

Overview of CCare Program Requirements

CCare requires that providers:

- Offer in-depth visits for clinical and preventive contraceptive management services. Review the enclosed CCare Standards of Care to ensure that you or your clinic can meet all the requirements.
- Make referrals for free or low-cost psychosocial services when necessary. Clients must also be referred to local free or low-cost primary care services.
- Maintain an on-site contraceptive dispensary consisting of a full range of contraceptive methods, and directly dispense to clients at the time of their appointment. See the list provided later in this document under [Stocking Supplies](#). A sample contraceptive product list is also enclosed.
- Participate in a CCare-specific billing and data collection system. A [CVR](#) (Clinic Visit Record) must be completed for each visit. Proprietary software for data entry and submission is available for purchase. Alternative software may be used if the provider can ensure the correct file formats for data submission.
- Screen and document client eligibility using the RH Program Enrollment Form.
- Designate a staff member as the Reproductive Health Coordinator. This person is responsible for ensuring program compliance at all clinic sites and is the primary point of contact between state program staff and their agency, including all clinic sites and subcontractors. Read the [Reproductive Health Coordinator Competencies](#) carefully.

Questions for clinics to consider before enrolling in CCare

1. **The decision:** Does my agency clearly understand CCare and the requirements of the program?
 - Has a Reproductive Health Coordinator been designated?
 - Do I understand the reimbursable services and rates?
 - Do I understand the required client service expectations?
 - Do I understand the IT requirements needed to coordinate my billing system with the Ahlers system?
 - Do I have/need a Board of Pharmacy certification to dispense contraceptives?
 - Do I understand scope of practice issues?
 - Who still needs to be brought into the discussion?
 - What questions do I still need to have answered?

2. **The contraceptive services:** Do I have a contraceptive program that will meet the criteria for CCare or do I need to build one?
 - Scope of the program
 - Protocols, procedures, and standing orders
 - Staff skill, scope of practice
 - Clinical systems
 - Equipment
 - Lab
 - Stocking and dispensing of required supplies on site
 - Language and literacy level needs; cultural competence
 - Confidential services and privacy needs
 - Medical record documentation
 - Required consent forms for reproductive health services
 - Patient education and counseling; approved materials
 - Referrals and follow up
 - Staff training and follow up

3. **Offering CCare services:** Can we identify eligible clients and services billable to CCare?
 - How do we integrate CCare into our current clinic setting?
 - How do we ID and screen clients?
 - What happens when we identify the client in the exam room?
 - Can we conduct staff training and follow up on intake and enrollment criteria?

4. **The paper work:** How will we ensure accurate documentation for CCare clients and

services?

- Consent forms
- Third-party billing / billing flow process
- Client enrollment documents — can I collect the required data and check for a client's potential OHP eligibility?
- Citizenship/eligible immigration status verification – can I collect required client documentation?
- CVR form/billing — can I collect and transmit the required data?
- Paper flow: CVR communication between the front desk → clinical team → billing
- Staff training and follow up

5. The statewide RH Program Eligibility Database: Do we have computers with high-speed internet access available to staff who will need to access the online RH Program Eligibility Database to enroll CCare clients?

- How will we check if clients have been enrolled in CCare in the past or at other clinics?
- How will we enter new and update current client records?
- How will we request Oregon Birth Record matches and electronic immigration verification, and submit Out-of-State Birth Certificate requests?

6. Billing and data collection: How will our computers or lack of computers interact with the Ahlers system?

- What is our billing and data system?
- How will it work with Ahlers?
- Can we convert patient ID #s to numerical only?
- Can we meet hardware, file format and data transfer requirements?
- Can we meet electronic fund transfer requirements?
- Can we conduct staff training and follow up?

