

# **New York State Family Planning Project Orientation eLearning Narration**

## **Lesson/Audio File Table of Contents**

[Welcome](#)

[Scope of Family Planning Services](#)

[Program history](#)

[New York State Prevention Agenda](#)

[Reproductive Justice Framework](#)

[Definitions](#)

[Priority Populations](#)

[Access to services regardless of ability to pay](#)

[Voluntary Participation](#)

[Client Dignity](#)

[Confidentiality and Minor Consent](#)

[Mandatory Reporting](#)

[Clinical Guidelines](#)

[Compliance with QFP](#)

[Full Range of Methods](#)

[Prohibition on Abortion](#)

[Adolescent Counseling](#)

[STI/STD Screening](#)

[Related Health Services](#)

[Sustainability of Services](#)

[Sliding Fee Schedules](#)

[Income Verification](#)

[Free and Open Access](#)

[Family Planning Insurance Program](#)

[Referral Networks](#)

[Community Involvement in Program Activities](#)

[Material Review and Approval](#)

[Staffing Requirements](#)

[Facility Status Requirements](#)

[Policies and Procedures](#)

[Quality Improvement](#)

[Reporting Requirements](#)

[New York State Family Planning Training Center](#)

[Conclusion](#)

## **Welcome**

Welcome to the *New York State Family Planning Program Orientation* eLearning course.

This training is for all staff who work in New York State Family Planning Program-funded agencies.

The training includes:

- Section 1. Basic services of the New York State Family Planning Program
- Section 2. Service delivery program requirements
- Section 3. Fiscal and administrative program requirements
- Section 4. Supportive resources

Throughout this training, you will be asked to read new information, watch videos, reflect, and conduct interactive activities.

By the end of this training, participants will be able to:

- Define the scope of services offered by New York State Family Planning Program providers
- Explain who are considered family planning clients and should have a Client Visit Record (CVR) completed and reported
- Describe the New York State Family Planning Program requirements for service delivery
- List the fiscal and administrative requirements of the New York State Family Planning Program
- Identify resources to support implementation of a Family Planning Program compliant with New York State program requirements

### **Scope of Family Planning Services**

The New York State Family Planning Program provides accessible, confidential reproductive health care services to women, men, and adolescents, especially low-income individuals and those without health insurance.

Family planning services help individuals prevent or achieve pregnancy in order to plan and space births and meet their goals related to family size and composition.

The New York State Family Planning Program provides the following core family planning services, related, and other preventive health services in accordance with national guidelines for family planning care, *Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (OPA)*, also known as the “QFP.”

- Contraceptive education, counseling and access to a broad range of methods (including long-acting reversible contraception such as intrauterine devices and implants)
- Pregnancy testing and counseling

- Preconception health services
- Counseling and testing for HIV
- Testing and treatment for sexually transmitted infections (STI)
- Basic infertility services and support for clients who want to conceive
- Screening for breast and cervical cancer
- Health education in community settings to promote reproductive health, to prevent unintended pregnancy, and to promote access to reproductive and preventive health services

Any client who receives services related to preventing or achieving pregnancy at a New York State Family Planning Program clinic site is considered a family planning client. In 2019, over 300,000 clients received services through the New York State Family Planning Program; more than 50,000 of those receiving care were adolescents.

## **Program History**

The New York State Family Planning Program is implemented by the New York State Department of Health (NYSDOH) Division of Family Health's Bureau of Women, Infant, and Adolescent Health. The Division of Family Health leads the State's public health efforts to improve birth outcomes, promote healthy children, youth and families throughout the lifespan, and build healthy communities through community engagement, public-private partnerships, policy analysis, education and advocacy.

The New York State Family Planning Program is jointly funded by the State of New York and the federal Title V Maternal and Child Health Services Block Grant Program, the core federal and state public health program for promoting the health and well-being of the nation's mothers, infants, and children, including children and youth with special health care needs, and their families.

The New York State Family Planning Program was previously a grantee of the federal Title X family planning program. However, as of July 2019, the New York State Family Planning Program is no longer a part of the Title X network. Because of the state's history of participating in the program, many New York State Family Planning Program requirements are similar to Title X requirements, and resources developed for Title X providers are applicable for New York State Family Planning Program providers. However, New York State Family Planning Program providers should adhere to the program requirements described in this course, not the requirements for Title X providers.

