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**Mission Statement:**
To improve the health & safety of people in Kentucky through Prevention, Promotion & Protection
## Administrative Contacts

<table>
<thead>
<tr>
<th>Category</th>
<th>Contact Details</th>
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<tbody>
<tr>
<td>General</td>
<td><a href="mailto:FamilyPlanning@ky.gov">FamilyPlanning@ky.gov</a></td>
</tr>
<tr>
<td>Billing and Invoicing</td>
<td>Alex Glykas</td>
</tr>
<tr>
<td></td>
<td>Resource Management I</td>
</tr>
<tr>
<td></td>
<td>(502) 564-3236 ext. 4165</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:alex.glykas@ky.gov">alex.glykas@ky.gov</a></td>
</tr>
<tr>
<td>Data Collection/Submission Technical Assistance</td>
<td>Manisha Sharma</td>
</tr>
<tr>
<td></td>
<td>Business Analyst</td>
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<tr>
<td></td>
<td><a href="mailto:Manisha.sharma@ky.gov">Manisha.sharma@ky.gov</a></td>
</tr>
<tr>
<td>Contracts</td>
<td>Stephanie Rose, MD</td>
</tr>
<tr>
<td></td>
<td>Director</td>
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<tr>
<td></td>
<td>Division of Women’s Health</td>
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<tr>
<td></td>
<td>(502) 564-0767</td>
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<tr>
<td></td>
<td><a href="mailto:sa.rose@ky.gov">sa.rose@ky.gov</a></td>
</tr>
<tr>
<td></td>
<td>Gina Brien</td>
</tr>
<tr>
<td></td>
<td>Assistant Director</td>
</tr>
<tr>
<td></td>
<td>Division of Women’s Health</td>
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<tr>
<td></td>
<td>(502) 564-3236 ext. 4156</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:gina.brien@ky.gov">gina.brien@ky.gov</a></td>
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## Program Specific Contacts

<table>
<thead>
<tr>
<th>Eligibility &amp; Reimbursement &amp; Contracts</th>
<th>Kentucky Women’s Cancer Screening Program (KWCSP)</th>
<th>Title X Kentucky Family Planning Program</th>
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<tbody>
<tr>
<td>Ellen Barnard Program Director</td>
<td>Ellen Barnard Program Director (502) 564-3236 ext. 4157 <a href="mailto:ellen.barnard@ky.gov">ellen.barnard@ky.gov</a></td>
<td>Shelley Wood, MSN,RN Program Director (502) 564-3236 <a href="mailto:shelley.wood@ky.gov">shelley.wood@ky.gov</a>; <a href="mailto:familyplanning@ky.gov">familyplanning@ky.gov</a></td>
</tr>
<tr>
<td>Clinical / Covered Services</td>
<td>Colleen Toftness, RN Clinical Coordinator (502) 564-3236 ext. 4159 <a href="mailto:colleen.toftness@ky.gov">colleen.toftness@ky.gov</a></td>
<td>Sheila Rose, RN Clinical Coordinator <a href="mailto:sheilag.rose@ky.gov">sheilag.rose@ky.gov</a>; <a href="mailto:familyplanning@ky.gov">familyplanning@ky.gov</a> Holly Mullins, RN Clinical Coordinator <a href="mailto:Hollyj.mullins2@ky.gov">Hollyj.mullins2@ky.gov</a> <a href="mailto:familyplanning@ky.gov">familyplanning@ky.gov</a></td>
</tr>
<tr>
<td>Outreach</td>
<td>Vacant Health Planner</td>
<td>Angie Brown, RN Outreach Coordinator <a href="mailto:angie.brown@ky.gov">angie.brown@ky.gov</a> <a href="mailto:familyplanning@ky.gov">familyplanning@ky.gov</a></td>
</tr>
<tr>
<td>Data Collection and Submission &amp; Reimbursement</td>
<td>Sivaram (Ram) Maratha Epidemiologist (502) 564-3236 ext. 4161 <a href="mailto:sivaramr.maratha@ky.gov">sivaramr.maratha@ky.gov</a></td>
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<tr>
<td>ACRONYMS &amp; COMMONLY USED TERMS</td>
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<tr>
<td>340B</td>
<td>A federal pharmacy program which offers discounted pricing for contraceptives to those providers who receive Title X funding</td>
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<tr>
<td>ACA</td>
<td>AFFORDABLE [HEALTH] CARE ACT</td>
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<td>ACH</td>
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<td>AFM</td>
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<td>ATOD</td>
<td>ALCOHOL, TOBACCO, OR OTHER DRUGS</td>
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<td>BCAC</td>
<td>BREAST &amp; CERVICAL CANCER ADVISORY COMMITTEE</td>
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<tr>
<td>BCCTP</td>
<td>BREAST &amp; CERVICAL CANCER TREATMENT PROGRAM - a program offered through Medicaid that covers the medical costs of cancer treatment once an uninsured patient has been diagnosed with breast or cervical cancer through the Kentucky Women’s Cancer Screening Program</td>
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<td>BMD</td>
<td>BONE MINERAL DENSITY</td>
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<td>CBE</td>
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<td>CENTER FOR DISEASE CONTROL AND PREVENTION</td>
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<td>CHFS</td>
<td>CABINET FOR HEALTH &amp; FAMILY SERVICES</td>
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<td>CHW</td>
<td>COMMUNITY HEALTH WORKER</td>
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<td>COT</td>
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<td>COMMUNITY PARTICIPATION, EDUCATION, AND PROJECT PROMOTION PLAN</td>
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KENTUCKY FAMILY PLANNING

Public Health
Prevent. Promote. Protect.
The following Family Planning Program guidelines and requirements are to be followed by any organization receiving any amount of Title X Family Planning Grant funds.

