Family Planning Manual

December 2019

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Chapter 1—Washington Family Planning Network

Introduction

Network membership

This manual defines the requirements of the Washington State Family Planning Network. The Network consists of the Department of Health (DOH) Family Planning Program and the organizations that contract with the department to provide family planning services.

The Washington State Family Planning Network provides services, supplies, and information to help individuals of all genders achieve optimal sexual and reproductive health, improve the rate of intentional pregnancies, avoid unintended pregnancies, and understand their pregnancy/parenting intentions. We help individuals achieve their desired number of children, including no children, and determine the timing and spacing of pregnancies.

Contractors must comply with all applicable state and federal laws regardless of whether they are included in this manual. For example, applicable federal law includes the Health Insurance Portability and Accountability Act (HIPAA) and occupational safety and health standards.

This manual has been reviewed by Washington State Family Planning Network clinical, administrative, and fiscal staff.

Questions, suggestions, and technical assistance

We want to help you meet the requirements of your family planning contract. We encourage questions and suggestions. Our Network meets several times each year either in-person or electronically. We use this opportunity to share best practices, challenges and ideas for addressing them, and to brainstorm about emerging issues and strategically plan Network priorities and operational changes.

Anytime you have questions, are facing a challenge, or just want to touch base, please contact your contract manager. It’s also always fine to contact other program staff directly, we work closely together and there is no wrong door.

For general questions about our Network, contact Cynthia Harris, Family Planning Program Manager at cynthia.harris@doh.wa.gov or 360-236-3401.

Please direct questions, comments and suggestions regarding this manual to the DOH Family Planning Manual editor at 360-236-3406 or mary.kellington@doh.wa.gov.

Manual revisions

Please make sure staff are using the current manual. We revise it periodically to reflect new program direction and best practices. We will notify you of each revision.

The most current revision is always be available at https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf.

We means Department of Health (DOH)
You means the family planning services contractor
Contract manager means DOH employee who manages your contract.
**How to join the Network**

The Department’s Family Planning Program periodically invites interested organizations to apply to join our network. Our goal is to make sure family planning services are available to everyone in Washington State. Recruitment is generally for specific underserved areas.

Organizations that meet requirements are offered DOH Family Planning contracts. These contractors will remain in the Network as long as they continue to meet contract requirements.

More information on joining the Network, including general requirements, is available at [https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/NetworkRecruitment](https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/NetworkRecruitment).

**How funding is allocated**

The Department’s Family Planning Program allocates funds using a formula based on community need and agency performance. This formula directs more funding to areas with more people who have low incomes and to contractors with higher proportions of this type of client.

Our formula was developed with input from our Network. We periodically review it and revise as appropriate.

In general, we allocate contract funding annually. Occasionally a contractor is unable to use the funding allocated to them, we redistribute those funds among other contractors. Occasionally, we have additional funding for other reasons. We also put those funds into contracts. We usually allocate these funds in the same way as annual funds (see One-time project funding below).

If a contractor is not complying with contract requirements when we allocate funding, we may provide them with a lower-level of funding than was allocated by our formula.

We reserve the right to reduce allocations to contractors who have a high probability of being unable to bill for the full amount. While DOH reserves the right to make this determination, we discuss it with the contractor beforehand whenever possible. We will consider special circumstances such as staffing vacancies and plans to fill those vacancies in a sustainable way when making our determination.

**One-time project funding**

Occasionally, we fund one-time projects related to enhancing family planning services or access to those services. We do this when we have funds available and circumstances require an approach other than our allocation formula. These circumstances include funding that ends soon, Network decisions to focus on a particular issue or public health need.

In this case, we will ask the Network to submit short proposals that include a description of their project as well as a task list, timeline, expected outcomes, and brief budget. These projects usually have a tight timeframe for completion. We fund these projects based on available funding and a DOH scoring tool.
Contracting with the Department of Health

Your contract with the department defines all requirements and funding. We use two types of contracts. Private non-profit organizations will receive a client-services contract. Local health jurisdictions will receive a statement of work added to their consolidated contract. The requirements related to family planning services are identical in each.

We will provide you with a workbook for reporting expenses and revenue related to contract activities. For most contractors this workbook also generates invoices. DOH uses a specific mechanism for local health jurisdictions. They will use that mechanism to submit invoices.

Also see Billing DOH—Reimbursement for Contract Activities.

Your contract will include:

- A Statement of Work (SOW) specifying contract requirements
- General terms and conditions
- Specific terms and conditions
- By reference, this manual and our Clinic Visit Record (CVR) manual

You are responsible for being aware of your contract requirements including the start and end dates of the entire contract and all funding sources within it.

We will include the start and end date of all funding sources in your statement of work. Your funding is only available to reimburse for services that were performed within the timeframe of the funding. We cannot move unspent funds from one source into another source.

We means Department of Health (DOH)
You means the family planning services contractor
Contract manager means DOH employee who manages your contract.
Chapter 2—General Contract Requirements

Facilities (Clinics)

Location and hours of operation must be tailored to community needs

The contractor must provide family planning services in geographically and physically accessible locations and at convenient times for clients. Contractors should offer services during some evening and weekend hours, if at all possible.

Facility design must preserve client confidentiality and ensure privacy

Provision of Services

All services must be provided

- To people of all genders
- To anyone who wants and needs family planning services. See discussion regarding ages people can independently consent to their own care below.
- With no variation in quality regardless of:
  - Insurance status
  - Income level
  - Ability to pay or balance owed
  - Residency status
  - English language proficiency
  - Age
  - Gender
  - Religion
  - Race
  - Color
  - National origin
  - Disability
  - Number of pregnancies
  - Marital status
  - Any other issue

…and in a manner that

- Reflects shared decision-making, is non-coercive and offers complete, medically accurate information.
- Protects the dignity and confidentiality of each client.
- Respects and responds to a client’s cultural and linguistic needs.
- Respects and responds to the needs of your communities, especially vulnerable and underserved populations within those communities.
- Complies with all contractual billing requirements including sliding fee schedules, billing third-party payers, and accounting for direct expenses and revenue related to services under this contract separately from your organization’s other direct expenses and revenue.
- Meets national clinical guidelines and recommendations

To ensure this you must

- Maintain a current demographic, cultural, and epidemiological profile of the communities you serve.

We means Department of Health (DOH)
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Contract manager means DOH employee who manages your contract.
• Make sure all staff members receive training on how to deliver services in a manner that is culturally and linguistically appropriate.

• NOT ask clients their residency status

• Provide interpreters to clients with limited English proficiency. Multilingual staff members may provide this service. Contractors may also use outside interpreter services, including telephone/video interpreters. All interpreters must have appropriate training in medical interpretation.

• Not use a client’s family members or friends as interpreters for the client, unless the client requests otherwise

• Post signs, record phone messages, and make patient materials available in the languages commonly used in their communities.

...and you should

• Recruit and retain staff who are members of cultural groups common to the contractor’s service area.

You must respect clients’ right to independently consent to their own care

You must provide services to everyone who wants and needs them. This includes people under the age of 18. In Washington State:

People of any age can consent to or refuse:

• Birth control services: RCW 9.02.100(1)

• Abortion and abortion-related services: RCW 9.02.100(2), State v. Koome, 84 Wn.2d 901 (1975)

• Prenatal care: State v. Koome, 84 Wn.2d 901 (1975)

People 13 and older can consent to

• Inpatient mental health treatment (RCW 73.34.500)
  Providers must notify parents/guardians (RCW 71.34.510)

• Outpatient mental health treatment (RCW 71.34.530)

• Outpatient substance abuse treatment (RCW 70.96A.230)
  Under certain circumstances providers must notify parents/guardians.

People 14 and over can consent to tests and treatment for STIs (RCW 70.24.110)

You are required to report all Notifiable Conditions. Also see HIV, STI, communicable disease, and notifiable conditions—State Law.

