


NC Department of Health and Human Services
Division of Public Health
Women's Health Branch

Agreement Addenda Webinar
Fiscal Year 2020-2021

March 17, 2020

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High Risk Maternity Clinic
Agreement Addendum

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III. Scope of Work and Deliverables

B. Quality Assurance

B3 **If the local health department offers NST services**, they must be provided by experienced licensed healthcare professionals to perform a Non-Stress Test (NST) when indication warrants. These healthcare professionals include: Registered Nurses (RNs), Certified Nurse-Midwives, Nurse Practitioners, Clinical Nurse Specialists, Physicians, and Physician Assistants. Documentation of fetal monitoring training is required every two years for RNs.

CLARIFICATION: Providing NST services is not a requirement of the High-Risk Maternity Clinic, so added the highlighted portion to clarify that this only applies if health department offers the service.

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III. Scope of Work and Deliverables

B. Quality Assurance

B13 Use interpreter services for all high-risk programs when appropriate.

ADDITION: Added this item to be consistent with requirement in Maternal Health Agreement Addendum.

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III. Scope of Work and Deliverables

C. Policies and Procedures Section

Modified items C1-C22 to read:

Develop and follow policy/procedure/protocol...

CLARIFICATION: The policies required by LHD did not change. Language was added to provide clarity that this Section C outlines the policies, procedures or protocols that LHD will develop and use to guide processes and practices within the local health department.

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III. Scope of Work and Deliverables

C. Policies and Procedures Section

C7 Develop and follow a policy/procedure/protocol that describes the agency's completion of the modified 5Ps validated screening tool, at the initial prenatal visit and at the postpartum visit to identify patients with substance use concerns and refer (if indicated) for subsequent follow-up. If the Pregnancy Risk Screen is completed at the initial prenatal visit, the modified 5Ps screening is included.

CLARIFICATION: Item (C7) updated to clarify the specific details regarding when the 5Ps screening tool should be completed and to indicate that if the Pregnancy Risk Screen has been completed then agency does not need to complete the 5Ps screening tool.

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III. Scope of Work and Deliverables

C. Policies and Procedures Section

C10 Develop and follow a policy/procedure/protocol for documenting the universal prenatal screening of vaginal/rectal Group B Streptococcal (GBS) colonization of all patients at 36-38 weeks gestation unless already diagnosed with positive GBS bacteriuria. If Group B Strep (GBS) is identified during routine urine culture, a repeat screening at 36-38 weeks is not indicated (except in patients who are penicillin allergic, needing sensitivities). GBS in routine urine culture is treated per normal culture guidelines (>100K colony count). Policy should include process for transferring results to delivering hospital, and follow-up regarding treatment of the patient and infant. Collaboration with providers and pediatricians, local hospital/tertiary care center staff is required to develop a policy.

UPDATE: Per ACOG, this new recommended timing for screening shifted from 35 weeks – 37 weeks to 36 weeks – 38 weeks, which provides a five-week window for valid culture results that includes births that occur up to a gestational age of at least 41-0/7 weeks.

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III. Scope of Work and Deliverables

C. Policies and Procedures Section

C11 Develop and follow a policy/procedure/protocol for assessing prenatal clients for immunity to Rubella and Varicella, and for provision of or referral for the Rubella and Varicella vaccine postpartum if the patient is not immune. Rubella and Varicella immunity status must be assessed at the initial prenatal appointment. Patients who have written official documentation of vaccination with 1 dose of live rubella, MMR, or MMRV vaccine at age 1 year or older, or who have laboratory evidence of immunity are considered to be immune to Rubella.

Patients who have written official documentation of vaccination with 2 doses of varicella vaccine, initiated at age 1 year or older and separated by at least one month; laboratory evidence of immunity or laboratory confirmation of disease, or history of healthcare provider diagnosis of varicella or herpes zoster disease are considered to be immune to varicella. (ACOG Committee Opinion, No. 741, June 2018; *Guidelines for Perinatal Care*, 8th ed., pp. 134-135, 166; CDC Pink Book, Chapter 20 & 22) Patients who are not immune to rubella and/or varicella must be referred for or provided appropriate vaccination during the postpartum period. (ACOG Committee Opinion, No. 741, June 2018; *Guidelines for Perinatal Care*, 8th ed., pp. 164-166, 283, 519-524)

CLARIFICATION: Items (E8 & E9) from E. Laboratory and Other Studies was moved to C. Policies and Procedures (C18) to clarify the specific details that need to be in the policy regarding assessment of Rubella and Varicella immunity.

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III. Scope of Work and Deliverables

C. Policies and Procedures Section

Moved C13:
Provision of active electronic mail membership and direct access to the Internet for the maternity nurse supervisor, LCSW, and nutritionist. HRMC funds can be used to finance and maintain hardware, software and subscription linkage to the current local market values.

MOVED: Item (C13) from FY20 AA was moved to B. Quality Assurance section item (B12) in FY21 AA.

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III. Scope of Work and Deliverables

E. Laboratory and Other Studies

E1 Syphilis screening must be performed at the following: the initial appointment, between 28-30 weeks, and when symptomatic.

CLARIFICATION: In the FY20 AA, guidance for when to conduct syphilis screening was listed incorrectly. Revised FY20 AA and FY21 AA has the guidance listed correctly.

