2022 Family Planning (FP) Agreement Addenda (AA)
Questions & Answers (Q&A) document
FP AA Webinar: March 2022
Q & A Webinar Session: April 19, 2022

General Questions

1. **Please explain the requirements for the Policy all Health Departments must have supporting nurses working under standing orders. Is there a template available?**
   Please go to the link below that is included in the FP AA under III. 7.a. 8. The policies that address family planning services in each Local Health Department (LHD) shall include:

   > 8. All standing orders (SOs) or protocols developed for nurses in support of this program must be written in the North Carolina Board of Nursing format. All local health departments shall have a policy in place that supports nurses working under standing orders. (https://ncpublichealthnursing.org/wp-content/uploads/2020/10/PHN-Manual-Standing-Orders-10012020-Final.pdf)
   >
   > This link takes you to the NORTH CAROLINA PUBLIC HEALTH NURSING website's Public Health Nurse Manual section on Standing orders. Follow the link on that page and on page 7 of the .pdf you will fine Points to Remember. #1 reads: Agency's should have policies, including procedures in place for how SOs are developed, reviewed, approved, signed, and managed. This is required under NC Accreditation Activity, 15.3.
   > You should consult your regional Public Health Nursing & Professional Development Unit (PHNPDU) Nurse Consultant for further guidance and related memorandum issued on SOs. If you do not know the PHNPDU Nurse Consultant assigned to your county there is a "DPH Consultant Maps" tab on the home page at: https://ncpublichealthnursing.org/

2. **How would we determine if media/education materials are "trauma informed"?**
   The Reproductive Health National Training Center (RHNTC) has a "Tips for Using a Trauma-Informed Lens to Develop or Select I&E Materials" Job Aid that can be downloaded and printed. This is new as of February 2022. At the end of this document there are links that might be helpful when you are creating/writing your own resources instead of reviewing items already available. As a reminder if you create materials as an agency, they must include the acknowledgement that Title X funding supported the development of the material.

   https://rhntc.org/resources/tips-using-trauma-informed-lens-develop-or-select-ie-materials-job-aid

3. **Will there be an abbreviated appointment for birth control that would compare to the new law passed for pharmacies to give birth control without a prescription? The family planning program requires such a comprehensive/time consuming appointment for this.**
   We currently do not have an abbreviated appointment for a contraceptive method prescription visit in the Title X FP clinics. While some counseling elements are required for all clients, much of the counseling is client-centered; if it is marked "I" in the AA, then that element is only "as indicated" based on client age, history, complaints, etc. Additionally, physical exam components should be tailored according to age, history, and complaints. So, for a client under the age of 25, if Chlamydia (CT) and Gonorrhea (GC) are self-collected and there are no other complaints, it may be possible for the provider to conduct a clothed exam, saving time during the appointment." Keep in mind that the Pharmacists who can now prescribe oral and transdermal

self-administered combined hormonal and progestin-only contraceptives are not held to the Title X Requirements that the LHD FP Clinics must follow.

This new law does not apply to Pharmacists in the Local Health Department setting. This is targeting Pharmacists in the community in retail settings. There is a statewide standing order for the pharmacists to be able to prescribe contraception, and there is a standard set of questions that they still must ask before they are able to provide these prescriptions. Currently pharmacists cannot bill Medicaid for this program and cannot utilize Title X funding.

4. **Is there a specific trauma informed training on the RHNTC site? I see several and want my staff to review the appropriate one.**
   There is not a specific training that we recommend for trauma informed care on the RHNTC website. On March 31st the Reproductive Health Branch partnered with Dr. Amina White, MD, MA, FACOG, Clinical Associate Professor, Department of Obstetrics & Gynecology University of North Carolina at Chapel Hill, and Dr. White presented Trauma-Informed Reproductive Health Care -- Practical Pearls and Pitfalls. The recorded webinar is now available for viewing. The recording, slides and evaluation can be found at https://wicws.dph.ncdhhs.gov/provpart/training.htm under the Family Planning Non-Required Trainings section. The Women, Infant, and Community Wellness Section's Reproductive Health Branch hosted this webinar to highlight trauma-informed care in Title X Family Planning Clinics. Title X requires that all family planning services must be client centered, culturally and linguistically appropriate, inclusive as well as trauma-informed.

5. **Media Review: I am getting together a list of our approved materials to distribute to patients including date of media review. Are the materials/ brochures on the NCDHHS website required to go through media review also?**
   Yes, all materials must go through media review to ensure that they are appropriate for your community.

