

The Title X Family Planning Program

Kara Ferguson, Specialist
West Virginia Family Planning Program



The Title X Grant

The Family Planning Program is funded by the Title X grant, which is the only federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services.

Family Planning Program services address the following:

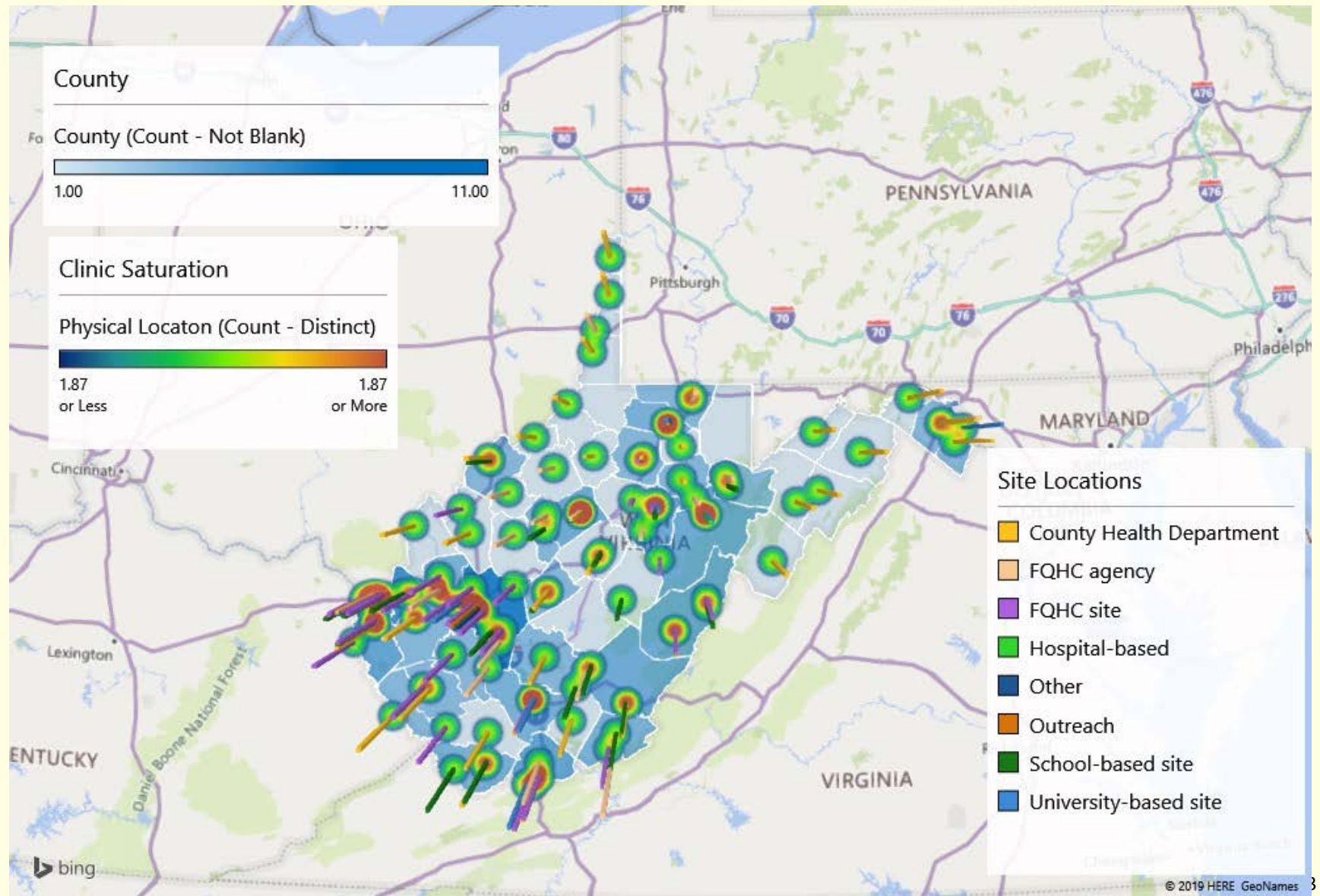
- Breast, cervical, and testicular cancer prevention and screening
- Unintended or unwanted pregnancy prevention
- Sexually transmitted disease (STD)/HIV prevention, screening, and treatment (providing referrals if necessary)
- Preconception health, basic infertility, pregnancy testing, and prenatal care
- Health education, reproductive life planning, and counseling

Family Planning Program Sites

The WV Family Planning Program has over 120 clinics.

