Kentucky Department for Public Health

Division of Women's Health

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Family Planning New Provider Training Manual

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Kentucky Department for Public Health
Division of Women's Health

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Kentucky Public Health
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Family Planning

ACRONYMS & COMMONLY USED TERMS

340B	A federal pharmacy program which offers discounted pricing for contraceptives to those providers who receive Title X funding
ACA	AFFORDABLE [HEALTH]CARE ACT
ACH	ADULT & CHILD HEALTH
ACS	AMERICAN CANCER SOCIETY
AFM	ADMINISTRATIVE FINANCE MANAGEMENT [DIVISION]
ATOD	ALCOHOL, TOBACCO, OR OTHER DRUGS
BCAC	BREAST & CERVICAL CANCER ADVISORY COMMITTEE
BCCTP	BREAST & CERVICAL CANCER TREATMENT PROGRAM - a program offered through Medicaid that covers the medical costs of cancer treatment once an uninsured patient has been diagnosed with breast or cervical cancer through the Kentucky Women's Cancer Screening Program
BMD	BONE MINERAL DENSITY
CBE	CLINICAL BREAST EXAM
CDC	CENTER FOR DISEASE CONTROL AND PREVENTION
CHFS	CABINET FOR HEALTH & FAMILY SERVICES
CHW	COMMUNITY HEALTH WORKER
COT	COMMONWEALTH OFFICE OF TECHNOLOGY
CPC	COMMUNITY PARTICIPATION COMMITTEE
CPEP	COMMUNITY PARTICIPATION, EDUCATION, AND PROJECT PROMOTION PLAN
CRET	CERTIFIED COMPREHENSIVE REPRODUCTIVE EXAM TRAINING
CSEM	CANCER SCREENING EDUCATION MATERIAL
CSG	CLINICAL SERVICE GUIDE
CT	CHLAMYDIA
DCBS	DEPARTMENT FOR COMMUNITY BASED SERVICES
DWH	DIVISION OF WOMEN'S HEALTH
FBS	FINGER BLOOD STICK
FC	FREE CLINIC
FOBT	FECAL OCCULT BLOOD TEST
FP	FAMILY PLANNING
FPAR	FAMILY PLANNING ANNUAL REPORT
FPEM	FAMILY PLANNING EDUCATION MATERIAL
FPG	FEDERAL POVERTY GUIDELINE
FPL	FEDERAL POVERTY LEVEL

ACRONYMS & COMMONLY USED TERMS

FPNTC	FAMILY PLANNING NATIONAL TRAINING CENTER recent name change to Reproductive Health National Training Center
FPP	FAMILY PLANNING PROGRAM
FQHC	FEDERALLY QUALIFIED HEALTH CENTER
GC	GONORRHEA
GTT	GLUCOSE TOLERANCE TEST
HANDS	HEALTH ACCESS NURTURING DEVELOPMENT SERVICES
HCG	HUMAN CHORIONIC GONADOTROPIN (HORMONE PRODUCED DURING PREGNANCY)
HCV	HEPATITIS C VIRUS
HEENT	HEAD, EYES, EARS, NOSE, AND THROAT
HGB	HEMOGLOBIN
HPV	HUMAN PAPILLIOMA VIRUS
HX	HISTORY
I&E	INFORMATION & EDUCATION COMMITTEE
IA	Illegal alien, undocumented, qualified alien - terms that may be used interchangeably to describe individuals who reside in the United States but have no documentation to establish their legal U.S. residency
KCP	KENTUCKY CANCER PROGRAM
KDPH	KENTUCKY DEPARTMENT FOR PUBLIC HEALTH
KFP	KENTUCKY FAMILY PLANNING
KFPP	KENTUCKY FAMILY PLANNING PROGRAM
KHD	KENTUCKY HEALTH DEPARTMENT
KOG	KENTUCKY ONLINE GATEWAY
KRS	KENTUCKY REVISED STATUTE
KWCSP	KENTUCKY WOMEN'S CANCER SCREENING PROGRAM
LARC	LONG ACTING REVERSIBLE CONTRACEPTIVE
LEP	LIMITED ENGLISH PROFICIENCY
MCH	MATERNAL & CHILD HEALTH
MDE	MINIMUM DATA ELEMENTS - data required for the Kentucky Women's Cancer Screening Program
MMWR	MORBIDITY AND MORTALITY WEEKLY REPORT
NBCCEDP	NATIONAL BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM
NFPRHA	NATIONAL FAMILY PLANNING & REPRODUCTIVE HEALTH ASSOCIATION
OATS	OFFICE OF APPLICATION & TECHNOLOGY SERVICES

