

# New York State Family Planning Program

## Policy and Procedure Guidance

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## Welcome Letter

Dear Providers,

This Policy and Procedure Guidance is intended for use by all NYS Family Planning Program (NYSFPP) subrecipient agencies that contract with the NYS Department of Health (NYSDOH) for Family Planning Program grant funds. In exchange for these funds, NYSFPP subrecipients are required to administer programs that seek to fulfill the mission by providing high-quality family planning services and related preventive health services to individuals, including adolescents, with an emphasis on priority populations experiencing disparate health outcomes. Revisions to the guidance will be distributed to all contractors. Compliance with revised policies is expected within thirty days of the effective date of any change, when appropriate.

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

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

**Thanks,  
The NYSFPP Team**

## Introduction to the NYS Family Planning Program (NYSFPP)

The NYSDOH's Bureau of Perinatal, Reproductive and Sexual Health (BPRASH) distributes grant funds via competitive awards to agencies providing family planning services throughout the state. NYSFPP funds multiple agencies with service sites at hospitals, diagnostic and treatment centers, Planned Parenthood facilities, and local departments of health throughout New York to provide comprehensive reproductive health care services to low income, uninsured and underinsured individuals.

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

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

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

<b>1.1 General Administration</b>	
Subrecipients are accountable to NYSFPP for their performance on the project, the appropriate expenditure of grant funds, and all other obligations articulated in their award and contractual agreements.	
<b>Effective Date</b>	1/1/2022
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">HHS Grants Policy</a> ; <a href="#">NYS Master Contract</a> ; <a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">2022 Title X Program Handbook</a>

**Procedure:**

- NYSFPP subrecipients must comply with all requirements and obligations as outlined in their NYS contract as well as applicable legislative, regulatory, and administrative requirements described in the US Department of Health and Human Services' Public Health Service Grants Policy Statement.
- NYSFPP subrecipients must develop administrative, management, and organizational systems that meet all Reproductive Health and Family Planning Program State and Federal Title X requirements.

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

<b>1.2 Assurances</b>	
As recipients of funding, subrecipients must be in compliance with several Federal and State Assurances and Certifications.	
<b>Effective Date</b>	1/1/2022
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">42 CFR 59.5 (a)(4); Section 1557 of the Patient Protection and Affordable Care Act (42 USC 18116)</a>

**Procedure:**

- Subrecipients must be in compliance with the following, but not limited to:
  - Prohibiting discrimination based on race, color, or national origin
  - Prohibiting discrimination based on handicap
  - Prohibiting discrimination based on age
  - Prohibiting discrimination on the basis of sex (Title IX of the Education Amendments of 1972)
- In addition, assurance must be in place that subrecipients have:
  - Institutional, managerial, and financial capability to ensure proper planning, management and completion of the project as described in the award
  - Provide NYSFPP with free access to examine all records, books, papers, and documents related to the award



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

### 1.3 Grants and Contracts for Family Planning Services

Subrecipient agencies are accountable to NYSDOH for their performance on the project, the appropriate expenditure of grant funds, and all other obligations articulated in their award and contractual agreements.

<b>Effective Date</b>	1/1/2022
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab); HHS Grants Administration Regulations 45 CFR part 75; Section 1008 of the Title X Statute</a>

**Procedure:**

- All subrecipient agencies receiving funds must provide high quality family planning services which are competently and efficiently administered through a reproductive justice and health equity lens.
- Grant funds may not be used for prohibited activities such as abortion as a method of family planning.
- Funds must be used in accordance with the Title X family planning service project regulations, the terms and conditions of the award, and grant administration regulations set out at 45 CFR part 75.
- Contract funds may only be used to support infrastructure, staff, and activities in the funded community.
- Subrecipients must **NOT** use contract funds to support lobbying activities.

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

<b>1.3.1 Subcontracting</b>	
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); 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.

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

<b>1.4 Prohibition of Abortion Related Services</b>	
Subrecipient agencies, including sub-contractors of family planning services, must not use funds for the provision of abortion-related services. Abortion counseling and referrals are permissible.	
<b>Effective Date</b>	1/2/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	3/10/23
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab); Title X-Section 1008; 42 CFR 59.5(a)(5); 65 Fed. Reg 41281 and 41282</a>

**Procedure:**

- Abortion activities must be separate and distinct from Family Planning Program activities.
- Subrecipient agency must provide complete information on the following if requested by family planning client:
  - Prenatal care and delivery
  - Foster care and adoption
  - Counseling on abortion and referral to an abortion clinic
- If any of the above services are requested by the client, subrecipient agencies are allowed to provide referrals 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. Subrecipient agencies must:
  - Provide information regarding abortion services in a neutral, non-directive and factual manner
  - Refer the client to an appropriate service site. Referred provider **must accept Medicaid and offer services on a sliding fee scale if available.**
- Subrecipient agencies are not allowed to explain and obtain consent forms from patients interested in abortion, negotiate fees, arrange for an appointment or provide transportation to abortion services.
- Subrecipient agencies are not allowed to promote or encourage the use of abortion as a method of family planning through advocacy activities.
- Title X subrecipients must be in full compliance with 42 CFR 59.15 and the requirements outlined in 2022 Title X Handbook (page 26-28).

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

<b>1.5 Conflicts of Interest</b>	
Subrecipients must establish policies to prevent conflicts of interest, including employees, consultants, or members of governing or advisory bodies using their positions for private gain.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSDOH Master Contract</a>

**Procedure:**

- Family Planning services sites must have signed conflict of interest statements kept in their personnel files.
- Acknowledgement must be signed annually.

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

<b>1.6 Liability Coverage</b>	
NYSFPP subrecipients must ensure adequate liability coverage for all segments of the project funded by the grant, including liability coverage for staff persons, and subrecipient and sub-contracting agencies.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSDOH Master Contract</a>

**Procedure:**

- In order to execute the contract, annually subrecipients must include copies of their agencies' liability coverage and worker's compensation coverage to the NYSDOH.

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

<b>1.7 Human Subject Clearance</b>	
Any research involving family planning clients must adhere to current ethical standards for human subject research and adhere to the legal requirements governing human subjects research at 45 CFR Part 46, as applicable.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">HHS 45 CFR Part 46</a>

### **Procedure:**

Subrecipients that are engaged in research activities must provide the following to NYSDOH:

- Written assurance that it will comply with the requirements set forth in 45 CFR Part 46
- Designation of one or more Institutional Review Boards (IRB) that will complete an adequate review of research activities.
- A list of IRB members identified by name; earned degrees; representative capacity; indications of experience such as board certifications, licenses, etc., sufficient to describe each member's chief anticipated contributions to IRB deliberations; and any employment or other relationship between each member and the NYSFPP subrecipient (or affiliated institution).
- Certification that the research was reviewed and approved – and will be subject to the continued review – by an IRB, and written procedures outlining these processes.
- A statement of principles governing the subrecipient (and any affiliated institutions) in the discharge of its responsibilities for protecting the rights and welfare of human subjects of research conducted, regardless of whether the research is subject to Federal regulations.
- Human Subjects Clearance Research conducted within Title X projects may be subject to Department of Health and Human Services regulations regarding the protection of human subjects (45 CFR Part 46). The subrecipient should advise their Program Manager in writing of any research projects that involve Title X clients (HHS Grants Policy Statement 2007, II-9).

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

<b>1.8 Inventions and Discoveries</b>	
Subrecipients must comply with regulations regarding the rights to inventions and discoveries made within government grants, contracts, and cooperative agreements.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSDOH Master Contract</a> ; <a href="#">45 CFR part 7</a> , <a href="#">37 CFR Part 401</a>

**Procedure:**

- This grant award is subject to the regulations of the Department of Health and Human Services.

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

<b>1.9 Changes in Scope</b>	
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.	
<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); 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 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.*



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

<b>1.9.1 Opening a Service Site</b>	
Any subrecipient proposing to open a new location must provide written notification in the form of a submitted Change in Scope Form to the NYSFPP to inform the Department of their intention to open a new site at least 90 days prior to planned opening.	
<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="#">2022 Title X Program Handbook</a>

**Procedure:**

- Subrecipient agencies must reach out to their Program Manager to obtain the link to the Change in Scope Form. Subrecipient agency must submit a Site Opening Response 90 days prior to site opening. Signed and submitted to NYSFPP, the response must include:
  - How the need for the new location was determined
  - How the new proposed location addresses the overall need for family planning services in the service area
  - The number of unduplicated clients expected to be served
    - Broken out by male and females
    - Total unduplicated low-income clients anticipated to be reached (male/female)
  - The service site schedule, services, and staffing
  - The plan to notify clients and the community of the service site opening
  - Name, title, contact information (telephone number and email address) of the person who will oversee the opening of the new site and other key staff contacts
  - The plan to inform the Office of Pharmacy Affairs (340B Program) of the site’s designation to confirm ability to purchase and distribute 340B purchased drugs at this site
  - Timeline of events for site opening
  - Attached evidence of Article 28 compliance for the proposed site
  - Updated Community Participation Education and Promotion Plan (CPEP) to reflect addition of new service site
- Subrecipient agency must submit an updated NYSFPP Agency Profile that reflects the new site information.
- All required documentation must be submitted to the Program Manager and NYSFPP mailbox at: [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov)

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

<b>1.9.2 Change in Service Delivery</b>	
Any subrecipient proposing to make changes to a NYSFPP service site that will impact patient access to care (changes to days/hours of operation, permanent changes to services offered, substantial staffing changes that impact service delivery) must provide written notification in the form of a Change in Scope Form response to the NYSFPP to inform the Department of their intention to change service delivery at least 30 days prior to implementation.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	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); 2022 Title X Program Handbook</a>

**Procedure:**

- Subrecipient agencies must reach out to their Program Manager to obtain the link to the Change in Scope Form. Subrecipients submit a Changes in Service Delivery form response 30 days prior to implementation which must include:
  - The reason for the change (this should include how community input/feedback was solicited and used to inform this change)
  - Timeline for implementation
  - New service site schedule, services, location and/or staffing
  - The potential impact of this change on service delivery and/or client ability to access sexual and reproductive health
  - The plan to notify clients and community partners if applicable
- Subrecipient agency must submit an updated NYSFPP Agency Profile that reflects the new site information.
- This includes any temporary change to service site hours and/or location lasting more than 5 business days.
- All required documentation must be submitted to the Program Manager and NYSFPP mailbox at: [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov)

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

### 1.9.3 Service Site Relocation (Permanent)

Any subrecipient proposing to permanently relocate a service site (i.e., location where sexual and reproductive health services are provided) must provide written notification in the form of a Change in Scope Form response to the NYSFPP to inform the Department of their intention to relocate a service site at least 90 days prior to implementation.