## **New York State Prevention Agenda**

The Prevention Agenda 2019–2024 is New York State's health improvement plan, the blueprint for state and local action to improve the health and well-being of all New Yorkers and to promote health equity in all populations who experience disparities. The health of women, infants, children, and their families is fundamental to population health, and New York State Family Planning Program providers play a critical role in advancing the health of these populations. The Prevention Agenda goals align with the Maternal and Child Health (MCH) State Action Plan that is required by the federal Title V program. Click on the tabs below to explore the New York State Prevention Agenda goals for 2019–2024.

### **Maternal and Women's Health:**

#### Goals

- Increase use of primary and preventive health care services among women of all ages, with special focus on women of reproductive age
- Reduce maternal mortality and morbidity

### **Perinatal and Infant Health:**

## Goals

- Reduce infant mortality and morbidity
- Increase breastfeeding

## **Child and Adolescent Health:**

### Goals

- Support and enhance children and adolescents' social-emotional development and relationships
- Increase supports for children and youth with special health care needs
- Reduce dental caries among children

## **Cross-cutting:**

### Goal

- Reduce racial, ethnic, economic, and geographic disparities in maternal and child health outcomes, and promote health equity for maternal and child health populations

## **Reproductive Justice Framework**

Health outcomes are impacted by the social determinants of health—the conditions in which people are born, live, learn, work, play, and age—and include factors like socioeconomic status, access to education, community environment, employment, social supports, and access to health services. Inequities among one or more of these determinants can have significant impact on the health outcomes of individuals and entire communities.

**Reproductive justice is defined as the human right to maintain personal bodily autonomy, have children, not have children, and parent children in safe and**

## **sustainable communities.**

To effectively improve reproductive health outcomes, it is important to look at both disparities and social determinants of health to identify and address the root causes (i.e., racism, classism, sexism). To proactively address intersectional factors impacting racial, and ethnic disparities, the New York State Family Planning Program incorporates a reproductive justice framework. Reproductive justice aims to improve reproductive health by addressing the various intersectional issues that can impact an individual's fertility and/or reproductive decision making, including access to contraception, comprehensive sex education, prevention and care for STIs, adequate prenatal and pregnancy care, sexual and intimate partner violence assistance, adequate wages to support families, and safe homes.

All New York State Family Planning Program services must be voluntary, non-coercive, and client-centered. Protecting and preserving the reproductive autonomy of individuals in their health care decision-making is of critical importance.

## **Definitions**

A family planning **encounter** is a documented, face-to-face contact between an individual and a family planning provider that takes place in a New York State Family Planning Program clinic site. **The purpose of a family planning encounter is to provide family planning and related preventive health services to female and male clients who want to avoid unintended pregnancies or achieve intended pregnancies.**

To be counted as a family planning encounter, a written record of the service(s) provided during the family planning encounter must be documented in the client record. 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 test(s) are accompanied by family planning counseling or education.

A family planning **provider** is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that exercise independent judgment as to the services rendered to the client during an encounter.

A family planning **client** is an individual who has at least one family planning encounter at a New York State Family Planning Program clinic site during the reporting period. The same individual may be counted as a family planning client only once during a reporting period.

## **Priority Populations**

New York State Family Planning Program services must be provided without regard to race, color, religion, marital status, sex, gender identity or expression, national origin, disability, sexual orientation, age, pregnancy-related condition, number of pregnancies, or source of payment.

A priority of the New York State Family Planning Program is to reduce barriers to care. New York State Family Planning Program providers must make concerted efforts to reach and serve clients with unmet need for family planning services, as identified by the program's needs assessment. Providers should prioritize meeting the needs of populations that experience disparate reproductive health outcomes, including:

- Low income clients
- Uninsured/underinsured clients
- Adolescents/young adults

## **Access to services regardless of ability to pay**

New York State Family Planning Program providers cannot deny services, or provide a different level of quality of services, to a family planning client due to a client's inability to pay.

Reducing financial barriers to clients is a priority of the New York State Family Planning Program. However, services should not be routinely offered free or at no cost, except for clients with family incomes at or below 100% of the federal poverty level (FPL). Each New York State Family Planning Program provider should have policies for charging, billing, and collecting funds for the services they provide.

