

# Division of Public Health Agreement Addendum FY 22-23

<b>Local Health Department Legal Name</b>	Women's and Children's Health / Women's Health
151 Family Planning	<b>DPH Section / Branch Name</b>
<b>Activity Number and Description</b>	Joseph Scott, 919-707-5696 joseph.scott@dhhs.nc.gov
06/01/2022 – 05/31/2023	<b>DPH Program Contact</b> (name, phone number, and email)
<b>Service Period</b>	<b>DPH Program Signature</b> <span style="float: right;"><b>Date</b></span>
07/01/2022 – 06/30/2023	(only required for a negotiable Agreement Addendum)
<b>Payment Period</b>	
<input checked="" type="checkbox"/> Original Agreement Addendum	
<input type="checkbox"/> Agreement Addendum Revision # _____	

**I. Background:**

The Family Planning Program is administered within the Women's Health Branch (WHB), Reproductive Health Unit. The primary mission of the Reproductive Health Unit is to reduce unintended pregnancies and improve selected health practices among low-income families. Each local health department and district receives funding from the state to provide family planning services to low-income individuals.

Data from the 2019 Pregnancy Risk Assessment Monitoring System (PRAMS), based on a random sample of 866 women who had recently given birth, shows that 24.9% of North Carolina mothers responded that they wanted to be pregnant later or not at all while another 19.2% were ambivalent about the pregnancy. Women who were young, black and/or of lower socioeconomic status were more likely to report an unintended pregnancy. Women who have unintended pregnancies are at a greater risk for poor birth outcomes (2019 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results: <https://schs.dph.ncdhhs.gov/data/prams/2018/intent3.html>).

In 2016, there were approximately 720,450 North Carolina women in need of publicly supported contraceptive services ages 13-44. Of these women, 278,210, ages 20-44, had incomes below 250% of the federal poverty level. Publicly funded family planning clinics in North Carolina serve 16% of all women in need of publicly supported contraceptive services (Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact, 2016 <https://www.guttmacher.org/report/publicly-supported-FP-services-us-2016>).

Health Director Signature	(use blue ink or verifiable digital signature)	Date
---------------------------	--	------

LHD to complete: [For DPH to contact in case follow-up information is needed.]	LHD program contact name: _____ Phone and email address: _____
---	---

Definition of terms: Throughout this document, the words “must” and “shall” indicate mandatory program policy.

## II. Purpose:

This Agreement Addendum ensures that the Local Health Department provides a wide range of preventive care that is critical to an individual’s reproductive and sexual health. Family planning services provide the delivery of related preventive health services including patient education and counseling; physical examinations; laboratory testing; basic infertility services; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, testing, treatment, and referral; pregnancy diagnosis and counseling; training on reproductive life planning skills; achieving pregnancy counseling; preconception health counseling; education regarding a wide range of contraceptive methods; and emergency contraception. These services promote self-determination in matters of reproductive health. They help reduce infant mortality and morbidity by decreasing the number of unplanned pregnancies and the poor health outcomes associated with them. These services also improve an individual’s health by providing access to preventive care. They lower health care costs by reducing the need for abortions and preventing costly, high-risk pregnancies and their aftereffects.

## III. Scope of Work and Deliverables:

The Activity 151 Family Planning Agreement Addendum requires further negotiation between the Women’s Health Branch (WHB) and the Local Health Department.

For this Agreement Addendum, the Local Health Department shall complete the Family Planning Patients and Physicians Contact tables (Attachment B), complete the TANF Out-of-Wedlock Birth Prevention Program Deliverables worksheet (Attachment D) and return both with the signed and dated Agreement Addendum. In addition, a detailed budget must be submitted, as described below in Paragraph A, with instructions provided in Attachment A.

The information provided by the Local Health Department will be reviewed by the WHB. When the WHB representative and the Local Health Department reach an agreement on the information contained in these Sections and the detailed budget, the WHB representative will sign the Agreement Addendum to execute it.

### 1. **Detailed Budget** (Instructions provided in Attachment A)

A detailed budget must be emailed to the DPH Program Contact to document how the Local Health Department intends to expend funds awarded in FY23. **The budget must equal the funds allocated to the Local Health Department.** (Refer to the FY 22–23 Activity 151 Budgetary Estimate, included with this Agreement Addendum, for the total funding allocation.) List only activities that are not Medicaid reimbursable. Billable items may include, but are not limited to Community Education, Patient Transportation, Staff Time, Equipment, Incentives, and Staff Development. (Staff Development must be prorated to percent of staff time assigned to Family Planning Clinic.)

### 2. **Family Planning Patients and Physicians Contact** (Attachment B)

Include on Attachment B the number of unduplicated patients to be served and the estimated percent of those patients that will be uninsured. Local Health Department–Health Services Analysis (LHD-HSA) service data or compatible reporting system, as of August 31, 2023, will provide the documentation to substantiate services that the Local Health Department has provided for this FY23 Agreement Addendum. Also provide on Attachment B the names, specialties, and contact information (telephone, email) for all providers who approve or sign off on family planning clinic protocols at your facility.

3. **Temporary Assistance for Needy Families (TANF) Out-of-Wedlock Birth Prevention Program Deliverables (Attachment D)**  
 The Family Planning Program must **submit a completed Attachment D worksheet** showing its plan relative to the prevention of Out-of-Wedlock births among TANF-eligible patients and among those at-risk of becoming eligible as the result of unintended pregnancies. The plan must account for the full amount of Local Health Department's FY23 TANF allocation.
4. The Local Health Department shall demonstrate compliance with the NC Administrative Rules 10A NCAC 46.0206 for the provision of Family Planning Services.
5. If the Local Health Department is not providing routine family planning services as evidenced in Local Health Department-Health Service Analysis (LHD-HSA) data and program review audit, but is instead assuring these services, the Local Health Department shall submit the following document:
  - a. A Memorandum of Understanding (MOU) for one or more local health care providers which document how these services are provided. For any current MOU that continues to be in effect for the duration of this Agreement Addendum's Service Period and which documents how these services are provided, the health director must submit a letter stating the MOU is still in effect with a copy of that MOU.
    1. The MOU with the assurance provider must contain information stipulating that patients at or below 100% of the Federal Poverty Level will not be charged for family planning services by the assurance provider. There should also be a sliding scale fee schedule or other fee schedule included in or attached to the MOU to show how other uninsured patients will be charged for services by the assurance provider.
6. In order to meet the Deliverables listed in this Section III through the delivery of family planning services, the Local Health Department shall:
  - a. Report within 14 days to the Women's Health Regional Nurse Consultant if there is any interruption of services or inability to meet these Deliverables.
  - b. Utilize these six resources for providing family planning services:
    1. Program Requirements for Title X Funded Family Planning Projects (<https://public-inspection.federalregister.gov/2021-21542.pdf>)
    2. Providing Quality Family Planning Services (<https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>)
    3. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 & 2020 partial update (<https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf> and [https://www.cdc.gov/mmwr/volumes/69/wr/mm6914a3.htm?s\\_cid=mm6914a3\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6914a3.htm?s_cid=mm6914a3_w))
    4. U.S. Selected Practice Recommendations for Contraceptive Use, 2016 (<https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf>)
    5. Women's Health Branch website (<https://whb.ncpublichealth.com/provPart/index.htm>).
7. The **policies that address family planning services** in each Local Health Department shall include:
  - a. **CLINICAL SERVICES**  
 The Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) developed clinical recommendations for providing Quality Family Planning Services (QFP) and revised the Title X Program Requirements in October 2021. An updated version of QFP was published in March 2016.

