Program Standards

Page updated: August 2020

This section includes information about the *Family Planning, Access, Care and Treatment (Family PACT) Standards* that are the program framework and parameters for expected provider performance, service delivery and quality improvement. The standards define the scope, type and quality of care required for the Family PACT Program, and the terms and conditions under which providers will be reimbursed. Adherence to these standards is required for clinicians enrolled as Family PACT providers. These standards are implemented through program policies and procedures. Any provider who does not render services consistent with the standards of care may be disenrolled from the Program.

The *Family PACT Standards* are designed as minimum quality improvement requirements for providers and provider organizations, serving as the basic framework of the program. The items designated as “shall” are required, while those designated as “should” or “may” are encouraged, but optional. The seven standards address:

A. Informed consent
B. Confidentiality
C. Cultural and linguistic competency
D. Access to care
E. Availability of covered services
F. Clinical and preventive services
G. Education and counseling services

Section 2303(a)(3) of the Patient Protection and Affordable Care Act (ACA) specifies that the benefits of federally-supported state family planning programs are limited to “family planning services and supplies” as well as family planning-related services such as “medical diagnosis and treatment services that are provided pursuant to a family planning service in a family planning setting.”

Effective April 16, 2014, diagnosis and treatment of sexually transmitted infections (STIs) are always provided pursuant to a family planning service. These STI services are covered, regardless of the initial purpose of the visit.

In section E-G, the standards are subdivided by the following service areas of the Program including:

Family Planning Services

- Contraceptive services
- Limited fertility services
- Specified reproductive health screening tests

Family Planning-Related Services

- Family planning health screening
- Management of sexually transmitted infections (STIs)
- Management of urinary tract infections (UTIs)
- Management of cervical abnormalities and pre-invasive cervical lesions

Table of Family PACT Standards and Descriptions

Standard	Description
A. Informed Consent	• Informed consent shall include client participation in the process of eligibility determination and onsite enrollment in the Family PACT Program. – ‹‹The enrolled Family PACT provider shall ensure completion of the *Health Access Programs Family PACT Program Client Eligibility Certification* (CEC) form (DHCS 4461) by the client according to program specifications.›› – All practitioners shall be knowledgeable about the *Family PACT Standards* and discuss the Family PACT scope of services with clients. • ‹‹Client participation in the Family PACT Program and consent for services shall be voluntary and without coercion to enroll, to accept particular contraceptive methods or procedures or to otherwise participate in family planning and family planning-related services.›› – Providers are prohibited from exchanging and/or offering to exchange anything of value, in an effort to induce (or reward) the referral of an application to the Family PACT Program. • ‹‹A copy of the Department of Health Care Services (DHCS) *Family Planning Patient Rights* statement shall be provided to all clients or posted in a prominent place at the site of clinical services (see Figures 1 and 2).›› • Clients shall be informed of their freedom to withdraw consent at any time. • Consent is required only from the individual client receiving family planning services, including minors who have the legal right to self-consent for pregnancy-related services (*California Family Code* Section 6925, subd.[a], *Welfare and Institutions Code* (W&I Code), Section 24003, subd.[b]), except as otherwise provided by law.

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
A. Informed Consent (continued)	• The informed consent process shall be provided to clients verbally in a language the client understands and supplemented with written materials (information can be found in Standard C-*Cultural and Linguistic Competency*). • All clients shall sign a consent form for any invasive procedures performed by the practitioner and be informed of their freedom to withdraw consent at any time, • ‹‹All clients requesting sterilization shall sign the *Consent For Sterilization Form* (DHCS 8649). The procedure shall take place within the required time frame based on the date of the client's signature.››
B. Confidentiality	• All Family PACT providers shall comply with the Health Insurance Portability and Accountability Act (HIPAA) with regard to client confidentiality. – The Notice of Privacy Practices shall be provided to clients annually, by practitioners, at the time of service. The notice may be downloaded from the "Privacy Office" web page of the DHCS website (www.dhcs.ca.gov). • All services including the eligibility determination process shall be provided in a manner that respects the privacy and dignity of the individual client. • Clients shall be informed of the confidentiality of services and be assured that their identity will not be disclosed without their written permission, except as provided by law. • All personal client information shall be treated as privileged communication and held confidential; it shall not be divulged without the client's written consent, except as required by law. • Unless otherwise provided by law, client information that does not identify the individual receiving the services may be disclosed in summary, statistical or other form to DHCS or its designee and to public health officials.

