

# Division of Public Health Agreement Addendum FY 25-26

MASTER  
Local Health Department Legal Name

151 Family Planning  
Activity Number and Description

06/01/2025 – 05/31/2026  
Service Period

07/01/2025 – 06/30/2026  
Payment Period

Original Agreement Addendum  
 Agreement Addendum Revision # \_\_\_\_\_

Women, Infant, and Community Wellness Section  
/ Reproductive Health Branch

DPH Section / Branch Name

Kristen Carroll, 919-707-5685  
kristen.carroll@dhhs.nc.gov

DPH Program Contact  
(name, phone number, and email)

DPH Program Signature  
(only required for a negotiable Agreement Addendum)

Date

## I. **Background:**

The Family Planning Program is administered within the Reproductive Health Branch (RHB) of the Women, Infant, and Community Wellness Section (WICWS). The RHB is designed to enhance the health of North Carolinians through client-centered, high-quality, and inclusive reproductive health education and services. The RHB provides funding to local health departments and districts to provide client-centered, high-quality, inclusive family planning services to low-income individuals.

According to the March of Dimes, 14.7% of women ages 15-44 in North Carolina were living below the federal poverty level<sup>1</sup>, and 13.4% were uninsured<sup>2</sup>.

Data from the 2022 *Behavioral Risk Factor Surveillance System (BRFSS)* showed that 70% of female respondents in North Carolina were at risk of having an unintended pregnancy<sup>3</sup> and 52.7% of female respondents were in need of contraceptive services.<sup>4</sup> Women who have unintended pregnancies are at a greater risk for poor birth outcomes.

## II. **Purpose:**

This Agreement Addendum ensures that the Local Health Department provides a wide range of client-centered, high-quality care that is critical to an individual's reproductive and sexual health. Family planning services provide the delivery of related preventive health services including client education

<sup>1</sup> <https://peristats.marchofdimes.org/peristats/ViewSubtopic.aspx?reg=37&top=14&stop=159&lev=1&slev=4&obj=1&cmp=99>

<sup>2</sup> <https://www.marchofdimes.org/peristats/data?reg=37&top=11&stop=158&lev=1&slev=4&obj=1&sreg=37>

<sup>3</sup> <https://schs.dph.ncdhhs.gov/data/brfss/2022/nc/all/RskUPg.html>

<sup>4</sup> <https://schs.dph.ncdhhs.gov/data/brfss/2022/nc/all/NdConSrv.html>

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

Date

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

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; exploration of pregnancy intention; counseling to become pregnant; preconception health counseling; education regarding a wide range of contraceptive methods; and emergency contraception.

These services promote reproductive autonomy, healthy relationships, and improved health across the reproductive life course. These services may also improve an individual's health by providing access to preventive care.

### III. **Scope of Work and Deliverables:**

The Activity 151 Family Planning Agreement Addendum requires further negotiation between the Reproductive Health Branch (RHB) 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) in Smartsheet<sup>5</sup> in conjunction with submitting the signed and dated Agreement Addendum.

In addition, a detailed budget must be submitted, as described below in Paragraph 1, with instructions provided in Attachment A.

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

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

A detailed budget must be **submitted in Smartsheet<sup>6</sup>** to document how the Local Health Department intends to expend funds awarded in FY26. **The budget must equal the funds allocated to the Local Health Department.** (Refer to the FY25-26 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, Client 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 Clients and Physicians Contact** (Attachment B)

Utilize the form in Smartsheet<sup>7</sup> to complete Attachment B. Submit the number of unduplicated clients to be served and the estimated percent of those clients that will be self-pay on the form. Local Health Department-Health Services Analysis (LHD-HSA) service data or compatible reporting system, as of August 31, 2026, will provide the documentation to substantiate services that the Local Health Department has provided for this FY26 Agreement Addendum. Also, on the Smartsheet form, submit 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. The Local Health Department shall demonstrate compliance with the NC Administrative Rules 10A NCAC 46.0206 for the provision of Family Planning Services.

<sup>5</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>6</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>7</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

4. 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 instead is assuring these services, the Local Health Department shall submit the following:
  - 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 clients 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 clients will be charged for services by the assurance provider.
  - b. A signed copy of this AA demonstrating that the Local Health Department is in compliance with the NC Administrative Rules and assuring family planning services.
5. 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 WICWS Regional Nurse Consultant if there is any interruption of services or inability to meet these Deliverables.
  - b. Utilize these five resources for providing family planning services:
    1. Title X Program Expectations<sup>8</sup>
    2. Providing Quality Family Planning Services<sup>9</sup>
    3. U.S. Medical Eligibility Criteria for Contraceptive Use, 2024<sup>10</sup>
    4. U.S. Selected Practice Recommendations for Contraceptive Use, 2016<sup>11</sup>
6. The **policies that address family planning services** in each Local Health Department shall include:
  - a. **CLINICAL SERVICES**  
The Office of Population Affairs (OPA) developed clinical recommendations for providing Quality Family Planning Services.
    1. All clients are offered client-centered, high-quality reproductive health care. Client-centered care is care that is respectful of, and responsive to, individual client preferences, needs, and values. Client values guide all clinical decisions.
    2. All clients are offered a comprehensive preventive appointment once every 12 months, but a comprehensive preventive appointment is not required by Title X to establish a patient to care. Components of the comprehensive preventive appointment are found on Attachment C.
    3. Per OPA, family planning care may be initiated with a problem-focused visit rather than a comprehensive preventive visit. A problem-focused visit would include a pertinent client, family, and social history, a problem-focused review of systems, and a documented physical examination and laboratory testing appropriate to the problem.