You must facilitate clients’ requests for additional confidentiality

You must discuss a client’s safety concerns related to:

• Scheduling, billing, and other correspondence between your organization and the client
- Insurance explanations of benefits (EOBs) from third-party payers

You must explain how clients can request additional confidentiality to address their safety concerns and provide assistance when requested.

Third-party payers are required to ensure confidentiality of EOBs regarding reproductive health and STIs. (See the Office of the Insurance Commissioner’s webpage *Health information and your privacy* and *WAC 284-04-510: Right to limit disclosure of health information*)

- Medicaid has a robust system for ensuring client confidentiality of client services. You should bill Medicaid (and Medicaid MCOs) for all covered clients. Make sure your clients know how to preserve their confidentiality.
  - Managed Care Organization (MCO) clients request confidentiality by calling their MCO
  - Fee-for-service clients request confidentiality by calling 800-562-3022. This number is on the back of Provider One cards.
  - Confidentiality is automatic with *HCA’s Pregnant Teen Healthcare Coverage* (for people under 19 years old)

The state Office of the Insurance Commissioner is currently developing regulations (Washington Administrative Code—WAC) to support *Substitute Senate Bill 5889*, passed during the 2019 legislative session.

This bill, effective January 1, 2020:

- Requires health plans to direct all communication for sensitive health services to the client receiving the service
- Prohibits disclosure (including to the policyholder) without the express consent of the client.
- Defines sensitive services as including services related to reproductive health, sexually transmitted diseases, substance use disorder, gender dysphoria, gender affirming care, domestic violence, and mental health.

WAC are formal agency rules governing the implementation of statutes passed by the legislature. We expect WAC related to this issue to result in a standard mechanism all state-regulated insurance plans will use to ensure client confidentiality. We expect this to:

- Increase client and clinician confidence in the confidentiality of all information related to clients’ family planning care
- Allow you to bill more third-party payers instead of bearing the cost of the service
- Increase the sustainability of the Washington State Family Planning Network

*We* means Department of Health (DOH)

*You* means the family planning services contractor

*Contract manager* means DOH employee who manages your contract.
Staffing

Appropriate licenses and medical director oversight
You must make sure that all staff meet all requirements for certification or licensing. Their licenses must be current and you must make sure that they practice within their scope.

Your organization must have a medical director who is a physician with experience that includes family planning.

See Helpful References: State and federal law and the DOH Provider Credential Search webpage for more information.

Coordinator for activities under this contract
You must dedicate a portion of an FTE specifically to coordinate contract activities. This person does not need to be a clinician. Desirable skills include: written and verbal communication, and familiarity with your EHR, CVR submissions, and outreach and education tools. This person must be available to attend family planning network meetings and regular check-ins with their contract manager.

Training—annual unless noted otherwise
You are responsible for making sure all staff have the knowledge to carry out the requirements of this contract. Training can include on-the-job training, workshops, in-person or online courses, in-house updates, or any other training that provides continuing education appropriate to job responsibilities. You must document all training for all staff. Also see Helpful References—Resources for Training.

All staff, including clinic volunteers

- Contract requirements as they apply to job responsibilities.
  - No variation in services regardless of ability to pay
  - Client confidentiality
  - Clinic visit record (CVR). Also see our CVR Manual
  - Other elements as appropriate for their role in your organization
- Diversity, equity, and inclusion; cultural humility; cultural competency
- Culturally and linguistically appropriate services (CLAS)
- EHR training appropriate to their role in your organization
- HIV/AIDS. See RCWs 70.24.270 and 70.24.310, WAC 246-12, Parts 7 and 8 and DOH HIV/AIDS Training Requirements webpage.

- Verified or provided on hire for nonprofessionals
- As required for each profession

We means Department of Health (DOH)
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• Human Trafficking, including identifying survivors and offering support
• Mandatory Reporting (see Helpful References—State and Federal Law for more information)

Front desk and scheduling staff
• Noncoercion
• Using family size and income to identify Federal Poverty Level (FPL)
• Your sliding fee schedule

Clinical staff
• Noncoercion
• Notifiable conditions. See WACs 246-101-101 and 246-101-635
• Shared decision-making

Staff responsible for CVR Data and EHR modifications
• Contract requirements related to data collection (CVR)
• Data transfer requirements for CVRs (see Washington State CVR Manual)
• Using family size and income to identify Federal Poverty Level (FPL)
• Your sliding fee schedule

Fiscal staff
• Confidential billing
• Contractual billing requirements (also see Billing DOH—Reimbursement for Contract Activities)
• Using family size and income to identify Federal Poverty Level (FPL)
• Your sliding fee schedule

Unallowable Activities
State law regulates the use of public funds to procure goods and services. As a state agency, we are required to be good stewards of state funds and to be transparent to state taxpayers. As such, we do not allow contract funds to support certain activities.

Contract funds may only be used to support infrastructure, staff, and activities in Washington State.

You must NOT use contract funds to:

• Support lobbying activities
• Purchase items with a useful life of more than one year and a purchase price of more than $5,000 per item.
Counting Clinic Visits—Clinic Visit Records (CVR)

You report contract-related family planning clinic visits to us by submitting Clinic Visit Records (CVR). We use CVR data to improve performance of the Network as a whole, help individual contractors increase their effectiveness, inform family planning policy in Washington, and allocate future funding. CVRs are generated from your EHR.

Our epidemiologist and your contract manager will discuss your data trends with you and work with you to improve data accuracy and solve data transmission problems.

You may only submit a CVR for visits that meet one of the following six descriptions:

1. Are for family planning counseling only. If contraceptive method counseling, you may count only if:
   A. No contraceptive method is provided due to client choice
   B. Education is provided regarding client choice of fertility awareness based method/natural family planning or abstinence
   C. Includes a follow-up visit for further discussing options or initiating a contraceptive method on your sliding fee schedule

2. Initiate or continue a contraceptive method on your sliding fee schedule

3. Remove long-acting reversible contraceptive (LARC) and do one of the following:
   A. Initiate a contraceptive method on your sliding fee schedule
   B. Provide no contraceptive method due to client choice
   C. Include a follow-up visit for initiating a contraceptive method on your sliding fee schedule

4. Include a negative pregnancy test and do one of the following:
   A. Initiate a contraceptive method on your sliding fee schedule
   B. Provide no contraceptive method due to client choice
   C. Include a follow-up visit for initiating a contraceptive method on your sliding fee schedule

5. Include a positive pregnancy test, which must always include all-options pregnancy counseling and appropriate referral

6. Include a pregnancy/parenting intention question or family planning counseling and at least one of the following:
   A. Other services on your sliding fee scale (for example intention question/family planning counseling and STI testing/treatment or pap test)
   B. Abortion procedure
   C. Sterilization procedure
   D. Non family planning-related primary care, including gender affirming hormonal care

You must not CVR visits that initiate or continue contraceptive methods that are not included on your sliding fee schedule.

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1 Family planning counseling includes: contraceptive methods, infertility, preconception and pregnancy options.
2 Do not report related expenses or program income on R&E
You must not report expenses or program income related to visits 6b-d on your Revenue and Expense Report (R&E).

Visits you CVR do not have a one-to-one relationship with visits you report for contract reimbursement (see note at bottom of item 6 above).

- You should submit a CVR for all clinic visits described above.
- You must not report expenses related to visits described in 6b-d on your R&E.
- All clinic visit expenses reported on your R&E must have a CVR, but not all CVRs will be reflected on your R&E.

See *Billing DOH* for more related to billing and contract reimbursement.

Also see the Washington State Department of Health *Clinic Visit Record Manual*.

**Reporting to DOH**

In addition to providing data on clinic visits that include family planning as described above, there are other reporting requirements related to your contract. Make sure to review your current contract for due dates and specifics.

**Contact information for your organization**

We need to know who to contact for what. This helps us provide technical assistance appropriately, make sure you are aware of changes related to family planning or your contract, and allows us to adequately monitor contracts. We also share this information with other Network members to facilitate problem solving and sharing of best practices.