<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="#">2022 Title X Program Handbook</a>

#### Procedure:

- Subrecipient agencies must reach out to their Program Manager to obtain the link to the Change in Scope Form.
- NYSFPP Service Site Relocation Response is due 90 days prior to implementation and must include:
  - The reason for the change (this should include how community input/feedback was solicited and used to inform this change)
  - How this change will impact the provision of family planning services in the service area (this should include how this change will positively or negatively impact current and potential clients)
  - The annual unduplicated number of clients anticipated to be served at this new location (if this differs from the current client volume, please explain the rationale for this difference)
  - The planned schedule (days/hours of operation), staffing plan, and services offered on site
  - The plan to notify clients and the larger community of these changes
- Subrecipient agency must submit an updated NYSFPP Agency Profile that reflects the new site information.
- All required documentation must be submitted to the Program Manager and NYSFPP mailbox at: [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov)

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

<b>1.9.4 Service Site Closure (Permanent)</b>	
Any subrecipient proposing to permanently close a service site (i.e., location where sexual and reproductive health services are provided) must provide written notification in the form of a Change in Scope Form response to the NYSFPP to inform the Department of their intention to close service site at least 90 days prior to implementation. This includes stand-alone, co-located and/or mobile service sites.	
<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); 2022 Title X Program Handbook</a>

### Procedure:

- Subrecipient agencies must reach out to their Program Manager to obtain the link to the Change in Scope Form.
- NYSFPP Service Site Closure Response is due 90 days prior to implementation and must include:
  - Date of the proposed closure
  - Reason for the closure
  - Total unduplicated client volume at this site for the current year and preceding two years, this should include information on client age, race/ethnicity, income levels, and commonly provided services
  - The number of unduplicated clients expected to be displaced from the closure
    - Broken out by male and females
    - Total unduplicated low-income clients anticipated to be reached (male/female)
  - Location(s) of other local family planning providers including NYSFPP funded service site(s) and how clients can access services at these sites (e.g., accessibility, availability of public transportation, ability of site to provide free/low-cost services, etc.)
  - Name, Title, and Contact Information (telephone and email) for the person who will oversee the closure
- Subrecipient agency must submit an updated NYSFPP Agency Profile that reflects the new site information.
- All required documentation must be submitted to the Program Manager and NYSFPP mailbox at: [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov)

*NOTE: In addition to the NYSFPP requirements described above, your agency must comply with NYSDOH regulation, 401.3(g), requiring notification of the appropriate NYSDOH Regional Office of Primary Care and Health Systems Management at least 90 days before a facility discontinues operation or surrenders its operating certificate.*

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

<b>1.9.5 Cessation of Family Planning Program (Permanent)</b>	
Any subrecipient proposing permanent cessation of a NYSFPP funded program must provide written notification to the NYSFPP to inform the Department of their intention to end the program at least 90 days prior to implementation.	
<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); 2022 Title X Program Handbook</a>

### Procedure:

- Subrecipients need to reach out to their Program Manager to obtain the documentation needed to permanently close their Family Planning Program.

#### Step 1: Notify NYSDOH of Intention to Cease NYSFPP Operations 90 days prior to implementation:

- NYSFPP Cessation of Family Planning Program Notification to Program Manager – Includes the planned date of the proposed closure, the reason for the closure, an anticipated submission date for the transition and closure plan, and updated contact information for a primary staff contact overseeing this closure. This letter must be signed by your designated contract signatory.
- NYSFPP Closure Plan – A written plan describing how NYSFPP services will be provided up to the anticipated closure date including plans for adequate clinical and support staff to conduct all transfer activities and client notifications. This plan must be submitted to the NYSFPP for review and approval at least 60 days prior to the planned closure date. The transition plan must include:
  - List of all funded NYSFPP site locations with a description of how cessation of NYSFPP funding will impact service delivery at the site (i.e., will the site close, will operations continue, will there be an interruption in service delivery, etc.)
- Written transition plan must clearly address each of the following elements:
  - Give priority to clients with complex needs, or those most likely to experience gaps in services as a result of this closure including, but not limited to adolescents, clients on time-sensitive contraceptives, individuals with inadequate funds to obtain contraceptives using prescriptions, and those that are under/uninsured.
  - Ensure that all laboratory test results (i.e., Pap tests, pregnancy tests, communicable diseases, etc.) have been provided to clients or will be communicated to clients upon need.
  - Ensure that clients in need of ongoing treatment, especially for sexually transmitted infections have been contacted, treated and/or referred for treatment for themselves and their partners.

- Determine which clients will require contraceptives within 30 days of closure in order to provide the contraceptives/service or a referral to another provider, so that the contraceptives may be obtained in a timely manner without a gap in contraceptive coverage.
- Ensure that there is a process in place during transition for the provision of contraceptive supplies and emergency contraception.
- Contact local family planning providers (including, but not limited to NYSFPP grant-funded service sites) to arrange for acceptance and transfer of clients. Ensure that clients without health insurance are transferred to a provider that offers subsidized family planning on a schedule of discounts.

### Step 2: Client Notification

- Document: A sample of a client notification letter must be sent to the NYSFPP for review and approval prior to sharing with clients. This letter must be shared with all clients (except “confidential clients”) via their preferred communication method (i.e., mail, e-mail, patient portal) prior to service site closing. For “confidential clients” (i.e., those who have indicated they cannot receive mail or telephone calls from the provider) they must be notified by their preferred contact method with that notification documented in their medical record. The sample client notification must include:
  - Dates, times, and location(s) where services are available from the date of notification letter until the closure.
  - Dates, times, and location(s) clients can pick up birth control supplies and medications.
  - Procedure for patients to obtain medical records before and after closing.
  - A list of alternative family planning providers which have previously confirmed capacity to accept new low-income, underinsured and uninsured individuals and adolescent clients. This list should include:
    - Names, addresses, and telephone numbers of other locations
    - Information regarding other family planning service sites located within the same geographical area, the travel distance between the current location and referral sites and available public transportation
    - Information on which of the other listed service sites and providers accept Medicaid and provide subsidized family planning services on a schedule of discounts (sliding fee scale) for individuals with no insurance or inadequate coverage.

### Step 3: FPP Equipment Inventory List

- Submit a list of all equipment purchased with NYSFPP grant funds.
- This inventory list must include all equipment purchases over \$1,000 for each individual item. Each item and its approximate current value should be listed. The inventory must also include how you plan to dispose or reallocate equipment.
- All required documentation must be submitted to the Program Manager and NYSFPP mailbox at: [bwhfpp@health.ny.gov](mailto:bwhfpp@health.ny.gov)

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

<b>1.10 Facilities and Accessibility of Services</b>	
To ensure that the services provided are accessible to those in need, subrecipients must assure the accessibility of services with regards to several domains: location, hours, appointment availability, physical space, and accessibility to people with disabilities.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">45 CFR part 84</a>

**Procedure:**

- Projects must not discriminate on the basis of disability and, when viewed in their entirety, service site must be readily accessible to people with disabilities (45 CFR part 84) (Section I, page 31) and compliant with the Americans with Disabilities Act, unless they hold grandfathered status.
- Subrecipients must assure the accessibility of services:
  - **Location** – Subrecipient service sites must be geographically accessible for the population served, including accessibility by mass transit, if applicable
  - **Hours** – Hours of operation must be convenient for those seeking services, including evening and/or weekend hours. Subrecipients will have a system in place for notifying clients, including considerations for preferred method of contact especially for those seeking confidential services, in the event of an unexpected change to the hours of operation
  - **Appointments** – Subrecipients are encouraged to offer same day and walk-in appointments. To increase the likelihood that adolescents will access sexual and reproductive health services, adolescents should be given priority in terms of appointment times and availability. Adolescents should not be turned away if they are late, show up without an appointment, or miss one or more appointments.
  - **Physical space** – Service site space must be:
    - Adequate to provide necessary services
    - Designed to ensure the comfort and privacy of clients
    - Designed to enhance workflow
    - Gender inclusive décor and reflect the culture of the clientele and community
- All subrecipients service site must meet applicable standards established by Federal, State, and local governments, including local fire, building, and licensing codes.

