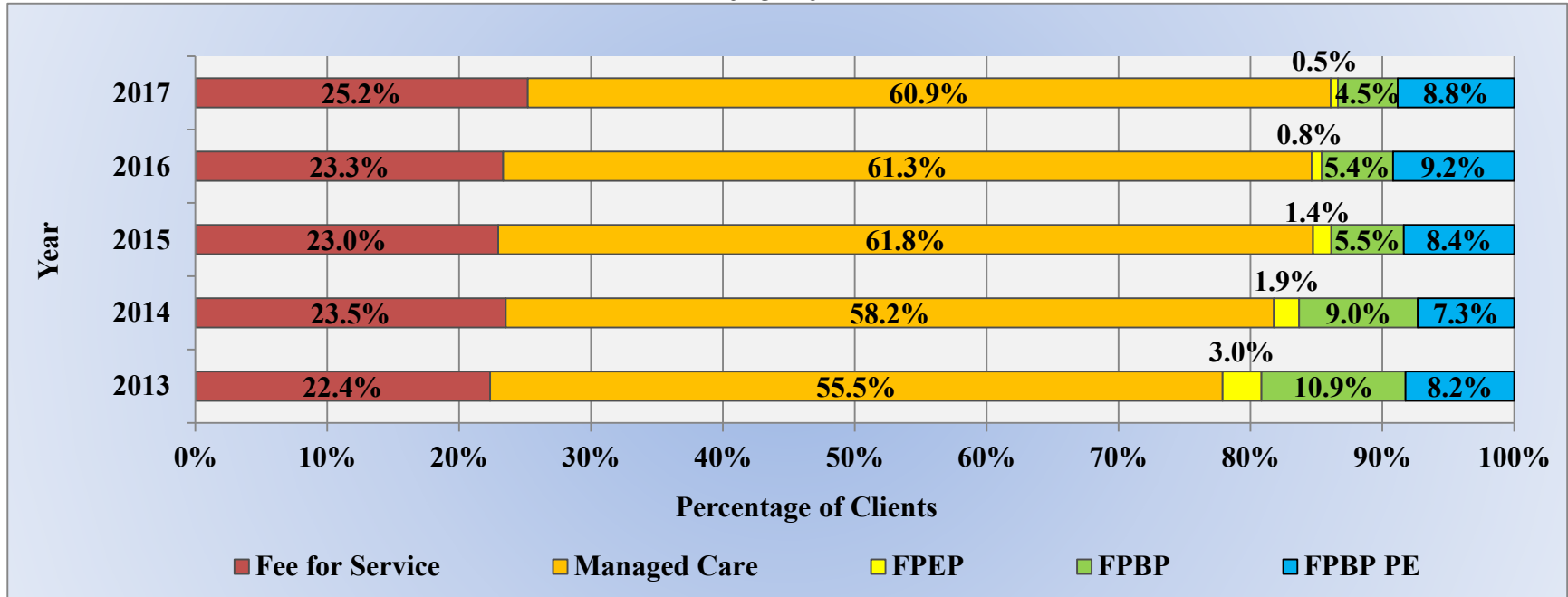


*Medicaid includes Title XIX Fee for Service and Managed Care, Family Planning Extension Program (FPEP), Family Planning Benefit Program (FPBP), and FPBP Presumptive Eligibility (PE).

**Other includes Medicare and other government

Source: NYS FPP Clinic Visit Record Data

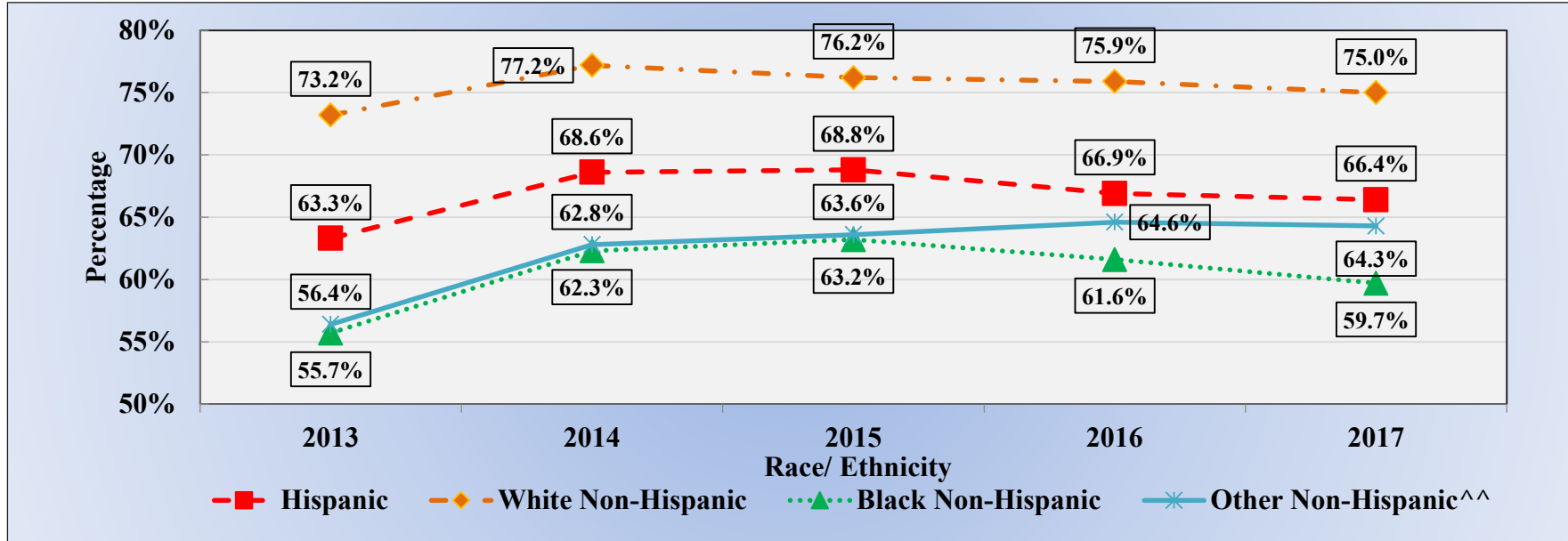
NYS Family Planning Program
Percentage of Clients by Medicaid* Coverage Type
by Year
2013-2017



*Medicaid includes Title XIX fee for service, managed care, Family Planning Extension Program (FPEP), Family Planning Benefit Program (FPBP), and FPBP Presumptive Eligibility (PE).

Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program
Percentage of Female Clients Leaving with Effective* Contraceptives[^]
by Race/Ethnicity by Year
2013-2017



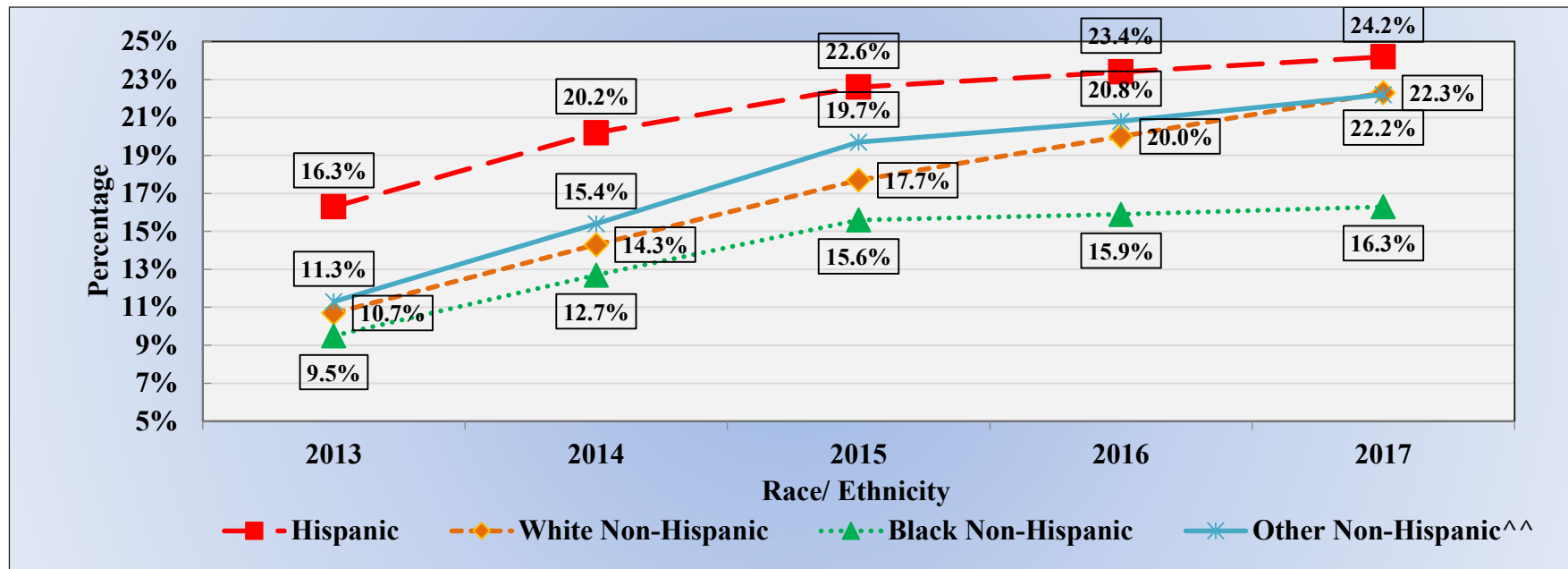
* ORAL, HORMONAL INJECTION, IMPLANT, IUD, HORMONAL PATCH, VAGINAL RING OR STERILIZATION

[^] CLIENTS USING NO CONTRACEPTIVE METHOD DUE TO INFERTILITY, PREGNANCY, OR SEEKING PREGNANCY ARE EXCLUDED FROM PERCENTAGE DENOMINATORS

^{^^} AMERICAN INDIAN, ALASKAN NATIVE, ASIAN, PACIFIC ISLANDER/HAWAIIAN NATIVE, OTHER, MULTI-RACIAL

Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program
Percentage of Female Clients Leaving with Highly Effective Contraceptives^**
by Race/Ethnicity by Year
2013-2017