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ACRONYMS & COMMONLY USED TERMS

OB/GYN	OBSTETRICIAN/GYNECOLOGIST
OPA	OFFICE OF POPULATION AFFAIRS
PAP	PAP SMEAR
PCP	PRIMARY CARE PHYSICIAN
PEF	PATIENT ENCOUNTER FORM
PERRLA	PUPILS, EQUAL, ROUND, REACTIVE TO LIGHT, ACCOMMODATION
PQI	PERFORMANCE & QUALITY IMPROVEMENT [DIVISION]
PSA	PROSTATE-SPECIFIC ANTIGEN
PT	PREGNANCY TEST
PTEM	PREGNANCY TEST EDUCATION MATERIAL
QFP	QUALITY FAMILY PLANNING
RHC	RURAL HEALTH CENTER
RHNTC	REPRODUCTIVE HEALTH NATIONAL TRAINING CENTER
ROM	RANGE OF MOTION
SHS	SECOND HAND SMOKE
STD	SEXUALLY TRANSMITTED DISEASE
STI	SEXUALLY TRANSMITTED INFECTION
SUD	SUBSTANCE USE DISORDER
TITLE X	Federal legislation which establishes funding for uninsured individuals seeking family planning services
TPP	TEEN PREGNANCY PREVENTION
TST/BAMT/CXR	TUBERCULIN SKIN TEST/BLOOD ASSAY FOR M. TUBERCULOSIS/CHEST X-RAY
UA	URINALYSIS
UCG	URINARY CHORIONIC GONADOTROPIN
VDRL	VENEREAL DISEASE RESEARCH LAB
VSV	VIRTUAL SITE VISIT
WIC	WOMEN, INFANTS, AND CHILDREN: Provides nutrition education and services, breastfeeding promotion and education, monthly food prescription of nutritious foods and access to healthcare services

KENTUCKY FAMILY PLANNING

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Family Planning Program (Title X)

Title X Background, Program Priorities & Regulations

The Title X Family Planning Program was established in 1970 when Congress enacted Title X of the Public Health Service (PHS) Act and is the only domestic federal program dedicated solely to family planning and related preventive health services. It is administered by the Office of Population Affairs (OPA) within the Office of the Assistant Secretary for Health (OASH) in the United States Department of Health and Human Services (HHS) and implemented through competitively awarded grants to a diverse network of public and private nonprofit health and community-based clinics.

Each year the Office of Population Affairs (OPA) establishes program priorities that represent overarching goals for the Title X program. Kentucky Family Planning Program project plans are developed to address the OPA designated Title X program priorities. Title X Priorities include all of the legal requirements covered within the Title X statute, regulations, and legislative mandates. All subrecipients must comply with the requirements regarding the provision of family planning services according to Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq., and implementing regulations.

Expectations regarding the provision of family planning services under Title X are set out in the implementing regulations which govern project grants for family planning services (42 CFR Part 59, Subpart A). In addition, sterilization of clients as part of the Title X project must be consistent with Public Health Service sterilization regulations (42 CFR Part 50, Subpart B). Training to support family planning service delivery can be found at (42 CFR Part 59, Subpart C). Grants administration regulations at 45 CFR Part 75 ("Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards") and other relevant regulations also apply to Title X awards. The 2021 Final Rule was effective November 8, 2021.