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
C. Cultural and Linguistic Competency	• All services shall be provided in a culturally sensitive manner and communicated in a language understood by the client. • All print and audiovisual materials shall be appropriate for the client's language and literacy level.
D. Access to Care	All Family PACT services shall be rendered at the enrolled service location (s) only. ‹‹All services shall be provided to eligible clients without bias based upon gender, including gender identity or gender expression, sexual orientation, age (except for sterilization), race, marital status, parity or disability.›› • Regardless of the gender stated, family planning and family planning-related services apply to individuals of all gender identities as long as the procedure/benefit is medically necessary and meets all other requirements. • Family planning services and family planning-related services shall be at no cost to eligible clients. • Appointments for clients shall be available within a reasonable time period. • Clients who cannot be given timely appointments shall be referred to other Family PACT or Medi-Cal providers in the area. Contraceptive methods and supplies, medications and laboratory tests shall be available at the site of clinical services or by referral to Medi-Cal laboratory and pharmacy providers. ‹‹Family PACT providers are responsible for referrals using the following: • All enrolled providers must have documented and established arrangements with other Family PACT and Medi-Cal provider(s) to support the facilitation of referrals for Family PACT covered services when a covered procedure is outside the technical skill of the Family PACT provider or when there is insufficient volume to ensure and maintain a high skill level of the Family PACT provider.››

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
D. Access to Care (continued)	• Referrals to Family PACT or Medi-Cal providers for Family PACT covered services shall be documented in the client's medical record and include information on the referral provider and a scheduled appointment for the client. • Client referrals shall be made within a reasonable time-period. The referral shall be within a reasonable time and distance from the client's location. • ‹‹Providers shall follow-up with the client or referral provider to ensure the client received the referred service(s) and, for those who have been referred to out for permanent sterilization services, to ensure proper deactivation of the client's Health Access Programs (HAP) Identification Number. Documentation of the follow-up shall be placed in the client's medical record.›› • Referrals to local resources shall be made available to clients and documented in the client medical records when needed for medical and psychosocial services beyond the scope of the provider's organization. These services include but are not limited to primary care, behavioral health, domestic violence and substance abuse related services. (Services beyond the scope of Family PACT are not reimbursable by the program). Additional information on referrals can be found in the *Provider Enrollment and Responsibilities* section of this manual.

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
E. Availability of Covered Services	Family Planning Services Only licensed personnel with family planning skills, knowledge and competency may provide the full range of family planning medical services covered under Family PACT in accordance with W&I Code, Section 24005(b). Clinical providers electing to participate in the Family PACT Program shall provide the full scope of family planning, education, counseling and medical services specified by Family PACT, either directly or by referral. A client's selection of contraceptive method(s) shall take into account client preference in conjunction with medical findings. • Contraceptive Services – Family PACT covers all FDA-approved contraceptive methods, fertility awareness methods and sterilization procedures. – ‹‹For requirements for availability of covered contraceptive services, refer to the Table of Availability of Covered Services: Contraceptives in this manual section.›› • Limited Fertility Services – History and physical examination related to fertility (as clinically indicated) may be performed onsite. – Fertility awareness counseling should be available onsite or by referral.

