



# **NYSFPP Policy and Procedure Guidance Updates**

**April 24, 2024**

# Call Logistics

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

# Agenda

- Brief Introduction to the Policy and Procedure Guidance
- Walk through the 2024 updates
- Q&A

April 24, 2024

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# Introduction to Policy Manual



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### New York State Department of Health Family Planning and Reproductive Health Program Policy and Procedures

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	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">NYSFPP Orientation</a> , <a href="#">42 CFR part 59: 2022 Title X Program Handbook</a> , <a href="#">NYSFPP Training Requirements (under Implementation Tools tab)</a>

#### Procedure:

- All staff who perform duties for the NYSFPP must complete the trainings listed out on the NYSFPP Training Document or equivalent training determined by NYSFPP. This includes in-kind staff positions, temporary staff positions (interns, fellows, interim staff, staff filling in for staffing gaps/shortage, etc.) and contracted positions.
  - For temporary staff, the training acknowledgement form acts as documentation that temporary staff were informed and oriented on the key training topics. This acknowledgement will fulfill the training requirement for temporary staff.
- For subrecipient agencies who believe an in-house training they offer meets the requirements of the NYSFPP, training presentations may be submitted to the Program Manager for review and approval.
- 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.
- Subrecipients must participate in annual Family Planning Provider Meeting.
- Per their license, all project personnel must fulfill continuing education requirements set forth by the NYS Department of Education, Office of the Professions.

# 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
- NYSFPP subrecipients are required to have written policies and procedures in accordance with NYSFPP requirements and Title X statutes and regulations.
  - This document is meant to provide subrecipients with guidance and strategies to maintain compliance with program requirements.
- The Policy and Procedure Guidance is also available online at <https://nysfptraining.org/>

**New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures**

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Last Reviewed Date	3/1/24
Revision Date	3/1/24
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- Service sites **must** maintain accurate documentation of training records for all hired staff and have a method of evaluating staff delivery.
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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



# Updates

**New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures**

1.3.1 Subcontracting	
Subcontractors shall provide comprehensive family planning and reproductive health and related preventive health services for low-income, uninsured, and underinsured New Yorkers of reproductive age.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	3/1/24
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">NYSDOH Master Contract, 2022 Title X Program Handbook</a>

**Procedure:**

- Subrecipients must allocate a minimum of 10% of the budget to providing oversight of the subcontractor and other programmatic activities.
- Subrecipients must designate a staff person whose duties are to communicate roles and responsibilities to the subcontractor.
- Subrecipients must develop policies and procedures to monitor and ensure subcontractor performance conforms to the terms, conditions, and specifications of NYSFPP Requirements and Federal Title X Requirements
- Policies and procedures must be in place to ensure subcontracted staff meet the NYSFPP and Title X training requirements.
- Subcontractor amounts above \$100,000 for the life of the grant:
  - must complete a subcontractor form and submit to NYSDOH
  - must submit budget narrative for the subcontractor in contractual services section in accordance with the NYSDOH master contract and NYSFPP [contract](#)
  - must submit a detailed subcontractor staff contact list to their Program Manager as well as submit the subcontract to NYSDOH.
- The subcontractor’s services shall be performed in accordance with the terms and conditions set forth in the NYSFPP and in accordance with the terms of the NYSDOH master contract.
- Provide an opportunity for subcontractor to participate in ongoing planning and evaluation of the program, this includes opportunity for input for establishing program standards and guidelines.
- Subrecipients are accountable for the quality, cost, accessibility, acceptability, reporting, and performance of the grant-funded activities provided by subcontractors.

# Update 1: Subcontracting

- Subcontractor Budgets: Should be submitted as part of the subrecipient budget, under contractual services



**New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures**

**1.9 Changes in Scope**

In accordance with NYS Family Planning Program requirements, any subrecipient agency that is planning to close, open, temporarily suspend services, move a service site, change available services or change service site hours of operation must notify the NYSFPP in writing, via a Change in Scope Form response, in advance of the proposed change per guidelines below.

Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">NYSFPP RFA (under FPP General Program tab); 2022 Title X Program Handbook</a>

**Procedure:**

- Opening of a new service site, closing a service site and moving a service site, all require subrecipient agencies to notify the Program Manager and [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov) 90 days prior to implementation. This includes addition and changes to mobile sites. Subrecipient agencies should reach out to their Program Manager to obtain the link to the Change in Scope Form per policies 1.9.1-1.9.5.
- A change in scope of services requires service sites to notify their Program Manager and [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov) 30 days prior to implementation for approval.
- A submitted Change in Scope Form, new Agency Profile and any other required attachments as needed must be submitted per the guidelines outlined in the NYSFPP Guidelines for Service Changes policies. Detailed instructions for each type of service change can be found in policies 1.9.1 -1.9.5
- Subrecipient agencies must report information about service sites and changes in services as required to Program Managers, so the NYSFPP can revise the public facing OPA Title X clinic database (<https://opa-fpclinicdb.hhs.gov/> )
  - Please note that this database will also be used to verify eligibility for 340B program registration and recertification.

*Please Note: These guidelines apply only to NYSFPP funded subrecipient agencies and/or service/service sites. The requirements outlined here are the requirements of the NYSFPP only and do not supersede or replace any other notification requirements to other state or federal entities about changes in services, providers, and/or location.*

## Update 2: Changes in Scope

- Submitted form response is now needed when making any changes in scope
- [Change in Scope Form](#)
- Data points have been added to this survey, that sites must collect per type of change of scope

**New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures**

1.11 Utilizing Telehealth	
Subrecipients are encouraged to allow clients to receive services via telehealth. However, clients must also be given the choice to have an in-person visit and informed of scheduling options, services available, and the restrictions of both types of visits.	
Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">NYSFPP RFA (under FPP General Program tab); 42 CFR CH. 1 §59.5 (b)(1)</a>

**Procedure:**

- Service sites should prioritize connecting clients via their preferred visit method.
  - Telehealth technologies include telephone, facsimile machines, electronic mail systems, videoconferencing, store-and-forward imaging, streaming media, remote monitoring devices, and terrestrial and wireless communications
- For services provided via telehealth, service site staff must:
  - Obtain informed consent, either verbal or written, from the client that telehealth is an acceptable mode of receiving reproductive health services, and keep the consent in their client's health record or in each telehealth visit note, and
  - Comply with the Health Insurance Portability and Accountability Act (HIPAA) in connection with telehealth technology, communication, and related records
  - Policies and medical record documentation must reflect when services are provided via telehealth. Such records must be submitted via Ahlers in the same fashion as in person service site visits.

## Update 3: Utilizing Telehealth

- Medical record documentation must reflect when services are provided via telehealth
- Telehealth records must now be submitted via Ahlers

**New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures**

**1.14 Availability and Use of Referrals**

Subrecipients must have a robust referral linkage with health care providers and social services that are in close physical proximity to the family planning site. When possible, referral partners should be organizations that accept Medicaid and/or offer services on a sliding fee scale.

Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">NYSFPP RFA (under FPP General Program tab); 42 CFR 59.5; 2022 Title X Program Handbook; QFP (page 20)</a>

**Procedure:**

- At a minimum, subrecipient agencies should have a referral list available of organizations that provide the following services, if these services are not provided onsite:
  - Primary care
  - Specialty Care (urologist, infertility specialists, infectious disease specialist, etc.)
  - Hospitals
  - HIV/AIDS treatment
  - Substance use and behavioral health treatment
  - Sexual and intimate partner violence assistance programs
  - WIC
- For pregnant clients, non-directive counseling and referrals must be provided upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling. Non-directive counseling and referrals must be available on the following topics:
  - Prenatal care and delivery
  - Infant care
  - Foster care
  - Adoption
  - Pregnancy termination
- A referral information list of local health providers, social service agencies and voluntary agencies must be reviewed and revised as necessary to ensure availability, accessibility, and quality of services.
- Patient records must show documentation that appropriate referrals were made based on client specific situation and needs.
- In circumstances where resources or necessary services do not exist within the local community, clients will be provided with information to obtain access to equivalent services in another community.
- Subrecipients must have policies and procedures in place to prioritize referrals and ensure warm handoffs, as well as procedures in place for referral tracking and follow-up.
- For assistance on establishing and providing effective referrals for clients, a toolkit for family planning providers has been developed: [Establishing and Providing Effective Referrals Toolkit](#)

