Division of Public Health
Agreement Addendum
FY 24-25

	Women, Infant, and Community Wellness Section / Reproductive Health Branch
Local Health Department Legal Name	**DPH Section / Branch Name**
151 Family Planning	Kristen Carroll, 919-707-5685 kristen.carroll@dhhs.nc.gov
Activity Number and Description	**DPH Program Contact** (name, phone number, and email)
06/01/2024 – 05/31/2025	
Service Period	**DPH Program Signature** **Date** (only required for a negotiable Agreement Addendum)
07/01/2024 – 06/30/2025	
Payment Period	

☒ Original Agreement Addendum
☐ Agreement Addendum Revision # ___

I. Background:

The Family Planning Program is administered within the Reproductive Health Branch (RHB) of the Women, Infant, and Community Wellness Section (WICWS). The primary mission of the RHB is to improve reproductive health outcomes and selected health practices among low-income families. The RHB provides funding to local health departments and districts to provide family planning services to low-income individuals.

Data from the 2020 Pregnancy Risk Assessment Monitoring System (PRAMS), based on a random sample of 777 women who had recently given birth, shows that 24.8% of North Carolina mothers responded that they wanted to be pregnant later or not at all while another 16.5% were ambivalent about the pregnancy. Women who were young, black and/or of lower socioeconomic status were more likely to report an unintended pregnancy. Women who have unintended pregnancies are at a greater risk for poor birth outcomes (2020 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results[1]).

In 2016, there were approximately 720,450 North Carolina women in need of publicly supported contraceptive services ages 13-44. Of these women, 278,210 ages 20-44, had incomes below 250% of the federal poverty level. Publicly funded family planning clinics in North Carolina serve 16% of all women in need of publicly supported contraceptive services (Publicly Supported Family Planning Services in the United States: Likely Need, Availability and Impact[2], 2016).

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[1] https://schs.dph.ncdhhs.gov/data/prams/2020/intent3.html
[2] https://www.guttmacher.org/report/publicly-supported-FP-services-us-2016

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

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

Signature on this page signifies you have read and accepted all pages of this document.

II. Purpose:

This Agreement Addendum ensures that the Local Health Department provides a wide range of preventive care that is critical to an individual's reproductive and sexual health. Family planning services provide the delivery of related preventive health services including patient education and counseling; physical examinations; laboratory testing; basic infertility services; cervical and breast cancer screening; sexually transmitted disease (STD) and human immunodeficiency virus (HIV) prevention education, testing, treatment, and referral; pregnancy diagnosis and counseling; training on reproductive life planning skills; achieving pregnancy counseling; preconception health counseling; education regarding a wide range of contraceptive methods; and emergency contraception.

These services promote self-determination in matters of reproductive health. They help reduce infant mortality and morbidity by decreasing the number of unplanned pregnancies and the poor health outcomes associated with them. These services also improve an individual's health by providing access to preventive care. They lower health care costs by reducing the need for abortions and preventing costly, high-risk pregnancies and their aftereffects.

III. Scope of Work and Deliverables:

The Activity 151 Family Planning Agreement Addendum requires further negotiation between the 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) and return with 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 **emailed to the DPH Program Contact** to document how the Local Health Department intends to expend funds awarded in FY24. **The budget must equal the funds allocated to the Local Health Department**. (Refer to the FY24-25 Activity 151 Budgetary Estimate, included with this Agreement Addendum, for the total funding allocation.) List only activities that are not Medicaid reimbursable. Billable items may include, but are not limited to Community Education, Patient Transportation, Staff Time, Equipment, Incentives, and Staff Development. (Staff Development must be prorated to percent of staff time assigned to Family Planning Clinic.)

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

   Include on Attachment B the number of unduplicated patients to be served and the estimated percent of those patients that will be self-pay. Local Health Department-Health Services Analysis (LHD-HSA) service data or compatible reporting system, as of August 31, 2025, will provide the documentation to substantiate services that the Local Health Department has provided for this FY25 Agreement Addendum. Also provide on Attachment B the names, specialties, and contact information (telephone, email) for all providers who approve or sign off on family planning clinic protocols at your facility.

3. The Local Health Department shall demonstrate compliance with the NC Administrative Rules 10A NCAC 46.0206 for the provision of Family Planning Services.