<sup>8</sup> <https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/title-x-program-expectations>

<sup>9</sup> <https://www.qfpguide.org/>

<sup>10</sup> <https://www.cdc.gov/mmwr/volumes/73/tr/rr7304a1.htm>

<sup>11</sup> <https://www.cdc.gov/mmwr/volumes/73/tr/rr7303a1.htm#print>

Contraceptive care can be initiated with a problem-focused visit. Note that specific insurers may require additional services or testing, but OPA does not.

4. 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 Medical Director responsible for the family planning clinic. These services include: a broad range of acceptable and effective medically approved contraceptive methods (including providing referrals/prescriptions for methods not available on-site), pregnancy testing and counseling, counseling to become pregnant, basic infertility services, preconception health services, sexually transmitted disease (STD) testing and counseling, related preventive health services (e.g., screening for breast and cervical cancer, hypertension, diabetes), and adolescent-friendly health services.
  - a. The Local Health Department must use DHHS 4140 (Pregnancy Testing Form) for all pregnancy-test only visits.<sup>12</sup>
5. Education and method counseling must be guided by the client's needs and preferences, following the shared decision making model<sup>13</sup>, so the client can make an informed choice. See Attachment C of this Family Planning Agreement Addendum for details.
6. All clients must be asked about whether they have a primary care provider as part of their health history. If a client 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.
7. Unless the Local Health Department operates a clinic that offers primary care services to the entire community, including Family Planning clients, a Memoranda of Understanding (MOU) with another agency that can provide primary care services for Local Health Department Family Planning clients is required. A current copy of this MOU must be submitted to the RHB annually with this Agreement Addendum.
8. 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 prosecution 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 clients the opportunity to be provided information and counseling regarding the following pregnancy options, unless the client 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 client requests information and counseling on pregnancy options, it must be neutral and factual information; nondirective counseling should be provided.
  - e. If a pregnant client requests a referral for prenatal care and delivery, infant care, foster care or adoption, or pregnancy termination, a referral must be provided.

<sup>12</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>13</sup> <https://www.qfpguide.org/content/person-centered-contraceptive-care-delivery/step-3-determine-which-contraception-aligns>

The referral process should include providing a client with a provider list that includes the name, address, telephone number, what services they offer, and other relevant factual information. Agencies may not take further action (making an appointment, providing transportation) to secure pregnancy termination services for the client. Where a referral to another provider who might perform an abortion is medically indicated because of the client's condition (such as where the individual's life would be endangered by continuing the pregnancy or the condition of the fetus), such a referral is not prohibited and is required.

- f. At the time of the positive pregnancy test visit, if a client is not scheduling an initial prenatal visit, then STD testing must be either offered or referred, and this must be documented in the client's record.
9. All standing orders or protocols developed for nurses in support of this program must include all required components listed in the North Carolina Board of Nursing position statement.<sup>14</sup> All local health departments shall have a policy in place that supports nurses working under standing orders. Additional information is available on the Public Health Nursing website.<sup>15</sup>

#### b. VOLUNTARY PARTICIPATION

1. The Local Health Department must provide Family Planning services solely on a voluntary basis; these services 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 contraception, including continuing use of any particular contraceptive device (42 CFR 59.5 (a)(2)).

#### c. INFORMED CONSENTS

1. The client's written, informed, voluntary, general consent (written in a language understood by the client or translated and witnessed by an interpreter) to receive services such as examinations, laboratory tests and treatment must be obtained prior to the client 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), the Local Health Department must ensure that the general consent form used includes the language of the state general consent form.
2. When administering or prescribing a new method of contraception, the Local Health Department has the choice of obtaining the client's signature on the applicable contraceptive method specific consent form or using the "Teach Back" method with documentation in the client's record with a check box or written statement of this method being used before a new prescription or new 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.

<sup>14</sup> <https://www.ncbon.com/sites/default/files/documents/2024-03/ps-standing-orders.pdf>

<sup>15</sup> <https://www.dph.ncdhhs.gov/local-health-departments/ocphn-regional-nurse-consultant-unit>

3. All information as to personal facts and circumstances obtained by the Local Health Department about individuals receiving services must be held confidential and must not be disclosed without the individual's documented consent, except as may be necessary to provide services to the individual or as required by law, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual. The Local Health Department must inform the individual of any potential for disclosure of their confidential health information to policyholders where the policyholder is someone other than the individual receiving services.

