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## Program Standards

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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	<ul style="list-style-type: none"> <li>• Informed consent shall include client participation in the process of eligibility determination and onsite enrollment in the Family PACT Program.                             <ul style="list-style-type: none"> <li>– The enrolled Family PACT provider has the responsibility to ensure completion of the <i>Health Access Programs Family PACT Program Client Eligibility Certification (CEC)</i> form (DHCS 4461) by the client according to program specifications.</li> <li>– All practitioners shall be knowledgeable about the <i>Family PACT Standards</i> and discuss the Family PACT scope of services with clients.</li> </ul> </li> <li>• Participation in the Family PACT Program and consent for services shall be voluntary and without coercion to enroll, to accept particular methods or procedures or to otherwise participate in family planning 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. Clients shall be informed of their freedom to withdraw consent at any time.</li> <li>• 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 (<i>California Family Code</i> Section 6925, subd.[a], <i>Welfare and Institutions Code (W&amp;I Code)</i>, Section 24003, subd.[b]), except as otherwise provided by law.</li> <li>• The informed consent process shall be provided to clients verbally in a language the client understands and supplemented with written materials (refer to C.1).</li> <li>• 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.</li> <li>• All clients requesting sterilization shall sign the federal sterilization Consent Form (PM 330). The procedure shall take place within the required time frame based on the date of the client’s signature.</li> <li>• A copy of the Department of Health Care Services (DHCS) <i>Family Planning Patient Rights</i> statement shall be provided to all clients or posted in a prominent place at the site of clinical services (see Figures 1 and 2.).</li> </ul>

