NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

Investing for tomorrow, delivering today.

NM Department of Health
Family Planning Program (FPP) Title X
Annual Protocol Update

October 23, 2023

1190 S. St. Francis Drive • Santa Fe, NM 87505 • Phone: 505-827-2613 • Fax: 505-827-2530 • nmhealth.org

Disclosures

- NMDOH Family Planning Program staff
  - None

Objectives

- By the end of the presentation, participants will be able to:

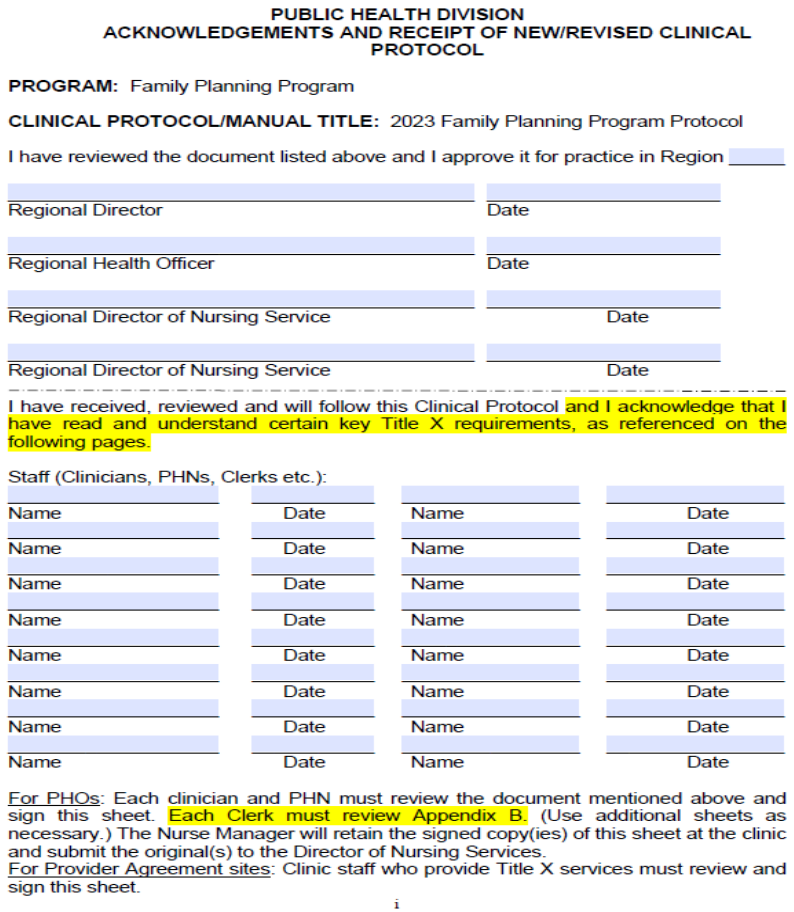
- ✓ **To provide participants with pertinent updates in the Title X Family Planning Program (FPP) grant administration in 2024.**
- ✓ **Understand the changes in the FPP staff training requirements.**
- ✓ **Recognize the major changes in the FPP Protocol revisions.**
- ✓ **Learn how to access and utilize the U.S. Medical Eligibility Criteria.**
- ✓ **Summarize the sterilization process and be able to use appropriate references to complete required forms.**
- ✓ **Know how to implement timely and accurate Monthly Fee Collection reports.**
- ✓ **Understand Title X clinics' fee collection as part of financial accountability of the Title X expectations.**
- ✓ **Have an opportunity to ask questions or get clarification on the presentation contents.**

OPA Title X and Family Planning Program Updates

- Federal Program Review – Title X
  - Dec 11-15, 2023
  - Sites
    - Las Vegas PHO
    - NW Valley PHO
    - UNM SBHC Albuquerque HS
- Telehealth Grant – update
  - No-cost extension to continue services through March 2024
  - 147 clients served in 1st year at 12 PHOs (almost 3.5% of client-base)
  - Mail-order pharmaceutical supplies to clients' home or nearby PHO.
  - Presentation at national conference on increased access and narrowing health equity gap
- Client survey (general and telehealth)
  - Conducted in Sept/Oct 2023 – results pending analysis.

2023 Protocol Updates

- The 2023 FPP protocol is posted at https://nmhealth.org/about/phd/fhb/fpp/pvdr
- Changes or new material are highlighted in yellow.
- Please ensure that each staff that provide services to Title X clients review the protocol revisions and signs the "**Protocol Approval *Signature Pages* and Acknowledgments**" form. (Clerks must review Appendix B – Fee Collection Protocol and sign).
- A signed copy of this sheet will be maintained at the clinic.
- A summary letter from Dr. Burapa outlines the changes.



PUBLIC HEALTH DIVISION
ACKNOWLEDGEMENTS AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL

PROGRAM: Family Planning Program

CLINICAL PROTOCOL/MANUAL TITLE: 2023 Family Planning Program Protocol

I have reviewed the document listed above and I approve it for practice in Region _____

Regional Director — Date

Regional Health Officer — Date

Regional Director of Nursing Service — Date

Regional Director of Nursing Service — Date

I have received, reviewed and will follow this Clinical Protocol and I acknowledge that I have read and understand certain key Title X requirements, as referenced on the following pages.

