

DEFINITION OF A FAMILY PLANNING CLIENT, FEE POLICY AND SLIDING FEE SCALES

I. Fee Policy

Fees charged to clients must reflect true costs to a delegate agency. Bills must be given directly to the client by a delegate agency or submitted to another payment source such as Title XIX, Medicaid/RItE Care, private insurers or other third party payers. Delegate agencies are required to bill all possible third party payers, including Medicaid to ensure that Title X funds will be used only on patients without any other sources of payments. Delegate agencies are encouraged to have written agreements with RItE Care Medicaid Plans, as appropriate, in order to bill (See 2001 Federal Guidelines: Part I, Section 6.3, page 7). Title X funds will be used only as the payer of last resort.

A schedule of discounts (sliding fee scale) must be developed and implemented with sufficient proportional increments so that inability to pay is never a barrier to service. The sliding fee scale should be based on family size, income, and other specified economic considerations for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL). A copy of the sliding fee scale must be submitted by each delegate agency annually to the Rhode Island Department of Health (HEALTH). Fees must be waived for individuals with family incomes above this amount who, as determined by the site director, are unable, for good cause, to pay for family planning services. **Clients must not be denied services or be subjected to any variation in quality of services because of the inability to pay.**

At the time of services, clients who are responsible for paying any fee for their services must be given bills directly. Client income should be re-evaluated at least annually. Clients whose documented income is at or below 100% of the FPL must not be billed, although the agency must bill all third parties legally obligated to pay for the services. Bills to third parties may not be discounted. The schedule of discounts must include charges for a new patient, an established patient, counseling and education, supplies, and laboratory costs and must be submitted by each delegate agency annually to HEALTH as a part of the schedule of discounts. With respect to pregnancy tests, all third parties must be billed. However, all other patients should not be billed for pregnancy tests and HIV counseling, testing and referral (CTR) services since HEALTH reimburses Title X agencies separately for these services through other federal Title X funds (HIV CTR services) and Title V MCH funds (pregnancy tests).

Agencies should document in a client record, but **NOT** the client's medical record, eligibility for a discount. Whenever possible, there should be separate charts for client record and medical record. Documentation may include a copy of a pay stub, verification of Family Independence Program (FIP), formerly called Aid to Families with Dependent Children (AFDC), or other form of documentation of family income. Clients who cannot present documentation of income must not be denied services and are allowed to self-report income. Bills to clients must show total charges minus any allowable discounts.

Voluntary donations from clients are permissible. If your agency chooses to ask for a donation, then donations must be requested from all clients, including private and Medicaid clients (not just no cost clients). In addition, clients must not be pressured to make donations, and donations must not be a RI Department of Health Family Planning Guidelines

Revised 11/03

prerequisite to the provision of services or supplies. Donations from clients do not waive the billing/charging requirements set out above. An example of a patient donation policy can be found at the end of this section (Section 13).

A suggestion may be made to minor and adult clients to make a financial contribution based on their ability to pay; but they can not be denied services due to either their inability or refusal to make a contribution or because confidential services have been requested. Delegate agencies must inform all potentially eligible clients about the sliding fee scale and the fact that services will not be denied due to the inability to pay.

A minor is an individual under eighteen years of age. If a minor client is unemancipated and confidentiality is not a concern, the minor's family income must be considered in determining the service fee as with all other clients. Health insurance plans covering a minor under a parent/guardian's policy should be billed, if the minor does not need or request confidential services. In such a case, a written consent form permitting the billing of the health insurance plan, signed by the minor, must be included in the minor's client record. RIte Care insurance plans are an exception and a minor does not need to sign a written consent form permitting the billing of the health insurance plan.

If a minor client with RIte Care requests confidential services without involvement of a principal family member, RIte Care should be billed. If a minor client with private insurance requests confidential services, charges for services must be based on the minor client's income. Income actually available to a minor client, such as wages from part-time employment and allowances transferred directly to the minor, must be considered in determining a minor client's ability to pay for services. Basic provisions (e.g., food, shelter, transportation, tuition, etc.) supplied by the minor client's parents/guardians must not be included in the determination of a minor client's income.

Under certain conditions where confidentiality is restricted to limited members of a minor client's family (e.g., there is parental disagreement regarding the minor's use of family planning services), the charge must be based on the minor client's income, rather than family income, if the minor client's confidentiality could be breached in seeking the full charge. It is not allowable for delegate agencies to have a general policy of no fee or flat fees for the provision of services to minor clients. Nor is it allowable for delegate agencies to have a schedule of fees for minors that is different from other populations receiving services.