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 patients at or below 100% of the Federal Poverty Level will not be charged for family planning services by the assurance provider. There should also be a sliding scale fee schedule or other fee schedule included in or attached to the MOU to show how other uninsured patients will be charged for services by the assurance provider.

   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[3]
      2. Providing Quality Family Planning Services[4]
      3. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 & 2020 partial update[5]
      4. U.S. Selected Practice Recommendations for Contraceptive Use, 2016[6]
      5. Women, Infant, and Community Wellness Section website.[7]

6. The **policies that address family planning services** in each Local Health Department shall include:

   a. CLINICAL SERVICES
      The Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) developed clinical recommendations for providing Quality Family Planning Services (QFP) and revised the Title X Program Requirements in October 2021. Updated recommendations to accompany the QFP were published in March 2016.

      1. All patients are offered a preventive appointment once every 12 months. Components of the preventive appointment are found on Attachment C.
      2. 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 patient, family, and social history, a problem-focused review of systems, and a

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[3] https://opa.hhs.gov/grant-programs/title-x-service-grants/about-title-x-service-grants/title-x-program-expectations
[4] https://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf
[5] https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf and https://www.cdc.gov/mmwr/volumes/69/wr/mm6914a3.htm?s_cid=mm6914a3_w
[6] https://www.cdc.gov/mmwr/volumes/65/rr/rr6504a1.htm
[7] https://wicws.dph.ncdhhs.gov/provpart/index.htm

documented physical examination and laboratory testing appropriate to the problem. Contraceptive care can be initiated with a problem-focused visit. Note that specific insurers may require additional services or testing, but OPA does not.

3. The Local Health Department shall assure services provided within their family planning clinic operate within written clinical protocols that are in accordance with the QFP and are signed annually by the physician responsible for the family planning clinic. These services include: contraceptive services (including referrals/prescriptions for methods not available on-site), pregnancy testing and counseling, achieving pregnancy services, basic infertility services, preconception health services, sexually transmitted disease (STD) services, related preventive health services (e.g., screening for breast and cervical cancer), and adolescent-friendly health services in accordance with recommendations for women issued by the Institute of Medicine (IOM) and adopted by the federal Department of Health and Human Services (DHHS) (Providing Quality Family Planning Services, page 5, figure 1).
    a. The Local Health Department must use DHHS 4140 (Pregnancy Testing Form) for all pregnancy-test only visits.[8]
4. Education and method counseling must be individualized dialogue with the patient and provided according to QFP and Title X Program Requirements (Providing Quality Family Planning Services [QFP] Appendix D). See Attachment C of this Family Planning Agreement Addendum for details.
5. Unless the Local Health Department operates a clinic that offers primary care services to the entire community, including Family Planning patients, a Memoranda of Understanding (MOU) with another agency that can provide primary care services for Local Health Department Family Planning patients is required. A current copy of this MOU must be submitted to the RHB annually with this Agreement Addendum.
6. Abortion / Pregnancy Termination
    a. Title X prohibits agencies funded with Title X to perform, promote, or support abortion as a method of family planning; Section 1008 of the Title X statute and 42 CFR 59.5(a)(5).
    b. Agency staff may be subjected to fines and/or imprisonment if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).
    c. Agency staff, including Registered Nurses, must offer pregnant patients the opportunity to be provided information and counseling regarding the following pregnancy options, unless the patient indicates that the individual does not want information on one or more options (42 CFR 59.5(a)(5)):
        1) Pregnancy termination,
        2) Prenatal care and delivery, and
        3) Infant care, foster care, or adoption.
    d. If a patient requests information and counseling on pregnancy options, it must be neutral, factual information and nondirective counseling on each of the options, and referral upon request, except with respect to any options about which the pregnant patient indicates they do not wish to receive such information and counseling.
    e. If a pregnant patient requests a referral for prenatal care and delivery, infant care, foster care or adoption, or pregnancy termination, a referral must be provided.

[8] https://wicws.dph.ncdhhs.gov/provpart/forms.htm

The referral process should include providing a patient 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 patient. Where a referral to another provider who might perform an abortion is medically indicated because of the patient's condition (such as where the woman's life would be endangered by continuing the pregnancy or the condition of the fetus), such a referral is not prohibited and is required.