Family Planning Services

Family planning services delivered by Title X subrecipients include a broad range of medically approved services, or referral, which includes all Food and Drug Administration approved contraceptive products and natural family planning methods for clients who want to prevent pregnancy and space births; pregnancy testing and counseling; assistance to achieve pregnancy; basic infertility services; sexually transmitted infection services; adolescent-friendly and other preconception health services. Family planning services are provided to females and males in-person or via telehealth.

Family Planning Funding

The Department for Public Health Family Planning Program allocates awarded federal Title X funds first to local health departments who commit to provide family planning services in their area, then to federally qualified health centers or look-a-like providers in areas where local health departments are not providing services or are providing limited family planning services (See KRS 311.715). Allocations are determined annually based on a formula that includes the availability of funds, the number of unduplicated family planning clients seen in the previous calendar year and the extent of family planning services being provided by the subrecipient. Allocations are reimbursed quarterly, dependent upon the adherence of Title X and program requirements, including quarterly submission of the Title X Kentucky Family Planning Quarterly Report.

All annual funding is provided through either Memorandum of Agreements with local health departments or through contractual agreements with universities, federally qualified health centers or other healthcare providers.

I. Title X Clinical Requirements

Title X subrecipients must adhere to all clinical requirements.

A. General Expectations

1. Family planning services must be voluntary and offered in a competent, non-discriminatory manner, trauma-informed manner, respecting client confidentiality. Services should ensure equitable and quality service delivery consistent with nationally recognized standards of care.
2. Family planning services must be provided without subjecting individuals to any coercion to accept services or to employ or not employ any particular methods of family planning. Any agency who is found to coerce or try to coerce any person may be fined or subject to prosecution.
3. Family planning services must be client-centered care that is respectful of, and responsive to, individual client preferences, needs, and values. Client values should guide all clinical decisions.
4. Family planning services must be inclusive and demonstrate health equity by providing services without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, social position, number of pregnancies or marital status. Cultural and linguistically appropriate services are respectful and responsive to the health beliefs, practices, and needs of diverse patients.
5. Subrecipients may not provide, promote, or encourage abortion as a method of family planning.
6. Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy.
7. Subrecipients should provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close proximity to the Title X site, when feasible, in order to promote holistic health and provide seamless continuum of care including services which may be necessary to facilitate clinic attendance.
8. Subrecipients must provide adolescent-friendly health services. They must encourage family participation in a minor's decision to seek family planning services and, with respect to each minor client, ensure that the records maintained document the action taken to encourage such family participation or the specific reason why family participation was not encouraged.
9. Family planning services must be provided without the imposition of durational residency or a requirement that the client be referred by a physician. Imposition of durational residency means that family planning services are to be provided regardless of where (county or state) a patient lives or the amount of time lived at the residence. For example, a patient who just moved from another country or another state and lives across county lines shall receive services at any Title X service site.
10. A client's acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other services, assistance from, or participation in, any other program that is offered by the grantee or subrecipient.
11. Individuals may be subject to prosecution if they coerce or endeavor to coerce any person to undergo an abortion or sterilization procedure by threatening such person with loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal finances.
12. Provide for medical services related to family planning (including consultation by a clinical services provider, examination, prescription and continuing supervision, laboratory examination, contraceptive supplies), in-person or via telehealth, and necessary referral to other medical facilities when medically indicated and provide for

the effective usage of contraceptive devices and practices.

13. Provide that priority in the provision of services will be given to clients from low-income families.
14. Provide orientation and in-service training for all project personnel.
15. Email FamilyPlanning@ky.gov of any clinic closure, deletions, additions, or changes to the name, location, street address and email, services provided on-site, and contact information for Title X recipients and services sites. Changes must be reported within 30 days of the official change.
16. Enroll in the 340B Program and comply with all 340B Program requirements, including annual recertification and avoiding diversion or duplicate discounts.
17. Acknowledge Title X federal funding when issuing statements, press releases, publications, requests for proposal, bid solicitations and other documents – such as toolkits, resource guides, websites, and presentations.
18. Family Planning clients shall have the opportunity to review or receive *Family Planning Bill of Rights*

B. Personnel Requirements

Family Planning Providers(s): A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that exercise independent judgment as to the services rendered to the client during an encounter. Family planning medical services are performed under the direction of a clinical services provider, with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. Two general types of providers deliver Title X family planning services: advanced practice providers and other services providers.