Staff (Clinicians, PHNs, Clerks etc.):

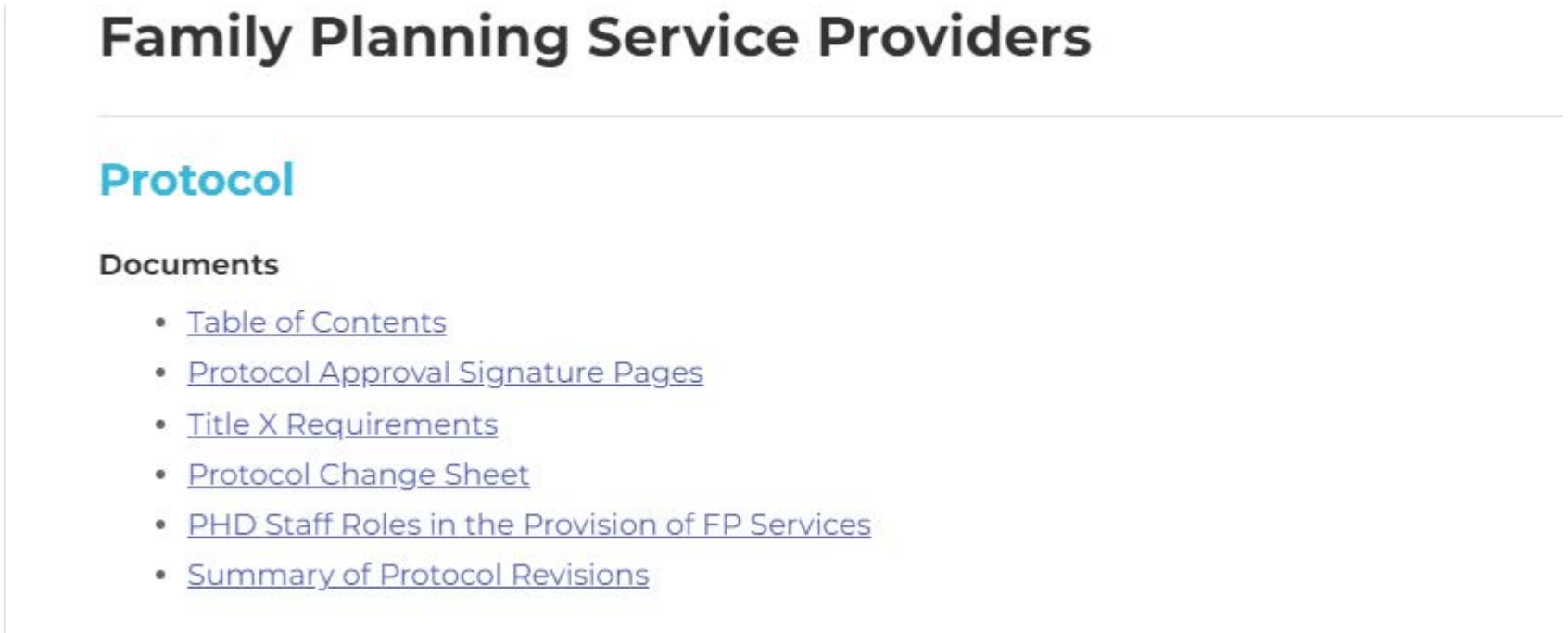
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date
Name	Date	Name	Date

For PHOs: Each clinician and PHN must review the document mentioned above and sign this sheet. Each Clerk must review Appendix B. (Use additional sheets as necessary.) The Nurse Manager will retain the signed copy(ies) of this sheet at the clinic and submit the original(s) to the Director of Nursing Services.
For Provider Agreement sites: Clinic staff who provide Title X services must review and sign this sheet.

i

Summary of Protocol Revisions

- Service Providers (nmhealth.org)



Family Planning Service Providers

Protocol

Documents

- Table of Contents
- Protocol Approval Signature Pages
- Title X Requirements
- Protocol Change Sheet
- PHD Staff Roles in the Provision of FP Services
- Summary of Protocol Revisions

Liletta and Consent Changes

- The FDA Liletta package insert was updated 1/23, “Liletta is a progestin-containing intrauterine system indicated for prevention of pregnancy for up to 8 years.”

2. Extended Use of IUD
   - Product labeling states that the Mirena, Liletta, and Cu-IUD have FDA approval for 8, 8, and 10 years respectively. With appropriate counseling, a patient may choose to keep their IUD in for longer.
   - FDA Mirena package insert was updated 8/22, “Mirena is indicated for prevention of pregnancy for up to 8 years; replace after the end of the eighth year.”https://labeling.bayerhealthcare.com/html/products/pi/Mirena_PI.pdf
   - FDA Liletta package insert was updated 1/23, “Liletta is a progestin-containing intrauterine system indicated for prevention of pregnancy for up to 8 years.” https://www.rxabbvie.com/pdf/liletta_pi.pdf#page=34

- The Paragard and Levonorgestrel IUD Consent Forms now include a space for interpreter information or signature, if used to read the consent to the client.

