

216-RICR-20-5-2

TITLE 216 - DEPARTMENT OF HEALTH

CHAPTER 20 - COMMUNITY HEALTH

SUBCHAPTER 05 - MATERNAL AND CHILD HEALTH

PART 2 - Comprehensive Family Planning Program

2.1 Authority

These rules are promulgated pursuant to R.I. Gen. Laws §[23-13-21](#), [Pub. L. 91-572](#), and [42 U.S.C. § 300](#) and are established for the purpose of adopting requirements for the implementation of the Family Planning Program, which is designed to provide comprehensive services, including patient education, medical services, and access to safe and effective methods of contraception to Rhode Island citizens who have no health insurance and whose family income is between 100 and 185 percent of the federal poverty level.

2.2 Incorporated Materials

These regulations hereby adopt and incorporate the HHS Office of Population Affairs, Title X: Family Planning, 42 C.F.R. part 59, subpart A (2014) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations. <https://www.hhs.gov/opa/sites/default/files/ogc-cleared-final-april.pdf>

2.3 Definitions

- A. Wherever used in these rules and regulations, the following terms shall be construed as follows:
1. "Act" means the R.I. Gen. Laws Chapter 23-13, entitled "Maternal and Child Health/Services for Children with Special Health Care Needs.
 2. "Covered Services" means the services provided through the Family Planning Program pursuant to statutory provisions of the Act.
 3. "Department" means the Rhode Island Department of Health.

4. "Director" means the Director of the Rhode Island Department of Health.
5. "Family Planning Program" means the educational, counseling, and comprehensive medical and contraceptive services provided pursuant to R.I. Gen. Laws § 23-13-21.
6. "Income" means the gross annual income of the applicant, and of the applicant's spouse provided they are married and living in the same household.
7. "Person" means an individual, trust or estate, partnership, corporation (including associations, joint stock companies) state or political subdivision or instrumentation of a state.
8. "Provider" means those persons participating in the Family Planning Program for the provision of covered services.

2.4 General Requirements and Administrative Procedures

2.4.1 General Requirements

A. Recipients of Services:

1. In order for a person to be eligible for Family Planning Program services, he/she must meet the eligibility requirements set forth in R.I. Gen. Laws § 23-13-21.

B. Provider of Services:

1. In order to participate in the Family Planning Program, a provider must meet the following eligibility criteria:
 - a. Be located in the state of Rhode Island;
 - b. Provide comprehensive family planning and sex education services as described in § 2.4.2(A) of this Part;
 - c. Agree to on-site assessments as described in § 2.4.3(B) of this Part; and
 - d. Enter into provider agreements, as described in § 2.4.3 of this Part.

2.4.2 Provider Requirements

A. Basic Services:

1. Family Planning Program providers are required to adopt policies and procedures which assure the delivery of coordinated, interdisciplinary and comprehensive reproductive health services,
 - a. The provider must directly provide medical, social, educational and counseling services; and
 - b. The provider must assure referral and follow-up for services not provided by the project.
 - c. The provider must provide the services listed in R.I. Gen. Laws § 23-13-21(b)(1-3).
 - d. The provider will exclude services in accordance with R.I. Gen. Laws § 23-13-21(c).

B. Accessibility of Services

1. Family planning providers must plan and conduct community outreach activities to encourage all individuals to seek family planning services and to increase community awareness of the availability of such services. The provider is responsible for assuring that appropriate community organizations, social service agencies, and other health care providers are aware of and actively refer appropriate patients for family planning services.

C. Comprehensive Initial Family Planning Visit

1. If a determination is made that a client is eligible for Family Planning Services, the initial visit should be completed as soon as possible.
2. The comprehensive initial family planning visit must include at a minimum the following services:
 - a. Complete history;
 - b. Patient education/counseling;

- c. Physical examination;
- d. Laboratory studies;
- e. Provision of an appropriate family planning method; and
- f. Appropriate referral and follow-up.