These policies should include:

- If a client's family income is at or below 100% of FPL, that client will not be charged for family planning services.
- HIV testing and chlamydia screening will be provided at no charge to individuals with incomes at or below 200% FPL.
- Condoms will be provided at no charge for clients at or below 250% of FPL. This requirement can be met through participation in the [NYS Condom Access Program](#).
- If a third party (e.g. Medicaid or health insurance company) is authorized or obligated to pay for services, that third party should be billed. Reasonable efforts to collect payments from third party sources should be made.
- Providers must facilitate enrollment in public insurance programs including Medicaid and the Family Planning Benefit Program (FPBP).
- Minors should not be charged differently than other clients. Minors who request confidentially billed services (e.g., do not want their parent's insurance to be used) should be charged based on the individual adolescent's income.

Whether or not to identify the client as a family planning client for reporting depends on the services provided—not on the payer source.

## **Voluntary Participation**

Voluntary participation is an essential part of the New York State Family Planning Program.

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.

Clients must not be coerced to accept services, or to use or not use any method of family planning. An individual must voluntarily choose family planning services in order to meet their own personal reproductive health goals.

New York State Family Planning Program staff may be subject to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure.

Some ways to ensure voluntary services are to:

- Have internal policies and procedures that ensure voluntary participation
- Confirm that all staff are aware of program requirements on voluntary participation
- Inform clients verbally and in writing that all services are voluntary
- Train staff to use non-directive, client-centered counseling

## **Client Dignity**

Services must be provided in a respectful manner that protects the dignity of the individual.

- Services must be provided without regard to race, color, religion, marital status, sex, gender identity or expression, national origin, disability, sexual orientation, age, pregnancy-related condition, number of pregnancies, or source of payment.
- Services must be accessible to people with limited English language skills. Sites must ensure access to language interpretation services is available, without cost to the client.

Facilities and services must be accessible to people with disabilities and may not discriminate on the basis of mental or physical ability.

To ensure access to services, projects should consider access to public transportation, clinic locations, hours of operation, and other factors that influence the ability of a range of clients to receive services.

Staff should be broadly representative of the population served, and should be sensitive to—and able to deal effectively with—the cultural and other characteristics of the client population.

### **Confidentiality and Minor Consent**

Maintaining client confidentiality is an essential component of the New York State Family Planning Program. Information about clients may not be disclosed without the client's written consent—unless it is required by law or if it is needed to be able to provide services to the client. Information can be disclosed only in summary, through statistics, or in other formats that won't identify the client, either directly or indirectly.

This includes services for clients who are under the age of 18 (“minors”). Minors who understand the risks, benefits and proposed alternatives to certain health services may give informed consent. Informed consent may be verbal or written and should be

noted in the client's record. With informed consent, minors may obtain confidential healthcare which means providers cannot disclose medical records to anyone, including parents, without the client's consent.

In New York State, minors generally can consent to and obtain the following services without parental notification or consent:

- Contraceptive care and counseling
- Emergency contraception
- Pregnancy testing and options counseling
- Abortion services
- Prenatal care and labor/delivery services
- Testing and treatment for HIV, as well as other STIs, if the patient has been exposed to infection

Providers are advised to consult with legal counsel for case-specific questions about minor consent.

Family Planning Program staff should inquire about all clients' confidentiality needs. Clients should be made aware that Explanations of Benefits (EOB) may be sent to home addresses by private insurance; if this is unacceptable, discuss alternative arrangements. New York State Medicaid does not send EOBs. Providers should also be aware of and mitigate the risk of confidentiality breaches associated with data sharing agreements.

## **Mandatory Reporting**

In some cases, complete confidentiality cannot be maintained, such as in cases of mandatory reporting requirements for child abuse. New York State Family Planning Program Staff are required to comply with state and local mandatory reporting laws.

In New York State, all clinicians as well as physician assistants, residents, interns, psychologists, registered nurses, social workers, emergency medical technicians, marriage and family therapists, mental health counselors, and hospital personnel are mandated reporters. A report is required when the reporter has reasonable cause to suspect:

- A child coming before him or her in his or her professional or official capacity is an abused or maltreated child.
- The parent, guardian, custodian, or other person legally responsible for the child comes before the reporter and states from personal knowledge facts, conditions, or circumstances that, if correct, would render the child an abused or maltreated child.