# Update 4: Availability and Use of Referrals

- Must have a referral list available
- Must have policies and procedures in place to prioritize referrals and ensure warm handoffs, as well as procedures in place for referral tracking and follow-up
- This replaces the previous requirement of having official memorandum of agreements with referral agencies



New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures

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  - Reproductive Justice
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# Update 5: Staff Training

- Additions:
  - Organizations' training presentations may be submitted to NYSDOH for review and approval.
  - Temporary staff training requirements



**New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures**

2.5 Voluntary Participation	
Subrecipients must provide services to clients solely on a voluntary basis. All clients must be provided the options of all services free from pressure or coercion. Acceptance of family planning services is not a prerequisite to eligibility for or receipt of any other service or assistance.	
Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">PHS Act Sections 1001 and 1007</a> ; <a href="#">42 CFR 59.5(a)(2)</a> ; <a href="#">QFP 2022 Title X Program Handbook</a> ; <a href="#">NYSFPP Training Requirements (under Implementation Tools tab)</a>

# Update 6: Voluntary Participation

- Clearer guidelines on how to document patient consent and assurances
- Sample language that needs to be included in consent forms, EHR, etc.

**Procedure:**

- Subrecipients must inform all personnel, annually, that they may be subject to prosecution if they coerce or try to coerce any person to undergo abortion or sterilization procedures. Documentation must be maintained of this.
- Staff need to be trained and updated on changes to this policy. Subrecipients will maintain staff training records on this subject or signed statement from staff that they are informed of this practice.
- Subrecipient staff will be informed on where they can access this policy.
- Documentation of patient consent is required, via signed family planning consent form or documentation in the patient's electronic health record (EHR). Subrecipients must have documentation on the site that demonstrates this policy (i.e., signage in waiting room, | brochures, consent forms, notes in EHR).
  - o Language used should incorporate at a minimum these assurances:
    - Family planning services are voluntary
    - Services are provided without subjecting individuals to any coercion to accept services or to employ or not to employ any particular methods of family planning
    - Agreement to accept family planning services is not required in order for the patient to accept other available services
    - Program services must not direct patients to any particular method(s) of family planning services
    - The Program must make every effort to ensure client confidentiality



New York State Department of Health  
 Family Planning and Reproductive Health Program  
 Policy and Procedures

# Update 7: Consent for Minors

2.11 Consent for Minors	
A minor who is fully capable of understanding the services being provided by a NYS Family Planning Program may consent to services without parental or guardian involvement in accordance with Title X regulations and applicable New York State laws.	
Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">42 C.F.R. § 59.5(a)(4)</a> ; <a href="#">42 C.F.R. § 59.10</a> ; <a href="#">Mental Hygiene (MHY) CHAPTER 27, TITLE E, ARTICLE 33: Mental Hygiene</a> ; <a href="#">(MHY) CHAPTER 27, TITLE D, ARTICLE 22: Public Health Law, Sections 225(4), 2304, 2311 and 2312</a>

**Procedure:**

- Subrecipients must adhere to Title X regulations that allow minors to receive family planning services without parental or guardian involvement.
  - In addition, New York State Laws specify circumstances for which minors do not need parental/guardian involvement to receive services, including: Testing and treatment for STIs including HIV – PBH [§2305\(2\)](#)
  - Prenatal care – PBH [§2504\(3\)](#)
  - Mental health services –MHY [§33.21](#)
  - Alcohol and drug abuse services – MHY [§22.11](#)
  - Sexual assault treatment – PBH [§2805-j](#)
- To the extent possible, minors should be encouraged to involve a parent, guardian, family member or trusted adult in their family planning decision-making. Providers should counsel clients on how to raise the need for required services with family members.
- To the extent possible, providers should counsel clients on how to resist sexual coercion. Providers should screen for and counsel on sexual coercion prevention strategies with all adolescent clients.
- Discussion of encouraging family involvement and sexual coercion prevention counseling should be documented in the client’s medical record.
- Providers should counsel adolescent patients on all methods of birth control, including abstinence. If an adolescent client declines contraceptive counseling, this should be documented in the client’s medical record.

