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Becky Milner

New York State Family Planning Program Orientation



This training provides an overview of the requirements for agencies funded by the New York State Department of Health's Comprehensive Family Planning and Reproductive Health Care Services Program, referred to as the New York State Family Planning Program.

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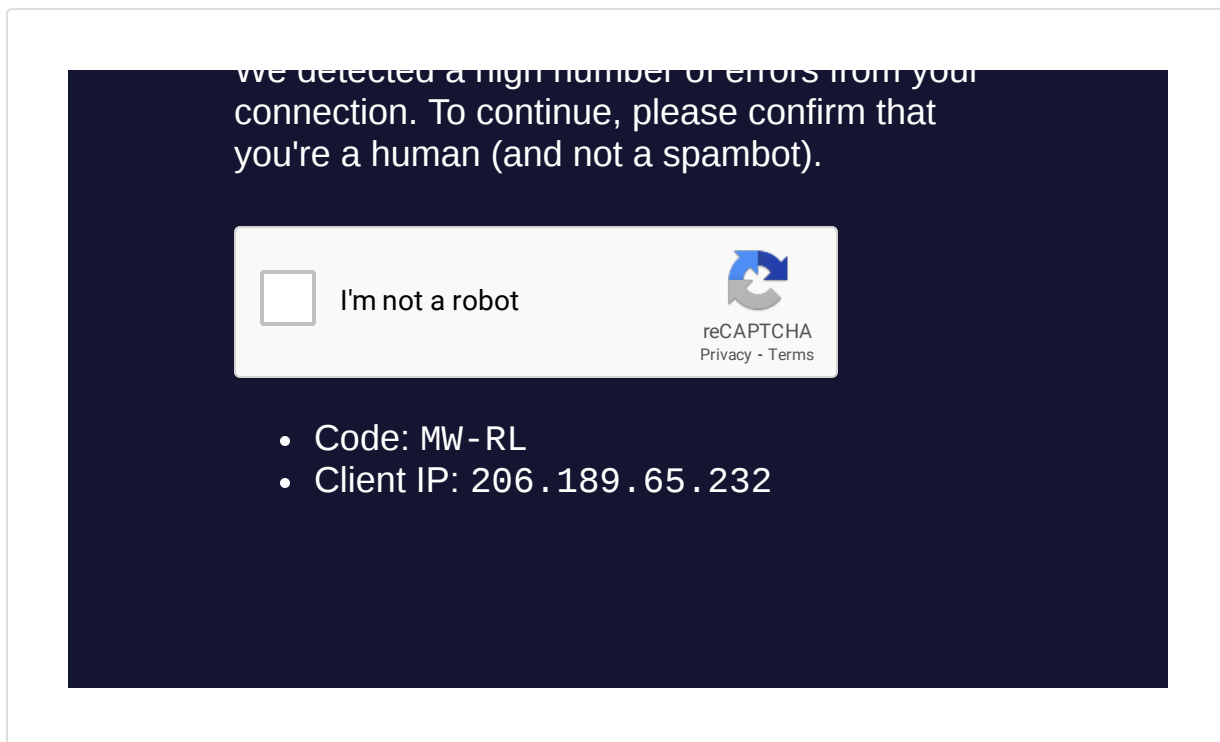
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Navigation tutorial



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place in the course.

Welcome



To listen to the audio version of this page, click the play button below.



Welcome to the New York State Family Planning Program Orientation

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

This training includes:

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

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



Family Planning Program-Specific Requirements

[CLICK HERE](#)

Scope of family planning services



To listen to the audio version of this page, click the play button below.



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.¹

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.”²



- 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.¹

New York State Department of Health (NYSDOH) Family Planning Program Website

[CLICK HERE](#)

Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs

[CLICK HERE](#)

Program history



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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 a grantee of the federal Title X family planning program until September 2019. Because of the state's long history of participation in the Title X program, many New York State Family Planning Program requirements are similar to Title X requirements, and applicable resources developed for Title X providers are referenced throughout this course. New York State Family Planning Program providers should always adhere to the program requirements described in this course, not the requirements for Title X providers.

NYSDOH Title V Maternal and Child Health Services Block Grant Program

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New York State Prevention Agenda



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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 &
WOMEN'S HEALTH**

**PERINATAL & INFANT
HEALTH**

**CHILD &
ADOLESCENT HEALTH**

CROSS-CUTTING

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

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MATERNAL & WOMEN'S HEALTH	PERINATAL & INFANT HEALTH	CHILD & ADOLESCENT HEALTH	CROSS-CUTTING
------------------------------	------------------------------	------------------------------	---------------

Goals:

- Reduce infant mortality and morbidity
- Increase breastfeeding

MATERNAL & WOMEN'S HEALTH	PERINATAL & INFANT HEALTH	CHILD & ADOLESCENT HEALTH	CROSS-CUTTING
------------------------------	------------------------------	------------------------------	---------------

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

MATERNAL & WOMEN'S HEALTH	PERINATAL & INFANT HEALTH	CHILD & ADOLESCENT HEALTH	CROSS-CUTTING
------------------------------	------------------------------	------------------------------	---------------

Goals:

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

Prevention Agenda 2019-2024: Promote Healthy Women, Infants, and Children Action Plan

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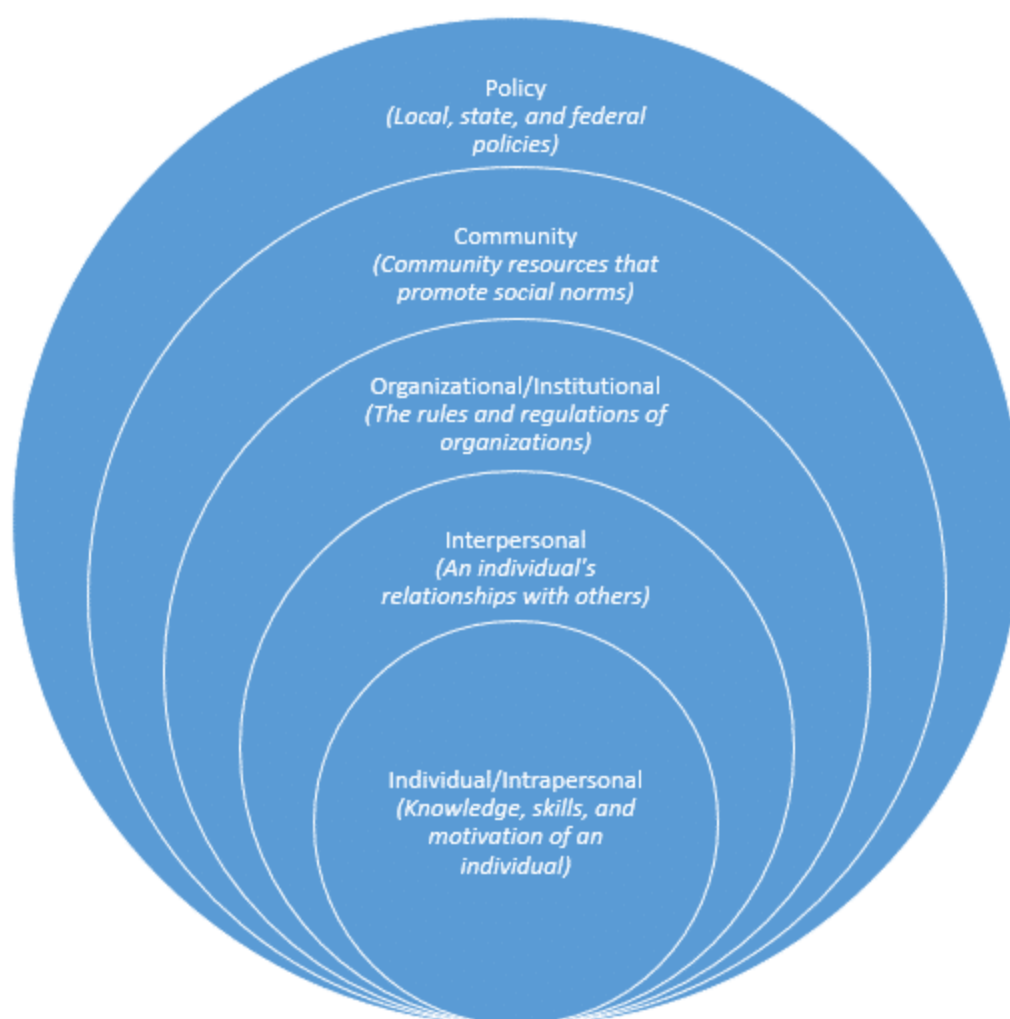
Reproductive justice framework



