Family Planning
Stakeholder Meeting

August 22, 2017
1:00pm – 4:00pm
Sacramento, CA
Meeting Agenda

1:00 – 1:10   Welcome/Introductions
1:10 – 1:20   Review of Action Items
1:20 – 1:55   DHCS Updates
1:55 – 2:05   Stakeholder Updates
2:05 – 2:20   SB 999
2:20 – 2:35   Break
2:35 – 3:10   Adolescent Reproductive Health in California
3:10 – 3:50   Treating Adolescents in Family PACT
3:50 – 4:00   Wrap Up
Welcome
&
Introductions
OFP and Stakeholder Commitments

**OFP is committed to:**

1. Set quarterly meetings with options to attend in-person, by conference call, and/or via WebEx.
2. Rotate meeting locations between Northern and Southern regions.
3. Begin and end meetings on time.
4. Meeting agendas will be provided in advance, and available on OFP’s Stakeholder webpage.
5. Meeting minutes will be provided after each meeting and available on OFP’s Stakeholder webpage. Timely follow up on action items from prior meetings.
6. Provide interactive sessions. Agenda item will include educational topic in which Stakeholders, Providers, other DHCS Divisions, Pharmaceutical representatives, and others are welcome to lead/present on.
7. Collectively set next steps prior to the end of the meeting.

**Stakeholders are committed to:**

1. Develop and present materials for the Stakeholder meetings.
2. Commit to a two-way open communication between OFP and Stakeholders.
3. Collaborate with OFP to further efforts to increase client access to family planning services. (patient focus)
# Review of Action Items

<table>
<thead>
<tr>
<th>Action Item</th>
<th>DHCS Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Will there be the ability to have global access to have the ability to look at multiple sites with PAVE?</td>
<td>Through the assignment of an administrator, administrators will have access to multiple sites. Further information will be provided as OFP begins transitioning to PAVE.</td>
</tr>
<tr>
<td>DHCS Quality Strategy statistics</td>
<td>The Department has not posted these statistics. We will provide an update at a future stakeholder meeting.</td>
</tr>
<tr>
<td>Explanation of why Truvada PrEP will not be added to Family PACT</td>
<td>The Family PACT program covers HIV screening only. The request has been presented to the Department before and given the fact that the FPACT program focuses on family planning and family planning related needs, there are no plans to add additional benefits related to HIV beyond screening. Truvada PrEP is an HIV prevention strategy and we do not see it in the realm of family planning. While individuals who come in may be screened for HIV under FPACT, the use of Truvada PrEP is more encompassing and requires periodic monitoring by a provider. Within the scope of sexually transmitted infection testing under FPACT, we do provide very limited services from a prevention/treatment perspective and from the family planning lens; we do not see the use Truvada PrEP as falling into the same category.</td>
</tr>
<tr>
<td>NuvaRing dispensing 12 month supply to clients who have already been dispensed</td>
<td></td>
</tr>
</tbody>
</table>
DHCS Updates
OFP Has Moved!

- New Address: 1700 K Street
- Mailing Address: P.O. Box 997413, MS 8400 Sacramento, CA 95814
- Main Phone Line: (916) 650-0414
- Email: ProviderServices@dhcs.ca.gov
Policy Updates

• Kyleena
  – Effective date: 11/01/2017
    • Active code until effective date: S4989
    • Replacement code: Q9984

• Salpingectomy
  – Effective date: 10/01/2017
    • Will be added as benefit under female sterilization for Family PACT
    • Will remove TAR requirement for Medi-Cal

• Transgender Modifier
  – Effective 8/01/2017
    • Modifier KX may be used to facilitate claim processing in instances where the patient's gender conflicts with the billed procedure code.
    • Providers may already override a gender conflict with an approved Treatment Authorization Request
Compliance with Language Assistance Requirement

ACA’s Nondiscrimination Policy Applies to Family PACT Providers

Section 1557 of Patient Protection and Affordable Care Act (ACA) prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs or activities. In effect since 2010, Section 1557 builds on long-standing federal civil rights laws: Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

Effective July 18, 2016, the Health and Human Services (HHS) Office for Civil Rights issued its final rule implementing Section 1557 at Title 45 Code of Federal Regulations (CFR) Part 92. The rule applies to any health program or activity, any part of which receives federal financial assistance, an entity established under Title I of the ACA that administers a health program or activity, and HHS. In addition to other requirements, Title 45 CFR Part 92.201, requires:

- **Language assistance services requirements**
  Language assistance services required under paragraph (a) of Part 92.201 must be accurate, timely and provided free of charge, and protect the privacy and independence of the individual with limited English proficiency.