1. All patients are offered a preventive appointment once every 12 months. Components of the preventive appointment are found on Attachment C.
2. All appointments in the 12 months following the preventive appointment should be approached as return appointments. Components of return appointments are found on Attachment C.
3. The Local Health Department shall assure services provided within their family planning clinic operate within written clinical protocols that are in accordance with the QFP and are signed annually by the physician responsible for the family planning clinic. These services include: contraceptive services (including referrals/prescriptions for methods not available on-site), pregnancy testing and counseling, achieving pregnancy services, basic infertility services, preconception health services, sexually transmitted disease (STD) services, related preventive health services (e.g., screening for breast and cervical cancer), and adolescent-friendly health services in accordance with recommendations for women issued by the Institute of Medicine (IOM) and adopted by the federal Department of Health and Human Services (DHHS) (Providing Quality Family Planning Services, page 5, figure 1).
  - a. The Local Health Department must use DHHS 4140 (Pregnancy Testing Form) for all pregnancy-test only visits (<https://whb.ncpublichealth.com/provPart/forms.htm>).
4. Education and method counseling must be individualized dialogue with the patient and provided according to QFP and Title X Program Requirements (Providing Quality Family Planning Services [QFP] Appendix D). See Attachment C of this Family Planning Agreement Addendum for details.
5. Unless the Local Health Department operates a clinic that offers primary care services to the entire community, including Family Planning patients, a Memoranda of Understanding (MOU) with another agency that can provide primary care services for Local Health Department Family Planning patients is required. A current copy of this MOU must be submitted to the Women's Health Branch annually with this Agreement Addendum.
6. Abortion / Pregnancy Termination
  - a. Title X prohibits agencies funded with Title X to perform, promote, or support abortion as a method of family planning; Section 1008 of the Title X statute and 42 CFR 59.5(a)(5).
  - b. Agency staff may be subjected to fines and/or imprisonment if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).
  - c. Agency staff, including Registered Nurses, must offer pregnant patients the opportunity to be provided information and counseling regarding the following pregnancy options, unless the patient indicates that the individual does not want information on one or more options (42 CFR 59.5(a)(5)):
    - 1) Pregnancy termination,
    - 2) Prenatal care and delivery, and
    - 3) Infant care, foster care, or adoption.
  - d. If a patient requests information and counseling on pregnancy options, it must be neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any option(s) about which the

pregnant patient indicates they do not wish to receive such information and counseling.

7. All patients must be assessed for a primary care provider as part of their health history. If a patient does not have a primary care provider, a referral shall be offered and documented in the medical record. Referrals are to be to providers in proximity, when feasible, to the Local Health Department, to promote access to services and provide a seamless continuum of care.
8. All standing orders or protocols developed for nurses in support of this program must be written in the North Carolina Board of Nursing format. All local health departments shall have a policy in place that supports nurses working under standing orders. (<https://ncpublichealthnursing.org/wp-content/uploads/2020/10/PHN-Manual-Standing-Orders-10012020-Final.pdf>)

#### b. VOLUNTARY PARTICIPATION

1. The Local Health Department must provide Family Planning services solely on a voluntary basis and may not be made a prerequisite to eligibility for, or receipt of, any other services, assistance from or participation in any other program (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)).
2. The Local Health Department must provide Family Planning services without subjecting individuals to any coercion to accept services, or to employ or not to employ any particular methods of family planning (42 CFR 59.5 (a)(2)).

#### c. INFORMED CONSENTS

1. The patient's written informed voluntary consent (written in a language understood by the patient or translated and witnessed by an interpreter) to receive services such as examinations, laboratory tests and treatment must be obtained prior to the patient receiving any clinical services. The general consent must include a statement that receipt of family planning services is not a prerequisite to receipt of any other services offered in the health department. In addition, the general consent for services does not have to be signed annually; only if the form is revised shall it be re-signed. If the Local Health Department does not use the state general consent form (DHHS-4112; DHHS-4112S), please ensure that the general consent form used includes the language of the state general consent form.
2. The Local Health Department has the choice of continuing the practice of obtaining the patient's signature on the contraceptive method specific consent forms or using the "Teach Back" method with documentation in the patient's record with a check box or written statement of this method being used before a prescription contraceptive method is provided (Title X, QFP). If the "Teach Back" is used, agency policies/procedures/protocols must describe the teach back process and the information that must be conveyed for each method offered by the agency.

#### d. FINANCIAL MANAGEMENT

1. Adherence to program requirements in project management and administration must be based on the Title X Program Requirements.
2. Family income shall be assessed before determining whether copayments or additional fees are charged.
  - a. Patients whose family income is at or below 100% of current Federal Poverty Level will not be charged for services.
  - b. Patients whose family income is 101%-250% of current Federal Poverty Level will be charged in accordance with a schedule of discounts. These patients shall

not pay more in co-payments or additional fees than they would otherwise pay when the schedule of discounts is applied.

- c. Patients whose family income is greater than 250% of FPL shall be charged in accordance with a schedule of fees designed to recover the reasonable cost of providing services.
  3. Agencies must take reasonable measures to verify patient income without burdening clients from low-income families.
    - a. Agencies that have lawful access to other valid means of income verification because of the patient's participation in another program may use those data rather than re-verify income or rely solely on patient's self-report.
    - b. If a patient's income cannot be verified after reasonable attempts to do so, charges are to be based on the patient's self-reported income.
  4. If a third party (including a government agency) is authorized or legally obligated to pay for services, all reasonable efforts must be made to obtain the third-party payment without application of any discounts.
- e. **ADOLESCENT SERVICES**
1. All minors shall be:
    - a. Assured that the counseling sessions are confidential and if follow up is necessary, every attempt will be made to assure the privacy of the individual,
    - b. Encouraged to involve family members in their care,
    - c. Counseled about how to resist sexual coercion,
    - d. Advised of state laws that require staff to report suspected child abuse, neglect, child molestation, sexual abuse, rape, incest, and human trafficking,
    - e. Counseled on interventions to prevent the initiation of tobacco use (QFP, page 17),
    - f. Counseled on abstinence, as well as all FDA-approved methods of contraception, including condoms and long-acting reversible contraception, and
    - g. All required components listed above must be documented in the adolescents' medical record.
- f. **REQUIRED TRAINING COURSES**
1. It is the responsibility of the Local Health Director or their designee to have all Title X-funded staff and staff who provide services to Title X patients (e.g., management support, lab, social workers, health educators, clinicians/providers/Medical Directors, nurses, and other staff) complete the following federal and state required training:
    - a. Current staff shall complete the following courses **annually**:
      - 1) N.C. Mandatory Reporting of Child Abuse and Neglect (MR),
      - 2) Identifying and Responding to Human Trafficking (HT) in Title X Settings E-learning Course
    - b. Newly hired staff shall complete the following courses **within one month of hire date**:
      - 1) N.C. Mandatory Reporting of Child Abuse and Neglect (MR),
      - 2) Identifying and Responding to Human Trafficking (HT) in Title X Settings E-learning Course
      - 3) Reproductive Health National Training Center's Title X Orientation

Even if the Local Health Director is not Title X-funded, DPH recommends the above training courses for the Local Health Director.