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

<b>1.11 Utilizing Telehealth</b>	
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.	
<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="#">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.



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

<b>1.12 Language</b>	
A client with limited English proficiency (LEP) cannot speak, read, write, or understand the English language at a level that permits him/her to interact effectively with health care providers. To ensure meaningful access to family planning care, subrecipient agencies must take steps to provide language assistance resulting in accurate and effective communication for LEP clients at no cost to the client.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">Title III at 28 C.F.R. Part 36</a> ; <a href="#">Title IV of the Civil Rights Act of 1964 and 65</a> ; <a href="#">QFP</a>

**Procedure:**

- Subrecipients must have written policies regarding access to timely, quality language assistance services for clients with limited English proficiency. Recipients of U.S. Department of Human Services funds, including Title X funds, must have policies in place for providing effective services to those with LEP in accordance with Title III at 28 C.F.R. Part 36 and Title IV of the Civil Rights Act of 1964 and 65 Federal Regulation 52761 .
- Subrecipients maintain documentation indicating that staff is aware of policies and processes that exist to access language translation services when needed.
- Subrecipients must not deny a client services because s/he is limited English proficient (LEP). Nor can clients be asked or required to provide their own interpreter.
- The use of family and friends as interpreters is discouraged. If the client chooses to use family or friends, the client is informed of the right to free interpreter services provided through the NYSFPP service site and use of family or friends as interpreters occurs only after the offer is declined and documented.
- NYSFPP subrecipient agencies must provide culturally competent materials in languages other than English when a significant percentage of clients served require information in a language other than English to communicate effectively.
- As outlined in the [Providing Quality Family Planning Services \(QFP\)](#) document, information presented must also be culturally appropriate, reflecting the client's beliefs, ethnic background, and cultural practices.

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

<b>1.13 Management of Emergencies and Health and Safety Issues</b>	
Health and safety issues within the facility fall under the authority of Department of Labor Occupational Safety and Health Administration (OSHA). The OSHA Occupational Safety and Health Guidelines require NYSFPP subrecipients to have written emergency action plans for managing emergencies in place.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">29 CFR 1910, subpart E</a> ; <a href="#">NYSFPP RFA (under FPP General Program tab)</a>

**Procedure:**

- Subrecipients are required to have a written plan for the management of emergencies (29 CFR 1910, subpart E), and service site must meet applicable standards established by Federal, State, and local governments (e.g., local fire, building, and licensing codes).
- The OSHA Guidelines require subrecipients to have written emergency action plans for managing emergencies in place that address the following:
  - The rescue and medical first aid duties assigned to staff persons to respond to emergencies that the subrecipients may reasonably expect in the workplace, including fire, toxic chemical releases and spills, tornadoes, blizzards, floods, power failure
  - Emergency action plans also should encompass protocols for responding to bomb threats, suspicious encounters, intruders in the building, clients who are under the influence of drugs or alcohol, and situations involving a missing or abducted child
  - Protocols for responding to occupational exposure to blood borne pathogens
  - Procedures for emergency evacuation, including type of evacuation, exit route assignments, and designated refuges or safe areas
- Subrecipients must also have in place policies and procedures regarding potential medical and clinical emergencies, the roles of staff during a medical or clinical emergency, and proper documentation of those responses.
- Protocols also must be in place for emergencies requiring:
  - Transport
  - After-hours management of contraceptive emergencies
  - Health center emergencies

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

<b>1.14 Availability and Use of Referrals</b>	
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.	
<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="#">NYSEFP RFA (under FPP General Program tab); 42 CFR 59.5</a> ; <a href="#">2022 Title X Program Handbook</a> ; <a href="#">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 on site:
  - 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](#)

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

<b>2.1 Personnel Policies</b>	
Subrecipients must establish written personnel policies regarding nondiscrimination in recruitment, selection, performance evaluation, discipline, promotion, compensation, benefits, grievance procedures and termination.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">Title VI of the Civil Rights Act of 1964</a> ; <a href="#">Titles I ADA Act of 1990</a> ; <a href="#">45 CFR Part 80</a> ; <a href="#">Age Discrimination Act of 1975</a>

**Procedure:**

- The subrecipient shall comply with the provisions of the Human Rights Law, all other State and Federal statutory and constitutional non-discrimination provisions.
- Subrecipients and subcontractors shall **not** discriminate against any employee or applicant based on (*but not limited to*)
  - race
  - creed (religion)
  - color
  - sex
  - national origin
  - sexual orientation
  - military status
  - age
  - disability
  - predisposing genetic characteristic
  - marital status or domestic victim status
- Staff must have available formal grievance mechanism to address any discrimination or other issues.

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

<b>2.2 Personnel Management</b>	
Subrecipients should have in place clear supervisory structure and an organizational chart that illustrates these lines of authority, as well as written job descriptions for all positions that delineate to whom each position reports, subordinates, and their duties and responsibilities.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab); 42 CFR part 59</a>

**Procedure:**

- Subrecipients must have a qualified program director, responsible for administering family planning services and managing the project.
- The clinical care component operates under the responsibility of a medical director that is a licensed qualified clinical service provider with special training or experience in family planning.
- Protocols are in place to provide staff with guidelines for client care.
- Systems are in place to verify all professional licenses prior to employment and maintain documentation of current license.
- Systems are in place to ensure the confidentiality of all personnel records.
- Performance evaluations are conducted for all program staff on an annual basis.
- Personnel policies are reviewed and updated, as needed.
- Organizational chart and personnel policies must be available to all personnel and job descriptions must be available for all positions and updated as needed.

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

<b>2.3 Personnel Qualifications and Responsibilities</b>	
Subrecipients staff should be broadly representative of all significant elements of the population to be served by the project. Staff should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population they serve.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">42 CFR part 59</a> ; <a href="#">45 CFR Part 75</a>

### Procedure:

- Subrecipients must designate a Program Director, who is responsible for administering family planning services and managing the project.
  - This individual should have demonstrated experience in health care administration.

### Clinical Family Planning Staff:

- Subrecipients must have a Medical Director who is a clinical service provider (CSP). CSPs include physicians, physician assistants, nurse practitioners, certified nurse midwives, and registered nurses with an expanded scope of practice who are trained and permitted by state-specific regulations to perform all aspects of physical assessments recommended for contraceptive, related preventative health, and basic infertility care.
  - The Medical Director is responsible for coordinating medical staff activities, as well as the medical aspects of the project.
  - The Medical director must define responsibilities for the clinical staff based on their education, experience and clinical skills.
  - The Medical Director assumes responsibility for the following:
    - Implementation of clinical protocols
    - Maintenance of health center standards
    - Credentials review
    - Training and supervision of all staff physicians, nurse practitioners, and other medical personnel.
- A physician should be either on-site or on-call during all health center sessions.
- Certified nurse practitioners, certified nurse midwives, and other advanced practice nurses may serve clients and provide services for the Family Planning Provider in collaboration with a physician and per NYS regulation.
- Physician Assistants that have passed the National Commission on Certification of Physician Assistants examination may serve clients on behalf of the Family Planning Provider under the supervision of a physician.
- A nurse who is licensed as a registered nurse or a licensed practical nurse may assist advanced practice clinicians in the following:

- Collecting medical histories
- Conducting patient education and instruction about contraception on behalf of the Family Planning Provider.
- All clinical positions must comply with all conditions of licensure and certification, including all statutory and regulatory provisions governing their clinical position.
- All clinicians employed by the subrecipient– either as an employee or a subcontractor – must agree to follow clinical protocols and procedures, as well as standing orders.

**Non-clinical Family Planning Staff**

- Family planning staff including health educators and social workers that have studied or received training on human anatomy and physiology, human reproduction, contraceptive methods, and counseling techniques may provide patient education, follow-up, and community education for the subrecipients.

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

<b>2.4 Staff Training</b>	
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.	
<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 Orientation; 42 CFR part 59; 2022 Title X Program Handbook; NYSEFP 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.



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

<b>2.5 Voluntary Participation</b>	
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.	
<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="#">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>

**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).
  - 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

<b>2.6 Nondiscrimination</b>	
Subrecipients must provide program services without regard to religion, race, color, national origin, creed, disability, gender, sexual orientation, durational residency, and number of pregnancies, marital status, age, ability to pay, and contraceptive preference. Services must also be provided in a manner that protects the dignity, independence, individuality, and privacy of the client, as well as any other individuals who accompany the client.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">42 CFR Part 59</a> ; <a href="#">ACA Section 1557</a> ; <a href="#">Americans with Disabilities Act (ADA)</a> ; <a href="#">2022 Title X Program Handbook</a> ; <a href="#">QFP</a> ; <a href="#">45 CFR Part 84</a>

**Procedure:**

- Subrecipients must comply with ACA Section 1557 which prohibits discrimination based on race, color, national origin, sex, age or disability in health programs and activities that receive Federal funds.
- Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy document, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons.
- Provide services without the imposition of any durational residence requirement or a requirement that the client be referred by a physician.
- Subrecipients must maintain compliance with any applicable provisions of the Americans with Disabilities Act.
- Subrecipients must comply with 45 CFR Part 84, which prohibits discrimination based on handicap in Federally assisted programs and activities, and which requires, among other things, that recipients of Federal funds operate their Federally assisted programs so that they are readily accessible to people with disabilities (unless they hold grandfathered status).