You must alert us within 30-days of staff vacancies and changes for key staff. Include their role name, phone and email information. Key staff include:

- The head of your organization
- Your organization’s head of finance
- Your organization’s medical director
- The following (one person might fill more than one role):
  - **Contract coordinator**: person with the most comprehensive on-the ground knowledge of the activities and services related to your contract. See *Staffing—Coordinator for activities under this contract*. This person will be the liaison for contract work within your organization. This is typically someone involved in the day-to-day activities of your contract, rather than the person who signs your contract. Your contract coordinator will work directly with our contract manager.
  - **Clinical representative**: person who is the liaison between our nurse consultant and your clinicians. This should be one person even if you have multiple clinics. It should be a clinician who communicates the requirements of the contract to patient care providers and provides oversight of contract activities.
  - **Billing contact**: person with the most knowledge of your DOH invoices. This person will be our liaison to make billing and receiving payment efficient.
- **Outreach and education contact**: person who coordinates your outreach and education efforts. This should be someone who is familiar with your communication and outreach plan and is involved in day-to-day implementation.

- **Contact for CVR data**: person our epidemiologist can work with to make sure your data is being collected and reported accurately and efficiently. This should be someone who is familiar with the CVR and CVR manual and is responsible for making sure your CVR data is submitted as required by your contract.

- **Contact for EHR technical assistance**: person in your organization most familiar with your EHR. Our epidemiologist will work with this person to make sure your interface with CVR data system is successful and accurate. This person will also let us know about EHR modifications or EHR contract changes your agency is considering.

- Anyone else you think will make partnering more efficient and effective

**Your community outreach plan or progress report**

You must develop a Community Outreach Plan every five years. You must not implement the plan until you receive approval from your contract manager. DOH will provide a template for this plan and for yearly progress reports. We will review your outreach plan to ensure that it was developed through a process of data driven decision making and will successfully address the unmet needs of your community.

**Your plan for addressing Network Statewide Plan activities**

Periodically, the Family Planning Network develops a statewide work plan. You will be involved in developing and finalizing this plan. Activities focus on improving the strength of the Network and access to Network services for everyone who wants and needs them. Some tasks will be the responsibility of DOH, some of a subset of the Network, and some of individual contractors.

You must develop a plan that describes how you will address portions of the Network work plan that you are responsible for or involved in. Include a description of the staff involved and timelines for your activities. You must send us your initial plan and progress reports.

**Data not provided through CVRs**

We use data to analyze trends and inform Network improvements. In addition to CVRs, you must submit the following for the previous calendar year:

- Pap tests with an ASC or higher result
- Pap tests with an HSIL or higher result
- HIV Positive confidential tests
- HIV anonymous tests
- FTE required to provide contracted services:
  - Physicians
  - Physician assistants + nurse practitioners + certified nurse midwives
The training your staff received in the last year

We will provide a template for you to report on the contract-related training your staff receive. This must include a description of the training, when it occurred, who attended, and any costs beyond staff time.

See *Staffing—Training* for a description of required training.

See *Email Your Contract Manager Before* for prior approval requirements

Your sliding fee schedule and the cost analysis used to develop it

You must offer certain services at a sliding fee (see *Chapter 3: Services Supported by Contract Funds*). You must email your contract manager a copy of your fee schedule and the cost analysis used to develop it by the due date specified in your contract. This might be the same fee schedule and cost analysis you used in the previous contract period—the requirements below still apply.

- You may use the last fee schedule approved under a prior contract for up to 60 days from the start date of your current contract.
- You may choose to change your fee schedule at any time to reflect business needs or other changes.
- You must have approval from your contract manager before using a new sliding fee schedule.

See *Setting Costs to Ensure Sustainability and Client Access to Care* for requirements related to sliding fee schedules.

Cost methodology you use to determine expenses billed to this contract

Before we reimburse you for your work, we need to verify that your invoices will only include appropriate expenses. This is part of our responsibility as stewards of public funds. You cost methodology must describe how you determine appropriate expenses for the purpose of billing DOH. See *Billing DOH* for more information.

- The DOH approval date must be later than the start date of your contract.
- Approval must be from your contract manager and documented in writing.
- DOH may need to test your cost methodology on site at your organization before approving. You must coordinate with your contract manager to facilitate such testing.
- DOH will not process invoices based on unapproved cost methodologies.
- We may review your accounting system and records at any time on-site at your organization or ask that you send us documentation for review to ensure that you are using an approved cost methodology.

R&E (revenue and expense workbook) and additional financial documentation

We provide you with an R&E workbook. You must use this tool to report all program income that supports your contract activities and services and expenses related to those
activities and services. Your R&E also calculates the maximum you can invoice each month. We will provide you a revised R&E each time there is a change to the funding in your contract. Make sure to use the most current R&E for generating your invoice.

We may also require additional financial information as described in *Billing DOH*.

**Any subcontracts related to providing contracted services**

You are responsible for making sure subcontractors meet all contract requirements. Your contract manager will monitor these activities in the same way they monitor the activities you provide directly.
Chapter 3—Services Supported by Contract Funds

Community Education and Health Promotion

You must engage in activities that increase your community’s knowledge of:

- Family planning in general: what it includes, why it is important, who might want to consider it.
- The family planning services your organization offers and how to access them
  - Discounted cost to clients due to sliding fee scale
  - The location and hours for each of your clinics

In addition to outreach and education efforts tailored to the predominant populations in your community, you must also tailor efforts to reach the most vulnerable populations in your community and those that are difficult to reach.

You must use your Community Outreach Plan to guide your efforts. Your community outreach plan includes a community needs assessment along with implementation and evaluation plans. You will analyze your community needs to develop strategies and activities and use the results of the evaluation to improve your plan each year.

Clinic Visit Services—Available at Sliding Fee

Required as sliding fee

You are required to provide family planning visits for new and established clients at a sliding fee. These must include informational and preventive visits as well as visits for procedures, supplies, and tests included on your sliding fee schedule. They must include all lengths of visits.

Contraceptive-related visits must include medical eligibility screening for initiating contraceptive use and for continued use. Staff should refer to the guidelines stated in the CDC’s U.S. Medical Eligibility for Contraceptive Use (US MEC).

Other best practice guidelines to reference include:

- U.S. Selected Practice Recommendations for Contraceptive Use (US SPR)—CDC
- Guide to Taking a Sexual History—CDC
- Before Pregnancy—CDC
- Safe deliveries roadmap: Best practice recommendations for pre-pregnancy care—Washington State Hospital Association (WSHA)

Also see:

- State and Federal Law for notifiable conditions.
- General Requirements—Services for information on requirements about the manner of providing services.
• Providing Quality Family Planning Services for best practices.
• See updated statement by ACOG on LARC and Reproductive Choice.

Each visit must include appropriate health education, counseling, and shared decision-making.

If a client

• Is choosing a contraceptive method, you must provide counseling about all methods of contraception unless client requests otherwise.
  - Permanent  - Long-acting  - Hormonal  - No method  - Fertility
  - Reversible  - Shorter term  - Nonhormonal  - Abstinence  - Fertility awareness
• Has a positive pregnancy test, you must provide counseling and referrals about all pregnancy options unless client requests otherwise.
  - Prenatal care and delivery  - Foster care and adoption  - Abortion

All required services must be available at a sliding fee, but some are not required to be available at each clinic

You must provide all required services at a sliding fee based on family size and family income. These services represent a balance between making sure clients’ choice of contraceptive method is not impeded by cost and making sure your participation in the Network is financially sustainable. Most of these services must be available at all clinics supported by contract funds.

We realize that some services require special clinical skills or storage parameters that might not be available at all clinics. Additionally, for small volume clinics, it might be difficult to use some inventory prior to expiration.

You may provide the services listed below through internal referral to another of your organization’s clinics. These services must still be available to every client at a sliding fee. Please provide them at as many clinics as possible.

