



Family Planning Policies and Procedures Manual



ARIZONA DEPARTMENT OF HEALTH SERVICES
BUREAU OF WOMEN’S AND CHILDREN’S HEALTH
REPRODUCTIVE HEALTH/FAMILY PLANNING PROGRAM
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CHAPTER 1: INTRODUCTION

1.1 Program Background and Description

The vision of the Bureau of Women's and Children's Health (BWCH) is "Healthy Women, Healthy Children, Healthy Tomorrow." This is accomplished through the provision of community-based services and the facilitation of systems development. The Bureau of Women's and Children's Health administers the federal Maternal Child Health Title V Block Grant and other federally funded programs, as well as private and state supported programs.

The Bureau of Women's and Children's Health, Reproductive Health/Family Planning Program is a statewide, clinic-based, program that provides comprehensive family planning and reproductive health services to promote optimal health to Arizona's men and women. Services include education, screening, counseling, and medical and referral services that enable people to make voluntary and informed decisions. Program services are preventive health services that enhance maternal and infant health, and the emotional and social health of the individual and the family.

Reproductive health and family planning is a cost effective intervention that plays a key role in health care delivery. Clinics are often the entry point into the health care system, and may be the only source of health care for the low income, for the young, and for the underinsured and the uninsured. Program services promote responsible and healthy lifestyles by providing accurate information, education, and counseling to people regarding their reproductive health and family planning options. Program services provide individuals with the information and means to exercise personal choice in determining the number and the spacing of their children.

Research indicates that women who can plan and space their pregnancies are likely to have healthier babies. The reduction of unplanned pregnancy increases the likelihood that women will receive early and continuous prenatal care. Improved birth outcomes include a reduction of birth defects, decreases in infant mortality, and decreases in the incidence of low birth weight babies. An important social statistic indicates that children born to individuals who are prepared for them are less likely to be abused and/or neglected.

Clients receive initial or annual exams which include a choice of a family planning method, cancer and Sexually Transmitted Infection (STI) screenings. Clients also receive treatment as indicated, pregnancy testing, counseling, education, and referrals to other medical services as needed. It is vital that reproductive health and family planning services be available, accessible, and linked to other types of necessary medical, social, educational, and financial resources in communities throughout Arizona.

1.2 Authority for the Program

Arizona Revised Statutes, [ARS §36-104\(1\)\(c\)\(i\)](#) authorizes the Director of the Arizona Department of Health Services (ADHS) to administer community health services which are to include medical service programs for family planning.

1.3 Mission Statement

The mission of the Reproductive Health/Family Planning Program is:

- A. To provide preventive health services to enhance the emotional, physical, and social health and well-being of mother's, children, and the whole family unit.
- B. To enable individuals to make and implement educated personal decisions regarding the quantity and spacing of their children
- C. To make reproductive health and family services available and easily accessible to all who seek such assistance

1.4 Reproductive Health/Family Planning, Maternal and Child Health Block Grant

To assure that mothers and children (in particular, those with low income or with limited access to health services) receive quality maternal and child health services, the United States Congress enacted Title V of the Social Security Act. Title V provides funds via the federal Maternal and Child Health Services Block Grant for the health promotion of mothers and children, particularly through preventive and primary care services for the low-income population. Title V also provides support for prenatal care, delivery assistance, and postpartum care for low-income mothers. Recognizing that reproductive health and family planning services are important components of maternal and child health care, the Bureau of Women's and Children's Health contributes a portion of this block grant to address various reproductive health and family planning needs.

The funding for reproductive health and family planning services administered by the Bureau of Women's and Children's Health is supported entirely by dollars received from the federal Maternal Child Health Title V Block Grant.

1.5 Other Reproductive Health/Family Planning Programs

- A. Title X, Public Health Service Act
Congress enacted the Family Planning Service and Population

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Research Act, which added Title X, Population Research, and Voluntary Family Planning Programs, to the Public Health Service Act. Title X is administered by the Office of Population Affairs, a department within the U.S. Department of Health and Human Services. The regulations governing Title X are contained in the Code of Federal Regulations, (CFR), (42 CFR, Subsection A, Part 59). These regulations govern the provision of family planning services nationwide. In Arizona, The Arizona Family Health Partnership (AFHP) administers these funds and services. All clinics provide basic medical, educational, and counseling services related to contraception and pregnancy testing. These services are targeted for low-income women and men.

B. Title XIX

Title XIX of the Social Security Act funds federal Medicaid programs. Arizona’s version of the Medicaid program is the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS acts as the health insurer for low income Arizonans who qualify for various state and federal programs. Enrollees are entitled to receive health care benefits, including family planning services through prepaid managed care health plans. Family planning services are covered services for Title XIX enrollees, but AHCCCS health plans may elect at the time of contract negotiations not to provide family planning services directly. In those cases, services must be made available on a fee-for-service basis through referrals to AHCCCS registered providers.

1.6 Program Goals and Objectives

- A. The overall goal of the Reproductive Health/Family Planning Program is to provide comprehensive health services to promote optimal health, outcomes, and wellness for all Arizonans.
 - 1. Related goals include:
 - A. Promoting safe sexual behaviors
 - B. Improving access to quality health care
 - C. Improving maternal and infant health
 - D. The related Bureau of Women’s and Children’s strategic plan priority is to improve the health of women prior to pregnancy.
- B. The objectives of the Reproductive Health/Family Planning Program are to:
 - 1. Decrease the teen pregnancy rate by providing reproductive health and family planning education, counseling, medical care, and referral services to adolescents statewide
 - 2. Ensure access to health care by providing reproductive health and family planning education, counseling, medical care, and referral services to low income individuals living in rural and other underserved areas

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By meeting these goals and objectives, Program services aim to improve birth outcomes by reducing birth defects, decreasing infant mortality, and decreasing the incidence of low birth weight babies. These services also aim to improve the emotional and social health of the individual and the family by decreasing the stress that can be caused by an unplanned pregnancy.

1.7 The Purpose of this Manual

The purpose of this manual is to document the Reproductive Health/Family Planning policy and procedures for the Maternal and Child Health Title V Block Grant Contractors to use in development, implementation, and management of the Program. The manual is to be used to supplement terms of the contracts as indicated in the Scope of Work (SOW). Program Contractors, Department Administration, and other interested parties are to use this manual for reference and to provide more detailed information than contained in the contract. Reproductive health and family planning Contractors are required to adhere to the requirements and guidelines set forth in this manual, and are also responsible for incorporating any policy changes into their operations.

Revisions to the manual will be distributed to all Contractors at least thirty days prior to the effective date of any change, when appropriate. Contractors may consider keeping relevant correspondence and program updates as an Appendix to this document. If this reference does not answer a question or concern, or if Contractors have suggestions for additional information that might be included in the policy manual, please contact the Family Planning Program via any of the information below:

Physical Address:

Attention: Family Planning Program Manager
Arizona Department of Health Services
Bureau of Women's and Children's Health
150 N. 18th Avenue, Suite 310
Phoenix, Arizona 85007-3242
Email: azfpp@azdhs.gov

CHAPTER 2: GLOSSARY

1. "ACOG" means the American College of Obstetricians and Gynecologists. ACOG establishes and promotes standards for women's health care.

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2. "ADHS" means the Arizona Department of Health Services. The Department is the Arizona state agency that is mandated to promote, protect and improve the health of the people of the state of Arizona. The Department is responsible for administering public health services and a variety of community health programs, including the Reproductive Health/Family Planning Program.
3. "AHCCCS" means the Arizona Health Care Cost Containment System. AHCCCS is the Arizona state agency that administers health care benefits and services for persons who are eligible for Title XIX services (Medicaid) or other low-income medical assistance programs.
4. "Annual Review" means compliance-based site visits that are conducted to ensure that services are delivered pursuant to the terms and conditions of the contract and in accordance with the Reproductive Health/Family Planning Program Policy and Procedure Manual. All Contractors will have at least one compliance-based site visit at least every two years, either virtually or in person, as circumstances dictate.
5. "Annual Visit" means an established client's yearly comprehensive well-woman preventive visit. Please click this link for updated guidelines for the annual visits: <https://www.womenspreventivehealth.org/recommendations/well-woman-preventive-visits/>. A client may only have one annual visit in a twelve month period.
6. "Block Grants HAF IGA Manager" coordinates activities among Contractors and among Reproductive Health Team members, receives and reconciles invoices, handles budget issues, and provides financial technical assistance. The Block Grants HAF IGA Manager is responsible for negotiating contracts, requesting contract amendments to be processed by the Procurement Office, conducting site visits, and monitoring Contractor compliance with the provisions of the contract.
7. "BWCH" means the Bureau of Women's and Children's Health at the Arizona Department of Health Services.
8. "CDC" means the Centers for Disease Control and Prevention, a federal public health agency. The CDC is recognized as the lead federal agency for protecting the health and safety of people in the United States and abroad, providing credible information to enhance health decisions, and promoting health through strong partnerships. The CDC serve as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.
9. "Client" means an individual who receives reproductive health/family planning services through the Program.

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10. "Clinic Site" means an outpatient facility, or part of a facility, devoted to diagnosis and treatment of clients.
11. "Clinical Staff" means a designated physician or nurse practitioner who is licensed and board certified in the State of Arizona who administers clinical care for the Reproductive Health/Family Planning Program.
12. "Continuous Quality Improvement" (CQI) means the combination of activities traditionally referred to as quality assurance, quality management, utilization review, and risk management. CQI encompass any and all plans, actions, and evaluation practices used to monitor and improve services and service provision.
13. "Contractor" means the organization awarded by ADHS to provide services; also known as the Grantee.
14. "DES" means the Arizona Department of Economic Security. DES is the Arizona state agency that is responsible for determining eligibility for federal assistance programs for low income persons.
15. "Encounter" means an episode of contact or single unit of service provided to an eligible reproductive health/family planning client. An initial or annual visit is an example of a client encounter. A visit for contraceptive supplies is another example of a client encounter.
16. "Family Planning" means the process by which individuals and couples exercise their ability to make personal choices in the spacing and quantity of their children.
17. "FDA" means the Food and Drug Administration. The FDA is the federal agency that promotes and protects the public health by helping safe and effective products reach the market and by monitoring products for continued safety after they are in use. The FDA reviews clinical research and takes action on the marketing of foods, human and veterinary drugs, devices intended for human use, and cosmetics.
18. "MCH HAF IGA" means the Maternal and Child Health Healthy Arizona Families Intergovernmental Agreement, funding Arizona County Health Departments to provide family planning services.