DOCUMENTATION: I have read or have been read to by an interpreter and understand the information in this consent form. I have been given the manufacturer’s information about the IUD and I will read it. I have been taught how to check for the strings of my IUD. I have had all my questions about the Paragard IUD answered. I may have the IUD removed at any time for any reason without losing benefits through any government program.

____ I am requesting the insertion of Paragard for on-going contraception.
____ I am requesting the insertion of Paragard for emergency contraception and on-going contraception.
____ I am requesting the removal of Paragard.

Client name:_____ Date of birth:_____ Client signature: _____
Interpreter signature or information:_____ Date_____
Counselor signature: _____ Date_____
Clinician signature: _____ Date_____

(New Mexico Public Health Division - Family Planning - Paragard IUD Consent English Rev. 10/23)

Upcoming change

- Using 340B meds for Expedited Partner Therapy to prevent re-infection in the client that we are serving.

- There is a need for protocol to assure that the dispensation is for preventing reinfection in the client that we are serving.

Staff Training

Links to Mandatory Trainings are in Appendix D, and under Forms at https://nmhealth.org/about/phd/fhb/fpp/pvdr

REQUIRED TRAINING FOR ALL TITLE X STAFF				
TRAINING LOCATION AND ORGANIZATION	**COURSE ID#**	**COURSE NUMBER/NAME**	**TIMEFRAME FOR INITIAL COMPLETION**	**RECERTIFICATION PERIOD**
TRAIN – NMDOH	1110500	Serving Minors and Mandatory Reporting	30 Days of hire or delivering Title X services.	Annually
TRAIN – RHNTC	1064964	Title X Orientation: Program Requirements for Title X Funded Family Planning Projects	30 Days of hire or delivering Title X services.	Every 5 Years
TRAIN – RHNTC	1090397	Cultural Competency in Family Planning Care	90 Days of hire or delivering Title X services.	Every 5 Years

Staff Training:
Serving Minors and Mandatory Reporting

- Email to staff 6/1/23: “Reporting Abuse and Human Trafficking” training is now updated and titled “**Serving Minors and Mandatory Reporting**”- found on TRAIN NM.

- If staff have already completed the old version of Reporting Abuse and Human Trafficking in 2023, they do not need to complete the updated training.

- If staff have not yet completed it for this year, please use the updated training: https://www.train.org/nm/course/1110500/details

TRAIN New Mexico

- This training is due **annually**, per the Title X Handbook and Program Review Tool (PRT).

Staff Training:
Title X Orientation

- RHNTC: **Title X Orientation: Program Requirements for Title X Funded Family Planning Projects** will replace the NMDOH Title X Clinical and non-Clinical trainings on TRAIN NM.

- No longer due every year, but **every 5 years** (our grant period), per Title X Handbook/PRT.

Staff Training:
Cultural Competency in Family Planning Care

- RHNTC: **Cultural Competency in Family Planning Care**

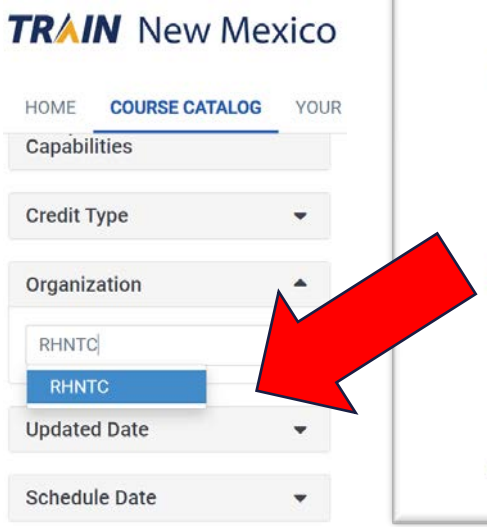
- Due **every 5 years** (our grant period), per Title X Handbook/PRT.