2. The Women's Health Branch is responsible for monitoring that training has been received by local Title X staff and staff who provide services to Title X patients per the Office of Population Affairs, Title X/Family Planning Program. (<https://public-inspection.federalregister.gov/2021-21542.pdf>)
  - a. Title X-funded staff and staff who provide services to Title X patients are required to complete the *Title X Orientation Checklists*. The checklist can be accessed at <https://whb.ncpublichealth.com/provPart/training.htm> under the *Required Title X/Family Planning Trainings* section
  - b. This Microsoft Excel workbook contains tabbed sheets, and each sheet designates which types of staff must complete that sheet.
  - c. Noncompliance with the laws may result in disallowance of Title X funds, or suspension or termination of the Title X grant award to the N.C. Department of Health and Human Services. (<https://public-inspection.federalregister.gov/2021-21542.pdf>)
  - d. Originals of initial orientation documents [i.e., All Staff Title X Orientation Checklist and Role-specific Checklists] must be on file in the employee's personnel file and retained in accordance with the 2019 Local Government Agencies General Records Retention and Disposition Schedule, Standard 6, Items 42 and 29 <https://archives.ncdcr.gov/government/retention-schedules/local-government-schedules#localschedules>.
  - e. Certificates of completion of annual online family planning training must be kept internally until the Office of the Controller provides written guidance that records are released from all audits and other official actions, and then destroyed in accordance with that guidance, per the 2019 Local Government Agencies General Records Retention and Disposition Schedule, Standard 1, Item 31 <https://archives.ncdcr.gov/government/retention-schedules/local-government-schedules#localschedules>.
  - f. The annual training records may be maintained outside an employee's personnel record, in a separate folder, file or binder.
  - g. Originals or copies of all active employees' orientation and annual training records must be available at the Local Health Department for review by WHB staff.
3. Curriculum vitae of the Medical Director/Physician responsible for approving the Family Planning policies/procedures/protocols must indicate special training or experience in family planning if the Medical Director/Physician is not a board-certified OB-GYN. Medical Directors/Physicians who are not board-certified OB-GYNs, are required to participate in training or continuing education related to Family Planning on an annual basis and are required to maintain documentation of their participation. A list of possible trainings or continuing education opportunities can be accessed at <https://whb.ncpublichealth.com/provpart/training.htm>.
4. All staff, clinical and non-clinical, shall participate in at least one training annually focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity. A Health Equity Resources sheet can be accessed at <https://whb.ncpublichealth.com/provpart/training.htm>.

## g. REQUIRED SIGNAGE IN CLINIC AREA

1. A sign must be present in a visible area acknowledging that family planning services are provided to all individuals without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.
2. A sign must be posted in a visible area of the clinic indicating that interpreter services are available at no cost for those requiring such services.
3. A sign in the finance/discharge area is also required, stating that charges incurred in the family planning program will be based in accordance with a schedule of discounts based on ability to pay and family size, except for persons from families whose annual income exceeds 250% of the federal poverty level. (§59.5 & §59.10 in the Family Planning Regulations and Title VI of the Civil Rights Act of 1964 through Executive Order 13166.)
4. A patient bill of rights or other documentation which outlines patient's rights and responsibilities may either be posted as a sign in the clinic area or given as a handout to each patient.
5. All signs, posters, videos, brochures, and other client education materials noting the client's right to confidential services are freely available to clients. This requirement is related to the receipt of Title X confidential services in addition to standard HIPAA confidentiality.
6. All signage denoted in Subparagraphs a. through e. above may be electronic signs or paper signs and should be available in languages appropriate to the patient population.

## h. CHLAMYDIA AND GONORRHEA SCREENING

1. The Local Health Department must recommend and offer screening to all females for chlamydia (CT) and gonorrhea (GC) who are either:
  - a. 25 years old or younger, or
  - b. who are 26 years old and older and have symptoms, sex partner referral, or high-risk history (such as new partner or multiple partners).

The screening must be provided at all preventive clinic visits and at other clinic visits as indicated (CDC 2015 Sexually Transmitted Diseases Treatment Guidelines and North Carolina State Lab Memo September 10, 2014). Patients who decline CT and/or GC screening must still be offered medically appropriate methods of contraception.

2. CT and GC screening is recommended at the time of IUD insertion **only if** patients are not up to date on these screenings per CDC guidelines. IUD insertion should not be delayed for patients with CT/GC risk factors, since screening can be done at the time of IUD insertion. However, patients should not undergo IUD insertion if they have current purulent cervicitis or established chlamydial infection or gonococcal infection (U.S. Selected Practice Recommendations, 2016). Any woman who tests positive for either CT or GC must be retested at three months after treatment (CDC 2015 Sexually Transmitted Diseases Treatment Guidelines).
3. Should the Local Health Department experience a shortage of CT and GC test kits due to COVID-19, the Local Health Department is required to follow the most current CDC/NC guidelines for testing.

## i. IMMUNIZATIONS

1. For female and male patients, the Local Health Department should screen for immunization status in accordance with recommendations of CDC's Advisory Committee on Immunization Practices (ACIP) and offer and/or provide referrals for these



vaccines. Refer to page 17 of the QFP for details (Title X, QFP). If the Local Health Department opts to offer state-supplied vaccines, they must offer all state-supplied vaccines as indicated. If the Local Health Department provides non-state-supplied vaccines in the Family Planning Program, charges must be applied to the sliding fee scale.

j. ENHANCED ROLE REGISTERED NURSE REQUIREMENTS

1. Certain low-risk patients may receive designated services from public health nurses who have received special Family Planning Enhanced Role Registered Nurse Training. If the Local Health Department has enhanced role screeners, a roster will be maintained and kept current. The roster shall include date of completion of the enhanced role registered nurse (ERRN) training, number of patient contact hours (combination of time spent as a nurse interviewer and highest-level care provider) and accrued reproductive health-related educational contact hours. Enhanced role registered nurses must fulfill all requirements by June 30<sup>th</sup> each year or they will lose enhanced role status due to elimination of program and there is no current re-rostering component available.
2. The completion of 100 clinical hours and 10 reproductive health-related educational contact hours during the fiscal year, July 1, 2022–June 30, 2023, shall be documented by the Local Health Department. The documentation for the prior state fiscal year (July 1, 2021–June 30, 2022) must be submitted by August 15, 2022, to the Women’s Health Branch, through completion of the WHB ERRN Survey Monkey Survey. A link to the survey will be sent via email to the ERRN as well as the agency’s Director of Nursing. The Local Health Department shall advise their Women’s Health Branch Regional Nurse Consultant of any ERRNs who have either retired or are no longer functioning as an ERRN and they will be removed from the current roster and will not be required to complete the survey. Any ERRN who is seeking re-rostering must submit a competency checklist completed by the agency’s Medical Director/Medical Consultant responsible for the Family Planning Program and the Director of Nursing. Additionally, the ERRN must also submit relevant standing orders with their re-certification paperwork. Training resources are available at <https://whb.ncpublichealth.com/provpart/training.htm>.