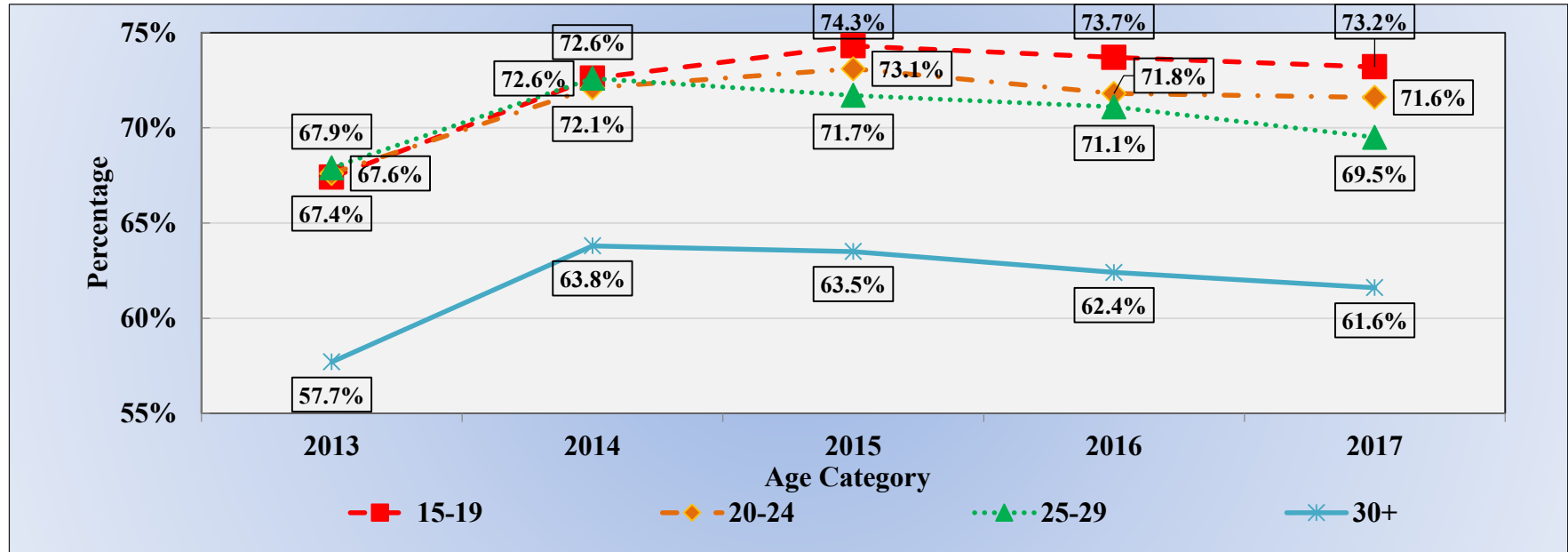
** IUD OR IMPLANT

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Source: NYS FPP Clinic Visit Record Data

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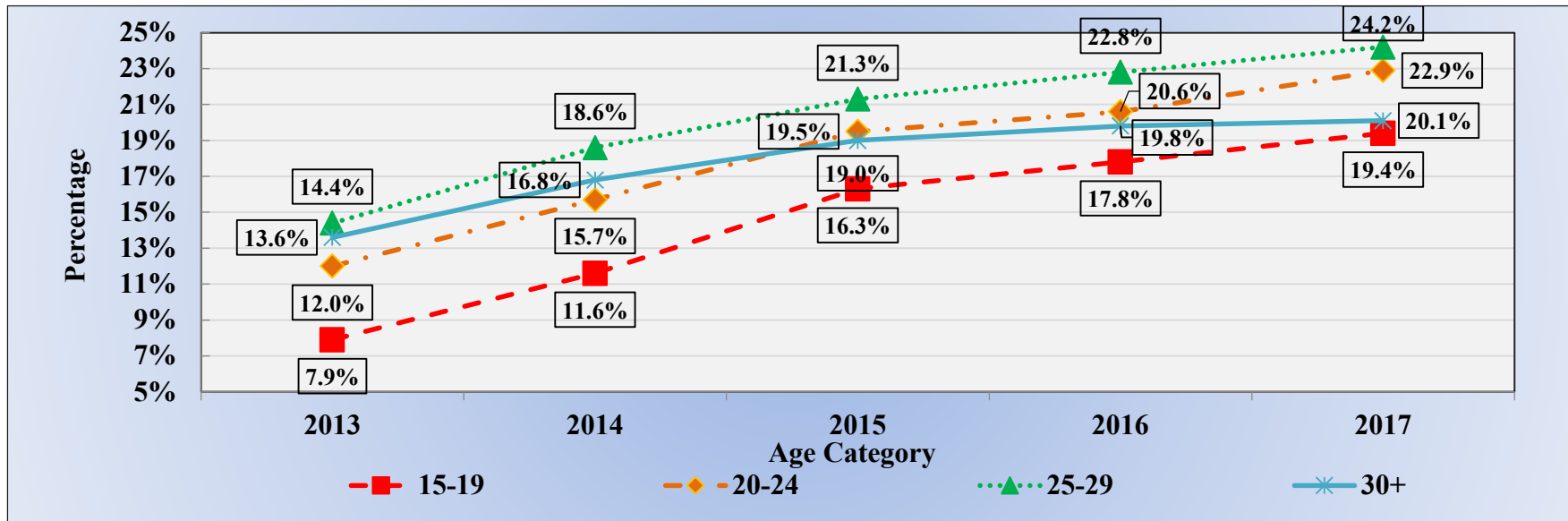


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Source: NYS FPP Clinic Visit Record Data

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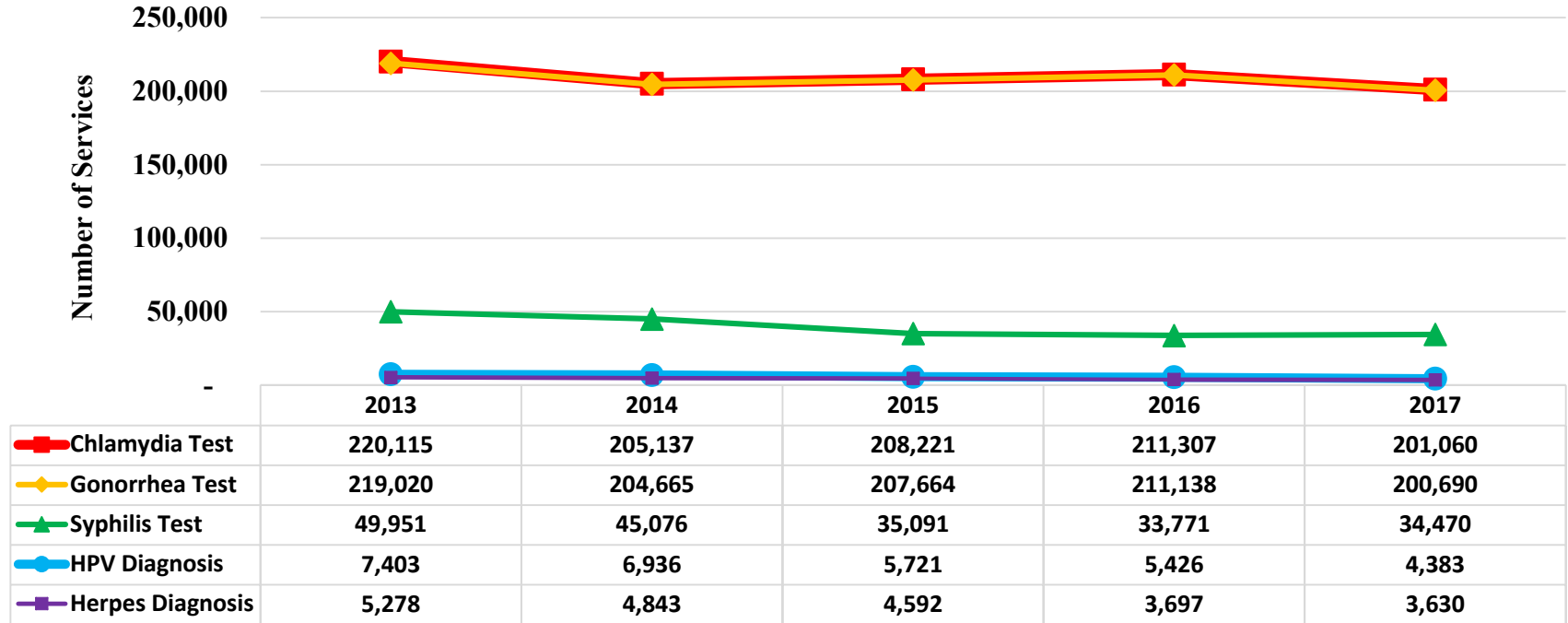