Agencies must inform clients about the existence of the sliding fee scale and the fact that services will not be denied due to inability to pay. Delegate agencies must make reasonable efforts to collect bills, but they must in no way jeopardize client confidentiality in the process. Delegate agencies must obtain a client's permission before sending bills or making phone calls to the clients home and/or place of employment. Clients must not be sent to the pharmacy to purchase any family planning supplies.

Agencies must offer by federal mandate a broad range of acceptable and effective medically approved family planning methods and services either on-site or by referral (Federal Guidelines: Part II, Sec. 7.0, page 13).

II. Definition of A Family Planning Visit

According to the current (2001) Title X Family Planning Annual Report (FPAR), a family planning client is an individual who receives one or more family planning encounters during the reporting period (i.e. visits with a medical or other health care provider in which family planning services were provided). The Rhode Island Department of Health's Family Planning Program considers individuals ages 11 through 64 years to be potentially eligible for family planning services. However, visit definitions are needed to determine who is a family planning client.

Family Planning Visit: A visit between a client and a medical provider or other health care provider, the primary purpose of which is to provide family planning services (i.e. clinical or educational services related to contraception, infertility or sterilization). All family planning visits are either medical visits or other health care visits that involve family planning services. Only face-to-face contacts determined in a medical record can be counted as visits.

Medical Visits: Family Planning Visit With A Medical Provider

A visit between a medical provider and a client in which the client is provided (in association with the proposed or adopted method of contraception or treatment for infertility) one or more of the following medical services related to family planning:

- *pap smear
- *pelvic examination
- *rectal examination
- *testicular examination
- *hemoglobin or hematocrit
- *blood pressure reading
- *HIV/STD testing
- *sterilization
- *infertility treatment

Other Health Care Visits: Family Planning Visit with Another Health Care Provider

A visit between an other health care provider (i.e. non-medical health educator) and a client in which family planning education or counseling services are provided in relation to contraception (proposed or adopted method), infertility or sterilization. The counseling should include a thorough discussion of the following:

- *Reproductive anatomy and physiology
- *Infertility, as appropriate
- *HIV/STDs
- *The variety of family planning methods available, including abstinence and NFP
- *The uses, health risks, and benefits associated with each family planning method
- *Detailed instructions regarding the adopted method
- *The need to return for evaluation on a regular basis and as problems are identified

Education and/or counseling related to contraception, infertility or sterilization, which may occur in a group setting on an individual basis, must be face-to-face and documented in the client's medical record in order to be counted as a family planning client.

Laboratory tests, in and of themselves, do not constitute visits of any type. If laboratory testing is performed and there is no other face-to-face contact between a provider and a client, then the visit cannot be counted. However, if the tests are accompanied by other medical services involving family planning related to contraception (proposed or adopted), infertility or sterilization **and/or** family planning

counseling and/or education related to contraception (proposed or adopted), infertility or sterilization, an individual will have had a medical or an other health care provider visit by virtue of such medical services or counseling and/or education.

Pap smears and pelvic examinations in and of themselves constitute a medical visit but not a family planning medical visit. However, if a pap smear and pelvic examination are accompanied by other medical services involving family planning (related to contraception (proposed or adopted), infertility, or sterilization) **and/or** family planning counseling and/or education related to contraception (proposed or adopted), infertility or sterilization, an individual is considered to have had a family planning medical visit.

Once an individual has been determined to be a family planning client, there are a number of required services that must be provided to that client (See Section 13 of the state *Family Planning Guidelines*) in addition to specific reporting requirements (See Section 15 of the state *Family Planning Guidelines*). The state Family Planning Guidelines are based on the current federal *Program Guidelines For Project Grants for Family Planning Services* (January 2001).

Examples of Clients Who Are Family Planning Clients

In order to be counted as a family planning client, these visits must be face-to-face and documented in the client's medical record.

*An eleven-year old girl or boy who is not sexually active, but is provided with counseling and education regarding reproductive anatomy and physiology can be considered to be a family planning client. Counseling and education regarding birth control methods and HIV/STD counseling and education should also be provided to such clients if appropriate. According to the legislative mandates attached to Title X and conditioned in the notice of grant award, Title X providers must counsel minors on how to resist sexual coercion; encourage minors to include their family in the decision to seek family planning services, and follow all state reporting laws on child abuse, child molestation, sexual abuse, rape, or incest. As with all medical services and highlighted in Title X, discussions between the provider and the client are confidential and based on the provider's expertise in assessing what each patient's needs are as indicated in the notes in the client's medical chart.

*An adolescent male who comes in for birth control education and counseling with his adolescent girlfriend can be counted as a family planning client as long as he is encouraged to receive other documented Title X required services for males (i.e. sexual history, partner history, and HIV/STD education, TSE, etc.) in the future. According to the legislative mandates attached to Title X and conditioned in the notice of grant award, Title X providers must counsel minors on how to resist sexual coercion; encourage minors to include their family in the decision to seek family planning services, and follow all state reporting laws on child abuse, child molestation, sexual abuse, rape, or incest. As with all medical services and highlighted in Title X, discussions between the provider and the client are confidential and based on the provider's expertise in assessing what each patient's needs are as indicated in the notes in the client's medical chart.