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
E. Availability of Covered Services (*continued*)	• Specified Reproductive Health Screening Tests Screening for STIs onsite. The reproductive health screening tests for women and men, when clinically indicated, include chlamydia, gonorrhea, HIV and syphilis. Family Planning-Related Services • Management of STIs – Diagnostic evaluation for chlamydia, gonorrhea, genital herpes, syphilis, trichomoniasis and genital warts shall be available to females and males. – Diagnostic evaluation for vulvovaginitis (including candida vaginitis and bacterial vaginosis) and uncomplicated pelvic inflammatory disease (PID) shall be available to females. – Clients with uncomplicated STIs shall be treated onsite or by prescription. – Clients with complicated STIs may be treated onsite or by referral to a Family PACT or Medi-Cal provider. Services beyond the scope of Family PACT are not reimbursable by the program. The following services shall be offered as clinically indicated when the care is provided coincident to a visit for the management of a family planning method: • Cervical Cancer Screening Cervical cancer screening visits should be offered at least every three years, unless otherwise indicated by the client's health status. • Management of Urinary Tract Infections (UTIs) History, physical examination related to UTI (as clinically indicated) and urinalysis by dipstick for the diagnosis of UTIs shall be performed for females (onsite). Medications to treat UTIs shall be available onsite or by prescription.

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
E. Clinical and Preventive Services (continued)	• Management of Cervical Abnormalities and Pre-invasive Cervical Lesions Colposcopy, cervical biopsy and treatment by loop electrosurgical excision procedure (LEEP) or cryotherapy shall be provided either onsite or by referral to a Family PACT or Medi-Cal provider.
F. Clinical and Preventive Services	Clinicians providing care to Family PACT clients shall practice evidence-based medicine using nationally recognized clinical practice guidelines (see Figure 3). Family Planning Services • ‹‹Contraceptive services for Family PACT clients shall include:›› – A comprehensive health history with updates at least every 24 months, including personal medical, sexual and contraceptive history; plans for having children; a complete family history; health risk factors; and obstetrical and gynecological history. – A physical examination as clinically indicated, for contraceptive services. ❖ Client(s) prescribed hormonal contraceptives shall have a blood pressure evaluation at the initiation of the method and at least every two years thereafter. ❖ A bimanual pelvic examination shall be performed before the placement of an intrauterine contraceptive and for the fitting of a diaphragm. ❖ With the exceptions noted above, a routine physical exam is not necessary for the provision of contraceptive services to women or men.

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
F. Clinical and Preventive Services (*continued*)	– Laboratory tests, including urine pregnancy test, shall be obtained as clinically indicated in order to evaluate the safety of a contraceptive method(s) in the context of an individual client's medical history, medical conditions and risk factors. – Follow-up care, including management of complications associated with a client's contraceptive method(s) or procedures, shall be provided. • Limited Fertility Services – Health history shall be focused on potential causes of infertility including health risk factors; personal medical, sexual and contraceptive history; and a family history. – A physical examination related to fertility may be performed as clinically indicated. – Instruction in the use of supplies (for example, basal body temperature thermometer) may be provided as requested. • Specified reproductive health screening tests – The reproductive health screening tests for women and men, when clinically indicated include chlamydia, gonorrhea, HIV and syphilis. Prevention and control services shall be consistent with the Centers for Disease Control and Prevention (CDC) and recognized medical practice standards. Services shall include: ❖ Chlamydia screening annually for females 25 years of age and younger ❖ Confidential HIV risk screening, testing or referral to source of anonymous testing, client-centered counseling and referral for treatment ❖ Reporting of STI/HIV, as required by California law, to appropriate local public health jurisdictions for contact management, prevention and control