7. Help: Who can help during implementation and problem-solving period?

- In-house staff resources
- Other provider contacts
- RH Program phone: 971-673-0355
- RH Program fax: 971-673-0371
- CCare web page: ccare.oregon.gov
- CCare rules: <https://secure.sos.state.or.us/oard/ruleSearch.action> (search for chapter 333)
- Ahlers Software phone: 800-888-1836 <http://ahlerssoftware.com/software.htm>

Standards of Care

<p>(1) Informed Consent</p> <p>The client's decision to participate in and consent to receive family planning services must be voluntary and without bias or coercion.</p>	<p>(a) The informed consent process, provided verbally and supplemented with written materials, must be presented in a language and style the client understands.</p> <p>(b) A signed consent must be obtained from the client before receiving family planning services.</p>
<p>(2) Confidentiality</p> <p>Services must be provided in a manner that respects the client's privacy and dignity in accordance with OAR 333-004-0060(7)(b)(B).</p>	<p>(a) Clients must be assured of the confidentiality of services and of their medical and legal records.</p> <p>(b) Records cannot be released without written client consent, except as may be required by law, or otherwise permitted by the Health Insurance Portability and Accountability Act (HIPAA).</p>
<p>(3) Availability of Contraceptive Services</p> <p>A broad range of Federal Drug Administration (FDA)-approved contraceptive methods and their applications, consistent with recognized medical practice standards, as well as fertility awareness methods must be available on-site at the clinic for dispensing to the client at the time of the visit.</p>	<p>(a) Clients shall be able to get their first choice of contraceptive method during their visits unless there are specific contraindications.</p> <p>(b) Contraceptive methods, including emergency contraception, must be available at the clinic site and available to the client at the time of service, except as provided in OAR 333-004-0060(8)(a).</p> <p>(c) If the agency's clinical staff lack the specialized skills to provide vasectomies, intrauterine devices or intrauterine contraceptive systems (IUDs/IUSs) or subdermal implants, or if there is insufficient volume to ensure and maintain high skill level for these procedures, clients must be referred to another qualified provider for these procedures.</p>
<p>(4) Linguistic and Cultural Competence</p>	<p>(a) The agency must make interpretation services available to all clients needing or requesting such assistance at no cost to the client. The agency must notify clients in need of interpretation services of the availability of such services in accordance with the Civil Rights Act of 1964 and sections 1557, 1331 and 1001 of the Affordable Care Act (ACA).</p> <p>(A) All persons providing interpretation services must adhere to confidentiality guidelines.</p> <p>(B) Family and friends shall not be used to provide interpretation services, unless requested by the client.</p>

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<p>All services, support and other assistance must be provided in a manner that is responsive to the beliefs, interpersonal styles, attitudes, languages and behaviors of the client receiving services, and in a manner that has the greatest likelihood of ensuring maximum program participation.</p> <p>Linguistic and Cultural Competence (cont.)</p>	<ul style="list-style-type: none"> (C) Individuals under age 18 shall never be used as interpreters for clinic encounters for clients with limited English proficiency or who otherwise need this level of assistance. (D) The agency should employ bilingual staff, personnel or volunteers skilled or certified in the provision of medical and clinical interpretation that meets the needs of the client during all clinic encounters for clients with limited English proficiency or who otherwise need this level of assistance. (b) The agency must assure the competency of language assistance provided to limited English proficiency clients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services, unless requested by the client. (c) The agency must make interpretation services available to all clients needing or requesting such assistance at no cost to the client. The agency must notify clients in need of interpretation services of the availability of such services in accordance with the Civil Rights Act of 1964. (d) The agency shall make easily understandable print materials available to clients and post signage in the languages of groups represented or commonly encountered in the service area. (e) All print, electronic and audiovisual materials shall be appropriate in terms of the client's language and literacy level. A client's need for alternate formats must be accommodated.
<p>(5) Access to Care</p> <p>Services covered by CCare must be provided without cost to eligible clients. Clients must be informed of the scope of services available through the program.</p>	<ul style="list-style-type: none"> (a) Appointments for established clients shall be available within a reasonable time period, generally less than two weeks. New clients who cannot be seen within this time period shall be given the option to be referred to other qualified provider agencies in the area. (b) Clinics may offer established clients the option of receiving their contraceptive methods by mail. <ul style="list-style-type: none"> (A) Use of this option is at the discretion of the client; it cannot be offered as the only way in which to receive contraceptive methods. (B) Contraceptive methods that require a written prescription may only be mailed to established clients who have been using the method(s) with no problems or contraindications.