• LARC: within your organization you must have at least one IUD and an implant on your sliding fee schedule. If the:
  - Implant is available at a clinic, the IUD must be available by internal referral
  - IUD is available at a clinic, the implant must be available by internal referral
• Hormonal vaginal ring
• Transdermal contraceptive patch

These services must be available at each of your clinics

You are required to provide these services at every clinic we fund and to provide them at a sliding fee.

• LARC: within your organization you must have at least one IUD and an implant on your sliding fee schedule. If the:
  - Implant is available at a clinic, the IUD must be available by internal referral
- IUD is available at a clinic, the implant must be available by internal referral
  - At least one
    - Progestin-only pill (POP)
    - Combination oral contraceptive
    - Oral emergency contraceptive
  - DMPA injection (Depo-Provera)
    - External condoms
    - STI testing
    - HIV testing
    - Treatment for Chlamydia and Gonorrhea

You must also offer or refer for Syphilis and HIV treatment at every clinic, but you may choose to provide treatment without a sliding fee.

Optional as sliding fee

You may choose to offer additional family planning-related services at a sliding fee. Funding from our contract may be used to support these services in addition to the required services.

Services you might consider adding include:

- Additional LARC
- More hormonal methods
- Internal condoms
- Other barrier methods
- More methods of emergency contraception
- HPV testing
- HPV vaccine
- Syphilis treatment
- Hepatitis B screening
- Hepatitis B vaccine
- Hepatitis C testing
- Herpes testing
- PrEP for HIV prevention
- PEP for HIV post-exposure
- Pap smear
- Urinalysis and other tests
- Other family planning-related lab screening

Over-The-Counter Supplies—Available at Sliding Fee

Required

If an item on your sliding fee schedule can be dispensed without a clinic visit, you must do so, at the appropriate sliding fee, on client request. See *Pharmaceuticals and prescriptions—state law* for information on dispensing oral contraception

Colposcopies, Medical and Surgical Abortions, and Other Family Planning Related Surgical Services

You may use up to 3% of your funds to support colposcopies, medical and surgical abortions, vasectomies, and other family planning-related surgical services for clients with both:

- FPL below 250% AND
- No third-party coverage for these services
You must be able to account for these separately in your financial systems. Expenses and other funding related to these services must not be included in your general revenue and expense report.

- We will reimburse for these as fee-for-service at the Medicaid reimbursement rate. You must consider payment from us as payment in full.
- You must not bill clients for these services.

To use some of your funding for these services, email your contract manager. You can do this anytime within the term of your contract. Your total contract allocation will not change.
Chapter 4—Getting Paid for Your Services

Setting Costs to Ensure Sustainability and Client Access to Care

Your contract requires that you provide the services on your sliding fee schedule to anyone who wants and needs them. You must provide the same quality of services to everyone, regardless of their ability to pay or account balance. See Clinic Visit Services and Over-The-Counter Supplies for more on required and optional sliding fee services.

You are required to offer certain services at a sliding fee, with defined discounts based on clients’ federal poverty level. You may choose to include additional services at a sliding fee. Your sliding fee schedule must be designed to recover a reasonable cost of providing the included services to your clients as a whole.

Fees must be based on a cost analysis conducted every three years or more frequently if you are not recovering a reasonable portion of the cost of the program. Each cost analysis must be approved by your contract manager. Each fee schedule must also be approved by your contract manager before you implement it.

Cost analyses

Your cost analysis provides information to support the fees you set on your sliding fee schedule. A cost analysis is an assessment comparing:

- Third-party payments you expect from providing the services on your sliding fee schedule with
- Your estimate of the costs associated with providing those services.

Your contract manager will provide you a cost analysis template if you request it, but we do not require you to use our template.

Income conversion table

You must use an income conversion table to identify each client’s federal poverty level (FPL). This table must be based on federal U.S. Department of Health & Human Services Poverty Guidelines. You must update your income conversion table each time the federal poverty guidelines are updated (typically in January of each year.) and submit to DOH for approval.

Your income conversion table MUST:

- Be based on family size
- Be based on family gross income
- Include categories that mirror the categories on your fee schedule
Sliding fee schedule

If you receive federal funding that includes sliding fee schedule requirements, you may use that fee schedule. You must still submit it to your contract manager for approval. Include a description of the federal funding and related fee schedule requirements.

If you do not have federal funding that requires a specific sliding fee schedule, your sliding fee schedule MUST:

- Be based on a cost analysis approved by your contract manager as described in Reporting to DOH. (If you are not recovering a reasonable cost of providing services, you should update your cost analysis)
- Be updated whenever a new cost analysis is performed
- Include your organization’s name
- Include “Effective on DATE.” (You specify the DATE). You must have DOH approval before implementation
- Include a minimum of four categories based on clients’ FPL, including
  - One zero-fee category for FPL equal to or below 100%
  - Two or more partial-fee categories for FPL between 101% and 250%
  - One or more categories for FPLs above 250%
- Only include categories that match the categories on your income conversion table—categories must be for a range of FPL with no other descriptors
- Be designed so a reasonable cost of service is recovered through fees charged for clients with FPL over 250%
- Include all services and supplies required by this contract
- Include all additional services and supplies you choose to support with contract funds

Unless your federal funding will not allow it:

- We encourage you to construct the highest category of your fee schedule to include charges at least as high as their highest third party payer reimbursement. This will increase your ability to sustain the services you provide through our contract.
- We encourage you to construct fee schedules with multiple categories above 250% FPL in order to remove cost as a barrier to self-pay clients.

Billing Third-Party Payers—Public and Private Insurance Plans

You must bill all third parties authorized or legally obligated to pay for services, unless doing so would compromise the client’s requested confidentiality. This includes both public and private insurers. You must bill Medicaid for all clients with Medicaid coverage. Medicaid has mechanisms in place to protect client confidentiality, including explanations of benefits (EOBs).

- Bills to third parties must show total charges without applying any discount
- You must bill all third-party payers, including those you do not have contracts with
Payments related to services on your sliding-fee schedule must be used to support your contract activities as a whole. You must report these payments as described in *Billing DOH*.

**Billing Clients—Client Responsibility for Cost of Care**

**Ensuring client privacy when discussing financial matters**

You must make sure your client’s privacy and confidentiality is always maintained. This includes discussion of their finances. All clients must be provided with a private space and the opportunity to discuss their financial status and need for extra confidentiality one on one with your staff. They must have the opportunity to do this alone without a parent or other person accompanying them. Also see *General Contract Requirements—Facilities*.

**Keeping client discount eligibility current and documented**

You must:

- Determine a client’s eligibility for a discount at least annually. See *Determining Client FPL* below
- Record each client’s eligibility for a discount in their financial record

**Use your sliding fee schedule for all clients**

You must use your sliding fee schedule for all clients, even if they have third-party coverage. This makes sure clients do not pay more than they should.

- Clients must never pay more than they would without insurance
- Clients must never pay more than their insurance policy requires (deductible, copay, coinsurance) TC1 162-163
- Client fee + insurance payments must never be more than your contracted amount with the third-party payer

We provide a tool to assist with calculating fees for clients with third-party payers, along with other tools and templates at [https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources/NetworkSpecific](https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources/NetworkSpecific).

**Providing same care regardless of client discount or ability to pay**

Clients must not be denied services supported by this contract or be subjected to any variation in quality of services because of their discounted fee, inability to pay, or account balance.

**Making a reasonable effort to collect fees from clients**

You must make:

- Reasonable efforts to collect the amount due from clients
• Sure your billing efforts do not jeopardize the level of confidentiality requested by the client
• Sure client balance is not a barrier to client receiving services

No charge or nominal charge for low-income clients

If you receive federal funding that includes sliding fee schedule requirements, you may use that fee schedule. We realize that this may include charging low-income client’s a nominal fee.

If you do not receive federal funding that includes sliding fee schedule requirements, your sliding fee schedule must include a no-charge (100% discount) category for clients with incomes at or below 100% FPL. You must not charge these clients for services included on your sliding fee schedule.

See also Setting Costs to Ensure Sustainability and Client Access to Care.