**«Table of Family PACT Standards and Descriptions (continued)»**

<b>Standard</b>	<b>Description</b>
B. Confidentiality	<ul style="list-style-type: none"> <li>• All services including the eligibility determination process shall be provided in a manner that respects the privacy and dignity of the individual client.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul>
C. Cultural and Linguistic Competency	<ul style="list-style-type: none"> <li>• All services shall be provided in a culturally sensitive manner and communicated in a language understood by the client.</li> <li>• All print and audiovisual materials shall be appropriate for the client's language and literacy level.</li> </ul>
D. Access to Care	<p>All services shall be provided to eligible clients without bias based upon gender, sexual orientation, age (except for sterilization), race, marital status, parity or disability.</p> <ul style="list-style-type: none"> <li>• 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.</li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
D. Access to Care <i>(continued)</i>	<ul style="list-style-type: none"> <li>• Family planning services and family planning-related services shall be at no cost to eligible clients.</li> <li>• 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.</li> <li>• 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.</li> <li>• Referrals to local resources shall be made available to clients when needed medical and psychosocial services are beyond the scope of the provider’s organization, including, but not limited to, primary care, domestic violence and substance abuse related services. Services beyond the scope of Family PACT are not reimbursable by the program.</li> <li>• All Family PACT services shall be rendered at the enrolled service location(s) only.</li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
<p>E. Availability of Covered Services</p>	<p>Family Planning Services</p> <p>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&amp;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.</p> <ul style="list-style-type: none"> <li>• Contraceptive Services           <ul style="list-style-type: none"> <li>– Family PACT covers all FDA-approved contraceptive methods, fertility awareness methods and sterilization procedures.</li> <li>– At a minimum, the following contraceptive methods shall be available onsite or by prescription: contraceptive injection(s); contraceptive implant(s); intrauterine contraceptives; oral contraceptives; oral emergency contraceptives; contraceptive transdermal patch; contraceptive vaginal ring; spermicides; cervical barrier methods; male and internal condoms; and Lactation Amenorrhea Method (LAM).</li> <li>– The following contraceptive methods and procedures may be provided onsite or by referral: Fertility Awareness Methods (FAM) and female and male sterilizations.</li> <li>– If the practitioner lacks the skills to provide specialized contraceptive procedures or sterilization, or there is insufficient volume to ensure and maintain a high skill level, clients shall be referred to another qualified practitioner for these methods/procedures. The enrolled provider shall have an established referral arrangement with the other provider(s) when making referrals for these procedures.</li> </ul> </li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
<p>E. Availability of Covered Services (continued)</p>	<ul style="list-style-type: none"> <li>• Limited Fertility Services                             <ul style="list-style-type: none"> <li>– History and physical examination related to fertility (as clinically indicated) may be performed onsite.</li> <li>– Fertility awareness counseling should be available onsite or by referral.</li> </ul> </li> <li>• Specified Reproductive Health Screening Tests                             <p>Screening for STIs onsite. The reproductive health screening tests for women and men, when clinically indicated, include: chlamydia, gonorrhea, HIV and syphilis.</p> </li> </ul> <p>Family Planning-Related Services</p> <ul style="list-style-type: none"> <li>• Management of STIs                             <ul style="list-style-type: none"> <li>– Diagnostic evaluation for chlamydia, gonorrhea, genital herpes, syphilis, trichomoniasis and genital warts shall be available to females and males.</li> <li>– Diagnostic evaluation for vulvovaginitis (including candida vaginitis and bacterial vaginosis) and uncomplicated pelvic inflammatory disease (PID) shall be available to females.</li> <li>– Clients with uncomplicated STIs shall be treated onsite or by prescription.</li> <li>– 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.</li> </ul> </li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
E. Availability of Covered Services ( <i>continued</i> )	<p>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:</p> <ul style="list-style-type: none"> <li>• Cervical Cancer Screening Cervical cancer screening visits should be offered at least every three years, unless otherwise indicated by the client's health status.</li> <li>• 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.</li> <li>• 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.</li> </ul>
F. Clinical and Preventive Services	<p>Clinicians providing care to Family PACT clients shall practice evidence-based medicine using nationally recognized clinical practice guidelines (see Figure 3).</p> <p>Family Planning Services</p> <ul style="list-style-type: none"> <li>• Contraceptive services for women and men shall include: <ul style="list-style-type: none"> <li>– 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.</li> <li>– A physical examination as clinically indicated, for contraceptive services.</li> <li>❖ Client(s) prescribed hormonal contraceptives shall have a blood pressure evaluation at the initiation of the method and at least every two years thereafter.</li> </ul> </li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
<p>F. Clinical and Preventive Services (continued)</p>	<ul style="list-style-type: none"> <li>❖ A bimanual pelvic examination shall be performed before the placement of an intrauterine contraceptive and for the fitting of a diaphragm.</li> <li>❖ With the exceptions noted above, a routine physical exam is not necessary for the provision of contraceptive services to women or men.</li> <li>– 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.</li> <li>– Follow-up care, including management of complications associated with a client’s contraceptive method(s) or procedures, shall be provided.</li> <li>• Limited Fertility Services               <ul style="list-style-type: none"> <li>– Health history shall be focused on potential causes of infertility including health risk factors; personal medical, sexual and contraceptive history; and a family history.</li> <li>– A physical examination related to fertility may be performed as clinically indicated.</li> <li>– Instruction in the use of supplies (for example, basal body temperature thermometer) may be provided as requested.</li> </ul> </li> <li>• Specified reproductive health screening tests               <ul style="list-style-type: none"> <li>– 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:                   <ul style="list-style-type: none"> <li>❖ Chlamydia screening annually for females 25 years of age and younger.</li> <li>❖ Confidential HIV risk screening, testing or referral to source of anonymous testing, client-centered counseling and referral for treatment.</li> <li>❖ Reporting of STI/HIV, as required by California law, to appropriate local public health jurisdictions for contact management, prevention and control.</li> </ul> </li> </ul> </li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
<p>F. Clinical and Preventive Services (continued)</p>	<p>Family Planning-Related Services</p> <ul style="list-style-type: none"> <li>• Cervical Cancer Screening                             <ul style="list-style-type: none"> <li>– Screening for cervical cancer when the care is provided coincident to a visit for the management of a family planning method.</li> <li>– 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.</li> <li>– 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.</li> </ul> </li> <li>• Management of STIs                             <ul style="list-style-type: none"> <li>– Clients treated for gonorrhea, chlamydia, trichomonas and syphilis shall have arrangements made for repeat testing in accordance with CDC guidelines.</li> <li>– For clients treated for gonorrhea or chlamydia, the need for partner therapy shall be addressed.</li> </ul> </li> <li>• Management of UTIs                             <ul style="list-style-type: none"> <li>– Care is provided coincident to a visit for the management of a family planning method.</li> <li>– 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.</li> </ul> </li> <li>• Management of Cervical Abnormalities and Pre-invasive Cervical Lesions                             <ul style="list-style-type: none"> <li>– Care is provided coincident to a visit for the management of a family planning method.</li> <li>– 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.</li> </ul> </li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
<p>F. Clinical and Preventive Services (continued)</p>	<p>Medical Record Documentation</p> <p>Medical record documentation shall reflect the clinical rationale for providing, ordering or deferring services provided to clients according to <i>Family PACT Standards</i>, 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&amp;I Code, Section 14043.341).</p>
<p>G. Education and Counseling Services</p>	<ul style="list-style-type: none"> <li>• Family planning and reproductive health education and counseling services for women and men to clarify personal family planning goals and to promote optimal reproductive health shall be client-centered and shall include an individual client assessment and ongoing reassessment of the client's reproductive health education and counseling needs, including:               <ul style="list-style-type: none"> <li>– A description of services and clinic procedures</li> <li>– The full range of contraceptive method options</li> <li>– Reproductive life plan and preconception health</li> <li>– STI/HIV transmission and prevention</li> </ul> </li> <li>• Individual education and counseling sessions shall be provided in a 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. Counseling and education services shall be supplemented with written materials, as needed.</li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
<p>G. Education and Counseling Services (continued)</p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• The option of including a client's partner in the education and counseling session and other services shall be at the client's discretion.</li> </ul> <p>Family Planning Services</p> <p>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.</p> <ul style="list-style-type: none"> <li>• Contraceptive Services <ul style="list-style-type: none"> <li>Each client shall be provided with adequate information to make an informed choice about contraceptive methods, including: <ul style="list-style-type: none"> <li>– 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.</li> <li>– A description of the implications and consequences of sterilization procedures, when client desires no future childbearing.</li> <li>– The opportunity for questions or concerns related to contraceptive methods.</li> </ul> </li> </ul> </li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
<p>G. Education and Counseling Services <i>(continued)</i></p>	<ul style="list-style-type: none"> <li>• Limited Fertility Services                             <p>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.</p> </li> <li>• Specified Reproductive Health Screening Tests                             <p>Each client shall be counseled regarding a recommended interval for periodic reproductive health screening tests based on national guidelines.</p> </li> </ul> <p>Family Planning Services</p> <ul style="list-style-type: none"> <li>• Cervical Cancer Screening                             <p>Each client shall be counseled regarding a recommended interval for periodic cervical cancer screening visits based on national guidelines.</p> </li> <li>• Management of STIs                             <ul style="list-style-type: none"> <li>– Clients shall be advised of their diagnosis, the need for partner testing and/or treatment and methods to prevent recurrent infection.</li> <li>– Clients treated for gonorrhea, trichomonas or chlamydia shall be counseled regarding the importance of repeat testing in three months.</li> <li>– Clients shall be counseled regarding the importance of completing prescribed therapy.</li> </ul> </li> </ul>