The Kentucky Family Planning/Title X Program is authorized by the Public Health Service Act through the Family Planning Services and Population Research Act of 1970 (Public Law 91-572). This Act established the Office of Population Affairs (OPA), within the U.S. Department of Health and Human Services (HHS), to manage the Title X grant program including family planning services and population research. For more than 50 years, Title X is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. Title X family planning clinics have played a critical role in ensuring access to a broad range of family planning and related preventive health services for millions of low-income or uninsured individuals and other vulnerable populations. All Title X service sites (clinics or other locations where Title X services are provided to clients) provide quality healthcare that is safe, effective, client-centered, timely, efficient, and equitable.

**Title X Program Priorities**

Each year, OPA establishes program priorities that represent overarching goals for the Title X program. Program priorities derive from Healthy People 2020 Objectives and from the HHS priorities. Kentucky Family Planning Program project plans are developed to address the OPA designated Title X program priorities.

Title X Priorities include all of the legal requirements covered within the Title X statute, regulations, and legislative mandates. All subrecipients must comply with the requirements regarding the provision of family planning services according to Title X of the Public Health Service Act, 42 U.S.C. § 300 et seq., and the implementing regulations. Legislative mandates and the 2021 Final Rule priorities are found at the end of this document.

**Family Planning Services**

Family planning services include contraceptive services, pregnancy testing and counseling or referral, basic infertility services, sexually transmitted disease services and preconception health services. Family planning services are provided to both females and males in person or via telehealth.

**Federal Title X Family Planning Funding**

The Department for Public Health allocates awarded federal Title X funds first to local health departments who commit to provide family planning services in their area, then to federally qualified health centers (FQHCs) or look-alike providers in areas where local health departments are not providing services or are providing limited family planning services (see KRS 311.715). Allocations are determined annually based on a formula that includes the availability of funds, the number of unduplicated family planning clients seen in the previous calendar year and the extent of family planning services being provided by the subrecipient. All annual funding to subrecipients is provided through contractual agreements approved by the Cabinet for Health and Family Services.
Allocations are automatically reimbursed quarterly, dependent upon the adherence of the title X and program requirement, including quarterly submission of the Title X Kentucky Family Planning Quarterly Report, and the Title X Kentucky Family Planning Budget Expense Review. The Budget Expense Review is due twice a year (midyear and end of year) intended to capture the majority of how the Title X funds are spent.

I. Title X Clinical Requirements for All Subrecipients Receiving Federal Title X Funds

Regardless of the extent of family planning services provided, Title X (42 CFR 59) subrecipients must adhere to all clinical requirements.

A. General

1. Family planning services must be voluntary and offered in a competent, non-discriminatory, trauma-informed manner, respecting client confidentiality. Services should ensure equitable and quality service delivery consistent with nationally recognized standards of care.

2. Family planning services must be provided without subjecting individuals to any coercion to accept services or to employ or not employ any particular methods of family planning. Any agency who is found to coerce or try to coerce any person maybe fined or subject to prosecution.

3. Family planning services must be client-centered care that is respectful of, and responsive to, individual client preferences, needs, and values. Client values should guide all clinical decisions.

4. Family planning services must be inclusive and demonstrate health equity by providing services without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, social position, number of pregnancies or marital status. Culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse patients. Family planning services must be provided without the imposition of durational residency or a requirement that the client be referred by a physician.

5. Title X clinics must have written policies that are consistent with the HHS Office for Civil Rights policy.

6. Subrecipients may not provide abortion as a method of family planning.

7. Subrecipients should provide for coordination and use of referrals and linkages with primary healthcare providers, other providers of healthcare services, local health and welfare departments, hospitals, voluntary agencies, and health services projects supported by other federal programs, who are in close physical proximity to the Title X site, when feasible, in order to promote access to services and provide a seamless continuum of care.

8. Subrecipients must provide adolescent-friendly health services. They must encourage family participation in a minor’s decision to seek family planning services and, with respect to each minor client, ensure that the records maintained document the action taken to encourage such family participation or the specific reason why family participation was not encouraged.
B. Personnel

**Family Planning Providers(s):** A family planning provider is the individual who assumes primary responsibility for assessing a client and documenting services in the client record. Providers include those agency staff that exercise independent judgment as to the services rendered to the client during an encounter. Family planning medical services will be performed under the direction of a clinical services provider, with services offered within their scope of practice and allowable under state law, and with special training or experience in family planning. Two general types of providers deliver Title X family planning services: advanced practice providers and other services providers.

1. **Advance Practice Providers** – A medical professional who receives at least a graduate level degree in the relevant medical field and maintains a license to diagnose, treat, and counsel clients ([42 CFR Part 59.2](#)). Advance practice providers are physicians, physician assistants, nurse practitioners, certified nurse midwives, who are trained and permitted by state-specific regulations to perform all aspects of the patient (male and female) physical assessments recommended for contraceptive, related preventive health, and basic infertility care. Advance practice providers should offer client education, counseling, referral, follow-up, and clinical services (physical assessment, treatment, and management) relating to a client’s proposed or adopted method of contraception, general reproductive health, or infertility treatment.

2. **Other Service Providers** – Include other agency staff that provide any level of service to family planning clients. This includes registered nurses (RNs), licensed practical nurses (LPNs), certified nurse assistants, health educators, and social workers.

   The following duties may be performed by any adequately trained service provider:
   - Obtain samples for routine lab tests (e.g., urine, pregnancy, sexually transmitted infection (STI), cholesterol and lipid analysis).
   - Perform routine clinical procedures that may include some aspects of the client’s physical assessment (blood pressure evaluation).
   - Client education, contraceptive counseling, pregnancy counseling, preconception health counseling, referral, or follow-up services relating to the client’s proposed or adopted method of contraception, general reproductive health, basic infertility counseling.