- FQHCs
- FQHC look-alike clinics
- Hospital-Based
- School-Based
- Health Departments
- Free Standing Clinics

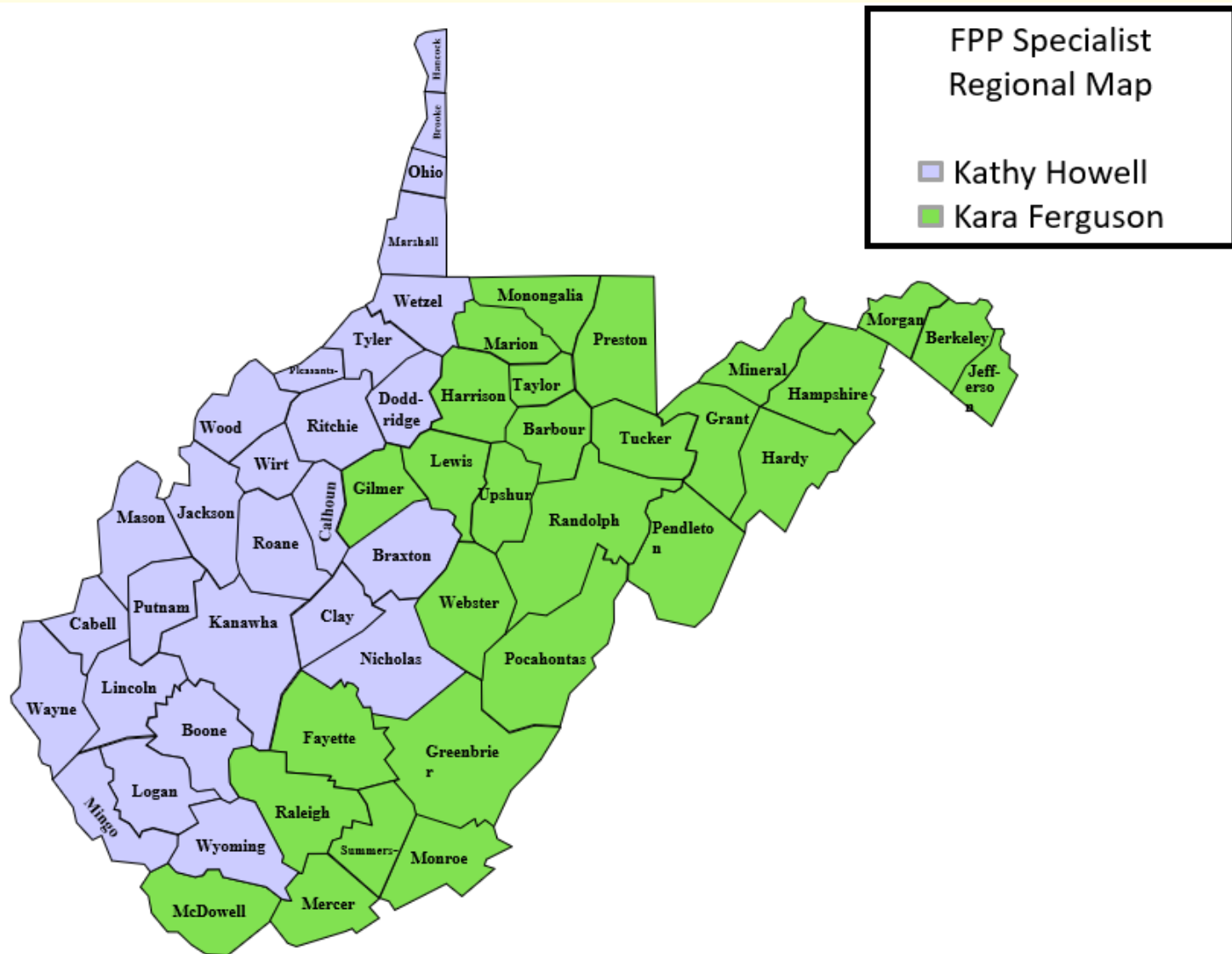
Family Planning Program Sites



Family Planning Program Staff

- The Family Planning Program Staff
 - Family Planning Director: Cathy Capps-Amburgey
 - Program Specialists:
 - Western: Kathy Howell
 - Eastern: Kara Ferguson
 - Billing Clerk: Gabrielle (Gabi) Sayer
 - Program Secretary: Penny Fortner
 - Epidemiologist: currently vacant