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19. "Informed and Written Consent" means that the client has provided written consent to participate in receiving Family Planning services after having been properly educated about the medical facts and risks involved.
20. "Initial Visit" means a client's first comprehensive visit. It will normally include a physical exam, a pap smear, if indicated, and issuing of a birth control method.
21. "Logic Model" is a diagram that shows the relationship between the program components and activities and desired process and outcome objectives. It is a visual way to present and share understanding of the relationships among the resources available to implement the proposed intervention, the strategies/activities planned for implementation, and the outputs and outcomes expected. Logic Models should typically be one (1) to three (3) pages in length.
22. "Low-Income/Low-Income Family" means an individual or family meeting the official poverty guideline, as revised annually by Health and Human Services.
23. "Medical Visit" captures all visits excluding initial, follow-up, complaints, re-pap and/or follow ups, etc. Initial and annual visits will be unduplicated.
24. "Network" means a collection of service resources or information pathways that have been developed to assist clients in accessing appropriate information, education, medical, social, and financial services.
25. "Nurse Practitioner" means a registered nurse with a graduate degree in advanced practice nursing. She/he must be certified by the Arizona State Board of Nursing to function as a nurse practitioner in the extended role under the provisions of ARS Title 32, Chapter 15, Nursing. "Outpatient Treatment Center" means a class of health care institution without inpatient beds which provides medical services for the diagnosis and treatment of persons on an outpatient basis. See [ARS §36-421.01](#).
26. "Outreach" means any method used to provide information and education to the community regarding Reproductive Health Family Planning Program, services, benefits, etc
27. "Preconception Health" the physical, emotional, social well-being and economic stability of a man or woman during their reproductive years, before conception.
28. "Preconception Care" the provision of education and/or services to men or women related to the impact of their physical, emotional, social well-being and economic stability on their health status prior to conception.

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29. "Primary Care Physician" means a main doctor who manages most of a patient's medical issues.
30. "Program" refers to the Title V Reproductive Health/Family Planning Program as outlined in the Policy and Procedure manual.
31. "Program Manager" means the Department employee who is responsible for the implementation and oversight of the Reproductive Health/Family Planning Program Policies and data collection. The Program Manager can also provide technical support. The Program Manager is responsible for conducting site visits, and monitoring Contractor compliance with the provisions of the contract in regards to the policy and procedure..
32. "Recommended Services" are those services that are not required by contract or Program policy, but may be provided by the Contractor in order to promote the general reproductive-related health care needs of the client.
33. "Related Services" are those services which are not authorized or paid for by the Department but may be provided by the Contractor in order to meet the general health care needs of the client.
34. "Reproductive Health/Family Planning Services" means the cost effective and preventative care provided to participants designed to help promote responsible and healthy lifestyles. Family planning services may include but are not limited to education, confidential counseling, comprehensive health history, physical exams, provision and maintenance of safe and effective contraceptive methods, health screenings and follow up for breast and cervical cancer, screening, testing, and treatment of sexually transmitted infections, pre-pregnancy counseling, pregnancy testing and counseling, infertility screening, sterilization services for men and women, intimate partner violence and reproductive life planning screening and education, and referrals to other medical or social services. Abortion is not a family planning service.
35. "Required Services" means those services which are stipulated either by law, in rules, by contract, or by Program policy which are otherwise considered essential to the provision of high quality reproductive health services.
36. "SOW" means Scope of Work, which is the area in an agreement where the work to be performed is described. The SOW should contain any milestones, reports, deliverables, and end products that are expected to be provided by the performing party.
37. "Shall" means mandatory program policy.

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38. "Site Visit" means any visit to the Contractor's or Sub-contractor's business location by ADHS Reproductive Health/Family Planning Program staff or a designee, at least every two years.
39. "Title V" means Title V of the Social Security Act. At the national level the Maternal and Child Health Bureau administers Title V. The bureau is a segment of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. Title V funds programs that promote the health of women, infants, and children. Title V funding and services are administered in Arizona by the Arizona Department of Health Services, Bureau of Women's and Children's Health.
40. "Title X" means the National Family Planning Program created by the Public Health Service Act (P.L.910572). Title X is administered by the Office of Population Affairs, the U.S. Department of Health and Human Services. The regulations governing Title X are contained within the Code of Federal Regulations (CFR), (42 CFR, Subsection A, Part 59). In Arizona, Title X funding and services are administered by the Arizona Family Health Partnership.
41. "TITLE XIX" means Title XIX of the Social Security Act. Title XIX funds federal Medicaid programs. Arizona's version of the Medicaid program is the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS acts as the health insurer for low income Arizonans who qualify for various state and federal programs.

CHAPTER 3: PROGRAM MANAGEMENT AND ADMINISTRATION

3.1 Role of the Bureau of Women's and Children's Health

- A. The Bureau of Women's and Children's Health (BWCH) administers the federal Maternal Child Health Title V Block Grant. Recognizing that reproductive health and family planning services are important components of maternal and child health care, BWCH contributes a portion of this block grant specifically to address reproductive health and family planning needs. BWCH provides the criteria, policies, funding, and requirements for developing and implementing the Reproductive Health and Family Planning Program at the community level.
- B. BWCH contracts with local public and private agencies. Contractors may use a variety of strategies and/or service delivery systems to achieve program standards and desired outcomes. Within the framework of the Reproductive Health and Family Planning Program is the flexibility for Contractors to implement clinical programs and provide reproductive health services in a manner that suits the needs of their

community. BWCH provides technical assistance to the Contractor, monitors contract compliance, and authorizes payment of contracted deliverable services.

- C. BWCH will provide an annual summit each year for Contractors, Maternal and Child Health (MCH) Healthy Arizona Families (HAF) IGA Annual Summit. Each Annual Summit provides comprehensive training, education, and technical assistance support on reproductive health and family related topics. Continuing education credits may be available and a specialized nursing track may be available.

3.2 Role of the Contractor in Program Management

Contractors are required to achieve and maintain certain minimum standards. Contractors must provide services of high quality and must be efficiently administered. The Contractor must develop administrative, management, and organizational systems that meet all Reproductive Health/Family Planning Program requirements. The Contractor must also have adequate staff and support services to implement the program at each clinic site. The Contractor's personnel shall meet all certification and licensure requirements. At a minimum, the following personnel are required:

A. Administrator:

The Contractor is required to have a qualified Program Administrator who is responsible and accountable for overall Program planning, implementation, and evaluation at each contracted site. The Administrator's allocation of time to this position must be sufficient to ensure that program objectives are met.

B. Clinical Staff:

The clinical care component of the program must be under the supervision and responsibility of a designated physician or nurse practitioner who is licensed and board certified in the State of Arizona. If a nurse practitioner is overseeing the Program, she or he must work collaboratively with a physician for consultation or referral on an as-needed basis. Training or experience in reproductive health services is preferred.

C. Nursing Coordinator:

The nursing care component of the Reproductive Health/Family Planning Program must be under the supervision and responsibility of a Nursing Coordinator who is a registered nurse licensed in the State of Arizona with special training or experience in reproductive health and family planning services. The Nursing Coordinator must maintain compliance with the Arizona State Board of Nursing regulations. The Nursing Coordinator must be committed to obtaining reproductive and family health training. Please see the Reproductive Health National Training Center <https://rhntc.org/> for more information.

D. Other Support Staff:

Other support staff for the Contractor may include registered nurses, licensed practical nurses, nurse's aides, health educators, nutrition counselors, family planning counselors, and other administrative personnel required to support business and clinical operations.

3.3 Contractor Oversight of Medical Management Component

All medical functions for the Contractor's Reproductive Health/Family Planning Program are performed under protocols, or standing orders approved by the designated physician or nurse practitioner. The standing orders and protocols must be in compliance with state rules and laws.

3.4 Sub-contracts

- A. The Contractor must not enter into any subcontract under this contract without the advance written approval of the Arizona Department of Health Services Procurement Officer.
- B. In the event that family planning services are sub-contracted, the Contractor will remain responsible for ensuring that the subcontractor provides service in accordance with all specifications within the contract and the policy and procedure manual.
- C. Contractors must have a written and signed agreement with the sub-contractor.
- D. Contractor must monitor the sub-contractor's performance annually and provide a written evaluation for the Bureau of Women's and Children's Health Program and Block Grants HAF IGA Manager to review during the Contractor's annual site review.

3.5 Contractor's Personnel Policy Standards

Contractors must establish and maintain written personnel policies that comply with federal and state requirements and Title VI of the Civil Rights Act. These policies shall include, but need not be limited to: staff recruitment and selection, performance evaluation, promotion, termination, compensation, benefits, orientation to the agency and the Program, in-service training, and grievance procedures. At a minimum, Contractors must require and ensure that:

- A. Personnel records are kept confidential in a secured place.
- B. An organizational chart and personnel policies are available to all personnel.
- C. Job descriptions (specifying training, formal education, experience, and licensure) are available for all positions, and that these are reviewed annually and updated as necessary to reflect changes in duties.
- D. A performance appraisal system is in place for all employees. An evaluation and review of the job performance of all program personnel must be conducted annually, at a minimum.

- E. It is the responsibility of all sub-recipients and Contractors to be aware of, and monitor their staff and volunteers to be in compliance with protection of minors receiving Family Planning services.