Waiving fees

You may choose to implement a process for waiving fees for extraordinary circumstances. This would allow you to provide services at no charge to certain clients even if their FPL is over 100%. If you choose to do this, you must:

• Have a process in place for determining extraordinary circumstances that includes documenting each request, whether fees are waived or not
• Designate a specific person as responsible for making the determination

Determining clients’ FPL, which determines their sliding fee discount

You must determine every client’s discount category on your sliding fee scale. This includes clients with third-party payers as well as those who have no insurance.

• We use this data to
  - Evaluate our effectiveness as a statewide network
  - Provide evidence of the benefits of publicly funded family planning
• Insured clients might owe less out-of-pocket as a result.
  - Client must never pay more than they would without insurance
  - Client must never pay more than their insurance policy required (deductible, copay, and/or coinsurance amount)
  - Client payments + insurance payments must never be more than your contracted amount with the third party payer.
• For more about sliding fees and third party payers, see https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources/NetworkSpecific

A client’s discount category is determined by their family size and family income using the U.S Poverty Guidelines.
Determining a Client’s Family Size

For the purposes of our Family Planning Network, a family is a social unit composed of one or more people living together in a family-like relationship, as opposed to a business-like relationship.

The information below is to clarify our definition of family for the purpose of determining client discount. You might find it useful if clients have questions about who to include. You might also include it in material related to your sliding fee scale.

- People do not need to be married to be counted in family size and income
- Dependents away at school are included in family size and income

A family-like relationship is when:

- People live integrated, joint, or combined lives
- The client is claimed by other people as a dependent for tax purposes
- The client claims other people as a dependents for tax purposes
- The people involved share decisions about each other’s lives
- The people involved support the client financially (beyond sharing housing costs)
- The client supports the other people involved financially (beyond sharing housing costs)

A business-like relationship is when:

- The people involved live separate lives under the same roof
- The client is not claimed by other people as a dependent for tax purposes
- The client does not claim other people as a dependents for tax purposes
- The people involved do not share decisions about each other’s lives
- The people involved do not support the client financially (beyond sharing housing costs)
- The client does not support the other people financially (beyond sharing housing costs)

Examples:

<table>
<thead>
<tr>
<th>Description</th>
<th>Family Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person living alone or sharing housing costs with roommates</td>
<td>1</td>
</tr>
<tr>
<td>A foster child</td>
<td>1</td>
</tr>
<tr>
<td>A teen who is not financially supported by a parent (not living with a parent and not a dependent college student)</td>
<td>1</td>
</tr>
<tr>
<td>A teen whose parents are unwilling to pay</td>
<td>1</td>
</tr>
<tr>
<td>A person who requests additional confidentiality</td>
<td>1</td>
</tr>
<tr>
<td>A single parent with one or more children</td>
<td>1 + # of children</td>
</tr>
<tr>
<td>A couple with or without children</td>
<td>2 + # of children</td>
</tr>
</tbody>
</table>
A single parent or couple with a child or young adult away at school | 1 or 2 + # of children at home + # of dependents away at school
An adult or couple living with a parent or parents when the relationship is family-like in nature | # of parents + 1 or 2 + # of children in household
Related or unrelated adults with or without children in a family-like relationship | # of adults + # of children

Exceptions:

Do not add foster children or other unrelated children to family size.

People under 18 years old should only be considered a member of their parent’s family if ALL of the following apply:

- They do not require confidential services
- They are financially supported by a parent
- The parent is willing to pay

If one or more of the above does not apply, the person under 18 is a family of one.

Determining a client’s family income

For the purpose of the Family Planning Network, income refers to gross monthly income (income before taxes or other deductions or garnishments). If a client provides gross annual income, divide it by 12. Family income is the income for all family members from all sources.

- Full-time, salaried employees: use most recent month’s gross monthly income
- Part-time or commission-based employees, or people with unstable income: use annual gross income divided by 12
- Unemployed currently or during the previous 12 months: use annual gross income divided by number of months worked
- For clients who only know their net income (take-home pay), use net income multiplied by 1.15

You are not required to verify income, but may choose to. If a client does not have income documentation, you:

- May
  - Request that the client bring written documentation of their family income at their next visit
  - Require the client to sign a form stating that their income declaration is accurate
  - Verify a client’s family income using other lawful, valid means
- Must not
  - Deny services due to lack of income verification
  - Assign clients higher income than the client reports, unless you have verification of the higher income
  - Charge higher fees to clients who do not provide documentation of income

We means Department of Health (DOH)
You means the family planning services contractor
Contract manager means DOH employee who manages your contract.
The information below is to clarify our definition of income for the purpose of determining client discount. You might find it useful if clients have questions. You might also choose to include it in material related to your sliding fee schedule.

Income includes:

- Wages, salary, and tips received before deductions
- Interest received on a bank account
- Alimony and child support received
- Social Security benefits received, such as widow’s benefits, children’s allowances, and disability benefits
- Unemployment benefits received
- Military allotments received
- Veteran’s benefits received
- Rent received from others for housing owned by the family
- Income from a business run by the family

Income does not include

- Temporary government assistance (like TANF)
- Grants, such as student grants
- Receipt from sale of possessions
- Withdrawal from savings
- Loans
- Inheritance
- Maturity payments on insurance policies
- Lump sum compensation for injury or legal damages
- Tax refunds
- Payment for foster parenting

**Client billing and fees must be the same regardless of client age**

You must:

- Use the same sliding fee schedule for all clients, regardless of age
- Not have a general policy of zero fee or flat-fees for people under 18 years old
- Bill all third-party payers for all clients, regardless of age.
  - Client confidentiality requests take precedence over all other considerations. You must not do anything that might breach or jeopardize the confidentiality of a client who has requested extra confidentiality protection.
  - Medicaid has a robust system for protecting confidentiality. Bill for all Medicaid services.

*We* means Department of Health (DOH)  
*You* means the family planning services contractor  
*Contract manager* means DOH employee who manages your contract.
Bills to clients must be clear and delivered as appropriate for each client

Billing must maintain client confidentiality

Client confidentiality must be maintained at the level requested by each client. If a client needs confidential billing, you must work with them to develop a billing method that meets the needs of the client and your organization.

Client bills must show the cost of services and the client’s responsibility

When a client is responsible for paying you for services, you must let them know both the full cost of those services and the amount that they are responsible for paying you.

Asking Clients for Donations

If you receive donations from clients in conjunction with providing services on your sliding fee schedule, you must:

- Use those donations to support other contract-related activities
- Report the donations to us as revenue. See Billing DOH below.
- Be able to track the donations in your accounting system and clearly show they were used as required.

You must not:

- Pressure clients to donate
- Require donations before providing services or supplies
- Consider donations a replacement for client billing or payments
- Include a clients’ donations in their medical record
- If you choose to document a client’s donations in their financial record, you must state that it is a donation and not payment for services rendered

You do not have to report donations received through other channels or at other times.

Billing DOH—Reimbursement for Contract Activities

We will perform a risk assessment of your organization prior to each contract. This assessment determines the type of financial documentation you must provide. This enables us to meet state contract management requirements. Requiring less documentation from lower risk contractors also reduces the administrative burden on the Network as a whole.

Your DOH contract manager will provide a description of the documentation you must submit with each invoice.

What we need from you

We can reimburse you for expenses related to contract activities as soon as:

- We have a fully executed contract covering the billing month
• All deliverables due prior to the end of the month you are billing for have been submitted by you and approved by your contract manager. For each month, these include:
  - Your R&E workbook showing the Revenue and Expenses for the billing month
  - A signed invoice (A19) for the billing month
    ▪ Local health jurisdictions who use the DOH Consolidated Contract use the standard ConCon A19. It must reflect the amounts calculated by your R&E
    ▪ All other A19s must be generated by your R&E
  - All financial backup documentation as determined by your current risk assessment.
  - CVR data for the billing month successfully submitted to our family planning data system
  - Any other deliverables specified in your contract with due dates prior to the end of the month being billed
  - If you chose to use some contract funds to provide abortion and other family planning-related surgical services, you also must submit
    ▪ A separate Surgical A19 on the template provided by us
    ▪ A surgical attachment (provided by us) and a redacted copy of the Health Insurance Claim Form for each claim

You must email your A19, R&E, and back up documentation to your contract manager. In order to reduce transcription errors and allow us to process your payment efficiently, attach your R&E as an Excel document. We will not accept pdfs of R&Es.