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01:36



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



To listen to the audio version of this page, click the play button below.



01:24



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



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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



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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.

See the NYSDOH Schedule of Discounts Guidance below.

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

Federal Poverty Level

VIEW RESOURCE



Schedule of Discounts Guidance.pdf

102.3 KB



Activity: Family planning client



Instructions:

Read each card and think about whether this describes a family planning client, or not.

27-year-old male who got a vasectomy recently but wants to get screened for STDs and pick up condoms before he resumes sexual activity

Family planning client

1 of 9

63-year-old female with Medicaid saying she has a lump

Not a family planning client

in her breast

2 of 9

46-year-old female who got married recently and wants to try to get pregnant quickly

Family planning client

3 of 9

16-year-old privately-insured female not having sex yet but provided anticipatory guidance on optimal health outcomes around sexual risk

Family planning client

4 of 9

18-year-old insured female
client getting the flu shot and
nothing else

Not a family planning client

5 of 9

26-year-old uninsured male
who receives an HIV test and
nothing else

Not a family planning client

6 of 9

18-year-old female with Medicaid who uses condoms but during a primary care visit brings up unmet family planning needs

Family planning client

7 of 9

26-year-old uninsured mother of two who wants to get through school and wants an implant

Family planning client

8 of 9

33-year-old female with a managed care plan who has been trying to get

Family planning client

pregnant for six months

Voluntary participation



Becky Milner

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01:04



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

Voluntary Participation Sample Policy Template

[CLICK HERE](#)

Introduction to QFP eLearning

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Client dignity



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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.

Cultural Competency in Family Planning Care eLearning

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Confidentiality and minor consent



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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.

Minors' Rights to Confidential Reproductive Health Care in New York

[CLICK HERE](#)

Tracking Confidentiality Infographic

[CLICK HERE](#)

Challenges to Confidentiality Infographic

[CLICK HERE](#)

Mandatory reporting



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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.

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New York State Mandated Reporter Training

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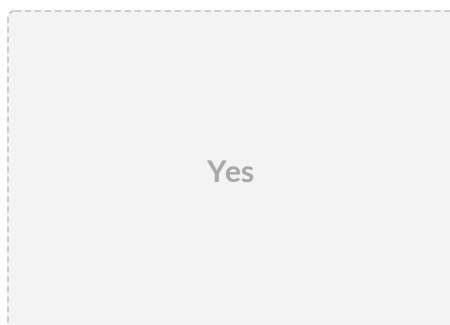
Activity: What can programs require



Instructions:

Drag and drop the card into the appropriate category below.

Can a New York State Family Planning Program clinic site...



**Require that providers serve
adolescent clients?**

**Require that language
interpretation services be
available?**

Require that services be

Require that providers adhere

provided regardless of a client's ability to pay?

to mandatory reporting requirements?

No

Require a woman to go to a family planning clinic in order to receive WIC?

Require a client to live in the county to receive services?

Only serve women?

Only serve married individuals?

Tell a woman with five kids she needs to get sterilized?

Turn a client away because they don't speak English?

Tell a non-native-English speaker to bring family members to translate for them?

Require a client to be 18 or older?

Clinical guidelines



To listen to the audio version of this page, click the play button below.



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.
(<https://www.cdc.gov/reproductivehealth/contraception/qfp.htm>)

An independent panel of experts

U.S. Preventive Services Task Force (USPSTF)

that provides evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.
(<https://www.uspreventiveservicestaskforce.org/uspstf/>)

American College of Obstetricians and Gynecologists (ACOG)

The professional membership organization for obstetrician-gynecologists. ACOG produces guidelines for providers and educational materials for patients.
(<https://www.acog.org/>)

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.
(<https://www.cdc.gov/std/tg2015/default.htm>)

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.

[\(https://www.asrm.org/\)](https://www.asrm.org/)

Compliance with QFP



To listen to the audio version of this page, click the play button below.



New York State Family Planning Program providers must comply with the guidance outlined in QFP.² 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	RELATED HEALTH SERVICES	PREVENTIVE HEALTH SERVICES
<p>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.</p>		



**CORE FAMILY PLANNING
SERVICES**

RELATED HEALTH SERVICES

PREVENTIVE 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).



CORE FAMILY PLANNING
SERVICES

RELATED HEALTH SERVICES

PREVENTIVE 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.



Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs (OPA)

[CLICK HERE](#)

Putting the QFP into Practice Series

[CLICK HERE](#)

Full range of methods



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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

Birth Control Method Options Chart

[CLICK HERE](#)

New York State Sterilization Consent Form

[CLICK HERE](#)

Prohibition of abortion



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New York State Family Planning Program providers:

- 1 Cannot use any New York State Family Planning Program funds to provide abortion or abortion-related services.
- 2 Must have policies in place that show that no funds are used to provide abortion or abortion-related services.
- 3 Must provide services that are financially separate from services and activities related to abortion.
- 4 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.

Exploring All Options: Pregnancy Counseling Without Bias Videos

CLICK HERE

Adolescent counseling



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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.