3.6 Staff Training and Orientation

A. Contractors must provide an orientation to all Program personnel must include the following:

1. Orientation on the agency, or clinical site where the employee is employed.
 2. Orientation on reproductive and family health services, federal and state Program protocols, policies and procedures. Note* This Family Planning Policy and Procedure Manual must be reviewed by ALL staff and readily available for staff if applicable.
 3. Introductory call with the ADHS Block Grants HAF IGA Manager and Family Planning Program Manager.
 4. Overview of the MCH HAF IGA and how the family planning program fits within the IGA.
- B. Contractors must provide for the in-service training of all Program personnel.
- C. Contractors must also develop and implement plans for promoting and offering continuing education programs as needed. Contractors are required to attend the Annual MCH HAF IGA Summit. Furthermore, all program personnel must participate in continuing education related to their activities, including on-the-job training, workshops, institutes, and courses
- D. Documentation of attendance at in-service trainings and of having received orientation must be kept in the Program's records or the staff's personnel record. Documentation of training and orientation will be used in evaluating the scope and effectiveness of the staff training program.

3.7 Continuous Quality Improvement (CQI)

- A. Contractors must develop an ongoing, systematic process to monitor and evaluate the quality, efficiency, effectiveness, and appropriateness of client service and program operations. Required CQI:
1. Resolving Client Problems

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The Contractor and its subcontractors must develop and implement a process by which clients may present grievances about the operation and management of the program and services received. When developing grievance policy and procedure the following must be included:

- A. Contractors must inform the client of the right to Grieve and must assist the client with the grievance process. Client grievances must be addressed in a timely manner.
- B. Client problems and issues must be tracked to identify potential trends.
- C. Contractors must incorporate findings and feedback into a plan to identify and correct future problems.
- D. The Contractor must include in the grievance process, contact information for the Bureau of Women's and Children's Health Block Grants HAF IGA Manager and Program Manager and cooperate in the resolution of any client problems brought to the attention of the BWCH.

2. Client Satisfaction Surveys

Contractors must develop a client satisfaction survey to facilitate client input into clinic operations and services. Survey results must be considered when identifying areas for improvement.

3. Medical Record Review

Medical records should be reviewed periodically for accuracy, completeness, quality of care, and compliance with policy and contract obligations. Examples include but should not be limited to:

- A. Counseling and education provided to the client.
- B. Client receives and is assisted as needed with referrals for services that are not provided by the clinic
- C. Notification and follow up of abnormal lab results
- D. Follow up by staff of client self-reported risk factors
- E. Informed consent
- F. Medical record documentation is signed and dated
- G. Staff certifications and licenses are current
- H. Staff has been fingerprinted as required by law

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B. Recommended CQI

1. Monitoring Service Availability and Accessibility:
 - A. Determine the time interval between the request for an appointment and the date the appointment is scheduled.
 - B. Determine the time interval between the client's scheduled appointment and the time the client sees the care provider.
 - C. Determine if there are any clients with unmet needs.
2. Timeliness of Deliverables
Contractors should monitor the performance reports, CERs, and the annual reports for accuracy and for timely submission to the ADHS Block Grants HAF Program Manager.
3. Monitoring Referral Networks
Contractors should periodically evaluate the accessibility, availability, and quality of service provided by the outside agencies, providers, and organizations to which they are referring clients.

CQI projects can be initiated by the County Contractors or started by ADHS.

3.8 Internal Policy and Procedure for Reproductive Health/Family Planning

Contractors must maintain an internal policy and procedure manual to be used to provide staff with guidelines for client care and Program management. When developing policy, procedure, and protocols the Contractor must consider the contract requirements as further detailed in this manual. The internal manual should include but not limit policy to:

- A. Management and administrative functions as detailed in Chapter 3 of this manual
- B. All required services as detailed in Chapter 4 of this manual
- C. Any recommended services detailed in Chapter 4 that are adopted by the Contractor
- D. Monthly reporting
- E. Monthly billing
- F. Reporting physical, sexual, emotional abuse, and neglect to the protective agencies
- G. Procedure for management of on-site medical emergencies

3.9 Clinic Facility Standards

- A. Clinic sites and client care facilities for the Reproductive Health/Family Planning Program shall be licensed by the ADHS as Outpatient Treatment Centers.
- B. Facilities must meet applicable federal, state, and local government standards, i.e.: fire codes, building codes, Occupational Safety and Health Administration (OSHA) requirements, Clinical Laboratory Improvement Amendments (CLIA) Licensure, etc.
- C. Facilities must meet the accessibility standards as established by the Americans with Disabilities Act (ADA). The current ADA recommendations can be found here: https://www.ada.gov/2010_regs.htm.

3.10 Availability and Accessibility of Clinic Services

- A. Reproductive health and family planning facilities and services must be geographically accessible to the population served and should be available at times that are convenient to persons seeking services.
- B. Facilities should be adequate to provide the required services and should be designed for the comfort and privacy for clients.
- C. Facilities must have a written plan and procedure for management of emergencies.

3.11 Program Eligibility

- A. Income Eligibility:
 - 1. Reproductive health and family planning services are to be provided to persons from low income households as the highest priority.
 - 2. Low income for the purpose of this Program is defined as at or below 150% of the Federal Poverty Level (FPL). The FPL is determined by the Office of Management and Budget and is revised annually. Contractors must maintain and use current information regarding the FPL. The current information for the FPL can be found here: <https://aspe.hhs.gov/poverty-guidelines>.
 - 3. A client's self-declaration of income may be considered sufficient to receive services.
 - 4. Eligibility for minors seeking services shall be based on the financial resources of the minor.
 - 5. Client income must be reevaluated annually.
 - 6. Clients at or below 150% FPL shall receive services free of charge. Voluntary donations from clients are permissible within the following guidelines:

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- a. Clients must not be pressured to make donations
 - b. The amount of the donation cannot be specified
 - c. Those not donating cannot be refused service
 - d. Those not donating must not be subjected to any variation in . services
7. Clients who are above 150% of FPL can be provided services on a sliding fee scale within the following guidelines:
- a. The scale must be adjusted to reflect income and family size
 - b. The scale must be posted in a visible public place
 - c. Clients who do not pay the sliding scale rate must not be subjected to any variation in quality of services
- B. Program services are to be provided to clients who are reproductive; i.e., not to clients who are postmenopausal, have had a hysterectomy, and/or who have been sterilized.
- C. Program services are to be provided without the imposition of any duration residency requirement.

3.12 Nondiscrimination

Contractors must provide program services without regard to religion, race, color, national origin, creed, disability, gender, sexual orientation, and number of pregnancies, marital status, age, ability to pay, and contraceptive preference.

3.13 Voluntary Participation

- A. Use of program services by any individual must be solely on a voluntary basis. Individuals must not be coerced to accept services or to use any particular method of family planning. Acceptance of reproductive health services must not be a prerequisite to eligibility for or receipt of any other service or assistance from or participation in any other programs.
- B. Program personnel should be informed that it is an illegal action to coerce or attempt to coerce any person to undergo a sterilization procedure or an abortion procedure, ([Arizona Revised Statutes, Section 36-2153](#)).

3.14 Confidentiality

Every Contractor must assure client confidentiality and provide safeguards for individuals against the invasion of personal privacy as required by Arizona Revised Statute (ARS) and by [Public Law 104-191](#), the Health Insurance Portability and Accountability Act (HIPAA).

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- A. All information obtained and records prepared in the course of providing service to clients shall be considered to be confidential information. No information obtained by the provider's staff about individuals receiving services may be disclosed without the client's written consent, except as required by law. The client's statement of written consent must be included in the client's medical record. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual.
- B. Clients transferring care to other providers may be provided with a copy of their medical record to expedite continuity of care.

3.15 Client Medical Records

- A. Contractors must establish a medical record for every client who obtains clinical services.
- B. Clinic staff members are required to document all pertinent information about client interaction.
- C. Entries in the medical record are to reflect professional, nonjudgmental statements of fact. Records must be legible, dated, and are to be signed in ink with the initial and last name of the clinician providing the service. Records must be complete, accurate, and follow standard practice for medical record documentation.
- D. Medical records must contain the following information:
 - 1. Personal identifying information about the client
 - 2. Medical history, physical examination, laboratory tests, results, and follow-up, diagnosis, orders, allergies
 - 3. Treatment and instructions
 - 4. Informed and written consent
 - 5. Documentation of telephone contact of a clinical nature
 - 6. Documentation of attempts to contact client
 - 7. Refusal of service
 - 8. Documentation of counseling, referrals, and education; both written and verbal provided
 - 9. Financial information
 - 10. Procedures
- B. Clients must be informed that a medical record will be maintained and that this information is confidential information to be divulged only upon their written permission, or as otherwise required by law.
- C. Clients shall have access to their own medical record at all times, and shall have the right to correct any inaccurate information included in the records.

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- D. Clients will have signed an informed consent statement prior to receiving reproductive health services.
- E. The Contractor is responsible for maintaining the client's case file record in a confidential manner, and ensuring that information contained in the records is released only to authorized parties.
- F. The BWCH Program Manager may have access to client records without client consent in order to conduct necessary evaluations or programmatic review. The client's case file record is not available to other governmental agencies, except for the Auditor General, without specific prior written consent by the client for the release of information in the client record.
- G. The Contractor shall store and maintain client records in a safe, secure location. Except for non-identifiable demographic characteristics, records shall be destroyed six (6) years after the client's last participation in the Reproductive Health/Family Planning Program. Minors' records must be maintained until the age of majority plus three (3) years.

To learn more about how to handle HIPAA Related client records, please review the Custom Records Retention Schedule Issued to: All State and Local Agencies Administrative and Management Records document, page 12, Record Series Number 10283 here: <https://azlibrary.gov/arm/retention-schedules>

For more information on Permanent and Historical records, please see here: <https://azlibrary.gov/sites/default/files/arm-standard-for-permanent-records april 23 2013 signed.pdf>

3.16 Informed Consent

- A. A written, signed, informed consent statement must be received from the client prior to receiving family planning services or medical treatment. This statement documents the client's voluntary consent to receive program services.
- B. The form must be written in the primary language of the client or witnessed by an interpreter the client knows and/or trusts. The form must cover all procedures and medications to be provided.
- C. To give informed consent for contraception, the client must receive education about the benefits, risks and limitations of the various contraceptive alternatives, and details on the safety, effectiveness, potential side effects, complications, discontinuation issues, and danger signs of the contraceptive methods of choice.