**Steps we take after receiving your invoice (A19)**

After your contract manager receives your A19, R&E, and backup documentation they:

• Make sure all other required deliverables have been submitted and approved
• Make sure your CVR data has been successfully submitted
• Review your invoice and R&E and work with you to resolve any issues or questions
• Approve your A19 and routes it for payment

If all deliverables are submitted and there are no questions regarding them, you should receive payment about two weeks after we receive your A19. If you have a question about the status of a payment, contact your contract manager.

**Withholding payment**

We will withhold payment if:

• Deliverables are late or do not meet requirements
• CVR data has not been submitted in an acceptable manner
• Documentation of expenses and revenue is not adequate
• You are out of compliance with your contract for any other reason
• You have repeat or unresolved monitoring review findings

Your R&E (revenue and expense workbook)

As specified in your contract you must report your revenue and expense for each billing month. We provide you with an Excel workbook for this purpose (R&E). Your R&E calculates the maximum amount you can bill based on the balance remaining in your contract and your revenue and expenses for each month. For contractors who are not local health jurisdictions (LHJs), the workbook also generates your monthly invoices (A19s). LHJs use Con-Con billing, but must not bill more than the amount calculated by their R&E.

Revenue (program income and other sources that support your contract activities)

You must report the revenue that supports your contract activities on a cash basis—the cash that actually came into your organization during the month being billed for.

For the purpose of this contract, revenue is all funding excluding funding from this contract that supports contract activities. This must include program income: client payments and all third-party payments related to clinic visits reported as expenses on your R&E. It may also include donations, private, state, or federal grants, and any other source of funding that supports your contract activities.

You must report all donations received in conjunction with visits you submit as expenses on your R&E. You do not have to report donations received through other channels or at other times. (See Asking Clients for Donations.) If you report donations on your R&E you must:

• Use those donations to support other contract-related activities
• Report the donations to us as revenue.
• Be able to track the donations in your accounting system and clearly show they were used as required.

Expenses

You must report the expenses related to your contract activities according to your accounting basis (typically accrual)—the expenses recorded on your books for the month you are billing for.

For the purpose of this contract, expenses are the expenses related to contract activities.

• Allowable expenses for R&E reporting include:
  - Staff time documented through time and effort reports:
    ▪ Directly related to visits reportable on your R&E (see below)
    ▪ Directly related to outreach and community education
    ▪ Specifically dedicated to contract activities
  - Rent, communications, and other expenses tied to staff time described above
  - Expenses for contraceptive supplies included on your sliding fee schedule
  - Other expenses directly related to contract activities (for example Materials and travel directly related to contract outreach and community education activities)
- Allocated costs calculated using a DOH-approved cost methodology
- Indirect costs at your federally approved indirect rate

- Unallowable expenses for R&E reporting include:
  - Staff time and other expenses related to clinic visits NOT reportable on your R&E (see below)
  - Rent, communications, and other expenses tied to unallowable staff time
  - Expenses, such as rent and communications, related to unallowable staff time
  - Materials and travel NOT directly related to contract activities
  - Expenses for contraceptive supplies NOT included on your sliding fee schedule
  - Costs for refreshments, meals and beverages
  - Staff bonuses and incentives
  - Recruitment costs such as candidate travel expenses or incentives
  - Allocated costs when DOH has not approved a cost methodology
  - Expenses related to abortion services and other family-planning related surgical services. (If you choose to provide these with a portion of your funds, they are billed for and reimbursed in a different way. See *What we need from you*, above)

**Report expenses and program income on R&E related to visits that meet one of the following descriptions**

1. Are for family planning counseling only\(^3\). If contraceptive method counseling, only if:
   - A. No contraceptive method is provided due to client choice
   - B. Education is provided regarding client choice of FABM/natural family planning
   - C. Includes a follow-up visit for further discussing options or initiating a contraceptive method **on your sliding fee schedule**

2. Initiate or continue a contraceptive method **on your sliding fee schedule**

3. Remove long-acting reversible contraceptive (LARC) and do one of the following:
   - A. Initiate a contraceptive method on your sliding fee schedule
   - B. Provide no contraceptive method due to client choice
   - C. Include a follow-up visit for initiating a contraceptive method on your sliding fee schedule

4. Include a negative pregnancy test and do one of the following:
   - A. Initiate a contraceptive method **on your sliding fee schedule**
   - B. Provide no contraceptive method due to client choice
   - C. Include a follow-up visit for initiating a contraceptive method **on your sliding fee schedule**

5. Include a positive pregnancy test (which must always include all-options pregnancy counseling and appropriate referral)

6. Include a pregnancy/parenting intention question or family planning counseling\(^1\) and at least one other service **on your sliding fee scale** (for example STI testing/treatment or pap tests)

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\(^3\) Family planning counseling includes: contraceptive methods, infertility, preconception and pregnancy options.
All visits with expenses and program income reported on your R&E should also be included in your CVR data. See *Counting Clinic Visits—Clinic Visit Records.*

**DO NOT** Report expenses and program income related to visits that meet any of the following descriptions

<table>
<thead>
<tr>
<th>Description</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are reported to any other grant as an expense (FQHC 330 grant, for instance). Submit CVR if a pregnancy or parenting intention question was asked, or if visit also matches description of reportable visits. See Counting Clinic Visits—Clinic Visit Records.</td>
<td></td>
</tr>
<tr>
<td>2. Includes abortion, sterilization, or other family planning related surgical procedure and A. Includes a pregnancy or parenting intention question or contraceptive counseling but does not initiate or continue a contraceptive method. Submit CVR</td>
<td></td>
</tr>
<tr>
<td>B. Initiates or continues contraceptive method on your sliding fee schedule.</td>
<td></td>
</tr>
<tr>
<td>C. Initiates or continues contraceptive method <strong>NOT</strong> on sliding fee schedule. Do NOT CVR</td>
<td></td>
</tr>
<tr>
<td>D. Does not include family planning counseling or method initiation or continuation.</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 5—Ensuring Compliance with Your Contract

On-Site Reviews

We will conduct an on-site review of each contractor at least once every three years. On-site reviews include administrative, clinical and fiscal components. We may bring outside experts to reviews. We will notify you of the names and affiliations of all reviewers.

Our reviews are not meant to be punitive. They are meant to assist you to meet contract requirements.

The purpose of the on-site review is to

- Assess your compliance with contractual requirements
- Identify training and technical assistance needs
- Identify noncompliance issues

We can’t do it without you

We need your questions, explanations, suggestions, and assistance throughout the review process. Your involvement improves accuracy, efficiency, and increases the assistance we can provide through the review process.

We want to make sure:

- On-site reviews do not disrupt your organization
- You are not surprised by any aspect of the review
- Our visits are useful to you and help you improve services and operations

To this end we:

- Negotiate mutually agreeable dates for reviews
- Email you a formal agenda and letter to confirm review dates
- Will share our review tools prior to the review
- May request that you send us some items prior to your review date
- Coordinate entrance and exit interviews to explain the process and discuss findings
- Encourage you to explain, question, suggest and comment throughout
- Email you a final report that includes a compliance and action plan
- Request that you respond to the compliance and action plan in writing
- Will work with you to resolve any issues

We means Department of Health (DOH)
You means the family planning services contractor
Contract manager means DOH employee who manages your contract.
On-site review logistics

DOH responsibilities

A month before the review your contract manager will email you:

- Names of DOH review team including any outside experts
- A list of the expertise that must be available to our review team during the review, with suggestions for specific staff
- A copy of the review tool we will use
- A list of documents we would like you to email us prior to the review, to allow more time on-site for in-depth discussions

At on-site review the DOH team will

- Meet with your staff to discuss the review, answer questions, and finalize logistics (entrance interview).
- Discuss the review with you as it progresses and document all findings
- Convene an exit interview with your team at the end of the review to discuss their findings with you. Our reviewers will ask questions and invite your team to ask questions. They will make suggestions and provide explanations and invite your team to make suggestions and provide explanations. For mutual convenience, exit interviews might be scheduled at a later date.

