

**WISCONSIN MEDICAID  
FAMILY PLANNING CLINICS OR AGENCIES**

Wisconsin Medicaid requires certain information to enable the programs to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers or other entities is used for purposes directly related to program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for services.

The use of this form is mandatory.

**DHS 105.36, Wis. Admin. Code, Family Planning Clinics or Agencies**

**Instructions:** Type or print clearly. Review each requirement and provide an explanation for each NO response.

**(1) Is your clinic in compliance with DHS 105.36(1), Wis. Admin. Code?**  YES  NO\*

**GENERAL. In order to qualify for Medicaid reimbursement, family planning clinics shall certify to the Department of Health Services (DHS) that:**

- (a) A Medicaid card has been shown before services are provided;
- (b) Services are prescribed by a physician or are provided by a nurse midwife as provided under s. 411.15, Wis. Stats.; and
- (c) No sterilization procedures are available to persons who are mentally incompetent, institutionalized or under the age of 21.

**(2) Is your clinic in compliance with DHS 105.36(2), Wis. Admin. Code?**  YES  NO\*

**PRINCIPLES OF OPERATION.**

- (a) Family planning services shall be made available:
  - 1. Upon referral from any source or upon the patient's own application.
  - 2. Without regard to race, nationality, religion, family size, marital status; maternity, paternity, handicap or age, in conformity with the spirit and intent of the civil rights act of 1964, as amended, and the rehabilitation act of 1973, as amended;
  - 3. With respect for the dignity of the individual; and
  - 4. With efficient administrative procedures for registration and delivery of services, avoiding prolonged waiting and multiple visits for registration. Patients shall be seen on an appointment basis whenever possible.
- (b) Acceptance of family planning service shall be voluntary, and individuals shall not be subjected to coercion either to receive services or to employ or not to employ any particular method of family planning. Acceptance or non-acceptance of family planning services shall not be a prerequisite to eligibility for or receipt of any other service funded by local, state, or federal tax revenue.
- (c) A variety of medically approved methods of family planning, including the natural family planning method, shall be available to persons to whom family planning services are offered and provided.
- (d) The clinic shall not provide abortion as a method of family planning.
- (e) Efforts shall be made to obtain third party payments when available for services provided.

*Continued*



**(2) Is your clinic in compliance with DHS 105.36(2), Wis. Admin. Code? (Continued)**

YES

NO\*

- (f) All personal information obtained shall be treated as privileged communication, shall be held confidential, and shall be divulged only upon the recipient's written consent except when necessary to provide services to the individual or to seek reimbursement for the services.

The agency director shall ensure that all participating agencies preserve the confidentiality of patient records.

Information may be disclosed in summary, statistical or other form which does not identify specific recipients.

**(3) Is your clinic in compliance with DHS 105.36(3), Wis. Admin. Code?**

YES

NO\*

**ADMINISTRATION.**

- (a) The family planning clinic shall have a governing body which is responsible for the conduct of the staff and the operation of the clinic.

- (b) A designated person shall be responsible for the day-to-day operation of the clinic.

- (c) Written policies and procedures shall be developed which govern the utilization of staff, services to patients and the general operation of the clinic.

- (d) Job descriptions for volunteer and paid staff shall be prepared to assist staff members in the performance of their duties.

- (e) Each clinic shall have a record system that includes the following components.

1. Patient records:

a. With pertinent medical and social history;

b. With all patient contacts and outcomes;

c. With accumulated data on supplies, staffing, appointments and other administrative functions;

d. For purposes of following up on patients for medical services or referrals to other community resources; and

e. For purposes of program evaluation.

2. Fiscal records accounting for cash flow; and

3. Organizational records to document staff time, governing body meetings, administrative decisions and fund raising.

- (f) Each clinic shall engage in a continuing effort of evaluating, reporting, planning and implementing changes in program operation.

- (g) Each clinic shall develop a system of appointments and referrals which is flexible enough to meet community needs.

- (h) Each clinic shall make provision for a medical backup for patients who experience family planning related problems at a time when the clinic staff is unavailable.

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**(4) Is your clinic in compliance with DHS 105.36(4)3**

YES

NO\*

**STAFFING**

(a) Clinic staff, either paid or volunteer, shall perform the following functions:

1. Outreach workers or community health personnel shall have primary responsibility to contact individuals in need of family planning services, initiate family planning counseling, and assist in receiving, successfully using and continuing medical services;
2. The secretary or receptionist shall greet patients at the clinic, arrange for services and perform a variety of necessary clerical duties;
3. The interviewer or counselor shall take social histories, provide family planning information to patients and counsel patients regarding their family planning and related problems;
4. The nurse or clinic aide shall assist the physician in providing medical services to the patient;
5. The physician shall be responsible for providing or exercising supervision over all medical and related services provided to patients; and
6. The clinic coordinator shall oversee the operation of the clinic.

