


**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

1



**Maternal Health
Agreement Addendum**

2

III. Scope of Work and Deliverables

Deleted C. Sudden Infant Death Syndrome (SIDS) Counselors (Attachment C)

The Local Health Department must submit a completed Attachment C indicating the names of locally trained SIDS Counselors. If a county averages less than one SIDS death per year for the last four years, then instead it may designate a SIDS Counselor from a neighboring county or neighboring SIDS Counselor if a letter of agreement is obtained and submitted with Attachment C.

DELETION: LHDs will no longer be required to submit names of SIDS Counselors and no longer required to provide SIDS Counseling services. The incidence of SIDS deaths has significantly declined. In 2018, the State Center for Health Statistics reported 3 total SIDS deaths.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 3

3

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 follow to guide processes and practices within the local health department.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 4

4

III. Scope of Work and Deliverables

C. Policies and Procedures Section

C12 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, and 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. The modified 5Ps may be repeated at any point during pregnancy at the provider's discretion.

CLARIFICATION: Item (H2) from Psychosocial Services was moved to Policies and Procedures (C12) to clarify the specific details that need to be in the policy re: 5Ps validated screening tool.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 5

5

III. Scope of Work and Deliverables

C. Policies and Procedures Section

C20 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, 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]. (CDC MMWR, November 19, 2010, v. 59, No. #RR-10; ACOG Committee Opinion, No. 485, April 2011, Reaffirmed 2016; Guidelines for Perinatal Care, 8th ed., pp. 160, 164) Policy should include process for transferring results to delivering hospital, and follow-up regarding treatment of the mother and infant. Collaboration with providers and pediatricians, local hospital/tertiary care center staff is required to develop a policy. All prenatal clinics providing prenatal care through 36-38 weeks are required to have this 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 41-07 weeks.

NOTE: In FY21 AA, we erroneously failed to change the weeks, so an AA revision will be done to correct the Maternal Health AA.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 6

6

III. Scope of Work and Deliverables

C. Policies and Procedures Section

C18 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 Laboratory and Other Studies were moved to Policies and Procedures (C18) to clarify the specific details that need to be in the policy regarding assessment of Rubella and Varicella immunity.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020

7

III. Scope of Work and Deliverables

C. Policies and Procedures Section

C19 Develop and follow a policy/procedure/protocol that describes the agency's use of 17 α -hydroxyprogesterone Caproate (17P) for patients at risk for developing preterm labor as defined by a history of a prior spontaneous birth at less than 37 weeks gestation. **Patients eligible for this therapy include:**

- a. History of previous singleton spontaneous preterm birth between 20 weeks 0 days and 36 weeks 6 days gestation.
- b. Have a current singleton pregnancy.

Guidelines for initiation of 17P:

- c. Initiate treatment between 16 weeks 0 days and 21 weeks 6 days gestation.
- d. If an eligible patient presents to prenatal care late, this therapy may be initiated as late as 23 weeks 6 days.

CLARIFICATION: Item (F1) from Medical Therapy section was moved to Policies and Procedures (C19) to ensure LHDs specifically state patient eligibility criteria for 17P in the policy, procedure or protocol.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020

8

III. Scope of Work and Deliverables

C. Policies and Procedures Section

C21 Develop and follow policy/procedure/protocol for completing the following validated screening tools: (1) PHQ-9 at the initial prenatal visit and as indicated by patient's responses to the **Maternal Health History Forms C-1 (4158 on WHB website) & C-2 (4160 on WHB website)** in the 2nd or 3rd trimester and (2) PHQ-9 or Edinburgh Postnatal Depression Scale (EPDS) at postpartum visit. Policy should include referral and follow-up processes, if indicated by the screening tools.

CLARIFICATION: Clarified which forms are to be used in the 2nd and 3rd trimester, if additional screening is indicated.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020

9

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services

Prenatal:

D2 Assess and document the following physical examination components:

Removed the following components from the list:

- i. Adnexa
- j. Vulva

RATIONALE: In consultation with the WHB Medical Consultant, recommendation to eliminate these two components from physical examination.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 10

10

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services

Prenatal:

D3 Assess and document the following components on all subsequent routine scheduled visits:

- f. Fetal presentation greater than or equal to 36 weeks by **Leopold's Maneuver**.

RATIONALE: Item f. was updated to include the specific name of the procedure performed to check fetal presentation.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 11

11

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services

Prenatal:

D4 Complete and document the following psychosocial screenings:

- a. The Pregnancy Risk Screening Form or the modified 5Ps validated screening tool at the initial visit.
- b. The 5As counseling approach for tobacco and electronic nicotine delivery systems cessation for all patients.
- c. The Maternal Health History form, Part C-1 (DHHS 4158 or 4159), which includes the PHQ-9 and Interpersonal Violence Screening at the initial prenatal visit.
- d. The Maternal Health History form, Part C-2 (DHHS 4160) in the 2nd and 3rd trimesters, the PHQ-9 should be repeated if indicated by the Maternal Health History form, Part C-2 (DHHS 4160) in the 2nd or 3rd trimester, the PHQ-9 and Interpersonal Violence screening may be repeated at any point during pregnancy at the provider's discretion.