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
F. Clinical and Preventive Services (*continued*)	Family Planning-Related Services • Cervical Cancer Screening – Screening for cervical cancer when the care is provided coincident to a visit for the management of a family planning method. – Each client shall be informed of the cervical cancer screening interval that applies to the client's individual circumstances as recommended in the adopted guideline. – Providers shall have a follow up mechanism for all cervical cytology specimens to insure that all results are evaluated and clients with cytological abnormalities are notified • Management of STIs – Clients treated for gonorrhea, chlamydia, trichomonas and syphilis shall have arrangements made for repeat testing in accordance with CDC guidelines. – For clients treated for gonorrhea, chlamydia or trichomoniasis, the need for partner therapy shall be addressed. • Management of UTIs – Care is provided coincident to a visit for the management of a family planning method. – A detailed history, and physical examination as clinically indicated, shall be performed in order to differentiate uncomplicated lower UTIs (acute bacterial cystitis or "bladder infection") from complicated urinary tract infections. • Management of Cervical Abnormalities and Pre-invasive Cervical Lesions – Care is provided coincident to a visit for the management of a family planning method. – Providers shall have an office-based tracking system for all pathology results to insure that all results are evaluated, women with abnormalities are promptly notified and those who are under surveillance are reminded of their need for follow-up.

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
F. Clinical and Preventive Services (*continued*)	Medical Record Documentation • Medical record documentation shall reflect the clinical rationale for providing, ordering or deferring services provided to clients according to *Family PACT Standards*, including, but not limited to, client assessment, diagnosis, treatment and follow-up. Documentation, including a client's signature when dispensed a device, product or prescription, or when a laboratory specimen is obtained, shall support services claimed for reimbursement (W&I Code, Section 14043.341).
G. Education and Counseling Services	‹‹Client-centered health education counseling is considered integral to Family PACT and must be incorporated throughout the family planning visit. Regardless of the type of visit, provision of reproductive health education and counseling is required for all Family PACT clients, including the following: • A practice setting that is appropriate for discussion of sensitive topics • Ongoing individualized client assessments and focused communication; and • Topics and behaviors that promote personal choice, risk reduction and optimal reproductive health practices • Family planning and reproductive health education and counseling services shall include: – A description of Family PACT covered services and procedures – All Family PACT covered contraceptive methods – Reproductive life plan and preconception health – STI/HIV transmission and prevention››

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
G. Education and Counseling Services (continued)	• ‹‹Client-centered health education and counseling sessions shall be provided in a culturally and linguistically appropriate manner way that is understandable to the client and conducted in a manner that facilitates the client's integration of information for the development of positive reproductive health behaviors. • Health education and counseling services shall be supplemented with written materials, as needed›› • Information shall be provided in a manner of communication that is sensitive to diverse cultural and socioeconomic factors and the psychosocial aspects of reproductive health, including partner relationship and communication, risk reduction and decision making. • Written information about the scope of program services, how to obtain needed referrals, services for family planning related complications and where to obtain 24-hour emergency care services shall be provided. • ‹‹Providers shall offer clients the option of including their partner during health education and counseling sessions. – Other services shall be at the client's discretion›› Family Planning Services Education and counseling about contraceptive methods or limited fertility services and referral resources, whether a pregnancy test is positive or negative, shall be provided in an unbiased manner that allows the client full freedom of choice. • Contraceptive Services Each client shall be provided with adequate information to make an informed choice about contraceptive methods, including: – A verbal dialogue and written description of the full range of FDA-approved contraceptive methods, including effectiveness, duration, side effects, complications, medical indications and contraindications, social and physical advantages and disadvantages

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
G. Education and Counseling Services (*continued*)	– A description of the implications and consequences of sterilization procedures, when client desires no future childbearing – The opportunity for questions or concerns related to contraceptive methods. • Limited Fertility Services Each client should be counseled in the use of fertility awareness techniques in order to achieve pregnancy and in the use of supplies to evaluate the fertile period. Clients who are seeking pregnancy should be provided preconception health counseling particularly in regard to folic acid intake. • Specified Reproductive Health Screening Tests Each client shall be counseled regarding a recommended interval for periodic reproductive health screening tests based on national guidelines. Family Planning-Related Services • Cervical Cancer Screening – Each client shall be counseled regarding a recommended interval for periodic cervical cancer screening visits based on national guidelines • Management of STIs – Clients shall be advised of their diagnosis, the need for partner testing and/or treatment and methods to prevent recurrent infection – Clients treated for gonorrhea, trichomonas or chlamydia shall be counseled regarding the importance of repeat testing in three months – Clients shall be counseled regarding the importance of completing prescribed therapy