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

<b>2.7 Cultural Competency/Humility</b>	
Staff should be broadly representative of all significant elements of the population to be served by the project, and should be sensitive to, and able to deal effectively with, the cultural and other characteristics of the client population.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">2022 Title X Program Handbook</a> ; <a href="#">42 CFR 59.5 (a)(3)</a> ; <a href="#">42 CFR 59.2</a>

**Procedure:**

- Educational information, demographics, consents and surveys must be available in the prevalent languages of the client population served to ensure equal opportunity services.
- Services must be provided in a manner that is client centered, culturally and linguistically appropriate, inclusive and trauma informed.
- Translation services must be available and may include staff members fluent in required language, HIPAA compliant telephone and video translation services.
- Family Planning service site should utilize demographic forms to allow for identification of individual experiences to include but are not limited to: sex assigned at birth, gender identity, preferred name and/or pronouns.
- Providing culturally competent care, completed annually, as part of the NYSFPP mandatory training list. Documentation of completed training should be kept in personnel files.
- Service site compliance will be monitored through mandatory training logs and reviewing materials and resources, during service site reviews and as requested.
- Policies and procedures must advance health equity, racial equity and support for underserved communities. Health equity is when all persons have the opportunity to attain their full health potential, and no one is disadvantaged from achieving this goal because of social position or socially determined circumstances.
  - Must take reasonable steps to ensure that your program provides meaningful access to persons with limited English proficiency.
  - Must provide programs that are accessible and usable by persons with disabilities.

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

<b>2.8 Utilizing a Comprehensive Reproductive Justice Framework</b>	
Comprehensive reproductive justice framework recognizes how race, class, gender, and sexual identity affect people’s reproductive health and autonomy. NYSFPP subrecipient agencies must have written policies and practices that incorporate a reproductive justice framework into their health care practice to increase access to health care to underserved populations.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">Sister Song Reproductive Justice Website</a>

**Procedure:**

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

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

<b>2.10 Confidentiality</b>	
Every effort must be made to assure client confidentiality and provide safeguards for individuals against the invasion of their personal privacy. This includes records maintained in electronic format.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">42 CFR § 59.5(a)(4)</a> ; <a href="#">42 CFR Part 59</a> ; <a href="#">Health Insurance Portability and Accountability Act (HIPAA)</a>

### Procedure:

- Subrecipients must establish policies to ensure confidentiality. These policies must include:
  - No information obtained by staff may be disclosed without written consent, except as required by law (42 CFR Part 59.10)
  - Any summary, statistical, or other information disclosed without a client’s consent does not include information allowing the individual client to be identified
  - Required reporting of Family Planning Annual Report and NYSFPP Performance Measure data elements must be reported such that client confidentiality is protected
- Subrecipients using electronic health records (EHR) must have customized systems with security measures to ensure client confidentiality.
- Documentation must be maintained that demonstrates that staff has been informed, at least once during the current project period, about policies related to preserving client confidentiality and privacy.
- When attempting to link clients to other services and resources, or when following-up to ensure clients received the services to which they were referred, client confidentiality must be maintained.
- Each subrecipient agency must have a policy for indicating no-contact clients. Service site must have a mechanism in place in the EHR and other documentation to identify these clients and must ensure that no communication will be sent to the home of a “no home contact” client, including billing statements, payer explanation of benefits regarding the visit, lab results, etc.
- Site must have general consent forms or other documentation that state that services will be provided in a confidential manner and note any limitations that may apply.
- Education materials noting the client’s right to confidential services are available to clients.
- The physical layout of the facility ensures that client services are provided in a manner that allows for confidentiality and privacy.

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

<b>2.11 Consent for Minors</b>	
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.	
<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="#">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</a> ; <a href="#">Mental Hygiene (MHY) CHAPTER 27, TITLE D, ARTICLE 22</a> ; <a href="#">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-i](#)
- 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 York State Department of Health Family Planning and Reproductive Health Program Policy and Procedures

<b>2.12 Compliance with the Health Information Portability and Accountability Act (HIPAA)</b> The HIPAA Privacy Rule requires health care providers to institute safeguards to protect the privacy of personal health information and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives the patient the right over health information, including rights to examine and obtain a copy of their health records, and to request corrections.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">Health Insurance Portability and Accountability Act of 1996</a>

**Procedure:**

- As “covered entities” subject to HIPAA, subrecipients must follow the HIPAA Privacy Rule and have policies in place to permit the disclosure of what HIPAA defines as “protected health information” only when the client (or her or his representative) provides signed authorization allowing for the disclosure, or a specific exception in federal or state law allows or requires the disclosure.
- Subrecipients must provide HIPAA privacy forms to clients and signed forms are collected as required.

*The Department of Health and Human Services Office of Civil Rights website covers a variety of issues related to the HIPAA Statute and includes links to resources with more specific information.*

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

<b>2.13 Mandated Reporting Requirements</b>	
Subrecipients must have reporting policies that include guidelines for the identification and reporting of child abuse, sexual abuse human trafficking and STIs, including HIV.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP Program Training Requirements</a> ; <a href="#">Title X of the Public Health Service Act</a>

**Procedure:**

- Subrecipients must have documentation of written policies addressing child abuse, sexual abuse, human trafficking and STIs, including HIV.
- Subrecipients must train all staff to identify and appropriately address all the above while maintaining client confidentiality. Sites must maintain documentation of these trainings.
- Trainings must be completed based off the NYSFPP Training Document on the above listed subjects.
- No provider of services under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.



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

<b>2.13.1 Reporting Child Abuse</b>	
Subrecipients must comply with the NYS child abuse reporting laws, which compel health and educational professionals who are mandatory reporters to report suspected cases of child abuse or maltreatment (including neglect) to the New York Statewide Central Register of Child Abuse and Maltreatment (SCR).	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">Title Six of Article Six of the NYS Social Services Law</a> ; <a href="#">Article 10 of the NYS Family Court Act</a> ; <a href="#">42 CFR 59</a>

**Procedure:**

- When there is a reasonable cause to suspect that a minor who has come before them in their professional capacity has been abused or maltreated, mandated reporters must immediately report their concerns by calling the SCR hotline and follow-up with a written report within 48 hours to the local department of social services' Child Protective Services (CPS) Unit.
- Subrecipient agencies shall have written policies outlining the following:
  - The provision of initial required training opportunities on child abuse identification and reporting of child abuse for appropriate program personnel
  - The provision of additional required training on child abuse identification and reporting for appropriate program personnel as needed
  - Documentation of completed training in each staff file
  - Job classifications considered mandatory assessors and reporters of child abuse
  - The procedure for filing the reports, both oral and written

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

<b>2.13.2 Reporting Sexual Abuse</b>	
Subrecipient agencies shall have policies in place that specify agency compliance with state law that addresses child molestation, sexual abuse, rape, or incest.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">42 CFR Part 59.17</a>

### Procedure:

- Any kind of “sexual contact” – touching of intimate or sexual parts, either directly or through clothing – with a minor is considered sexual abuse. Under New York criminal law, a sexual offense of some degree has occurred if the client is:
  - Less than 11 years and the perpetrator is any age
  - Between 11-14 years and the perpetrator is 18 years or older
  - Less than 17 years and the perpetrator is 21 years or older
  - A client’s voluntary sexual activity does NOT constitute abuse under New York law. Unless the client is having sex with a parent or caregiver, or where there is evidence of abuse other than the mere fact that an adolescent client is sexually active, statutory rape is not reportable.
    - Reporting of statutory rape only is warranted when other abuse is indicated in conjunction. In these cases, mandatory reporters must report reasonable suspicions of child abuse or neglect immediately by calling the hotline and following-up with a written report within 48 hours.
- Title X also requires that all subrecipients ensure that every minor who presents for treatment is provided counseling on how to resist attempts to coerce them into engaging in sexual activities.

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

<b>2.13.3 Reporting of Human Trafficking</b>	
Subrecipient agencies shall have policies in place that specify agency compliance with Human Trafficking NY State Laws and Federal Title X requirements.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">The Trafficking Victims Protection Act of 2000, as amended (Public Law 106-386); Sex Trafficking of Children or by Force, Fraud, or Coercion (18 USC 1591)</a>

**Procedure:**

- Subrecipients must have protocols in place for instances when human trafficking is suspected. These protocols should be similar for those followed for family and Intimate Partner Violence (IPV) and sexual violence but also include the following protocols:
  - Notifying clients of reporting obligations
  - County Health Departments and other local officials are required to notify HHS within 24 hours of discovering a child *who may be* a foreign victim of trafficking
  - Providing clients with the National Human Trafficking Resource Center (NHTRC) hotline number, or calling the hotline with the patient to access resources and referrals
- Subrecipients should call the NHTRC to provide demographic data on the type of trafficking, the victim's gender and age, and the city and state.
- Subrecipient agencies must provide training upon hire and annually for all program personnel. Documentation of completed training must be maintained.