The consent statement shall include at least the following:

- 1. A clear description of the services or procedures to be performed, including medical treatments and interventions, counseling, or other client contact

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2. The right of the client to terminate treatment or refuse services at any time
3. Any responsibilities of the client
4. Any other information that is necessary to convey to the client a clear understanding of the Program
5. All consent forms must contain a statement that the client has been counseled, has read the appropriate informational material, and has understood the content of both. The signed informed consent must be a part of the client's record
6. The form must be renewed and updated when there is a major change in the client's health status or a change to a different prescriptive contraceptive method

3.17 Program Promotion

- A. Contractors must establish and implement planned activities whereby family planning services are made known to the community.
- B. In planning for Program promotion, providers should review and utilize a range of strategies to gain community acceptance. Program promotion activities should be updated periodically and be responsive to the needs of the community.
- C. Contractors must develop written material for distribution to clients, the community, and to other agencies and organizations. When developing materials, the Contractor must follow the guidelines below:
 1. Materials must be medically accurate and culturally suitable for the population and community to which they are being distributed.
 2. Program materials must be printed in a size and type style that is easy to read.
 3. The materials must be language and literacy level appropriate.
 4. All marketing, or education materials shall bear the following "Funded in part by the Bureau of Women's and Children's Health, Arizona Department of Health Services as made available through the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau, Title V Maternal and Child Health Services Block Grant Program."
 5. All written materials should be reviewed periodically to be certain that the information remains timely, correct, inclusive, and medically accurate.

3.18 Community Education

- A. To enhance understanding of the objectives of the Program and to make known the availability of services to potential clients, Contractors must provide education to the community about the Reproductive Health/Family Planning Program services.
- B. Community education should be directed toward identifying local agencies and organizations that are likely to serve significant numbers of individuals in need of family planning care. Programs should offer in-service training sessions for the staff of these agencies and organizations in order to help them provide better counsel and to offer reference options to potential clients.
- C. Education directed toward the general community should employ a variety of approaches. Education must be designed to meet the educational, cultural, and language needs of the community to be served.

3.19 Establishing Referral and Communication Networks

- A. Contractors must develop a comprehensive listing of available local resources to assist clients with obtaining services not provided by the Reproductive Health/Family Planning Program.
- B. The resource information should be reviewed and updated periodically to ensure continued availability, accessibility, and quality of the services recommended to clients.
- C. In circumstances where resources or necessary services do not exist within the local community, Contractors will provide the client with information to obtain access to equivalent services in another community.
- D. The Contractor must network with those agencies and organizations most frequently used as referrals for clients. An established informal network helps to ensure acceptance of the client for services and can provide a smoother transition for the client. Networking also helps to ensure that the client did receive the services as referred or recommended.
- E. The Contractor is encouraged to develop a community based Reproductive Health and Family Planning Advisory Committee to aid in the identification of communities' reproductive health needs and resources, and to help develop strategies to meet the needs.

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- F. The Contractor shall make uninsured clients aware of the possibility of coverage through the Arizona Health Care Cost Containment System (AHCCCS) and shall provide referrals to AHCCCS as appropriate.

3.20 Developing Partnerships and Establishing Collaborative Efforts

- A. To avoid duplication of effort and to maximize resources, Contractors must develop partnerships, or collaborate with existing agencies providing family planning services in their local communities.
- B. Contractors will be familiar with the AHCCCS eligibility criteria and refer clients who meet those criteria to an AHCCCS provider to receive services. If the Contractor identifies that a number of individuals seeking services at their clinic are eligible for AHCCCS, the Contractor will consider becoming an AHCCCS provider to maximize the state resources to serve all populations in need of services.

CHAPTER 4: PROGRAM SERVICES

4.1 Required Services

- A. Contractors must provide clinical, informational, educational, social, and referral services to Program clients who want such services.
- B. Contractors must offer a broad range of acceptable and effective medically approved family planning methods and services either on site or by referral. Programs should make all methods of contraception approved by the Federal Food and Drug Administration (FDA) available to all clients.
- C. Contractors must provide the following services as part of initial and annual exams, and at other times as deemed medically appropriate:
 - 1. Client Education/Counseling
 - 2. Physical Assessment
 - 3. Laboratory Testing, as medically indicated
 - 4. Fertility Regulation
 - 5. Infertility Services Referral
 - 6. Pregnancy Diagnosis and Counseling
 - 7. Adolescent Services
 - 8. Sexually Transmitted Infection Screening/Assessment, as medically indicated
 - 9. Referral and Follow-up

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10. Screening for intimate partner violence (IPV) and reproductive coercion
11. Education on Preconception Health and Reproductive Life Planning

4.2 History

- A. A comprehensive personal, medical, and social history must be obtained on all clients at the initial medical visit and must be updated at subsequent visits.

The medical history must address but not be limited to the following areas:

1. Allergies
 2. Immunizations, including rubella and TDAP
 3. Current use of prescription and over-the-counter medications
 4. Chronic and acute medical conditions
 5. Significant hospitalization
 6. Surgeries
 7. Review of systems
 8. Extent of use of tobacco, alcohol and other drugs
 9. Genetic conditions or disorders that affect the client or her family
 10. Pertinent medical history of immediate family members
 11. Partner history, including:
 - a. Injectable drug use
 - b. Multiple partners
 - c. Risk history for STI's and HIV
 - d. Bisexuality
- B. History of reproductive function must include but not be limited to the following:
1. Menstrual history
 2. Sexual history
 3. Obstetrical history
 4. Gynecological conditions
 5. Sexually transmitted infections (Chlamydia, Gonorrhea, and Syphilis) HIV
 6. Pap smear history (date of last pap, any abnormal pap, treatment)
 7. Contraceptive use, past and present, and any adverse reactions
 8. Pregnancies
 9. Genetic risk assessment

4.3 Client Education/Counseling

DContractors must provide clients with education needed to make informed decisions about family planning choices. Contractors must provide this information both orally and in writing. Furthermore, client education must be appropriate to the client's age, level of knowledge, language, and culture. Any instruction and other

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client education offered or provided must be documented in the client's medical record.

Contractors must also provide education to assist clients in reaching informed decisions regarding the choice and continued use of contraceptive methods. Education is designed to help clients resolve uncertainty, ambivalence, and anxiety in relation to their reproductive health. Education should be provided in a private environment in which the client feels comfortable and in a manner that protects the dignity of the individual. Documentation of all education provided, must be included in the client's medical record.

B. Client education must include but not be limited to the information needed to:

1. Make informed decisions about care
2. Choose specific methods of contraception
3. Perform breast self-exam
4. Reduce the risk of infection or transmission of STIs and HIV
5. Understand intimate partner violence and reproductive coercion
6. Understand the procedures involved in the clinic visit
7. Understand the services offered at the clinic

C. Clients must also be offered the following information/education, as appropriate:

1. Achieving optimal preconception/inter-conception health
2. Basic female and male reproductive anatomy
3. Benefits of Folic Acid
4. Fertility regulation referral
5. Developing an individualized reproductive life plan
6. Health promotion/disease prevention
7. MMR & TDAP information and/or referrals
8. Exercise
9. Nutrition
10. Smoking cessation
11. Alcohol and drug abuse
12. Sexual abuse

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D. Persons who provide education must be knowledgeable, objective, non-judgmental, culturally aware, and sensitive to the rights and differences of clients as individuals. The counselor's knowledge must be sufficient to provide information regarding the risks, benefits, limitations, contraindications, and effective use of any method, procedure, treatment, or option being considered by the client.

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- E. Pre-examination counseling must be provided to clients to explain the Program, clinical procedures, eligibility requirements, and to allow the client the opportunity to ask questions, express concerns, etc.

- F. Post-examination counseling should be provided to assure that the client:
 - 1. Knows results of the physical examination and laboratory studies
 - 2. Knows how to use and is comfortable with the contraceptive method selected and prescribed
 - 3. Knows the common side effects and possible complications of the method selected and what to do if complications occur
 - 4. Knows how to discontinue the contraceptive method and has information regarding a backup method
 - 5. Receives appropriate referrals for additional services as needed
 - 6. Knows an emergency 24-hour number and a location where emergency services can be obtained
 - 7. Knows when to schedule a return visit

- G. Sexually Transmitted Infections and HIV Counseling:

Contractors must provide clients with thorough and medically accurate counseling on STI's, HIV infection, and AIDS. Contractors must also offer information on risk and infection prevention, and referral services.

- H. Other Counseling:
 - 1. Clients should receive special counseling regarding future planned pregnancies, assistance with current pregnancy, and other individual concerns as indicated i.e. substance use and abuse, sexual abuse, sexual concerns, domestic violence, nutrition, etc. Preconception counseling and a reproductive life plan must also be provided.
 - 2. Referral systems should be in place for those who require genetic counseling and evaluation.
 - 3. Contractors should counsel clients about health promotion and disease prevention and make referrals as appropriate.

4.4 Physical Assessment

- A. Clients must have a general physical examination at each initial and annual medical visit. The physical examination must include but not be limited to the following:
 - 1. Height
 - 2. Weight
 - 3. Blood pressure
 - 4. Thyroid
 - 5. Heart
 - 6. Lungs
 - 7. Extremities
 - 8. Breast
 - 9. Abdomen
 - 10. Pap smear as medically indicated

- B. A client's refusal or deferral of a service, including the reason for refusal and/or deferral must be documented in the client's medical record.

- C. Clients who decline or defer a service must be counseled regarding any possible health risks associated with declining and/or deferring the screening test or procedure. Counseling regarding any associated risk must be documented in the client's medical record.

- D. Physical examinations and laboratory testing should not be deferred beyond 3 months after the client's visit unless in the clinician's judgment there is a compelling reason to extend the deferral. All deferrals and the reason for the deferral must be documented in the client's medical record.

- E. Revisit schedules must be individualized, based upon the client's need for education, counseling, and medical care. Younger clients and clients initiating a new contraceptive method may need to be scheduled for a revisit to reinforce proper use, check for side effects, and to provide additional information or clarification.