   The following duties must be performed by an advanced practice provider, RN or LPN:
   - Provide contraceptive injections (Dep-Provera) and provide contraceptive methods to a client as ordered.

C. Medication Guidelines

Each subrecipient shall establish and maintain a medication policy and guidelines for all staff to follow. These guidelines shall be written and developed in accordance to state and federal requirements.

D. Client Education, Counseling and Informed Consent

Client education and counseling should be client-centered. Provide all education and counseling in a culturally competent manner in order to meet the needs of all clients regardless of religion, color, national origin, disability, age, sex, sex characteristics, gender
1. All clients must have a reproductive life plan assessment, which outlines personal goals about achieving or avoiding pregnancy. Assessment of reproductive life plan may identify unmet reproductive health care needs. The American College of Obstetricians and Gynecologists strongly supports women's access to comprehensive and culturally appropriate reproductive life planning and encourages providers to use every patient encounter as an opportunity to talk with patients about their pregnancy intentions.
   - If the client indicates that he/she prefers not to have a child in the near future and is sexually active with no use of contraceptive, offer or refer for contraceptive services. Also offer the FPEM-19 brochure. (Email FamilyPlanning@ky.gov to order FREE copies or provide electronic version.)
   - If the client is not pregnant and indicates desire to have a child now, then provide or refer for services to help the client achieve pregnancy.

2. When initiating a new method of contraception, help the client develop a plan for appropriate use, provide the desired contraceptive, followed with instructions of correct and consistent use, and document client understanding. Provide a follow-up appointment if indicated or if client understanding is not confirmed. Special consents are only required for the following family planning methods and procedures:
   - IUD Insertion and/or Removal,
   - Contraceptive Implant Insertion and/or Removal, and
   - Sterilization Consent.

All consent forms should be available in English and Spanish.

3. Adolescent consents and counseling:
   - Adolescents may consent for reproductive health services without the consent of a parent (KRS 214.185).
   - All adolescents must be counseled:
     o sexual abstinence, is an effective way to prevent pregnancy and STIs, how to resist being coerced into engaging in sexual activities, and encourage the minor to involve his/her family (including guardians) in his/her decision to seek family planning services. However, Title X projects may not require consent of parents or guardians for the provision of services to minors, nor can any Title X project staff notify a parent or guardian before or after a minor has requested and/or received Title X family planning services.
     - Documentation on adolescent counseling must be clearly noted in the medical record. Likewise, documentation should clearly indicate the reason(s) why counseling was not provided.

4. Post-conception (pregnancy) counseling (42 CFR Part 59.5)
   - Title X funds are intended only for family planning (achieving or avoiding pregnancy). Confirmation that a family planning client is pregnant should prompt a referral to a healthcare provider for prenatal care. Adequately trained staff who is involved in providing family planning services to a client may provide information and counseling to pregnant client as follows:
     - Offer pregnant clients the opportunity to be provided information
and counseling regarding each of the following options:
• Prenatal care and delivery
• Infant care, foster care, or adoption; and
• Pregnancy termination - if requested to provide such information and counseling, provide neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the pregnant client indicates they do not wish to receive such information and counseling.
• Any licensed clinic staff may provide the following information and resources:
  • A list of licensed, qualified comprehensive primary health care providers, including prenatal care providers;
  • A list and/or referral to social services, community agencies and/or adoption agencies;
  • Information about maintaining the health of the mother and unborn child during pregnancy.

E. Mandatory Reporting

Title X subrecipients shall comply with all state and local mandatory reporting laws requiring notification of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence, or human trafficking. A subrecipient must have a plan that can be implemented. The plan should include the following:
• Policies and procedures that address obligations of the organization and individuals to comply with mandatory reporting laws;
• Adequate annual training of all individuals serving clients;
• Documentation in the medical record of the age of a minor client and the age of the minor client’s partner;
• Screening for abuse, neglect, and victimization of all clients, especially adolescent/minor clients.

F. Confidentiality/No Home Contact

All information as to personal facts and circumstances obtained by the subrecipient staff about individuals receiving services must be held confidential. Only information necessary to provide services to the patient, or as required by law may be disclosed without documented consent. Reasonable efforts to collect charges without jeopardizing client confidentiality must be made. Recipient must inform the client of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the client. Confidentiality of information may not be used as a rationale for noncompliance with laws requiring notification or reporting of child abuse, child molestation, sexual abuse, rape incest, intimate partner violence, human trafficking, or similar reporting laws (42 CFR Part 59.10).

Some family planning clients will need an extra layer of confidentiality in place because of personal circumstances. FQHCs and look-alike clinics must have a mechanism in place in the EMR and other documentation to identify these clients and must ensure that no communication will be sent to the home of a “no home contact” client, including billing statements, payer explanation of benefits regarding the visit, lab results, etc.

Income and sliding scale fees shall be assessed on a “no home contact” client based on
the individual’s personal income, not household income. Inability to pay shall not be a barrier to treatment and a billing statement or other communication should never be sent to the client’s home. These clients may be treated as uninsured, regardless of their insurance status, and the Family Planning Program may be invoiced for their services.

G. Information and Education (I&E) Committee, and Community Participation, Education, and Project Promotion Plan (CPEP)

Every Title X Family Planning subrecipient, regardless of the level of services provided, is responsible for establishing an I&E Advisory Committee to review and approve informational and educational materials, and a CPEP to engage and educate the community.

For further information, see Information & Educational Advisory Committee, and Community Participation, Education, and Project Promotion Plan Reference Page.

H. Training

Any staff member having any encounter with a family planning client must complete recommended annual training. The training calendar is updated July 1st of every year. It is located on the Family Planning Providers website.

Subrecipients must maintain a record of all employee training. Training records will be reviewed during quality assurance site visits and must be presented to the Kentucky Family Planning Program, upon request.