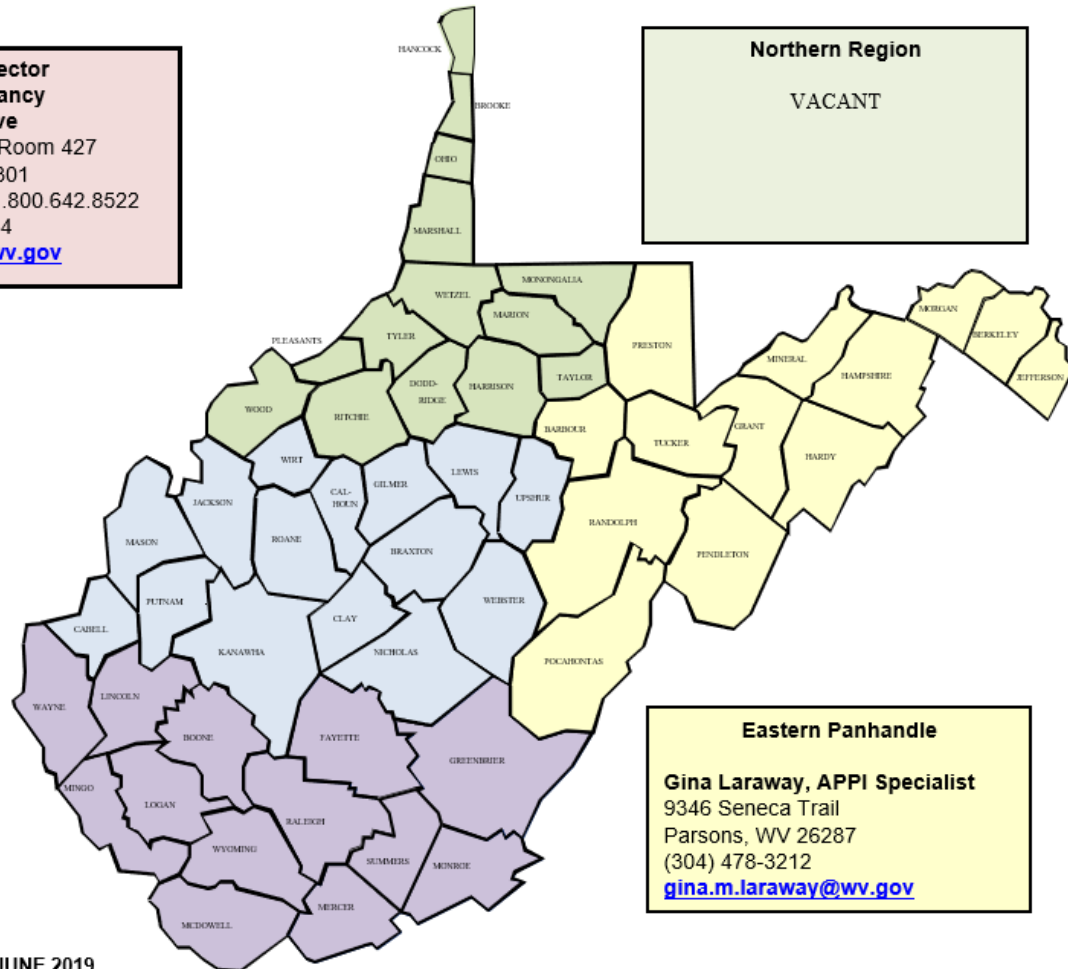
Family Planning Program Regions



WEST VIRGINIA
Department of
**Health & Human
Resources**
BUREAU FOR PUBLIC HEALTH



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What is a Family Planning Client

- A family planning patient is someone of reproductive age who is seeking to achieve or prevent a pregnancy and receives services at a Title X clinic (regardless of payor source).
- The Family Planning Program pays for eligible reproductive health services for clients seeking to achieve or prevent pregnancy, who are uninsured, underinsured, or seeking confidential services.
- This doesn't have to be someone coming in specifically for family planning but someone who receives counseling on achieving or preventing pregnancy.

Uninsured vs Underinsured

- Uninsured clients are clients who have no insurance and typically these are the clients who are enrolled in the program.
- Underinsured meet several different scenarios:
 - The client's preferred contraceptive method is not covered by their insurance.
 - The client can't afford the copayments and an administrator has authorized their copayments to be waived.
 - The client's insurance does not cover contraceptives due to an employer's religious beliefs or moral conviction.
- Family Planning should always be the payor of last resort.