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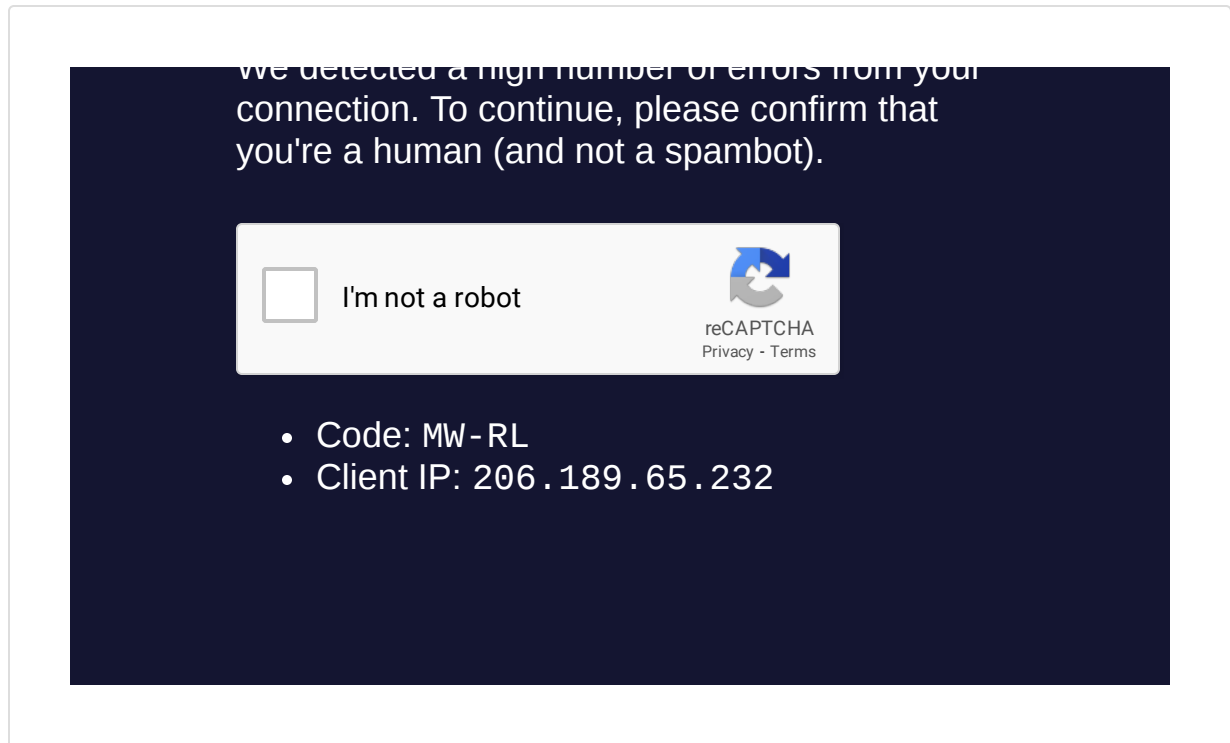
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New York State Family Planning Program staff must provide and document education and counseling for minors on how to resist sexual coercion.



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.

Counseling Adolescents Seeking Family Planning Services: A Checklist for Providers

[CLICK HERE](#)

Encouraging Family Participation in Adolescent Decision Making Training Guide

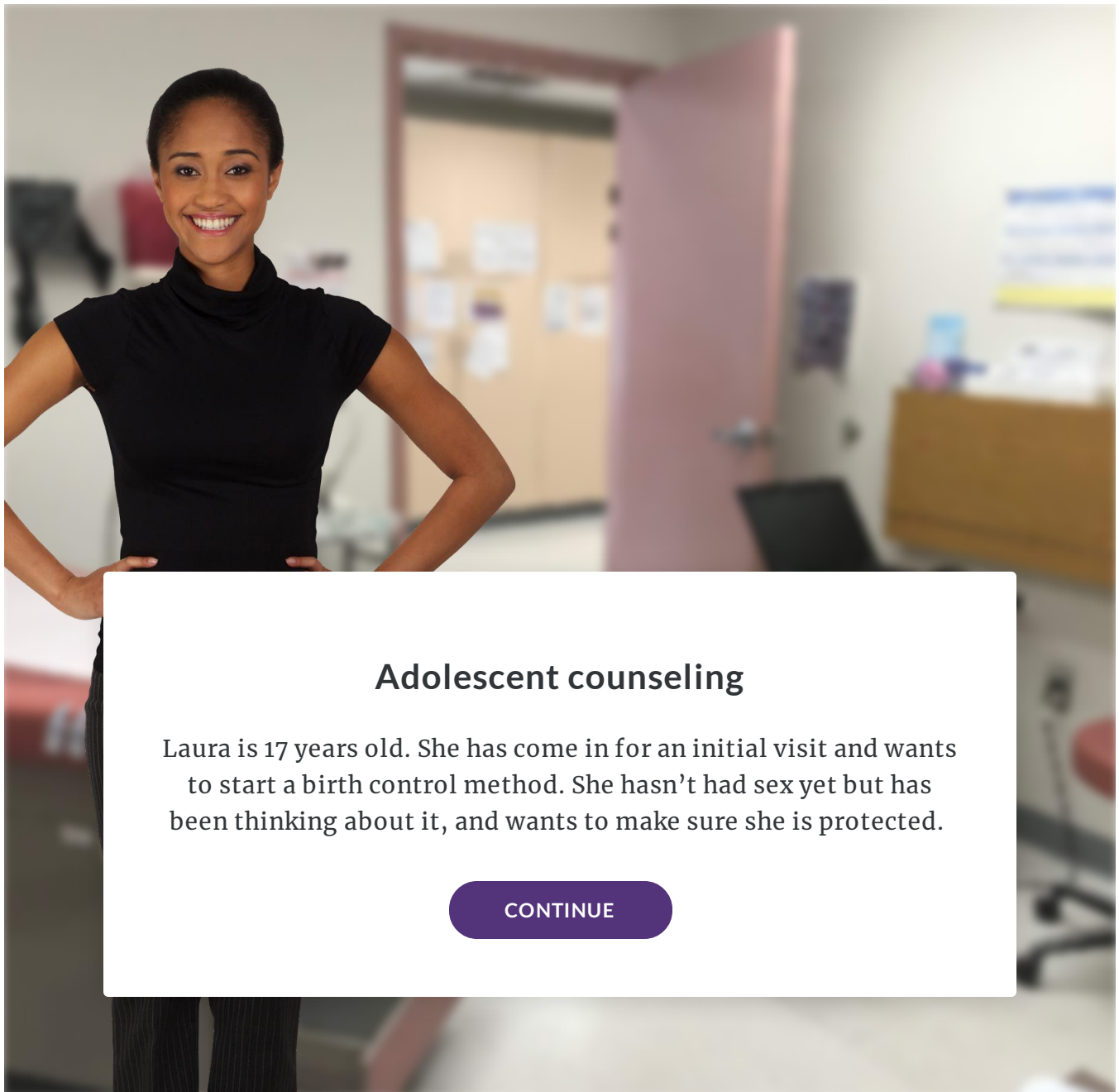
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Counseling Adolescent Clients to Resist Sexual Coercion Training Guide

[CLICK HERE](#)