4.5 Laboratory Testing

- A. The following laboratory procedures must be provided as medically indicated for all clients at the initial and annual visit:
 - 1. Hemoglobin (Hgb) or Hematocrit (Hct), as indicated

 - 2. Pap smear/Guidelines: Contractors are required to follow the American College of Obstetricians and Gynecologists (ACOG)

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Clinical Guidance, found here: <https://www.acog.org/Clinical-Guidance-andPublications/Search-Clinical-Guidance?IsMobileSet=false> Contractors are required to follow the ACOG Clinical Guidelines for women who have a history of cervical cancer, are infected with HIV, have a weakened immune system, or who were exposed to diethylstilbestrol (DES) before birth.

3. Pregnancy testing
 4. Wet mounts, as indicated
 5. Urine Dip Stick/ Urinalysis
 6. Syphilis serology, as indicated
 7. Gonorrhea and Chlamydia tests
 8. HIV testing, as medically indicated or upon client request
 9. Other procedures and laboratory testing may be indicated for some clients and may be provided on-site or by referral
- B. Laboratory procedures or services that cannot be performed on site must be made available through a referral when indicated.
- C. Contractors must assure that laboratory tests performed by or for the clinic are of high quality. The Contractor must assess the credentials of the laboratories with which it contracts. Laboratories must be CLIA certified. If laboratory testing is performed on-site, written protocols for quality control and proficiency testing are necessary.
- D. The Contractor must establish a procedure for timely client notification and adequate follow up of all abnormal laboratory results.
1. The procedure must respect the client's request to maintain confidentiality
 2. When initial contact of the client is not successful, a reasonable further effort must be made to notify the client, this shall consist of at least three attempts, the means having been discussed during the visit.
- E. A client who has had a negative Pap smear done at another facility within 6 months of the visit and has written test results, may have these procedures waived during the initial/annual visit.
- F. Annual history updates, exams, and laboratory tests are required for all clients.

4.6 Fertility Regulation Referral

- A. Contractors must make available through referral, all of the FDA approved methods of reversible contraception.
1. Reversible Contraception:

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- a. Non-hormonal Methods
 - b. Hormonal Methods
 - c. Long-Term Contraception
 - d. Emergency Contraception
2. Permanent Contraception Referral:
- a. Clients who request information regarding sterilization procedures must be counseled with regard to the permanence, risks, and benefits of this procedure.
 - b. Contractors should be aware of federal sterilization regulations, (42 CFR Part 50, Subpart B). More information can be found here:
https://opa.hhs.gov/sites/default/files/2020-07/42-cfr-50-c_0.pdf
- B. More than one method of contraception can be used simultaneously by a client and may be indicated to minimize risk of STI, HIV, and pregnancy.

4.7 Infertility Services Referral

- A. Providers are required to make basic (level 1) infertility services available to clients who request such service. Level I service includes initial infertility interview, education, physical examination, appropriate laboratory testing, counseling, and appropriate referral.

4.8 Pregnancy Screening, Counseling, and Referrals

- A. Programs must provide pregnancy diagnosis and counseling to all clients in need or requesting this service. Pregnancy testing is one of the most frequent reasons for the initial visit to the family planning facility, particularly by adolescents. It is therefore important to use this occasion as an entry point for providing education and counseling about family planning.
- B. Pregnancy screening consists of:
1. Pregnancy History
 2. Pregnancy test
 3. Referrals to supportive programs
- C. Programs providing pregnancy testing on-site should have available at least one test of high specificity. For those clients with positive pregnancy tests results who elect to continue the pregnancy, the examination may be deferred, but should be performed within 30 days.
- D. For clients with a negative pregnancy diagnosis and abnormal menstrual history, the cause of the abnormal menstruation should be investigated.
- E. Pregnant women planning to carry their pregnancy to term must be offered information and education regarding their pregnancy.

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- F. Clients must be given information about good health practices during early pregnancy, especially those practices that serve to protect the fetus during the first three months, and referral for prenatal care.
- G. Women requesting information on options for the management of an unintended pregnancy must be given non-directive counseling on alternative courses of action and referral upon request.
- H. Clients who are found to be not pregnant must be offered information about the availability of contraceptive, or infertility services, depending on the client's wishes. Anticipatory guidance regarding good health practices prior to pregnancy, including avoidance of teratogens should also be provided.

4.9 Adolescent Services

- A. Contractors must offer age appropriate information and skilled services to adolescents.
- B. Contractors must take steps to assure the adolescent that all information learned during any encounter is confidential information and that every effort will be made to ensure privacy in any encounter or any necessary follow-up contact. (See G. below regarding Duty to Report)
- C. Adolescent clients require skilled counseling and detailed information. Program staff should have a comprehensive understanding of the following:
 - 1. Adolescent growth and development
 - 2. Psychosocial growth and development
 - 3. Nutritional needs
 - 4. Risk and resiliency factors
 - 5. Communication skills
- D. When providing services to adolescents Contractors must:
 - 1. Inform the adolescent about all methods of contraception
 - 2. Make every attempt to schedule appointments for them on short notice
 - 3. Encourage the young person to participate in the full range of medical services
 - 4. Evaluate the adolescents understanding about the contraceptive method selected
 - 5. Inquire about symptoms and exposure to STI's
 - 6. Encourage examination and treatment either directly or by referral to those at risk for STI's
- E. It should not be assumed that all adolescents are sexually active. Many teenagers are seeking assistance in reaching this decision. Abstinence as an option should be discussed.
- F. Contractors do not need the consent of parent or guardian for provision of service

to minors. Therefore, Contractors must not notify the parent or guardian before or after an adolescent has requested and/or received service. Staff should encourage young clients to involve a parent or guardian in their family planning decisions. Discussion of encouraging family involvement should be documented in the client's medical record.

- G. Contractors must be knowledgeable regarding Department of Child Safety (DCS) reporting laws e.g. [ARS § 13-3620](#), "Duty to report abuse, physical injury, neglect and denial or deprivation of medical or surgical care or nourishment of minors..." Contractors are advised to consult with their legal counsel regarding any clarification they may need regarding this and other related statutes. Adolescents seeking services who the staff member believes may meet DCS reporting requirements must be advised prior to any service provision that they will not be refused service but due to their particular circumstance, a report to DCS will need to be filed.
- H. Fees for minors seeking services must be based on the income of the minor.

4.10 Sexually Transmitted Infection Screening

- A. Contractors must have a process for identification of high-risk behavior for STIs and HIV/AIDS.
- B. Appropriate education and preventive measures must be provided to discourage continuation of risk behaviors and to help prevent the client from contracting or spreading an infection.
- C. The Contractor must offer Gonorrhea, Syphilis, Chlamydia, and HIV screening for clients and their partners with probable or definite exposure, signs, and symptoms suggesting an infection. The client may also request screening.
- D. The Contractor must offer at risk clients either treatment or referral for treatment for clients and partners testing positive for an STI and/or HIV.
- E. Contractors must establish a procedure for timely client notification and adequate follow up of all positive results:
 - 1. The procedure must respect the client's request to maintain confidentiality.
 - 2. When initial contact of the client is not successful, a reasonable further effort must be made to notify the client; this shall consist of at least three attempts, one of which is a certified letter.
- F. The Contractor must comply with Arizona Administrative Code, Article 2, R9-6-202,

Communicable Disease and Infestation Reporting, and any other local reporting requirements.

4.11 Referral and Follow-up

- A. Contractors must assure that clients requiring services indicated to be medically necessary but beyond the scope of the Contractor, are referred to other providers for care.
- B. Contractors must establish and maintain a comprehensive and current list of available quality health care providers and community resources.
- C. The Contractor must assure that:
 - 1. The client is able to follow through with contacting the referred provider; if the client is unable to follow through independently, the Contractor must offer assistance or find support for the client
 - 2. Arrangements are made for the provision of pertinent information regarding client care and services to the referral provider with the prior written consent of the client
 - 3. The client's confidentiality and privacy are always maintained
 - 4. The client is advised of the importance of complying with the referral
 - 5. The client is advised of their responsibility in complying with the referral
- D. The Contractor must, whenever possible, give clients a choice of providers from whom to select.
- E. The Contractor must have a procedure to prioritize referrals and follow-up. For example:
 - 1. Referrals considered by the clinician to be emergencies should be made immediately
 - 2. Referrals considered by the clinician to be urgent should be followed up with the client within two weeks
 - 3. Referrals considered by the clinician to be important and necessary but not urgent, may be followed up at the discretion of the provider but prior to the next clinic visit
 - 4. Referral requests made by the client and not considered to be urgent or of immediate need may be followed up with the client at the next clinic visit

4.12 Recommended Services

- A. Minor Gynecologic Problems:

Contractors may provide for the diagnosis and treatment of minor gynecologic problems so as to avoid fragmentation of services or lack of medical care for clients

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with these conditions. Problems such as vaginitis or urinary tract infection may be amenable to on-the-spot diagnosis and treatment. More complex procedures may be offered providing the clinician has had the necessary training and has demonstrated proficiency.

B. Genetic Screening and Referral:

Contractors may provide basic counseling to clients who are at risk for transmission of genetic abnormalities. More complete genetic screening and counseling may be offered by referral to a comprehensive genetic service program. If feasible, training in genetics should be arranged to enable Program staff to provide simple genetic screening.

C. Health Promotion and Disease Prevention:

For many clients the family planning program services are their only continuing source of health information and medical care. The Contractor may whenever possible, provide health maintenance services such as screening, immunization, and general health education and counseling directed toward health promotion and disease prevention. These additional services enhance the client's general state of health, and in turn, the health of their families and children. Programs are therefore encouraged to assess the health problems prevalent among the populations they serve, and to develop services or referral mechanisms to address them.