Confidential Services

- Every medical site has privacy and confidentiality standards, but Confidential Services is a Family Planning Program-specific term.
- When a client requests Confidential services the Family Planning Program will pay for services, protecting their confidentiality by allowing them to avoid billing their insurance so that no Explanation of Benefits (EOB) is sent to the home.
- Confidential Services can be provided to any client, regardless of age.
- Some examples are....

Confidential Services Examples

- An adolescent patient who is under their parent's insurance and does not want their parent to know they are on a birth control method.
- A woman who does not want to have another child but does not want her husband to know she received an IUD.
- A young adult male who comes in for a chlamydia check and is still under his father's insurance but doesn't want his father to receive a bill detailing his services.

Durational Residency Requirement

- There is no residency requirement for the Family Planning Program. They do not have to be a state resident or even a citizen of this country to receive services through the program.
- Therefore if they wish to go to a site that is closer to them in another state, they are able to find services.
- If a student should come in for services and want to continue services over the summer break or when they return home, they are able to find a clinic near them, wherever they live.

Visits Types

- **Initial Visit**

This is the first visit with a comprehensive exam.

- **Annual Visit**

This is the patient's annual visit.

- **Interim Visit**

This is a typically a “nursing visit”.

- **Problem Medical Visit**

This is a visit in which a patient has an issue or problem.

Reproductive Life Planning

My Reproductive Life Plan

*A reproductive life plan is a set of personal goals about having or not having children.
My own values and dreams will help shape the ways I achieve those goals.*

Patient Name: _____ Date of Birth: _____

Do I want to have children? Yes ___ No ___



If **NO**, then I need to answer the following questions:



How do I plan to prevent pregnancy?

If I want to choose contraception (birth control), which method is the most effective for me?

Can my partner and I use the chosen method without any problems? Yes ___ No ___

What will I do if I, or my partner, become(s) pregnant by accident?

Do I have any medical conditions (such as diabetes, obesity, high blood pressure, or a depressive disorder) or other concerns (such as tobacco, alcohol or drug use) that I need to talk about with my health care provider, before starting birth control? Yes ___ No ___

Is it possible I could ever change my mind and want to have children one day? Yes ___ No ___

What steps should I take to be as healthy as possible, even if I'm not ready to have children?



If **YES**, then I need to answer the following questions:



How old do I want to be when I start having children? _____

How old do I want to be when I stop having children? _____

How many children do I want to have? _____

How many years do I want to wait between children? _____

What method should I use to prevent pregnancy until I'm ready to have children? _____

What, if anything, should I change about my life (such as work, school, finances, relationships) to get ready to have children?

Do I have any medical conditions (such as diabetes, obesity, high blood pressure, or a depressive disorder) or other concerns (such as tobacco, alcohol or drug use) that I need to discuss with my health care provider before getting pregnant? Yes ___ No ___

What healthy lifestyle changes should I make to prepare for having a baby?

Comments or other questions I might have: _____

For more information:

WV Family Planning Program | www.wvdhhr.org/fp

1 (800) 642-8522

Service Paid for by the Program

- The program pays for:
 - Reproductive Health visits
 - Insertions and/or removals of long acting reversible contraceptives
 - Supplies and pharmaceuticals listed on the Supply Request Form
 - Sterilizations for those who qualify
 - Chlamydia testing
 - Gonorrhea testing
 - Syphilis testing
 - Rubella titers testing
 - Pap testing/HPV testing

Supply Request Form

WV DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR PUBLIC HEALTH
OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
FAMILY PLANNING PROGRAM



SUPPLY REQUEST FORM

FORWARD ORDER TO:

OFFICE OF MATERNAL, CHILD AND FAMILY HEALTH
MATERIALS MANAGEMENT
900 BULLITT STREET
CHARLESTON, WV 25301
304-558-3417 / 1-800-642-8522 FAX: 304-558-1524