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

<b>2.13.4 Sexually Transmitted Infections (STI) Reporting and Partner Notification</b>	
New York State Sanitary Code mandates the reporting of confirmed STIs to the local health department where the patient resides, including Chlamydia Trachomatis Infection, Gonococcal Infection, Pelvic Inflammatory Disease (PID), Hepatitis B (specify acute or chronic), Hepatitis C (specify acute or chronic), and Syphilis.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">10 NYCRR, Sections 2.10 and 2.14</a> ; <a href="#">CDC Partner Services</a> ; <a href="#">NYS Communicable Disease Form NYC Reporting Form</a> ; <a href="#">NYCMED Reporting Form</a>

### Procedure:

- Subrecipients must have a policy in place regarding partner notification that is in line with the CDC guidelines and that includes provisions for the following:
  - Patient, partner, or provider referral
  - Confidentiality
- The primary responsibility for reporting rests with the clinician.
- For more information on communicable disease reporting, [call your local health department](#) or the New York State Department of Health's Bureau of Communicable Disease Control at (518) 473-4439. In New York City, call 1 (866) NYC-DOH1 (1-866-692-3641) for additional information.
- The New York State Department of Health has public health regulations and programs in place to help reduce and eliminate the spread of sexually transmitted infections (STIs) and HIV in the community, one of which is Partner Services. State and local health department Partner Services Specialists follow-up on reported cases of STIs including; chlamydia, gonorrhea, syphilis and HIV. In order to do this, partner services specialists work with health care providers to plan for partner services. Staff may contact partners who were notified of an exposure, directly to ensure testing occurs and help them reach medical care for treatment, as necessary.
- For more information on partner services, you can contact [ps@health.ny.gov](mailto:ps@health.ny.gov)

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

### 2.13.5 HIV Reporting and Partner Notification

The New York State HIV Reporting and Partner Notification law requires the reporting of persons with HIV infection, HIV-related illness, and AIDS, by NYSFPP subrecipient agencies and laboratories performing diagnostic tests. The law also requires NYSFPP subrecipient agencies to notify identified partners of HIV-positive clients of their risk for HIV infection, if merited.

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYS Public Health Law (PHL) Article 21 (Chapter 163 of the Laws of 1998)</a> ; <a href="#">NYS HIV Regulations and Reporting</a>

#### Procedure:

- Subrecipients must have a policy in place regarding partner notification that is in line with the state and CDC guidelines.
- NYS Public Health Law requires the reporting of persons with HIV as well as AIDS to the NYSDOH. The law also requires that reports contain the names of sexual or needle-sharing partners known to the medical provider or whom the infected person wishes to have notified. Subrecipient agencies may choose to do this directly or utilize their local health department’s partner notification program.
- The Medical Provider Report Form (PRF) (DOH-4189), must be completed within 14 days of diagnosis for persons with the following diagnoses or with known sex or needle-sharing partners:
  - **Initial/New HIV diagnosis** - First report of HIV antibody positive test results.
  - **Previously diagnosed HIV infection (non-AIDS)** - Applies to a medical provider who is seeing the patient for the first time.
  - **Initial/New Diagnosis of AIDS**
  - **Previously diagnosed AIDS** - Applies to a medical provider who is seeing the patient for the first time.
  - **Known sex or needle-sharing partners of persons with diagnosed HIV infection**
- Information regarding electronic reporting or paper forms are available from the NYSDOH (518) 474-4284; clinicians located in NYC should call (212) 442-3388.
- Partner Services can serve as a medical provider's proxy in identifying partners, conducting domestic violence screening and the notification plan, and will assist in completing the PRF (DOH-4189).

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

### 3.1 Medical Record Management

Family Planning Annual Report (FPAR) instructions require projects to establish medical records for each client who receives clinical services, screening or laboratory services. To be counted for purposes of the FPAR, a written record of the services provided during the family planning encounter must be documented in the client record.

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">405.10 Medical Records Rules and Regulations Article 131A §6530</a>

#### Procedure:

- Medical records, including electronic health records and any associated paper records/documents, must be maintained in accordance with accepted medical standards.
- Subrecipients are expected to comply with State regulations on medical record retention (405.10 and Article 131A §6530) which state physicians and hospitals are required by state law to maintain patient records for at least six years from the date of the patient's last visit. A doctor must keep obstetrical records and records of children for at least six years or until the child reaches age 19, whichever is later. Hospitals must keep obstetrical records and records of children for at least six years or until the child is age 21, whichever is later.
- After the retention period has ended, the client's medical record must be destroyed by an effective method in keeping with the confidential nature of its contents.

*For more information relating to patient rights regarding medical records:*  
[www.health.ny.gov/publications/1443](http://www.health.ny.gov/publications/1443)

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

<b>3.2 Release of Medical Records</b>	
A client's (or his/her representative's) written consent is required for the release of protected health information, except as may be necessary to provide services to the client or as required by law, with appropriate safeguards for confidentiality.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYCRR Title 10, Section 63.5</a> ; <a href="#">2022 Title X Program Handbook</a> ; <a href="#">QFP</a> ; <a href="#">NYSFPP RFA (under FPP General Program tab)</a>

**Procedure:**

- Subrecipients should have policies and safeguards in place to assure that, when information is released, only the specific information requested is disclosed.
- Upon request, clients transferring to other providers must be provide with a copy or summary of their medical record to expedite continuity of care.
- HIV information should be handled according to New York State law, and kept separate, whenever possible, in accordance with New York State law (NYCRR Title 10, Section 63.5).
- Subrecipients must undertake all reasonable measures to maintain confidentiality of client records, which includes:
  - A confidentiality assurance statement in the client's record
  - Obtaining a client's (or his/her representative's) written consent prior to releasing personally identifiable information, except as may be necessary to provide services to the client or as required by law, with appropriate safeguards for confidentiality
- Subrecipients must have a protocol ensuring the protection of client confidentiality when releasing records to providers who may not be aware of confidentiality issues. To help maintain protection of client confidentiality when releasing records, providers should do the following:
  - Send only the minimum required information
  - Clearly mark counseling or sexual health records for confidential treatment

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

<b>3.3 Safeguards</b>	
Safeguarding clients' protected health information must be a first-order priority for NYSFPP subrecipients. Subrecipients must have protocols and systems in place to safeguard all client information against loss or use by unauthorized persons.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">42 CFR 59.10</a>

**Procedure:**

- Subrecipients must have policies and protocols in place that include, but are not limited to:
  - Medical records, which are confidential records, are accessible only to authorized staff and secured by lock when not in use
  - Fax machines are located in an area where staff may supervise and safeguard the medical record information that is sent from other providers regarding clients
  - Sign-in sheets at the registration area contain the client's name only and the date, and do not identify the health center the patient is attending, birth date, or any other information that could identify the reason for their visit. Names should be occluded once registration is complete.
  - Records transported from one health center site to another must be kept in locked containers
- Unless given permission by the client (or his/her representative), subrecipients should only disclose patient information in summary, statistical, or other form, without client identifiers.



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

<b>4.1 Pharmaceuticals</b>	
Subrecipients must operate in accordance with Federal and State laws relating to security and record keeping for drugs and devices. The inventory, supply, and provision of pharmaceuticals must be conducted in accordance with the New York State pharmacy laws and professional practice regulations.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">2022 Title X Program Handbook</a>

### Procedure:

- Subrecipients must maintain policies for the distribution and storage of pharmaceuticals to ensure client safety.
- A qualified health professional must be designated to dispense drugs and conduct inventory, supply, and the adequate provision of supplies, including samples, in accordance with state pharmacy laws and professional practice regulations.
- Subrecipients must maintain an adequate supply and variety of drugs and devices to effectively meet the contraceptive needs of clients and ensure access to other drugs and devices that are necessary for the provision of other medical services included within the scope of family planning, including emergency drugs and supplies for treatment of vasovagal reaction and anaphylactic shock.
- Subrecipients must have adequate controls over access to medications and supplies. Contraceptive and therapeutic pharmaceuticals must be kept in a secure place, either under direct observation or locked and access to pharmaceuticals must be limited to authorized health care professionals.
- Subrecipients must have a current formulary that specifies all drugs and devices available to family planning clients and is reviewed at least annually.
- Service sites must have an inventory control system for the purchase, use, and reordering of pharmaceuticals and supplies, as well as the monitoring of the expiration date on drugs and ensure proper disposal of all expired drugs.
- Must have policies and safeguards in place for ensuring that supplies purchased through the 340B program are provided only to eligible clients.
- Must have a notification system in place in the event of a drug recall.
- All family planning professionals delegated to deliver prescriptions drugs must have received training in all aspects of pharmaceutical and supply distribution.

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

### 4.2 Dispensing a 12-Month Supply of Contraception

Subrecipients are encouraged to provide clients, especially adolescents and other special populations, with a 12-month supply of contraceptives, *or as large a supply as is fiscally feasible.*

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">Comprehensive Contraceptive Coverage Act</a>

#### Procedure:

- The Comprehensive Contraceptive Coverage Act (CCCA) requires coverage of prescription contraceptives, including a twelve-month supply that may be dispensed at one time.
- Provide clients with a greater supply of contraception (e.g., oral contraceptive pill, vaginal ring) to obviate the need for repeated time-consuming visits to a family planning site, which can act as a barrier to continued use.
  - Research has demonstrated that dispensing a 12-month supply of contraception is associated with high contraceptive continuation, and significantly reduced odds of conceiving an unintended pregnancy.<sup>[1]</sup>

[1] Foster DG, Parvataneni R, de Bocanegra H, Lewis C, Bradsberry M, Damey P. Number of oral contraceptive pill packages dispensed, method continuation, and costs. *Obstetrics and Gynecology* 2006; 108:1107–14; Foster DG, Hulett D, Bradsberry M, Damey P, Policar M. Number of oral contraceptive pill packages dispensed and subsequent unintended pregnancies. *Obstetrics and Gynecology* 2011;117(3):566-72.