CLARIFICATION: No new information added. Item (D4) in FY21 AA combines items (D4, D5 and D6) from FY20 AA. Intent is to clearly state which psychosocial screenings must be administered prenatally.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 12

12

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services

Postpartum Clinic Appointment

D6 Complete and document the following, including which clinic the postpartum clinical appointment occurred (Maternal Health or Family Planning):

UPDATE: Language added to indicate that LHDs should document in which clinic (maternal health or family planning) the postpartum visit occurred.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 13

13

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services

Postpartum Clinic Appointment

D6 Complete and document the following, including in which clinic the postpartum clinical appointment occurred (Maternal Health or Family Planning):

- c. The 5As (Ask, Advise, Assess, Assist, and Arrange) counseling approach for tobacco cessation and electronic nicotine delivery systems for all patients. (See C22)
- d. Screen for postpartum depression with either the Edinburgh Postpartum Depression Scale (EPDS) or PHQ-9 validated screening tool. (See C21)
- e. Screen for Interpersonal Violence. (See C16)
- f. Screen for substance use with the modified 5P's validated screening tool to identify, refer (if indicated) for subsequent follow-up. (See C12)

UPDATE: For D6, c.-f., content was streamlined and clearly lists which mental health and other behavioral health screenings to be done in postpartum clinic visit.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 14

14

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.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 15

15

III. Scope of Work and Deliverables

E. Laboratory and Other Studies

E13 Group B Strep (GBS) screening at **36-38 weeks** if no GBS bacteriuria diagnosed in current pregnancy.

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.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 16

16

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.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 17

17

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.

UPDATE: Content related to patient eligibility for 17P was moved from Item (F1) to Policies and Procedures section (C19)

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 18

18

III. Scope of Work and Deliverables

H. Psychosocial Services

- Moved items H1, H2, and H3 (FY20 AA) to Section C: Policies/Procedures
- New items H1 and H2 in FY 21 AA:

H1 Complete initial, interval, and postpartum screenings for substance use, depression, interpersonal violence, and tobacco/electronic nicotine delivery systems and refer as indicated.

H2 Coordinate the plan of care with the patient's Pregnancy Care Manager as applicable. If the patient is not engaged with a Pregnancy Care Manager, refer patient for services if Medicaid eligible.

CLARIFICATION: Moved applicable items from Psychosocial Services to the Policies/Procedures section to clarify that policies and procedures need to be developed and outlined around which and when screenings tools should be administered

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 19

19

III. Scope of Work and Deliverables

I. Patient Education

~~**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.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 20

20

III. Scope of Work and Deliverables

I. Patient Education

~~**I16** Provide education on umbilical cord blood donation/banking.~~

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

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 21

21

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.vmaaws.com/awhonn.site-vm.com/resource/resmgr/pdfs/pbws/pbwssylhandoutenqlish.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.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 22

22

III. Scope of Work and Deliverables

J. Staff Requirements and Training

J4 Under Pregnancy Care Manager Staffing and Training

b. ~~Removed OBCM and CC4C from sentence.~~

d. ~~Removed OBCM from sentence, replaced with~~
 [Note: non-degreed social workers cannot provide care management, even if they qualify as a social worker under the Office of State Personnel guidelines.]

UPDATE: OBCM is replaced with following language; pregnancy care manager, pregnancy care management or care management in this section.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 23

23

III. Scope of Work and Deliverables

IV. Performance Measures/Reporting Requirements

A3 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 maternal health patients.
- Increase the number of maternal health patients who receive 7 or more antepartum care visits.
- Decrease the percentage of maternal health patients who report tobacco use and ~~electronic nicotine delivery systems.~~
- Increase the percentage of maternal health patients who receive 5As counseling for tobacco cessation and electronic nicotine delivery systems.
- Increase the percentage of maternal health patients who deliver and receive a postpartum home visit.

UPDATE: Added electronic nicotine delivery systems to letter c. to align with content made throughout the agreement addendum.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 24

24

Attachment C
Sudden Infant Death Syndrome (SIDS) Counselors

- Removed from FY21 AA
- Women's Health Branch will no longer offer the SIDS Basic Training

RATIONALE: LHDs will no longer be required to submit names of SIDS Counselors and no longer required to provide SIDS Counseling services. The incidence of SIDS deaths has significantly declined. In 2018, the State Center for Health Statistics reported 3 total SIDS deaths.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 25

25

Resource Available: Safe Sleep NC Champions

- Women's Health Branch partners with UNC Center for Maternal and Infant Health to provide education and materials to **Safe Sleep NC Champions**.
- Available website: www.safesleepnc.org
 - Parents & Caregivers section
 - Healthcare/Professional section
 - Available in Spanish

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 26

26

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.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 27

27

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.

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 28

28

QUESTIONS ???

NCDHHS, Division of Public Health | Women's Health Agreement Addenda Webinar, Fiscal Year 2020-2021 | March 17, 2020 29

29