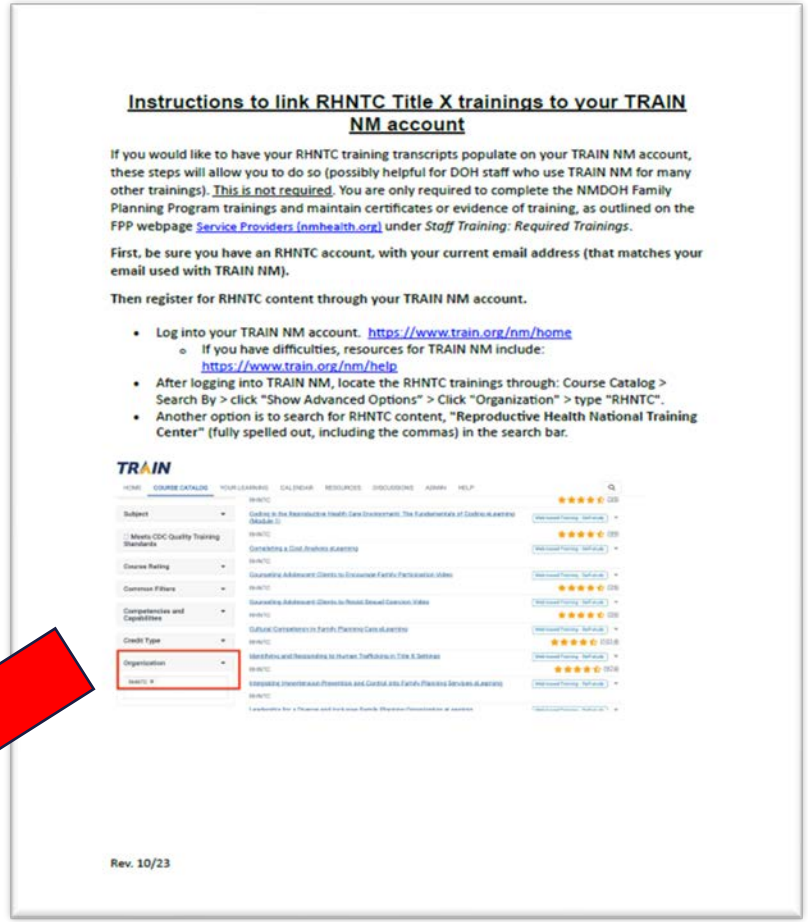
Linking RHNTC training transcripts to TRAIN NM (not required)

- Instructions are posted on webpage under “Forms”

  Service Providers (nmhealth.org)

- Note that some **RHNTC** trainings include **CE**





Instructions to link RHNTC Title X trainings to your TRAIN NM account

If you would like to have your RHNTC training transcripts populate on your TRAIN NM account, these steps will allow you to do so (possibly helpful for DOH staff who use TRAIN NM for many other trainings). This is not required. You are only required to complete the NMDOH Family Planning Program trainings and maintain certificates or evidence of training, as outlined on the FPP webpage Service Providers (nmhealth.org) under *Staff Training: Required Trainings*.

First, be sure you have an RHNTC account, with your current email address (that matches your email used with TRAIN NM).

Then register for RHNTC content through your TRAIN NM account.

- Log into your TRAIN NM account. https://www.train.org/nm/home
  - If you have difficulties, resources for TRAIN NM include: https://www.train.org/nm/help
- After logging into TRAIN NM, locate the RHNTC trainings through: Course Catalog > Search By > click "Show Advanced Options" > Click "Organization" > type "RHNTC".
- Another option is to search for RHNTC content, "Reproductive Health National Training Center" (fully spelled out, including the commas) in the search bar.

Rev. 10/23

Title X National Training Centers

RHNTC
REPRODUCTIVE HEALTH
NATIONAL TRAINING CENTER

www.rhntc.org

Clinical Training Center for Sexual + Reproductive Health
Training the Nation's Title X Workforce

ctcsrh.org
Formerly known as NCTCFP

Sign up for newsletters that give updates on trainings and resources related to SRH topics! Many offer CEUs.

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MEC

Sterilization Process for PA Sites

Sterilization Process for PHOs

2.3 STERILIZATION:
Procedure for Submitting Request for Sterilization Funding – Public Health Offices

Eligibility criteria: the client…	• Is 21 years of age or older. • Does not have Medicaid/other insurance and is not eligible for Medicaid. • Is a Title X FP client with a Priority A rating for tubal ligations or Priority A or B for vasectomy.

Client's medical record includes…	• Documentation of either:
	  ○ A Title X visit within the last 12 months that includes a comprehensive client health history and physical exam, as described in the FPP Protocol Section 1, Subsection 1.2.H.A "Contraceptive Services", or
	  ○ PHO clinician reviews the outside records that the client had a comprehensive visit described in the FPP Protocol Section 1, Subsection 1.2.H.A "Contraceptive Services" and documentation that the client is a suitable candidate for sterilization surgical procedure that may require general anesthesia.
	• An assessment of contraindication and, if present, documentation that a Surgical Provider was notified and agrees to perform the procedure.
	• Documentation of non-coercive sterilization counseling and education (STEP 3 of Section 1, Subsection 1.2.H.A and Section 2, Subsection 2.3.D below), including the permanent nature of sterilization and the alternative reversible methods such as IUDs (comparable effectiveness) and implants (more effective).
	• Justification of Priority Level Rating (see FPP Protocol Sterilization section), for tubal ligation/vasectomy.
	• Clinician's documentation of sterilization referral order.