I. Billing and Collection

Title X clients are to be billed according to a sliding fee scale, based on family/household income, using the sliding fee schedule adopted by the organization (e.g., National Health Service Corps (NHSC) Sliding Fee Schedule, Uniform Percentage Guideline Scale). This schedule should reflect discounts for individuals with family incomes based on a sliding fee scale between 100–250% of poverty.

FQHCs and look–alike providers utilizing the NHSC Scale or similar scale with a maximum slide to 200% must make the following adjustments for clients receiving only family planning services at the clinic visit:

- Clients receiving only family planning services and are 100% below the federal poverty level (FPL) may not be charged, including a nominal fee. A nominal fee may be charged for clients 100% below the FPL and are receiving multiple services at the same visit.
- The last category of the scale (200%/80% Pay) must be increased from 200% to 250%. A new category does not need to be added. No other categories of the fee scale need to be adjusted. The 100% Pay category would be “Above 250%”. Again, this is for clients receiving only family planning services. The normal Sliding Fee Discount Program scale to 200% may be used if a client is receiving additional non-family planning services at the same visit.

Additional billing guidelines include:

- Ensure that inability to pay is not a barrier to services.
- Be based on a cost analysis of services, bills showing total charges shall be given
Kentucky Family Planning Program
Title X Grant Requirements

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directly to the patient or another payment source.

- Ensure that discounts for minors requesting confidential services without the involvement of a principal family member are based only on the income of the minor.
- Household income should be assessed before determining whether copayments of additional fees are charged. With regard to insured clients, clients whose family income is at or below 250% FPL should not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied.
- Clients without adequate contraceptive services coverage from employer-paid insurance should be treated as uninsured for the family planning.
- Maintain reasonable efforts to collect charges without jeopardizing patient confidentiality (see No Home Contact section).
- Allow voluntary donations.
- Ensure that patient income is re-evaluated at least annually and maintain a method for “aging” outstanding accounts.

II. Specific Title X Family Planning Services Guidance

A. Contraceptive Services

Contraceptive services should include a broad range of FDA-approved contraceptive methods, a brief assessment to identify safe contraceptive methods for the client, and contraceptive counseling to help a client choose a method of contraception and use it correctly and consistently. While a subrecipient does not have to offer every form of contraception, a variety of the most effective contraceptive methods, including, but not limited to, IUD, hormonal implant, Depo-Provera, oral contraceptives, hormonal patch and contraceptive vaginal ring should be available either on site or by referral with a contracted provider. Uninsured clients 100% below the federal poverty level must not be required to pay for a contraceptive method. Uninsured clients should receive the desired method without a cost to the client. Condoms should be made available to all clients for contraception and STI prevention.

Contraceptive counseling and education should be provided to all clients and should include information on non-hormonal contraception including, but not limited to, condoms, Fertility Awareness-Based methods and sexual risk abstinence. Education is an integral component of the contraceptive counseling process that helps clients to make informed decisions and obtain the information they need to use contraceptive methods correctly.

- **Sterilization**
  Male and female sterilization is a family planning program service. Notify the Family Planning Program if an uninsured client presents to the clinic desiring a vasectomy or tubal ligation.

 If a client of reproductive age is sterilized under the Title X program and desires to receive gynecological or related preventive health services from the site, the encounter is considered a family planning encounter. The agency may continue to count the client as a family planning client.

- **Contraceptive Follow Up**
  Contraceptive follow up is at the discretion of the provider. The following follow-up appointment routines are suggested, but not mandated:
  - IUD Insertion: Return in 4-6 weeks for evaluation, then annually.
Kentucky Family Planning Program  
Title X Grant Requirements

• Depo-Provera Users: Return in 11 to 13 weeks for next injection. Counsel on necessity of receiving injections on time.

• Special considerations that may require a scheduled follow-up visit:
  o Clients with a history of inconsistent or incorrect use of a method.
  o Clients who have had problems with other contraceptive methods.
  o Clients fitted with a diaphragm may need a follow up visit to assure the client is properly placing the device.

• Routine follow-up visits are not required for most clients utilizing all other contraceptive methods. Clients should be advised to return at any time to discuss questions regarding their contraceptive choice, including complication and barriers to compliance with the method.

Alternative modes of follow-up other than visits to the service site, such as telephone call, e-mail, or text message may be considered, with the client’s permission.

B. Pregnancy Testing and Counseling

Pregnancy testing and counseling are a family planning service. Counseling clients with negative pregnancy results include reproductive life plan counseling, contraceptive counseling and provision of a contraceptive or referral to a provider if the client chooses a method.

Counseling clients with positive pregnancy test results include opportunity to discuss prenatal care and delivery, adoption care, foster care, or infant care; and pregnancy termination may be discussed (if requested, should provide neutral, factual, non-directive counseling on each of the options), and provide referral upon request with the exception to any options which the pregnant client indicates they do not wish to receive such information and counseling.

C. Sexually Transmitted Infection Services

All subrecipients should offer sexually transmitted infection testing and treatment. Services should be offered in accordance with CDC’s STI treatment and HIV testing guidelines. Family planning STI services include assessment and screening. The family planning program provides funding for testing and treatment of STIs.

D. Achieving Pregnancy and Basic Infertility Services

A client’s clinic visit will always include a medical history, reproductive health history, appropriate physical exam and a reproductive life plan assessment. When a client (male or female) reports difficulty to achieve a desired pregnancy, additional reproductive history should include pertinent screenings related to achieving pregnancy. See the CDC publication Providing Quality Family Planning Services. All clients reporting difficulty with achieving pregnancy should be referred to an appropriate advanced practice provider for further evaluation and treatment.

