



**Department  
of Health**

# **NYSFPP Policy and Procedure Guidance**

**February 13, 2023**

# Call Logistics

- All callers are placed on mute
- Type your questions into the chat box
- Submit follow up questions to your Program Manager

# Agenda

- Introduce the Policy and Procedure Guidance
- Walk through the document
- Policy examples
- Q&A

# Policy and Procedure Guidance



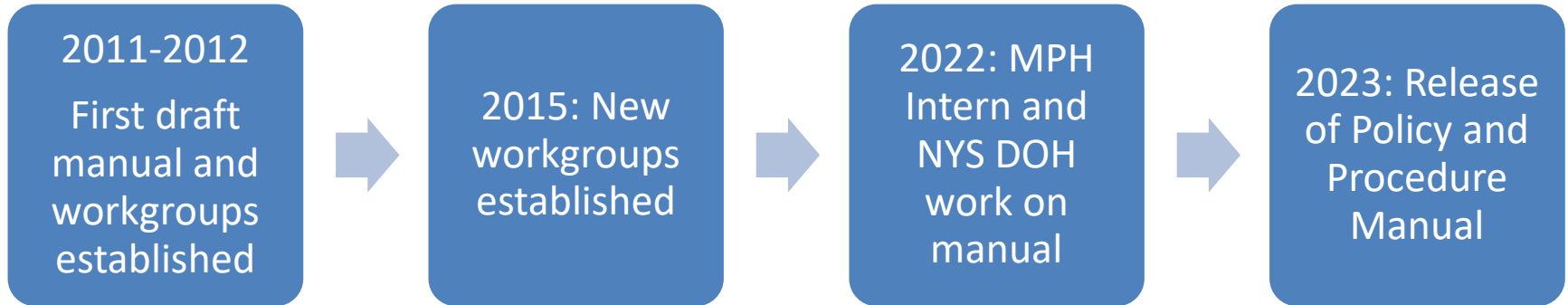
New York State Family  
Planning Program

Policy and Procedure  
Guidance

January 2023

- Guidance is intended for use by all contracted family planning agencies and their subcontractors
- Revisions to the guidance will be distributed to all contractors at least 30 days prior to the effective date of any change, when appropriate
- If this guidance does not answer a question or concern, or if you have suggestions for additional information that might be included in the guidance, contact your program manager

# Background



# Guidance Walk Through

## Family Planning Providers,

This Policy and Procedure Guidance is intended for use by all family planning agencies that contract with NYSDOH for FPP grant funds. In exchange for these funds, Family Planning Providers are required to administer programs that seek to fulfill the mission by providing high-quality family planning services and related preventive health services to women, men, and adolescents, with an emphasis on priority populations experiencing disparate health outcomes. Revisions to the guidance will be distributed to all contractors at least thirty days prior to the effective date of any change, when appropriate.

The Policy and Procedure Guidance is also available online at <https://nysfptraining.org/> under the resources tab.

If this guidance does not answer a question or concern, or if Contractors have suggestions for additional information that might be included in the guidance, please contact your program manager or the general mailbox [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov).

**Thanks,  
The NYSFPP Team**

## [Introduction to the New York State Department of Health's \(NYSDOH\) Comprehensive Family Planning and Reproductive Health Program \(NYSFPP\)](#)

The NYSDOH FPP distributes grant funds via competitive awards to agencies providing family planning services (Family Planning Providers) throughout the state. NYSDOH NYSFPP funds multiple agencies with clinic sites at hospitals, diagnostic and treatment centers, Planned Parenthood facilities, and local departments of health throughout New York to provide comprehensive reproductive health care services to low income, uninsured and underinsured individuals.

The purpose of the NYSFPP is to ensure access to quality family planning and reproductive health services for low-income, uninsured, and underinsured New Yorkers. NYSFPP-funded organizations aim to increase access to services and effective methods of contraception; identify and address issues that create barriers to access sexual and reproductive health care services; offer client-centered and culturally competent care through flexible service delivery options; and aid in enrolling clients in public health insurance programs as appropriate. To proactively address intersectional factors impacting racial, and ethnic disparities in these services, the NYSFPP 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. The NYSFPP is committed to improving access to essential sexual and reproductive health services for New Yorkers most adversely impacted by disparities in access and outcomes and protecting and preserving the reproductive autonomy of individuals in their health care decision-making.