Table of Family PACT Standards and Descriptions (continued)

Standard	Description
G. Education and Counseling Services (*continued*)	• Management of UTIs Clients treated for UTI shall be counseled regarding the importance of completing treatment and the prevention of reinfection. • Management of Cervical Abnormalities and Pre-invasive Cervical Lesions Clients found to have cervical pre-invasive lesions shall be counseled on the importance of adhering to follow-up recommendations. Medical Record Documentation Medical record documentation shall reflect the scope of education and counseling services provided to clients according to *Family PACT Standards*, including, but not limited to, individual client assessment, topics discussed and name and title of counselor. Documentation shall support services claimed for reimbursement

‹‹Table of Availability of Covered Services: Contraceptives

Contraceptive Method	Available Onsite‹‹±	Available by Prescription	Available by Referral to Another Provider
IUD non-hormonal	At least one type is required to be available onsite	Not applicable	For complex procedures‹‹§
IUD hormonal	At least one type is required to be available onsite	Not applicable	For complex procedures‹‹§
Implant	Required to be available onsite	Not applicable	For complex procedures‹‹§
Injection – DMPA Intramuscular (IM)	Required to be available onsite	Not applicable	Not applicable
Injection – DMPA Subcutaneous (SQ)	Can be available onsite‹‹†	Yes	No
Oral contraceptive pills (OCPs), combined	Can be available onsite	Yes	No
OCPs, progestin-only	Can be available onsite	Yes‹‹◊	No
Emergency contraceptive pills	Can be available onsite	Yes‹‹◊	No
Patch	Can be available onsite	Yes	No
Vaginal Ring	Can be available onsite	Yes	No
Condoms‹‹¥	Can be available onsite	Yes‹‹◊	No
Diaphragm	Can be available onsite	Yes	No
Cervical Cap	Can be available onsite	Yes	No
Spermicide‹‹¥	Can be available onsite	Yes‹‹◊	No››

‹‹Table of Availability of Covered Services: Contraceptives (continued)

Contraceptive Method	Available Onsite‹‹±	Available by Prescription	Available by Referral to Another Provider
Vaginal Contraceptive Gel	Can be available onsite	Yes	No
Sterilization – Tubal	Can be available onsite	Not applicable	Yes
Sterilization – Vasectomy	Can be available onsite	Not applicable	Yes
Fertility Awareness Methods (FAM)	Can be available onsite	Not applicable	Yes
FAM – Basal Body Thermometer	No (Pharmacy benefit only)	Yes‹‹◊	No
Lactational Amenorrhea Method (LAM)	Can be available onsite	Not applicable	Yes››

Family Planning Patient Rights

Men and women, regardless of race, religion, age, sex, sexual orientation, ethnic and religious background or economic standing have the right to:

- Decide whether or not to have children and, if so, to determine their timing and spacing
- Be treated with dignity and respect
- Privacy and confidentiality in all aspects of services
- An adequate and objective education and counseling
- All procedures explained and questions answered in a language that can be understood
- Know effectiveness, possible side effects, and complications of all contraceptives
- Participate in selecting the contraceptive method(s) to be used
- Know the results and meanings (diagnosis, treatment and prognosis) of all tests and examinations
- See their records and have them explained
- Know the meaning and implications of all forms they are asked to sign
- Consent to, or refuse, any contraceptive method, test, examination or treatment

Participation of any individual in the Family PACT (Planning Access, Care and Treatment) Program is voluntary and free of compulsion or coercion of any kind. If you feel your rights have been violated, speak to the director of the clinic/health office or contact DHCS' Office of Family Planning at (916) 650-0414 or via email at FamilyPact@dhcs.ca.gov