E. Preconception Health Services and Preventive Health Services

All subrecipients should provide preconception health services and appropriate related preventive health services to both their female and male family planning clients on site and/or through a contracted provider.
Preconception health services for clients aim to identify and modify biomedical, behavioral, and social risks to a woman’s health or pregnancy outcomes through prevention and management of those risks. It promotes the health of women of reproductive age before conception, and thereby helps to reduce pregnancy-related adverse outcomes, such as low birth weight, premature birth, and infant mortality. Preconception health includes a medical history screening and counseling for risks such as tobacco use, substance use, obesity, blood pressure, intimate partner violence, diabetes, immunizations, and depression.

Related preventive health services include appropriate health screening and referral for treatment including cervical cytology (Pap testing and HPV co-testing), clinical breast exams, mammograms, etc.

III. Legislative Mandates

Requirements regarding the provision of family planning services under Title X can be found in the statute (Title X of the Public Health Service Act, 42 U.S.C. 300, et seq. - PDF and in the implementing regulations which govern project grants for family planning services (42 CFR part 59, subpart A), as amended by the Final Rule (Compliance with Statutory Program Integrity Requirements) and its compliance dates. Regulations that apply to grants for training to support family planning service delivery can be found at 42 CFR part 59, Subpart C ("Grants for Family Planning Service Training"). In addition, sterilization of clients as part of the Title X program must be consistent with 42 CFR part 50 subpart B, ("Sterilization of Persons in Federally Assisted Family Planning Projects"). Title X of the Public Health Service Act authorizes the Secretary of Health and Human Services (HHS) to award grants for projects to provide family planning services to any person desiring such services, with priority given to individuals from low-income families.

Providing Quality Family Planning Services, Recommendations of CDC and the U.S. Office of Population Affairs provides the standards of care and guidelines for all family planning services.
Family Planning Annual Report (FPAR) Overview

The purpose of the Family Planning Annual Report National Summary is to present the national, regional, and state level findings for the calendar year and trends for selected measures.

Annual submission of the Family Planning Annual Report (FPAR) is required of all Title X service grantees and their respective subrecipients. FPAR data submissions are emailed to FamilyPlanning@ky.gov by January 31 of each year and will include all data for clients served during the previous calendar year (January 1 to December 31). New subrecipients shall report from the initial date of contract to December 31. The FPAR template is available online.

Description of FPAR Tables

Cover Page: Describes subrecipient profile. Subrecipients shall complete all sections of the cover page and include the page with their FPAR submission.

Table 1: Unduplicated number of family planning users by age group and sex
Table 2: Unduplicated number of female family planning users by race and ethnicity
Table 3: Unduplicated number of male family planning users by race and ethnicity
Table 4: Unduplicated number of family planning users by income level
Table 5: Unduplicated number of family planning users by principal health insurance coverage status
Table 6: Unduplicated number of family planning users with limited English proficiency (LEP)
Table 7: Unduplicated number of female family planning users by primary method and age group
Table 8: Unduplicated number of male family planning users by primary method and age group
Table 9: Cervical cancer screening activities
Table 10: Clinical breast exams and referrals
Table 11: Unduplicated number of family planning users tested for chlamydia by age group and sex
Table 12: Number of tests for gonorrhea, syphilis and HIV and number of positive confidential HIV tests
Table 13: Number of full time equivalent clinical service providers and family planning encounters by type of provider
Table 14: Revenue report

While FPAR data collection and reporting is challenging, the information reported is valuable. FPAR data has multiple uses, which include monitoring performance and compliance with statutory requirements, fulfilling federal accountability and performance reporting requirements, and guiding strategic and financial planning. The Office of Population Affairs uses FPAR data to respond to inquiries from policy makers and Congress about the program and to estimate the impact of Title X on key reproductive health outcomes. It drives Congressional support and federal funding. The annual FPAR report is also used by the FPP to determine grant allocation to each subrecipient.
ICD/CPT CODES
340B Pharmacy Program

All Title X-funded sites are eligible for the 340B pharmacy program.

The 340B pharmacy program allows safety-net providers access to outpatient (only) pharmaceuticals at discounted pricing.

Administered by the Office of Pharmacy Affairs (OPA) within the Health Resources and Services Administration (HRSA).

Certification:

- Subrecipients have the opportunity to register for the 340B program after OPA confirms Title X status from the Kentucky Family Planning Program.
- Open registration periods occur four times per year – January, April, June and October.
- Subrecipients will register through the online database at https://340bopais.hrsa.gov/.
- Each 340B program provider must designate an authorizing official and a primary contact. Designate a different person to each position.
- Once registered, access to 340B pharmaceuticals will begin the following quarter.
- Annual recertification is required during open registration.

Eligibility – A client/patient must meet the following three (3) criteria to qualify for 340B medications:

1. Have an established relationship with the provider;
2. Receive clinical services from a provider that is either employed by the subrecipient or contracted to provide services for the subrecipient;
3. Receive healthcare services consistent with the grant for which your entity is 340B certified. For example, Title X funded entities are limited to 340B pharmaceuticals consistent with the Title X funded services.

Other Information:

- Insurance status is not required to qualify for 340B drugs.
- 340B drugs can be used for STI partner therapy in situations meeting the 340B patient definition if your state allows expedited partner therapy. (Kentucky allows expedited partner therapy.)
- It is the responsibility of the 340B covered entity to maintain auditable records so that in the event of a 340B audit those records are available to an auditor.
- Medications that are 340B priced must be stored separately from other drugs.

All Title X subrecipients must comply with the 340B regulations and requirements. Please review specific 340B regulations and requirements available at https://www.hrsa.gov/opa/340b-opais/index.html.
Introduction:
The federal Title X Family Planning Program, administered by the Office of Population Affairs (OPA), requires by federal regulation (42 CFR 59.1) that all grantees monitor their program and sub recipients to ensure all statutory and regulatory requirements, OPA policies and Quality Family Planning (QFP) guidelines. Links to the Title X statute, implementing regulations and the QFP are below.