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<p>Access to Care (cont.)</p>	<ul style="list-style-type: none"> (C) Non-prescription methods may be mailed to any established client, regardless of the client’s previous use of the method(s). (D) Clients must not incur any cost for the option of receiving contraceptive methods through the mail. (E) Clinics must package and mail supplies in a manner that ensures the integrity of the contraceptive packaging and effectiveness of the method upon delivery. (c) Although not covered by CCare, treatment and supplies for sexually transmitted infections must be available at the clinic site, or by referral. (d) Clients in need of additional medical or psychosocial services beyond the scope of the agency must be provided with information about available local resources, including domestic violence and substance abuse related services. (e) Clients must be offered information about where to access free or low cost primary care services. (f) Clients in need of full-benefit health insurance coverage, private or public, must be given information about how to obtain health insurance enrollment assistance. (g) All services must be provided to eligible clients without regard to race, color, national origin, religion, sex, sexual orientation, gender identity, marital status, age, parity or disability in accordance with applicable laws, including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, and Oregon Revised Statutes chapter 659A. (h) All counseling and referral-to-care options appropriate to a pregnancy test result during an authorized CCare visit must be provided in a client-centered, unbiased manner, allowing the client full freedom of choice between prenatal care, adoption counseling or pregnancy termination services.
<p>(6) Clinical and Preventive Services</p>	<ul style="list-style-type: none"> (a) The scope of services available to clients at each CCare clinic site must include: <ul style="list-style-type: none"> (A) A comprehensive health history, including health risk behaviors and a complete contraceptive, personal, sexual health, and family medical history; and reproductive health assessment in conjunction with contraceptive counseling; (B) Routine laboratory tests, which may include a Pap test, blood count, and pregnancy test, and health screenings

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	<p>related to the decision-making process for contraceptive choices;</p> <ul style="list-style-type: none"> (C) Provision of a broad range of FDA-approved contraceptive methods, devices, supplies, and procedures, including emergency contraception; (D) Vasectomy counseling, including a comprehensive health history that includes health risk behaviors, a complete contraceptive, personal and family medical history, and a sexual health history; (E) Vasectomy or referral for vasectomy; (F) Follow-up care for maintenance of a client's current contraceptive method or to change their method, including removal of a method; (G) Information about providers available for meeting primary care needs and direct referral for medical services not covered by CCare, including management of high-risk conditions and specialty consultation if needed; and (H) Preventive services for communicable diseases, provided within the context of a CCare visit, including: <ul style="list-style-type: none"> (i) Screening tests for sexually transmitted infections (STIs) as indicated; and (ii) Reporting of STIs, as required, to appropriate public health agencies for contact management, prevention, and control. <p>(b) All services must be documented in the client's medical record.</p>
<p>(7) Education and Counseling Services</p>	<ul style="list-style-type: none"> (a) All education and counseling services must be provided using a client-centered approach to help the client clarify their needs and wants, promote personal choice and risk reduction. (b) The following elements comprise the required client-centered education and counseling services that must be provided to all family planning clients: <ul style="list-style-type: none"> (A) Initial clinical assessment and re-assessment as needed, of the client's educational needs and knowledge about reproductive health, including: <ul style="list-style-type: none"> (i) Relevant reproductive anatomy and physiology; (ii) Counseling and education about a broad range of FDA-approved contraceptive methods, devices,