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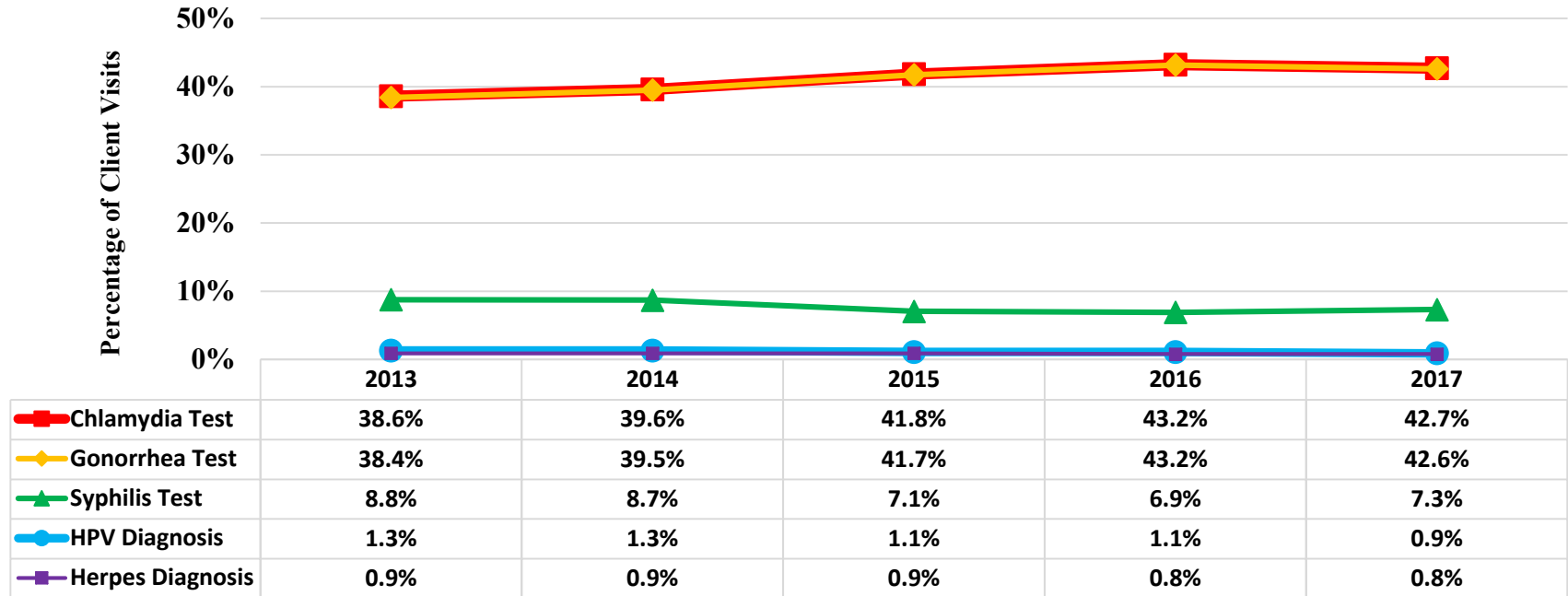
Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program Number of Client Visits with STD Services by Client Visit 2013-2017