## 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.	
<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); HRSA Website; Apexus Technical Assistance ; 2022 Title X Program Handbook, 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 a 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

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PROGRAM POLICIES AND PROCEDURES MANUAL

- 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)

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

<b>5.1 Enrollment in Public Health Insurance Programs</b>	
Subrecipients must have a system in place to assist eligible clients with Medicaid enrollment, Family Planning Benefit Program and Family Planning Extension Program.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">NYS DOH FPBP Website</a>

**Procedure:**

- Subrecipients must also have a mechanism in place to receive reimbursement from Medicaid.

**Family Planning Benefit Program (FPBP):** FPBP is a New York State public health insurance program that provides coverage of sexual and reproductive health services for females and males who meet certain income, residency, and citizenship requirements.

- Subrecipients must have a Memorandum of Understanding with NYS Department of Health for FPBP participation
- Subrecipients must have systems in place to enroll clients in FPBP presumptively, work with clients who screen as presumptively eligible to enroll fully into FPBP, and bill and receive reimbursement through FPBP
- Subrecipients must have a system in place to keep apprised of policy changes to FPBP, and to institute these changes within designated timeframes.

**Family Planning Extension Program (FPEP):** FPEP provides up to 26 months of additional access to family planning services for individuals who were on Medicaid while they were pregnant, but subsequently lost Medicaid coverage when their pregnancy ended.

- Individuals are automatically enrolled in FPEP based on their ineligibility for other public health insurance programs at the end of the 60-day post-partum period
- Subrecipients must have a mechanism in place to verify clients' enrollment in FPEP, and bill and receive reimbursement through FPEP
- Subrecipients must have a system in place to keep apprised of policy changes to FPEP, and to institute these changes within designated timeframes.

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

### 6.1 Financial Management Standards

Subrecipients must have a financial management system in place that is in compliance with the standards and requirements specified in Subpart C of 45 CFR Part 74 or Subpart C of 45 CFR Part 92, as applicable, as well as any other requirements directed by NYS Department of Health.

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">45 CFR Part 75</a>

#### Procedure:

- Subrecipients must develop financial management systems that ensure accurate, current, and complete disclosure of the financial data and include the effective control over and accountability for all funds, property, and other assets.
- Must establish written procedures to ensure that schedule of discounts is reasonable and necessary, including the process/rationale to determine payments.
- Must maintain records, including cost accounting records, that are supported by source documentation.
- The financial management system meets federal standards, as applicable, and complies with Federal standards that support effective control and accountability of funds, as required.

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

<b>6.2 Charges, Billing, and Collections</b>	
Subrecipient agencies are responsible for implementing policies and procedures for charging, billing, and collecting funds for services rendered. These policies and procedures must be submitted to NYS Family Planning Program upon request and made available during site visit.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Reviewed Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab); 42 CFR 59.5(a) Section 1006(c) PHS Act</a>

### Procedure:

- Subrecipient agencies are required to have a schedule of discounts (i.e., sliding fee scale) for services, based on the current Federal Poverty Level (FPL). *See Policy 6.3 and 6.4.*
- Clients must not be denied services or be treated with a certain regard due to inability to pay for services.
- Voluntary donations from clients are permissible as long as clients are not pressured into making donations. Donations are not permissible as a perquisite to the provision of services or supplies.
- Clients who are responsible for paying any fee should pay directly at the time of service.
- The balance due after third party payment is the client's responsibility, and appropriate discounts must be applied to this balance.
- Reasonable efforts to collect fees without jeopardizing client confidentiality must be made. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on client's self-reported income.
- Subrecipient agencies and their service sites must develop a policy for collections if a client has a balance due after their visit, including clients with health insurance coverage and clients with schedule of discount charges. **This policy should not apply to clients requesting confidential services.**
- A method for the "aging" of outstanding accounts should be established.

### Procedure for billing minor clients:

- If the minor is unemancipated and confidentiality is **not** a concern, household income should be considered in determining the charge for the services. *Otherwise*, if confidential services are requested (without the involvement of a family member) the charges must be based on the minor's personal income.

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

<b>6.3 Determining Fees/Charges</b>	
All subrecipients must develop and utilize a Schedule of Discounts (SOD) that allows patients to pay reduced fees/charges for any visit, procedure, medication, or device based on their income to ensure cost is never a barrier to receiving family planning services.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	3/10/23
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab); 42 CFR 59.5</a> ; <a href="#">42 CFR 59.2</a> and <a href="#">Section 1006(c) PHS Act</a>

### Procedure:

- A SOD must be developed and updated annually to reflect the most recent Federal Poverty Level (FPL) available. SOD use is required for individuals with family incomes between 101% and 250% of the FPL.
- To be approved for use, each SOD must satisfy the following requirements:
  - Labeled with the agency name, current year, and current FPL guidelines
  - No charges for any services, devices, or supplies for patients at or below 100% FPL
  - No charges for patients at or below 250% FPL for the following services:
    - Chlamydia testing
    - HIV testing and counseling
    - Pregnancy testing and counseling
    - Emergency contraception
    - Free condoms for patients: Registration to participate in the NYS Condom Program [here](#)
- Service sites may not charge more than the 340B acquisition cost for any 340B purchased drug or device. The SOD must reflect a progressive discount from that acquisition cost of all 340B purchased drug or device for individuals between 101% and 250% of the FPL.
- If the SOD includes fees for “bundled services” (i.e., one cost for multiple services and devices) it must include a statement indicating what those fees include.
  - For example: *“All visit fees reflect the total cost of a visit for each patient. This cost includes all services provided (e.g., exam, labs, counseling, device insertion/removal, etc.) as well as any associated supplies and/or devices.”*
- Services, medications, devices, or supplies associated with the provision of abortion services may not be included on the SOD.
- Additional costs/fees associated with visits that occur after normal working hours and/or on the weekends are not allowed.
- The SOD needs to include a wide range of services, supplies, and devices that broadly represent the full range of comprehensive services available at each NYSFPP service site and reflect the services outlined in the CDC’s Providing Quality Family Planning Services Recommendations (QFP). This should include, but is not limited to:
  - Services: well woman exams, annual gynecological exams, pregnancy testing & non-directive options counseling, HIV testing and counseling, STI testing and



- treatment,
- basic infertility services, as well as offer or referral for complex gynecological care (e.g., colposcopy, cryosurgery, LEEP, etc.)
- Supplies: contraceptive options including a variety of oral contraceptive pills, injectable, ring, patch, diaphragms, cervical caps, spermicides, and condoms; antibiotics/antifungals commonly used to treat STI and/or GYN infections, emergency contraception, and other medications/drugs associated with the provision of sexual health care services
- Devices: IUDs (including hormonal and non-hormonal options) and implants

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

<b>6.4 Assessing Fees</b>	
The family or individual income (applies for minors receiving confidential services) should be assessed <b>prior</b> to determining whether copayments or additional fees are charged.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	3/10/23, 3/1/24
<b>Next Scheduled Reviewed Date</b>	3/1/25
<b>References</b>	<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.

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

<b>6.5 Third Party Billing</b>	
Subrecipient agencies can use the Family Planning Grant Funds as a last resort. The main sources of reimbursement from third party payers are Medicaid (including Family Planning Benefit Program (FPBP), and the Family Planning Extension Program (FPEP)), Medicare and private health insurance.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab) 2022 Title X Program Handbook</a>

**Procedure:**

- If a client is eligible for a public health insurance program (Family Planning Benefit Program), service sites should facilitate their enrollment into the program.
- Service sites must bill all third parties authorized or legally obligated to pay for services rendered to clients with incomes at or below 100% of the Federal Poverty Level unless doing so would compromise confidentiality (e.g., an explanation of benefits would be generated and mailed by the insurer).
- All reasonable efforts must be made to obtain third party payment without the application of any discounts.

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

<b>6.6 Budget Submissions</b>	
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.	
<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="#">Uniform Administrative Requirements, Cost Principles and Audit Requirements of Federal Awards;</a>

**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

<b>6.7 Budget Modifications</b>	
Budget modifications, which require DOH approval, are necessary to increase or decrease any current budgeted amount (also referred to as line-item interchanges). The budget modification, when approved, is the subrecipient’s contract budget.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	Division of Family Health - Bureau of Administration (BOA) BUDGET MODIFICATION REQUEST FORM (request from BOA)

**Procedure:**

- Budget modifications must adhere to the conditions outlined in Policy 6.6 above.
- Budget modifications of less than 10% between personal service and nonpersonal service are reviewed and approved by Department of Health staff.
- Any cumulative change of **10%** or higher of the total contract value between personal service and nonpersonal service will require a contract amendment and State Comptroller approval.
- All budget modification requests must include appropriate and sufficient justification and must be submitted to and approved by the Department **prior to** the commitment and use of these funds.
- Budget modification requests may be submitted at any time during the first three quarters of a contract period.
- Final budget modification requests are due **60** days prior to the end of the annual budget period.
- For detailed instructions on budget modification submission please refer to Division of Family Health, Bureau of Administration Budget Modification Request Form document.