#### 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. Clients whose family income is at or below 100% of current Federal Poverty Level will not be charged for services.
  - b. Clients whose family income is 101%-250% of current Federal Poverty Level will be charged in accordance with a schedule of discounts. These clients shall not pay more in co-payments or additional fees than they would otherwise pay when the schedule of discounts is applied.
  - c. Clients 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 client income without burdening clients from low-income families.
  - a. Agencies that have lawful access to other valid means of income verification because of the client's participation in another program may use those data rather than re-verify income or rely solely on client's self-report.
  - b. If a client's income cannot be verified after reasonable attempts to do so, charges are to be based on the client's self-reported income.
  - c. If a client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within the agency, then the client may be charged 100% of the cost of services after informing the client that failure to declare income will result in the client owing 100% of the fee.
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. Advised that services are confidential and if follow-up is necessary, every attempt will be made to assure the privacy of the individual.
  - b. Counseled on exceptions to confidentiality when the law requires staff to report suspected child abuse, neglect, child molestation, sexual abuse, rape, incest, and human trafficking<sup>16</sup>, and when the law requires parental consent for treatment.<sup>17</sup>

<sup>16</sup> [https://www.ncleg.gov/enactedlegislation/statutes/html/bysection/chapter\\_7b/gs\\_7b-301.html](https://www.ncleg.gov/enactedlegislation/statutes/html/bysection/chapter_7b/gs_7b-301.html)

<sup>17</sup> [https://www.ncleg.gov/enactedlegislation/statutes/pdf/bysection/chapter\\_90/gs\\_90-21.5.pdf](https://www.ncleg.gov/enactedlegislation/statutes/pdf/bysection/chapter_90/gs_90-21.5.pdf)



- c. Encouraged to involve family members in their care where family involvement would not impinge on clients' health.
- d. Offered trauma-informed counseling on how to resist sexual coercive attempts to engage in sexual activities. Counseling should focus on supporting clients' autonomy and self-advocacy in choosing sexual activity.
- e. Informed about all methods of contraception and safer-sex practice options to reduce risks of sexually transmitted infections (STIs) and pregnancy.
- f. 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 clients (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. **One time, on hire**, Title X-funded staff and staff who provide services to Title X clients, or who oversee the provision of services to Title X clients, are required to complete the *NC Title X Orientation Checklists*. The applicable Orientation Checklists must be completed within 60 days of hire.
    - 1) Orientation Checklists can be accessed via Smartsheet dashboard.<sup>18</sup>
    - 2) The Orientation Checklists are in a Microsoft Excel workbook which contains tabbed sheets, and each sheet designates which types of staff must complete that sheet. All new staff must complete the tab labeled "All Staff Orientation." Other tabs are role-specific; new staff must complete the tab that matches their role in working with Title X clients.
    - 3) 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 current General Records Schedule: Local Government Agencies, Standard 4, Items 4.28 and 4.41.<sup>19</sup> Copies must be readily accessible and available for review by the WICWS Regional Nurse Consultant during monitoring.
    - 4) Residents and students working with Title X clients must complete an abbreviated orientation prior to working in the clinic. These individuals must complete the Resident/Student tab of the Title X orientation checklist, and these checklists must be retained in accordance with the General Records Schedule: Local Government Agencies, Standard 1.24 (a)<sup>20</sup> and the DHHS Office of the Controller Records Retention and Disposition Schedule, Family Planning Title X Program/North Carolina Statewide Family Planning Services Project guidelines.<sup>21</sup> Residents and students are not required to be listed on the NC Title X Family Planning Program Annual Training Record. Records of resident and student orientation must be accessible and available for review by the WICWS Regional Nurse

<sup>18</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>19</sup> <https://archives.ncdcr.gov/government/local-government-agencies/general-records-schedule-local-government-agencies>

<sup>20</sup> <https://archives.ncdcr.gov/government/local-government-agencies/general-records-schedule-local-government-agencies>

<sup>21</sup> <https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention>

Consultant during monitoring.

- b. **All Title X-funded staff and staff who provide services or who oversee the provision of services to Title X clients** are required to complete the trainings indicated on the NC Title X Family Planning Program Annual Training Record available on Smartsheet<sup>22</sup> by May 31, 2026. This Record must be signed by the Family Planning Medical Director and submitted no later than June 30, 2026, via Smartsheet. These records must be retained in accordance with the General Records Schedule: Local Government Agencies, Standard 1.24 (a)<sup>23</sup> and the DHHS Office of the Controller Records Retention and Disposition Schedule, Family Planning Title X Program/North Carolina Statewide Family Planning Services Project guidelines.<sup>24</sup> Even if the Local Health Director position is not Title X-funded, DPH recommends the above training courses for the Local Health Director.
2. 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.

g. **REQUIRED SIGNAGE IN CLINIC AREA**

1. Signs must be present in a visible area of the clinic acknowledging that family planning services are provided without discrimination based on 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. Agency staff shall also verbally offer interpreter service to clients with limited English proficiency when appropriate.
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 client bill of rights or other documentation which outlines the client's rights and responsibilities may either be posted as a sign in the clinic area or given as a handout to each client. Additional modalities to access this information are encouraged, such as QR codes, laminated paper copies, electronic signage, etc.
5. Signs, posters, videos, brochures, and other client education materials noting the client's right to confidential services are to be 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 1. through 5. above may be electronic signs or paper signs and should be available in languages appropriate to the client 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

<sup>22</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>23</sup> <https://archives.ncdcr.gov/government/local-government-agencies/general-records-schedule-local-government-agencies>

<sup>24</sup> <https://www.ncdhhs.gov/about/administrative-offices/office-controller/records-retention>



- 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 2021 Sexually Transmitted Diseases Treatment Guidelines<sup>25</sup> and North Carolina State Lab 2024 SCOPE, A Guide to Laboratory Services).<sup>26</sup>

