2.3 **STERILIZATION**:

Procedure for Submitting Request for Sterilization Funding – Public Health Offices

Eligibility criteria: the client...	• Is 21 years of age or older. • Does not have Medicaid/other insurance and is not eligible for Medicaid. • Is a Title X FP client with a Priority A rating for tubal ligations or Priority A or B for vasectomy.

Client's medical record includes…	• Documentation of either:
	  o A Title X visit within the last 12 months that includes a comprehensive client health history and physical exam, as described in the FPP Protocol Section 1, Subsection 1.2.H.A "Contraceptive Services", **or**
	  o PHO clinician reviews the outside records that the client had a comprehensive visit described in the FPP Protocol Section 1, Subsection 1.2.H.A "Contraceptive Services" and documentation <u>that the client is a suitable candidate for sterilization surgical procedure that may require general anesthesia.</u>
	• An assessment of contraindication and, if present, documentation that a Surgical Provider was notified and agrees to perform the procedure.
	• Documentation of non-coercive sterilization counseling and education (STEP 3 of Section 1, Subsection 1.2.H.A and Section 2, Subsection 2.3.D below), including the permanent nature of sterilization and the alternative reversible methods such as IUDs (comparable effectiveness) and implants (more effective).
	• Justification of Priority Level Rating (see FPP Protocol Sterilization section), for tubal ligation/vasectomy.
	• Clinician's documentation of sterilization referral order.

Forms required include…	• Current Income Assessment Worksheet, completed, signed, and dated by the client and staff. • Current Consent for FP Services form, signed and dated by the client. • Current Sterilization Request/Consent for Sterilization forms, with all required areas filled in. o Each form must be scanned and filed in the client's MR.
Only after all the above criteria are met, send secure email with the following documents to the FP State Office:	• The completed Sterilization Request Form. • The completed Consent for Sterilization Form.
When the PHO receives the approved request:	• The client is entered into the PHO internal tracking system (approved, not approved, pending); • The client is notified; and, • Arrangements are made for the client to pick up their approved paperwork.

During the appointment for paperwork pick-up, the PHO clerk will…	• Assist the client with making an appointment for their procedure.
	• Scan a copy of the approved paperwork into the medical record.
	• Give the client copies of:
	  o Approved sterilization request
	  o Consent for sterilization
	  o Instruction letter
	  o Printed copies of the annual physical exam/health history
	  o Other pertinent information
	• Review with the client the consent's expiration date, appointment date, clinic location/phone number, and next steps.
	• Enter the charge and collect the percentage pay, if due, from the client.
	• Inform the FPP State Office of the client's name and procedure appointment date.

Updated 10/2023 **Sterilization Application Review Form** 30 Day: 180 Day:

Name:			Phone#:	PHO Name:
DOB:				
MRN:				
	YES	NO	Comments	
Consent for Sterilization			Date consent signed by client: Surgical Provider:	Are all areas complete? / Consent scanned into BEHR?
Sterilization Request form			Date signed (matches Federal form consent date?): Are all areas complete?	If Priority A is there Justification? / Request scanned into BEHR?
Eligible for Medicaid			Checked Portal: Not Found □ Not Eligible □ Eligible □	
			Medicaid/Insurance Benefits:	
Federal Sterilization form current				
21 Years old or older			Age: Male Female	
Family Planning Consent Signed and Scanned			Date signed:	
Income Worksheet			Date signed: ____ % Percent Pay	
Physical Exam Complete			Date: BP BMI G P	
			PMH □ Social History □ Family History □	
NO Contraindications NONE			Clients with the following medical problems are generally NOT appropriate for outpatient surgery with general anesthesia: • History of umbilical hernia repair with(out) mesh or large unrepaired umbilical hernia, • Unstable angina or angina at rest, • Symptomatic cardiac vascular disease, • Symptomatic congenital heart disease (CHD), • CHF requiring treatment in the ER or hospital admission within the last 3-6 months, • Myocardial Infarction within the last 3 - 6 months, • Morbid Obesity (BMI >45-50), a BMI over 45 can significantly increase anesthetic risk • Sleep apnea where home CPAP is used or has been recommended, • Pneumonia within the past 2-4 weeks, • Acute intoxication (with drugs or alcohol) or active cocaine abuse, • Serious, potentially life-threatening diseases that are not optimally managed (e.g., brittle diabetes, unstable angina, symptomatic asthma, uncontrolled hypertension).	
Counseling/Education			RLP (required) □ Sterilization (required) □	
Priority Rating: Female: G P Male			Priority A • Problems with birth control method (specify) • High risk pregnancy (present or past) or risk of poor pregnancy outcome or significant health risk to the mother • Genetic problems in the family • History of physical abuse in the family • Substance abuse (alcohol or other drugs) • Inability to care for more children because: o Either of the parents have a severe medical condition o The family already had a child with a severe medical condition • Multiparity (greater than or equal to 4 live births) Priority B • Unable to handle more children due to economics or unstable job situation • Religious objections to other types of contraception	
Reviewed by clinician			Date Provider	
F/U Needed			Nurse contact info:	
F/U completed			Date:	
Approved Date			Date to billing:	Denied/Withdrawn □ Date: _____ Lack F/U □ Criteria Not Met □ Has Benefits □ Medical Risk □ Other □ _____