**Helpful Resource:** “Teenagers, Health Care, and the Law,” [New York Civil Liberties Union](#)

*Providing Quality Family Planning Service Services: Recommendations of CDC and the U.S. Office of Population Affairs (QFP) requires Title X service sites to assure that the counseling sessions for adolescents are confidential and, if follow-up is necessary, every attempt will be made to assure the privacy of the individuals.*

- New References added: NYS Laws
- Clearer guidelines on:
  - Sexual coercion screening practices
  - Counseling adolescents on sexual coercion prevention strategies
  - How to document both



New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures

<b>4.3 340B Drug Pricing Program</b>	
340B is a federal drug pricing program that is overseen by the Health Resource and Service Administration (HRSA) Office of Pharmacy Affairs. Under the 340B federal program, drugs are offered to qualifying health care organizations at a reduced price. All NYSFPP subrecipients are required to enroll in the 340B Drug Pricing Program.	
Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">HRSA Website</a> ; <a href="#">Apexus Technical Assistance</a> ; <a href="#">2022 Title X Program Handbook</a> ; <a href="#">340B Prime Vendor Sample Policy and Procedure Manual for Title X</a>

Procedure:

- Eligibility for participation in the 340B drug pricing program is determined by the Health Resources and Services Administration (HRSA). Eligible entities include, but are not limited to:
  - Disproportionate Share Hospitals
  - Critical Access Hospitals
  - Federally Qualified Health Centers
  - Sexually transmitted infection clinics
  - Title X clinics
- All NYSFPP service sites must be enrolled in the 340B Drug Pricing Program.
- Service site may enroll under any/all designations that they are eligible for.
- Annual recertification with HRSA is required to maintain enrollment.
- All enrolled service sites must comply with 340B policies and recertification requirements per their 340B designation. Available at <https://www.hrsa.gov/opa/eligibility-and-registration>
- Patient Eligibility – A client/patient must meet the following three (3) criteria to qualify for 340B medications:
  - Have an established relationship with the provider
  - Receive clinical services from a provider that is either employed by you, the covered entity, or under some sort of formal contract with the covered entity when they provide that service
  - Receive healthcare services consistent with the grant for which your entity is 340B certified
- There is no insurance status requirement to qualify for 340B drugs.
- Service sites must have developed policies and procedures related to the 340B program that include at a minimum:
  - Definition of patient/services consistent with grant
  - Inventory management
  - How they conduct regular internal audits
  - Regular staff training on 340B policy and procedure
  - Medicaid/prevention of duplicate discount
  - Telehealth visits
  - Expedited Partner Therapy: 340B drugs can be used for STI partner treatment in situations meeting the 340B patient definition
  - Contract pharmacies, if applicable
  - When needed, protocols for sharing inventories due to organizational structures and relationships, such as service site with the same parent organization. Combined purchasing and distribution plans give more mobility across sites <https://www.340bpvp.com/education/340b-tools/>
  - Separation of medication related to abortion, if applicable
- Apexus is the primary resource for technical assistance related to the 340B Drug Pricing Program and offers comprehensive training modules on its website (see links above)

# Update 8: 340B Drug Pricing Program

- Updated comprehensive guidance list on required internal 340B policies and procedures (See list in bullet 8)
- Updated references to include sample 340B policies developed by 340B Prime Vendor to meet Title X 340B requirements.

**New York State Department of Health  
Family Planning and Reproductive Health Program  
Procedure and Policy**

**6.4 Assessing Fees**

The family or individual income (applies for minors receiving confidential services) should be assessed **prior** to determining whether copayments or additional fees are charged.

Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/10/23, 3/1/24
Next Scheduled Reviewed Date	3/1/25
References	<a href="#">42 CFR 59.5</a> ; <a href="#">Section 1006(c) PHS Act</a> ; <a href="#">Collecting Client Fee Toolkit</a>

**Procedure:**

- Prior to issuing a sliding fee, the provider must ask for proof of income. However, verification of the client's income is not a requirement for issuing a sliding fee.
- Eligibility for discounted fees must be documented in the client's record and must be evaluated annually.
- Information on individual income should be collected and documented for all patients, regardless of their insurance status. Schedule of discounts apply to any patient, based solely on their income, regardless of insurance status.
- If a client has health insurance that cannot be billed by the service site, the schedule of discounts should apply, with payment made at time-of-service delivery.
- Insured clients whose family income is at or below 250% FPL should not pay more in copayments or additional fees than what they would otherwise pay when the schedule of discounts is applied. Schedule of discounts should be applied to insurance deductibles and/or copays when a patient's income qualifies them.
- For unemancipated minors receiving confidential services that are eligible for discounts, it must be based on the income of the minor.

**Waiving Fee Procedure:**

- Clients with an income that is 100% at or below the FPL **cannot** be charged a fee.
  - If the client is insured, the charges must be billed directly to their insurance unless it will compromise the client's confidentiality.
- Fees must be waived for individuals with family incomes above 100% FPL who, as determined by the family planning manager, are unable, for good cause, to pay for family planning services.

# Update 9: Assessing Fees

- Updated language added as to who the schedule of discounts applies to

**New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures**

**6.6 Budget Submissions**

All costs must directly relate to the provision of services outlined in this funding opportunity, be consistent with the scope of services, reasonable, and cost effective.

Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">Uniform Administrative Requirements, Cost Principles and Audit Requirements of Federal Awards;</a>

# Update 10: Budget Submissions

- Clearer guidelines on how NYSFPP Funding can be used
- Updated to reflect transition from Grants Gateway to SFS Grants Management

**Procedure:**

FPP budgets must clearly include the following:

- The following required positions must clearly be identified in the budget. These positions can be found in either personal services or non-personal services (when fulfilled through a contractual relationship) as appropriate.
  - Program Director
  - Medical Director
  - Pharmacist or Pharmacy Consultant
  - Medical Records Specialist/Consultant
  - Health Educator
- A minimum of 15% of the total award amount must be allocated toward non-personal services expenses.
- Line-item detail of funds (either grant or in-kind) used to support travel for at least two staff to attend the Family Planning Provider Meeting.
- Line-item detail of funds (either grant or in-kind) used to support the purchase of contraceptive supplies]
- Funds cannot be used to provide abortion or abortion-related services.
- No budgeted funds can be included for sites that are supported by other Title X Family Planning Project Grants
- Staff working on other state funded programs cannot be 100% FTE on the Family Planning Budget
- Please refer to the Bureau of Perinatal, Reproductive and Sexual Health (BPRASH) Budget Guidance Document for additional information on allowable expenses
- Please refer to SFS Grants Management Budget Data Entry Guidelines for additional information on submitting budgets in SFS Grants Management for approval



**New York State Department of Health**  
**Family Planning and Reproductive Health Program**  
**Policy and Procedures**

8.6 Annual Review of Clinical Policies and Protocols	
Subrecipients must have a mechanism in place for annual review of all policies and protocols.	
Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">QFP: 2022 Title X Program Handbook</a>

**Procedure:**

- All subrecipients should have written policies and procedures that include, but are not limited to:
  - Contraceptive services
  - Pregnancy testing and counseling
  - Achieving Pregnancy
  - Basic Infertility Services
  - Preconception Health
  - Sexually Transmitted Infection Services

**Related Preventive Health Services (e.g., cervical and breast cancer screening)**

- All subrecipients should assure services provided within their projects operate within written clinical protocols that are in accordance with nationally recognized standards of care, approved by and signed by the physician responsible for the service site.
  - Nationally recognized standards of care include but are not limited to: OPA, USPSTF, CDC, ACOG
- Clinical policies and protocols need to be reviewed annually to ensure they are current and reflect current Federal and professional medical associations recommendations for each type of service as cited in the QFP.
- Policies and protocols must be signed by the medical director annually.

# Update 11: Annual Review of Clinical Policies and Protocols

- Updated guidance on required written clinical policies and procedures
- How often they need to be reviewed (annually).