- [https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html](https://www.hhs.gov/opa/guidelines/program-guidelines/program-requirements/index.html)
- [https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf](https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf)

Utilize the Program Review Tool as a self-assessment. This tool will help ensure Title X sub recipients comply with program regulations, statutes, and standards of care.

General Instructions

1. This Program Review Tool is required each year, regardless of the level of funding or family planning services provided; and is available online. Once the tool is completed, including all required fields, click the “Submit” button. It will automatically submit to FamilyPlanning@ky.gov. Submit any time prior to December 31st.

2. Users should save the tool when multiple designees are completing different sections, or completion of the form occurs over multiple settings. Sub recipient designee(s) (nurse leader, case manager, QA nurse coordinator, etc.) should complete the entire tool prior to submission.

3. The program review sections, excluding the chart reviews, must occur between six and twelve months from the last review. The QA Nurse will review the submission once all data is complete; and will provide feedback within 30 days. The QA Nurse will return the tool if all data elements are not complete.

4. The QA Nurse will conduct a family planning site visit every three (3) years utilizing this same tool. Therefore, sub recipients do NOT have to complete this tool the year a family planning site visit occurs. The QA Nurse may visit more frequently, if compliance issues warrant additional visit.

Family Planning Tour

1. Family Planning Services: Indicate which family planning services your clinic provides:
   - on site,
   - referred to another agency,
   - not offered at your agency

2. Clinic Environment: Indicate Yes or No on each line, unless otherwise instructed. Any ‘No’ answer will require an explanation in the Comments column and a CAP should be completed. Comments may also be made, as necessary, for ‘Yes’ answers.
   - Client surveys: Subrecipients may design surveys and administer it per their protocol. If surveys are utilized, survey should ask if the client felt respected throughout the visit. Survey scoring should be for clients receiving family planning services, not all services provided by the agency. No CAP needed if N/A.
   - For survey ideas see: RHNTC patient experience.

3. Policies and Procedures: Indicate Yes or No on each line. Any ‘No’ answer will require an explanation in the Comments column and a CAP should be completed. Comments may also be made, as necessary, for ‘Yes’ answers.
   - Post conception referral list. No CAP is needed if N/A.

4. Local Health Departments ONLY: Indicate Yes or No on each line. Any ‘No’ answer will require an explanation in the Comments column and a CAP should be completed. Comments may also be made, as necessary, for ‘Yes’ answers.
   - List the name(s) of staff in the comments section that verbalized the location of the AR and CSG.

5. Medications: Indicate Yes or No on each line. Any ‘No’ answer will require an explanation in the Comments column and a CAP should be completed. Comments may also be made, as necessary, for ‘Yes’ answers. NA should only be utilized by sub recipients approved by the FPP to not provide any form of hormonal contraception.

6. Training: Indicate Yes or No on each line. Any ‘No’ answer will require an explanation in the Comments column.

7.14.2022
Clinical service providers include physicians, APRNs, midwives, physician assistants, CRET nurses, and Expanded Role RNs - Provide the total number of clinic hours they are actively involved each week in the direct provision of family planning services.

Other service providers include registered nurses, public health nurses, LPN, CNAs, health educators, social workers, or clinic aides, lab techs, - Provide the total number of encounters they are involved each week in the direct provision of family planning services

Validate professional license for each licensed clinical staff. Complete a CAP if this query answer is 'No'.

8. Community Outreach: Indicate if you combine the I&E Committee and Community Participation Committee (CPC). Indicate date of your last I&E/CPC meeting and if the minutes were submitted to the FPP. Complete a CAP if you are not up-to-date on your I&E/CPC meeting.

9. Local Health Departments ONLY

- Provide total number of CRET nurses, Extended Role RNs and STI nurses. These are required fields. Enter zero if indicated.

Family Planning Discussion Question

The FPP is utilizing discussion questions to comply with some of the federal assessment requirements. Answer each area with complete and accurate information. There is no CAP requirement for this section.

1. Clinic Efficiencies Section: Provide the average number of family planning clients seen in a week. Family planning client services include contraceptive services, STD testing, pregnancy testing, preconception health care, related preventive services and basic infertility services.

Family Planning Client Care Observation

The Client Observation section of the FP Program Review tool is to ensure clients are receiving quality client-centered care. Sub recipients are encouraged to use this tool 1) as a guide to what client-centered care looks like and 2) as a tool to assess needs in the clinic to improve client-centered care and provide needed training to staff. A clinic leader staff member (nurse leader, etc.) must follow a minimum of one client each year through their visit experience at the clinic. Sub recipients may choose to follow more than one client. Complete a Client Observation tool for each client observed. Definitions and scoring of compliance for each indicator is provided in an effort to be as objective as possible with observations.

1. Observation sections: Two observations sections have been provided to clearly indicate compliance with care during the client’s visit.

- Registration and Check Out: Observe the client’s experience related to care and staff interaction(s) during the registration and check out periods of the client visit.
- Clinic Visit: Observe the client’s experience related to care and staff interaction(s) during the clinical portion of the client visit.

2. Scoring:

- Objectively and honestly score what is observed in each area during the client visit. If multiple staff in each area are observed average the score and comment when noncompliance is observed.
- Any score in an area of ‘2’ or ‘1’ must be commented on. Comments may also be made with a score of ‘3’ but are not required.
- CAP: A score of ‘1’ in any area requires a CAP.