*An adult man under 65 years old coming in for a comprehensive preventive health visit can be counted as a family planning client if he receives birth control education and/or counseling (i.e. primarily
RI Department of Health Family Planning Guidelines

Revised 11/03

condoms) and receives other documented Title X required services for males (i.e. sexual history, partner history, HIV/STD education, TSE, colon cancer screening if appropriate, etc.).

*An adult man under 65 years old coming in for an HIV/STD visit can be counted as a family planning client if he receives birth control counseling and/or education (condoms) and receives other documented Title X required services for males (i.e. sexual history, partner history, and HIV/STD education, etc.). Required TSE and colon cancer screening may not occur during the HIV/STD visit, but should be performed if the man comes back for other health care services in the future. As a part of the counseling and/or education, the message that condoms can prevent unintended pregnancy must be included in addition to the message that condoms can prevent HIV/STDs.

* A male who relies on his partner's method for birth control, and receives birth control counseling and education on the partner's method can be counted as a family planning patient.

*Sterilized individuals can be counted as family planning clients as long as they are under 65 years old and receive other Title X required services since such individuals have selected a method of birth control (sterilization).

*Individuals who are abstinent can be counted as family planning clients as long as they are under 65 years old and receive other Title X required services since such clients have selected a method of birth control (abstinence).

*A female under 65 years old can be counted as a family planning client if she receives birth control education or counseling and other documented Title X required services for females as appropriate (sexual history, partner history, HIV/STD education, etc.)

* A School Based Health Center (SBHC) client who is not sexually active, but is provided with counseling and/or education regarding reproductive anatomy and physiology can be considered a family planning patient. Family planning counseling and/or education should also be provided to such patients, if appropriate. (Agencies with SBHCs are allowed to count family planning visits if their local community decides that it is acceptable.) SBHC patients should be reported in the "State Funding" category on the Family Planning Encounter Record (FPER) since other sources of funding have been appropriated for SBHC services. According to the legislative mandates attached to Title X and conditioned in the notice of grant award, Title X providers must counsel minors on how to resist sexual coercion; encourage minors to include their family in the decision to seek family planning services, and follow all state reporting laws on child abuse, child molestation, sexual abuse, rape, or incest. As with all medical services and highlighted in Title X, discussions between the provider and the client are confidential and based on the provider's expertise in assessing what each patient's needs are as indicated in the notes in the client's medical chart.

* A School Based Health Center (SBHC) client who is sexually active and is provided with birth control counseling and/or education can be considered a family planning patient. SBHC patients may or may not show up at the health center for birth control pick up. According to the legislative mandates attached to Title X and conditioned in the notice of grant award, Title X providers must counsel minors on how to resist sexual coercion; encourage minors to include their family in the decision to seek family planning services, and follow all state reporting laws on child abuse, child molestation, sexual abuse, rape, or

incest. As with all medical services and highlighted in Title X, discussions between the provider and the client are confidential and based on the provider's expertise in assessing what each patient's needs are as indicated in the notes in the client's medical chart.

* Pregnant women or women who are seen for their late stage pregnancy or post-partum visit can be counted as a family planning client if she receives birth control education and counseling and/or HIV/STD testing as part of her care.

* Females who have a positive pregnancy test result can be counted as a family planning client as long as they receive pregnancy diagnosis and counseling services. Pregnant women must be provided with information and counseling regarding each of the following options: prenatal care and delivery; infant care, foster care, or adoption; and pregnancy termination.

* Females with a negative pregnancy test can be counted as a family planning client if she receives birth control education and counseling. In addition, the cause of delayed menses should be investigated.

Example of Client Who Is Not A Family Planning Client

*An individual who receives anonymous HIV counseling, testing, and referral (CTR) services cannot be counted as a family planning client since he or she does not have a medical record and since the visit can not be documented.

III. Core (Minimum) Family Planning Services

The following services must be charged for on a sliding fee scale, which includes a zero pay category for clients with incomes $\leq 100\%$ of the FPL and a schedule of discounts for clients with family incomes $>101\%$ and $\leq 250\%$ of the FPL.