1. **Advance Practice Providers –** A medical professional who receives at least a graduate level degree in the relevant medical field and maintains a license to diagnose, treat, and counsel clients. Advance practice providers are physicians, physician assistants, nurse practitioners, certified nurse midwives who are trained and permitted by state-specific regulations to perform *all aspects* of the patient(male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Advance practice providers should offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client's proposed or adopted method of contraception, general reproductive health, or infertility treatment.

2. **Other Service Providers –** Include other agency staff that provide any level of service to family planning clients. This includes registered nurses (RNs), licensed practical nurses (LPNs), certified nurse assistants, health educators, and social workers.
   - The following duties may be performed by any adequately trained service provider:
     - Obtain samples for routine lab tests (e.g., urine, pregnancy, STD, and cholesterol and lipid analysis).
     - Perform routine clinical procedures that may include some aspects of the client's physical assessment (blood pressure evaluation).
     - Client education, contraceptive counseling, preconception health counseling, referral, or follow-up services relating to the client's proposed or adopted method of contraception, general reproductive health, basic infertility counseling.
   - The following duties must be performed by an advance practice provider, RN, or LPN:
     - Provide contraceptive injections (Depo-Provera) and provide contraceptive methods to a client.

C. Medication Guidelines

All subrecipients shall establish and maintain a medication policy and guidelines for all staff to follow. These guidelines shall be written and developed in accordance to the DPH administrative guidelines for local policy and procedures.

D. Client Education, Counseling

1. Client education and counseling should be client centered. Provide all education and counseling in a culturally competent manner to meet the needs of all clients, regardless of religion, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, social position, race, number of pregnancies or marital status.
2. Clients must have a reproductive life plan assessment, which outlines personal goals about achieving or avoiding pregnancy. Assessment of reproductive life plan may identify unmet reproductive health care needs. The American College of Obstetricians and Gynecologists strongly supports women's access to comprehensive and culturally appropriate reproductive life planning and encourages providers to use every patient encounter as an opportunity to talk with patients about their pregnancy intentions.
   - If the client indicates that he/she prefers to have a child at a time in the future and is sexually active with no use of contraceptive, offer or refer for contraceptive services.
   - If the client is not pregnant and indicates desire to have a child now, then provide or refer for services to help the client achieve pregnancy.
3. Initiation of a new method of contraception should include education and counseling to help the client understand correct and consistent use, and document client understanding. Provide a follow-up appointment if indicated or if client understanding is not confirmed.

E. Consents

Special consents are only required for the following family planning methods and procedures: IUD insertion and/or removal (ACH-280), contraceptive implant insertion and/or Removal, and a sterilization consent (See *Sterilization* section).

F. Adolescent Services:

1. Adolescents may consent for reproductive health services without the consent of a parent (KRS 214.185).
2. All adolescents must be counseled on the following:
   - Sexual abstinence is an effective way to prevent pregnancy and STD/STIs.
   - Ways to resist being coerced into engaging in sexual activities.
   - To the extent practical, Title X projects should encourage family participation. However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.
   - Documentation on adolescent counseling must be clearly noted in the medical record. Likewise, documentation should clearly indicate the reason(s) why counseling was not provided.

G. Pregnancy Testing and Counseling

Title X funds are intended only for family planning (achieving or avoiding pregnancy). All subrecipients receiving any level of Title X funding should offer pregnancy testing. Counseling clients with negative pregnancy results include reproductive life plan, contraceptive methods, and provision of a quick start or other contraceptive or provide a referral for the client to get started on a method of contraception, unless a client desires to achieve pregnancy.