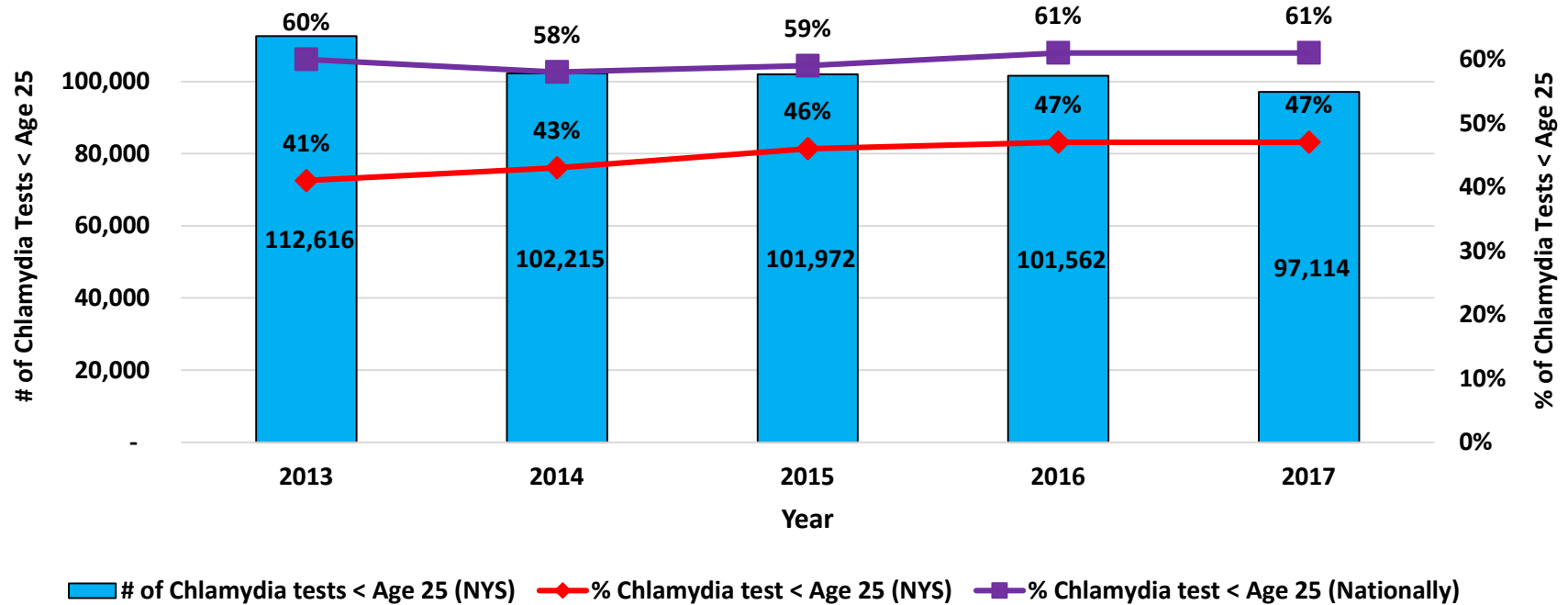
Source: NYS FPP Clinic Visit Record Data

NYS Family Planning Program Percentage of STD Services per Client Visit 2013-2017



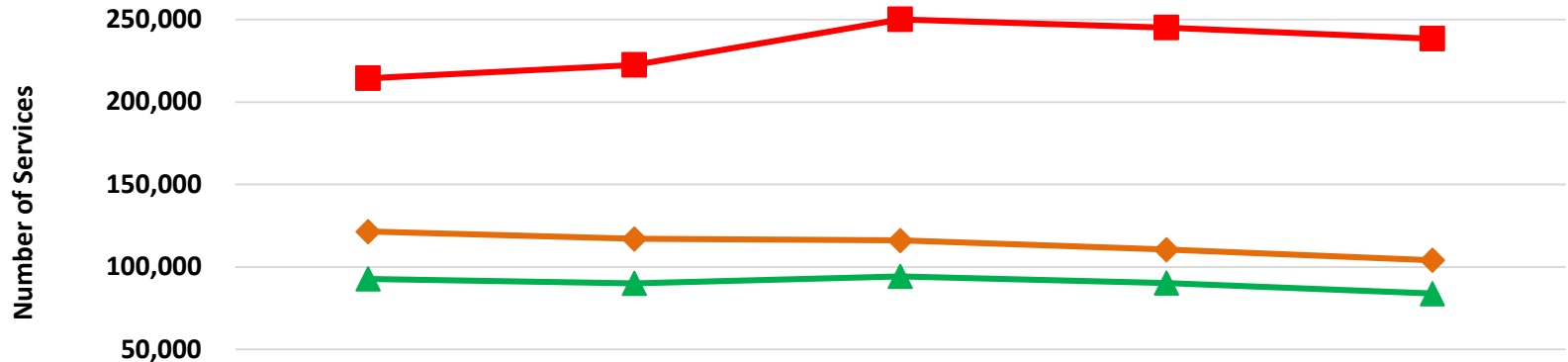
Source: NYS FPP Clinic Visit Record Data

**NYS Family Planning Program
Number and Percentage of Chlamydia Tests
for Client Visits Under Age 25
2013-2017**



Source: NYS FPP Clinic Visit Record Data

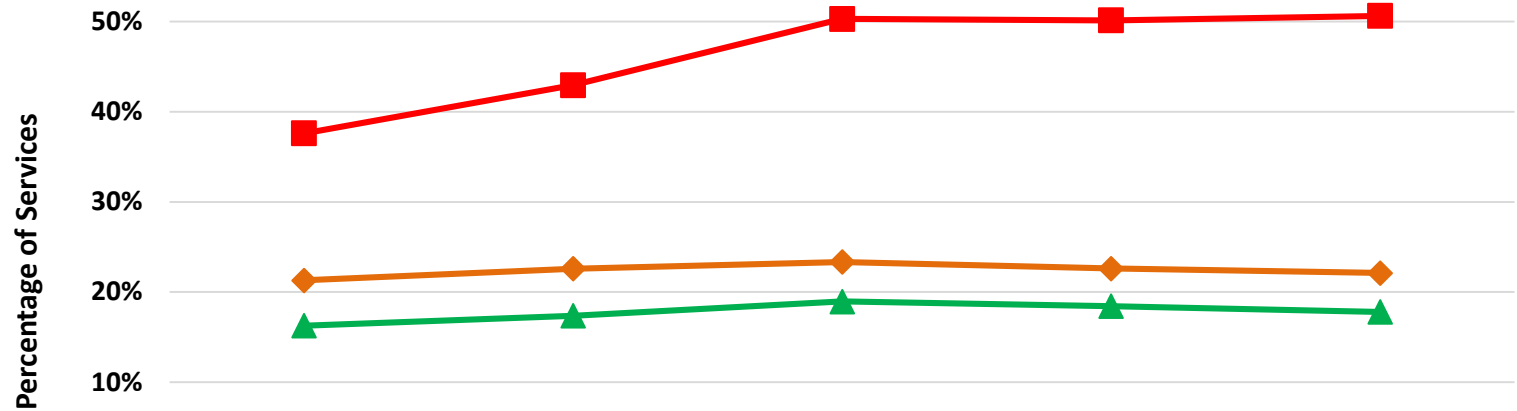
**NYS Family Planning Program
Number of HIV Services per Client Visit
2013-2017**