All New York State Family Planning Program staff are required to participate in annual training on New York State requirements for reporting child abuse and maltreatment.

Watch the video below for a demonstration on how to provide trauma-informed care when discussing mandatory reporting requirements with a client.

### **Clinical Guidelines**

New York State Family Planning Program providers must adhere to current standards of care. Click on the flash cards to explore essential documents and organizations that provide the fundamental clinical guidelines for family planning-related services.

**Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP)** Provides guidance about the delivery of quality family planning services as well as related and other preventive health services.

**U.S. Preventive Services Task Force (USPSTF)** An independent panel of experts that

provides evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

**American College of Obstetricians and Gynecologists (ACOG)** The professional membership organization for obstetrician–gynecologists. ACOG produces guidelines for providers and educational materials for patients.

**Sexually Transmitted Diseases (STD) Treatment Guidelines, 2015** Developed by CDC to provide evidence-based guidelines for the treatment of persons who have or are at risk for STDs.

**American Society for Reproductive Medicine (ASRM)** Advances the science and practice of reproductive medicine by supporting research, developing and disseminating quality standards in patient care, and advocating on behalf of affiliated health care providers.

### **Compliance with QFP**

New York State Family Planning Program providers must comply with the guidance outlined in QFP. The QFP defined family planning services and provides recommendations for how to provide quality family planning services in a client-centered way.

**Core Family Planning Services** These include: contraceptive services for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, STI services (including

HIV/AIDS), and other preconception health topics (e.g., screening for obesity, smoking, and mental health). STI/HIV and other preconception health services are considered family planning services because they improve clients' health and can influence a person's ability to conceive or to have a healthy birth outcome.

**Related Health Services** These include services that are considered to be beneficial to reproductive health, are closely linked to family planning services, and are appropriate to deliver in the context of a family planning visit but that do not contribute directly to achieving or preventing pregnancy (e.g., breast and cervical cancer screening).

**Preventative Health Services** These include preventive health services such as screening for lipid disorders, skin cancer, colorectal cancer, or osteoporosis. Although important in the context of primary care, these have no direct link to family planning services.

## **Full Range of Methods**

New York State Family Planning Program providers must ensure the availability of the full range of FDA-approved contraceptive methods for clients.

There is a wide range of FDA-approved birth control methods, including:

- Male and female sterilization surgery
- Hormonal intrauterine devices (IUD)
- Copper IUD
- Hormonal implant
- Combined hormonal contraceptive pills
- Progestin-only contraceptive pills
- Hormonal patch
- Vaginal ring

- Male and female condoms
- Diaphragm
- Fertility awareness-based methods

Clients should be able to choose their methods from a broad range of contraceptive options. Sites must either provide the method directly (onsite) or be able to refer a client to another location to get that method. All sites must provide medical services related to family planning and the effective use of contraceptive devices and practices.

Some clinic sites provide male and female sterilization procedures. See below for more information.

**Sterilization** Projects that perform or arrange voluntary sterilization procedures for clients who wish to use sterilization as their chosen method of family planning must meet the following conditions.

The client must be:

1. At least 21 years old at the time consent is obtained
2. Mentally competent
3. Have given informed consent at least 30 days but not more than 180 days before the procedure (except in the case of emergency; see §50.204).

The individual getting informed consent, must:

1. Offer to answer any questions the client may have
2. Advise the client that they are free to withdraw consent any time
3. Provide a description of available alternative methods of family planning and birth control
4. Advise the client that the sterilization procedure is considered to be irreversible
5. Provide an explanation of the specific procedure, discomforts risks, benefits, and possible side effects
6. Provide an interpreter if the client does not understand

7. Include a witness chosen by the individual to be sterilized to be present when consent is obtained
8. Not be the operating physician

Informed consent may not be obtained while the individual to be sterilized is:

1. In labor or childbirth
2. Seeking to obtain or obtaining an abortion
3. Under the influence of alcohol or drugs that could affect the individual's state of awareness

The client must give written affirmation of their informed consent upon admission to the facility where the sterilization will be performed.