The NYSFPP reentered the Title X Family Planning Program in April 2022. The Title X Family Planning Program ["Population Research and Voluntary Family Planning Programs" (Public Law 91-572)], was enacted in 1970 as Title X of the Public Health Service Act. The Title X program is designed to provide access to contraceptive services, supplies and information to all who want and need them. By law, priority is given to persons from low- income families. The USDHHS's Office of Population Affairs (OPA) administers/oversees the Title X program. The OPA sets the standards for publicly funded family planning services in the U.S. Requirements for the Title X Family Planning Program are established by federal law and regulations.

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2.4 Staff Training

In order to ensure the quality and consistency of services rendered, service sites must have a training plan to address the training needs of new hires, assess the competencies of current staff, and support opportunities for continuing education.

Effective Date	1/1/22
Last Reviewed Date	12/1/22
Revision Date	
Next Scheduled Review Date	12/2/23
References	<a href="#">NYSFPP Orientation</a> ; <a href="#">42 CFR part 59</a> ; <a href="#">2022 Title X Program Handbook</a> ; <a href="#">NYSFPP Training Requirements</a>

Procedure:

- All staff who perform duties for the NYSFPP must complete the trainings listed out on the NYSFPP Training Document once a contract period. This includes in-kind staff positions, temporary staff positions (interns, fellows, etc.) and contracted positions.
- There must be a training plan and policy in place to provide the orientation and in-service training for all staff persons, including staff at sub-contracting agencies and service sites.
- **New hire and annual staff trainings must encompass the following topics *but are not limited to*:**
  - Child abuse/molestation
  - Sexual abuse
  - Rape or incest
  - Human trafficking
  - Counseling minors in how to recognize and resist sexual coercion
  - Appropriate ways for minors to involve family members in decision making
  - Diversity, Equity, and Inclusion in the workplace
  - Cultural humility/competency
  - Reproductive Justice
- Service sites **must** maintain accurate documentation of training records for all hired staff and have a method of evaluating staff delivery.
- Sub-recipients must participate in annual Bureau of Perinatal, Reproductive and Sexual Health Provider Day Meeting.
- All project personnel must fulfill continuing education requirements set forth by the NYS Office of the Professions

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← Policy language

← Important dates

← Links to useful resources related to the policy

← Procedure: detailed explanation on how to comply with the policy



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# Example 1

← NYSFPP Requirement

← References and Resources

← Detailed Explanation

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# Example 2

### 6.3 Determining Fees/Charges

All subrecipients must develop and utilize a Schedule of Discounts (SOD) that allows patients to pay reduced fees/charges for any visit, procedure, medication, or device based on their income to ensure cost is never a barrier to receiving family planning services.

Effective Date	1/1/22
Last Reviewed Date	12/1/22
Revision Date	
Next Scheduled Review Date	12/1/23
References	<a href="#">NYSFPP RFA</a> ; <a href="#">42 CFR 59.5</a> ; <a href="#">42 CFR 59.2</a> and <a href="#">Section 1006(c) PHS Act</a>

#### Procedure:

- A SOD must be developed and updated annually to reflect the most recent Federal Poverty Level (FPL) available. SOD use is required for individuals with family incomes between 101% and 250% of the FPL.
- To be approved for use by DOH, each SOD must satisfy the following requirements:
  - Labeled with the agency name, current year, and current FPL guidelines
  - No charges for any services, devices, or supplies for patients at or below 100% FPL
  - No charges for patients at or below 250% FPL for the following services:
    - Chlamydia testing
    - HIV testing and counseling
    - Pregnancy testing and counseling
    - Emergency contraception
    - Condoms for patients: Participation in the [NYS Condom Access program](#)
- Service sites may not charge more than the 340B acquisition cost for any 340B purchased drug or device. The SOD must reflect a progressive discount from that acquisition cost of all 340B purchased drug or device for individuals between 101% and 250% of the FPL.
- If the SOD includes fees for “bundled services” (i.e. one cost for multiple services and devices) it must include a statement indicating what those fees include.
  - For example: *“All visit fees reflect the total cost of a visit for each patient. This cost includes all services provided (e.g. exam, labs, counseling, device insertion/removal, etc.) as well as any associated supplies and/or devices.”*
- Services, medications, devices, or supplies associated with the provision of abortion services may not be included on the SOD.
- Additional costs/fees associated with visits that occur after normal working hours and/or on the weekends are not allowed.

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# Example 3

### 1.9.2 Change in Service Delivery

Any subrecipient proposing to make changes to NYSFPP service site/clinic makes that will impact patient access to care (changes to days/hours of operation, permanent changes to services offered, substantial staffing changes that impact service delivery) must provide written notification in the form of a signed letter to the NYSFPP Program Director and their assigned Program Manager to inform the Department of their intention to change service delivery at least 30 days prior to implementation.