(b) Training, conferences, in-services:

1. Training programs shall be developed for new staff, and time shall be made available periodically for their training.
2. For existing staff time shall be made available for staff conferences and for inservice training in new techniques and procedures.
3. For volunteers, time shall be made available for staff to coordinate, train, and supervise them to be an effective, integral part of the clinic.

(c) Paraprofessional personnel may be hired and trained.

**(5) Is your clinic in compliance with DHS 105.36(5)?**

YES

NO\*

**PATIENT AND COMMUNITY OUTREACH. Each clinic shall have an active outreach effort aimed at:**

(a) Recruiting and retaining patients in the family planning clinic through:

1. A system of identifying the primary target population;
2. A method of contacting the target population;
3. Procedures for family planning counseling and motivating appropriate persons to avail themselves of family planning medical services;
4. Assisting individuals in receiving family planning medical services;
5. Activities designed to follow-up potential and actual family planning patients as indicated; and
6. A record system sufficient to support the functions in subds. 1. to 5.

(b) Meeting all human needs through appropriate and effective referral to other community resources; and

(c) Increasing community awareness and acceptance of the family planning clinic through:

1. The use of mass media;
2. Presentations to community organizations and agencies;
3. Public information campaigns utilizing all channels of communication;
4. Development of formal referral arrangements with community resources; and
5. Involvement of appropriate community residents in the operation of the family planning clinic.

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**(6) Is your clinic in compliance with DHS 105.36(6)?**

YES

NO\*

**PATIENT EDUCATION AND COUNSELING. At the time the patient is to receive family planning medical services, the following components of social services shall be provided:**

(a) An intake interview designed to obtain pertinent information regarding the patient, to explain the conditions under which services are provided and to create the opportunity for a discussion of the patient's problems.

(b) A group or individual information session which includes:

1. Reproductive anatomy and physiology;
2. Methods of contraception, including how they work, side effects and effectiveness;
3. An explanation of applicable medical procedures;
4. An opportunity for patients to ask questions and discuss their concerns; and
5. An optional discussion of such topics as breast and cervical cancer, venereal disease, human sexuality or vaginopathies; and

(c) An exit interview which is designed to:

1. Clarify any areas of concern or questions regarding medical services;
2. Elicit from the patient evidence of a complete understanding of the use of family planning methods;
3. Effectively inform the patient what procedures are to be followed, if problems are experienced;
4. Inform the patient about the clinic's follow-up procedures and possible referral to other community resources; and
5. Arrange for the next visit to the clinic.

**(7) Is your clinic in compliance with DHS 105.36(7)?**

YES

NO\*

**MEDICAL SERVICES.**

(a) All medical and related services shall be provided by or under the supervision and responsibility of a physician. (Supervision means at least intermittent face-to-face contact between supervisor and assistant and a regular review of the assistant's work by the supervisor.)

(b) The following medical services shall be made available:

1. Complete medical and obstetrical history;
2. Physical examination;
3. Laboratory evaluation;
4. Prescription of the family planning method selected by the patient unless medically contraindicated;
5. Instructions on the use of the chosen method, provision of supplies and schedule for revisits; and
6. Referral to inpatient service when necessary to treat complications of contraceptive services provided by the clinic.

(c) Equipment and supplies in the clinic shall be commensurate with the services offered. Sufficient first aid equipment shall be available for use when needed.

(d) Treatment for minor vaginal infections and venereal disease may be made available either by the clinic or through referral.

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**(8) Is your clinic in compliance with DHS 105.36(8)?**

YES

NO\*

**FACILITIES. The family planning clinic shall be designed to provide comfort and dignity for the patients and to facilitate the work of the staff.**

**A clinic facility shall be adequate for the quantity of services provided, and shall include:**

- (a) A comfortable waiting room with an area for patient reception, record processing and children's play;
- (b) Private interviewing and counseling areas;
- (c) A group conference room for staff meetings and patient education;
- (d) A work room or laboratory area with sufficient equipment and nearby storage space, none of which is accessible to the patient;
- (e) A sufficient number of private and well-equipped examining rooms with proximal dressing areas which ensure the dignity of the patient;
- (f) Adequate toilet facilities, preferably near the dressing room; and
- (g) Arrangements for routine and restorative facility maintenance.

\* Explain any NO responses.

Name — Provider

Provider ID