2. CT and GC screening is recommended at the time of IUD insertion **only if** clients are not up to date on these screenings per CDC guidelines. IUD insertion should not be delayed for clients with CT/GC risk factors, since screening can be done at the time of IUD insertion. However, clients should not undergo IUD insertion if they have current purulent cervicitis or established chlamydial infection or gonococcal infection (2024 U.S. Medical Eligibility for Contraceptive Use).<sup>27</sup> Any woman who tests positive for either CT or GC must be retested at three months after treatment (CDC 2021 Sexually Transmitted Diseases Treatment Guidelines).
  3. Should the Local Health Department experience a shortage of CT and GC test kits that is out of its control, the Local Health Department is required to follow the most current CDC/NC guidelines for testing.
- i. IMMUNIZATIONS
1. The Local Health Department should screen all family planning clients for immunization status in accordance with recommendations of CDC's Advisory Committee on Immunization Practices (ACIP) and offer and/or provide referrals for any outstanding age-appropriate immunizations. 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 for the vaccines must be applied to the sliding fee scale.
- j. ENHANCED ROLE REGISTERED NURSE REQUIREMENTS (ERRN)
1. Certain low-risk clients may receive designated services from public health nurses who have received special Family Planning (FP) ERRN Training. If the Local Health Department has enhanced role screeners, a roster will be maintained and kept up to date. The roster shall include date of completion of the FP ERRN training, number of client contact hours (combination of time spent as a nurse interviewer and highest-level care provider) and accrued reproductive health-related educational contact hours. ERRNs must fulfill all requirements listed below by June 30<sup>th</sup> each year or they will lose enhanced role status. The FP ERRN program has been discontinued with the exception of those currently active.
  2. Any FP 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 for the agency. Other requirements include the completion and documentation of 100 clinical hours and 10 educational contact hours, directly related to reproductive health, during the fiscal year, July 1, 2025–June 30, 2026. The documents required for re-certification will be sent via email to the FP ERRN at each participating agency for completion. The documentation for the prior state fiscal year (July 1, 2024–June 30, 2025) must be submitted by August 15, 2025, to the State Family Planning Nurse Consultant in the Reproductive Health Branch. FP ERRN's who have remained rostered continuously may perform family planning

<sup>25</sup> <https://www.cdc.gov/std/treatment-guidelines/default.htm>

<sup>26</sup> <https://slph.dph.ncdhhs.gov/doc/SCOPE-Guide-To-Laboratory-Services.pdf>

<sup>27</sup> <https://www.cdc.gov/mmwr/volumes/73/rr/rr7304a1.htm>

assessments through the direction of precise, written Standing Orders, reviewed and signed annually by the Program Medical Director. The standing order should be submitted along with the re-rostering documents every other year (on even years), beginning August 15, 2025.

3. The Local Health Department shall advise their WICWS 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 documentation. Once removed they cannot be readded.

#### k. PHARMACEUTICAL SERVICES

1. The Local Health Department shall ensure program integrity and maintain auditable records which document compliance with all 340B Program requirements.<sup>28</sup> 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 RHB must be maintained by the Local Health Department (45 CFR parts 74 and 92).

#### m. PLANNED CLINIC CLOSURES OR NEW CLINICAL SITES

1. If a Local Health Department plans to close a family planning clinic site or stop seeing family planning clients, the Local Health Department must provide written notice to the Branch Head in the RHB, 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 clients, 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.
2. If a Local Health Department plans to open an additional clinic site, including a mobile clinic, the Local Health Department must provide written notice to the Branch Head in the RHB at least 45 days in advance of such an 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<sup>29</sup> 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 DPH Program Contact.

If the individual with login credentials does not log onto the system at least every 60 days, the login credentials will be inactivated. Additionally, two-factor authentication is now required to log in to the Title X clinic locator database. To establish the two-factor authentication, follow the prompts that appear after entering your email address and password, and click on the "log in" button. The RHB recommends logging in and reviewing the information every other month to ensure that the password and the account remain active and the information is accurate.

<sup>28</sup> <https://www.hrsa.gov/opa/programrequirements/index.html>

<sup>29</sup> <https://reproductivehealthservices.gov/>

2. If the responsible individual leaves the organization, their database account must be disabled, not “transferred” to the next user. The Local Health Department staff can add and delete users, as needed. For agencies that do not have any staff member active in the system, email the DPH Program Contact to set up login credentials.
- o. **QUALITY IMPROVEMENT 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. Compliance with this requirement will be assessed during the monitoring process by the WICWS Regional Nurse Consultants. The RHB has developed a sample template to assist with documenting QI processes that is available on Smartsheet.<sup>30</sup>
  2. The Local Health Department shall annually distribute a Patient Experience survey created and monitored by the state. The survey will meet the Title X annual satisfaction survey requirement. The results will be aggregated by the state and shared with the Local Health Department to incorporate in their quality improvement work. The Data Manager will provide survey materials and additional instructions via Smartsheet.<sup>31</sup>
  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. WICWS 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 Smartsheet.<sup>32</sup>
  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, whether revisions are made or not, by the Medical Director.