k. PHARMACEUTICAL SERVICES

1. The Local Health Department shall ensure program integrity and maintain auditable records which document compliance with all 340B Program requirements as specified at <https://www.hrsa.gov/opa/programrequirements/index.html>. Billing policies and procedures must be in compliance with North Carolina Administrative Code (10A NCAC 41A .0204) and insurance requirements.

l. SUBCONTRACTING OF SERVICES

1. If a Local Health Department wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the Women’s Health Branch must be maintained by the Local Health Department (45 CFR parts 74 and 92).
2. If a Local Health Department subcontracts any Title X Family Planning Services to another entity, a copy of the executed contract must be submitted to the Women’s Health Branch no later than 30 days from the date of the contract’s execution.

m. PLANNED CLINIC CLOSURES

1. If a Local Health Department plans to close a family planning clinic site or stop seeing family planning patients, the Local Health Department must provide written notice to the

Family Planning and Reproductive Health Unit Supervisor in the Women's Health Branch, at least 45 days in advance of such an action. The Office of Population Affairs (OPA), the federal agency which funds the Title X Family Planning Program, has informed DPH that any time a clinic listed in DPH's annual list of Title X Family Planning providers is going to be closed or will no longer be serving family planning patients, DPH must inform them 30 days prior to this action. OPA considers this type of action a change in the scope of DPH's work and they will either approve or deny the action.

n. OFFICE OF POPULATION AFFAIRS (OPA) CLINIC LOCATOR

1. The Local Health Department shall complete initial data entry related to their clinic site or sites in the OPA Clinic Locator and shall review/update this data entry at least annually, or more frequently if clinic sites and/or clinical services undergo relevant changes. Questions are to be directed to the Statewide Family Planning Nurse Consultant (<https://whb.ncpublichealth.com/contact.htm>). The OPA Clinic Locator can be found at: <https://opa-fpclinicdb.hhs.gov/>

**IV. Performance Measures / Reporting Requirements:**

1. The Local Health Department shall improve pregnancy outcomes and improve the health status of patients before pregnancy by meeting the county-specific Outcome Objectives. These Outcome Objectives are listed below, and the actual county-specific numbers are located in the Agreement Addenda section on the Women's Health Branch website at <https://whb.ncpublichealth.com/provPart/agreementAddenda.htm>.
  - a. Increase number of family planning patients
  - b. Reduce pregnancies among adolescent females in each of these categories:
    1. Pregnancy age 17 and under
    2. Pregnancy age 18 and 19
    3. Pregnancy age 15 to 19
    4. Repeat pregnancy age 17 and under
  - c. Reduce the proportion of pregnancies conceived within 18 months of previous birth
  - d. Increase access to the most effective contraceptives
  - e. Reduce the percentage of unintended pregnancies
2. Annual Reports
  - a. Media Review Requirements
    1. The Local Health Department **must submit, at least annually and no later than August 15, 2022**, family planning media review documentation and Family Planning Media Review Documentation form DHHS 3491. All informational and educational materials should be reviewed and approved by an advisory committee of at least five members broadly representative of the population for which the materials are intended before use and re-reviewed on a regular basis. A letter stating that there were no new materials to review will only be accepted once in any three-year period.
      - a. Materials must be reviewed to assure they comply with community standards, and consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are intended;

- b. The content of the material must be reviewed to assure it is factually correct, medically accurate, culturally, and linguistically appropriate, inclusive, and trauma informed.
  2. The forms and documentation may be mailed to the Women’s Health Branch at 1929 Mail Service Center, Raleigh NC 27699-1929, attention Family Planning Program Consultant, or scanned and emailed to the Family Planning Program Consultant at savannah.simpson@dhhs.nc.gov. Form DHHS 3491 may be obtained from the Women’s Health Branch Web page at <https://whb.ncpublichealth.com/provPart/forms.htm>.
  3. The Local Health Department shall maintain a list of approved materials available to distribute to patients, including the date of when the material last went through media review.
- b. Sterilization Reporting Requirements
1. Local family planning programs that perform or arrange for sterilization services funded with Federal Title X, Medicaid/Title XIX (including the Medicaid Family Planning State Plan Amendment), or other federal funds, **must report all sterilization procedures, including vasectomies, by January 13, 2023**, for the prior calendar year.  
 (“Perform” is to pay for or directly provide the medical procedure itself. “Arrange for” is to make arrangements [other than mere referral of an individual to, or the mere making of an appointment for him or her with another health care provider] for the sterilization of an eligible individual by a health care provider other than the local agency.)  
 Agencies must have a plan or protocol in place that addresses sterilizations, whether or not this service is being offered. Procedures must be reported using Form PHS-6044 (<https://whb.ncpublichealth.com/provpart/forms.htm>).  
 Form PHS-6044 (Revised) should be sent to:  
 Women’s Health Branch  
 1929 Mail Service Center  
 Raleigh, NC 27699-1929  
 Attn: Family Planning and Reproductive Health Unit Supervisor  
 Fax: 919-870-4827  
 The current sterilization consent forms that must be used when arranging sterilizations can be found at: <https://www.hhs.gov/opa/sites/default/files/consent-for-sterilization-english-updated.pdf> (English) and <https://www.hhs.gov/opa/sites/default/files/consent-for-sterilization-spanish-updated.pdf> (Spanish).
  2. **If the Local Health Department neither performs nor arranges for sterilizations supported with federal funds, it must submit annually by August 15, 2022, a letter requesting a waiver** from the annual reporting requirement for sterilization services. The letter may state that the Local Health Department does not, nor does it plan to engage in performing or arranging for sterilizations during the year. The waiver letter request should be sent to:  
 Women’s Health Branch  
 1929 Mail Service Center  
 Raleigh, NC 27699-1929  
 Attn: Family Planning and Reproductive Health Unit Supervisor  
 Fax: 919-870-4827
- c. Family Planning Annual Report (FPAR): Electronic Health Record data is required to be reported through the Local Health Department-Health System Analysis (LHD-HSA) system per the Consolidated Agreement. A resource on specific Family Planning required data elements to

track can be found on our website here: <https://whb.ncpublichealth.com/provpart/docs/TitleX-DataGuide.pdf>

- d. Outside of the LHD-HSA data reporting, as part of the annual reporting funding requirement for Title X, the following additional data is required to be collected:
  1. Unduplicated number of patients tested for chlamydia by gender and age group (<15, 15-17, 18-19, 20-24, and 25 and over)
  2. Total number of tests performed by gender for gonorrhea, syphilis, and HIV
  3. Number of positive HIV tests
  4. Unduplicated number of patients who obtained a Pap test
  5. Total number of Pap tests performed
  6. Total number of Pap tests with Atypical Squamous Cells (ASC) or higher
  7. Total number of Pap tests with High-grade Squamous Intrathelial Lesion (HSIL) or higher
  8. Staffing Levels
  9. Additional data elements as needed, per Title X requirements.