7. All patients must be assessed for a primary care provider as part of their health history. If a patient does not have a primary care provider, a referral shall be offered and documented in the medical record. Referrals are to be to providers in proximity, when feasible, to the Local Health Department, to promote access to services and provide a seamless continuum of care.
8. All standing orders or protocols developed for nurses in support of this program must include all required components listed in the North Carolina Board of Nursing position statement.[9] 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.[10]

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 family planning (42 CFR 59.5 (a)(2)).

c. INFORMED CONSENTS

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

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[9] https://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf
[10] https://www.dph.ncdhhs.gov/lhd/docs/PHNManualStandingOrders.pdf

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. Patients whose family income is at or below 100% of current Federal Poverty Level will not be charged for services.
    b. Patients whose family income is 101%-250% of current Federal Poverty Level will be charged in accordance with a schedule of discounts. These patients shall not pay more in co-payments or additional fees than they would otherwise pay when the schedule of discounts is applied.
    c. Patients whose family income is greater than 250% of FPL shall be charged in accordance with a schedule of fees designed to recover the reasonable cost of providing services.
3. Agencies must take reasonable measures to verify patient income without burdening clients from low-income families.
    a. Agencies that have lawful access to other valid means of income verification because of the patient's participation in another program may use those data rather than re-verify income or rely solely on patient's self-report.
    b. If a patient's income cannot be verified after reasonable attempts to do so, charges are to be based on the patient's self-reported income.
    c. If a patient 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 patient 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.
    c. Encouraged to involve family members in their care.
    d. Counseled about how to resist sexual coercion.

e. Counseled on interventions to prevent the initiation of tobacco use if they do not already use tobacco or electronic nicotine delivery system (QFP, 17).
f. Counseled on abstinence, as well as all FDA-approved methods of contraception, including condoms and long-acting reversible contraception, and
g. All required components listed above must be documented in the adolescents' medical record.

f. REQUIRED TRAINING COURSES

1. It is the responsibility of the Local Health Director or their designee to have all Title X-funded staff and staff who provide services to Title X patients (e.g., management support, lab, social workers, health educators, clinicians/providers/Medical Directors, nurses, and other staff) complete the following federal and state required training:
    a. **One time, on hire,** Title X-funded staff and staff who provide services to Title X patients, or who oversee the provision of services to Title X patients, 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.[11]
        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 patients.
        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 2021 General Records Schedule, Standard 4, Items 4.28 and 4.41.[12] Copies must be readily accessible and available for review by the WICWS Regional Nurse Consultant during monitoring.
    b. **All Title X-funded staff and staff who provide services or who oversee the provision of services to Title X patients** are required to complete the trainings indicated on the NC Title X Family Planning Program Annual Training Record available on Smartsheet[13] by May 31, 2025. This Record must be signed by the Family Planning Medical Director and submitted no later than June 30, 2025 via Smartsheet.
    c. 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 if the Medical Director/Physician is not a board-certified OB-GYN. Medical Directors/Physicians who are not board-certified OB-GYNs, are required to participate in training or continuing education related to Family Planning on an annual basis and are required to maintain documentation of their participation. The WICWS website[14] has a list of possible trainings or continuing education opportunities.

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[11] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb
[12] https://archives.ncdcr.gov/media/1066/open
[13] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb
[14] https://wicws.dph.ncdhhs.gov/provpart/training.htm

g. REQUIRED SIGNAGE IN CLINIC AREA

1. A sign must be present in a visible area acknowledging that family planning services are provided to all individuals without regard to religion, race, color, national origin, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, or marital status.
2. A sign must be posted in a visible area of the clinic indicating that interpreter services are available at no cost for those requiring such services.
3. A sign in the finance/discharge area is also required, stating that charges incurred in the family planning program will be based in accordance with a schedule of discounts based on ability to pay and family size, except for persons from families whose annual income exceeds 250% of the federal poverty level. (§59.5 & §59.10 in the Family Planning Regulations and Title VI of the Civil Rights Act of 1964 through Executive Order 13166.)
4. A patient bill of rights or other documentation which outlines the patient's rights and responsibilities may either be posted as a sign in the clinic area or given as a handout to each patient.
5. 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 patient population.

h. CHLAMYDIA AND GONORRHEA SCREENING

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

   The screening must be provided at all preventive clinic visits and at other clinic visits as indicated (CDC 2021 Sexually Transmitted Diseases Treatment Guidelines[15] and North Carolina State Lab 2023 SCOPE, A Guide to Laboratory Services).[16]
2. CT and GC screening is recommended at the time of IUD insertion **only if** patients are not up to date on these screenings per CDC guidelines. IUD insertion should not be delayed for patients with CT/GC risk factors, since screening can be done at the time of IUD insertion. However, patients should not undergo IUD insertion if they have current purulent cervicitis or established chlamydial infection or gonococcal infection (2016 U.S. Medical Eligibility for Contraceptive Use).[17] 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.