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

1. The Local Health Department shall improve reproductive health access and services, prioritizing low-income individuals. The Outcome Objectives are listed below, and the actual county-specific numbers are located on Smartsheet.<sup>33</sup>
  - a. Increase number of family planning clients
  - b. Increase number of adolescent clients ages 15-19
  - c. Ensure at least 90% of family planning clients served are at or below 200% of federal poverty level
  - d. Ensure at least 85% of female family planning clients ages 15-24 are screened for chlamydia
  - e. Increase access to the most effective methods of contraception
2. Annual Reports
  - a. Media Review Requirements
    1. All informational and educational family planning materials should be **reviewed and approved by an advisory committee** of at least five members broadly representative of

<sup>30</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>31</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>32</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>33</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

the clinic population for which the materials are intended before use and re-reviewed on a regular basis.

- a. Materials must be reviewed by the advisory committee to ensure 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 ensure it is factually correct, medically accurate, culturally, and linguistically appropriate, inclusive, and trauma informed.
2. All informational and educational family planning materials which were reviewed by the advisory committee during the period June 1, 2024 to May 31, 2025 **must be submitted to DPH, via Smartsheet, at least annually and no later than June 30, 2025**. A letter stating that there were no new materials to review will be accepted only once in any three-year period. DPH will review these materials to ensure that they are meeting the requirements. Media Review family planning materials can be submitted anytime during the year, and the Local Health Department is encouraged to submit as the local review is completed.
  3. Any informational or educational material (including but not limited to program advertisements and educational videos/handouts/brochures) developed by the Local Health Department must include the following funding acknowledgement statement if, and only if, the material was created utilizing Title X funding:

“This [project/publication/program/website, etc.] is supported by the Office of Population Affairs (OPA) of U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$7,800,000 with 100% funding by OPA/OASH/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by OPA/OASH/HHS, or the U.S. Government.”

A QR code with this statement is available on Smartsheet.<sup>34</sup>

4. The Local Health Department shall maintain a list of approved materials available to distribute to clients, 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 15, 2026**, 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. Form PHS-6044 (Revised) can be found on Smartsheet and once complete, should be submitted via Smartsheet.<sup>35</sup>

<sup>34</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>35</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

The current sterilization consent forms that must be used when arranging sterilizations can be found on the HHS Office of Population Affairs website.<sup>36</sup>

2. **If the Local Health Department neither performs nor arranges for sterilizations supported with federal funds, it must submit annually by June 30, 2025**, 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 submitted via Smartsheet.<sup>37</sup>
- 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 Smartsheet.<sup>38</sup> Collecting this data is a requirement for receiving Title X funding. The data collected will be reported to the Office of Population Affairs as the health oversight agency for Title X.
  - 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 clients tested for chlamydia by gender and age group (<15, 15-17, 18-19, 20-24, and ≥25)
    2. Total number of tests performed by gender for gonorrhea, syphilis, and HIV
    3. Number of positive HIV tests
    4. Unduplicated number of clients 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 will be available via Smartsheet. For the reporting period January–December 2025, the deadline for data submission is January 15, 2026. (Data for the reporting period January–May 2025 are for services provided under the prior year’s Agreement Addendum, FY24-25.)
  - e. To ensure that all local program income that is supporting the Family Planning Program is reported, quarterly reports must be submitted via Smartsheet.<sup>39</sup> The first report is for April, May, and June 2025 income and is due by July 24, 2025. The quarters for these reports are defined as:
    - April – June 2025  
*April and May 2025 data is from services provided under the Agreement Addendum for SFY 2025.*
    - July – September 2025
    - October – December 2025
    - January – March 2026
  - f. 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

<sup>36</sup> <https://opa.hhs.gov/sites/default/files/2022-07/consent-for-sterilization-english-2025.pdf> (English) and <https://opa.hhs.gov/sites/default/files/2022-07/consent-for-sterilization-spanish-2025-large.pdf> (Spanish)

<sup>37</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>38</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>39</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>



Director has been involved in the process. The template for developing the plans and submission will occur through Smartsheet<sup>40</sup> by August 15, 2025.

- g. The Local Health Department shall complete the annual Local Health Department Pharmacy Services Survey<sup>41</sup> by May 1, 2026.

### 3. Reporting Required Subcontract Information

In accordance with revised NCDHHS guidelines effective October 1, 2024, the LHD must provide the information listed below for every subcontract receiving funding from the LHD to carry out any or all of this Agreement Addendum's work.

This information is not to be returned with the signed Agreement Addendum (AA) but is to be provided to DPH when the entities are known by the LHD.

- a. Subcontracts are contracts or agreements issued by the LHD to a vendor ("Subcontractor") or a pass-through entity ("Subrecipient").
  1. Subcontractors are vendors hired by the LHD via a contract to provide a good or service required by the LHD to perform or accomplish specific work outlined in the executed AA. For example, if the LHD needed to build a data system to satisfy an AA's reporting requirements, the vendor hired by the LHD to build the data system would be a Subcontractor. (However, not all Vendors are considered Subcontractors. Entities performing general administrative services for the LHD (e.g., certified professional accountants) are not considered Subcontractors.
  2. Subrecipients of the LHD are those that receive DPH pass-through funding from the LHD via a contract or agreement for them to carry out all or a portion of the programmatic responsibilities outlined in the executed AA. (Subrecipients are also referred to as Subgrantees in NCAC.)