Positive Pregnancy Test Result (42 CFR Part 59.5)

Confirmation that a family planning client is pregnant should prompt a referral to a healthcare provider for prenatal care. Adequately trained staff who are involved in providing family planning services to a client may provide information and counseling to pregnant clients. Clients with positive pregnancy test results include the opportunity to discuss, if requested by client, prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination to the extent state law allows. Any counseling should be neutral, factual information and nondirective.

Any licensed clinic staff may provide the following information and resources:

- A list of licensed, qualified comprehensive primary health care providers, including prenatal care providers;
- A list and/or referral to social services, community agencies and/or adoption agencies;
- Information about maintaining the health of the mother and unborn child during pregnancy.

H. Mandatory Reporting Requirements

Title X subrecipients shall comply with all state and local mandatory reporting laws requiring notification of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence or human trafficking. A subrecipient must have a plan that can be implemented. The plan should include the following:

- policies and procedures that address obligations of the organization and individuals to comply with mandatory reporting laws;
- adequate annual training of all individuals serving clients;
- documentation in the medical record of the age of a minor client, and the age of the minor client's partner;
- screening for abuse, neglect, and victimization of all clients, especially adolescent/minor clients.

I. Confidentiality/No Home Contact

All information as to personal facts and circumstances obtained by the subrecipient staff about individuals receiving services must be held confidential. Only information necessary to provide services to the patient, or as required by law, may be disclosed without documented consent. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipient must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. Confidentiality of information may not be used as a rationale for noncompliance with laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape incest, intimate partner violence, human trafficking, or similar reporting laws (42 CFR Part 59.10).

Some family planning clients will need an extra layer of confidentiality in place because of personal circumstances. These individuals should be classified as "confidential/***no home***

contact" clients. All subrecipients must ensure that no communication (billing, lab results, EOBs, etc.) will be sent to the home of a client marked as "no home contact".
Income and sliding scale fees shall be assessed on a "confidential/*no home contact*" client based on the individual's personal income, not household income. Inability to pay shall not be a barrier to treatment; and a billing statement or other communication should never be sent to the client's home.

J. Information and Education Advisory (I&E) Committee and Community Participation, Education, and Project Promotion Plan (CPEP) Requirements

Every Title X Family Planning subrecipient, regardless of the level of services provided, is responsible for ensuring any materials made available for family planning clients are reviewed and approved by an I&E Advisory Committee prior to distribution. Subrecipients must also have a Community Participation, Education, and Project Promotion Plan (CPEP) to promote the activities of the local family planning program.

Informational and Educational Advisory Committee (I&E)

Guidance can be found on the Kentucky Family Planning I&E and CPEP Reference Page. Guidance is for any I&E committee, including statewide or local.

Committee members should be broadly representative of the population or community for which the materials are intended. Considerations should be made in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, members of religious minorities, LGBTQ+ persons, persons who live in rural areas, and persons otherwise adversely affected by persistent poverty or inequality.

Submit meeting minutes and roster to FamilyPlanning@ky.gov by December 31st of each year.

Community Participation, Education, and Project Promotion Plan (CPEP)

Guidance can be found on the Kentucky Family Planning I&E and CPEP Reference Page.

Title X programs must provide opportunities for community education, participation, and engagement to achieve community understanding of the availability of services, and to promote participation by diverse persons to whom services may be beneficial to ensure access to equitable affordable, client-centered, quality family planning services.

*During solicitation of clients to serve on committee or to obtain feedback, remind clients that participation on the committee is voluntary, and does not impact the services they receive.

K. Training Requirements for Family Planning Staff

Trainings and time frame requirements are listed on the Family Planning Training Calendar

L. Billing and Collection

Title X clients are to be billed according to a sliding fee scale, based on family/household income, using the latest sliding fee scale adopted by the organization. This schedule reflects discounts for individuals with family incomes based on a sliding fee scale between 100–250% of poverty. Additional billing guidelines include:

- Ensure that the inability to pay is not a barrier to services.
- Be based on a cost analysis of services, bills showing total charges shall be given directly to the patient or another payment source.