This data shall be reported by the LHD through an online survey which it will receive from the WHB. For the reporting period January 1–December 31, 2022, the deadline for data submission is January 13, 2023. (Data for the reporting period January 1–May 31, 2022, are for services provided under the prior year’s Agreement Addendum, FY21-22.)

- e. To ensure that all local program income that is supporting the Family Planning Program is reported, quarterly reports must be submitted through an online survey according to the following schedule:

<u>Quarterly Reporting Interval</u>	<u>Report Due Date</u>
April 1–June 30, 2022	July 20, 2022
July 1–September 30, 2022	October 19, 2022
October 1–December 31, 2022	January 18, 2023
January 1–March 31, 2023	April 19, 2023

A survey will be emailed each quarter by the WHB to the Local Health Department for it to complete.

- f. The Family Planning Program must submit a plan for the proposed use of their TANF Out-of-Wedlock Birth Prevention funds to the Family Planning and Reproductive Health Unit in Raleigh. The plans are due to the DPH Program contact by June 1, 2022. Please see Attachment D, TANF Out-of-Wedlock Birth Prevention Program Deliverables. A list of examples of items to include in the plan is located at: <https://whb.ncpublichealth.com/provpart/agreementAddenda.htm>
- g. The Local Health Department shall complete an annual Community Engagement Plan and an annual Community Education/Service Promotion Plan. The Local Health Department shall maintain meeting minutes from discussions in developing the plans, including how the Medical Director has been involved in the process. A sample template for developing the plans is located at: <https://whb.ncpublichealth.com/provPart/forms.htm>. The plans must be submitted to the Family Planning Program Consultant electronically at [savannah.simpson@dhhs.nc.gov](mailto:savannah.simpson@dhhs.nc.gov) by August 15, 2022.
- h. The Local Health Department shall complete the annual Local Health Department Pharmacy Services Survey, as requested by the State Pharmacist, by May 1, 2023. The survey is found at: <https://www.surveymonkey.com/r/annuallhdpharmacysurvey>

**V. Performance Monitoring and Quality Assurance:**

1. The Local Health Department must have a quality improvement (QI) process which includes review of at least one aspect of improving clinical services, and a description of steps taken by the family planning clinic in response to those findings at least annually. Details for this process can be found on pages 21-25 of the QFP (QFP Table 4, Title X, Section 8.7). Compliance with this requirement will be assessed during the monitoring process by the Women's Health Regional Nurse Consultants. The WHB has developed a sample template to assist with documenting QI processes, which is located at: <https://whb.ncpublichealth.com/provPart/forms.htm>
2. The Local Health Department must annually survey Family Planning patients regarding their levels of satisfaction with the clinical services they received, evaluate survey results, and adjust services as needed. A template survey can be found on the Women's Health Branch website at <https://whb.ncpublichealth.com/provpart/forms.htm>.
3. The Local Health Department shall conduct a record audit at least annually. Records should comply with current policies and procedures, and the Local Health Department should create and implement corrective action plans in accordance with any findings upon audit. Women's Health Regional Nurse Consultants will review the Local Health Department's record audits and corrective action plans during monitoring. Record audit tools can be found on the WHB website: <https://whb.ncpublichealth.com/provpart/forms.htm>.
4. The Local Health Department shall conduct a review of all program protocols, policies, procedures, and standing orders annually. All program protocols, policies, procedures, and standing orders must be revised in accordance with current program guidelines and agency practice and signed annually.
5. The Women's Health Branch Regional Nurse Consultants (RNC) facilitate the monitoring process. The process includes the development of a pre-monitoring plan four to six months prior to the designated monitoring month; virtual/on-site monitoring visits every three years; and technical assistance visits via phone or email as needed. Virtual/On-site monitoring visits include a review of audited charts, clinic observations, a review of policies/procedures/protocols and standing orders, and an assessment of billing and coding. A pre-monitoring visit from the RNC is optional.
6. A written report is completed for each virtual/on-site monitoring visit. The written report, which may indicate a Corrective Action Plan (CAP) is needed, will be emailed within 30 days after the monitoring site visit to the local Health Director and those Local Health Department staff overseeing the Family Planning clinic.
7. If a CAP is required, the Local Health Department must prepare and submit it within 30 days after the follow-up report is emailed to the Health Director by the DPH Program Contact. If a CAP has not been received within 30 days of the written report, then the Local Health Department does not have monitoring closure. If the monitoring is not closed within 90 days, the agency will be placed on high-risk monitoring status which will require annual monitoring of the Local Health Department. Monitoring closure is defined as the Local Health Department being notified that their final CAP is acceptable or that they are being referred for continuing technical assistance.
8. The Family Planning Program Consultant shall provide ongoing technical assistance, including conducting an annual curriculum observation of TANF-funded program activities, if relevant.
9. A loss of up to 5% of funds may result for the Local Health Department that does not meet the level of Family Planning Patients (Attachment B) or expend all Title X and Healthy Mothers/Healthy Children (HMHC) funds for a two-year period.

**VI. Funding Guidelines or Restrictions:**

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
  - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. Title X and Healthy Mothers/Healthy Children funds can be used to finance and maintain hardware, software, and subscription linkage at current local market values.

## Attachment A

### Detailed Budget Instructions and Information

#### Budget and Justification Form

Applicants must complete the **Open Window Budget Form for FY22-23**. Refer to FY 21-22's approved budget narrative as a reference for completing FY 22-23's budget narrative. Upon completion, the Open Window Budget Form must be emailed to [Joseph.Scott@dhhs.nc.gov](mailto:Joseph.Scott@dhhs.nc.gov) no later than 30 days after this Agreement Addendum is signed and returned to DPH. The Open Window Budget Form requires a line-item budget and a narrative justification for each line item. This form can be downloaded from the Women's Health Branch website at <https://whb.ncpublichealth.com/provpart/agreement-addenda.htm>.

The Open Window Budget Form consists of 3 tabbed sheets in a Microsoft Excel workbook. These sheets are: Contractor Budget worksheet (sheet 1), Salary and Fringe worksheet (sheet 2) and Subcontractor Budget worksheet (sheet 3). Enter information only in yellow, pink, or white shaded cells. The blue shaded fields will automatically calculate for you. Information entered in sheets 2 and 3 will appear automatically on sheet 1.

#### Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the FY22-23 budget. Each justification should show how the amount on the line-item budget was calculated, clearly justify/explain how the expense relates to the program. The instructions on **How to Fill Out the Open Window Budget Form** are posted on the Women's Health Branch website at <https://whb.ncpublichealth.com/provpart/agreement-addenda.htm>. Below are examples of line-item descriptions and sample narrative justifications.

#### Supplies

Disposable or one-time-use medical supplies are considered supplies. Examples of medical supplies are as follows: intrauterine devices, contraceptive implants, contraceptive pills, and condoms.

Justification Example: 50 Nexplanons @ \$399.00 each = \$19,950.

#### Equipment

The maximum that can be expended on an equipment item, without prior approval from the WHB, is \$2,000. An equipment item that exceeds \$2,000 must be approved by the WHB before the purchase can be made. If an equipment item shall be used by multiple clinics, you must prorate the cost of that equipment item and the narrative must include a detailed calculation which demonstrates how the agency prorates the equipment.

