New York State Family Planning Program Policy Manual Update FAQ

This document presents an overview of recent updates and common questions related to the Family Planning Program Policy Manual. These updates reflect feedback from and clarification questions raised by Family Planning Program providers over the prior year. These updates and questions were originally discussed during the April 24, 2024 webinar, *Family Planning Program Policy Manual Update: Overview of Recent Changes and Live Q&A*.

Who is this guidance intended for?
Guidance is intended for use by all contracted family planning agencies and their subcontractors.

Update 1: Subcontracting (Policy 1.3.1)

What needs to be submitted by subrecipients who allocate funds to subcontractors?
Subcontracting budgets should be submitted as part of subrecipient budgets under contractual services. Subrecipients should monitor their subcontractors and make sure all required components are being carried out through their subcontractors. It is the subrecipient's responsibility to make sure that subcontractors are in compliance with all family planning and Title X requirements.

Update 2: Changes in Scope (Policy 1.9)

How do you make changes in scope?
Submitted form response is now needed when making any changes in scope. If you do have a change of scope, please ask your program manager for the Change in Scope Form. Sites must collect data per type of change of scope. Data points are around the unduplicated clients expected to be impacted by each change. See policies 1.9 through 1.95 for further detail.

Update 3: Utilizing Telehealth (Policy 1.11)

How should telehealth visits be recorded and reported?
Medical record documentation must reflect when services are provided via telehealth. Telehealth visits should be reported in the same way as in-person visits, through Ahlers.

Update 4: Availability and Use of Referrals (Policy 1.14)

Is it a requirement to have a memorandum of agreements with referral agencies?
No. At a minimum subrecipient agencies should have a referral list available. There must be procedures in place around referral tracking and follow-up. There must also be policies to prioritize referrals and ensure warm hand-offs. This updated guidance replaces the previous requirement of having an official memorandum of agreements with referral agencies.

Update 5: Staff Training (Policy 2.4)

Can you use in-house training to meet training requirements?
For programs who believe that they have an in-house training that already meets the requirements of a New York State family planning training, training presentations can be submitted to the New York State Department of Health to review with JSI. You will need approval from the Department of Health before you can start using training not specifically listed in the Training Guidance Handout to meet the training requirements.

Do subrecipient sites who had a monitoring visit in 2022-23 need to re-submit training substitutions to New York State Department of Health for review? Subrecipient sites who had a monitoring visit in 2022-23 and received a CAP acceptance letter do not need to re-submit training substitutions. They will need to submit any new training substitutions in the next reviewing cycle. They will also need to resubmit if there are any revisions made to past training substitutions, even if they have previously been approved.

Do temporary staff have to take the same trainings as other staff members?
Temporary staff are held to the same training requirements that all staff are held to. If meeting these training requirements is a challenge, please reach out to your program manager for an attestation form. Temporary staff can sign off on a Training Attestation Form attesting that they are informed and oriented on the key training topics.

What staff need to take which training?
Use this Training Guidance Handout to understand the training requirements for each staff role.

Update 6: Voluntary Participation (Policy 2.5)

What are the guidelines for how patient consent and assurances should be documented?
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).

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

Update 7: Consent for Minors (Policy 2.7)

What are the new guidelines on screening for and counseling to prevent sexual coercion?
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 sexual coercion prevention counseling should be documented in the client's medical record.

Update 8: 340B Drug Pricing Program (Policy 4.3)

What are the policies and procedures required for 340B?
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

Update 9: Assessing Fees (Policy 6.4)

Who does the schedule of discounts apply to?
Schedule of discounts applies to any patient based solely on their income regardless of insurance status. Policy manual includes updated language as to who the schedule of discounts applies to.

Update 10: Budget Submissions (Policy 6.6)

What guidance was added about how NYSFPP funding can be used?

- No budgeted funds can be included for sites that are supported by other Title X Family Planning Project Grants
- FTEs across projects for each staff member cannot exceed 100% FTE.

Update 11: Annual Review of Clinical Policies and Protocols (Policy 8.6)

What written policies and procedures are required?

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

How often do clinical policies and protocols need to be reviewed?
Annually

Update 12: Consumer Feedback (Policy 8.7)

What steps must subrecipients take to solicit consumer feedback?
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 13: Community Education, Participation and Engagement Plan (Policy 9.5)

How must a subrecipient's CPEP plan be shared with NYSDOH?
CPEP Plans must be made available to the NYS Department of Health Family Planning Program upon request.

Update 14: Information and Education Materials (Policy 9.7)

When/where must federal funding be acknowledged?
Subrecipients must acknowledge federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents—such as tool kits, resource guides, websites, and presentations (hereafter "statements")—describing the projects or programs funded in whole or in part with HHS federal funds. See Standard Terms #7. If you have questions about other materials or resources you have developed please reach out to your program manager for more guidance on meeting this requirement.

Other Questions

How should we adjust our messaging around contraception given the new availability of pharmacist dispensed hormonal birth control?

When prescribing, if the patient needs a refill, cannot contact your office, or is unable to get a visit with you in a timely manner, ensure that they can obtain the contraceptive method from their pharmacist. Family planning clinics can advertise that individuals who are not yet patients and wish to obtain their birth control or wish to switch methods can do so at the pharmacist. Family planning clinics should position themselves to address any questions once a patient has obtained birth control from the pharmacy. More information on Pharmacist Dispensed Contraception can be found in this podcast and on the New York State Department of Health page.