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[15] https://www.cdc.gov/std/treatment-guidelines/default.htm
[16] https://slph.dph.ncdhhs.gov/doc/SCOPE-Guide-To-Laboratory-Services.pdf
[17] https://www.cdc.gov/reproductivehealth/contraception/mmwr/mec/summary.html

i. IMMUNIZATIONS

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

j. ENHANCED ROLE REGISTERED NURSE REQUIREMENTS (ERRN)

1. Certain low-risk patients 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 patient 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 30th 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, 2024–June 30, 2025. 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, 2023–June 30, 2024) must be submitted by August 15, 2024, to the State Family Planning Nurse Consultant in the Reproductive Health Branch.
FP ERRN's who have remained rostered continuously may perform family planning 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, 2024.
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.[18] 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

[18] https://www.hrsa.gov/opa/programrequirements/index.html

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 patients, 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 patients, DPH must inform them 30 days prior to this action. OPA considers this type of action a change in the scope of DPH's work and they will either approve or deny the action.
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[19] 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.
2. If the individual with login credentials does not log onto the system at least every 6 months, the login credentials will be inactivated. Additionally, two-factor
3. 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.
4. If the responsible individual leaves the organization, their database account must be disabled, not "transferred" to the next user. The Local Health Department staff requests a new user account in the database after logging in by clicking the "Request New User" button at the top. New accounts are to be requested for all new users and for anyone who currently does not have their own login credentials. For assistance, contact OPAsupport@icf.com.

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. Details for this process can be found on pages 21-25 of the QFP (QFP Table 4, Title X, Section 8.7). Compliance with this requirement will be assessed during the monitoring process by the WICWS Regional Nurse Consultants. The RHB has developed a sample template to assist with documenting QI processes that is available on Smartsheet.[20]
2. The Local Health Department must annually survey Family Planning patients regarding their levels of satisfaction with the clinical services they received. The clinic manager and staff are to review surveys and identify specific actions to improve services. At a minimum, documentation must include how the top finding is addressed and submitted to

[19] https://opa-fpclinicdb.hhs.gov/

[20] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb

the Family Planning Program Consultant with the Community Engagement Plan due August 15, 2024 (see Section IV, Paragraph 2.f.). A template survey can be found on the WICWS website.[21]

3. The Local Health Department shall distribute a Patient Experience survey created and monitored by the state. This will be a voluntary survey for patients to complete about their clinic experience. The results will be aggregated by the state and shared with the Local Health Department to incorporate in their quality improvement work. These surveys shall be conducted once every three years, the year prior to the monitoring. The Data Manager will provide survey materials and additional instructions. This survey is separate from the annual required patient satisfaction survey requirement.
4. 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 the WICWS website.[22]
5. 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 in the Agreement Addenda section on the Women, Infant, and Community Wellness Section website.[23]
   a. Increase number of family planning patients
   b. Increase number of adolescent patients 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 contraceptives
   f. Reduce repeat pregnancy age 17 and under

2. Annual Reports
   a. Media Review Requirements
      1. The Local Health Department **must submit, at least annually and no later than June 30, 2024,** family planning media review documentation for materials reviewed June 1, 2023 – May 31, 2024. All informational and educational materials should be reviewed and approved by an advisory committee of at least five members broadly representative of the population for which the materials are intended before use and re-reviewed on a regular basis. A letter stating that there were no new materials to review will only be accepted once in any three-year period.

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[21] https://wicws.dph.ncdhhs.gov/provpart/forms.htm
[22] https://wicws.dph.ncdhhs.gov/provpart/forms.htm
[23] https://wicws.dph.ncdhhs.gov/provpart/agreement-addenda.htm

a. Materials must be reviewed to assure they comply with community standards, and consider the educational, cultural, and diverse backgrounds of individuals to whom the materials are intended.

b. The content of the material must be reviewed to assure it is factually correct, medically accurate, culturally, and linguistically appropriate, inclusive, and trauma informed.