Justification Example: 1 shredder @ \$1,500 each for nursing office staff to shred confidential patient information. Cost divided between 3 clinics:  $\$1,500/3 = \$500$ .

#### Administrative Personnel Fringe Costs

Provide position titles, staff FTE amounts, brief description of the positions, and method of calculating each fringe benefit that shall be funded by this Agreement Addendum. A description can be used for multiple staff if the duties being performed are similar. *Do not prorate the salary and fringe amounts. The spreadsheet will prorate these amounts based on the number of months and percent of time worked.*

Justification Example: P. Johnson, PHN III, 1.0 FTE, Performs the following duties for patients who request Family Planning services: 1) Intake of patient history/reason for appointment; 2) Collect labs for Family Planning Program per nurse standing orders; 3) Provide Family Planning education required components; and 4) Assist medical providers with any further needs within nursing scope of practice.

Budget Narrative Justification Example: FICA at 7.65% of budgeted salary; Retirement at 10% of budgeted salary; Unemployment at 2% of budgeted salary; and Other at 3% (includes life insurance, AD&D, and liability insurance) of budgeted salary. Health insurance is \$6,000 per individual.

## Incentives

Incentives may be provided to program participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. While there is no maximum amount of funding that may be used to provide incentives for program participants, the level of incentives must be appropriate for the level of participation needed to achieve the expected outcomes of the program. Examples of incentives are as follows: gift cards, gas cards/bus passes, and water bottles.

Justification Example: Gift cards for 10 participants @ \$20/card = \$200.

## Travel

Mileage and subsistence rates are determined by the State of North Carolina Office of State Budget and Management (OSBM) and the rates are available on the OSBM website at <https://www.osbm.nc.gov/budman5-travel-policies>. The LHD can calculate travel and subsistence rates equal to or below the current state rates.

Current Subsistence Rates—For informational purposes, the OSBM lists the following schedule, effective July 1, 2021:

	<u>In-State</u>	<u>Out-of-State</u>
Breakfast	\$ 13.00	\$ 13.00
Lunch	\$ 14.00	\$ 14.00
Dinner	23.00	\$ 23.00
Lodging (actual, up to)	<u>\$ 96.00</u>	<u>\$ 96.00</u>
Total	\$ 146.00	\$ 146.00

Justification Example:

Overnight accommodations for Family Planning Nurse Supervisor and 1 PHN II to attend XYZ Training:

2 nights' lodging x \$96.00 = \$192.00;

2 staff's meals x \$87.00 = \$174.00

\$174.00 = (1 breakfast x 2 staff @ \$13.00/person) + (2 lunches x 2 staff @ \$14.00/person) + (2 dinners x 2 staff @ \$23.00/person)

Current Mileage Rates—For informational purposes, the OSBM lists the standard mileage rate set by the Internal Revenue Service as \$0.56 cents per mile, effective January 1, 2021.

## Women's Health Service Funds (WHSF)

WHSF shall be used for women of childbearing age who are not covered by Medicaid, private insurance, or who are under-insured.

WHSF may be used for the purchase of any FDA-approved, reversible contraceptive method. These methods include: copper intrauterine devices, hormonal (progestin) intrauterine devices, contraceptive implants, contraceptive injections, contraceptive pills, contraceptive patches, vaginal contraceptive rings, diaphragms, sponges, cervical caps, male condoms, female condoms, spermicide, levonorgestrel Emergency Contraception, and ulipristal acetate Emergency Contraception. WHSF may also be used to cover the cost of intrauterine device and implant insertion and removal, injection fees for injectable contraception and diaphragm fitting fees.

WHSF requires participating local agencies to counsel patients without a high school diploma about the benefits of completing high school or the General Educational Development tests (GED).



**Attachment B**

**Family Planning Patients and Physicians Contact**

Instructions: Using the table below, enter the total number of estimated patients to be served in the Family Planning Clinic and enter the estimated percent of those patients that will be uninsured. This estimate should include “Be Smart” Family Planning Medicaid Program patients, as the waiver does not cover primary care services. Retain a copy of the completed Attachment B in the Local Health Department files for your reference. This information should be returned with your signed Agreement Addendum.

<b>Unduplicated number of patients to be served in the Family Planning Clinic:</b>	
<b>Estimated percent of <u>uninsured</u> patients (including “Be Smart Family Planning Medicaid Users”) to be served in the Family Planning Clinic:</b>	
<b>Estimated percent of uninsured patients that have “Be Smart” Family Planning Medicaid</b>	

Instructions: Using the table below, provide the names, specialties, and contact information (telephone, email) for all providers who approve or sign off on family planning clinic protocols at your facility.

Provider Name	Provider Specialties	Telephone Number	Email Address

## Attachment C

### Family Planning Clinical and Educational Services

#### Family Planning Clinical Services for Females

##### HISTORY

##### (Initial and Established Preventive Appointments)

1. Acute and chronic medical conditions including gynecological conditions; hospitalizations; surgery; blood transfusion or exposure to blood products; **R**
2. Pap history (date of last Pap, and if abnormal Pap, treatment) **R**
3. Menstrual history **R**
4. Contraceptive use past and present (including adverse effects) **R**
5. Obstetrical history **R**
6. Allergies **R**
7. Current use of prescription and over-the-counter medications **R**
8. Sexually transmitted diseases including HBV & HCV if indicated **R**
9. HIV **R**
10. Immunization assessment, including Rubella status **R**
  - Must offer either immunizations or referral for immunizations if patient not up to date on all recommended vaccines, including Hepatitis B and HPV vaccines, if indicated
11. Review of systems **R**
12. Pertinent history of immediate family members/ **R**
13. SOCIAL/SEXUAL HISTORY
  - Pertinent partner(s) history **R**
  - Extent of use of tobacco, alcohol, and other drugs **R**
  - Sexual history and Social history **R**
  - IF POSTPARTUM, patient must also be screened with the 5Ps screening tool
14. Environmental exposures/hazards **R**
15. Depression screening with modified PHQ-2 questions; if the client responds yes to any of the depression screening questions, on the health history, a PHQ-9 is recommended but at a minimum the

client must be assessed by the provider.

POSTPARTUM clients must be screened with a validated assessment tool, such as the PHQ-9 or the Edinburgh Postpartum Depression Screening **R**

16. Screen for Intimate Partner Violence and provide or refer patients who screen positive **R**
17. IF POSTPARTUM, advised to delay future pregnancy for 18 months to 5 years. **R**
18. Assess for unprotected intercourse in past five days. If affirmative, administer or offer prescription for Emergency Contraception **R**

##### PHYSICAL ASSESSMENT

1. Height/Weight/Body Mass Index (BMI) **R** (Patient may decline and still receive any type of contraception)
2. Blood pressure **R** (Patient may decline and still receive any type of contraception, except for combined hormonal contraception)
3. Heart/Lungs/Extremities **I**
4. Thyroid **I**
5. Breast exam **I**
6. Abdomen **I**
7. Pelvic exam **I**
8. Pap test **I**
9. Rectum **I**
10. Colorectal cancer screening **I**

##### OTHER OFFICE VISITS

##### (Appointments In Between Preventive Appointments, Excluding Routine Supply Appointments)

1. Other office visits (excluding routine supply appointments) include: description of chief complaint, problem specific history, pertinent ROS, exam, and labs as indicated, evaluation of birth control methods, and opportunity to change methods **R**