- **Specific requirements for interpreter and translation services**
  Subject to paragraph (a) of Part 92.201:
  - A covered entity shall offer a qualified interpreter to an individual with limited English proficiency when oral interpretation is a reasonable step to provide meaningful access for that individual with limited English proficiency.
  - A covered entity shall use a qualified translator when translating written content in paper or electronic form.

Information regarding Section 1557 was included in the [August 2017 Family PACT Bulletin](#).
Education Materials

• Materials are available to order for enrolled provider sites with a NPI.

• To access materials:
  – www.familypact.org
  – Resources tab > Client Education Materials
    • Click “Published Client Education Materials”
    • Select which materials you want
    • Select language translation
Family PACT Panel Card

This two-sided panel card describes the types of services and birth control methods offered by Family PACT providers.

OF3001 Eng
OF3002 Spn

Language translation

Outreach Materials

Family PACT Brochure

This attractive full-color brochure explains what services and birth control methods the Family PACT program provides for clients.

OF3009 Eng
OF3010 Spn

Language translation
Education Materials

• For public/client access:
  – www.familypact.org
  – Client tab > Education Materials
    • Click on the materials that you want
    • At the top right hand corner of the screen, click “Select Language” drop down box
Stakeholder Updates
SB 999

• Dispensing policy
  – Patch: 39/year
  – Ring: 13/year

• If a client loses their prescription:
  – Before 3 months have passed: TAR is required
  – After 3 months have passed: Dispense remaining amount of prescription
Break

(15 minutes)
Treating Adolescents in Family PACT Discussion
What are the needs or issues facing adolescents served by the Family PACT program, and the biggest obstacles to care of adolescents?

- Transportation to clinics
- Fear of the unknown. How do I access? Not enough information about where clinics are located
- Other sources not being engaged
- Breaking down myths/mis-information from other sources (such as school sex ed)
- CEC form can be an obstacle (income)
- Making sure their know their rights to medical release from school
- Understanding sexual orientation/gender identity
- Parent/guardian interactive education
Any specific strategies or suggestions for overcoming these obstacles? These could be approaches that are already in place in your clinic/practice or those that appear promising.

- Peer to peer youth outreach
- Health educators accessible to teachers in school
- Clinician training, ie placement of subdermal treatments/implants
If you could do one thing to improve care to adolescents in California, and there were no limits, what one thing would you do?

- Higher reimbursement rates
- Funding for teen programs, teen building
- Stipends
- Uber vouchers, reimbursement for transportation for clients
- Support local government/leadership
  – Making family planning access a priority at school boards, etc.
- School nurses, family planning within schools, having clinics close to schools
- LARC training
- Access to treatment/contraceptives in smaller counties
- Access to pharmacies for adolescents
- Prenatal and post natal education
- Expanded weekend/evening hours
Wrap Up

Q & A
Recap of Action Items
OFP and Stakeholder Commitments

**OFP is committed to:**

1. Set quarterly meetings with options to attend in-person, by conference call, and/or via WebEx.
2. Rotate meeting locations between Northern and Southern regions.
3. Begin and end meetings on time.
4. Meeting agendas will be provided in advance, and available on OFP’s Stakeholder webpage.
5. Meeting minutes will be provided after each meeting and available on OFP’s Stakeholder webpage. Timely follow up on action items from prior meetings.
6. Provide interactive sessions. Agenda item will include educational topic in which Stakeholders, Providers, other DHCS Divisions, Pharmaceutical representatives, and others are welcome to lead/present on.
7. Collectively set next steps prior to the end of the meeting.

**Stakeholders are committed to:**

1. Develop and present materials for the Stakeholder meetings.
2. Commit to a two-way open communication between OFP and Stakeholders.
3. Collaborate with OFP to further efforts to increase client access to family planning services. (patient focus)
Next OFP Stakeholder Meeting:
Los Angeles
December 5, 2017
9:00am – 12:00pm