6. **Is there a NC family planning AA that I can find to make sure my LHD has what it needs?**
   Yes, the current one and the upcoming one are listed on our website.
   https://wicws.dph.ncdhhs.gov/provpart/agreement-addenda.htm

7. **I noticed on Attachment C, FP Female Patient Education Requirements that "provide preconception counseling" is listed twice (once with "R" and once with "I"). Is this correct? Did one of them replace "provide achieving pregnancy counseling"?**
   This was an error. # 16 "Provide Preconception Counseling" should only be there once, and it is R for required. # 20 should be Achieving Pregnancy Counseling and that is I-Individualized. The FP Male Patient Education Requirements section is correct. Thank you for bringing this to our attention.

8. **Also, Attachment C, Patient Method Counseling, did "contraceptive counseling/education provided" replace "methods of contraception reviewed by tiered approach"? Thank you for taking time to answer our questions.**
   Yes—the contraceptive counseling should be tailored to the individual client's needs. The tiered approach has been removed. We want the counseling to be tailored to each individual person to create a person-centered conversation about the method that is the safest and best fit for them.

9. **In the required training section, do we have to use the Excel sheet that are posted on the Women, Infant, and Community Wellness Section web page, or can I make my own?**

We strongly encourage you to use the one that we have available. However, if you feel very strongly and want to deviate from this document, work with your Regional Nurse Consultant (RNC) to make sure that your method is acceptable and meets all the requirements. The current map for the Women, Infant, and Community Wellness Section Regional Nurse Consultant Coverage can be found at https://wicws.dph.ncdhhs.gov/docs/RNC-Map.pdf

10. In terms of language changes, the webinar addresses signage...Is there anywhere else we should be changing our language? Thanks!

From the AA: g. REQUIRED SIGNAGE IN CLINIC AREA

1. A sign must be present in a visible area acknowledging that family planning services are provided to all individuals without regard to religion, race, color, national origin, **disability**, age, sex, **sexual orientation**, **gender identity**, **sex characteristics**, number of pregnancies, or marital status. (Bold is the updated language)

The Title X Rule Changes that took effect on November 8, 2021, reinforces an emphasis on quality, equity, and dignity for all individuals seeking services. If by chance you have other signage that pertain to FP that included the original language, then the other elements should be added to those. There is no need for any "new" signage that you didn't have before. Maybe do a walk-through of your FP Clinic space or have someone that is not in this space all the time to look with fresh eyes to ensure nothing was missed.

Language must also be changed in written policies and procedures require services to be provided without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identify, sex characteristic, number of pregnancies or marital status. The Annual Confirmation of Understanding checklist in the Title X Orientation and Training Document has been updated to include this language; the updated version is available on the Women, Infant, and Community Wellness website, Training Page, under "Family Planning/Title X Required Trainings.".

Clinic Forms

1. When will the DHHS 4140 (Pregnancy Testing) form be updated? We typically use the updated forms to update our Electronic Health Record (EHR).
   All forms and monitoring tools will be updated and, on the website, soon. With the rule changes Title X is updating the monitoring tool as well as the Program Requirements for Title X Funded Family Planning Projects. We are anticipating those documents to be released in early May and we will finalize updates at that time.

2. When forms are revised, can some of the details be consolidated to prevent repetition? Length of visits is an issue with many clients.
   Yes, we will try our best to keep them more concise to decrease visit length.

3. Can something specific related to the diabetes screening be listed to prompt staff to complete this in efforts to prevent omission?
   Glucose is listed on the lab form. We will take into consideration adding language elsewhere, because we suspect that the EHR's are not replicating the laboratory section verbatim in their templates.

Clinical/Labs

1. We need to complete the whole Patient Health Questionnaire-9 (PHQ-9) if deemed necessary. Are there guides to what agencies should so for the patient depending on the patients PHQ-9 score?

On the FP forms there is an abbreviated PHQ2—if either of those 2 questions elicit an affirmative response then the full PHQ9 needs to be administered. A Registered Nurse (RN) can administer the PHQ9, the is within the RN scope of practice, but an RN cannot diagnose. The best way to handle this is to have a protocol so that all nurses know what follow-up needs to be done based on the scoring on the tool. Your medical director needs to be a part of this conversation to approve the protocol so that the patient can receive the best course of treatment. If the answer is yes to "Are you thinking of hurting yourself or someone else" this requires immediate action. Part of the protocol should include how to immediately connect the patient to a crisis center or a mental health provider to ensure the best outcome for the patient.

PHQ9 Total Score	Depression Severity
1-4	Minimal Depression
5-9	Mild Depression
10-14	Moderate Depression
15-19	Moderately Severe Depression
20-27	Severe Depression

2. If we have someone in FP clinic that the provider wants to get a TSH or FSH and we send to LabCorp can the patient be billed from LabCorp for these labs or does that health department have to cover them (for those that don't have any health insurance).
   If labs not listed on the AA are deemed important to the patient's reproductive health/contraceptive needs by the provider, then yes, they can be ordered during the FP visit and billed to the patient on the sliding fee scale. This should be discussed with the patient prior to the tests being done, because even an insured patient (think FP Medicaid) may be responsible for the charges for the lab services if their insurance does not cover those services. You must ensure that the FP patient never receives a bill directly from a lab for any services conducted as part of their FP visit. If the labs are not related to the patient's reproductive health, the patient should be referred to a primary care clinic if you have one or to an outside provider, such as a Federally Qualified Health Center (FQHC).