### **Prohibition on Abortion**

New York State Family Planning Program providers:

- Cannot use any New York State Family Planning Program funds to provide abortion or abortion-related services.
- Must have policies in place that show that no funds are used to provide abortion or abortion-related services.
- Must provide services that are financially separate from services and activities related to abortion.
- Must provide non-directive pregnancy options counseling, and must refer clients to receive prenatal care, adoption services, or pregnancy termination services based on the client's wishes.

### **Adolescent Counseling**

New York State Family Planning Program providers must provide comprehensive family planning services for adolescents and young adults in accordance with program requirements and nationally recognized standards of care.

New York State Family Planning Program staff must encourage family participation in the decision of minors to seek family planning services. Staff must document in each minor's record the actions taken to encourage family participation.

[EMBED FPNTC FAMILY PARTICIPATION VIDEO]

New York State Family Planning Program staff must provide and document education and counseling for minors on how to resist sexual coercion.

[EMBED FPNTC SEXUAL COERCION VIDEO]

All New York State Family Planning Program staff are required to receive training on counseling minors on family participation and resisting sexual coercion once per funding cycle.

### **STI/STD screening**

A priority of the New York State Family Planning Program is to increase appropriate screening for STIs (also known as STDs) and reduce related health disparities.

New York State Family Planning Program Providers should provide STI services in accordance with QFP recommendations as well as the CDC *STD Treatment Guidelines* and *Recommendations for Providing Quality STD Clinical Services (STD QCS)*.<sup>3, 4</sup>

Among the STI services that must be offered, New York State Family Planning Program providers must provide HIV testing and chlamydia screening at no charge to

individuals with incomes at or below 200% FPL. CDC recommends screening sexually active female clients under 25 years of age annually for chlamydia. Female clients 25 and older and male clients should be screened for chlamydia if at increased risk. All clients aged 13-64 years of age for HIV at least once in their lifetime.

Providers should routinely monitor the NYSDOH STI Program webpage for updates for providers, local data, clinic site locations, client education materials, and information about partner services.

### **Related Health Services**

New York State Family Planning Program providers should also support efforts to increase appropriate screening for the early detection of breast and cervical cancers, as well as HPV vaccination for the prevention of cancer. Family Planning Program Providers should provide clinical breast exams and cervical cancer screenings when indicated, with appropriate referrals for follow up in accordance with the QFP and nationally recognized standards of care. Click on the tabs below to review recommendations for these services.

**Clinical Breast Exams (CBE)** The American College of Obstetricians and Gynecologists (ACOG) does not recommend providing CBE to clients under 25. For clients with average risk, ACOG recommends offering CBE every 1-3 years for clients between 25-39 years, and annually for clients 40 years and older.

**Cervical Cancer Screening** The United States Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with HPV testing in combination with cytology (cotesting).

**HPV Vaccination** According to the CDC, the HPV vaccine is recommended for routine vaccination at age 11 or 12 years. (Vaccination can be started at age 9.) CDC also recommends vaccination for everyone through age 26 years if not adequately vaccinated previously. HPV vaccination is given as a series of either two or three doses, depending on age at initial vaccination.

### **Sustainability of Services**

Family Planning Providers must maintain infrastructure to ensure the sustainability of services including:

- Incorporation of certified Electronic Health Record (EHR) systems and other Health Information Technology (HIT) systems that are interoperable
- Contracts with health insurance plans and systems for third party billing
- Enrollment of clients into health insurance and Medicaid including Family Planning Benefit Program (FPBP) and Family Planning Extension Program (FPEP)

### **Sliding Fee Schedules**

New York State Family Planning Program services are provided on a sliding scale. New York State Family Planning Program providers must apply a sliding fee discount schedule for any self-pay charges (including insurance cost-sharing such as co-pays).

- Clients at or below 100% of the FPL must not be charged for family planning services.

- Clients whose family income is between 101% and 250% of the FPL must be charged a discounted rate based on the client's ability to pay.
- Clients whose family income is over 250% of the FPL must be charged fees that are based on the reasonable cost of providing services.
- Insured clients with incomes at or below 250% of the FPL may not be charged more in copays or additional fees than they would otherwise pay, based on the sliding scale.