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<p>Education and Counseling Services (cont.)</p>	<p>supplies, and procedures, including emergency contraception;</p> <ul style="list-style-type: none"> (iii) A description of services and clinic procedures; (iv) Preventive health care, nutrition, preconception health, pregnancy intention, and STI and HIV prevention; (v) Psychosocial issues, such as partner relationship and communication, risk-taking, and decision-making; and (vi) An explanation of how to locate and access primary care services not covered by CCare. <p>(B) Initial and all subsequent education and counseling sessions must be provided in a way that is understandable to the client and conducted in a manner that respects the dignity and privacy of the client and facilitates the client's ability to make informed decisions about reproductive health behaviors and goals, and must include:</p> <ul style="list-style-type: none"> (i) An explanation of the results of the physical examination and the laboratory tests; (ii) Information on where to obtain 24-hour emergency care services; (iii) The option of including a client's partner in an education and counseling session, and other services at the client's discretion; and (iv) Effective educational information that takes into account diverse cultural and socioeconomic factors of the client and the psychosocial aspects of reproductive health. <p>(C) Using a client-centered approach, each client must be provided with adequate information to make an informed choice about contraceptive methods, including:</p> <ul style="list-style-type: none"> (i) A general verbal or written review of all FDA-approved contraceptive methods, including sterilizations and emergency contraception, along with the opportunity for the client to ask questions. Documentation of this method education must be maintained in the client record; (ii) A description of the implications and consequences of sterilization procedures, if provided;
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	<ul style="list-style-type: none"> (iii) The opportunity for questions concerning procedures or methods; and (iv) Written information about how to obtain services for contraceptive-related complications or emergencies. <p>(D) Specific instructions for care, use, and possible danger signs for the selected method each time the method is dispensed.</p> <p>(E) Clinicians and other agency staff persons providing education and counseling must be knowledgeable about the psychosocial and medical aspects of reproductive health, and trained in client-centered counseling techniques. Agency staff must make referrals for more intensive counseling as indicated.</p>
<p>(8) Exceptions</p>	<p>(a) School-Based Health Centers are exempt from the requirement to make contraceptive methods available for on-site dispensing described in section (3) and subsection (5)(b) of this rule. School-Based Health Centers may offer contraceptive methods to clients either on-site or by referral. When offered by referral, School-Based Health Centers must have an established referral agreement in place, preferably with another CCare clinic. RH must be notified of the parties involved in order to ensure proper billing and audit practices. When the referral clinic participates in CCare, that clinic may submit claims directly to CCare for reimbursement of the dispensed supplies. When referral clinics do not participate in CCare, payment arrangements must be made between the referring and receiving clinics. Dispensing by any provider must not result in a charge to the client.</p> <p>(b) Non-School-Based Health Center sites:</p> <p>(A) Agencies may bill CCare for family planning services conducted and contraceptive supplies dispensed at a school site, grade 12 and under, if the site meets the following criteria:</p> <ul style="list-style-type: none"> (i) The school site must be within a RH-approved distance from the enrolled CCare agency to ensure adequate access to client contraceptive method of choice; and (ii) The school site must have a dedicated, private room for services to be conducted.

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<p>Exceptions (cont.)</p>	<p>(B) Agencies that wish to bill CCare for client counseling and education services conducted at school sites must adhere to the following standards:</p> <ul style="list-style-type: none"> (iii) The agency must notify RH of the school site to be enrolled and must request from RH a unique site number for the school site; (iv) The agency must receive written approval from the school site to conduct services; (v) For newly enrolling clients, the agency must ensure that clients meet all eligibility criteria described in OAR 333-004-0020 and are enrolled according to OAR 333-004-0030 at the school site; (vi) For clients already enrolled in CCare, the agency must ensure that clients have active eligibility; (vii) The agency must follow all standards of care for family planning services described in OAR 333-004-0060 with the exception of OAR 333-004-0060(3) (supplies dispensed on-site) and OAR 333-004-0060(6) (clinical and preventive services); (viii) The agency must offer clients a written referral to an enrolled CCare clinic for supply pick-up, if not dispensed on-site, and full array of clinical services; and (ix) The agency must submit claims for services conducted at the school site using the assigned project and site number of the school site.
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STOCKING, BILLING, AND DISPENSING FAMILY PLANNING SUPPLIES