Within 60 days of your review, your contract manager will email you the final report of findings, recommendations, and suggestions.

If we identified any noncompliance issues, your report will include a corrective action plan to resolve them. The plan will include:

- A description of each issue
- What needs to be done to resolve each issue
- The name of the person at the agency responsible for resolving them.
- The dates by which compliance issues are will be resolved.

We will work with you to resolve noncompliance issues and will monitor progress on your corrective action plan. This might include follow up site reviews to document progress or final compliance. We reserve the right to withhold payment until all issues are resolved.

Contractor responsibilities

- Identify appropriate staff and make sure they are available throughout the review
- Work with contract manager to identify mutually agreeable dates
- Email your contract manager requested documents at least 2 weeks before review or as agreed upon.
- Make sure appropriate staff are available throughout the review
• Respond with additional information after the review, as requested
• Make sure appropriate people in your organization receive the final report and corrective action plan (if corrective action is required)

**Monitoring Tools for On-Site Reviews**

We will share our monitoring tools with you prior to your review. These tools are also available at [https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources/NetworkSpecific](https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources/NetworkSpecific).

There is a tool for each component of the review: Administrative, Fiscal, and Clinical.

**Approving Deliverables**

In addition to our in-depth on-site reviews, we monitor your contract compliance as part of our daily activities. We summarized the deliverables specified in your contract below. Please review your actual contract for specifics.

DOH reserves the right to withhold payment until all past due deliverables have been submitted and approved by DOH and all compliance issues have been resolved.

**CVR data is required monthly**

You must submit clinic visit reports (CVRs) to the Family Planning Network data system monthly. Each month’s data is due on the last day of the next month. This data must:

• Be submitted electronically in a format compatible with the Network data system
• Only include reportable visits. See [Counting Clinic Visits—Clinic Visit Records](#)

Also see the Washington State Department of Health [Clinic Visit Record Manual](#).

**Financial documentation is required with each invoice**

All contractors must submit an R&E using the workbook provided by DOH with each invoice. See [Billing DOH](#) for more information on R&Es.

We assess the risk of our contractors before contracting with them. The result of that assessment determines the type of financial backup documentation we require with each invoice (A19). Requiring less documentation from lower-risk contractors reduces paperwork for the Network as a whole. Your contract manager will email you a description of the documentation you must submit with each invoice.

**Other deliverables**

See your contract for specifics on other required deliverables. These are also summarized in the [Reporting to DOH](#) section of this manual. We assess deliverables for completeness and compliance with contract purpose and terms.
Resolving Ongoing Noncompliance Issues

We make every attempt to provide technical assistance to help you resolve noncompliance issues. Most issues can be easily addressed. For instance, staff turnover sometimes results in temporary noncompliance. We always work with you and our goal is to see you succeed.

If you cannot resolve noncompliance issues or make progress toward resolving them, despite technical assistance from DOH, we will take appropriate action. This may include withholding payment, terminating your contract, or other legal action.

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**Contract manager** means DOH employee who manages your contract.
Chapter 6—Keeping DOH Informed

Email Your Contract Manager Before

Changing your sliding fee schedule

You must not remove any required services from your sliding fee schedule.

You may decide to:

- Add or remove optional services
- Change the full cost of some services
- Restructure your discount categories.

Before changing the full cost of services or restructuring your discount categories, you must do a new cost analysis. Email this cost analysis and your proposed new fee schedule to your contract manager.

You must not use your proposed new fee schedule until you receive email approval from your contract manager.

Changing the way you determine and collect client fees

Email your contract manager before you make any change to the way you:

- Determine clients’ FPL or waive fees for good cause
- Bill clients’ or collect clients’ past due fees

Adding new clinics

Discuss potential new clinics with your contract manager as early as possible. We need to make sure new clinics comply with all contract requirements and enhance the Network as a whole.

You may not bill for expenses related to a new clinic until you receive approval from your contract manager. Request this approval by emailing them:

- The location of the clinic
- A needs assessment for the clinic
- A staffing plan for the clinic
- The clinic’s expected hours of operation
- The number of clients you expect to see at the clinic for services on your sliding fee schedule
Removing clinics

You must email your contract manager when you propose to close a clinic or stop offering sliding fee services at a clinic. Let them know:

- The location of the clinic
- Whether the clinic is being closed or sliding fee services are being discontinued
- The rational for this decision

DOH reserves the right to reduce funding in contracts when clinics are removed.

Changes in key personnel

If you have changes to the positions described in *Reporting to DOH—Contact information for your organization*, email new contact information to your contract manager.

Changing your organizational structure

Organizations sometimes choose to absorb or merge with another organization. We realize that these are complex decisions for the organizations involved. In order to make sure the Family Planning Network continues to provide high-quality family planning services to everyone who wants and needs them, we require advance notice of any planned merger.

Let your contract manager know when a merger is being explored. As it progresses, email your contract manager the:

- Rationale for the merger
- Documentation of approval by both boards
- A description of additional costs involved in merging the organizations
- A description of the merger plan including the legal name of the new organization, an organizational chart, and updated key personnel contacts.

Subcontracting elements of direct services provided under this contract

Email your contract manager as soon as possible when exploring the possibility of subcontracting out some of your contract responsibilities. They will provide assistance to make sure the subcontract meets all DOH contract requirements. Also see *Reporting to DOH*.

You are responsible for making sure subcontractors meet all contract requirements. Your contract manager will monitor these activities in the same way they monitor the activities you provide directly.

Terminating Your Participation in the Family Planning Network

We understand that changing circumstances might make your organization choose to terminate your contract or not execute a new contract for family planning services. We understand you must act in the best interest of your organization. We want to help you
succeed in meeting the requirements of your contract. We want to sustain a strong network that provides quality family planning services in a transparent, consistent manner.

Notifying your contract manager of your challenges as they arise gives all us the best chance of resolving issues before they become insurmountable. Please email your contract manager whenever you have a question about contract compliance or contract requirements. Please suggest improvements to our contract, the network, or any other issue related to improving family planning in Washington State. Please let your contract manager know your challenges as well as your successes.

You MUST notify your contract manager if you are considering terminating your contract or opting out of the Network. When you have made a firm decision to discontinue services, you must email your contract manager of the effective date and provide a brief explanation for the decision.

Refer to your contract for more on subcontracting, changing scope, terminating, etc.

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**Chapter 7—Helpful References**

**State and Federal Law**

Contractors must comply with all applicable state and federal law. We collected some relevant laws below for your convenience.

State law includes:
- **RCW** Revised Code of Washington. RCWs are state laws, passed by the state legislature. Current RCWs are at [https://app.leg.wa.gov/rcw/](https://app.leg.wa.gov/rcw/)
- **WAC** Washington Administrative Code. WACs are regulations written by state agencies to implement RCWs. WACs are available at [https://app.leg.wa.gov/wac/](https://app.leg.wa.gov/wac/)

RCWs take precedence over WACs. WACs take precedence over agency requirements such as this manual.