D. Preconception Education and Reproductive Life Planning:

Couples and prospective mothers may receive preconception education from the Contractor to obtain an overview of the responsibilities of pregnancy and parenting. Preconception health helps women think about how their behaviors, lifestyles, and medical conditions affect their ability to live healthy lives and to have healthy children. It gives women the opportunity to be assessed for risks, to be counseled about healthy living and to be offered treatment if needed. The education may include but not be limited to:

1. Fertility awareness/menstrual cycle
2. A review of family genetic history
3. Immunizations (MMR & TDAP)
4. Spacing of children
5. Nutritional needs, including folic acid supplements
6. Effects of medications on maternal health and pregnancy
7. Current contraceptive method, when to stop using it, and the waiting to conceive timeframe
8. Substance use and abuse

E. Intimate Partner Violence and Reproductive Coercion:

Definitions:

- A. Birth Control Sabotage: Active interference with contraceptive methods (flushing pills, poking holes in condoms, refusing to

- wear condoms).
- B. Pregnancy Coercion: Threats or acts of violence if the partner does not comply with the perpetrator's wishes to continue or terminate a pregnancy.

Intimate partner violence and coercion have long been linked to negative health outcomes. In 2011, the National Academy of Medicine formerly named the Institute of Medicine, recommended screening clients for current and past domestic and sexual violence as part of basic preventative care.

The Bureau of Women's and Children's Health (BWCH) recognizes the negative impact of domestic and sexual abuse on reproductive health, and funded a program to assist communities in addressing it through Futures Without Violence (formerly the Family Violence Prevention Fund): <https://www.futureswithoutviolence.org/>. Future Without Violence, along with ACOG created a comprehensive document with guidelines on how to handle intimate partner violence.

Domestic violence and reproductive coercion screening should include, at a minimum, three questions from the following sample screening questions:

1. Has your partner ever messed with your birth control or tried to get you pregnant when you didn't want to be?
2. Does your partner refuse to use condoms when you ask?
3. Has he/she ever tried to force or pressure you to become pregnant when you didn't want to be?
4. Are you afraid your partner will hurt you if you tell him/her you have an STI and he/she needs to be treated?
5. Do you feel controlled or isolated by your partner?
6. Do you feel safe in your current relationship?

4.13 Excluded Services

Programs funded by Title V may not provide abortion services to clients as a method of family planning.

CHAPTER 5: Monthly, Quarterly, and annual reports

5.1 Monthly Reports

The contractor must submit a monthly Family Planning Database Report in a format approved by the Bureau of Women's and Children's Health (BWCH).

5.2 Monthly Report Requirements

1. Contractors must have procedures in place to review the completeness, accuracy, integrity, and timely submission of the information required on the Monthly Family Planning Database Report.
2. Under the MCH HAF IGA, the Family Planning Contractor's Expenditure reports (CERs) are due monthly to the ADHS Block Grants HAF Program Manager.
3. Contractors are to also submit the following supporting documents: Certificates of Completion for training and conferences, and conference registration receipts. The ADHS Family Planning Program Manager will access the Family Planning database to verify the services provided are reflective of the narrative in the quarterly reports and document in the ADHS Program Procedure Tool

5.3 Monthly Performance Report Instructions

This guide outlines the steps for submitting the Family Planning Database Report through Qualtrics, the designated platform for data collection and analysis by the Arizona Department of Health Services (ADHS) Family Planning Program Manager. Timely submission of this report by the 15th of each month is essential for effectively monitoring and evaluating family planning activities. This instructional overview aims to help ensure your submissions are accurate, timely, and compliant with program reporting requirements.

1. Access monthly data entry here:
https://adhs.co1.qualtrics.com/jfe/form/SV_cCiQVRKUga2osAe

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Arizona Title V Family Planning Database

Please select your clinic's site.

Were any Family Planning clients seen this month at your site?

No

Yes



Powered by Qualtrics

2. Select your clinic site from the drop down menu:
 - A.. If **NO** clients were seen (due to lack of provider, no clients scheduled, etc.) click **NO** and click on the → button
 - a1. Enter your information as to why the clinic did not have clients seen that month, then click on the → button:
 - a2. The page will auto-refresh and take you back to the home screen.

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Arizona Title V Family Planning Database

What are the reasons no family planning clients were seen at your site this month?

No provider available (for example)

Previous

→

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Arizona Title V Family Planning Database

Please select your clinic's site.

Apache

Were any Family Planning clients seen this month at your site?

No

Yes

→

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B. if your clinic did see clients, select yes and the →



Arizona Title V Family Planning Database

Please select your clinic's site.

Were any Family Planning clients seen this month at your site?

No

Yes

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- 3: Select the month/year of the visit and the visit type and then →
 - a1: “Initial Visit” means a client’s first comprehensive visit. It will normally include a physical exam, a pap smear, if indicated, and issuing of a birth control method.
 - a2: “Annual Visit” means an established client’s yearly comprehensive well-woman preventive visit. Please click this link for updated guidelines for the annual visits: <https://www.womenspreventivehealth.org/recommendations/well-woman-preventive-visits/>. A client may only have one annual visit in a twelve month period.
 - a3: “Medical Visit” captures all visits excluding initial, follow-up, complaints, re-pap and/or follow-ups, etc. Initial and annual visits will be unduplicated.

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Arizona Title V Family Planning Database

Please select the date of the visit.

Select the type of visit below.

Initial
Annual
Medical

Previous

→

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4. Enter the patient's unique number (AKA: Client ID number: This is an identification number assigned by the Contractor.) No two clients may have the same client identification number. Client ID numbers must not exceed nine characters.

Next, select yes or no if it is a new patient,

Then, enter their date of birth and select the →

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Arizona Title V Family Planning Database

Please enter the patient's number.

123456

Is this a **new patient**?

Yes

No

What is the patient's date of birth? (mm/dd/yyyy)

01/01/1995

Previous



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5: Enter the patient's sex (Gender: Determined by observation or medical records.)



Arizona Title V Family Planning Database

What is the patient's sex?

Male

Female

Next, choose the patient's race, and check all that apply (Race: Based on Federal requirements; race is different than ethnicity)

Choose one or more races that the Patient identifies as. (*Check all that apply*)

White

Asian

Black or African American

Native Hawaiian or Pacific Islander

American Indian or Alaska Native

Other

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Then, select if the patient identifies as Spanish, Hispanic, or Latino:

Is the Patient Spanish, Hispanic, or Latino?

Yes

No

Enter the client's zip code:

What is the Patient's ZIP code?

85374

Select the highest level of education received:

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What is the highest level of education that the Patient has completed?

Less than high school diploma

High school graduate (high school diploma or equivalent including GED)

Some college but no degree

Associate degree in college (2-year)

Bachelor's degree in college (4-year)

Master's degree

Doctoral degree

Professional degree (JD, MD)

Finally, select the client's *estimated* monthly household income then select the →:

Income: Record the client's income, following the Federal Poverty Guidelines; update the income as necessary. Family size and monthly income are used to determine eligibility requirements for the Federal Poverty Level (FPL). The FPL is determined by the Federal Office of Management and Budget (OMB) and is revised annually. Contractors must stay current with OMB information regarding the FPL. The FPL was discussed earlier in this manual and the OMG website was provided.

When determining the client's income, the Contractor must:

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Determine the family size, which is the number of people in the client's household, including spouse, and any other dependents. If the client is less than 18 years of age, do not include parents or siblings. Include only the teen and any children the teen reports

If the client is single use the total gross monthly household income (before taxes)

If the client is married, use the amount of gross income (before taxes), including any spousal income

If the client is a teen, include only the teen's income, not the parent's income

If income varies or is seasonal, use an average of the annual income, i.e., annual income divided by 12 months

Select the Patient's Estimated Patient/Household Income.

Less than \$10,000	\$60,000 to \$69,999
\$10,000 to \$19,999	\$70,000 to \$79,999
\$20,000 to \$29,999	\$80,000 to \$89,999
\$30,000 to \$39,999	\$90,000 to \$99,999
\$40,000 to \$49,999	\$100,000 to \$149,999
\$50,000 to \$59,999	\$150,000 or more

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6. Select all services received during the visit:

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Arizona Title V Family Planning Database

Which services that the patient received at this visit? (*Check all that apply*)

Breast Exam	Pap Test
Chlamydia Test	Pregnancy Result Positive
Emergency Contraceptive	Pregnancy Test
Gonorrhea Test	Syphilis Test
HIV Test	

Then select the patient's contraceptive method *pre-* and *post-visit* then select the →

What is the Patient's contraceptive method before and after the visit?

	Contraceptive Method (PRE)	Contraceptive Method (POST)
	Before the visit	After the visit
1 Month Hormonal Injection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Month Injection (Depo-Provera)	<input type="checkbox"/>	<input type="checkbox"/>
Abstinence	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cap	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>
Female Condom	<input type="checkbox"/>	<input type="checkbox"/>
IUD (Mirena)	<input type="checkbox"/>	<input type="checkbox"/>
IUD (Paragard)	<input type="checkbox"/>	<input type="checkbox"/>

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	Before the visit	After the visit
Implant (Implanon, Norplant)	<input type="checkbox"/>	<input type="checkbox"/>
Male Condom	<input type="checkbox"/>	<input type="checkbox"/>
Natural Family Planning	<input type="checkbox"/>	<input type="checkbox"/>
No Method	<input type="checkbox"/>	<input type="checkbox"/>
Oral Contraceptive (pill)	<input type="checkbox"/>	<input type="checkbox"/>
Patch	<input type="checkbox"/>	<input type="checkbox"/>
Currently Pregnant	<input type="checkbox"/>	<input type="checkbox"/>
Seeking Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>

	Before the visit	After the visit
Spermicide	<input type="checkbox"/>	<input type="checkbox"/>
Tubal Litigation	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal Ring	<input type="checkbox"/>	<input type="checkbox"/>
Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>
Other No. 1 (Please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other No. 2 (Please specify) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Previous

→

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- The page will auto-refresh and take you back to the home screen. You have successfully entered your client's information. You will receive a monthly report of your data.

5.4 Contractor Expenditure Report (CER)

Per the MCH HAF IGA, the Contractor shall submit a monthly Expenditure Report in a format approved by the Bureau of Women's and Children's Health (BWCH).