Department of Health Care Services (DHCS), 2024

Figure 1. Family Planning Patient Rights

Derechos de Los Pacientes de Placificaión Familiar

Hombres y mujeres, sin importar la raza, religión, edad, sexo, orientación sexual, grupo étnico, o posición económica, tienen derecho a:

- Decidir si quieren tener hijos o nó y si deciden tenerlos determinar cuántos y cuando tenerlos
- Ser tratados con dignidad y respeto
- Recibir todos los servicios con privacidad y de una manera confidencial
- Recibir educación y consejería en una manera adecuada y objetiva
- Recibir una explicación de todos los procedimientos y que les contesten todas sus preguntas en un idioma que puedan entender
- Informados sobre la efectividad, las complicaciones, y los posibles efectos secundarios de todos los métodos anticonceptivos
- Participar en la selección del método anticonceptivo que desea usar
- Ser informados sobre los resultados y significado (diagnóstico, tratamiento, y pronóstico) de todos los exámenes médicos
- Tener acceso y explicación sobre sus expedientes
- Ser informados sobre el significado y las implicaciones de firmar los formularios que sean presentados;
- Aaceptar o rechazar cualquier método anticonceptivo, prueba, examen, o tratamiento

La participación de cualquier individuo en el Programa de Family PACT, es voluntaria y libre de coerción de cualquier clase. Si usted cree que sus derechos han sido violados, por favor, hable con el director de la clínica o centro de salud o puede comunicarse con la Oficina de Planificación Familiar del DHCS al (916) 650-0414 o por correo electrónico al FamilyPact@dhcs.ca.gov.

Departamento de Servicios de Atención de la Salud, 2024

Figure 2. Family Planning Patient Rights (Spanish)

Services	National Guidelines	Reference
Contraceptive Services	US Medical Eligibility Criteria (MEC) Centers for Disease Control and Prevention (CDC) 2024 US Selected Practice Recommendations (SPR) CDC 2024	• Nguyen AT, Curtis KM, et.al. United States Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2024. MMWR 2024; 73(4): 1-12 • CDC, U.S. Selected Practice Recommendations for Contraceptive Use (US SPR), 2024. MMWR 2024, 73(3): 1-77
Screening for Cervical Cancer	Cervical Cancer Screening, USPSTF, 2018	• Screening for Cervical Cancer: US Preventive Services Task Force Recommendation Statement. JAMA 2018, 320(7): 674-686
Management of STIs	STI Treatment Guidelines, CDC 2021	• Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR July 2021, 70(4): 1-192
Taking a Sexual History	STI Treatment Guidelines, CDC 2021	• A Guide to Taking a Sexual History
Management of UTIs	*The American Congress of Obstetricians and Gynecologists (ACOG) Practice Bulletin 91*	• ACOG − Treatment of Urinary Tract Infections in Nonpregnant Women. ACOG Practice Bulletin No. 91. Obstet Gynecol 2008; 111: 785-94
Management of Cervical Abnormalities and Pre-invasive Cervical Lesions	Management of abnormal results, ASCCP, 2020	• Perkins RB, et. al. 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors. Low Genit Tract Dis. 2020 April; 24(2):102-131

Figure 3. National Guidelines

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
‹‹±	See *Clinic Formulary* section of this manual for coverage details.››
‹‹§	Family PACT providers may refer clients to other Family PACT or Medi-Cal providers as outlined in the Access to Care Standard in this manual. Family PACT Providers are required to offer IUD and implant services onsite; however, there may be circumstances when a Family PACT provider may want to refer a specific client to a provider who specializes in difficult or complex procedures (for example, non-palpable implant removals, IUD removal without strings or IUD placement with distorted uterine cavity).››
‹‹†	See the *Clinic Formulary* section of this manual for clinic benefit coverage for DMPA-SQ.››
‹‹◊	For over-the-counter methods, a prescription is required for Family PACT coverage. See *Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations*.››
‹‹¥	Condoms, Spermicide (nonoxynol 9) and lubricant are considered Contraceptive Supplies. See *Clinic Formulary* for coverage details.››