- Ensure that patients at or below 100% of poverty are not billed, although obligated third-party payers shall be billed total charges.
- Ensure that discounts for minors requesting confidential services without the involvement of a principal family member are based only on the income of the minor.
- Household income should be assessed before determining whether copayments of additional fees are charged. Insured clients, 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.
- Family planning charges accrued by clients who are without adequate contraceptive services coverage from employer-paid insurances should be treated as uninsured for family planning purposes; family planning funds may be used to cover these charges.
- Maintain reasonable efforts to collect charges without jeopardizing patient confidentiality (see No Home Contact section).
- Allow voluntary donations.
- Ensure that patient income is re-evaluated at least annually and maintain a method for "aging" outstanding accounts. Take reasonable measures to verify client income, without burdening clients from low-income families. Recipients that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on clients' self-report. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income.
- Self-pay and/or adult vaccines should be placed on a separate PEF from the family planning visit. Vaccines should be full charge and not included in the sliding fee schedule for family planning services. Title X services do not require the provision of vaccines.
- Clients who present for STI testing **only** may be charged $5.00 per CPT code instead of the sliding scale fee when the sliding scale fee is more than a $5.00 per CPT code amount.

II. Specific Title X Family Planning Services Guidance

A. Contraceptive Services

Contraceptive services should include a broad range of medically approved services, which includes Food and Drug Administration - approved contraceptive products and natural family planning methods, for clients who want to prevent pregnancy and space births, pregnancy testing and counseling, assistance to achieve pregnancy, basic infertility services, sexually transmitted infection services, and other preconception health services. While the health department does not have to offer every form of contraception, a variety of the most effective contraceptive methods, including, but not limited to IUD, hormonal implant, Depo-Provera, oral contraceptives, hormonal patch and contraceptive vaginal ring should be available either on site, or must be able to provide a prescription to the client for their method of choice or by referral to another provider, as requested. Clients at or below 100% of the federal poverty level must not be required to pay for a contraceptive method and should receive the desired method without a cost to the client. Condoms should be made available to all clients as a method of contraception and/or STI prevention.

Contraceptive counseling and education should be provided to all clients and should include information on non-hormonal contraception including, but not limited to, condoms, fertility awareness-based methods and sexual abstinence. Education is an integral component of the contraceptive counseling process that helps clients to make informed decisions and obtain the information they need to use contraceptive methods correctly.

Sterilization

- Individuals may be subject to prosecution if they coerce or endeavor to coerce any person to undergo a sterilization procedure by threatening such person with loss of, or disqualification for the receipt of, any benefit or service under a program receiving federal finances.
- A contract should be in place with local providers who can provide a vasectomy or tubal ligation. Contracts with providers for sterilizations must adhere to the federal requirements, including but not limited to the following language: *The federal sterilization Consent For Services form is available in English and Spanish shall be signed at least 30 days (no less) prior to the date of surgery. The procedure should be performed within 180 days of signature*.
- If a client of reproductive age is sterilized and desires to continue gynecological or related preventive health services from the site, the encounter is considered a family planning encounter. The agency may continue to count the client as a family planning client.

B. Sexually Transmitted Infection Services

All subrecipients should offer sexually transmitted infection Family planning STI services include assessment and screening, including the reproductive life plan. STI treatment is provided in accordance with current CDC recommendations.

C. Achieving Pregnancy and Basic Infertility Services

A client's clinic visit will include a medical history, reproductive health history, appropriate physical exam, and a reproductive life plan assessment. When a client (male or female) reports difficulty to achieve a desired pregnancy, additional reproductive history should include pertinent screenings related to achieving pregnancy. See the CDC Quality Family Planning Services. All clients reporting difficulty with achieving pregnancy should be referred to an appropriate advanced practice provider for further evaluation and treatment.