5.5 Annual Report

The Contractor shall prepare an annual report that will summarize program activities.

5.6 Annual Report Requirements

- A. The Annual Report must be submitted within 45 days of the end of the contract year.
- B. A blank Annual Report template is provided to all County Contractors that are participating in the MCH HAF IGA.

CHAPTER 6: BILLING

6.1 Contractor Reimbursement and Contractor's Expenditure Report (CER)

- A: Contractor reimbursement provisions and methods are specified in the Contractor's written contract agreement with the Arizona Department of Health Services. Reimbursement for services and any other program expenditures are made in accordance with these contract specifications, and upon approval of the Block Grants HAF IGA Manager.
- B: The CER is a multi-purpose form for use by agencies that have a Negotiated Service Contract with the Arizona Department of Health Services. The CER must be completed, signed by an authorized person, and e-mailed to the Block Grants HAF IGA Manager. It is the responsibility of the Chief Executive Officer/Health Officer/Authorized Signer of the reporting agency to insure valid representation of the agency's expenditures or units reported on Fixed Rate Contracts. Once satisfied, this person must sign and date the report.
- C: The Block Grants HAF IGA Manager will review all Monthly Expenditure Reports when received and will compare expenditures budgeted for the month, actual expenditures, and contracted amounts.
- D: The Contractor will be contacted to discuss any discrepancies found or for any expenditure concerns. If there are expenditure concerns, the Block Grants HAF Program Manager in BWCH and the Contractor will agree to a resolution. The Block Grants HAF Program Manager will review the CER and supporting documents for errors, or omissions. The Contractor will be contacted to discuss any discrepancies found.
- E: CER's not meeting specification may either be amended by the Contractor or by the Block Grants HAF Program Manager. If the CER is amended by the Block Grants HAF Program Manager, a copy of the amended document will be sent to the Contractor for their records.

- F: Partial or no payment of CER's submitted may be authorized by the Block Grants HAF Program Manager when:
1. Deliverables are billed but not submitted
 2. Insufficient funds exist to fully reimburse the Contractor for services provided
 3. Reports and FP databases are blank or if they are not properly filled out (i.e missing information, data, etc.)
- G: Once the BWCH Program Manager approves the CER, it will be forwarded for payment.

6.2 Submission Requirements

Per the contractual language within the MCH HAF IGA, the contractor must submit a complete and accurate (CER) and narrative report (including all programs within the MCH HAF IGA), quarterly to the MCH HAF IGA Program Manager for payment for contracted services provided. For Family Planning specifically, the Contractor must enter their data into the Qualtrics Family Planning Database the ADHS Family Planning Program Manager by the 15th of each month. The CERs will be submitted with the other programs within the MCH HAF IGA monthly. If there is an unavoidable delay in submission of any part of the report, the Contractor must notify the ADHS Block Grants HAF IGA Manager and Family Planning Program Manager in a timely fashion.

6.3 Submission Location

Contractors are to submit the monthly CER, supporting documentation to:

Physical Address:

Attention: MCH HAF IGA Program Manager

Arizona Department of Health Services

Bureau of Women's and Children's Health

150 N. 18th Avenue, Suite 310 Phoenix, Arizona 85007-3242

Email: azfpp@azdhs.gov

CHAPTER 7: PROGRAM MONITORING AND EVALUATION

7.1 Annual Review

All Contractors shall have at least one compliance-based site visit at least every two years. This site visit is also referred to as the site review.

7.2 Multiple Sites

To the extent practical, annual reviews will include a visit to all Contractor site locations, if the Contractor is providing services at multiple sites.

7.3 Consultative Site Visit

In addition to the site review, additional consultative site visits will be conducted if Contractor performance or other circumstances deem it necessary.

7.4 Purpose of the Site Review:

- A. Compliance-based site visits are provided to ensure that services were delivered pursuant to the terms and conditions of the contract and in accordance with the Reproductive Health/Family Planning Program Policy and Procedure Manual.
- B. Other purposes for annual review include but are not limited to:
 - 1. Evaluation of State and Community Resource Utilization
 - 2. Investigation of areas in question
 - 3. Identification of strengths and accomplishments
 - 4. Identification of weaknesses or areas of needed focus
 - 5. Providing consultation and technical assistance
 - 6. Facilitation of communication between the Contractor and BWCH
 - 7. Follow-up on previous site visit findings

7.5 Review Guidelines

The review, which will take place at least every two years, will be conducted in accordance with the following guidelines:

- A. Contractor Notification:
 - 1. The ADHS Block Grants HAF IGA Manager will notify the Contractor of the scheduling of annual review site visits.
 - 2. The ADHS Block Grants HAF IGA Manager will send an email to the Contractor which will:
 - a. Confirm the date and the time of the visit
 - b. Review the purpose of the visit
 - c. Identify the reviewer
 - d. Discuss activities to expect as part of the review process
 - e. Provide the Contractor with a copy of the site review monitoring tool(s)
 - f. The visit with the Contractor will be scheduled a minimum of 30 days in advance of the review. The reviewer will work with the Contractor as much as possible to assist in minimizing interruptions to the staff's normal workload during the course of the review.

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B. Review Process

1. Contractors and Sub-contractors must cooperate fully with the reviewer during the review process by making records and information available, allowing interviews, and providing a tour of the facilities
2. The reviewer will hold an entrance interview to obtain a current overview of clinic operations, clarify the review process, meet staff, answer any questions, and discuss completion of corrective action from any past review
3. Examples of activities included in site visits may include, but are not limited to:
 - a. Review of Contractor Documentation
 - b. Any materials to be distributed to clients
 - c. Medical records
 - d. Management reports
 - e. Job descriptions, personnel files, etc.
 - f. Meeting with or interviewing program personnel to discuss program successes and potential problems
 - g. Work unit observation
4. Exit Conference: The reviewer will provide feedback to the Contractor regarding preliminary findings, the Contractors will have the opportunity to clarify and provide any input they deem necessary

7.6 Annual Review Draft Report

- A. The ADHS Block Grants HAF IGA Manager, with input from the Program Manager, will write findings in a draft report and e-mail the draft with a cover letter to the Contractor for review and comment. The cover letter will include instructions for review of the draft report. The Contractor must respond to the draft report within fourteen (14) days of receipt.
- B. Both the ADHS Block Grants HAF IGA Manager and the Family Planning Program Manager will be available to provide technical assistance as needed.

7.7 Annual Review Final Report and Corrective Action

- A. Within (5) five days of receipt and review of the Contractor's comments, the ADHS Block Grants HAF IGA Manager will prepare a final report. The final report will identify areas of strength and a request for a written plan of corrective action, if required. The final report will be sent with a cover letter that will include instructions for completion of the written plan of correction.

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- B. The Contractor will prepare the plan of corrective action addressing each finding included in the current year's annual review. This plan must be returned within 14 days of receipt of the final report.
- C. Once the written plan of corrective action has been reviewed and approved by the ADHS Block Grants HAF IGA Manager, it will be included as part of the final report
- D. The final report will be maintained in the Program files for future review.

7.8 Failure to Comply

Concerns of compliance failure or major contract performance issues will be reported to the Procurement Administrator. The Procurement Administrator will notify the Contractor within (7) seven days of receipt of the concern regarding further recourse.

CHAPTER 8: APPENDICES AND OPTIONAL DOCUMENTS

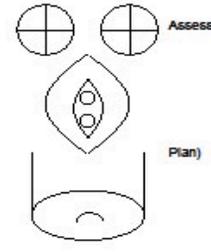
These documents and appendices are provided as optional resources and may be utilized as guides.

Optional Documents: Electronic copies of the following documents will be shared with each County if requested:

- A. Consent for Birth Control Patch
- B. Consent for Birth Control Ring
- C. Consent for Depo-Provera
- D. Consent for NuvaRing
- E. Consent for Oral Contraceptive
- F. ECP Informed Consent

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ARIZONA FAMILY PLANNING PROGRAM ENCOUNTER FORM

PATIENT	FHAMIS# _____ MR# _____ Date of Visit ____/____/____ Clinic Site _____ Visit Type _____																					
	NAME: Last _____ First _____ Middle _____																					
LAB	(-) _____ (04) BP _____ / _____ (08) Pro _____ Pregnancy Test (09) _____ VDRL (12) _____ Pap Smear (01) WT _____ (05) HGB/HCT _____ (07) Glu _____ Type _____ (10) _____ GC (15) _____ Wet Mount/Gram (02) HT _____ (06) Cholesterol _____ (0-) pH _____ Result _____ EDC _____ (11) _____ Chlamydia (22) _____ Rubella Titre																					
	DOB ____/____/____ AGE _____ LMP _____ G _____ P _____ (Current Medications, include Birth Control) (Medical Hx Reviewed) EDUCATION/COUNSELING PROVIDED: _____ None (1 - Verbal; 2 - Media Assisted)																					
SUBJECTIVE	ORAL CONTRACEPTIVE COMPLICATIONS (01) _____ Abdominal Pains (02) _____ Chest Pain (03) _____ Headaches (04) _____ Extremities Pain (05) _____ Sight/Vision (06) _____ Bleeding (00) _____ Others; detail _____	(01) _____ Contraceptive (09) _____ Infertility (02) _____ Pregnancy (10) _____ Sterilization (03) _____ HIV Risks (11) _____ Immunizations (04) _____ Domestic Violence (12) _____ Hypertension (05) _____ Nutrition (13) _____ Pap Smear (06) _____ Smoking (14) _____ STD/Vaginitis (07) _____ BSE (15) _____ Preconception Health (08) _____ Parental Involvement discussed, if Teen (00) _____ Other _____																				
	SIGNATURE: _____ (CODE #) _____ (DATE) _____																					
OBJECTIVE/ASSESSMENT/PLAN	PHYSICAL EXAM: _____ Full _____ Partial _____ Not Done (0-Within Normal Limits; 1-Other, see comments)	Conditions Found: 1. _____ 2. _____ 3. _____ 																				
	(01) _____ Thyroid (02) _____ Heart/Lung (03) _____ Breasts (04) _____ Abdomen (05) _____ Extremities (06) _____ External Genitalia (07) _____ Vagina (08) _____ Cervix (09) _____ Uterus (10) _____ Adnexae L _____ R _____ (11) _____ Rectal	SIGNATURE: _____ (CODE #) _____ (DATE) _____																				
PHARMACY	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">RX #</th> <th style="width: 45%;">RX DOSE</th> <th style="width: 15%;"># PRESCRIBED</th> <th style="width: 25%;"># ISSUED</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	RX #	RX DOSE	# PRESCRIBED	# ISSUED																	Dispense as written _____ Substitution Permissible _____
	RX #	RX DOSE	# PRESCRIBED	# ISSUED																		
REFERRALS	For: _____ To: _____ Release _____ For: _____ To: _____ Release _____ For: _____ To: _____ Release _____																					
	(01) _____ Exam and Follow-up Instructions Reviewed, Patient States Understanding (02) _____ Counseled on Method (03) _____ Drug/Allergies (04) _____ STD/Vaginitis (05) _____ Emergency Info Given (06) _____ Package Insert/Instructions Given () _____ Other _____ Comments: _____																					
POST-COUNSELING	SIGNATURE/INITIALS _____ (CODE #) _____ (DATE) _____																					
	(01) _____ Physical Exam (04) _____ Post-Counseling (06) _____ HPV Rx (08) _____ Colposcopy (-) _____ Diaphragm/U.D. (03) _____ Ed/Counseling (05) _____ Immunizations (07) _____ STD/Vaginitis Rx (09) _____ Cryosurgery (00) _____ Other _____																					