DATE: _____
CLINIC NAME: _____
SITE NUMBER: _____
CONTACT NUMBER: _____
FAX NUMBER: _____
SIGNATURE: _____

Amount Requested / ITEM CODE	PRODUCT Names in parenthesis are for reference only. Brand is subject to change.*	UNIT DESCRIPTION
ORAL CONTRACEPTIVES		
_____ D069	NORGESTREL/ETH ESTRADIOL 0.3-0.03 (Low Ogestrel)*	Single Unit
_____ D077	NORETHINDRONE 0.35 (Micronor)*	Single Unit
_____ D114	NORETHINDRONE/ETH ESTRADIOL 7/7/7 (Nortel 7/7/7)*	Single Unit
_____ D118	NORGESTIMATE/ETH ESTRADIOL 0.25-0.035 (Mononessa)*	Single Unit
_____ D119	NORGESTIMATE/ETH ESTRADIOL (Tri-Sprintec)*	Single Unit
_____ D120	NORETHINDRONE/ETH ESTRADIOL 1.5/30 (Junel 1.5/30)*	Single Unit
_____ D135	PLAN B	Single Unit
_____ D137	NORGESTIMATE/ETH ESTRADIOL (Tri-Lo-Sprintec)*	Single Unit
_____ D153	NORETHINDRONE/ETH ESTRADIOL 1/20 (Junel 1/20)*	Single Unit
BARRIER METHOD/SUPPLIES		
_____ D008	Contraceptive Foam w/applicator	Single Unit
_____ D041	Contraceptive Jelly N-9/refill	Single Unit
_____ D053	Condoms/Lubricated	1000/box
_____ D055	Condoms/Colored	1000/box
_____ D062	Condoms/Non-Lubricated	144/box
_____ D065	Female Condom (Limited supply item. All orders subject to approval.)	Single Unit
_____ D154	VCF Vaginal Contraceptive Film	9/box
ORTHO ARCING SPRING DIAPHRAGMS		
_____ D089	Caya DI Contoured Reusable Diaphragm	Single Unit
INJECTABLES		
_____ D125	MedroxyPROGESTERone Acetate Injection	Single Unit
TRANSDERMAL PATCH		
_____ D140	Xulane	3 Patches/box
VAGINAL INSERTION		
_____ D152	NuvaRing Vaginal Insertion (orders taken from mid-Fall to early Spring, weather permitting)	3 Rings/box
LONG ACTING REVERSIBLE CONTRACEPTIVES		
_____ D300	Nexplanon	Single Unit
_____ D301	Mirena	Single Unit
FERTILITY AWARENESS-BASED METHODS		
_____ C079	Cycle Beads	Single Unit
_____ C080	Basal Thermometer	Single Unit
_____ C081	Calendar	Single Unit

TREATMENT MEDICATIONS		
_____ D071	Miconazole Nitrate 2% Vaginal Cream, 7-day treatment	Single Unit
_____ D072	Clotrimazole 1% Vaginal Cream, 7-day treatment	Single Unit
_____ D127	Flagyl	14 tabs/vial
_____ D131	Azithromycin	6 tabs/box
_____ D134	Fluconazole (generic Diflucan)	Single Unit
_____ D138	Multivitamins with Folic Acid	100/bottle
LABORATORY SUPPLIES		
_____ B001	Alcohol Prep Pads	200/box
_____ B005	Band-aids 1" x 3"	100/box
_____ B016	Urine Specimen Cups	100/box
_____ D223	Pregnancy Test Kit	25/box
CLINICAL SUPPLIES		
_____ C002	Paper Bags	500/bundle
_____ C021	Drape Sheets-Disposable	100/case
_____ C027	Exam Table Paper	12/case
_____ C032	Gloves-Nitrile Non-Sterile-Small	100/box
_____ C035	Gloves-Nitrile Non-Sterile-Medium	100/box
_____ C036	Gloves-Nitrile Non-Sterile-Large	100/box
_____ C037	Gowns-Exam-Disposable	50/case
_____ C044	Lubricating Jelly	144 packets/box
_____ C066	Silver Nitrate Applicators	100/vial
_____ C067	Specula-Disposable-Small	100/case
_____ C068	Specula-Disposable-Medium	100/case
_____ C069	Specula-Disposable-Large	100/case
_____ C072	Specula-Welch Allyn System-Small	24/box
_____ C073	Specula-Welch Allyn System-Medium	24/box
_____ C086	Vaginal Swabs 8"	50/box
PRESCRIPTION LABELS AND APPOINTMENT SLIPS		
_____ L556	Prescription Labels	300/unit
_____ L5234	Appointment Slip	150/pad

All program forms are now available for download only, at www.wvdhhr.org/fp. Limited forms and materials are available in Spanish. For more information, contact the Family Planning Program office at (304) 558-5388 or toll-free in WV at (800) 642-8522.

WEST VIRGINIA
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Family Planning Electronic Data System

- This system is managed by the program and allows sites to bill for visits and report on patients paid for directly by the program.
- The billing clerk oversees the system and approves all invoices. However the finance department issues payments after her approval.
- There is typically an authorized individual at each site who inputs information from the Patient Data Form into FPEDS.