The following information must be submitted via Smartsheet for review prior to the entity being awarded a contract or agreement from the LHD:

- Organization or Individual's Name (if an individual, include the person's title)
- EIN or Tax ID
- Street Address or PO Box
- City, State and ZIP Code
- Contact Name
- Contact Email
- Contact Telephone
- Fiscal Year End Date (of the entity)
- State whether the entity is functioning as a pass-through entity Subcontractor or Subrecipient of the LHD.

## V. Performance Monitoring and Quality Assurance:

1. The WICWS Regional Nurse Consultants (RNCs) conduct performance monitoring and quality assurance activities.
  - a. The RNCs will 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 via phone, email, or on-site as needed. Virtual/On-site monitoring visits include a review of audited charts, clinic walk-through, client visit observations (a preventive visit, preferably with an adolescent, and a pregnancy test

<sup>40</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>41</sup> <https://www.surveymonkey.com/r/2023pharmacyLHDsurvey>



visit), 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.

- b. A written monitoring report is completed for each virtual or on-site monitoring visit. The written monitoring report 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. If a Corrective Action Plan (CAP) is needed, the written report will indicate that.

2. Consequences:

- a. If a CAP is required, the Local Health Department must prepare and submit the CAP to the DPH Program Contact within 30 days of receiving the monitoring report. The DPH Program Contact will notify the Health Director whether the final CAP is acceptable within 30 days of having received the CAP. If the final CAP is acceptable, monitoring closure is reached. All CAPs include a date of the next internal follow-up monitoring. Depending on the CAP deficiencies, the RNC may request a copy of the internal monitoring to ensure the issues have been resolved. If instead, the DPH Program Contact finds the final CAP to be unacceptable, the DPH Program Contact will provide technical assistance to help complete the CAP. If a final CAP is still unacceptable in 90 days, the Local Health Department will be placed on high-risk status with ongoing technical assistance and annual follow-up monitoring pending approval by the WICWS Chief. If at annual monitoring the agency meets program requirements, they will resume the three-year monitoring cycle.
- b. A loss of up to 5% of funds may result for the Local Health Department if it does not meet the level of Family Planning Clients (Attachment B) for a two-year period or expend all Title X and Healthy Mothers/Healthy Children (HMHC) funds for a two-year period.

**VI. Funding Guidelines or Restrictions:**

1. **Federal Funding Requirements:** where federal grant dollars received by the Division of Public Health (DPH) are passed through to the Local Health Department (LHD) for all or any part of this Agreement Addendum (AA).
  - a. Requirements for Pass-through Entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, DPH provides Federal Award Reporting Supplements (FASs) to the LHD receiving federally funded AAs.
    1. Definition: An FAS discloses the required elements of a single federal award. FASs address elements of federal funding sources only; state funding elements will not be included in the FAS. An AA funded by more than one federal award will receive a disclosure FAS for each federal award.
    2. Frequency: An FAS will be generated as DPH receives information for federal grants. FASs will be issued to the LHD throughout the state fiscal year. For a federally funded AA, an FAS will accompany the original AA. If an AA is revised and if the revision affects federal funds, the AA Revision will include an FAS. FASs can also be sent to the LHD even if no change is needed to an AA. In those instances, the FAS will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
  - b. Required Reporting Certifications: Per the revised Uniform Guidance, 2 CFR 200, if awarded federal pass-through funds, the LHD as well as all subrecipients of the LHD must certify the following whenever 1) applying for funds, 2) requesting payment, and 3) submitting financial reports:

“I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent

information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.”

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 FY25-26**. Refer to FY 24-25's approved budget narrative as a reference for completing FY 25-26's budget narrative. Upon completion, the Open Window Budget Form must be uploaded via Smartsheet<sup>42</sup> no later than 15 days after this Agreement Addendum is signed and returned to DPH. The Open Window Budget Form<sup>43</sup> requires a line-item budget and a narrative justification for each line item. The budget should clearly identify how the Temporary for Needy Assistance (TANF) funding and Women's Health Service Funds are being spent.

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 FY25-26 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 Smartsheet.<sup>44</sup> 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 Nexplanon devices @ \$399.00 each = \$19,950.

### Equipment

The maximum that can be expended on an equipment item, without prior approval from the RHB, is \$2,000. An equipment item that exceeds \$2,000 must be approved by the RHB 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 client 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 clients who request Family Planning services: 1) Intake of client 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.

<sup>42</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>43</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

<sup>44</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

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**

The Local Health Department can calculate travel and subsistence rates equal to or below the current state rates.

Mileage Rate

The Office of State Budget and Management adopts the IRS mileage reimbursement rate. The North Carolina Department of Health and Human Services (NCDHHS) and DPH follows this guidance. Mileage rates are typically updated annually. Effective January 1, 2024, the mileage reimbursement rate is 67 cents per mile.

Subsistence Rates

DPH follows the NCDHHS Travel Policy for meals and lodging reimbursement. NCDHHS has issued the following schedule, effective October 1, 2024:

	<u>In-State</u>	<u>Out-of-State</u>
Breakfast	\$ 16	\$ 13
Lunch	\$ 19	\$ 15
Dinner	\$ 28	\$ 26
Lodging (actual, up to)	<u>\$ 110</u>	<u>\$ 110</u>
Total	\$ 173	\$ 173

Justification Example:

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

- 2 nights' lodging x \$110 (excludes tax) = \$220
- 2 breakfast x 2 staff @ \$16/person = \$64
- 2 lunches x 2 staff @ \$19/person = \$76
- 2 dinners x 2 staff @ \$28/person = \$112
- Total cost: \$220 lodging + \$252 meals = \$472

**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.

**Attachment B**

**Family Planning Clients and Physicians Contact**

Instructions: **The information listed below must be submitted via Smartsheet.**<sup>45</sup> This information should be entered in Smartsheet in conjunction with sending in your signed Agreement Addendum.