## Attachment C (continued)

### LABS

1. Gonorrhea testing **R** (Required if  $\leq 25$  years of age, and as indicated for those 26 and older per CDC guidelines and/or with IUD insertion **if required** per CDC's STD Screening Guidelines [U.S. Selected Practice Recommendations], 2016)
2. Chlamydia testing **R** (Required if  $\leq 25$  years of age, and as indicated for those 26 and older per CDC guidelines and/or with IUD insertion **if required** per CDC's STD Screening Guidelines [U.S. Selected Practice Recommendations], 2016)
3. Syphilis serology **I** (CDC recommends screening MSM, those living with HIV, commercial sex workers, persons who exchange sex for drugs, those in adult correctional facilities and those living in communities with high prevalence)
4. HIV Testing **I** (CDC recommends all patients aged 13-64 be screened routinely and all persons likely to be at high risk for HIV be rescreened at least annually: Injection Drug User (IDU) and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, MSM or heterosexual person who themselves or sex partners have had more than one sex partner since their most recent HIV test)
5. Hepatitis C screening **I** (Agency may refer to another agency for testing if warranted by screening)
  - (USPSTF recommendation, Grade B) to screen individuals at high risk for infection for hepatitis C, and one-time screening for HCV infection for all individuals 18-79 years of age
6. Diabetes testing, **I**
  - (USPSTF recommendation, Grade B) to screen for prediabetes and type 2 diabetes in nonpregnant adults in adults aged 35–70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.

Key: **(R)** Required to recommend and offer  
**(I)** Required when indicated by age, history, physical findings, method, previous lab tests, and/or ACOG/ACS/USPSTF/ASCCP/ASCP/SPR/QFP; if indicated and documentation does not demonstrate that the screening/test/service was offered, the record will be held out of compliance

### ROUTINE SUPPLY APPOINTMENTS

1. **Routine supply appointments include:** Evaluation of birth control methods, satisfaction with chosen method, opportunity to change methods, dispensing/administering/distributing contraceptive methods as indicated and as desired by the patient **R**

Note 1: If a patient declines a service, this must be documented in the record.

Note 2: Return appointment does not include routine supply appointment.

**Attachment C** (continued)**Family Planning Clinical Services for Males****HISTORY****(Initial and Established Preventive Appointments)**

1. Acute and chronic conditions including hospitalizations; surgery; blood transfusion or exposure to blood products; **R**
2. Allergies **R**
3. Current use of prescription and over-the-counter medications **R**
4. STIs (including HBV & HCV) **R**
5. HIV **R**
6. Immunization assessment, including Rubella status **R**
  - Must offer either immunizations or referral for immunizations if patient not up to date on all recommended vaccines, including Hepatitis B and HPV vaccines, if indicated
7. Review of systems **R**
8. Pertinent history of immediate family members **R**
9. SOCIAL/SEXUAL HISTORY
  - Pertinent partner(s) history **R**
  - Extent of use of tobacco, alcohol, and other drugs **R**
  - Sexual History /Social History **R**
10. Environmental exposures/hazards **R**
11. Depression screening with modified PHQ-2 questions; if the client responds yes to any of the depression screening questions, on the health history, a PHQ-9 is recommended but at a minimum the client must be assessed by the provider. **R**
12. Assess for unprotected intercourse in past five days. If affirmative, educate about how partner may obtain Emergency Contraception **R**

**PHYSICAL ASSESSMENT**

1. Height/Weight/Body Mass Index (BMI) **R** (Patient may decline and still receive any desired Family Planning services)
2. Blood pressure **R** (Patient may decline and still receive any desired Family Planning services)
3. Heart/Lungs/Extremities **I**

Key: **(R)** Required to recommend and offer and if declined, this must be documented in the record.

**(I)** Required when indicated by age, history, physical findings, method, previous lab tests, and/or ACOG/ACS/USPSTF/ASCCP/ASCP/ SPR/QFP; if indicated and documentation does not demonstrate that the screening/test/service was offered, the record will be held out of compliance, and if declined, this must be documented in the record.

4. Thyroid **I**
5. Breast **I**
6. Abdomen **I**
7. Genitals **I**
8. Rectum **I**
9. Colorectal cancer screening **I**

**OTHER OFFICE VISITS****(Appointments In Between Preventive Appointments, Excluding Routine Supply Appointments)**

1. Other office visits (excluding routine supply appointments) include: description of chief complaint, problem specific history, pertinent ROS, exam, and labs as indicated, evaluation of birth control methods, and opportunity to change methods **R**

**LABS**

1. Gonorrhea **I**
2. Chlamydia **I**
3. Syphilis serology **I**
4. HIV Testing, **I**
5. Hepatitis C screening **I** (Agency may refer to another agency for testing if warranted by screening)
  - (USPSTF recommendation, Grade B) to screen individuals at high risk for infection for hepatitis C, and one-time screening for HCV infection for all individuals 18-79 years of age
6. Diabetes testing, **I**
  - (USPSTF recommendation, Grade B) to screen for diabetes in adults aged 35–70 years who are overweight or obese, and referring patients with abnormal glucose levels to intensive behavioral counseling interventions to promote a healthful diet and physical activity

**ROUTINE SUPPLY APPOINTMENTS**

1. Routine supply appointments include: Evaluation of birth control methods, opportunity to change methods, distributing over-the-counter contraceptive methods as indicated and as desired by the patient **R**

## Attachment C (continued)

### Family Planning Female Patient Education Requirements

The patient should receive and understand the information she needs to make informed decisions and follow treatment plans. This requires careful attention to how information is communicated. The following strategies can make information more readily comprehensible to patients:

1. Adolescents must be told that services are confidential, family involvement is encouraged and resisting sexual coercion is discussed. **R**
2. Adolescents should be provided intervention to prevent initiation of tobacco use. **R**
3. Adolescents must be informed about abstinence, condoms, LARC and other methods of contraception. **R**
4. Educational materials should be clear and easy to understand. **R**
5. Information should be delivered in a manner that is culturally and linguistically appropriate. **R**
6. The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment. **R**
7. Whenever possible, natural frequencies and common denominators (i.e., 1 in 100 using an IUC or implant is likely to get pregnant within 1 year, etc.) are used in the education activity. **R**
8. Balanced information on risks and benefits of the contraceptive method chosen by the client or their partner should be presented, and messages framed positively. **R**
9. Active patient engagement should be encouraged, and each appointment should be tailored to the patient's individual circumstances and needs. **R**
10. Information needed to make an informed decision about family planning **R**
11. Use specific methods of contraception and identify adverse effects **R**
12. Reduction of risk of transmission of STIs and HIV based on sexual risk assessment **I**
13. Promote daily consumption of multivitamin with folic acid to those who are capable of conceiving **R**
14. Provide reproductive life planning counseling **R**
15. Review immunization history and inform patient of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers **R**
16. Provide preconception counseling **R**
17. Understand BMI greater than 25 or less than 18.5 is a health risk (Weight management educational materials to be provided if patient requests) **I**
18. Stop tobacco use, implementing the 5A counseling approach **I**
19. Encourage biennial screening mammogram for patients aged 50 and older and <50 if conditions support providing the service to an individual patient **I**
20. Provide preconception counseling **I**
21. Provide basic infertility counseling **I**
22. Provide GED counseling **I**