Patient Data Form

West Virginia Department of Health and Human Resources
Bureau for Public Health
Office of Maternal, Child and Family Health
Family Planning Program



1. Clinic Number _____	2. Client Social Security Number ____-____-____	3. Visit Date ____/____/____ MM DD YYYY	4. County of Residence Code ____															
5. Name Last First Middle Initial ____			6. Date of Birth ____/____/____ MM DD YYYY															
7. Gender 1. <input type="checkbox"/> Female 2. <input type="checkbox"/> Male	8. Ethnicity 1. <input type="checkbox"/> Hispanic/Latino 2. <input type="checkbox"/> Not Hispanic/Latino	9. Race (✓ all that apply) 1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black/African American 3. <input type="checkbox"/> Asian 4. <input type="checkbox"/> American Indian/Alaska Native 5. <input type="checkbox"/> Native Hawaiian/Pacific Islander 6. <input type="checkbox"/> Unknown	10. Additional Demographic Info 1. <input type="checkbox"/> Person with disability 2. <input type="checkbox"/> Limited English proficiency															
11. Principal Health Insurance Coverage 1. <input type="checkbox"/> Uninsured/Underinsured (Title X) 2. <input type="checkbox"/> Public health insurance Medicaid ID# _____ 3. <input type="checkbox"/> Private health insurance (Income <250% FPL)																		
11(a). <input type="checkbox"/> Confidential		12. Monthly Income \$ _____	13. Family Size ____															
14. Fee % ____%		15. Patient Fee \$ _____																
16. Purpose of Visit 1. <input type="checkbox"/> Initial exam 2. <input type="checkbox"/> Annual exam 3. <input type="checkbox"/> Problem medical exam 4. <input type="checkbox"/> Interim continuing visit																		
17. Service Provider 1. <input type="checkbox"/> Physician 2. <input type="checkbox"/> Physician Assistant, Nurse Practitioner, Nurse Midwife 3. <input type="checkbox"/> Registered Nurse, Licensed Practical Nurse 4. <input type="checkbox"/> Other (Medical Assistant, Health Educator, Social Worker, Clinic Aide, Lab Technician)																		
18. Exam Components Provided (✓ all that apply) 1. <input type="checkbox"/> Blood pressure 2. <input type="checkbox"/> Height/Weight 3. <input type="checkbox"/> Thyroid exam 4. <input type="checkbox"/> Heart/lung auscultation 5. <input type="checkbox"/> Clinical breast exam 6. <input type="checkbox"/> Abdominal exam 7. <input type="checkbox"/> Extremities exam 8. <input type="checkbox"/> Pelvic exam 9. <input type="checkbox"/> Male genitalia exam 10. <input type="checkbox"/> Preconception counseling 11. <input type="checkbox"/> Tobacco use screening 12. <input type="checkbox"/> No exam																		
19. Lab Services Provided (✓ all that apply) 1. <input type="checkbox"/> Pap test 2. <input type="checkbox"/> Chlamydia screening 3. <input type="checkbox"/> Gonorrhea screening 4. <input type="checkbox"/> Syphilis screening 5. <input type="checkbox"/> HIV test 6. <input type="checkbox"/> Hgb/Hct 7. <input type="checkbox"/> Sickle cell screening 8. <input type="checkbox"/> Urine dipstick/Urinalysis 9. <input type="checkbox"/> Pregnancy test a. <input type="checkbox"/> Planned b. <input type="checkbox"/> Unplanned 10. <input type="checkbox"/> Rubella titer 11. <input type="checkbox"/> Fecal occult blood test 12. <input type="checkbox"/> Other lab 13. <input type="checkbox"/> No lab																		
20. Referrals Made (✓ all that apply) 1. <input type="checkbox"/> Sterilization 2. <input type="checkbox"/> Gynecological 3. <input type="checkbox"/> Breast evaluation 4. <input type="checkbox"/> Colposcopy 5. <input type="checkbox"/> STD/HIV services 6. <input type="checkbox"/> Infertility evaluation 7. <input type="checkbox"/> Adoption services 8. <input type="checkbox"/> Prenatal services 9. <input type="checkbox"/> Abortion services 10. <input type="checkbox"/> Social services 11. <input type="checkbox"/> Laboratory services 12. <input type="checkbox"/> WV Tobacco Quit Line 13. <input type="checkbox"/> Other Tobacco Cessation Program 14. <input type="checkbox"/> No referrals																		
21(a). Primary Contraceptive Method - Female 1. <input type="checkbox"/> Oral contraceptives 2. <input type="checkbox"/> IUD/IUS a. <input type="checkbox"/> ParaGard b. <input type="checkbox"/> Mirena 3. <input type="checkbox"/> Diaphragm/Cap 4. <input type="checkbox"/> Spermicide (used alone) 5. <input type="checkbox"/> Fertility awareness method 6. <input type="checkbox"/> Hormonal implant 7. <input type="checkbox"/> Contraceptive sponge 8. <input type="checkbox"/> Hormonal injection - 3 month 9. <input type="checkbox"/> VCF Vaginal Contraceptive Film 10. <input type="checkbox"/> Hormonal contraceptive patch 11. <input type="checkbox"/> Vaginal ring 12. <input type="checkbox"/> Female condom 13. <input type="checkbox"/> Female sterilization 14. <input type="checkbox"/> Abstinence 15. <input type="checkbox"/> Rely on partner's method a. <input type="checkbox"/> Vasectomy b. <input type="checkbox"/> Male condom 16. <input type="checkbox"/> Other method 17. <input type="checkbox"/> No method: Reason: a. <input type="checkbox"/> Pregnant/Seeking pregnancy b. <input type="checkbox"/> Other																		
21(b). Primary Contraceptive Method - Male 1. <input type="checkbox"/> Vasectomy 2. <input type="checkbox"/> Male condom 3. <input type="checkbox"/> Abstinence 4. <input type="checkbox"/> Other method 5. <input type="checkbox"/> Rely on female method 6. <input type="checkbox"/> No method: Reason: a. <input type="checkbox"/> Partner pregnant/Seeking pregnancy b. <input type="checkbox"/> Other																		
22. Emergency Contraception (EC) 1. <input type="checkbox"/> EC administration - immediate need 2. <input type="checkbox"/> EC follow-up 3. <input type="checkbox"/> EC advance supply																		
23. Medical Products Dispensed <table border="1"> <thead> <tr> <th>Item Code</th> <th>Quantity</th> <th>Lot Number</th> </tr> </thead> <tbody> <tr><td>1.</td><td></td><td></td></tr> <tr><td>2.</td><td></td><td></td></tr> <tr><td>3.</td><td></td><td></td></tr> <tr><td>4.</td><td></td><td></td></tr> </tbody> </table>				Item Code	Quantity	Lot Number	1.			2.			3.			4.		
Item Code	Quantity	Lot Number																
1.																		
2.																		
3.																		
4.																		
24. Reason for Pap: 1. <input type="checkbox"/> Routine 2. <input type="checkbox"/> Clinically Indicated 3. <input type="checkbox"/> Requested																		
25. <input type="checkbox"/> Bypass Payment																		