Activity: Adolescent counseling





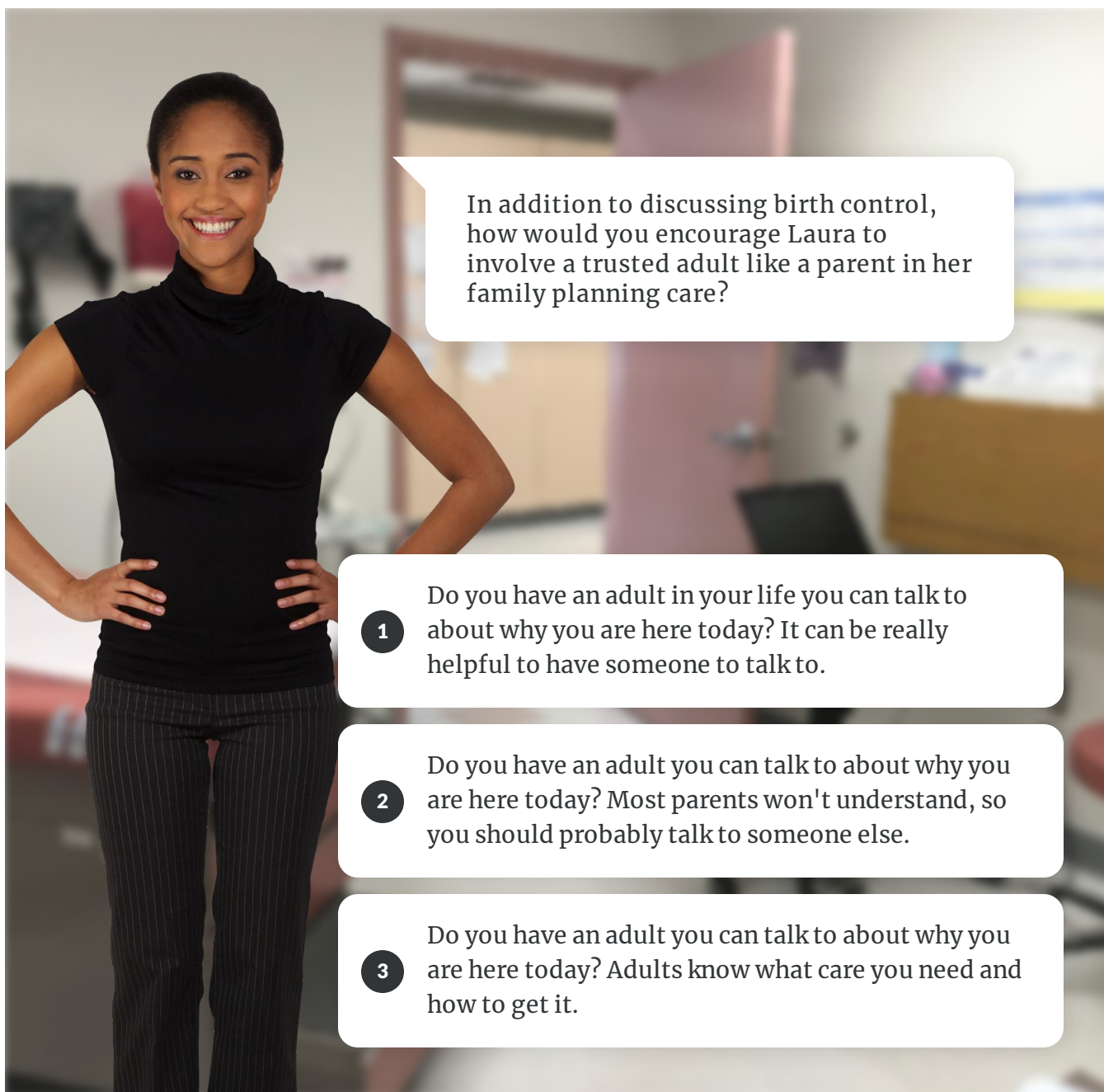
Adolescent counseling

Laura is 17 years old. She has come in for an initial visit and wants to start a birth control method. She hasn't had sex yet but has been thinking about it, and wants to make sure she is protected.

CONTINUE

Scene 1 Slide 1

Continue → Next Slide



In addition to discussing birth control, how would you encourage Laura to involve a trusted adult like a parent in her family planning care?

1

Do you have an adult in your life you can talk to about why you are here today? It can be really helpful to have someone to talk to.

2

Do you have an adult you can talk to about why you are here today? Most parents won't understand, so you should probably talk to someone else.

3

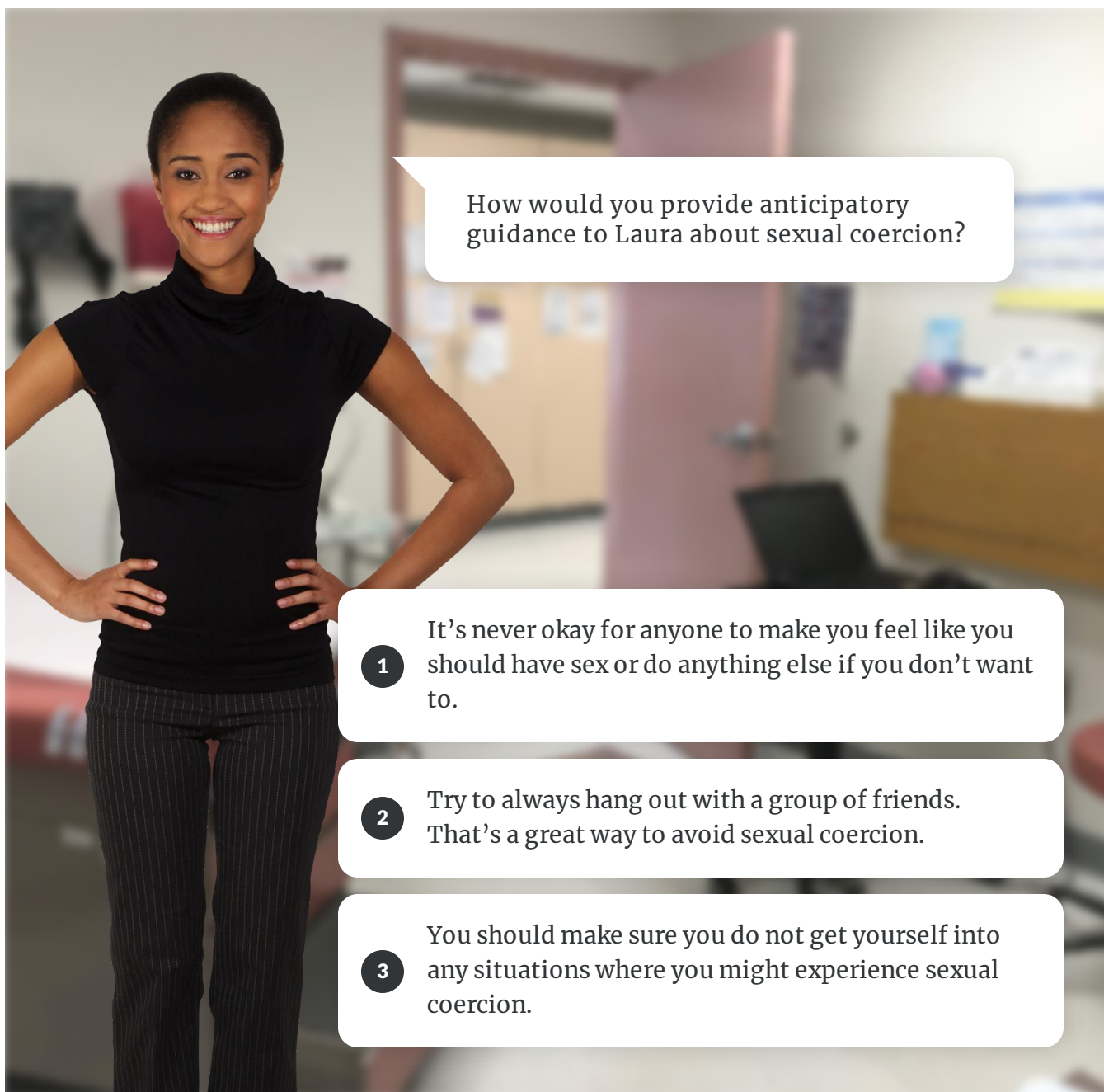
Do you have an adult you can talk to about why you are here today? Adults know what care you need and how to get it.

Scene 1 Slide 2

0 → Next Slide

1 → Next Slide

2 → Next Slide



How would you provide anticipatory guidance to Laura about sexual coercion?

1

It's never okay for anyone to make you feel like you should have sex or do anything else if you don't want to.

2

Try to always hang out with a group of friends. That's a great way to avoid sexual coercion.