D. Preconception Health Services and Preventive Health Services

All subrecipients who choose to provide all family planning services should provide preconception health services and appropriate related preventive health services to female and male family planning clients on site and/or through a contracted provider.

Preconception health services for clients aim to identify and modify biomedical, behavioral, and social risks to a woman's health or pregnancy outcomes through prevention and management of those risks. It promotes the health of women of reproductive age before conception, and thereby helps to reduce pregnancy-related adverse outcomes, such as low birthweight, premature birth, and infant mortality. Preconception health includes a medical history screening and counseling for risks such as tobacco use, substance use, obesity, blood pressure, intimate partner violence, diabetes, immunizations, and depression.

Related preventive health services include appropriate health screening and referral for treatment including cervical cytology (Pap testing and HPV co-testing), clinical breast exams, mammograms, etc.

Providing *Quality Family Planning Services*, Recommendations of CDC and the U.S. Office of Population Affairs *provides* the standards of care and guidelines for all family planning services.

DATA COLLECTIONS/FPAR
FAMILY PLANNING ANNUAL REPORT

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Family Planning Annual Report (FPAR) Overview

The purpose of the Family Planning Annual Report National Summary is to present the national, regional, and state level findings for the calendar year and trends for selected measures.

Annual submission of the Family Planning Annual Report (FPAR) is required of all Title X service grantees and their respective subrecipients. FPAR data submissions are emailed to FamilyPlanning@ky.gov by January 31 of each year and will include all data for clients served during the previous calendar year (January 1 to December 31). New subrecipients shall report from the initial date of contract to December 31. The FPAR template is available online.

Description of FPAR Tables

Cover Page: Describes subrecipient profile. Subrecipients shall complete all sections of the cover page and include the page with their FPAR submission.

Table 1: Unduplicated number of family planning users by age group and sex

Table 2: Unduplicated number of female family planning users by race and ethnicity

Table 3: Unduplicated number of male family planning users by race and ethnicity

Table 4: Unduplicated number of family planning users by income level

Table 5: Unduplicated number of family planning users by principal health insurance coverage status

Table 6: Unduplicated number of family planning users with limited English proficiency (LEP)

Table 7: Unduplicated number of female family planning users by primary method and age group

Table 8: Unduplicated number of male family planning users by primary method and age group

Table 9: Cervical cancer screening activities

~~**Table 10:** Clinical breast exams and referrals~~ No Longer Collected.

Table 11: Unduplicated number of family planning users tested for chlamydia by age group and sex

Table 12: Number of tests for gonorrhea, syphilis and HIV and number of positive confidential HIV tests

Table 13: Number of full time equivalent clinical service providers and family planning encounters by type of provider

Table 14: Revenue report

While FPAR data collection and reporting is challenging, the information reported is valuable. FPAR data has multiple uses, which include monitoring performance and compliance with statutory requirements, fulfilling federal accountability and performance reporting requirements, and guiding strategic and financial planning. The Office of Population Affairs uses FPAR data to respond to inquiries from policy makers and Congress about the program and to estimate the impact of Title X on key reproductive health outcomes. It drives Congressional support and federal funding. The annual FPAR report is also used by the FPP to determine grant allocation to each subrecipient.

ICD/CPT CODES

340B PHARMACY PROGRAM

Public Health

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340B Pharmacy Program

All Title X-funded sites are eligible for the 340B pharmacy program.

The 340B pharmacy program allows safety-net providers access to outpatient (only) pharmaceuticals at discounted pricing.

Administered by the Office of Pharmacy Affairs (OPA) within the Health Resources and Services Administration (HRSA).

Certification:

- Subrecipients have the opportunity to register for the 340B program after OPA confirms Title X status from the Kentucky Family Planning Program.
- Open registration periods occur four times per year – January, April, June and October.
- Subrecipients will register through the online database at https://340bopais.hrsa.gov/.
- Each 340B program provider must designate an authorizing official and a primary contact. Designate a different person to each position.
- Once registered, access to 340B pharmaceuticals will begin the following quarter.
- Annual recertification is required during open registration.