**New York State Department of Health  
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8.7 Consumer Feedback	
Subrecipients must seek feedback from clients and community on an ongoing basis.	
Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">NYSEFPP RFA (under FPP General Program tab)</a>

**Procedure:**

- Subrecipient should have a process to elicit consumer feedback as a way to capture community input into program planning and evaluation.
- Sources for obtaining feedback include but should not be limited to:
  - Customer service surveys available at Family Planning Provider sites and online
  - Community-wide surveys to assess where identified priority populations access healthcare, identify the barriers they encounter in accessing care, and learn about their perceptions of the Family Planning Provider
  - Patient/consumer advisory committee(s)
  - Focus groups
- Subrecipients must routinely assess patient experience and/or satisfaction and report on quarterly reports feedback received and steps taken to address any issues or concerns.

## Update 12: Consumer Feedback

Requirement that subrecipients must routinely assess patient experience and/or satisfaction  
Report on quarterly reports feedback received from patients and steps taken to address any issues or concerns

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<b>9.5 Community Education, Participation and Engagement Plan</b>	
Subrecipients must develop an outreach and education plan that includes a detailed strategy for community participation, including opportunities for community participation in the development, implementation, and evaluation of the project.	
Effective Date	1/1/22
Last Reviewed Date	3/1/24
Revision Date	3/1/24
Next Scheduled Review Date	3/1/25
References	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">Education and Outreach Guidance (under Implementation Tools tab)</a> <a href="#">Community Participation, Education, and Project Promotion Plan Template</a>

Procedure:

- Plan Requirements:
  - Establish measurable goals using a SMART (Specific, Measurable, Achievable, Realistic, and Time-Oriented) framework
  - Clearly address plans for both Community Participation and Community Education/Program Promotion(CPEP)
  - Include outreach and education activities and/or efforts to increase community awareness of and ability to access family planning services with specific efforts addressing the unique needs of key priority populations
  - Describe how community partnerships are identified and evaluated
  - Describe marketing and communication plan/activities that include using social as one method to support community outreach and engagement
  - Have evaluation components that address SMART objectives and focus on ensuring that subrecipients are achieving their stated goals

CPEP Plans must be made available to the NYS Department of Health Family Planning Program upon request.

# Update 13: Community Education, Participation and Engagement Plan

- Updated to reflect the long-standing requirement that CPEP Plans must be made available to the NYS Department of Health Family Planning Program upon request.

**New York State Department of Health  
Family Planning and Reproductive Health Program  
Policy and Procedures**

**9.7 Information & Education Materials**

Oversight and review of all information and education materials are the responsibility of the subrecipient.

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	3/1/24
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">Section 1006(d)(2); 42 CFR 59.6(a) Title X Program Handbook Additional Special Terms and Requirements and Standard Terms of the FY 22 Title X Notice of Award – Standard Terms Expectation #7</a>

**Procedure:**

- Unless otherwise indicated, subrecipient produced publications and copyright do not need to be submitted to NYSFPP for prior approval, however the I&E Advisory Committee must review and approve all materials.
- Publications and materials should not contain any information which is contrary to program requirements and evidence-based clinical practices.
- Federal grant support must be acknowledged in publications produced by the subrecipients.
  - Recipients must acknowledge federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents—such as toolkits, resource guides, websites, and presentations (hereafter “statements”)—describing the projects or programs funded in whole or in part with HHS federal funds
  - Example language: The New York State Family Planning Program is supported by the federal Title X Program. Content does not necessarily represent the official views of the United States Government. For more information, go to [Standard Terms #7](#)
- To ensure that all materials are relevant to the needs and experiences of the population, materials must meet health literacy guidelines. Considerations include:
  - Reading level of fourth-grade level or less
  - Arrangement of text on the page to highlight key messages
  - Less text often is better
  - Culturally relevant images
  - Presentation of information in a format appropriate to the priority populations
- Ensure all materials are available to the appropriate populations, put sensitive subject materials in exam rooms and semi-private areas and use strategies to keep inappropriate materials away from children.

# Update 14: Information and Education Materials

- Updated to reflect federal requirement: Federal grant support, must acknowledge federal funding on listed items

# Questions or Comments?

# Important Resources

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

# 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)