3. Sub recipients are encouraged to share the results with the staff they observe, including those with high scores. Consider sharing the observation criteria with staff to help them understand client-centered care.
Family Planning Chart Reviews

Family Planning chart reviews are required annually. They can be completed all at once or spaced out during the year. All chart reviews will include the client’s initials/age, the reviewer’s initials/date of review, and the date of the visit. Chart reviews will be required for the following categories:

Family Planning Visit

- Family planning visit chart reviews include STD, emergency contraceptive and pregnancy testing
- Review five (5) charts each year
  - Two reviews should be for clients under 18 years of age
  - Five adult charts if there are no adolescent charts to review
- Review at least three different visit types. Indicate which type of visit for each review
  - A: Annual exam
  - C: Contraceptive start
  - E: Emergency Contraceptive
  - D: Deferred exam
  - R: Resupply
- Mark each query with appropriate response
  - Yes – if indicator is present
  - No – if indicator is not present (provide a comment)
  - NA – if indicator is not applicable to your agency (provide a comment)
- CAP requirements: See the scoring directions at the end of this section.

Local Health Departments ONLY

- PEF was completed correctly query:
  - Review the actual PEF to check the following:
    - LEP indicator was marked, where applicable.
    - Primary ICD-10 code is on the Family Planning List of Approved Codes
      - CDP will not process the chart as family planning if primary code is not on the list
      - FPP reimbursement will not occur if primary code is not on the list
    - All charges are appropriately marked and there are no missed charges
      - Office visit type
      - Injection fee for DMPA administration
    - Contraceptive method provided
    - Capture both charges (gonorrhea and chlamydia) when a GC & CT test is ordered
  - The method of contraception the client planned to use upon discharge is marked in the appropriate area on the back of the PEF. This is vital for FPAR report. Method of contraception should be marked, regardless of visit type or if a contraceptive was provided.
  - Run a data report to verify the PEF was entered correctly in the Patient Portal.

STD Testing Visit

- Review four (4) charts each year
  - One chart on a male client, if no male clients, then review four female client visits
  - One chart on a client less than 18 years of age (adolescent)
    - If there are no adolescent visits, review four (4) adult client visits
    - Mark NA to the queries regarding adolescents for adult chart reviews
  - Mark each query with appropriate response
    - Yes – if indicator is present
    - No – if indicator is not present (provide a comment)
    - NA – if indicator is not applicable to your agency (provide a comment)
  - CAP requirements: See the scoring directions at the end of this section.

Local Health Departments ONLY

- PEF was completed correctly query: see directions in Family Planning Visit with appropriate response
- STD-1 form completed correctly
Pregnancy Test Visit

- Review four (4) charts each year
  - Two reviews for positive test results
  - Two reviews for negative test results
  - One of the reviews for a client under 18 years of age (adolescent)
    - If there are no adolescent visits, review four (4) adult client visits
    - Mark NA to the queries regarding adolescents for adult chart reviews
- Mark each query with appropriate response
  - Yes – if indicator is present
  - No – if indicator is not present (provide a comment)
  - NA – if indicator is not applicable to your agency (provide a comment)
- CAP requirements: See the scoring directions at the end of this section.

Local Health Departments ONLY

- PEF was completed correctly query: see directions in Family Planning Visit with appropriate response
- PT-1 form completed

Compliance Action Plan (CAP) Requirement for all chart review types

1. Each query line should be assessed for compliance. Compliance is when ‘Y’ (Yes) is marked for the chart. Each query line is required to have a 75% or higher compliance. Any query with a score of 74% or lower requires a CAP be completed on the CAP Forms section of the Review Tool.

2. Calculating the percentage of compliance:
   a. Add the ‘Ys’ (Yeses) on a query line. Divide the number of ‘Ys’ by the number of charts reviewed. Multiply that number by 100. See examples below.

All charts reviewed

<table>
<thead>
<tr>
<th>Family Planning Visit</th>
<th>% of charts in compliance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance documented</td>
<td>Y Y Y Y Y 100%</td>
<td></td>
</tr>
<tr>
<td>Height, weight, BMI documented</td>
<td>Y Y N Y N 60%</td>
<td>Information omitted</td>
</tr>
</tbody>
</table>

“Height, weight, BMI documented” on 3 of 5 Charts: 3 ÷ 5 = 0.6 x 100 = 60% compliant.
A CAP needs to be completed for the query.

A portion of the charts are reviewed when it is a minor or pregnancy test chart. Calculate compliance only on the appropriate charts.

<table>
<thead>
<tr>
<th>Family Planning Visit</th>
<th>% of charts in compliance</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client Initials/Age</td>
<td>AB/17 CD/24 EF/21 GH/15 IJ/23</td>
<td></td>
</tr>
<tr>
<td>Minor: Age of partner documented</td>
<td>Y NA NA NA NA 50%</td>
<td>Information omitted</td>
</tr>
<tr>
<td>Minor: Counsel on parent/trusted adult involvement documented</td>
<td>Y NA NA Y NA 100%</td>
<td></td>
</tr>
</tbody>
</table>

“Minor: Age of partner documented” on 1 of 2 charts (do not count the adult NA charts) 1 ÷ 2 = 0.5 x 100 = 50% compliant. Complete a CAP for the query.

3. Mark a ‘Y’ only if documentation is in the chart to support the query.

Compliance Action Plan(s) (CAPs)

Complete a CAP for any area out of compliance, as described in the instructions above, within 30 days of the annual review date. The CAP should address each area out of compliance and include a corrective action plan for each area, including the person(s) responsible and implementation date. A summary of CAP requirements for each area is below.
➢ FP-Family Planning Tour:
   A CAP is required for any ‘No’ answer on a query unless otherwise indicated in the instructions on page 1-3 of this document.
➢ Discussion Questions:
   Completely answer each question. There are no questions that require a CAP.
➢ Client Care Observation:
   A CAP is required for any query that scores a ‘1’ on the assessment.
➢ Chart Reviews:
   Provide a CAP for any query line with a compliance of less than 75%. Specific information and scoring instructions can be found on pages 3-4 of this document.