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III. Scope of Work and Deliverables

E. Laboratory and Other Studies

E14 Hemoglobin/Hematocrit screening at the initial appointment, in second trimester (as indicated), and in third trimester. Asymptomatic patients that meet the criteria for anemia (hematocrit levels less than 33% and hemoglobin levels less than 11 in the 1st and 3rd trimesters, and hematocrit < 32% and hemoglobin < 10.7 in the 2nd trimester) should be evaluated.

UPDATE: Added bold text to clarify that criteria for anemia is inclusive of hemoglobin.

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III. Scope of Work and Deliverables

E. Laboratory and Other Studies

E18 Diagnostic / monitoring tests completed (when indicated):

- Assessment of Fetal Movement (i.e. Kick Counts)
- Nonstress Test (NST)
- Biophysical Profile (BPP)
- Modified BPP (NST plus an amniotic fluid index [AFI])

DELETED

- Contraction Stress Test or oxytocin challenge test (CST)
- Doppler ultrasonography of umbilical artery blood flow velocity

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III. Scope of Work and Deliverables

F. Medical Therapy

Provide and document the following:

F1 Provision of 17 α -Hydroxyprogesterone caproate (17P) for patients at high risk of preterm birth.

CORRECTION: This sentence was omitted from the High-Risk AA in error, so a revision to the FY HRMC AA will be made and sent out.

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III. Scope of Work and Deliverables

H. Psychosocial Services

H1 Utilize the Maternal Health History Forms C-1 & C-2 in combination with psychosocial risk screening tools and validated screening tools to identify psychosocial risks as follows:

- a. Complete the Maternal Health History form, Part C-1 (DHHS 4158 or 4159), which includes the PHQ-9 at the initial prenatal visit.
- b. Repeat the PHQ-9 if indicated on the Maternal Health History form, Part C-2 (DHHS 4160) in the 2nd or 3rd trimester.
- c. Facilitate referral and follow-up of patients, as indicated.
- d. In postpartum, complete the Edinburgh Postnatal Depression Screen (EPDS) or PHQ9 validated screening tool.
- e. Facilitate referral and follow-up of patients (if indicated).

CLARIFICATION: No change in guidance. Content was re-formatted.

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III. Scope of Work and Deliverables

I. Patient Education

DELETED I11 Options for intrapartum care.

RATIONALE: Depending on the area, options for intrapartum care may be very limited. Agencies should determine the best way to inform clients of intrapartum care.

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III. Scope of Work and Deliverables

I. Patient Education

DELETED I16 Provide education on umbilical cord blood donation/banking.

DELETION: Removed from LHD responsibility because birth facilities that offer cord blood donation services provides education as to the benefit of donating cord blood when patient arrives in labor and delivery.

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III. Scope of Work and Deliverables

I. Patient Education

ADDED I15 Provide education on postpartum warning signs and symptoms and when to alert provider or to seek care at the nearest emergency department.
<https://cdn.ymaws.com/awhonn.site-ym.com/resource/resmgr/pdfs/pbws/pbwssylhandoutenglish.pdf>

RATIONALE: Data from 2008-2017 U.S. Maternal Mortality Review Committees reported that 2 out of 3 maternal deaths are preventable and the highest percentage of deaths occurred between 0-42 days postpartum. Therefore, women and their families need education on post birth warning signs & symptoms before birth.

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III. Scope of Work and Deliverables

IV. Performance Measures/Reporting Requirements

A. The Local Health Department shall improve birth outcomes and health status of women during pregnancy by meeting county-specific Outcome Objectives. Local Health Department outcomes data will reflect only the services provided and reported in Local Health Department-Health Service analysis (LHD-HSA).

- Increase the number of high-risk maternal health patients.
- Increase the number of high-risk maternal health patients who receive 7 or more antepartum care visits.
- Decrease the percentage of high-risk maternal health patients who report tobacco use and **electronic nicotine service delivery.**
- Increase the percentage of maternal health patients who receive 5As counseling for tobacco cessation and electronic nicotine delivery systems.

UPDATE: Added electronic nicotine delivery systems to number 3 to align with content throughout the agreement addendum.

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Attachment A
Detailed Budget Instructions and Information

Travel

Current Mileage Rates – For informational purposes, the OSBM lists the standard mileage rate set by the Internal Revenue Service as \$0.58 cents per mile, effective January 1, 2019.

Effective January 1, 2020 the OSBM updated the mileage rate to \$0.575 cents per mile. This is the rate to use when submitting your budget.

UPDATE: This is updated annually. As of January 1, 2020, the new rate is \$0.575 cents per mile.

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Billing Codes Update: Health Behavior Intervention

- Intensive, focused counseling for pregnant and postpartum women who have serious psychosocial needs.
- Individualized problem-solving, priority setting, instruction, and action planning to effect behavior modification or environmental change.
- Individualized treatment therapies to aid in overcoming the identified problems as well as the involvement of the woman's significant other or other service providers.
- Licensed Clinical Social Worker (LCSW) in the Health Department setting.
- Effective January 1, 2020, code 91652 is no longer valid.
- New HBI Codes
 - For the first 30 minutes of any face-to-face contact, bill to code 96158. This includes the initial assessment and every additional session.
 - For each additional 15 minutes after the initial 30 minutes, bill to code 96159.

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QUESTIONS ???

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