	2013	2014	2015	2016	2017
■ HIV Pretest Counseling	214,440	222,525	250,191	245,143	238,447
◆ HIV Test	121,459	117,093	116,116	110,561	104,137
▲ HIV Posttest Counseling	92,830	90,052	94,366	90,244	83,893

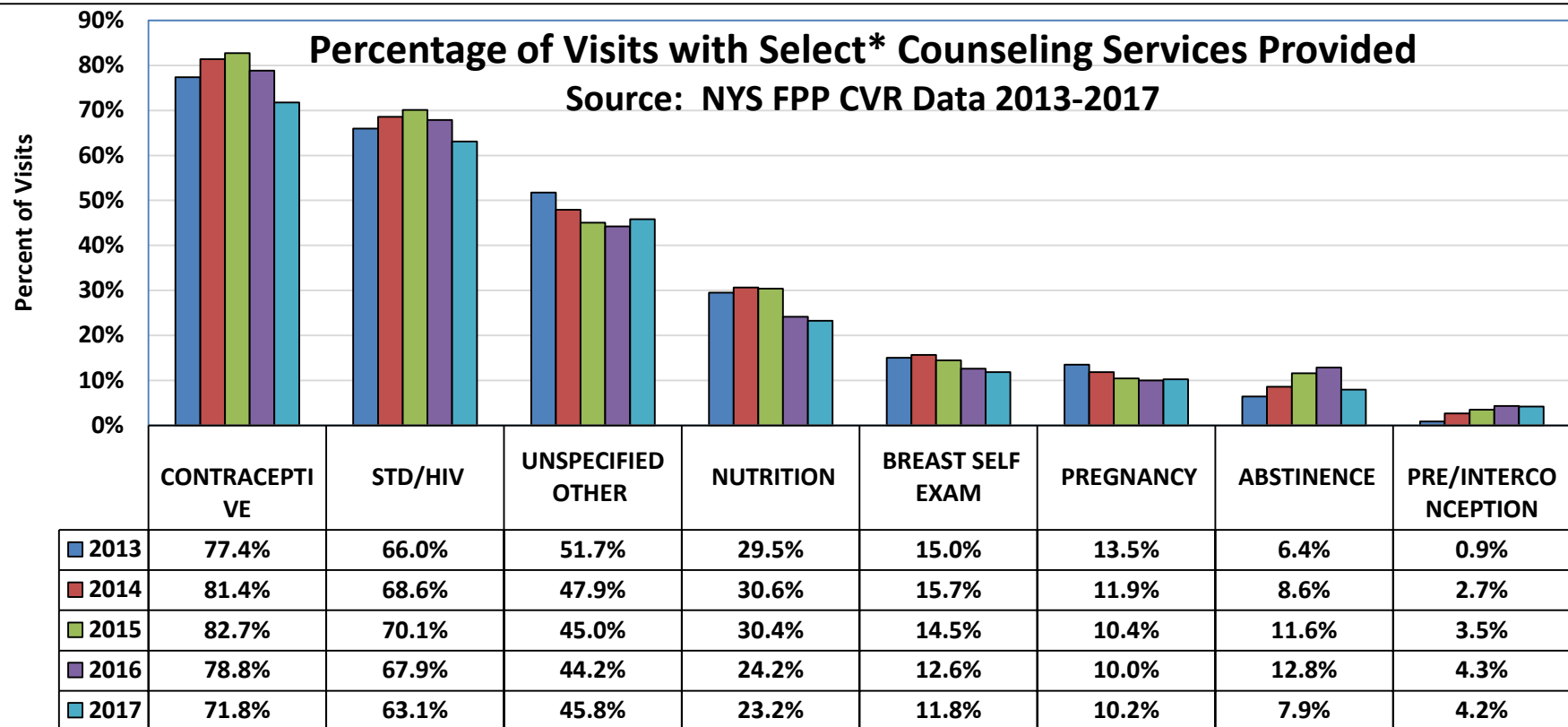
Source: NYS FPP Clinic Visit Record Data

**NYS Family Planning Program
Percentage of HIV Services per Client Visit
2013-2017**



	2013	2014	2015	2016	2017
■ HIV Pretest Counseling	37.6%	42.9%	50.3%	50.1%	50.6%
◆ HIV Test	21.3%	22.6%	23.3%	22.6%	22.1%
▲ HIV Posttest Counseling	16.3%	17.4%	19.0%	18.5%	17.8%