I certify that the statements on reverse apply
to this bill and are made a part hereof.

Authorized Signature

Date

Family Planning Annual Report (FPAR)

- When accepting Title X funding, the WV Family Planning Program also assures that it will report (at least annually) on all Title X clients.
- Information that must be reported on, according to Title X Guidelines includes:
 - Family planning users (by age sex, race, ethnicity)
 - Principal insurance coverage status
 - Income level
 - Family planning users with Limited English Proficiency (LEP)
 - Number who obtained a pap test and results
 - Those who received a clinical breast exam (CBE)
 - Clients who were tested for certain sexually transmitted diseases (STDs)

New Title X Rule Changes

- “A Title X project may not perform, promote, refer for, or support abortion as a method of family planning.” (42 CFR 59.14(a).
- Provides for clear financial (by September 18, 2019) and physical separation (by March 4, 2020) between Title X and non-Title X activities, reducing any confusion on the part of Title X clinics and the public about permissible Title X activities.
- Requires referrals for those conditions deemed medically necessary.
- Permits, but no longer requires, nondirective pregnancy counseling, including nondirective counseling on abortion by physicians or advanced practice providers.

New Title X Rule Change Cont.

- Ensures compliance with state reporting laws and consistency of care for women and children who visit Title X clinics and are victims of child abuse, child molestation, sexual abuse, rape, incest, intimate partner violence or human trafficking; including determining the age of any minor client or of the minor client's sexual partner(s).
- Requires that minors be counseled on how to resist coercion to engage in sexual activity.
- Requires meaningful encouragement of parent/child communication in family planning decisions and requires documentation of such encouragement.