3

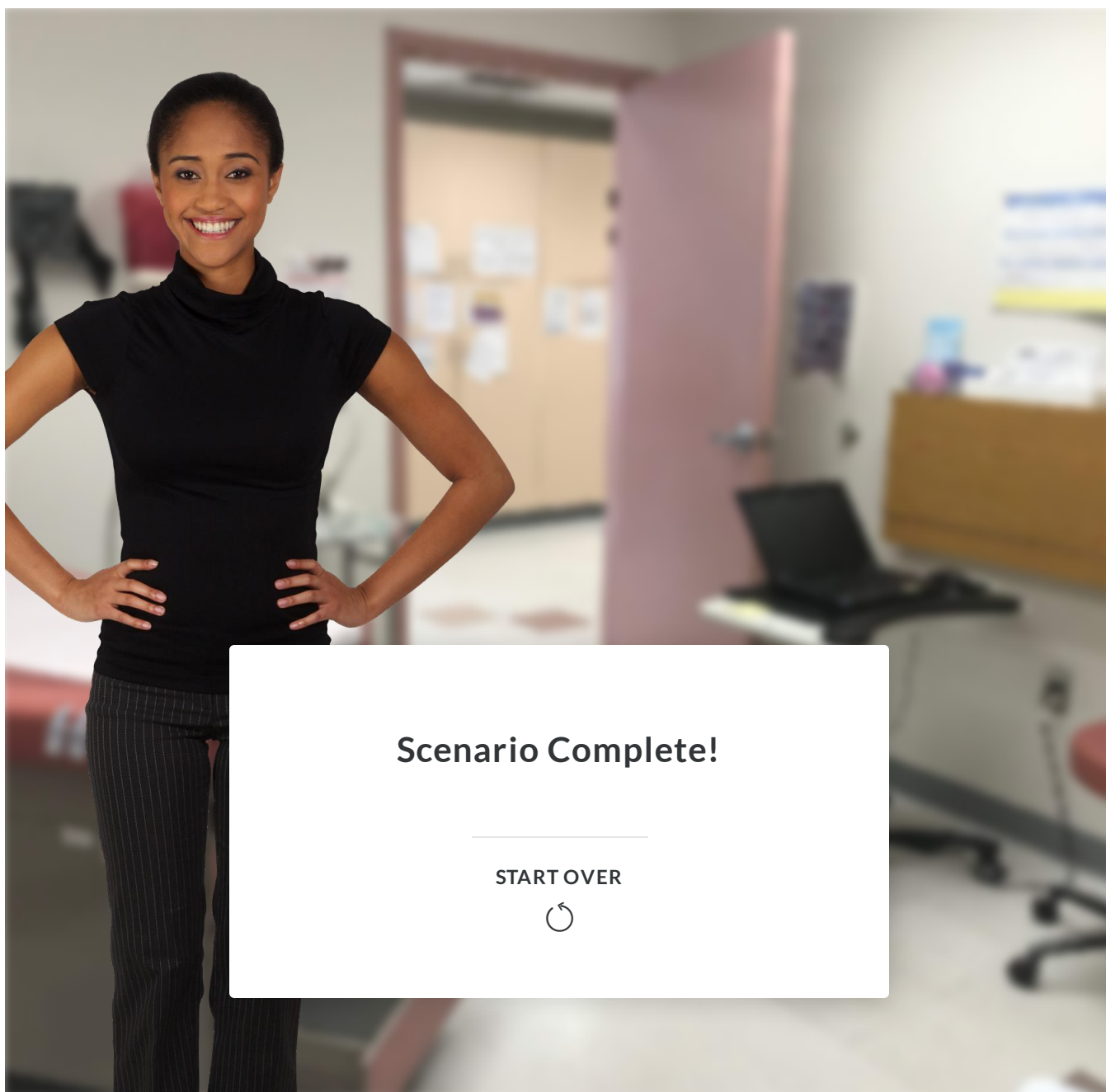
You should make sure you do not get yourself into any situations where you might experience sexual coercion.

Scene 1 Slide 3

0 → Next Slide

1 → Next Slide

2 → Next Slide



Scene 1 Slide 4

Continue → End of Scenario

STI/STD screening



To listen to the audio version of this page, click the play button below.



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)*.^{3, 4}

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 250% 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.

CDC STD Treatment Guidelines

[CLICK HERE](#)

Recommendations for Providing Quality STD Clinical Services

[CLICK HERE](#)

CDC Summary of STD Screening Recommendations

[CLICK HERE](#)

New York State Department of Health STI Program

[CLICK HERE](#)

Related health services



To listen to the audio version of this page, click the play button below.



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 screening 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)

CERVICAL CANCER SCREENING

HPV VACCINATION

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.⁵



CLINICAL BREAST EXAMS (CBE)

CERVICAL CANCER SCREENING

HPV VACCINATION

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).⁶



CLINICAL BREAST EXAMS (CBE)

CERVICAL CANCER SCREENING

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.⁷



Activity: Match the description



Match each program requirement on the left to the appropriate description on the right.



Chlamydia and HIV screening

Screen according to CDC guidelines. Clients at or below 250% FPL must not pay for testing.



Counseling about family participation

Encourage adolescent clients to involve trusted adults in the decision to seek healthcare.



Counseling about sexual coercion

Counsel adolescent clients on how to resist attempts to coerce them into sexual activity.

Ensure clients may freely choose



Full range of
contraceptive methods

Ensure clients may freely choose
the contraceptive method that
works best for them.



Quality Family Planning
Recommendations

Provide services in accordance
with these nationally
recognized standards of care.



Related health services

Provide services that benefit
reproductive health such as HPV
vaccines.



Prohibition on abortion

No Family Planning Program
funds can be used to provide this
or related services.