Fees may be waived for clients with family incomes above 100% of the FPL. If the service site director determines that there is good cause that the client is not able to pay for their services, the site director may apply the sliding fee discount schedule.

**Family income at or below the poverty level** Fully discount services

**Family income 101% to 250% of poverty level** Applying sliding fee schedule of discounts to services

**Family income over 250% of poverty level** May charge fair market price for services

## **Income Verification**

Asking clients to provide their family income is a requirement of the New York State Family Planning Program. This information is critical for ensuring the program is meeting the needs of low income clients who might otherwise not have access to services. New York State Family Planning Program providers should not assume that all clients are below 100% of FPL.

Income verification can ensure that clients are charged appropriately for their services. Income verification should not present a barrier to clients needing services. If you have lawful access to information that would help verify a client's income (for example, if the client is part of another program that has already verified income), use

that information, so the client doesn't have to go through the income verification process again. Make sure to follow your agency's policy for income verification.

Voluntary donations from clients are allowed, but clients must not be pressured to make them. Donations must not be a prerequisite to the provision of services or supplies, and they must be completely voluntary.

### **Free and Open Access**

**Free Access Policy** Federal Law (known in New York as the Free Access policy) allows individuals enrolled in Medicaid managed care plans to obtain family planning and reproductive health services from any Medicaid participating provider (in or out of a managed care plan's network), without referral or prior approval of the plan.

**Open Access Policy** New York State law guarantees that individuals enrolled in managed care (not only those insured by Medicaid) can go directly to any family planning provider within their plan network, without a referral from their primary care provider.

### **Family Planning Insurance Programs**

New York State Family Planning Program providers must enroll clients into health insurance and Medicaid including Family Planning Benefit Program (FPBP) and Family Planning Extension Program (FPEP).

Medicaid is a program for New Yorkers who can't afford to pay for medical care. Single, non-pregnant adults under 138% of the FPL are eligible for Medicaid, as are children, pregnant women, families and individuals certified blind or certified disabled. In addition, persons with medical bills may be eligible for Medicaid even if

their income and resources are above the allowable Medicaid income levels. Medicaid covers comprehensive services, including family planning services.

The FPBP is a public health insurance program for New Yorkers who need family planning services, but may not be able to afford them. It is intended to increase access to confidential family planning services and to enable teens, women and men of childbearing age to prevent and/or reduce the incidence of unintentional pregnancies.

Clients may be eligible for the FPBP if they are:

- Female or male of childbearing age
- A New York State resident
- A U.S. citizen, national, Native American, or lawfully present
- Under 223% of the FPL
- Not already enrolled in Medicaid

Health services covered by FPBP include:

- Most FDA-approved contraceptive methods, devices, and supplies (e.g., birth control pills, injectables, patches, condoms, diaphragms, IUDs, etc.)
- Emergency contraception services and follow-up care
- Male and female sterilization
- Preconception counseling and preventive screening and family planning options before pregnancy
- Transportation to family planning visits
- Retroactive coverage (up to 3 months, if eligible)

The following services are covered by FPBP only when provided within the context of a family planning visit, and when the service provided is directly related to family planning:

- Pregnancy testing and counseling
- Comprehensive health history and physical examination, including breast exam and referrals to primary care providers as indicated (Mammograms are not covered).

- Screening and treatment for STIs
- Screening for cervical cancer and urinary tract or female reproductive system–related infections
- Screening and related diagnostic laboratory testing for medical conditions that affect the choice of birth control, (e.g. a history of diabetes, high blood pressure, smoking, blood clots, etc.)
- HIV counseling and testing
- Counseling services related to pregnancy, informed consent, and STI/HIV risk reduction counseling
- Bone density scan (only for women who plan to use or are currently using Depo–Provera)
- Ultrasound (if indicated, to assess placement of an IUD)

The FPEP provides 24 months of family planning services for women who were pregnant while in receipt of Medicaid (regardless of how that pregnancy ended), but who are no longer eligible for Medicaid after their 60-day postpartum period.

## **Referral Networks**

New York State Family Planning Program providers should have a robust referral network. Referrals are important to help clients access other types of care they may need. Also, by establishing referral systems, other service providers can refer their clients for family planning services. New York State Family Planning Program clinic sites are not responsible for the cost of care in the case of referrals.