Source: NYS FPP Clinic Visit Record Data

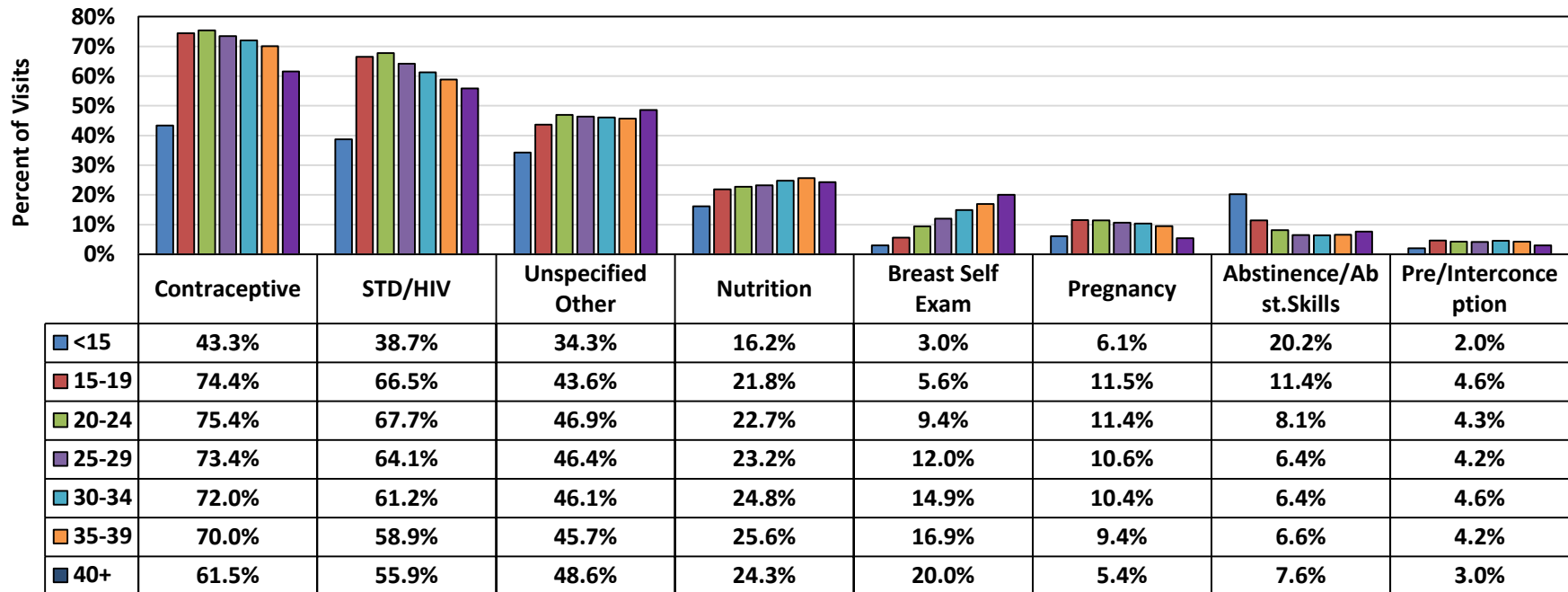


*Excludes counseling for WIC, infertility and sterilization which were 1% or less in each year

Source: NYS FPP Clinic Visit Record Data

Select* Counseling Visits by Age Category

Source NYS FPP CVR Data 2017



*Excludes counseling for WIC, infertility and sterilization which were <1% for all ages

Source: NYS FPP Clinic Visit Record Data

Pre/Interconception Care

- Key Components (QFP 2014):
 - Reproductive Life Plan*
 - Sexual health assessment*
 - Alcohol & Other Drug Use
 - Immunizations
 - Depression
 - Blood Pressure*
 - Medical History*
 - Intimate Partner Violence
 - Tobacco Use*
 - Folic Acid
 - Height, Weight, & Body Mass Index*
 - Diabetes

*Overlap with contraceptive services



Review of Changes in the CVR for 2019

2019 Clinic Visit Record (CVR) Changes

NEW YORK FAMILY PLANNING ENCOUNTER FORM

COMPLETE AT FIRST VISIT, UPDATE FOR CHANGES AND AT ANNUAL EXAM

CLINIC NO. _____

CLIENT NUMBER _____ DATE OF BIRTH _____ SEX F M CONTACT STATUS _____

NAME _____ LAST _____ FIRST _____ M.I. _____ PHONE _____ COUNTY _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

MONTHLY INCOME _____ FAMILY SIZE _____

PREGNANCIES _____ BIRTHS _____ ANOTHER SOURCE OF HEALTHCARE Y N MEDICAID NO. _____ (optional)

RACE (check all applicable) ☐ 1. White ☐ 2. Black / Afr. American ☐ 3. American Indian ☐ 4. Alaskan Native ☐ 5. Asian ☐ 6. Other ☐ 7. Pacific Islander / Hawaiian Native

HISPANIC ☐ Yes ☒ No/Unknown

STUDENT STATUS ☐ Full Time ☐ Part Time ☐ No Highest Grade Completed _____

BILINGUAL STAFF / INTERPRETER NEEDED ☐ Yes ☐ No

COMPLETE AT EACH VISIT

3. VISIT DATE _____ - 20____

8. PURPOSE OF VISIT (Check One)
☐ 1-Initial Medical Exam ☐ 3-Method Check/Maintenance ☐ 4-Counseling
☐ 2-Annual Medical Exam ☐ 6-Medical Problem/Follow-up ☐ 5-Pregnancy Test

5. ASSIGNED CHARGE CATEGORY (Check One)
☐ 01 - No Charge ☐ 12 - Medicare ☐ 05 - Full Fee (100% of Scale)
☐ 04 - Private Insurance ☐ 06 - Partial Fee
☐ 02 - Title XIX (Medicaid)
☐ 08 - Title XIX (Medicaid Managed Care)
☐ 09 - Title XIX (Medicaid 24 Mo. Ext.) and Last Preg. Ended ☐ 07 - Other
☐ 10 - Family Planning Benefit Program ☐ 11 - FPBP Presumptive Eligibility

5A. IF PRIVATE INSURANCE, IS PRIMARY CARE COVERED?
☐ Yes ☐ No

9. CONTRACEPTIVE METHODS (Two May Be Coded)
 02 - Oral 04 - Diaphragm 20 - Abstinence
 21 - Oral - Extend. Cycle 05 - Condom 13 - Cervical cap
 14 - Hormonal Inj. - 3 mo. 06 - Spermicide 15 - Female Condom
 11 - Implant 08 - NFP/FAM 01 - Sterilization
 03 - IUD/IUS 22 - LAM 09 - Withdrawal/Other