Patient's Next Visit: Date/Interval _____ Purpose: (92) Annual (81) First Supply (04) Follow-up (82) Other Supply

ADHS/MCH/Encounter/ (3/08) IPS 4819

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 REGISTRATION FORM - **ALL INFORMATION IS CONFIDENTIAL**

Date of Visit: ___/___/___ Social Security Number ___/___
 /___ Clinic Site:

Personal Data: Please provide the following information.

Last Name: _____ First _____ Middle Initial _____
 Birth Date: ___/___/___

Sex: () Female (F) () Male (M)	Marital Status: () Never Married (N) () Married (M) () Divorced (D) () Living Together (L) () Separated (S) () Widowed (W)	Race: () Asian (A) () Black (B) () White (W) () Other (O) () Native American (I) Tribe: _____ _	Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican or Cuban? () Yes (H) () No	Primary Language: () English (01) () Spanish (02) () Other _____	Years of Education Completed: _____
--	--	--	---	---	--

Maiden Name: _____ Mother's Maiden Name: _____

Residential
 Address: _____ APT# _____ CITY _____
 _____ ZIP _____

Mailing
 Address: _____ APT# _____ CITY _____
 _____ ZIP _____

Home #:() _____ Work #:() _____ Cell Phone
 #:() _____

Check all the ways we may contact you for Follow-up: ___Mail only ___Home Phone
 ___Work Phone ___Cell Phone ___Mail or Phone

Special

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Instructions/Other: _____

In case of EMERGENCY: Phone # (____) _____ Relationship: _____ NAME (Last, First) _____

What is your PRIMARY work status? (please check one) ___ Unemployed ___
 Working Full-Time ___ Working Part-Time ___ Student

Are you a: ___ Seasonal Worker ___ Migrant Worker ___ Not Seasonal or Migrant Worker

Have you seen a doctor in the last 3 months? ___ Yes ___ No If yes, why? _____

Who do you usually go to for health care? (___) Doctor (___) Clinic (___) Other (___) None Name: _____

If you are single, what is **your total monthly** income before taxes:

OR

If you are married, what is **your total combined monthly income** before taxes:
 \$ _____ per month

Number of people (including yourself) who are supported by this income:

How many children have you given birth to? (Parity) _____

FOR CLINIC USE ONLY		
FEDERAL GUIDELINE % _____ -	FEE SCALE: ___ No Fee ___ Partial Fee ___ Full	ASSIGNED SOURCE OF PAYMENT: ___ Title V ___ Title XX ___ Private Insurance ___ Title X ___ AHCCCS ___ Self ___ Other: _____ Authorization: _____

Are you enrolled in AHCCCS? Yes: ___ AHCCCS ID #: _____ Page _____
 No: _____

Do you ANY have Health Insurance? Yes ___ No ___

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HIPPA / Patient Rights ACKNOWLEDGEMENT

I acknowledge that I have been given the opportunity to view or receive a copy of the notice of Health Information Practices describing how medical information may be used and disclosed under the Health Insurance portability and Accountability Act (HIPAA), as well as a copy of Patient Rights.

Name

Date

Signature

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ADVANCE DIRECTIVES (LIVING WILL OR POWER OF ATTORNEY)

IF you have an advanced directive you may provide us with a copy.
If you do not, we can give you information on how you can obtain one.

PLEASE CHECK ONE OF THE FOLLOWING STATEMENTS:

- I have an **ADVANCE DIRECTIVE (Living Will or Power of Attorney)** for health care.
- I do not have an **ADVANCE DIRECTIVE (Living will or Power of Attorney)** for health care.
- I would like to have information on obtaining an Advanced Directive.

Witness/Staff Signature

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POLICIES AND PROCEDURES MANUAL

HIPPA RECONOCIMIENTO

Yo reconozco que se me ha dado la oportunidad de ver o recibir una copia del aviso de Prácticas de Información de Salud que describe cómo su información médica puede ser utilizada y divulgada en virtud de la Ley de portabilidad y Responsabilidad de Seguros Médicos (HIPAA), igualmente copia de los derechos de paciente.

Nombre

Fecha

Firma

LAS INSTRUCCIONES POR ADELANTADO (TESTAMENTO)

Si tiene una directiva avanzada puede proporcionarnos una copia.
Si no, podemos darle información sobre cómo puede obtener uno.

POR FAVOR MARQUE UNA DE LAS SIGUIENTES AFIRMACIONES:

_____ YO tener una directriz anticipada (Testamento) para el cuidado de la salud.

_____ No tengo una directriz anticipada (Testamento) para el cuidado de la salud.

_____ ME gustaría tener información sobre la obtención de una Directiva Avanzada.

DOMESTIC/SEXUAL VIOLENCE SCREENING FORM

Completing this form is voluntary. You do not have to fill out this form to receive services. Anything you disclose, including your relationship with the person, who has abused you, will be kept confidential, with the exception of child abuse and neglect.

You may complete this form and request counseling services regardless of your gender, sexual orientation, or marital status. You do not have to have children or have left the abusive situation. You are not required to provide any information or details about the abusive situation to anyone before you are referred to see a counselor.

Are you in danger of a family member, your partner, or ex-partner doing any of the following to you?:

- Hitting, slapping, kicking, choking, or in any way hurting you physically?
- Isolating you, making you feel like a prisoner, or controlling what you can do?
- Threatening to harm you, your children, or someone close to you?
- Stalking you, following you, or checking up on you?
- Shaming or belittling you, constantly putting you down, or telling you that you are worthless?
- Forcing you to have sex, or into sexual acts that you do not want to participate in?
- Making you feel afraid?

___**YES:** I would like to meet with a domestic/sexual violence case worker to discuss my situation.

___**YES:** But I do not want to meet with anyone at this time.

___**NO:** None of the situations described above apply to me or I do not wish to answer these questions at this time.

In signing this form I affirm that the information above is correct.

Signature: _____

Revised 03/10/2020

VOLUNTARY CONSENT FORM

I voluntarily agree to receive Family Planning services from the Graham County Health Department, and further state that I have not been coerced, forced, threatened with physical violence, or otherwise received any undue influence to compel me to receive these services.

I understand that as a part of the overall services, I may be expected to have a physical exam, as well as a Pap smear if deemed necessary by the medical provider. These services will be conducted either by clinicians on contract with, or staff of, the Graham County Health Department. I also agree to participate in any administrative or consultation process that may be necessary to provide the identified services.

I understand that Graham County Health Department provides a teaching environment to students in the health care field. If I have any questions or concerns about this I will speak to a nurse.

I understand that family planning services are available to all females aged 14 years or older regardless of marital status, sexual orientation, religious affiliation, race, ethnicity, or national origin. If I feel I have been discriminated against by any contractor or staff member of the Graham County Health Department I will speak with the Health Director.

I have received and read my Patient Bill of Rights.

I have read the above information and hereby consent to and authorize the staff and contracted clinicians of the Graham County Health Department to conduct the identified Family Planning services.

Signature of Client

Date

Signature of Witness

Date

Please Note: This is an example of language that can be used.

FORMULARIO DE CONSENTIMIENTO VOLUNTARIO

Estoy de acuerdo voluntariamente recibir servicios de planificación familiar del Departamento de salud del Condado _____ y más estado que yo he no sido coaccionado, obligado, amenazados con violencia física, o de lo contrario recibe cualquier influencia indebida para obligarme a recibir estos servicios.

Entiendo que como parte de los servicios generales se espera tener un examen físico, así como una prueba de Papanicolaou o sangre dibuja si se considera necesario por el médico. Estos servicios se llevará a cabo por los médicos por contrato con, o de personal, el Departamento de salud del Condado. También estoy de acuerdo en participar en alguna administrativo o proceso de consultas que sea necesaria para proveer los servicios identificados.

Entiendo que _____ Graham Departamento de Salud proporciona un entorno de enseñanza a los estudiantes en el campo de la salud. Si tengo alguna pregunta o inquietud acerca de esto voy a hablar con una enfermera.

Entiendo que servicios de planificación familiar están disponibles para todas las mujeres de 14 años de edad o mayores independientemente del estado civil, orientación sexual, afiliación religiosa, raza, etnia o nacionalidad de origen. Si siento que he sido discriminado por cualquier contratista o miembro del personal del Departamento de salud del Condado voy a hablar con el Director de salud.

Haber leído la información anterior y por la presente consiente y autorizar al personal y los médicos contratados del Departamento de salud del Condado para llevar a cabo los servicios de planificación familiar identificados.

Firma del cliente

fecha

Firma del testigo

fecha