### Patient Method Counseling

Method counseling is individualized dialogue that must be included in patient's record either as a check box (electronic format) or as a written statement. The "Teach Back" method may be used to confirm the patient understands. It covers:

1. Results of physical assessment and labs (if performed) **R**
2. Contraceptive counseling/education provided **R**
3. Provide Emergency Contraception counseling **R**
4. How to d/c method selected, information on back up method **R**
5. Typical use rates for method effectiveness **R**
6. How to use the method consistently and correctly **R**
7. Protection from STDs (if non-barrier method chosen) **I**
8. Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24-hour number, where to seek emergency services outside of hours of operation) **R**
9. When to return for a follow up (planned return schedule) **R**
10. Appropriate referral for additional services (as needed) **I**

Key: **(R)** Required

**(I)** Required when indicated by age, history, physical findings, method, previous lab tests, and/or ACOG/ACS/USPSTF/ASCCP/ ASCP/SPR/QFP; if indicated and documentation does not demonstrate that the education/counseling was offered, the record will be held out of compliance

## Attachment C (continued)

### Family Planning Male Patient Education Requirements

**The patient should receive and understand the information he needs to make informed decisions and follow treatment plans. This requires careful attention to how information is communicated. The following strategies can make information more readily comprehensible to patients:**

1. Adolescents must be told that services are confidential, family involvement is encouraged and resisting sexual coercion is discussed. **R**
2. Adolescents should be provided intervention to prevent initiation of tobacco use. **R**
3. Adolescents must be informed about abstinence, condoms, LARC and other methods of contraception. **R**
4. Educational materials should be clear and easy to understand. **R**
5. Information should be delivered in a manner that is culturally and linguistically appropriate. **R**
6. The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment. **R**
7. Whenever possible, natural frequencies and common denominators (i.e., 1 in 100 using an IUC or implant is likely to get pregnant within 1 year, etc.) are used in education activity. **R**
8. Balanced information on risks and benefits of the contraceptive method chosen by the client or their partner should be presented, and messages framed positively. **R**
9. Active patient engagement should be encouraged, and each appointment should be tailored to the patient's individual circumstances and needs. **R**
10. Information needed to make an informed decision about family planning **R**
11. Use specific methods of contraception and identify adverse effects **R**
12. Reduction of risk of transmission of STIs and HIV based on sexual risk assessment **I**
13. Provide reproductive life planning counseling **R**
14. Review immunization history and inform patient of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers **R**
15. Provide preconception counseling **R**
16. Understand BMI greater than 25 or less than 18.5 is a health risk (Weight management educational materials to be provided patient requests) **I**
17. Stop tobacco use, implementing the 5A counseling approach **I**
18. Provide achieving pregnancy counseling **I**
19. Provide basic infertility counseling **I**
20. Provide GED Counseling **I**

### Patient Method Counseling

**Method counseling is individualized dialogue that must be included in the patient's record either as a check box (electronic format) or as a written statement. The "Teach Back" method may be used to confirm the patient understands. It covers:**

1. Results of physical assessment and labs (if performed) **R**
2. Contraceptive counseling /education provided **R**
3. Provide Emergency Contraception counseling **R**
4. How to d/c method selected, and information on back up method **R**
5. Typical use rates for method effectiveness **R**
6. How to use the method consistently and correctly **R**
7. Protection from STDs if non-barrier method chosen **I**
8. Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24-hour number, where to seek emergency services outside of hours of operation) **R**
9. When to return for a follow up (planned return schedule) **R**
10. Appropriate referral for additional services as needed **R**

Key: **(R)** Required

**(I)** As indicated by age, history, physical, method, previous lab tests, and/or COG/ACS/USPSTF/ASCCP/ASCP/SPR/QFP; if indicated and documentation does not demonstrate that the education/counseling was offered, the record will be held out of compliance

**Attachment D**

**TANF Out-of-Wedlock Birth Prevention Program Deliverables**

---

**Local Health Department Name**

**151 Family Planning**

**Activity Number and Title**

For FY 2022–2023, all local family planning programs receiving TANF Out-of-Wedlock Birth Prevention funds **must submit** this worksheet as its plan for the proposed use of their allocations to the Division. When this funding was first allocated, the State Director of Social Services and the management of the Division of Public Health agreed that local directors of public health and social services should devise local plans for these funds and implement whatever strategies would serve the specific community’s needs relative to the prevention of out-of-wedlock births among TANF-eligible patients and among those at risk of becoming eligible as the result of unintended pregnancies. The Attachment D plan must account for the full amount of the local agency’s FY 2022–2023 TANF allocation. **The Local Director of Social Services (or his or her representative) and the Local Health Director (or his or her representative) must sign on the second page of this Attachment D, with the Local Health Director also signing the Agreement Addendum, indicating collaboration between the two agencies.** If the Local Health Department decides to amend their previously submitted Attachment D, an additional Attachment D must be submitted that includes the original signatures of the Local Director of Social Services and the Local Health Director or their representative. The amended Attachment D can be mailed to the Women’s Health Branch at 1929 Mail Service Center, Raleigh, NC 27699-1929, attention Joseph Scott, Family Planning Operations Manager or scanned and emailed to [joseph.scott@dhhs.nc.gov](mailto:joseph.scott@dhhs.nc.gov).

**Estimated Cost of TANF Out-of-Wedlock Birth Prevention Activities**

1. Providing clinical family planning services to at-risk individuals (described above) who are not covered by Medicaid, private insurance, or who are under-insured. Family planning clinical services reimbursed by Medicaid cannot be counted as TANF services. However, services for which Medicaid does not reimburse in family planning settings—such as psychosocial counseling and medical nutrition therapy—when delivered to the appropriate family planning patients may be counted as TANF services. Other services may include “wrap-around-type” services for high-risk patients, such as enhanced post-pregnancy test follow-up and intensive care coordination for patients at risk for contraceptive failure. \$ \_\_\_\_\_
  
2. Public education/media campaigns targeted to the at-risk population (described above) and designed to raise the public’s awareness of the importance of family planning services. Please note that any promotional or educational materials developed with TANF funding must denote that Title X funding was used to develop the materials, since your agency also receives Title X funding. \$ \_\_\_\_\_

**If budgeting funds for public education/media campaign activities, a description of those activities must be listed below**

---

Attachment D (continued)

TANF Out-of-Wedlock Birth Prevention Program Deliverables (continued)

Local Health Department Name

151 Family Planning

Activity Number and Title

3. Outreach and recruitment activities which target the at-risk population. If budgeting funds for outreach and recruitment activities, a description of those activities must be listed below: \$

4. Out-stationing of public health personnel at local DSS sites to facilitate the recruitment and provision of services to the at-risk population. \$

5. Out-stationing DSS staff within family planning program sites to facilitate recruitment of the at-risk population. \$

6. Other non-clinical services to the at-risk population. Please explain: \$

7. Total of lines 1 through 6: \$

Signature of Social Services Director or Authorized Representative

Date

Signature of Local Health Director or Authorized Representative

Date