Stocking

CCare providers must offer a broad range of acceptable and effective FDA approved contraceptive methods **on-site, and immediately available to clients**. Use the list below to develop your formulary of CCare-required supplies:

- IUD and IUS*
- Sub-dermal implant*
- Hormonal injection
- A choice of combination oral contraceptives (phasic and monophasic)
- A progestin-only pill
- At least one non-oral combination contraceptive (ring or patch)
- Diaphragm* or cervical cap* (plus appropriate spermicide)
- Latex and non-latex male condoms
- Female condoms
- A second type of spermicide
- Fertility Awareness Method (FAM)
- Information about abstinence and withdrawal
- Information and referral for sterilization*
- Emergency contraception pills (ECP)

** It is understood that not all agencies have the capacity to provide some methods. If this is the case, approval from the RH Program is required, and specific referrals must be given to clients who want a method not available at the clinic.*

Billing CCare for Visits and Supplies

CCare providers are reimbursed three different bundled visit rates depending on the complexity of the visit. Supplies are billed separately at the clinic's acquisition cost (up to a maximum amount), either in addition to the full initial/annual visit, or as a "supply-only pick-up encounter," where the main reason for the encounter is to pick-up supplies and there is no medical decision-making involved.

Dispensing

The Board of Pharmacy sets rules regarding required policies and procedures; who may dispense; prescription labeling and storing requirements, and yearly

inspection. Download and read the Board of Pharmacy's rules page and make sure you can fulfill any applicable requirements.

In particular, please note that any Oregon public healthcare facility that utilizes a *Registered Nurse* to dispense medications requires registration with the Oregon Board of Pharmacy as a Community Health Clinic (CHC). Oregon Administrative Rule 855-043-0700 states that a CHC Drug Outlet must:

- Employ a medical director who is an Oregon practitioner with prescriptive and dispensing authority;
- Designate a representative employee who will be the contact person for the Oregon Board of Pharmacy and must be onsite the majority of the CHC's normal operating hours;
- Conduct and document an annual review of the outlet. The completed report form must be filed in the clinic and be available to the Board for inspection for three years.

For more Board of Pharmacy information, including specific information regarding Community Health Clinic registration, please see the following links:

- Web page: <http://www.oregon.gov/pharmacy/Pages/Licensing.aspx>
- CHC Application Form: <https://www.oregon.gov/pharmacy/Imports/CommunityHealthClinic.pdf>
- CHC Rules: <https://secure.sos.state.or.us/oard/ruleSearch.action> (search for chapter 855)

For information on provider scope of practice, please see:

- Board of Nursing rules: <https://secure.sos.state.or.us/oard/ruleSearch.action> (search for chapter 851)
- Bureau of Medical Examiners rules and dispensing form: <https://secure.sos.state.or.us/oard/ruleSearch.action> (search for chapter 847) <http://www.oregon.gov/OMB/ombforms1/mddo-dispensing-physician-application.pdf>

PURCHASING SUPPLIES

Distributors

These distributors carry many of the required contraceptive methods.

Company	Website	Phone
Cardinal Health	www.cardinal.com	(503) 262-7889
Henry Schein Pharmaceutical	www.henryschein.com	800) 472-4346
McKesson	mms.mckesson.com	(904) 332-3000
R & S Northeast	www.rsnortheast.com	(800) 262-7770
Anda	www.andanet.com	(800) 338-2632 x 74227

Other Vendors

The following companies carry supplies not typically carried by the distributors listed above.

Method	Manufacturer	Website	Phone
Liletta IUS Ella EC	Afaxys	www.afaxys.com	(888) 425-2588
Nexplanon	Merck	www.curascript.com	(866) 844-0148
Paragard	Bayer	www.paragard.com	(949) 718-9507
Condoms	Total Access	www.totalaccessgroup.com	(800) 320-3716
	Global Protection	www.globalprotection.com	(888) 714-2210
VCF Film/Foam	Apothecus	www.apothecus.com	(516) 624-8200
Cycle Beads	Cycle Technologies	www.cyclebeads.com	(877) 292-5399