Eligibility – A client/patient must meet the following three (3) criteria to qualify for 340B medications:

1. Have an established relationship with the provider;
2. Receive clinical services from a provider that is either employed by the subrecipient or contracted to provide services for the subrecipient;
3. Receive healthcare services consistent with the grant for which your entity is 340B certified. For example, Title X funded entities are limited to 340B pharmaceuticals consistent with the Title X funded services.

Other Information:

- Insurance status is not required to qualify for 340B drugs.
- 340B drugs can be used for STI partner therapy in situations meeting the 340B patient definition if your state allows expedited partner therapy. (Kentucky allows expedited partner therapy.)
- It is the responsibility of the 340B covered entity to maintain auditable records so that in the event of a 340B audit those records are available to an auditor.
- Medications that are 340B priced must be stored separately from other drugs.

All Title X subrecipients must comply with the 340B regulations and requirements. Please review specific 340B regulations and requirements available at https://www.hrsa.gov/opa/340b-opais/index.html.

Family Planning

Policy & Chart Review

Public Health

Prevent. Promote. Protect.

INFORMATION AND EDUCATION/ COMMUNITY PARTICIPATION, EDUCATION, AND PROJECT PROMOTION PLAN

Public Health

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KENTUCKY FAMILY PLANNING PROGRAM
Informational and Educational Advisory Committee, and Community Participation, Education, and Project Promotion Plan Reference Page

Informational and Educational Advisory Committee (I&E): I&E/CPEP Law Training – I&E/CPEP Training

- Review and approve material (print and electronic) developed or made available prior to distribution to client or community
- Assure the materials are suitable for the population to which they are made available
- All material must be approved by the advisory committee prior to dissemination
- Committee should have no fewer than five members and up to as many members the recipient determines
- Must include individuals broadly representative of the population or community for which the material is intended
- During solicitation of clients to serve on committee or to obtain feedback, remind clients that participation on the committee is voluntary, and does not impact the services they receive
- Consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed; and the standards of the population or community to be served
- Review content of the material for clinical accuracy factually correct, medically accurate, culturally and linguistically appropriate, inclusive and trauma informed
- Establish written record of the determinations of the advisory committee
- Review older material to determine relevance and effectiveness
- Meetings
  - Must occur at least one time a calendar year, submit minutes to FamilyPlanning@ky.gov; Minutes should include committee member names and the population represented (Reminder: Agency staff can serve as the facilitator, or reviewer, but does not count toward the requirement to have five committee members)
  - May be in-person or virtual
    - Alternative methods of gathering feedback can be obtained via online surveys, phone calls, video conferences
    - Members may have the opportunity to review materials at their convenience
    - Members can provide feedback individually or as a group (unnecessary for all members to simultaneously be in one meeting)
    - I&E may serve as one activity of the community participation and engagement

Community Participation, Education, and Project Promotion Plan (CPEP): CPEP Training

- Provide opportunities for community education, participation, and engagement to achieve community understanding of the availability of services, and to promote participation by diverse persons to whom services may be beneficial to ensure access to equitable affordable, client-centered, quality family planning services
- Engage diverse community members including adolescents, current and potential clients, and persons in community knowledgeable about community needs for FP services

Templates available from Kentucky Family Planning and/or RHNTC.org

Membership Letter & Membership Roster	I&E General Staff Review Form
I&E Program Review Preparation Checklist	I&E Medical Review Form
I&E/CPEP Process	I&E Advisory Committee Review Form English Spanish
I&E/CPEP Meeting Template	
I&E Materials Inventory Log	I&E Materials Review Summary Form
Client Material Survey English & Spanish (Another way to involve community - does not take place of I&E)	Outreach Activity Report (report with Quarterly Report) CPEP Plan (report with Quarterly Report)

Contact FamilyPlanning@ky.gov for inquiries.

FEDERAL POVERY GUIDELINES

Public Health

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Kentucky Women's Cancer Screening Program (KWCSP)