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	12/1/22
<b>Revision Date</b>	
<b>Next Scheduled Review Date</b>	12/1/23
<b>References</b>	<a href="#">NYSFPP RFA</a> ; <a href="#">2022 Title X Program Handbook</a>

**Procedure:**

- NYSFPP must submit a Changes in Service Site Delivery Letter 30 days prior to implementation- A letter, signed and submitted to the NYSDOH which must include:
  - The reason for the change (this should include how community input/feedback was solicited and used to inform this change)
  - Timeline for implementation
  - New clinic schedule, services, location and/or staffing
  - The potential impact of this change on service delivery and/or client ability to access sexual and reproductive health
  - The plan to notify clients and community partners if applicable
- Sites must submit an updated NYSFPP Agency Profile that reflects the new site information
- This includes any temporary change to service site/clinic hours and/or location lasting more than 5 business days
- All required documentation must be submitted to the program manager, NYSFPP Program Director and NYSDOH at: [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov)



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<b>9.6 Information and Education Advisory Committee</b>	
Subrecipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational (I&E) materials developed or made available under the project prior to their distribution.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	12/1/22
<b>Revision Date</b>	
<b>Next Scheduled Review Date</b>	12/1/23
<b>References</b>	<a href="#">Section 1006(d)(2); 42 CFR 59.6 I&amp;E Toolkit</a>

**Procedure:**

- The I&E Committee should include five to nine members who broadly represent the Program's catchment area
- The I&E Advisory Committee should meet regularly, and meeting minutes must be maintained
  - If committee members have difficulty coordinating a common date and time, the review and approval process may be handled by email, video/voice conference call, or mail.
  - Documentation must be kept on these finding in replace of meeting minutes.
- The committee members should receive an email or letter prior to the meeting, with an agenda, a packet of materials to be reviewed and approved, and any evaluation form(s).
- When reviewing the materials, the I&E Committee should use a standardized protocol and/or tool to assess the following:
  - Consider the educational and cultural backgrounds of the individuals to whom the materials are addressed
  - Consider the standards of the population to be served with respect to such materials
  - Determine whether the materials are suitable for the population being targeted
  - Review and approve the content of the materials to ensure that the information is factually correct and up-to-date
  - Establish a written record of its determinations
- When establishing the I&E Committee, Family Planning Providers should be cognizant of and make provisions for the following:
  - Facilitate Committee members' participation by addressing transportation issues, scheduling meetings for convenient times, and considering alternative meeting forums that may be more convenient, including web-based and phone formats
  - Recognize the importance of the work being done by the Committee, and garner community understanding and support for the work being done by the Committee
  - Ensure participants represent diverse backgrounds and viewpoints, as well as those individuals with expert knowledge of the subject matter
  - Obtain opinions from a wider circle to inform the committee's decisions, as needed

# Example 4

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# Example 5

<b>2.8 Utilizing a Comprehensive Reproductive Justice Framework</b>	
Comprehensive reproductive justice framework recognizes how race, class, gender, and sexual identity affect people's reproductive health and autonomy. Family Planning Clinics must have written policies and practices that incorporate a reproductive justice framework into their health care practice to increase access to health care to underserved populations.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	12/1/22
<b>Revision Date</b>	
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<b>References</b>	<a href="#">NYSFPP RFA</a> ; <a href="#">Sister Song Reproductive Justice Website</a>

**Procedure:**

- Policies and practices should enable underserved populations to access HIV and STI prevention, contraception, pregnancy planning, fertility treatments and early prenatal care.
- Policies and clinical practices that facilitate needed family support like child-care, housing stability and transportation. See policy 1.14 Availability and Use of Referrals for additional guidance.
- Promote policies that expand family planning coverage to the under- and uninsured and reduce linguistic and cultural barriers to care.
- Promote practices that reduce structural barriers (lack of proper equipment, examination tables and specialized knowledge) that limit contraceptive and reproductive care and access to family planning clients.
- Promote health insurance companies to provide a 12-month supply of birth control instead of 6 months. See Policy 4.2 Dispensing a 12-Month Supply of Contraception.

# Important Resources

- <https://nysfptraining.org/>
- <https://rhntc.org/>
- <https://www.ctcfp.org>

# Questions or Comments?

# THANK YOU!

- Today's slides will be distributed via email and recording will be uploaded to our training website <https://nysfptraining.org/>
- Specific questions should be sent to your Program Manager



# NYS FPP Contact Information

Family Planning Program mailbox:

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