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

<b>7.1 Program Monitoring and Reporting</b>	
Regular monitoring of the NYSFPP is accomplished through the regular collection and submission of detailed clinic visit data and narrative reporting.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">NYSFPP Program Reporting Schedule (under Data Collection and Reporting tab)</a>

### Procedure:

- Subrecipients are required to submit quality data and reports by the requested due dates. See related policies 7.2, 7.3 and 9.5. See Program Reporting Schedule. The reports include, but are not limited to:
  - Monthly data from Clinic Visit Records (CVR)
  - Quarterly narrative progress reports
  - Annual narrative progress report
  - Annual Community Participation, Education, and Program Promotion (CPEP) report
  - Agency Profile
- Subrecipients that consistently fall below established thresholds for key performance measures will receive additional training and technical assistance (TA) from the assigned Program Manager and/or the NYS Family Planning Training Center (NYSFPTC)
- Subrecipients that continue to fall below established thresholds will be required to participate in 1:1 intensive TA (phone calls, in-person visits, and required participation in relevant trainings, as applicable) conducted collaboratively by the NYSFPP Program Manager and NYSFPTC staff.
- Subrecipients that continue to fall below established thresholds after additional training and TA will be required to complete a Corrective Action Plan (CAP). The CAP will outline steps that will be taken by the subrecipient to address performance deficiencies, with defined and time-limited action steps.
- The NYSFPP may withhold quarterly voucher payments until performance improves, or until there is sufficient demonstrated effort by the contractor to improve on the deficient measure(s).
- For numerous and sustained performance deficiencies, or failure to meet thresholds established for geographic reach (total number of active service sites) and volume (total number of unduplicated clients served), the NYSFPP reserves the right to reduce funding amounts for the following contract year, beginning in year three of the contract.

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

<b>7.2 Monthly Data Reporting</b>	
Subrecipients are required to submit data to the NYSFPP Family Planning Data Management Information System (FPDMIS) on a monthly basis through the contracted data processing vendor's website. The New York Family Planning Encounter Form, or clinic visit record (CVR) serves as a tool for collecting the data elements that must be reported on client demographics, medical, counseling, and other services provided.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP Client Visit Record Form (under Data Collection and Reporting tab)</a> <a href="#">New York CVR Specifications and Field Values (under Data Collection and Reporting tab)</a>

### Procedure:

- Subrecipients are required to complete and electronically submit a CVR for each family planning client making a family planning/reproductive or related health care visit to a discrete Family Planning Program service site.
  - Only one CVR may be submitted per client in any one day
  - All CVR information is submitted electronically to the NYS Family Planning Data Management and Information System (FPDMIS). The cut-off date for submission is the 15th of the month following the month during which a visit occurred, or the following Monday if the 15th is a weekend date.
  - Providers are expected to ensure that their CVR data are accurately and completely submitted, received and processed, by reviewing monthly data processing reports, produced and sent to them by the vendor, to verify the number of records received, accepted, updated, and rejected.
- Subrecipients may collect data using their choice of practice management software (e.g., Ahlers WinCVR, in-house custom, or other third party) or electronic health record (EHR) systems but are required to submit data in a manner consistent with the prescribed CVR format.
- CVR data is processed by the data vendor on the day of receipt and made available for review by the Family Planning Provider via a customizable, ad hoc reporting function on its web site.

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

### 7.3 Family Planning Annual Reports (FPAR)

All subrecipients must collect and submit data for the FPAR as directed by NYSFPP, and using the uniform definitions established by OPA.

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">Section 1001 of Title X of the Public Health Service Act</a> ; <a href="#">42 CFR Part 59</a>

#### Procedure:

- Submission of the Family Planning Annual Report (FPAR) is required by the OPA for the purposes of monitoring and reporting program performance.
  - The FPAR is the only source of annual, uniform reporting and provides consistent, national-level data on the services rendered to which clients through the Title X Family Planning Program.
  - The OPA uses FPAR data to guide strategic and financial planning, to monitor performance, and to respond to inquiries from policymakers and elected officials about the program.



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

### 8.1 General Planning and Evaluation

Subrecipients must have a process in place to assess whether the project is competently and efficiently administered as defined in the annual work plan. This should include the development of goals and objectives for the project period, and an assessment of the subrecipient's success at meeting these goals.

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a>

#### Procedure:

- Subrecipients must develop a set of goals for the project. Goals must:
  - Be clearly stated in writing
  - Be based on needs assessment
  - Have specific objectives that are measurable
  - Be consistent with Title X requirements
  
- Subrecipients must institute an evaluation component that identifies indicators for measuring achievement of objectives.
  
- Subrecipients must perform client satisfaction surveys on a regular basis.
  
- Subrecipients are encouraged to collect supplemental data to monitor the quality of care and the efficacy of processes, and support quality improvement efforts. After any supplemental data are collected, they should be tabulated, analyzed, and results used to improve quality of care. Examples of supplemental data sources include:
  - Review of medical records
  - Exit interviews with clients
  - Facility audit
  - Direct observation
  - Interview with the health-care provider

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

### 8.2 Continuous Quality Improvement

Subrecipients should have a system for conducting continuous quality improvement (CQI) that is designed to review and strengthen the quality of their services on an ongoing basis. By improving the quality of service delivery, reproductive health outcomes, such as reduced rates of unintended pregnancy, improved patient experiences, and reduced costs, are more likely to be achieved.

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a>

**Procedure:**

- Subrecipients are encouraged to track outcome measures (based on their annual work plans) that are utilized to identify CQI goals and utilize NYSFPP standard and any additional supplemental performance measures to gauge progress towards meeting these goals. Performance measures may be changed and modified over time.
- Subrecipients also are strongly encouraged to participate in learning collaboratives and other opportunities periodically offered by the NYSFPP to address key issues related to optimizing reproductive health care.

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

### 8.3 Risk Management and Quality Assurance

Per NYSDOH contract requirements, subrecipients must implement a risk management system to prevent circumstances with adverse effects or that could lead to a loss of human or financial resources.

<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a>

#### Procedure:

- Subrecipients must have a quality assurance system that provides for ongoing evaluation of project personnel and services.
- The following areas must be incorporated into subrecipient's quality assurance and audit policies:
  - An established set of clinical, administrative, and programmatic policies
  - A tracking system to identify clients in need of follow-up and/or continuing care
  - Ongoing medical audits to determine conformity with agency protocols
  - Periodic review of medical protocols to ensure maintenance of current standards of care
  - Periodic review of medical records to ensure compliance with medical protocols
  - A process to elicit consumer feedback and patient complaints
  - Ongoing and systematic documentation of quality assurance activities, including findings, conclusions, recommendations, and distribution of findings
- When deficiencies are found in any of the areas noted above, timely corrective action must be taken and documented.

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

<b>8.4 Financial Audits</b>	
Financial audits must be conducted in accordance with 45 CFR Part 74, Subpart C, and 45 CFR Part 92, Subpart C. The audits must be conducted by auditors meeting established criteria for qualifications and independence.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">45 CFR Part 75</a>

**Procedure:**

Financial audits must assess compliance with the following:

- Budgetary Control Procedures
  - Notice of Grant Awards for the current and previous years
  - NYSFPP budgets (including program income), and budget expenditure reports for the previous two years
  - Budget modifications
  - Indirect cost rate agreement or allocation plan for administrative costs
  - Staff time and effort documentation and payroll records
  - Federal Payment Management System (PMS) cash transaction reports
  - Board finance committee meeting minutes
  - Subrecipient agency expenditure reports
  - Minority and Women-Owned Business Enterprise (MWBE)
- Accounting Systems and Reports
  - Accounting and internal control policies and procedures
  - Financial status reports
  - General ledger reports and financial statements
  - Internal control documents
- Charges, Billing, and Collection Policies and Procedures
  - NYSFPP and agency policies and procedures for charges, income verification, billing, and collection
  - Client Visit Records
  - Cost analyses, schedule of discounts, charges for services and supplies, client billing and receipt statements, and bills to third parties
  - NYSFPP fiscal management auditing and review tool
- Procurement and Purchasing Procedures and Property Management
  - NYSFPP and agency policies and procedures for procurement of services, equipment and supplies
  - Agency fiscal monitoring instruments and reports
  - Inventory system records related to supplies, medications and equipment purchased with grant funds
  - Records of physical inventory for equipment and supplies
- Fiscal Management Information: NYSFPP Policies, procedures, schedules, reports, and/or tools for fiscal monitoring

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

<b>8.5 Medical Audits</b>	
Family Planning Program chart audits are required for all subrecipients and must evaluate the care provided to a variety of types of family planning clients.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSEFPP RFA (under FPP General Program tab)</a>

### Procedure:

- Subrecipients must develop an internal medical audit policy that includes an internal review of 10-15 percent of all family planning client records (or a number of records reflecting the number of clients served by the subrecipient and the scope of services)
- Policy should specify:
  - The record sampling methodology and frequency (including the review of all records of clients with adverse outcomes)
  - The content to be reviewed during medical record audits
  - Personnel responsible for conducting and reviewing audit results
  - The process for correcting identified deficiencies.

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

<b>8.6 Annual Review of Clinical Policies and Protocols</b>	
Subrecipients must have a mechanism in place for annual review of all policies and protocols.	
<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="#">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.