SUBMIT

Sustainability of services

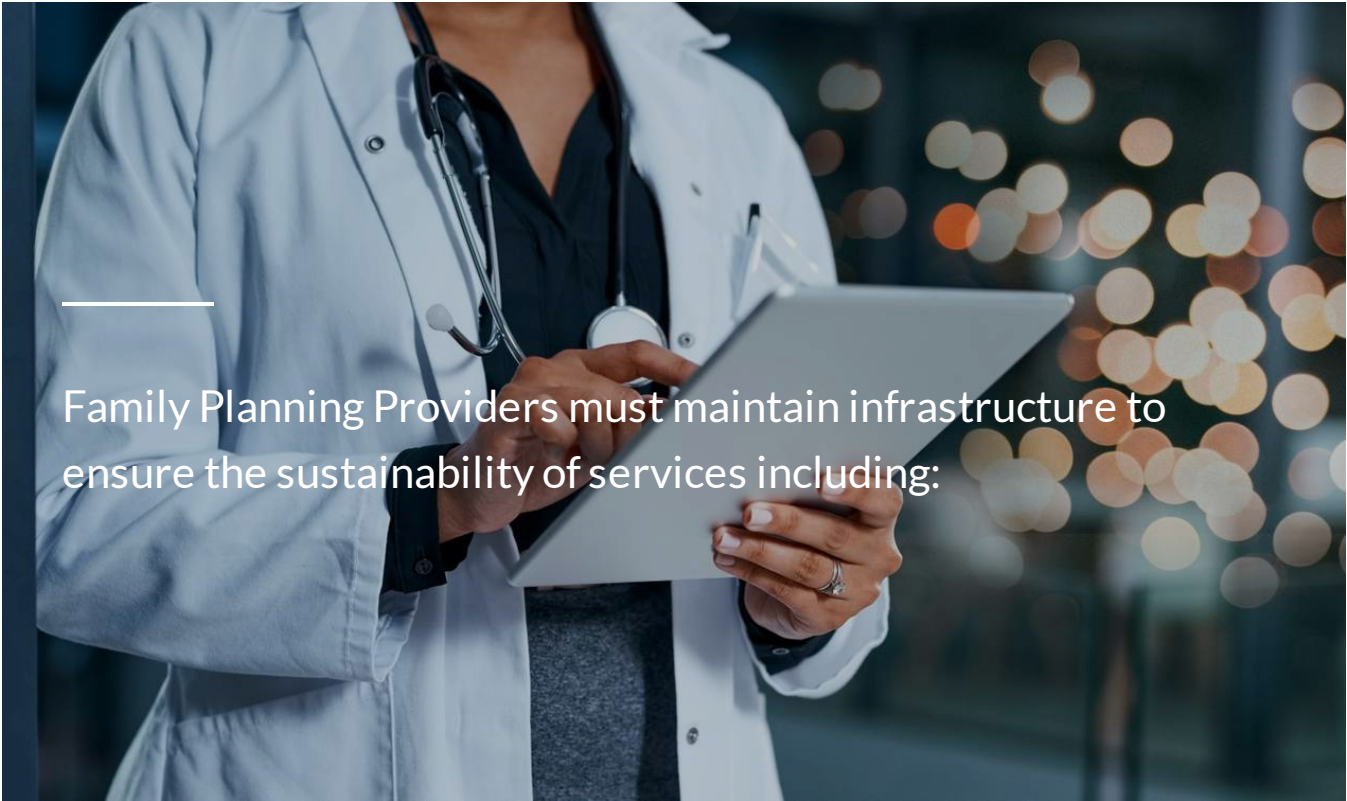


Becky Milner

To listen to the audio version of this page, click the play button below.



00:22



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)

Financial Management Resources for Family Planning Providers

[CLICK HERE](#)

Family Planning Billing Update Webinar

[CLICK HERE](#)

Contracting and Credentialing Resources for Family Planning Providers

[CLICK HERE](#)

Sliding fee schedules



To listen to the audio version of this page, click the Play button below.



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 poverty	Family income 101% to 250% of poverty level	Family income over 250% of poverty level
Fully discount services.	Apply sliding fee schedule of discounts to services.	May charge fair market price for services.

Collecting Co-Pays and Applying Sliding Fee Scales: A Job Aid for Front Desk Staff

VIEW RESOURCE



Schedule of Discounts Guidance.pdf
102.3 KB



Income verification



To listen to the audio version of this page, click the Play button below.



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.

Defining Family Income for Title X Charges, Billing, and Collections Job Aid

[CLICK HERE](#)

Free and Open Access



To listen to the audio version of this page, click the Play button below.



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



To listen to the audio version of this page, click the Play button below.



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.

New York State Medicaid Website

[CLICK HERE](#)

Family Planning Benefit Program: Update for FPP Providers Webinar

[CLICK HERE](#)

Family Planning Benefit Program Website

[CLICK HERE](#)

Activity: How much to charge?



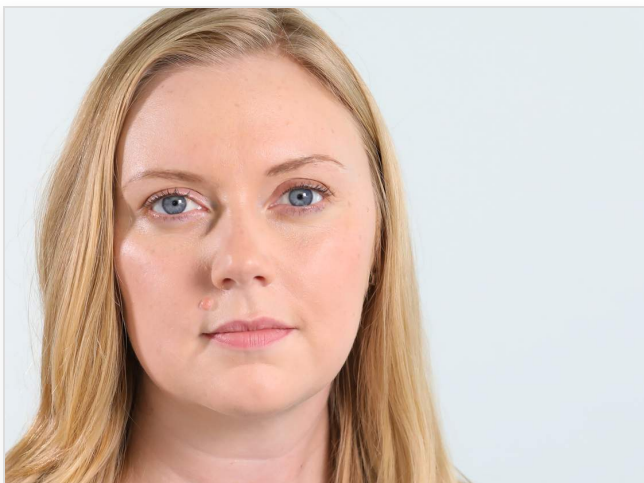
Becky Milner

Instructions:

Read the scenarios below and think about how you should respond.

Sarah is a new family planning client with Medicaid coverage; the income for her three-person family is \$19,000 per year (which is below 100% of the current federal poverty guidelines).

How much would you charge Sarah for the visit?



You would not charge her anything, regardless of her coverage, because she is under 100% of the FPL. But, the program will bill Medicaid for her care, and you would complete a CVR for this



family planning client.

1 of 1

Alex has come for STI treatment and condoms. He has private insurance, and his copay for an office visit is \$20. However, according to his income and your schedule of discounts, if he was uninsured, his visit would be only \$15.

How much would you charge Alex for the visit?



Even though Alex has a copay of \$20, the program will collect \$15 from Alex, and you would complete a CVR for this family planning client.

1 of 1

Jackie is 18 years old with income under 100% FPL. She has yet to speak to her parents about her visit to the clinic for family planning services, and she does not want to use her insurance. She requests confidential billing.

How much would you charge Jackie for the visit?



Because Jackie is a New York State resident and U.S. citizen under 223% of the FPL not already enrolled in Medicaid, she is a candidate for enrollment in the Family Planning Benefit Program (FPBP.) FPBP will cover the services and maintain Jackie's confidentiality. You would

1 of 1

Abu is a 20 year old male who comes to the clinic with his parents requesting family planning services. They assisted him with making the appointment, and he is

covered under his parents' insurance policy, with an income over 250% FPL.

How much would you charge Abu for the visit?



You can assess his charges based on his family income and bill the parents' insurance for services. His income is above 250% of the FPL, so, with his consent, you bill his insurance, charge him the full \$20 copay, and you would complete a CVR for this family planning client.

1 of 1

Jamie comes to the clinic with her child in a stroller and says she is overwhelmed and that she doesn't want to get pregnant again. She does not have any documentation with her, but tells you she is not working and her boyfriend works at a fast food restaurant. She only has enough money for bus fare to return home.

How much would you charge Jamie for the visit?



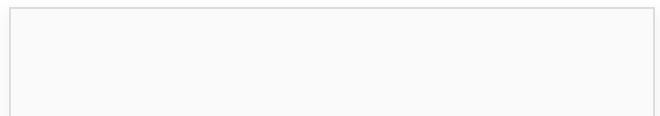
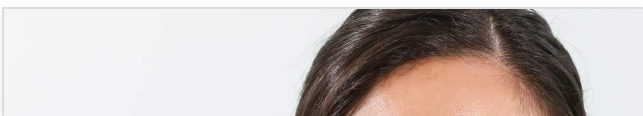
You cannot turn someone away because they can't pay for services. She would not have to pay anything because her income falls below 100% of the FPL. Follow your clinic policy for income verification, and you would complete a CVR for this family planning client.

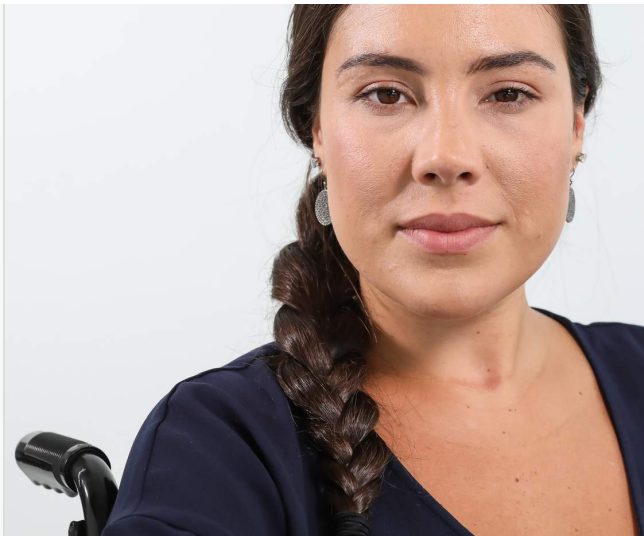
FPBP provides presumptive

1 of 1

Laura comes to the clinic to purchase emergency contraception (EC). The full price cost of Plan B is \$30 at your site. She is a single mother with one child and earns \$25,000 a year. This income is 150% of the federal poverty level, which, according to your agency's scale, means that she would pay 25% of the cost of services.