1. Client education must provide all clients (male and female) with the information needed to: make informed decisions about family planning, use specific methods of contraception and identify adverse effects, perform breast/testicular self examination, reduce risk of HIV/STD transmission, understand the range of available services and the purpose and sequence of clinic procedures, and understand the importance of recommended screening tests and other procedures involved in the family planning visit. Client education must be documented in the client record. All clients should receive education as a part of an initial visit, an annual revisit, and any medically indicated revisits related to family planning. Education can occur in a group or individual setting.
2. Counseling to assist clients in reaching an informed decision regarding their reproductive health and the choice and continued use of family planning methods and services must be provided for all clients (male and female). In addition all clients must receive counseling on, at a minimum, education about HIV infection and STDs, information on risks and infection prevention, and referral services. Documentation of counseling must be included in the client's record. The client's written informed voluntary consent to receive services must be obtained prior to the client receiving any clinical services. In addition, if a client chooses a prescription method of contraception, a method-specific consent form must be obtained and updated routinely at subsequent visits to reflect current information about the method. The signed informed consent

form must be a part of the client's record. All clients should receive counseling as a part of an initial visit, an annual revisit, and any medically indicated revisits related to family planning.

3. Comprehensive history for all clients (male and female) at initial visit, with updates at subsequent visits. Histories for all clients must include at least the following areas: significant illnesses, hospitalizations, surgery, blood transfusion or exposure to blood products, and acute or chronic medical conditions; allergies; current use of prescription and over-the-counter medications; extent of use of tobacco, alcohol, and other drugs; immunization and rubella status; review of systems; pertinent history of immediate family members; and partner history (including injectable drug use, multiple partners, risk history for HIV/AIDs, and sexual orientation. Histories of reproductive functioning in female clients must include at least the following: contraceptive use (past and present); menstrual history; sexual history; obstetrical history; gynecological conditions; HIV & STDs (including HBV); pap smear history; and in utero exposure to DES for clients born between 1940 and 1970. Histories of reproductive function in male clients must include at least the following: sexual history; HIV & STDs (including HBV); and urological conditions.
4. Complete Physical Exam for all female clients. For female clients, the exam should include, but is not required, height and weight, examination of the thyroid, heart, lungs, extremities, breasts, abdomen, pelvis, and rectum. For female clients, the exam **must** include blood pressure evaluation, breast examination, pelvic examination including vulvar evaluation and bimanual exam, pap smear, digital colo-rectal cancer screening in individuals over 40, and HIV/STD screening, as indicated. All physical examination and laboratory test requirements stipulated in the prescribing information for specific methods of contraception must be followed. Physical examinations should be made available to male clients, however, they are not required. For male clients, the exam should include but is not required, height and weight, examination of the thyroid, heart, lungs, extremities, breasts, abdomen, pelvis, and rectum. Examination should also include palpitation of the prostate, as appropriate, and instructions in self-examination of the testes. Clinics should stress the importance of blood pressure evaluation, colo-rectal cancer screening in individuals over 40, and HIV/STD screening, as indicated.
5. Laboratory Tests are required for the provision of specific methods of contraception. Pregnancy testing must be provided onsite and HIV, Chlamydia, Gonorrhea, and Syphilis testing must be provided for all clients upon request or if indicated (State law requires providers to offer HIV testing to all family planning and prenatal clients). The following laboratory procedures must be provided to clients if required in the provision of a contraceptive method: anemia assessment, vaginal wetmount, diabetes (blood sugar) testing, cholesterol or lipid testing, Hepatitis B testing, rubella titer, and urinalysis.
6. Hepatitis B vaccine must be offered to adolescent clients (under 19 years of age) as medically indicated, given the availability of state funding for this purpose.
7. Level I Infertility Services must be made available to female and male clients desiring such services. Level I Infertility services includes initial infertility interview, education, physical examination, counseling, and appropriate referral.

8. Revisit schedules must be individualized based on the client's need for education, counseling, and

clinical care beyond that provided at the initial and annual visit. Clients selecting hormonal contraceptives, IUDs, cervical caps, or diaphragms for the first time should be scheduled for a revisit as appropriate after initiation of the method to reinforce its proper use, to check for possible side effects, and to provide additional information or clarification. A new or established client who chooses to continue a method already in use need not return for this early visit unless a need for reevaluation is determined on the basis of findings at the initial visit.

9. Under the federal Title X law, grants cannot be made to entities that offer only a single method or unduly limited number of family planning methods. Either directly or through referral, all reversible and permanent methods of contraception must be provided, which include barrier methods (female and male), IUDs, fertility awareness methods, natural family planning, hormonal methods (injectables, implants, and orals) and sterilization. Certain oral contraceptives have been found to be safe and effective for use as post coital emergency contraception. Methods not directly provided at the site should be referred first to another Title X site, if appropriate, and, secondly, elsewhere at an agency with which the site has a formal arrangement with for the provision of the service.

IV EXAMPLE SLIDING FEE SCALE*

The following example sliding fee scale can be used by agencies to help develop their own sliding fee scales (See next page). Non-core services do not have to appear on the Title X sliding fee scale.