1. The Smartsheet form for **Estimating Clients** will ask you to provide:
  - The total number of estimated clients to be served in the Family Planning Clinic
  - The estimated percent of those clients that will be self-pay.
  
2. The Smartsheet form for **Provider Information** will ask you to provide, for each provider who approves or signs off on family planning clinic protocols at your facility:
  - Provider Name
  - Provider Specialties
  - Telephone Number
  - Email Address

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<sup>45</sup> <https://app.smartsheet.com/b/publish?EQBCT=7aa1717cef874931b622c7205d6b0051>

## Attachment C

## Family Planning Clinical and Educational Services

**Family Planning Clinical Services for Biological Females**

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**Comprehensive Preventive Appointments (appointment should be offered annually)****HISTORY**

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 infections **R**
9. Immunization assessment **R**
  - Screen following recommendations of CDC's Advisory Committee on Immunization Practice (ACIP). Must offer or provide referral for any outstanding age-appropriate immunizations.
10. Pertinent family medical history **R**
11. 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, client must also be screened with the 5Ps or other validated tool
12. Environmental exposures/hazards **R**
13. Depression screening with modified PHQ-2 questions or other validated tool; if using the PHQ-2 and the client responds yes to any of the depression screening questions on the health history, a PHQ-9 or provider assessment is required. **Postpartum** clients must be screened with a validated assessment tool, such as the PHQ-9 or the Edinburgh Postpartum Depression Screening. Additional screening information can be found in AA 101 FY26. **R**
14. Screen for Intimate Partner Violence and provide or refer clients who screen positive. **R**
15. **If postpartum**, counseled regarding healthy birth spacing (advised to delay future pregnancy for a minimum of 6 months and be counseled about the risk vs. benefits of a repeat pregnancy sooner than 18 months). **R**
16. Assess for unprotected intercourse in past five days. If affirmative and pregnancy is not desired, administer or offer prescription for Emergency Contraception. **R**

**(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.



**REVIEW OF SYSTEMS R**

- Review of client current signs and symptoms pertinent to reproductive health services and contraception **R**

**PHYSICAL ASSESSMENT\***

1. Height/Weight/Body Mass Index (BMI) **R**
2. Blood pressure **R\***
3. Heart/Lungs/Extremities **I**
4. Thyroid **I**
5. Breast exam **I**
6. Abdomen **I**
7. Pelvic exam **I**

\* Clients may decline any physical assessment components and still receive contraception, with the exception of blood pressure measurement for combined hormonal contraception.

**PROBLEM FOCUSED OFFICE VISITS**

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**

**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 client. **R**

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

**LABS**

1. Gonorrhea testing **R** (Required if sexually active individuals  $\leq 25$  years of age per North Carolina 2024 State Lab SCOPE, individuals living with HIV, and as indicated for those 26 and older per CDC guidelines and/or with IUD insertion **if required** per CDC's 2021 STD Screening Guidelines).
2. Chlamydia testing **R** (Required if sexually active individuals  $\leq 25$  years of age per North Carolina 2024 State Lab SCOPE, individuals living with HIV, and as indicated for those 26 and older per CDC guidelines and/or with IUD insertion **if required** per CDC's 2021 STD Screening Guidelines).
3. Syphilis serology **I** (CDC recommends screening those living with HIV, asymptomatic individuals with history of incarceration, transactional sex workers, those living in communities with high prevalence, and individuals based on their reported sexual behaviors and exposure).
4. HIV Testing **I** (CDC recommends all clients aged 13-64 be screened routinely and all persons seeking evaluation and treatment for STIs be rescreened).
5. Hepatitis C screening **I** (Agency may refer to another agency for testing if warranted by screening).
  - (USPSTF recommendation, Grade B) one-time screening for HCV infection for all individuals 18-79 years of age, and periodically rescreen those individuals who inject drugs.

**(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.

6. Diabetes testing **I**

- (USPSTF recommendation, Grade B) to screen for prediabetes and type 2 diabetes in adults aged 35 and older who are overweight or obese. Clinicians should offer or refer clients with prediabetes to effective preventive interventions.

7. Cervical Cytology Screening (Pap Smear) **I**

- Screening must follow a nationally recognized standard of care for cervical cytology such as: USPSTF, ACS, ASCCP, or other standard of care. The selected standard of care must be identified in agency policy/procedure/protocol.

## **Family Planning Biological Female Client Education Requirements**

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**The client should receive and understand the information they need 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 clients:**

- Educational materials should be clear and easy to understand.
- Information should be delivered in a manner that is culturally and linguistically appropriate.
- The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment.
- 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.
- Balanced information on risks and benefits of the contraceptive method chosen by the client or their partner should be presented, and messages framed positively.  
Active client engagement should be encouraged, and each appointment should be tailored to the client's individual circumstances and needs.
- Information needed to make an informed decision about family planning.