11A. MEDICAL SERVICES PROVIDED (Check All Applicable)
Exam Procedures
☐ 02-Pap Smear ☐ 12-Male Exam ☐ 31-Hgb / Hct
☐ 03-Blood Pressure ☐ 21-UTI Treatment ☐ 32-Urine Dipstick
☐ 04-Hgt./Wgt. ☐ 23-Method Initiation ☐ 33-Urinalysis
☐ 05-Thyroid Palp. ☐ 46-Method Cessation ☐ 34-Urine Culture
☐ 06-Heart/Lung Ausc. ☐ 27-Colposcopy ☐ 35-Repeat Pap Smear
☐ 07-Breast Exam ☐ 47-Cryosurgery ☐ 38-Wet Mount/
☐ 08-Abdominal Palp. ☐ 29-Postpartum Check Gram Stain
☐ 09-Extremities ☐ 30-Other Medical ☐ 40-Rubella Screen
☐ 10-Bimanual Pelvic ☐ 48-Emergency Contraception ☐ 42-Sickle Cell Screen
☐ 11-Vaginitis Rx ☐ 49-HPV Vaccine ☐ 44-Other Lab

12A. COUNSELING SERVICES PROVIDED (Check All Applicable)
☐ 01-Contraceptive ☐ 06-WIC ☐ 12 - Breast Self Exam
☐ 02-Sterilization ☐ 09-STD/HIV ☐ 07 - Other
☐ 03-Infertility ☐ 10-Pre/Interconception ☐ 13 - Family
☐ 04-Nutrition ☐ 11-Abstinence/ ☐ 13 - Family
☐ 05-Pregnancy Abstinence Skills Engagement



**Department
of Health**

2019 CVR Change Descriptions

- **Hispanic Field – “No” changed to “No/Unknown”**
 - To better accommodate instances when clients do not know or decline to respond concerning their Hispanic ethnicity.
- **Box 12A Counseling Services – Item 13-Family Engagement Added**
 - To document efforts in line with the federal Title X legislative mandate to:
 - Encourage family participation in the decision of minors to seek family planning services, and
 - Provide counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.



Guidance for Coding Sex on the CVR

For purposes of reporting visit data to the NYS Family Planning Program, client sex should be coded on the CVR to correspond with their reproductive health service needs, in particular their medical services and contraceptive methods.

Review of Family Planning Encounter Definition

Title X Definitions*:

Family Planning Users & Encounters

- A Family Planning Encounter is a face-to-face, documented encounter between a family planning client and a provider that takes place in a Title X service site
- Laboratory tests and related counseling and education, in and of themselves, do not constitute a family planning encounter unless there is face-to-face contact between the client and provider, the provider documents the encounter in the client's record, and the tests are accompanied by family planning counseling and education

*US Department of Health & Human Services, Office of Population Affairs, Title X Family Planning Annual Report, Forms and Instructions, January 2005, Reissued October 2013, pp. 7-8.

Title X Definitions*: Family Planning Users & Encounters

- If a client is an ongoing family planning user who visits the service site to obtain any type of family planning or related preventive health services, the encounter is considered a family planning encounter and the client is considered a family planning user.

***US Department of Health & Human Services, Office of Population Affairs, Title X Family Planning Annual Report, Forms and Instructions, January 2005, Reissued October 2013, p. 9.**



Title X Definitions*:

Family Planning Users & Encounters

- If a client of reproductive age is sterilized under the service site's Title X-funded project, or is an ongoing Title X user who was sterilized elsewhere but continues to receive gynecological or related preventive health services from the site, the encounter is considered a family planning encounter and the agency may continue to count the client as a family planning user.

*US Department of Health & Human Services, Office of Population Affairs, Title X Family Planning Annual Report, Forms and Instructions, January 2005, Reissued October 2013, p. 9.

Title X Client/Encounter Definition*: Exceptions

- If a post-menopausal client obtains gynecological or related preventive health services, the encounter is not a family planning encounter and the client is not a family planning user.
- If a client is not an ongoing family planning user and obtains a service that does not include counseling, education, or clinical services related to achieving intended pregnancy or avoiding unintended pregnancy, the encounter is not a family planning encounter and the client is not a family planning user.

*US Department of Health & Human Services, Office of Population Affairs, Title X Family Planning Annual Report, Forms and Instructions, January 2005, Reissued October 2013, p. 9.

Title X Client/Encounter Definition*: Exceptions

Example 1: A new client who receives STD services, but no counseling, education, or clinical services aimed at avoiding an unintended pregnancy or achieving an intended pregnancy, is not a family planning user, and the encounter is not a family planning encounter.

*US Department of Health & Human Services, Office of Population Affairs, Title X Family Planning Annual Report, Forms and Instructions, January 2005, Reissued October 2013, p. 9.

Title X Client/Encounter Definition*: Exceptions

Example 2: If, in addition to STD testing, this same client receives condoms or counseling about using condoms to prevent STD transmission, but does not receive counseling, education, or clinical services aimed at avoiding an unintended pregnancy, the client is not a family planning user and the encounter is not a family planning encounter.

*US Department of Health & Human Services, Office of Population Affairs, Title X Family Planning Annual Report, Forms and Instructions, January 2005, Reissued October 2013, p. 9.

Title X Client/Encounter Definition*: Exceptions

Example 3: If, in addition to STD testing, this same client receives condoms or counseling about using condoms to prevent STD transmission AND counseling and education aimed at avoiding an unintended pregnancy, the client is a family planning user and the encounter is a family planning encounter.

*US Department of Health & Human Services, Office of Population Affairs, Title X Family Planning Annual Report, Forms and Instructions, January 2005, Reissued October 2013, p. 9.

Updates

Updates

- Documentation:
 - We are updating the data manual and the training documentation, which will be posted on the Ahlers' website.
 - The training documentation will include instructions for the Client/Visit Quality Improvement Report (QIR), which allows agencies to compare their own performance indicators with statewide measures for two periods, all in one report.
- FPAR:
 - Instructions and Tables will be forthcoming at the end of this month, and will be due as usual by the end of December.
 - **Please make sure your CVR data is up to date.**

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