How much would you charge Laura for the visit?





According to her income, she should be charged 25% of the cost of services. Since the full cost is \$30, she should be charged \$7.50 for the EC. You would complete a CVR for this family planning client.

Referral networks



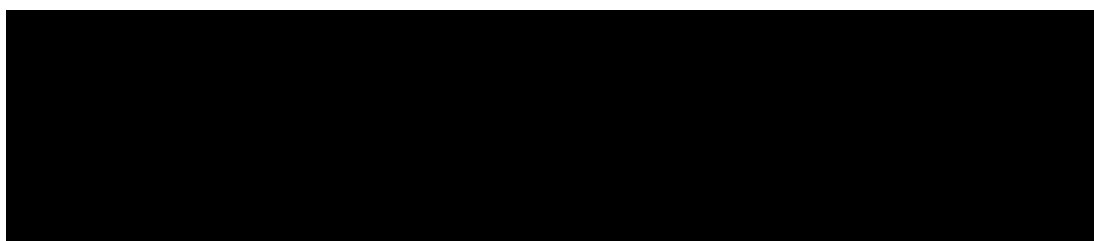
To listen to the audio version of this page, click the Play button below.



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.





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.

Establishing and Providing Effective Referrals for Clients: Toolkit for Family Planning Providers

[CLICK HERE](#)

Community involvement in program activities



To listen to the audio version of this page, click the Play button below.



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.



New York State Family Planning Program Education & Outreach Guidance

[CLICK HERE](#)

New York State Family Planning Program Education and Outreach FAQs

[CLICK HERE](#)

NYSDOH Community Participation, Education, and Promotion (CPEP) Guidance

[CLICK HERE](#)

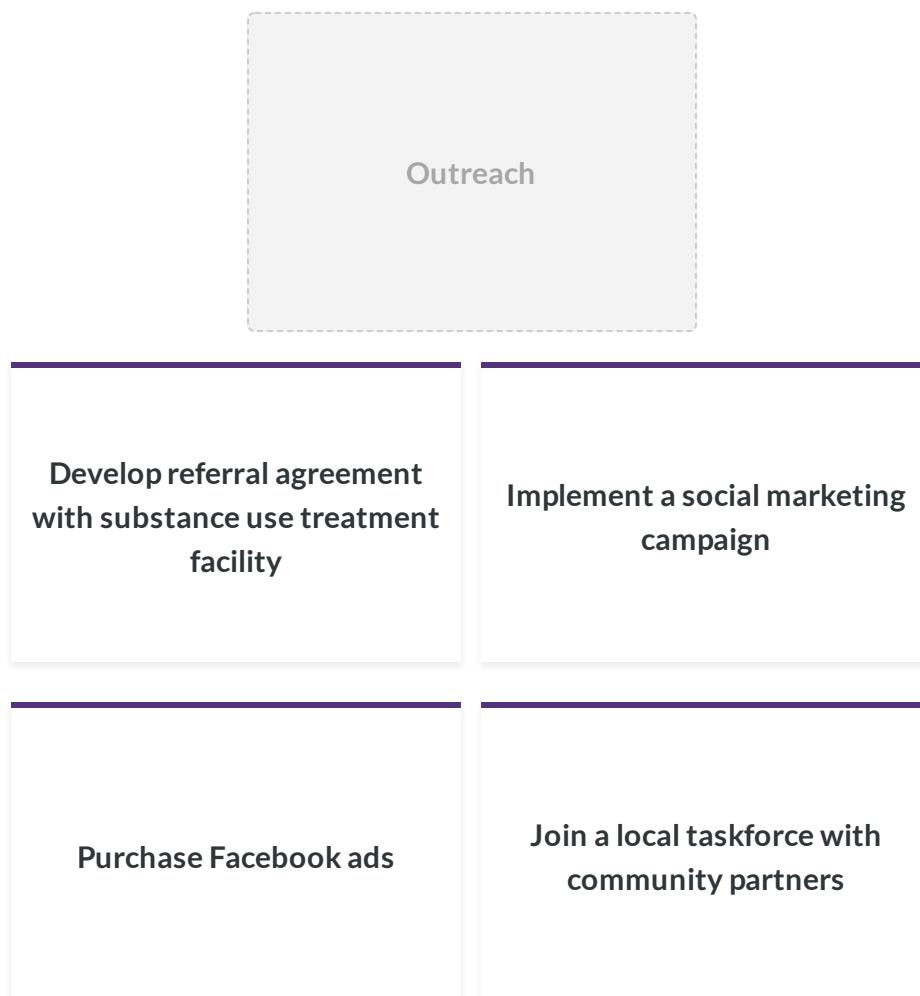
Sample Community Participation, Education, and Promotion (CPEP) Plan Template

[CLICK HERE](#)

Activity: Sorting



To most effectively meet the family planning needs of priority populations, CPEP plans should include both outreach and inreach strategies. Outreach strategies focus on recruiting new clients, while inreach strategies seek to retain current clients by expanding the needs that can be met through new services or increased access to services. Determine whether the CPEP strategy below is primarily outreach or inreach.



**Present about family planning
services available to youth-
serving organizations**

Inreach

Expand hours of operations

**Train staff on customer
service skills**

**Offer all contraceptive
methods same-day, including
IUDs and implants**

Offer PrEP services

Add weekend hours

**Conduct client satisfaction
survey**

Reduce client wait time

Materials review and approval



To listen to the audio version of this page, click the Play button below.



00:32



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



To listen to the audio version of this page, click the Play button below.



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



To listen to the audio version of this page, click the Play button below.



New York State Family Planning Program Providers must:

- 1 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.
- 2 Enroll all family planning clinic 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, Sexually Transmitted Disease Clinic), as appropriate.

340B Drug Pricing Program: Frequently Asked Questions

[CLICK HERE](#)

Demystifying 340B: Frequently Asked Questions Webinar

[CLICK HERE](#)

Policies and procedures



To listen to the audio version of this page, click the Play button below.



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.

New York State Family Planning Program Policies and Procedures Checklist

[CLICK HERE](#)

Policy Templates

[CLICK HERE](#)

Quality improvement



To listen to the audio version of this page, click the Play button below.



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](#).

FPP Program Monitoring and Reporting Tools

[CLICK HERE](#)

NYS FPP Training Guidance Handout (May 2020)

[CLICK HERE](#)

Using the FPNTC Website to Track Your Training Completion

[CLICK HERE](#)

Reporting requirements



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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

FPP Program Monitoring and Reporting Tools

[CLICK HERE](#)

Activity: Sorting



Instructions:

Identify whether the statement is an activity that a Family Planning Program must do or must not do.

