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.
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.”

- 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.

2. Extended Use of IUD
   - Product labeling states that the Mirena, Liletta, and Cu-IUD have FDA approval for 8, 10, 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://www.fda.gov/medical-devices/intrauterine-device-iud-comparison-guide-contraception-
   - 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.

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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](https://nmhealth.org/about/phd/fhb/fpp/pvdr)

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

• 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
Sign up for newsletters that give updates on trainings and resources related to SRH topics! Many offer CEUs.
### Sterilization Process for Non-PHOs to be used as a Reference

<table>
<thead>
<tr>
<th>Question</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>The client is 21 years of age or older?</td>
<td>- If yes, PROCEED.</td>
</tr>
<tr>
<td></td>
<td>- If no, stop; the client does not qualify for FPP Title X sterilization funds.</td>
</tr>
<tr>
<td>Does client have private insurance?</td>
<td>- If no, PROCEED.</td>
</tr>
<tr>
<td></td>
<td>- If yes, STOP; the client does not qualify for FPP Title X sterilization funds. Have the client contact their insurance company.</td>
</tr>
<tr>
<td>Does client have Medicaid (e.g., FP, Centennial Care MCO)?</td>
<td>- If no, PROCEED.</td>
</tr>
<tr>
<td></td>
<td>- If yes, STOP; the client does not qualify for FPP Title X sterilization funds. Have the client contact Medicaid. Refer to any provider accepting Medicaid.</td>
</tr>
<tr>
<td>Is client eligible for FP Medicaid?</td>
<td>- If none, PROCEED.</td>
</tr>
<tr>
<td></td>
<td>- If contraindications are noted, consultation with the surgeon is required. If you are also the provider who will perform the surgery, it would be helpful to send a referral that includes your acceptance to perform surgery despite the contraindication.</td>
</tr>
<tr>
<td>Contraindication</td>
<td>- If FPP is currently accepting applications for Tubal Ligation Priority A only &amp; Vasectomy Priority A or B.</td>
</tr>
<tr>
<td></td>
<td>- If one of the criteria is met, PROCEED. Refer the client to a Public Health Office with a completed referral for FPP sterilization and copies of client’s FP annual exam medical record in the last 12 months, if available.</td>
</tr>
<tr>
<td></td>
<td>- If criteria are not met, the client does not qualify for FPP Title X sterilization funds.</td>
</tr>
</tbody>
</table>

---

Family Planning Program Protocol/FPP – 10/23
Section 2 Page 32 of 96
Sterilization Process for PHOs

<table>
<thead>
<tr>
<th>Eligibility criteria for the client</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>is 21 years of age or older.</td>
<td>Do not have Medicaid/other insurance and is not eligible for Medicaid.</td>
</tr>
<tr>
<td>Does not have Medicaid/other insurance and is not eligible for Medicaid</td>
<td>Is a Title X FP client with a Priority A rating for tubal ligation or Priority A or B for vasectomy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client’s medical record includes.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Documentation of either.</td>
<td></td>
</tr>
<tr>
<td>A Title X visit within the last 12 months that includes a comprehensive client health history and physical exam, as described in the FFP Protocol Section 1, Subsection 1.2.H.A “Contraceptive Services”, or.</td>
<td></td>
</tr>
<tr>
<td>PHO clinician reviews the outside records that the client had a comprehensive visit described in the FFP 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.</td>
<td></td>
</tr>
<tr>
<td>An assessment of contraindication and, if present, documentation that a Surgical Provider was notified and agrees to perform the procedure.</td>
<td></td>
</tr>
<tr>
<td>Documentation of non-invasive 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).</td>
<td></td>
</tr>
<tr>
<td>Justification of Priority Level Rating (see FFP Protocol Sterilization section), for tubal ligation/Vasectomy.</td>
<td></td>
</tr>
<tr>
<td>Clinician’s documentation of sterilization referral letter.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Forms required include.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Income Assessment Worksheet, completed, signed, and dated by the client and staff.</td>
<td></td>
</tr>
<tr>
<td>Current Consent for FP Services form, signed and dated by the client.</td>
<td></td>
</tr>
<tr>
<td>Current Sterilization Request/Consent for Sterilization forms, with all required areas filled in.</td>
<td></td>
</tr>
<tr>
<td>Each form must be scanned and filed in the client’s MR.</td>
<td></td>
</tr>
</tbody>
</table>

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 examination 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 FFP State Office of the client’s name and procedure appointment date.
Consent For Sterilization Form

**Make sure form has not expired**

**Federal Consent Form**

**Use mailing address of PHO**

**This section to be completed by Surgeon performing the procedure.**

**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.**

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

I, ___________________________, hereby consent of my own free will to be sterilized by ___________________________.

Specify Type of Operation

Doctor or Clinic

My consent expires 180 days from the date of my signature below.

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 ___________________________, the fact that it is 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 ___________________________, the fact that it is

Specify Type of Operation

Name of Individual ___________________________ Date of Sterilization ___________________________.

Signature ___________________________ Date ___________________________.

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FPP Sterilization Request Form

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

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 (specific)
- 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 has 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) indicates they don’t want to have any more children

Section 10
All 3 questions should be “no” to qualify

Surgeon Signature
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
• Appendix D - Other Protocol

• 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.
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?
Where:
Via Zoom in iECHO

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

Who:
Anyone interested in Reproductive 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

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

Email:
ReproductiveHealthECHO@salud.unm.edu

Register Here
References