Forms required include…	• Current Income Assessment Worksheet, completed, signed, and dated by the client and staff. • Current Consent for FP Services form, signed and dated by the client. • Current Sterilization Request/Consent for Sterilization forms, with all required areas filled in. ○ Each form must be scanned and filed in the client's MR.
Only after all the above criteria are met, send secure email with the following documents to the FP State Office:	• The completed Sterilization Request Form. • The completed Consent for Sterilization Form.
When the PHO receives the approved request:	• The client is entered into the PHO internal tracking system (approved, not approved, pending); • The client is notified; and, • Arrangements are made for the client to pick up their approved paperwork.

During the appointment for paperwork pick-up, the PHO clerk will…	• Assist the client with making an appointment for their procedure.
	• Scan a copy of the approved paperwork into the medical record.
	• Give the client copies of:
	  ○ Approved sterilization request
	  ○ Consent for sterilization
	  ○ Instruction letter
	  ○ Printed copies of the annual physical exam/health history
	  ○ Other pertinent information
	• Review with the client the consent's expiration date, appointment date, clinic location/phone number, and next steps.
	• Enter the charge and collect the percentage pay, if due, from the client.
	• Inform the FPP State Office of the client's name and procedure appointment date.

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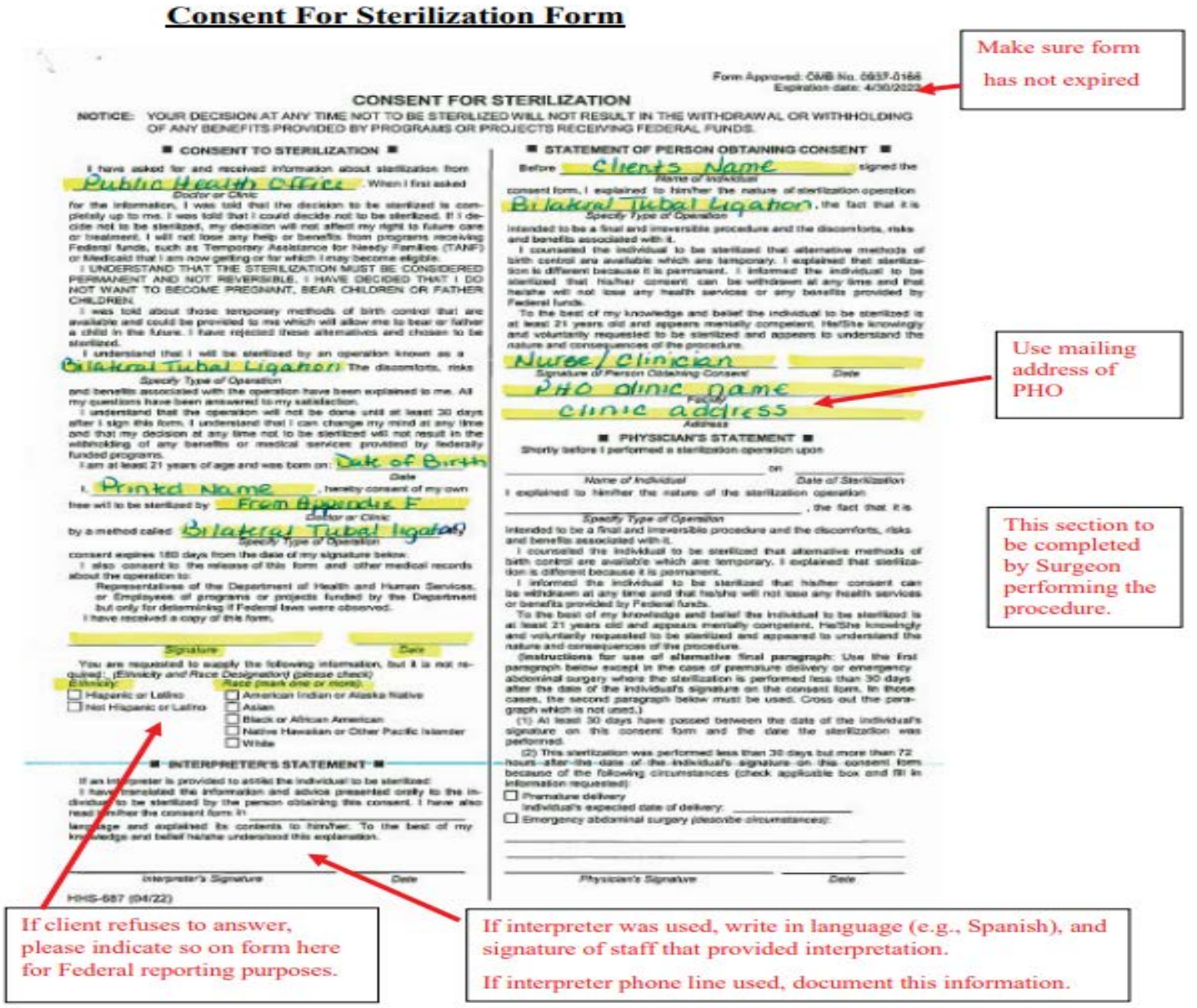
Federal Consent Form



Consent For Sterilization Form

Make sure form has not expired

Use mailing address of PHO

This section to be completed by Surgeon performing the procedure.