Must Do

Conduct ongoing quality improvement

Submit CVR data monthly to the FPD MIS

Submit quarterly and annual narrative reports

Implement a Corrective Action Plan if appropriate

Maintain a schedule of discounts

Maintain status as an Article 28-licensed facility

Verify client income while reducing barriers for the client

Maintain policies and procedures

Obtain input from the community about program services

Notify NYSDOH about clinic site changes

Must not do

Charge clients under 100% FPL for services

Require donations from clients who cannot afford to pay

**Charge all clients the same
amount for services**

**Use a non-credentialed
provider to provide clinical
oversight**

**Use Family Planning Program
funding for abortions**

New York State Family Planning Training Center

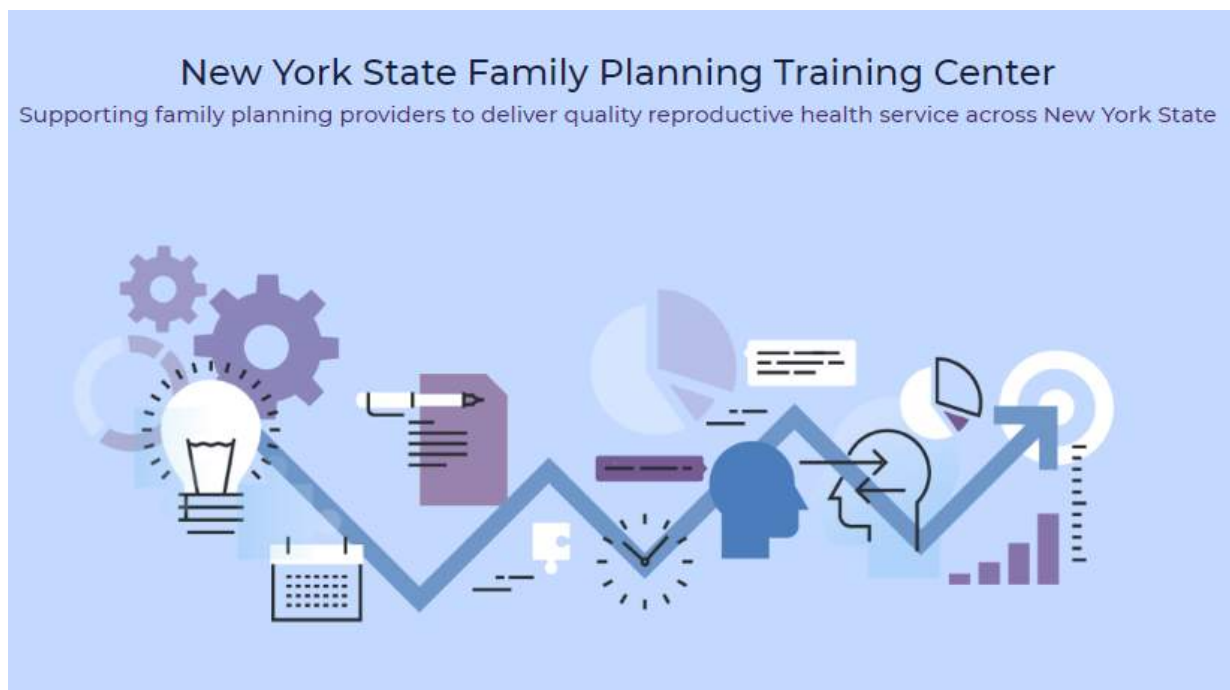


To listen to the audio version of this page, click the play button below.



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.



New York State Family Planning Training Center

[CLICK HERE](#)

Reproductive Health National Training Center

BM Becky Milner

To listen to the audio version of this page, click the play button below.



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.

Reproductive Health National Training Center (RHNTC)

[CLICK HERE](#)

National Clinical Training Center for Family Planning



To listen to the audio version of this page, click the play button below.



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.



NCTCFP
NATIONAL CLINICAL TRAINING
CENTER FOR FAMILY PLANNING

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[Online Training](#)

[In Person Training](#)

[Project ECHO](#)

[NRHC](#)

[Resources](#)



Register now for a live webinar

Featuring dynamic speakers you would have seen at the 2020 in-person NRHC and topics ranging from contraception, trauma-informed care, genital dermatology, and substance use among adolescents. These webinars will be held once a week in September and will feature something for all family planning providers and staff.

[Sign Up](#)



About Us

Since 2006, The National Clinical Training Center for Family Planning has delivered continuous, high-quality 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

[New to Title X?](#)

National Clinical Training Center for Family Planning (NCTCFP)

[CLICK HERE](#)

New York City STD/HIV Prevention Training Center



To listen to the audio version of this page, click the play button below.



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.

[Home](#)[About Us](#)[Courses](#)[Resources](#)[Log In](#)

Advanced Clinical STD/HIV training



Resources for STD Care



STD Clinical Consultation



Provider Resources

New York City STD/HIV Prevention Training Center (NYC PTC)

[CLICK HERE](#)

National STD Curriculum

[CLICK HERE](#)

Location 3

This location can be a URL, another lesson, or an email address. You can type a description here.

[GO TO LOCATION 3](#)

Clinical Education Initiative



To listen to the audio version of this page, click the play button below.



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.

Search

Welcome

Clinical Education Initiative

CLICK HERE

National Family Planning & Reproductive Health Association



To listen to the audio version of this page, click the play button below.



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.

National
Family Planning
& Reproductive Health Association

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A STATE OF AFFAIRS

Title X in Your State
 Title X helps communities provide high-quality family planning care to more than 4 million people every year. [Get national and state-specific information and graphics.](#)

COVID-19 RESOURCES

COVID-19 Resources
 NFPRHA has created a page with resources for family planning health centers during the COVID-19 pandemic. [Click here](#) for information.

UPCOMING EVENTS

JUN 17

[FOHC Affinity Group Meeting](#)
 June 17, 2020

JUN 24

[Membership Call](#)
 June 24, 2020

JUL 29

[Membership Call](#)
 July 29, 2020

APPLY FOR MEMBERSHIP

Apply to be a part of the NFPRHA membership.

Want to be a NFPRHA member?
[Apply here!](#) The next application deadline is July 23, 2020.

5 THINGS YOU NEED TO KNOW

5 Things You Need to Know
 Two postcards provide a quick 101 on the [Title X rule](#) and the [health care refusal rule](#).

LEGAL ACTION TO PROTECT TITLE X

NFPRHA v. Azar Legal Actions
 To learn more about NFPRHA's litigation, please visit our [Legal Action](#) page.

National Family Planning & Reproductive Health Association (NFPRHA)

CLICK HERE

Family Planning Program contact



Becky Milner

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

[Website](#)

Quiz



Becky Milner

Now let's review what we've covered. For each question, select the response option you think is correct.

Question

01/05

New York State Family Planning Program clinic sites should provide:

- ☐ A broad range of acceptable and effective contraceptive methods
- ☐ Support for how to achieve pregnancy, basic infertility services, and other preconception health services
- ☐ STI screening and treatment
- ☐ All of the above

Question

02/05

An individual would be considered a family planning client if they are of childbearing age, and:

- ☐ Receive a service related to preventing pregnancy
- ☐ Receive a service related to achieving pregnancy
- ☐ Discuss their reproductive goals and receive preconception counseling
- ☐ Any of the above

Question

03/05

New York State Family Planning Program clinic sites cannot use funding to:

- ☐ Provide abortion services
- ☐ Provide pregnancy testing and diagnosis
- ☐ Provide non-directive options counseling
- ☐ Refer for abortion

Question

04/05

A client at 200% of the FPL who seeks family planning services at your clinic:

- ☐ Should be charged fair market price for services provided
- ☐ Should be enrolled in New York State Medicaid
- ☐ Is not eligible for any financial support
- ☐ Should be enrolled in the FPBP

Question

05/05

New York State Family Planning Program providers should make a concerted effort to serve clients who:

- ☐ Have unmet need for family planning, according the program's needs assessment
- ☐ Are low income
- ☐ Are adolescents/young adults
- ☐ All of the above

References



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1. New York State Department of Health Comprehensive Family Planning and Reproductive Health Care Services Program Website
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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!

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Course Evaluation

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