3. Can the diabetes prescreen lab be done at the FP visit or do they have to come back to the lab only?
   It depends on which test you are doing and if the patient has been fasting. The type of test is decided by each individual LHD. If you are using a fasting blood glucose by fingerstick and the patient is not fasting then, yes, they would need to come back for that. If you are using a Hemoglobin (Hgb) A1c then you can do that as part of the visit.

4. With diabetes screening, will Family Planning Medicaid pay for HgbA1C?
   No, Family Planning Medicaid will not cover a HgbA1C.

5. The change for diabetes testing is changing from age 40-70 to 35-70. Can we make the change now or do we wait for July 1?
   You can make the changes now, but they are required starting July 1.

6. My understanding of other labs not on the AA, could not be done in FP, they would have to come back under primary care, or a lab only visit?

Again, if it is related to their reproductive health/ contraceptive needs, then the test can be done through the FP clinic. These tests should be placed onto the sliding fee scale whenever they are charged to the client. However, if it is not related to the client's reproductive health, then a referral should be made to your primary care clinic, if you have one, or to an outside provider, such as an FQHC.

7. If a patient is coming into FP just for an infection check and mentions burning during urination, can we test for urinary tract infection (UTI) also?

If someone has full Medicaid then you would need to check with the PHP, but we imagine this would be covered. This is NOT covered by FP Medicaid under an inter-periodic visit. A urinalysis will only be covered by FP Medicaid if performed in conjunction with an annual examination. See below from the Clinical Coverage Policy 1E-7. A urinalysis can be completed in FP clinic, but when the patient's insurance does not cover that service then the patient would need to be billed on a sliding fee scale. Alternatively, you may refer the client to your primary care clinic or to an outside provider,

NC Medicaid/Medicaid and Health Choice Family Planning Services
Clinical Coverage Policy No: 1E-7 Amended Date: December 1, 2020
https://medicaid.ncdhhs.gov/obstetrics-and-gynecology-clinical-coverage-policies
Attachment B.

D. The following laboratory tests are only allowable for FP Medicaid when performed "in conjunction with" or pursuant to an annual examination. For the purpose of FP Medicaid "in conjunction with" has been defined as the day of the annual exam or 30 calendar days after the annual exam.

Urinalysis; and blood count.
Providers are allowed one urinalysis and one blood count procedure code per 365 calendar days in conjunction with an annual examination.
Urinalysis

81000
81001
81002
81003
81005
81007
81015

8. We have been trying to do the patient history via phone due to staffing shortage and increased FP numbers. Is this ok to do? If so, how far out can we do the interview?

This is ok to do, however there is no way to bill for a nurse telehealth visit. We cannot give you a timeframe of how far in advance of the appointment this would be acceptable. We advise to not complete the Review of Systems until the patient is in the clinic. If you do complete a patient history in advance of the clinic visit, we advise asking if there have been any changes in the patient's personal, family, or social history since the last interview. This LHD replied in the chat that they are not billing for the telephonic history and they always ask if there are any changes/updates at the time of the clinic visit.

9. Discussion started by moderator regarding the low numbers of GC/Chlamydia testing that we are seeing across the state. Seeing many patient refusals during chart audits. A declination of these tests should be the exception rather than the rule. Per the FP AA GC/Chlamydia testing is Required for females ≤25 years of age. If you find you have more patients declining these tests you may want to look at your approach to patients when talking to them about the components of the visit and the labs that will be done.

Use normalizing language when offering GC/Chlamydia screening to present this as a routine part of a visit. Instead of saying “Do you want testing?” or “Do you need testing?” clinic staff might say one of the following:

- To keep you healthy, I recommend testing for chlamydia and gonorrhea, which are common infections that usually have no symptoms. I’d like to do that today. Do you have questions or concerns?
- We test everyone 25 years of age or younger for chlamydia and gonorrhea. These are common infections that usually have no symptoms.

Remember that you have the option of having the patient self-collect a sample if that makes them more comfortable. If you have not been doing this let your RNC know and she can put you in touch with someone that is having success with this. This will need to be included in your policy/procedures/protocols/standing orders for specimen collection.

10. For adolescents- if they state they have never been sexually active, should we still be completing self-collection?

    Yes, part of our funding requirement is to maintain a certain chlamydia and gonorrhea testing rate. By presenting it as a testing requirement for everyone, it can make the testing more acceptable to the client. We strongly encourage the use of self-collection. One county reported in the chat they have had (+) test results from self-collected swabs for clients who denied being sexually active during the interview.