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

<b>8.7 Consumer Feedback</b>	
Subrecipients must seek feedback from clients and community on an ongoing basis.	
<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>

**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.

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

<b>9.1 Outreach and Education Efforts</b>	
Outreach and education efforts should be designed to increase community understanding of the Family Planning Program, the agency, and available services, and to provide key information about family planning options and sexual and reproductive health. This is best accomplished through educational and engagement activities conducted at both the individual and community level.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">2022 Title X Program Handbook</a> ; <a href="#">42 CFR 59.5(b)(3)</a> ; <a href="#">Education and Outreach Guidance (under Implementation Tools tab)</a>

**Procedure:**

- Subrecipients should base their outreach and education strategy on community needs assessments and zip code data.
- Outreach and education efforts should concentrate on reaching priority populations and those with desperate health outcomes. Priority populations may include but are not limited to:
  - Racial and ethnic minorities
  - Low-income and uninsured people
  - Adolescents, youth in foster care, college students
  - Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations
  - Undocumented immigrants and other immigrant populations
  - Homeless populations
  - Clients with special needs
  - Clients with substance use and mental health needs
- Outreach and education efforts should be designed to increase community understanding of the Family Planning Program, the agency, and available services, and to provide key information about family planning options and sexual and reproductive health to ensure access to equitable, affordable, client centered, quality family planning services.
- Wherever possible, evidence-based and best practices should be used to develop and implement initiatives and ongoing continuous quality improvement to evaluate these efforts.
- See policies 13.2 and 13.3 for more guidance.



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

<b>9.2 Community Outreach</b>	
Subrecipients must provide their community with information about the availability of services to potential clients and encourage continued participation by persons to whom family planning services may be beneficial (42 CFR 59.5(b)(3)).	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">42 CFR 59.5(b)(3)</a> ; <a href="#">Education and Outreach Guidance (under Implementation Tools tab)</a>

**Procedure:**

- Outreach should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy. Activities should be reviewed annually and be responsive to the changing needs of the community served.
- Outreach strategies may include, but are not limited to:
  - Marketing: emphasizing the comprehensive services offered in the family planning setting, not just contraceptive services. Can be done through social media.
  - One-on-one, individually focused outreach
    - Street outreach and individual interactions
    - Outreach over the phone or via personalized electronic communication
  - Community engagement
    - Working with other agencies and community-based organizations to better understand their client bases, where and how these populations can be reached
    - Partnering with community-based organizations (CBO) and having staff persons offering to serve as members for CBOs and community coalitions’ boards of directors or steering committees
    - Engaging decision makers at every level on both the scope of services offered by the program and its role in meeting the reproductive health services needs of the community
    - Providing information and materials to organizations serving the target population(s)
    - Assisting or advising community groups in the development of reproductive health-related curricula
    - Promotion of the agency, services, and mission through meetings, health, and community fairs, and coalition and alliance building, as well as using social media

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

<b>9.3 Community Education</b>	
Subrecipients must provide community education. Community education should serve to achieve community understanding of the objectives of the project, make known the availability of services to potential clients and encourage continued participation by persons to whom family planning services may be beneficial. (42 CFR 59.5(b)(3)).	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">42 CFR 59.5(b)(3)</a> ; <a href="#">Education and Outreach Guidance (under Implementation Tools tab)</a>

**Procedure:**

- The community education program(s) should be based on an assessment of the needs of the community and should contain an implementation and evaluation strategy.
- Health educators should tailor the “what” and “how” of health education to their audience. Health educators may work both in community settings, as well as within the health clinic.
- Health education outside of the clinic may include, but is not limited to:
  - Providing knowledge about services provided by the clinic, what to expect during a visit, and the importance of accessing health care services.
  - Providing health education sessions for community groups when appropriate and in collaboration with community partners to ensure continuity of care and avoid duplication of services.
  - Conducting group health education sessions that take place at the health center site, when attendees are not there for a visit or appointments.
- Clinic-based Education:
  - Health education provided to a client during a clinic visit, includes individual and group sessions between the client and a health educator, as well as information and counseling provided to a client by a clinician or counselor.
- The role of the Health Educator does not include provision of school-based services/education in areas already served by existing Comprehensive Adolescent Pregnancy Prevention (CAPP) and/or Personal Responsibility Education Program (PREP).
- Education plans should contain an implementation and evaluation plan to assess effectiveness.

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

<b>9.4 Promotional Activities</b>	
Outreach and promotional activities should be strategically planned based on Community Needs Assessment and focus group data and be used to inform the avenues and settings through which the priority population(s) may be reached, and what content to include in outreach and promotional activities.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">Education and Outreach Guidance (under Implementation Tools tab)</a>

**Procedure:**

- Subrecipients should assess which strategies for reaching the priority population(s) are the most effective, both at garnering support and awareness, and at increasing access to services.
- On-going monitoring should be done to evaluate and assess promotional activities to ensure that they are responsive to the evolving needs of the community.
- Social Marketing: Create a presence on the social networking sites most used by the priority population(s)
  - Use available tools on the chosen platforms to assess and monitor reach and access
  - NYSFPP subrecipients must establish policies and procedures regarding posted content, and contact with clients and potential clients
- Email and Texting: Policies should be set regarding legal issues such as handling and archiving information and confidentiality regarding electronic communication through e-mail and text messaging. All communication through these avenues must take place using agency resources, and not personal resources (i.e., use only agency cell phones, e-mail addresses, etc.)
- Creation and maintenance of a website through which potential clients can learn about services. Incorporate user-friendly features to increase access, such as online appointment scheduling and “Ask an Educator” e-mail capability, etc.
- Waiting room information: Information available in the waiting room can be a resource about available family planning services. Displays of information must be thoughtful and purposely be culturally sensitive, gender neutral and in appropriate languages.
- Distribute posters, brochures, newsletters to clients, stakeholders and the general community.
- Participate in select community events based on community needs assessment.

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

<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.	
<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="#">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.

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

<b>9.6 Information and Education Advisory Committee</b>	
Subrecipient agencies are required to have a review and approval process, by an Advisory Committee, of all informational and educational (I&E) materials developed or made available under the project prior to their distribution.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	3/10/23
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">Section 1006(d)(2)</a> ; <a href="#">42 CFR 59.6</a> ; <a href="#">I&amp;E Toolkit</a>

### Procedure:

- The I&E Committee should include at least five members who broadly represent the Program’s catchment area. When recruiting clients for I&E materials review, be sure to tell them that their participation is voluntary and will not impact the services they receive.
- The I&E Advisory Committee should meet as needed per your agency’s I&E policy and documentation of those meetings must be maintained.
  - The review and approval process may be handled in-person, by email, video/voice conference call, mail, or by survey
  - There should be documentation to track all family planning materials your agency reviews and shares with clients (see I&E Toolkit linked above for documentation templates). This documentation should include:
    - Reviewer forms
    - A summary of the findings and recommendations of all reviewers
    - I&E Materials Inventory Log
  - To demonstrate compliance, organize and document the final recommendation and how the review process led to this decision. A best practice would be to review resources at least every two-three years to make sure materials are still relevant and medically accurate
  - Social media posts should be reviewed per the agency’s social media policy.
- The committee members should receive an email or letter prior to the meeting, with an agenda, a packet of materials to be reviewed and approved, and any evaluation form(s).
- When reviewing the materials, the I&E Committee should use a standardized protocol and/or tool to assess the following:
  - Consider the educational and cultural backgrounds of the individuals to whom the materials are addressed
  - Consider the standards of the population to be served with respect to such materials
  - Determine whether the materials are suitable for the population being targeted
  - Review and approve the content of the materials to ensure that the information is factually correct and up-to-date
- When establishing the I&E Committee, NYSFPP subrecipients should be cognizant of and make provisions for the following:

- Facilitate Committee members' participation by addressing transportation issues, scheduling meetings for convenient times, and considering alternative meeting forums that may be more convenient, including web-based and phone formats
- Recognize the importance of the work being done by the Committee, and garner community understanding and support for the work being done by the Committee
- Ensure participants represent diverse backgrounds and viewpoints, as well as those individuals with expert knowledge of the subject matter
- Obtain opinions from a wider circle to inform the committee's decisions, as needed.
- See I&E Toolkit for detailed best practices on establishing and reviewing materials.

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

<b>9.7 Information &amp; Education Materials</b>	
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.

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

<b>9.8 Health Educators</b>	
All subrecipients must employ/contract for at least one Health Educator who is trained as a health educator. The Health Educator(s) must have adequate dedicated time to meet the outreach and education needs of the Family Planning Program.	
<b>Effective Date</b>	1/1/22
<b>Last Reviewed Date</b>	3/1/24
<b>Revision Date</b>	N/A
<b>Next Scheduled Review Date</b>	3/1/25
<b>References</b>	<a href="#">NYSFPP RFA (under FPP General Program tab)</a> ; <a href="#">2022 Title X Handbook</a> ; <a href="#">Education and Outreach Guidance (under Implementation Tools tab)</a>

**Procedure:**

- Suggested but not required skills for health educators include:
  - Bachelor’s degree
  - Facilitation skills
  - Content-specific knowledge related to family planning and sexual and reproductive health
  - Public speaking skills
  - Program evaluation knowledge
  - Counseling skills including motivational interviewing skills
  - Ability to conduct a basic needs assessment
  - Understanding of program theory
  - Critical thinking skills
- Subrecipients must process for ensuring the competency of health education staff to deliver client-centered family planning counseling and education.
- Subrecipients must maintain documentation on training/onboarding and evaluation of existing health education/outreach staff.