«Table of Family PACT Standards and Descriptions (continued)»

Standard	Description
<p>G. Education and Counseling Services (continued)</p>	<ul style="list-style-type: none"> <li>• Management of UTIs  <p>Clients treated for UTI shall be counseled regarding the importance of completing treatment and the prevention of reinfection.</p> </li> <li>• Management of Cervical Abnormalities and Pre-invasive Cervical Lesions  <p>Clients found to have cervical pre-invasive lesions shall be counseled on the importance of adhering to follow-up recommendations.</p> </li> </ul> <p>Medical Record Documentation</p> <p>Medical record documentation shall reflect the scope of education and counseling services provided to clients according to <i>Family PACT Standards</i>, including, but not limited to, individual client assessment, topics discussed and name and title of counselor. Documentation shall support services claimed for reimbursement</p>

### **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
- The right to be treated with dignity and respect
- The right to privacy and confidentiality in all aspects of services
- The right to adequate and objective education and counseling
- The right to have all procedures explained and questions answered in a language that can be understood
- The right to know effectiveness, possible side effects, and complications of all contraceptives
- The right to participate in selecting the contraceptive method(s) to be used
- The right to know the results and meanings (diagnosis, treatment and prognosis) of all tests and examinations
- The right to see their records and have them explained
- The right to know the meaning and implications of all forms they are asked to sign
- The right to 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, please speak to the director of the clinic/health office.

*Department of Health Care Services (DHCS), 2013*

Figure 1. Family Planning Patient Rights

### **Derechos de Los Pacientes de Placificaion Familiar**

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

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

*Departamento de Servicios de Atención de la Salud, 2013*

Figure 2. Family Planning Patient Rights (Spanish)

«Services»	National Guidelines	Reference
Contraceptive Services	US Medical Eligibility Criteria for Contraceptive Use, 2016	<ul style="list-style-type: none"> <li>• Centers for Disease Control and Prevention (CDC) – United States Medical Eligibility Criteria (US MEC) for Contraceptive Use, 2016. MMWR Recomm Rep. 2016 65(3): 1-104</li> <li>• CDC – U.S. Selected Practice Recommendations for Contraceptive Use, 2016. MMWR 2016: 65(4) 1-66</li> </ul>
Screening for Cervical Cancer	Cervical Cancer Screening	<ul style="list-style-type: none"> <li>• Moyer VA; U.S. Preventative Services Task Force: Screening for Cervical Cancer: U.S. Preventative Services Task Force recommendation statement Ann Intern Med. 2012 Jun 19; 156 (12): 880-91</li> </ul>
Management of STIs	<i>CDC STD Treatment Guidelines</i>	<ul style="list-style-type: none"> <li>• Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR 2015; 64 (No. RR-3): 1-110</li> </ul>
Management of UTIs	<i>The American Congress of Obstetricians and Gynecologists (ACOG) Practice Bulletin 91</i>	<ul style="list-style-type: none"> <li>• ACOG – Treatment of Urinary Tract Infections in Nonpregnant Women. ACOG Practice Bulletin No. 91. Obstet Gynecol 2008; 111: 785-94</li> </ul>
Management of Cervical Abnormalities and Pre-invasive Cervical Lesions	<i>American Society for Colposcopy and Cervical Pathology (ASCCP) 2012 Consensus Guidelines</i>	<ul style="list-style-type: none"> <li>• Massad, LS, et.al. 2012 Updated Consensus Guidelines for the Management of Abnormal Cervical Cancer Screening Tests and Cancer Precursors. Journal of Lower Genital Tract Disease 2013; 175(5), S1-S27</li> </ul>

Figure 3. National Guidelines

**<<Legend>>**

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

<b>Symbol</b>	<b>Description</b>
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