If client refuses to answer, please indicate so on form here for Federal reporting purposes.

If interpreter was used, write in language (e.g., Spanish), and signature of staff that provided interpretation.

If interpreter phone line used, document this information.

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from _____. When I first asked
Doctor or Clinic
for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as Temporary Assistance for Needy Families (TANF) or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a _____. The discomforts, risks
Specify Type of Operation
and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least 30 days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on: _____
Date

I, _____, hereby consent of my own free will to be sterilized by _____
Doctor or Clinic
by a method called _____. My consent expires 180 days from the date of my signature below.
Specify Type of Operation

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health and Human Services, or Employees of programs or projects funded by the Department but only for determining if Federal laws were observed.

I have received a copy of this form.

_____ _____
Signature *Date*

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before _____ signed the consent form, I explained to him/her the nature of sterilization operation
Name of Individual
_____, the fact that it is
Specify Type of Operation
intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent. I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequences of the procedure.

_____ _____
Signature of Person Obtaining Consent *Date*

_____
Facility

_____
Address

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon

_____ on _____
Name of Individual *Date of Sterilization*

I explained to him/her the nature of the sterilization operation _____, the fact that it is
Specify Type of Operation

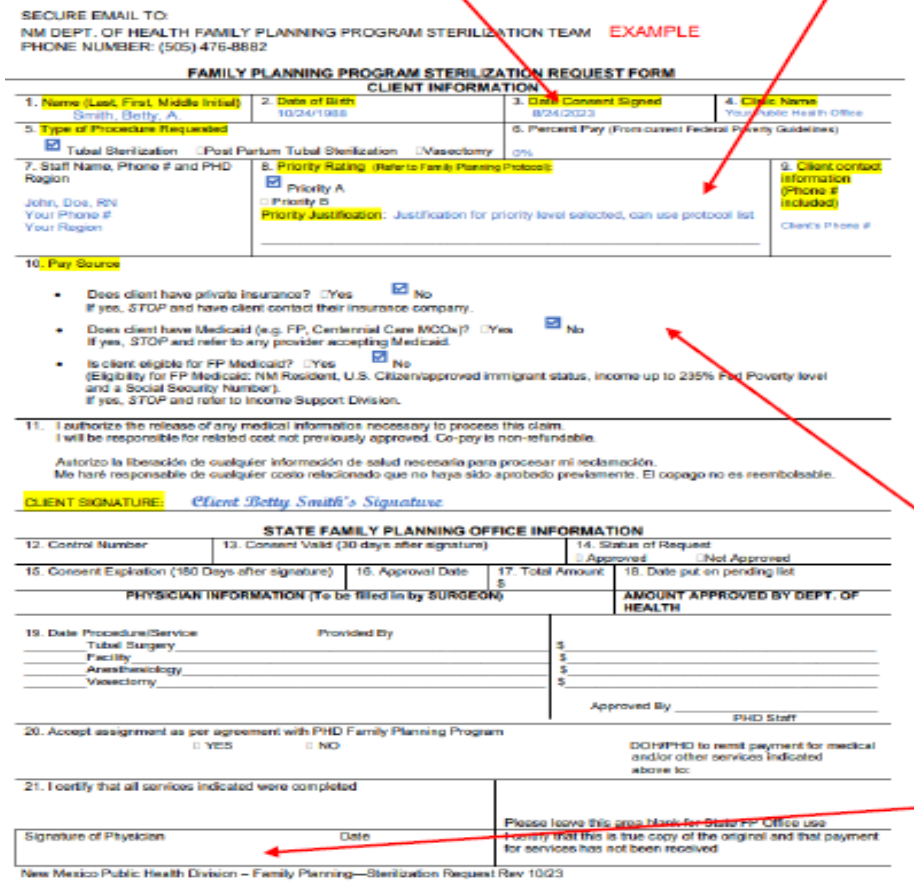
FPP Sterilization Request Form

Sterilization Request Forms

Complete sections 1 – 11 ONLY

Bottom Portion 12-21 to be completed by FPP and Providing Surgeon

Section 3: Make sure this date is the date the Client signs the Federal Consent (both should match)



SECURE EMAIL TO:
NM DEPT. OF HEALTH FAMILY PLANNING PROGRAM STERILIZATION TEAM EXAMPLE
PHONE NUMBER: (505) 476-8882

FAMILY PLANNING PROGRAM STERILIZATION REQUEST FORM
CLIENT INFORMATION

1. Name (Last, First, Middle Initial): Smith, Betty, A
2. Date of Birth: 10/24/1988
3. Date Consent Signed: 8/24/2023
4. Clinic Name: Your Public Health Office
5. Type of Procedure Requested: ☑ Tubal Sterilization ☐ Post Partum Tubal Sterilization ☐ Vasectomy
6. Percent Pay (From current Federal Poverty Guidelines): 0%
7. Staff Name, Phone # and PHD Region: John, Doe, RN; Your Phone #; Your Region
8. Priority Rating (Refer to Family Planning Protocol): ☑ Priority A ☐ Priority B
Priority Justification: Justification for priority level selected, can use protocol list
9. Client contact information (Phone # included): Client's Phone #
10. Pay Source
- Does client have private insurance? ☐ Yes ☑ No
If yes, STOP and have client contact their insurance company.
- Does client have Medicaid (e.g. FP, Centennial Care MCOs)? ☐ Yes ☑ No
If yes, STOP and refer to any provider accepting Medicaid.
- Is client eligible for FP Medicaid? ☐ Yes ☑ No
(Eligibility for FP Medicaid: NM Resident, U.S. Citizen/approved immigrant status, income up to 235% Fed Poverty level and a Social Security Number).
If yes, STOP and refer to Income Support Division.