Technical Assistance

Please email FamilyPlanning@ky.gov for technical assistance or questions related to this review tool.
KENTUCKY FAMILY PLANNING PROGRAM
Informational and Educational Advisory Committee, and Community Participation, Education, and Project Promotion Plan Reference Page

Informational and Educational Advisory Committee (I&E)

- Review and approve material (print and electronic) developed or made available prior to distribution to client or community
- Assure the materials are suitable for the population to which they are made available
- All material must be approved by the advisory committee prior to dissemination
- Committee should have no fewer than five members and up to as many members the recipient determines
- Must include individuals broadly representative of the population or community for which the material is intended
- During solicitation of clients to serve on committee or to obtain feedback, remind clients that participation on the committee is voluntary, and does not impact the services they receive
- Consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are addressed; and the standards of the population or community to be served
- Review content of the material for clinical accuracy factually correct, medically accurate, culturally and linguistically appropriate, inclusive, and trauma informed
- Establish written record of the determinations of the advisory committee
- Review older material to determine relevance and effectiveness
- Meetings
  - Must occur at least one time a calendar year, submit minutes to FamilyPlanning@ky.gov; Minutes should include committee member names and the population represented (Reminder: Agency staff can serve as the facilitator, or reviewer, but does not count toward the requirement to have five committee members)
  - May be in-person or virtual
    - Alternative methods of gathering feedback can be obtained via online surveys, phone calls, video conferences
    - Members may have the opportunity to review materials at their convenience
    - Members can provide feedback individually or as a group (unnecessary for all members to simultaneously be in one meeting)
    - I&E may serve as one activity of the community participation and engagement

Community Participation, Education, and Project Promotion Plan (CPEP)

- Provide opportunities for community education, participation, and engagement to achieve community understanding of the availability of services, and to promote participation by diverse persons to whom services may be beneficial to ensure access to equitable affordable, client-centered, quality family planning services
- Engage diverse community members including adolescents, current and potential clients, and persons in community knowledgeable about community needs for FP services

Templates available from Kentucky Family Planning and/or RHNTC.org (2021 Final Rule updates in process)

| Membership Letter & Membership Roster | I&E Medical Review Form |
| I&E Program Checklist | I&E General Staff Review Form |
| I&E/CPEP Process & Meeting/Agenda Template | I&E Committee Review Form |
| I&E Materials Inventory Log | CPEP After Action Report |
| I&E Committee Reviews and Recommendations Summary | Client Material Survey English & Spanish (Another way to involve community - does not take place of I&E) |

Contact FamilyPlanning@ky.gov for inquiries.

January 2022
FEDERAL POVERTY GUIDELINES
# UNIFORM PERCENTAGE PAYMENT SCHEDULE

(By Number in Household and Household Annual Income Range)

**Effective 04/01/2022**

To ensure the correct sliding fee (Uniform Percentage Payment Schedule) is used, accurate gross household income should be obtained at time of registration.  *Follow the guidance provided in the Administrative Reference for Local Health Departments*.

## SLIDING FEE

Payment Scale: 100%-250% Poverty Level as per DHHS Poverty Income Guidelines [effective 1/21/2022](https://aspe.hhs.gov/poverty-guidelines)

[Revised 02/09/2022](https://aspe.hhs.gov/poverty-guidelines)

195% income range provided to assist with requirements outlined in 907 KAR 20:050, Section 3 (1)(c) regarding Presumptive Eligibility.

<table>
<thead>
<tr>
<th>% Poverty Level</th>
<th>% Pay</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<th>11</th>
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<td>$13,590</td>
<td>$18,310</td>
<td>$23,030</td>
<td>$27,750</td>
<td>$32,470</td>
<td>$37,190</td>
<td>$41,910</td>
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<td>$51,350</td>
<td>$56,070</td>
<td>$60,790</td>
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<td>&gt;100%</td>
<td>5%</td>
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<td>$18,311</td>
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<td>$65,603</td>
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<td>$77,872</td>
<td>$85,755</td>
<td>$93,637</td>
<td>$101,519</td>
<td>$109,403</td>
</tr>
<tr>
<td>&gt;183%</td>
<td>60%</td>
<td>$24,870</td>
<td>$33,507</td>
<td>$42,146</td>
<td>$50,783</td>
<td>$59,421</td>
<td>$68,058</td>
<td>$76,695</td>
<td>$85,333</td>
<td>$93,972</td>
<td>$102,608</td>
<td>$111,246</td>
<td>$119,883</td>
</tr>
<tr>
<td>&gt;200%</td>
<td>75%</td>
<td>$27,180</td>
<td>$36,620</td>
<td>$46,060</td>
<td>$55,500</td>
<td>$64,940</td>
<td>$74,380</td>
<td>$83,820</td>
<td>$93,260</td>
<td>$102,700</td>
<td>$112,140</td>
<td>$121,580</td>
<td>$131,020</td>
</tr>
<tr>
<td>&gt;233%</td>
<td>90%</td>
<td>$33,976</td>
<td>$45,776</td>
<td>$57,576</td>
<td>$69,376</td>
<td>$81,176</td>
<td>$92,976</td>
<td>$104,776</td>
<td>$116,576</td>
<td>$128,376</td>
<td>$140,176</td>
<td>$151,976</td>
<td>$163,776</td>
</tr>
</tbody>
</table>

Payment Scale: 100%-250% Poverty Level as per DHHS Poverty Income Guidelines [effective 1/21/2022](https://aspe.hhs.gov/poverty-guidelines)

[Revised 02/09/2022](https://aspe.hhs.gov/poverty-guidelines)

195% income range provided to assist with requirements outlined in 907 KAR 20:050, Section 3 (1)(c) regarding Presumptive Eligibility.

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[https://aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines) **Document Number:** 2022-01166

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Kentucky Women’s Cancer Screening Program (KWCSP)

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