**Health Insurance coverage**

- **Chapter 48.44 RCW** Insurance—Health Care Services
- **Chapter 48.43 RCW** Insurance Reform
- **RCW 48.43.073** Required abortion coverage
- **RCW 48.43.072** Required contraceptive coverage
- **RCW 48.43.065** Rights of individuals to receive services
- **RCW 48.43.195** Contraceptive drugs—12 month refill coverage

**Health insurance—confidential EOBs**

- **RCW 48.43.505** Requirement to protect enrollee's right to privacy or confidential services
- **WAC 284-04-510** Right to limit disclosure of health information

**HIV, STI, communicable disease, and notifiable conditions**

- **Chapter 70.24 RCW** Control and treatment of sexually transmitted diseases
- **Chapter 246-100 WAC** Communicable and certain other diseases
- **Chapter 246-101 WAC** Notifiable conditions
  - **WAC 246-101-105** Responsibilities of providers
  - **WAC 246-101-101** Condition list with timeframe and where to report
  - **WAC 246-101-115** Information you must include in report
  - **WAC 246-101-635** Special conditions—AIDS and HIV
- **Chapter 246-102 WAC** Cancer Registry
- **Chapter 246-130 WAC** HIV Early Intervention Program

**Lab testing**

- **Chapter 246-338 WAC** Medical Test Site Rules

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**Notes:**
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Mandatory reporting

**RCW 26.44.030**  
Suspected abuse of a child (also see state Department of Children, Youth, & Families *Protecting the Abused & Neglected Child*)

**RCW 74.34.035**  
Suspected abuse of a vulnerable adult (includes adults with developmental disabilities and people with court-appointed guardians)

<table>
<thead>
<tr>
<th><strong>Chapter 246-16 WAC</strong></th>
<th>Unprofessional conduct—health professions (General occupational health standards)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WAC 246-490-100</strong></td>
<td>Reporting abortions to Department of Health</td>
</tr>
<tr>
<td>Also see <em>HIV, STI, communicable disease, and notifiable conditions</em> above.</td>
<td></td>
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</tbody>
</table>

Pharmaceuticals and prescriptions

**RCW 18.64.500**  
Tamper-resistant prescription pads or paper

**RCW 69.41.030**  
Exception allowing certain family planning clinics to sell, deliver, posses, and dispense commercially prepackaged oral contraceptives

**RCW 69.41.042**  
Agencies must keep a log of dispensed medications and lot numbers for at least two years.

**RCW 69.41.050**  
Labeling requirements—Penalty

**WAC 246-869-210**  
Prescription Labeling

**Chapter 246-885 WAC**  
Pharmacy identification, imprints, marking, labeling of legend drugs

Privacy of health information

45 CFR Part 160  
Federal general administrative requirements

45 CFR Part 162  
Federal administrative requirements

45 CFR Part 164  
Federal security and privacy

HIPAA for Professionals

Health Insurance Portability and Accountability Act of 1996

Federal Health and Human Services webpage

Federal Health and Human Services webpage

Staff credentialing/licensing requirements

**Title 18 RCW**  
Businesses and Professions

**Chapter 18.130 RCW**  
Health professions—uniform disciplinary act

**Licenses, Permits, and Certificates: Professions A-Z**  
Department of Health webpage

**Provider Credential Search**  
Department of Health webpage

Staff safety

**29 CFR 1910.1030**  
Federal occupational safety and health standards

**Chapter 296-62 WAC**  
General occupational health standards

**Chapter 296-800 WAC**  
Safety and health core rules
National clinical practice guidelines and recommendations—CDC

Also see section on Client Counseling and Education Materials.

Quality Family Planning (QFP)

Providing Quality Family Planning Services recommends how to provide family planning services so that individuals can achieve their desired number and spacing of children, increase the chances that a baby will be born healthy, and improve their health even if they choose to not have children.

- Download the free QFP application at App Store (iOS) or Google Play (Android).

Contraceptive use

U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC, 2016) comprises recommendations for the use of specific contraceptive methods by women and men who have certain characteristics or medical conditions. These recommendations for health care providers were updated by CDC after review of the scientific evidence and consultation with national experts.

- Download free US MEC/US SPR application at or App Store (iOS) or Google Play (Android)
- MEC summary chart in English and Spanish

U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR, 2016) addresses a select group of common, yet sometimes controversial or complex, issues regarding initiation and use of specific contraceptive methods. These recommendations for health care providers were updated by CDC after review of the scientific evidence and consultation with national experts.

- Download free US MEC/US SPR application at App Store (iOS) or Google Play (Android)

Contraception—Birth Control Methods. Many elements need to be considered by women, men, or couples at any given point in their lifetimes when choosing the most appropriate contraceptive method. These elements include safety, effectiveness, availability (including accessibility and affordability), and acceptability.

Unintended Pregnancy

An unintended pregnancy is a pregnancy that is either unwanted, such as the pregnancy occurred when no children or no more children were desired. Or the pregnancy is mistimed, such as the pregnancy occurred earlier than desired. The CDC unintended pregnancy website offers information on prevention and preconception health along with data and other resources.

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Preconception health

Preconception health refers to the health of women and men during their reproductive years, which are the years they can have a child. It focuses on taking steps now to protect the health of a baby they might have sometime in the future. The CDC preconception health website offers information on Zika, Safer Medication Use in Pregnancy, and Fetal Alcohol Spectrum Disorders. It also includes a Reproductive Life Plan.

STI and HIV

Division of STD Prevention (DSTDP) provides national leadership, research, policy development, and scientific information to help people live safer, healthier lives by the prevention of STDs and their complications.

Sexually Transmitted Diseases Treatment Guidelines (CDC 2015). These guidelines for the treatment of persons who have or are at risk for sexually transmitted diseases (STDs) were updated by the CDC after consultation with a group of professionals knowledgeable in the field of STDs who met in 2013.

- Download free STI Tx Guide application at App Store (iOS) or Google Play (Android)
- Wall chart and pocket guide

HIV webpage includes the latest HIV data, prevention science, program resources, and policy updates. It includes a section for clinicians and public health partners Human Papillomavirus (HPV) includes a section for clinicians that includes factsheets, vaccine schedule and dosing, and educational materials.

Human Papillomavirus Vaccination: Recommendations of the Advisory Committee on Immunization Practices (ACIP) (2014) summarizes the epidemiology of human papillomavirus (HPV) and associated diseases, describes the licensed HPV vaccines, provides data from clinical trials and post licensure safety studies, and compiles recommendations for use of HPV vaccines.

Use of 9-Valent Human Papillomavirus (HPV) Vaccine: Updated HPV Vaccination Recommendations of the Advisory Committee on Immunization (2015)

National Clinical Practice Guidelines and Recommendations—Others

American Congress of Obstetricians and Gynecologists (ACOG) Committee Opinions

- Well-Woman Recommendations
- Contraception
- Counseling Adolescents on Contraception
- Human Papillomavirus Vaccination
US Preventive Services Task Force Recommendations

- Cervical Cancer: Screening (2018)
- Breast Cancer Screening (2016)
- HIV: screening (2019)
- Chlamydia and Gonorrhea: Screening
- Testicular Screening: Recommendation Against Screening
- Folic Acid for the Prevention of Neural Tube Defects (2017)
- Hepatitis B Virus Infection: Screening (2014)
- Hepatitis C: Screening (2013)
- Sexually Transmitted Infections: Behavioral Counseling (2014)
- Tobacco Use in Adults and Pregnant Women: Counseling and Interventions (2015)
- Tobacco Use in Children and Adolescents: Primary Care Interventions (2013)

Client Counseling and Education Materials

- US MEC summary chart in English and Spanish (CDC)
- ACOG Patient Resources
- National Institute of Health Contraception and Birth Control Resources

Other helpful information (also see state and federal law by topic)

Helping clients apply for healthcare coverage (HCA application for healthcare)

Culturally appropriate services

- Think Cultural Health, HHS
- Culturally and linguistically appropriate services (CLAS), Office of Minority Health

Ensuring client confidentiality and insurance EOBs

- Data protection, HIPAA, information security requirements: Citi Program.

Human Trafficking

- Information from Washington Department of Commerce

DOH Tools and Templates

We offer tools to assist you to increase access to quality family planning services in a sustainable way. We also provide required reporting templates. These are available on our website at https://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Resources/NetworkSpecific.

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