2.4.3 Provider Agreements

A. Upon approval of the application of a Provider for Family Planning Program Services, said provider must enter into a written agreement with the Director in order to be reimbursed for covered services under the Family Planning Program. The terms of such agreement shall include, but not be limited to:

- 1. The designation of service(s) to be provided to clients in accordance with Title X Family Planning Guidelines incorporated above at § 2.2 of this Part;
- 2. The responsibility of the Family Planning provider to deliver services in accordance with prevailing standards of practice;
- 3. Assurance of compliance with the policies of the Department;
- 4. Provisions for monitoring of services rendered to clients;
- 5. Provisions for the review of clinical progress notes of services and care rendered to clients;
- 6. Assurance that personnel and services meet the standards and qualifications as set forth by the Department;
- 7. Assurance of referral and follow-up services and coordination of information;
- 8. Provisions pertaining to assurance of no balance billing for covered services in accordance with § 2.4.4 of this Part, and assurance that the payment of the Department Family Planning Program represents full and total payment for covered services; and
- 9. Such other provisions as may be mutually agreed upon by parties involved.

10. For each client served, the service provider must complete a Clinic Visit Record (CVR), and submit this information for data processing.

B. Approval of Providers

1. Family Planning Providers - The Department will conduct on-site administrative, fiscal and clinical evaluations of all providers participating in the Family Planning Program. All service providers will be approved for one year of funding, unless approval is sooner revoked or suspended, and will be eligible to receive reimbursement for services in accordance with this Part.
2. Every provider shall be given notice by the Director or his/her designee of all the results of an on-site assessment.

2.4.4 Reimbursement of Services

- A.** The Family Planning Program shall reimburse covered services rendered by providers to eligible recipients. Authorized services shall be reimbursed in accordance with the written agreement and these Regulations.

1. Payment by the Family Planning Program shall represent full and total payment for covered services for persons eligible for the program.
2. Uninsured clients of the Family Planning Program whose documented income is between 100% and 185% of the federal poverty level are not to be billed for mandated and clinically indicated services. However, services not mandated or clinically indicated may be billed to the client on a sliding fee schedule based on actual cost.
3. Services must be offset by the approved patient sliding fee schedule.
4. Patient sliding fee schedules require approval of the Director and shall be drafted in accordance with Title X Family Planning Guidelines incorporated above at § 2.2 of this Part.

- B.** HIV/AIDS Counseling and Testing Formal risk assessment, HIV/AIDS testing and counseling shall be offered in accordance with R.I. Gen. Laws § 23-6.3-3.

2.5 Denial or Termination of Services

- A. The Director is authorized to deny participation of a recipient and/or provider, to terminate client and/or provider of services or deny payment for a service for the following reasons:
1. Failure of the applicant to meet the eligibility requirements of the Family Planning Program;
 2. Failure of the provider to comply with the terms of the agreement;
 3. Failure to comply with the statutory and regulatory provisions of this Part; and
- B. A proposal to deny, terminate services, or an agreement shall be as follows:
1. Whenever an action shall be proposed to deny eligibility, services, terminate services or an agreement with an applicant or provider, the Director or designee shall notify the applicant or provider in writing, setting forth the reasons for the proposed action, and the provider or applicant shall be given an opportunity for a prompt and fair hearing in accordance with [R.I. Gen. Laws § 42-35-9](#).
 2. If the Director, however, finds that public health, safety or welfare of clients requires emergency action and incorporates a finding to that effect in its order, the Director may order summary termination pending proceedings for termination of agreement or services in accordance with R.I. Gen. Laws §§ [42-35-14\(c\)](#) and [23-1-21](#).

2.6 Rules Governing Hearings and Reviews

All hearings and reviews required under the provisions of [R.I. Gen. Laws Chapter 23-13](#), shall be held in accordance with the provisions of the rules and regulations regarding the Practices and Procedures Before the Rhode Island Department of Health (216-RICR-10-05-4).

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Editorial Note: This Part was filed with the Department of State prior to the launch of the Rhode Island Code of Regulations. As a result, this digital copy is presented solely as a reference tool. To obtain a certified copy of this Part, contact the Administrative Records Office at (401) 222-2473.