New York State Family Planning Program providers need to have a system of referrals in place with other providers of health care and social services. This system should include local health and welfare departments, hospitals, voluntary organizations, health services supported by other federal programs, and other medical facilities in

case of an emergency or when medically indicated.

Among the referral services offered should be identifying, responding to, and connecting victims of human trafficking to appropriate care. Training on human trafficking is required once per funding cycle.

[EMBED HUMAN TRAFFICKING]

Other services to consider including in your referral network are primary care, prenatal care, intimate partner violence (IPV) services, HIV treatment, substance abuse treatment, social services, etc.

### **Community Involvement in Program Activities**

Family Planning Providers should collaborate with community members and stakeholders in the development of a Community Participation, Education, and Promotion (CPEP) plan that is responsive to community needs and existing available resources.

The goal of the CPEP plan is to ensure access to family planning services by priority populations. CPEP plans should include both outreach strategies to recruit new clients, as well as inreach strategies to retain current clients. The plan must also include evaluation and reassessment processes.

### **Material Review and Approval**

New York State Family Planning Program providers are responsible for reviewing and approving informational and educational (I&E) materials.

All client education materials—such as brochures, posters, videos or any other materials that inform or educate clients about services—should be regularly reviewed for clinical accuracy and appropriateness for client populations served.

Clinic sites should document their:

- Process for reviewing materials (e.g., in person, electronically).
- Criteria (and any relevant review tools) used to review materials to ensure that they are suitable for the population and community for which they are intended.
- Frequency of materials review and approval process.
- List of materials reviewed (including dates reviewed and approved).

## **Staffing Requirements**

New York State Family Planning Program providers must maintain adequate program staffing, including:

- Program Director
- Medical Director—a licensed physician with specific training in family planning, to provide clinical
- Oversight and develop, review, and approve all medical standards and guidance
- Pharmacy consultant
- Medical records consultant
- Health education and outreach staff

## **Facility Status Requirements**

New York State Family Planning Program Providers must:

- Maintain status as an Article 28-licensed facility. Article 28 facilities are hospitals, nursing homes, and diagnostic treatment centers. Diagnostic treatment centers include Ambulatory Surgery Centers, Federally Qualified Health Centers, and Rural Health Centers.
- Enroll all family planning service sites in the 340B Drug Pricing Program under eligible 340B
- Covered entity types (e.g., Disproportionate Share Hospital, Critical Access Hospital, Federally Qualified
- Health Center, STD Clinic), as appropriate.

## **Policies and Procedures**

New York State Family Planning Program Providers must maintain policy and procedure documents related to the delivery of New York State Family Planning Program. These policies and procedures must be made available to the NYSDOH for review upon request.

The checklist below includes the list of required policy and procedure documents.

## **Quality Improvement**

Family Planning Program providers must participate in New York State Family Planning Program site monitoring activities during which NYSDOH audits compliance with program requirements. This includes coordinating site monitoring visits and timely completion of any required Corrective Action Plans (CAPs).

Family Planning Program providers must conduct ongoing quality improvement activities including the use of performance measures to review and strengthen the quality of the services provided, and actively engage in statewide performance management projects conducted by NYSDOH.

Finally, Family Planning Program providers must demonstrate continued staff development. This can be demonstrated by staff participation in training and learning opportunities such as those offered by the NYSDOH, [NYS Family Planning Training Center](#), and the [Family Planning National Training Center](#).

## **Reporting Requirements**

Administrative staff must be aware of and meet contractual program reporting requirements, which include:

- Monthly submission of CVR data to the Family Planning Data Management Information System (FPDMIS) via Ahlers' website
- Quarterly report
- Annual submission of:
  - Formulary listing all medications, contraceptives and/or contraceptive devices provided in family planning clinic sites
  - Family Planning Agency Profile that accurately reflects all program clinic site locations, hours of operations, and services provided. Providers must provide timely notification to NYSDOH of any major changes to clinic site locations, hours of operation, or services provided
  - Schedule of discounts for all services provided in family planning clinic sites that aligns with program requirements, reflects reasonable, accessible costs, and includes the current FPL income levels
  - Family Planning Annual Report tables 9, 13, and 14
  - CPEP annual report
  - Narrative report

## **New York State Family Planning Training Center**

New York State Family Planning Program providers can find relevant training from several organizations described in this section.

