

Family Planning Agreement Addendum  
Changes to FY10-11

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# Policy and Clinical Issues

- This power point presentation will give the 13 changes that will be introduced in the FY10-11 FP AA.
- Many of these changes are not **NEW** policies but rather were recommendations to be included in the AA as a result of our program review by the Title X Regional office in August, 2009.

# 1) Page 4 Item #1. s

- Added a sentence to reflect “charges to minors are to be based on the minor’s income” to the previous policy statement involving assurance of adherence to the 101% to 250% sliding fee scale.
- Not a new policy just never emphasized in AA. This is based on OPA Instruction Series 97-01. OPA Instruction Series can be found on the Women’s Health Branch webpage at <http://whb.ncpublichealth.com/>

## 2) Page 4 Item #1. u

- Added “Local agencies may use reported income through other programs offered in said agency rather than re-verify income or rely solely on client’s self report.”
- Received this guidance last year through the OPA Instruction Series 08-01.

### 3) Page 4 Item #1. v

- Added, “Assurance that employees are aware of and abiding by the NC State Statute regarding child abuse & neglect reporting laws.”
- Not new, received this in OPA Instruction Series 06-01 and recommended to include in AA through program review in August, 2009.

## 4) Page 4 Item #1. w

- Added, “abortion cannot be considered a contraceptive method” to current sentence on offering a broad range of methods.
- This was never included in the previous AA’s and has always been a part of the Title X guidelines (section 7.0) and recommended by program review in 8/09.

## 5) Page 4 item #1. x

- Added, “Clinical guidelines that are based upon current science-based evidence according to nationally recognized standards, such as American College of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), or United States Preventive Services Task Force (USPSTF). Where there are inconsistencies, Title X providers should provide care that is consistent with current nationally recognized standards.”

# Rationale for change #5 (guidelines)

- We have already included this statement in past AA clinical services (Attachment D). This statement is based on recent guidance from OPA Instruction Series 09-01.
- Policies for clinical care must reference the national standard of care (i.e., Pap testing will be based on ACOG guidelines).

# References to Clinical Issues/Changes

- The following eight changes are reflective of clinical issues at the local agency level.

## 6) Page 5 item #3

- Removed “All health departments must screen all females for gonorrhea on the initial family planning visit.”
- Replaced with “All health departments must screen all females who are less than 25 years and those who are 25 and older and have symptoms, sex partner referral, high risk history (i.e., new partner or multiple partners), and/or testing before IUD insertion for Chlamydia (CT) and gonorrhea (GC) on all initial and return visits.”

## 7) Page 5 item #4

- Removed, “All counties must screen all females symptomatic for STIs on return (annual) visits.
- Replaced with “Any woman who tests positive for CT or GC must be retested at 3 months after treatment (CDC 2006 Sexually Transmitted Diseases Treatment Guidelines).”

## 8) Page 5 Item #5

- Removed, “Counties with an average of fewer than 50 gonorrhea cases for 2005-2007 and/or an average rate of fewer than 75 cases per 100,00 for the 2004-2007 may do a risk assessment on family planning patients to determine if a gonorrhea culture is indicated. The counties listed on Attachment F (no longer included in new AA) meet the above criteria...All not listed must screen all females for gonorrhea on return (annual) visits.”

# Rationale for Changes #6, 7 & 8

- Items 3, 4 and 5 (from old AA) were modified to incorporate the content of the 3/8/08 memo and to reflect a more “targeted” approach to STI screening and follow up as now recommended by the CDC and DPH HIV/STD program.
- This allows agencies to “tailor” the STI screening needs according to the client as well as nationally recognized standards (i.e., Infertility Prevention Program [IPP]) as compared to “blanket” screening without consideration of client’s sexual history and risk.

## 9) Page 6 Item 8a & b

- “The client’s written informed voluntary consent to receive services such as examinations, laboratory tests, and treatment must be obtained prior to client receiving any clinical services.
- A written informed consent, specific to the contraceptive method, must be signed before a prescription is provided.”

# Rationale for Change #9 (consents)

- After the program visit in August, 2009 it was determined that we need to have two separate consents (exam/treatment/labs and one that is specific to contraceptive method).
- Chris Hoke, our legal counsel, has recommended that the general consent form be reviewed and signed annually and that a parenthesis be included as to common lab tests (i.e., HIV, CT/GC, syphilis). The method specific consent form only needs to be reviewed when there is a major change in the client's health or change in method.

# 10) Page 7 Item #11

- Added “Contracted pharmaceutical services  
Local health departments that contract out pharmaceutical services are required to have written contracts detailing the cost and safeguards for the dispensing of family planning pharmaceuticals. The contracts should also provide for liability resolution, inventory reconciliations, rotation of stocks, and written procedures for processing Medicaid prescriptions.”

## Rationale for Change #10 (Contracted Pharmaceutical Services)

- This was included as a result of the Federal program review in August, 2009. This will only effect those health departments who contract out pharmaceutical services.
- The second sentence is a “should” and it is recommended that all health departments have such contract on file explaining those mentioned issues with pharmaceutical supplies for Family Planning.

## 11) Attachment D Flow Sheet for females: Initial Physical – STI & HIV screening

- This has now changed from being a “R/\*” to STI/HIV Screening I/\*\*
- This is now reflective of IPP guidelines and CDC STD Treatment Guidelines.
- \*\* required if <25 of age and as indicated for those 25 and older

## 12) Attachment D for females: Labs for initial visit: Gonorrhea

- Changed from “R” in previous AA to “I” in new AA
- This has the same rationale as in change #11. Moving away from “cookie cutter” services to more “targeted” screening and testing.

## 13) Flow Sheet Female Patient Education (Mammogram)

- The past AA had “ encourage mammogram for clients 40 & older “rec”
- Now reads, “Encourage annual mammogram for clients 40 & older “I”
- Changed from “rec” to “I” and added “annual” based on current ACS screening recommendations.