**Client education and counseling regarding the following should be documented in the record where applicable:**

1. Adolescents must be told that services are confidential, family involvement is encouraged and resisting sexual coercion is discussed. **R for adolescent clients**
2. Adolescents must be informed about all methods of contraception. **R for adolescent clients**
3. Use specific methods of contraception and identify adverse effects (**required at initiation of a contraceptive method**) **I**
4. Reduction of risk of transmission of STIs and HIV based on sexual risk assessment **I**
5. Promote daily consumption of multivitamin with folic acid to those who could become pregnant **I**
6. Review pregnancy intention (**required annually**) **I**
7. Review immunization history and inform client of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers. **R**
8. Understand BMI greater than 30 or less than 18.5 is associated with increased health risks (Weight management educational materials to be provided if client requests) **I**
9. Stop tobacco or Electronic Nicotine Delivery Systems (ENDS) use, implementing the 5A counseling (**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.

approach and offer referral to QuitlineNC. **I**

10. Encourage mammograms in accordance with the nationally recognized guidelines the agency has chosen to follow and has incorporated into agency policy/procedure/protocol. **I**
11. Provide counseling to become pregnant and preconception counseling **I**
12. Provide basic infertility counseling **I**
13. Provide GED Counseling **I**

## **Client-centered Method Counseling**

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

1. Results of physical assessment and labs (if performed) **I**
2. Client-centered contraceptive counseling /education provided **R**
3. Provide Emergency Contraception counseling if pregnancy is not desired **I**
4. Protection from STDs if non-barrier method chosen **I**
5. 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**
6. When to return for a follow up (planned return schedule) **R**
7. Appropriate referral for other services **I**

## **Family Planning Clinical Services for Biological Males**

**Comprehensive Preventive Appointments (appointment should be offered annually)**

### **HISTORY**

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. Sexually transmitted infections **R**
5. Immunization assessment **R**  
Screen following recommendations of CDC’s Advisory Committee on Immunization Practice (ACIP). Must offer or provide referral for any outstanding age-appropriate immunizations.
6. Pertinent family medical history **R**
7. Social/Sexual History
  - Pertinent partner(s) history **R**
  - Extent of use of tobacco, alcohol, and other drugs **R**
  - Sexual History /Social History **R**

**(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.

8. Environmental exposures/hazards **R**
9. 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 or provider assessment is required. **R**
10. Assess for unprotected intercourse in past five days. If affirmative, and pregnancy is not desired, educate about how partner may obtain Emergency Contraception **R**

### **REVIEW OF SYSTEMS R**

- Review of client current signs and symptoms pertinent to reproductive health services and contraception **R**

### **PHYSICAL ASSESSMENT\***

1. Height/Weight/Body Mass Index (BMI) **R**
2. Blood pressure **R**
3. Heart/Lungs/Extremities **I**
4. Thyroid **I**
5. Abdomen **I**
6. Genitals **I**
7. Rectum **I**

\* Clients may decline any physical assessment components and still any desired Family Planning Services.

### **PROBLEM FOCUSED OFFICE VISITS**

Other office visits 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** (CDC recommends screening MSM, those living with HIV, asymptomatic individuals with history of incarceration, transactional sex workers, those living in communities with high prevalence, and individuals based on their reported sexual behaviors and exposure).
4. HIV Testing, **I** (CDC recommends all clients aged 13-64 be screened routinely and all persons seeking evaluation and treatment for STIs be rescreened. At least annual screening recommended for MSM, with unknown or negative HIV status, 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) one-time screening for HCV infection for all individuals 18-79 years of age, and periodically rescreen those individuals who inject drugs.
6. Diabetes testing, **I**
  - (USPSTF recommendation, Grade B) to screen for diabetes in adults aged 35 and older who are

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overweight or obese. Clinicians should offer or refer clients with prediabetes to effective preventive interventions.

## **Family Planning Biological Male Client Education Requirements**

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**The client should receive and understand the information they need 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 clients:**

- Educational materials should be clear and easy to understand.
- Information should be delivered in a manner that is culturally and linguistically appropriate.
- The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment.
- 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.
- Balanced information on risks and benefits of the contraceptive method chosen by the client or their partner should be presented, and messages framed positively.  
Active client engagement should be encouraged, and each appointment should be tailored to the client's individual circumstances and needs.
- Information needed to make an informed decision about family planning

**Client education and counseling regarding the following should be documented in the record where applicable:**

1. Adolescents must be told that services are confidential, family involvement is encouraged and resisting sexual coercion is discussed. **R for adolescent clients**
2. Adolescents must be informed about all methods of contraception. **R for adolescent clients**
3. Use specific methods of contraception and identify adverse effects (**required at initiation of a contraceptive method**) **I**
4. Reduction of risk of transmission of STIs and HIV based on sexual risk assessment **I**
5. Review pregnancy intention (**required annually**) **I**
6. Review immunization history and inform client of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers **R**
7. Understand BMI greater than 30 or less than 18.5 is associated with health risks (Weight management educational materials to be provided if client requests) **I**
8. Stop tobacco or Electronic Nicotine Delivery Systems (ENDS) use, implementing the 5A counseling approach **I**
9. Provide counseling to become pregnant and preconception counseling **I**
10. Provide basic infertility counseling **I**
11. Provide GED Counseling **I**

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