Resources

https://www.wvdhhr.org/fp/

Search

Family Planning Clinic Provider Resources



Topics of Interest

WV Family Planning Program Available
Position Announcement - Part Time
Nursing Position

Nexplanon Mandatory Update Training
Information

Policy 340B – Drug Pricing Manual

Conference Calls

Contraceptives

Human Trafficking

FREE OR LOW-COST FAMILY PLANNING SERVICES

The Family Planning Program is more than just birth control; we provide birth control methods, pregnancy testing, and counseling to eligible individuals. We can also help you decide when to have a baby and when to wait. These important decisions help keep you and your family healthy! We also provide medical screening services for your overall health and reproductive health, including screening for infections and certain types of cancer. This can help you discover health problems and receive referrals or treatment. Use the menu above to find out more about eligibility for free or low-cost services, covered services, and other details.

EXPLORE SERVICES IN YOUR AREA BY USING THE TOOL BELOW

 OFFICE OF
POPULATION
AFFAIRS

Find a Family Planning Clinic

Huntington, WV

Such as "Washington, DC" or "20002"

About this tool | Host this tool

[Home](#) | [Contact Us](#) | [Search Site](#) | [Site Map](#) | [News Archives](#)

Resources



LOG IN

DISTANCE 10 miles ▾

7 Locations found near "Huntington, WV"

1. [Cabell Huntington Health Department](#)

703 Seventh Avenue
Huntington, WV 25701
[304-523-6483](tel:304-523-6483)

0.25 mi

[VIEW DETAILS](#)

2. [Valley Health A Woman's Place](#)

1630 13th Ave
Ste. B
Huntington, WV 25701
[304-697-2014](tel:304-697-2014)

1.15 mi

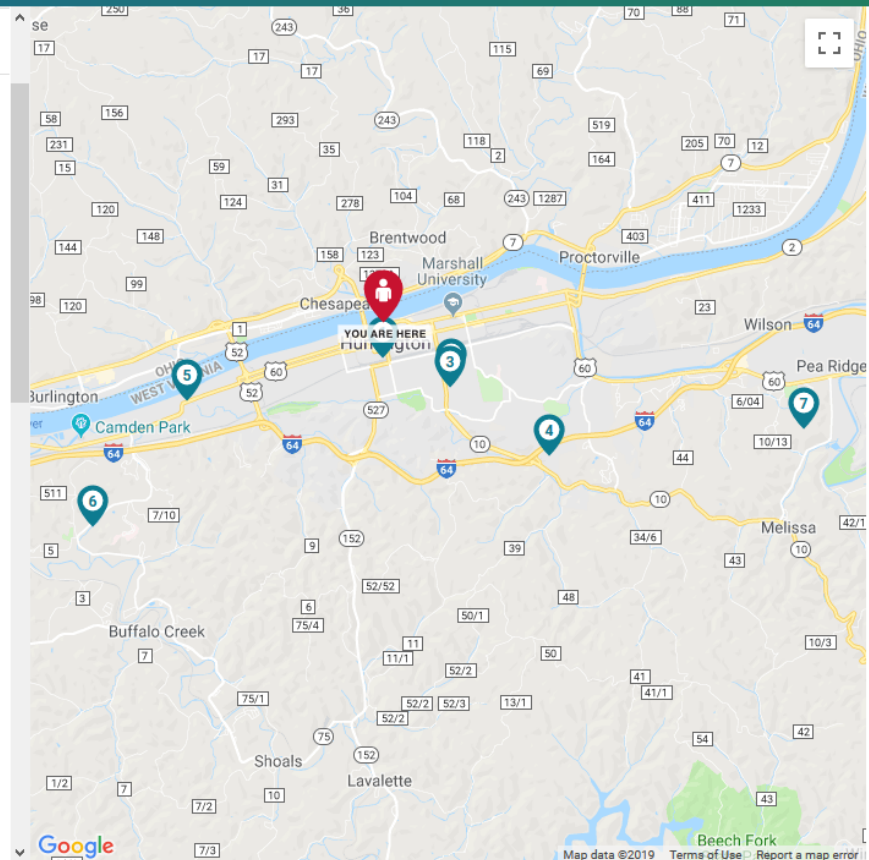
[VIEW DETAILS](#)

3. [University Physicians & Surgeons Dept OB/GYN](#)

1600 Medical Center Drive
Ste 4500
Huntington, WV 25701
[304-691-1400](tel:304-691-1400)

1.21 mi

[VIEW DETAILS](#)



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HHS Headquarters

U.S. Department of Health & Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Toll Free Call Center: 1-877-696-6775

Contacting the Family Planning Program

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Phone: 304 356-4425

Email: deena.s.ellison@wv.gov