**Section 635.90 Required Services**

Delegate agencies are required to deliver the following services and components either directly on-site or by referral. Minimum requirements for routine contraceptive management which shall be met are included in "Program Guidelines for Project Grants for Family Planning Services" published by the U.S. Department of Health and Human Services (42 CFR 59.5). Abortions shall not be provided by delegate agencies as a method of birth control.

a) Client education

1) Male and female anatomy and physiology

2) Conception - the importance of prenatal care, and risks associated with childbearing at the extremes of the reproductive age span; i.e., less than 17 years of age and over 34 years of age

3) Contraception - including action, effectiveness, use benefits, risks and side effects

A) Male and female sterilization

B) Oral contraceptives

C) IUDs

D) Contraceptive sponge

E) Foam, condoms and vaginal contraceptive film

F) Diaphragm and cream/jelly (cervical cap if available)

G) Natural family planning (NFP) (ovulation/sympto-thermal)

H) Withdrawal

I) Post-coital contraception (i.e., Diethylstilbesterol (DES)

J) Abstinence

4) Human immune deficiency virus/AIDS education

b) Counseling

1) Method selection

2) Compliance with treatment

A) Method used

B) Return appointments

C) Follow through with referrals

3) Special Counseling

A) Nutrition problems

B) Sexual/social problems

C) Pregnancy options

D) Genetics

E) Sterilization

c) Examination

1) History

A) Initial history

i) Menstrual history including age of menarche, when periods became regular, date of last normal menstrual period, abnormal periods or intermenstrual bleeding

ii) Past medical/surgical history including allergies, sexually transmitted diseases (STD), immunizations (especially rubella status), medications, review of systems

iii) Pertinent history of biological parents and immediate family including heart disease, strokes before age 50, high blood cholesterol or fats, kidney disease, diabetes, high blood pressure, cancer, genetic problems

iv) Reproductive history, number of pregnancies, outcome, complications and weight of infant at birth

v) Social history including sexual activity, age at first intercourse, frequency of intercourse, number of partners, and drug/tobacco use/abuse

vi) Contraceptive history, including methods used, length of use, major side effects and complications

vii) In utero exposure to diethylstilbestrol (DES)

B) Interim history

i) Interim medical/surgical history

ii) Assessment of any side effects of contraceptive, specific to method used

iii) Menstrual history

2) Physical Exam

A) Initial exam and annual exam

i) Height and weight

ii) Blood Pressure

iii) Thyroid

iv) Heart

v) Lungs

vi) Abdomen

vii) Extremities

viii) Breast with instruction in self-breast exam

ix) Pelvic exam, including external genitalia; speculum exam including vagina, visualization of cervix; bi-manual exam, including uterus, adnexa; and rectal exam as needed

B) Special return visits

i) Intrauterine device (IUD) - abdominal palpation, bi-manual exam and speculum exam for visualization of IUD string (two to six weeks after insertion)

ii) Pill (for women at high risk) - Blood pressure with interim history after initial three months of use, after second three months of use, again after six months of use (3-3-7) and then every six months thereafter alternating with annual exams (6-7), for women at high risk because of factors including, but not limited to, age, weight, blood pressure, liver disease, and/or personal habits

iii) Pill (for women not at high risk) - Blood pressure with interim history after initial three months of use then annual history and examination (including weight, blood pressure, and hematocrit and/or hemoglobin)

iv) Diaphragm/cervical cap - recheck fit (approximately two weeks after initial fitting)

v) Problem visit - review of related system(s), appropriate laboratory tests

vi) Norplant - incision check (approximately two weeks after insertion)

vii) Gonorrhea culture as indicated (previous history of Pelvic Inflammatory Disease (PID), previous history of Gonorrhea Culturing (GC), potential exposure, symptoms, multiple partners)

3) Laboratory tests

A) Initial visit

i) Hemoglobin or hematocrit

ii) Pap smear

iii) Gonorrhea culture for clients requesting IUD insertion, for those with high potential or exposure, or on request

iv) Urinalysis for protein and glucose

B) Annual visits

i) Hemoglobin or hematocrit

ii) Pap smear

iii) Gonorrhea culture for clients with previous history of pelvic inflammatory disease (PID), previous history of gonorrhea, multiple partners, new partner(s), on client request and clients requesting IUD insertion

C) Special tests as indicated

i) Pregnancy test

ii) Wet smear

iii) Urine culture and sensitivities

iv) Blood sugars

v) T(3), T(4), TSH (thyroid hormones)

vi) White blood count (WBC) and differential

vii) Rubella titer if not known

viii) Sickle cell screen if indicated and not known

ix) Herpes titer/culture

x) Blood group and Rh type

xi) VDRL/RPR/serology (test for syphilis)

xii) Liver studies

xiii) Chlamydia test

d) Infertility services

1) Initial infertility history

2) Education

3) Physical exam (same as initial visit)

4) Laboratory tests (same as initial visit)

5) Counseling

6) Referral as indicated

e) Pregnancy Services

1) Pregnancy testing

2) History and physical exam for confirmation

3) Nondirective counseling on all options if test is positive, and referral as requested

4) Family planning information if test is negative

f) Adolescent Services

1) Counseling in all methods

2) History and physical exam as indicated including laboratory tests

3) Parental involvement via agency plan for family participation and as required by applicable federal and State Regulations and administrative rules promulgated pursuant thereto

g) STD Services

1) Laboratory screenings

2) Reporting of positive cases to the State STD Program or its designated agent as required by state or local ordinance

3) Education, counseling, treatment and follow-up of infected individuals

4) Follow-up of contacts for testing/treatment

h) Identification and follow-up of Diethylstilbestrol (DES) exposed clients

1) DES history for clients born between 1940 and 1970

2) Counseling of exposed individuals regarding potential risks/problems

3) Colposcopy or referral for exposed females

(Source: Amended at 18 Ill. Reg. 5969, effective April 1, 1994)