11. I authorize the release of any medical information necessary to process this claim.
I will be responsible for related cost not previously approved. Co-pay is non-refundable.

Autorizo la liberación de cualquier información de salud necesaria para procesar mi reclamación.
Me haré responsable de cualquier costo relacionado que no haya sido aprobado previamente. El copago no es reembolsable.

CLIENT SIGNATURE: *Client Betty Smith's Signature*

STATE FAMILY PLANNING OFFICE INFORMATION

12. Control Number
13. Consent Valid (30 days after signature)
14. Status of Request ☐ Approved ☐ Not Approved
15. Consent Expiration (180 Days after signature)
16. Approval Date
17. Total Amount $
18. Date put on pending list

PHYSICIAN INFORMATION (To be filled in by SURGEON)
AMOUNT APPROVED BY DEPT. OF HEALTH

19. Date Procedure/Service Provided By
Tubal Surgery $
Facility $
Anesthesiology $
Vasectomy $
Approved By PHD Staff

20. Accept assignment as per agreement with PHD Family Planning Program ☐ YES ☐ NO
DOH/PHD to remit payment for medical and/or other services indicated above to:

21. I certify that all services indicated were completed

Signature of Physician Date

Please leave this area blank for State FP Office use
I certify that this is true copy of the original and that payment for services has not been received

New Mexico Public Health Division – Family Planning—Sterilization Request Rev 10/23

Section 8 pick Priority A rating for tubal ligations or Priority A or B for vasectomy.

Complete *Priority Justification*

Priority A

- Problems with birth control method (specify)
- High risk pregnancy (present or past) or risk of poor pregnancy outcome or significant

health risk to the mother

- Genetic problems in the family
- History of physical abuse in the family
- Substance abuse (alcohol or other drugs)
- Inability to care for more children because:

o Either of the parents have a severe medical condition

o The family already had a child with a severe medical condition

- Multiparity (greater than or equal to 4 live births)

Priority B

- The client's Reproductive Life Plan (RLP) is that they don't want to have any (more) children

Section 10

All 3 questions should be "no" to qualify

Surgeon Signature

FAMILY PLANNING PROGRAM STERILIZATION REQUEST FORM

CLIENT INFORMATION

1. Name (Last, First, Middle Initial)	2. Date of Birth	3. Date Consent Signed	4. Clinic Name
5. Type of Procedure Requested □Tubal Sterilization □Post Partum Tubal Sterilization □Vasectomy		6. Percent Pay (From current Federal Poverty Guidelines)	
7. Staff Name, Phone # and PHD Region	8. Priority Rating (Refer to Family Planning Protocol): □ Priority A □ Priority B Priority Justification:_____ _____		9. Client contact information (Phone # included)

Priority A – BTL and Vasectomy

- Problems with birth control method (specify)
- High risk pregnancy (present or past) or risk of poor pregnancy outcome or significant health risk to the mother
- Genetic problems in the family
- History of physical abuse in the family
- Substance abuse (alcohol or other drugs)
- Inability to care for more children because:
  - Either of the parents have a severe medical condition
  - The family already had a child with a severe medical condition
- Multiparity (greater than or equal to 4 live births)

Priority B – Vasectomy only

- The client's Reproductive Life Plan (RLP) is that they don't want to have any (more) children

Contracted Providers

TUBAL LIGATIONS

UNM Center for Reproductive Health (OSIS)
2301 Yale Blvd. SE, Building E
Albuquerque, NM 87106
(505) 925-4455

VASECTOMIES

UNM Center for Reproductive Health
2301 Yale Blvd. SE, Building E
Albuquerque, NM 87106
(505) 925-4455

Serenity, Inc.
Unity Medical Clinic/
Kurt Kastendieck, MD
2055 South Pacheco #300
Santa Fe, New Mexico 87505
(505) 992-3334

NMDOH Monthly Fee Collection Report- for Public Health Offices Only

- Access all Monthly Fee Collection forms, and protocol at: Service Providers (nmhealth.org)
- Appendix B: Fee Collection Protocol, is under “Appendices” on webpage

Appendices

- Appendix A - PHD Emergency Medical Response Protocol
- Appendix B - Fee Collection Protocol
- Appendix C - Education Resources

- Monthly Fee Collection Forms and Consents are under Forms on the webpage:

Fee Collection and Consent Forms:

- Annual Income Worksheet
- Consent for Family Planning Services
- Hardship Declaration Form
- Sliding Fee Scale
- Payment Ledger
- Fee Deposit Register
- Fee Deposit Slips
- Fax Cover Sheet
- Assignment of Benefits and Consent Form

Monthly Reports (for PHOs)

- Monthly reports are submitted to the Family Planning Program and Administrative Services Division by the 5th of the month via secure email.
  - FP contact – DOH-FPP_Monthly_Financial_Reports@state.nm.us
  - ASD contact – Lewanda.platero@doh.nm.gov
- Monthly reports must include all percent-pay clients seen in the clinic who have a current or past balance for the month whether a payment was made or not. If there are no fees collected for the entire month, please note "No fees collected" on the form with a reminder to include **all** percent-pay clients seen.
- Medicaid clients and clients who are "0 pay" without a previous balance should not be listed. Please fill in **all** the information requested on this form.

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Fee Collection- RHNTC

Thank you!

- We would like to thank all staff who provide these important services, for the work that you do.

- FPP would also like to extend an additional thank you to our Protocol Reviewers, who provide their expertise and input to improve the Protocol each year.

- If you are interested in becoming a Protocol Reviewer, please contact Peg Ickes at peg.ickes@doh.nm.gov

Questions?

Reproductive Health ECHO

in Partnership with New Mexico Department of Health

Please join us for:

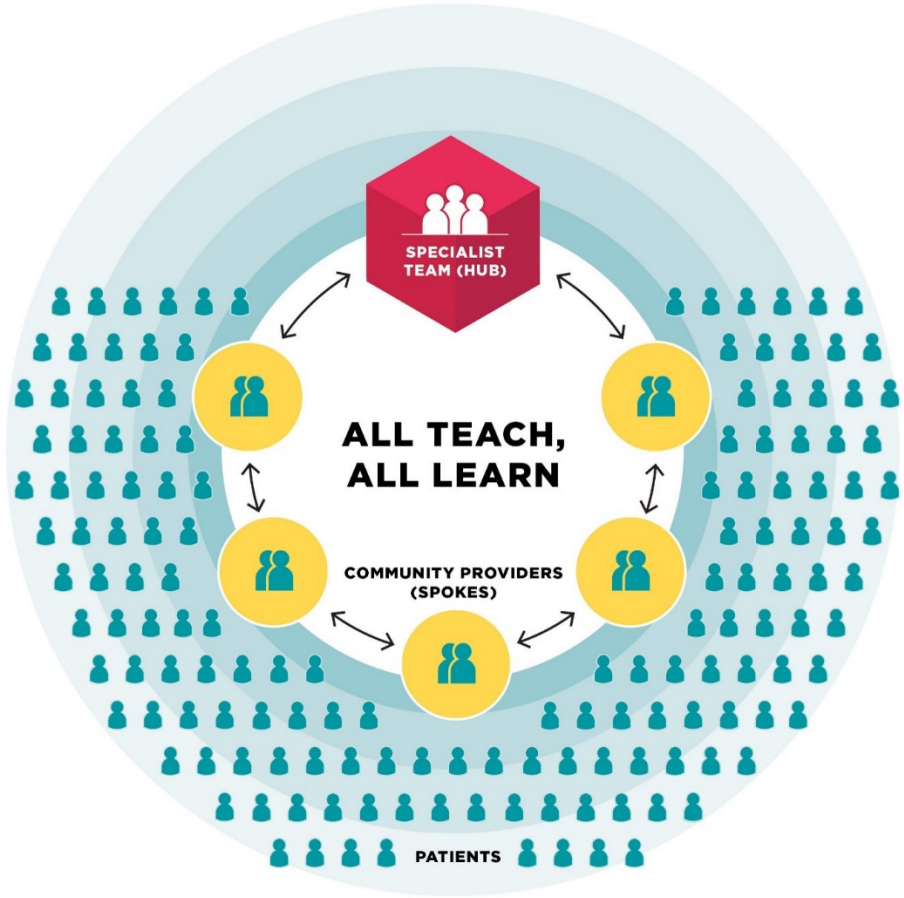
- *Bi-weekly ECHO sessions on Reproductive Health related topics*
- *Ongoing Family Planning Protocol in-service trainings*
- *Patient case presentations to learn as a community*
- *Opportunities to earn free CMEs, CNEs, CEUs, etc. when you join our ECHO sessions*

RH ECHO Resources:

Curriculum Schedule
Online Patient Case Form
Recorded Didactics + Presentations

Register Here

For help registering in iEcho, please contact the RH ECHO Support Team via email.



When:
2nd and 4th Mondays of the Month
12 to 1 p.m. MT

Where:
Via Zoom in iECHO

Who:
Anyone interested in Reproductive Health

Email:
ReproductiveHealthECHO@salud.unm.edu

NMDOH NEW MEXICO DEPARTMENT OF HEALTH
UNM HEALTH SCIENCES
Project ECHO®

References

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