The New York State Family Planning Training Center is funded by the NYSDOH to support New York State Family Planning Program Providers to deliver quality reproductive health services. To achieve this goal, the Training Center provides free training and technical assistance services. The Training Center is managed by JSI Research & Training Institute, Inc.

## **Reproductive Health National Training Center**

The Reproductive Health National Training Center (RHNTC) is funded by the federal Office of Population Affairs (OPA) to address the needs of Title X family planning service grantees and providers. The primary purpose of the RHNTC is to ensure that personnel working in family planning have the knowledge, skills, and attitudes necessary to effectively deliver high quality family planning services. The RHNTC is also managed by JSI Research & Training Institute, Inc.

While RHNTC resources are developed with Title X service providers in mind, all resources are in the public domain and are free for anyone to use. Providers do not need to be Title X-funded to use the resources or website.

As a reminder, while resources developed for Title X providers are applicable for staff working at sites funded by the New York State Family Planning Program, providers should adhere to the program requirements described in this course, not the

requirements for Title X providers.

### **National Clinical Training Center for Family Planning**

The National Clinical Training Center for Family Planning (NCTCFP) is also supported by OPA and works closely with RHNTC to address the needs of Title X family planning service grantees and providers. NCTCFP deliver clinical skills training and resources to health care providers within the Title X and related public health communities. By providing current clinical protocols using new technologies and national standards, the NCTCFP trains and supports clinical family planning Nurse Practitioners, Certified Nurse Midwives, Physicians and Physician Assistants through competency-based modalities. Similar to the RHNTC, all resources developed by the NCTCFP are in the public domain and are free for anyone to use. The NCTCFP is managed by the University of Missouri—Kansas City.

### **New York City STD/HIV Prevention Training Center**

The New York City STD/HIV Prevention Training Center (NYC PTC) is funded by the CDC to offer clinical education on STDs, including HIV, for healthcare providers. NYC PTC trainings are designed to increase knowledge and improve clinical skills for physicians, physician assistants, nurses, nurse practitioners and licensed practical nurses. NYC PTC offers classroom and web-based courses, hands-on training, clinical consults and technical assistance to clinicians in New York, New Jersey, Ohio, Indiana, Michigan, Puerto Rico and the U.S. Virgin Islands. The NYC PTC is a program of Columbia University Mailman School of Public Health Department of Sociomedical Sciences.

Also funded by CDC, the University of Washington STD PTC manages the National STD Curriculum, a free educational site that addresses the epidemiology, pathogenesis, clinical manifestations, diagnosis, management, and prevention of STDs.

## **Clinical Education Initiative**

Clinical Education Initiative (CEI) is a New York State Department of Health AIDS Institute program that offers progressive continuing medical education to clinicians to enhance their capacity to deliver high quality services and to improve patients' health outcomes. CEI offers free, CE accredited, online and live trainings, conferences, intensive preceptorships, clinical technical assistance and tools on topics such as HIV primary care and prevention, sexual health, hepatitis C virus and drug user health. Clinicians can discuss PEP, PrEP, HIV, HCV and STD management with a specialist via the CEI toll-free hotline and can request onsite training from the CEI website.

## **National Family Planning & Reproductive Health Association**

The National Family Planning & Reproductive Health Association (NFPRHA) is a membership organization representing providers and administrators committed to helping people get the family planning education and care they need to make the best choices for themselves and their loved ones. NFPRHA works to enhance the ability of thousands of nurse practitioners, doctors, and other health professionals to provide high-quality family planning care through training and advocacy. NYSDOH's NFPRHA membership is extended to all New York State Family Planning Program providers.

## **Family Planning Program Contact**

Contact the NYSDOH with any questions about program requirements.

### **General contact:**

New York State Department of Health  
Bureau of Women, Infant, and Adolescent Health

Family Planning Program

Corning Tower Room 840, Albany, New York 12237

(518) 474-0535

[bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov)

Website

**Thank you for joining us!**

*This is the end of the New York State Family Planning Program Orientation course. Your feedback is important to us! Please complete a brief evaluation of this module.*