2. The forms and documentation may be submitted to the Reproductive Health Branch via Smartsheet.[24]
3. Any informational or educational material (including but not limited to program advertisements and educational videos/handouts/brochures), developed by the agency 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.
4. The Local Health Department shall maintain a list of approved materials available to distribute to patients, including the date of when the material last went through media review.

b. Sterilization Reporting Requirements

1. Local family planning programs that perform or arrange for sterilization services funded with Federal Title X, Medicaid/Title XIX (including the Medicaid Family Planning State Plan Amendment), or other federal funds, **must report all sterilization procedures, including vasectomies, by January 15, 2025,** 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.[25]

   Form PHS-6044 (Revised) should be submitted via Smartsheet.[26]

   The current sterilization consent forms that must be used when arranging sterilizations can be found on the HHS Office of Population Affairs website.[27]
2. **If the Local Health Department neither performs nor arranges for sterilizations supported with federal funds, it must submit annually by June 30, 2024**, 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.[28]

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[24] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb
[25] https://wicws.dph.ncdhhs.gov/provpart/forms.htm
[26] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb
[27] 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)
[28] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb

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 the WICWS website.[29] 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 patients tested for chlamydia by gender and age group (<15, 15-17, 18-19, 20-24, and 25 and over)
    2. Total number of tests performed by gender for gonorrhea, syphilis, and HIV
    3. Number of positive HIV tests
    4. Unduplicated number of patients who obtained a Pap test
    5. Total number of Pap tests performed
    6. Total number of Pap tests with Atypical Squamous Cells (ASC) or higher
    7. Total number of Pap tests with High-grade Squamous Intrathelial Lesion (HSIL) or higher
    8. Staffing Levels
    9. Additional data elements as needed, per Title X requirements.

   This data shall be reported by the LHD through an online survey which will be available via Smartsheet. For the reporting period January–December 2024, the deadline for data submission is January 15, 2025. (Data for the reporting period January–May 2024 are for services provided under the prior year's Agreement Addendum, FY23-24.)

e. To ensure that all local program income that is supporting the Family Planning Program is reported, quarterly reports must be submitted via Smartsheet.[30]The first report is for April, May, and June 2024 income and is due by July 24, 2024. The quarters for these reports are defined as:
    - April – June 2024
      April and May 2024 data is from services provided under the Agreement Addendum for SFY 2024.
    - July – September 2024
    - October – December 2024
    - January – March 2025

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 Director has been involved in the process. The template for developing the plans and submission will occur through Smartsheet[31] by August 15, 2024.

g. The Local Health Department shall complete the annual Local Health Department Pharmacy Services Survey[32] by May 1, 2025.

V. <u>Performance Monitoring and Quality Assurance</u>:

1. The WICWS Regional Nurse Consultants (RNCs) conduct performance monitoring and quality assurance activities.

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[29] https://wicws.dph.ncdhhs.gov/provpart/docs/FPAR-2-Data-Elements-for-LHD.pdf
[30] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb
[31] https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb
[32] https://www.surveymonkey.com/r/2023pharmacyLHDsurvey

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, patient visit observations (a preventive visit, preferably with an adolescent, and a pregnancy test 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 Patients (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. <u>Funding Guidelines or Restrictions</u>:

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.

   a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.

   b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

2. Title X and Healthy Mothers/Healthy Children funds can be used to finance and maintain hardware, software, and subscription linkage at current local market values.

Attachment A

Detailed Budget Instructions and Information

Budget and Justification Form

Applicants must complete the **Open Window Budget Form for FY24-25**. Refer to FY 23-24's approved budget narrative as a reference for completing FY 24-25's budget narrative. Upon completion, the Open Window Budget Form must be emailed to Kristen.Carroll@dhhs.nc.gov no later than 30 days after this Agreement Addendum is signed and returned to DPH. The Open Window Budget Form[33] 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 FY24-25 budget. Each justification should show how the amount on the line-item budget was calculated, clearly justify/explain how the expense relates to the program. The instructions on **How to Fill Out the Open Window Budget Form** are posted on the WICWS website.[34] 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 patient information. Cost divided between 3 clinics: $1,500/3 = $500.

Administrative Personnel Fringe Costs

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

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

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[33] https://wicws.dph.ncdhhs.gov/provpart/agreement-addenda.htm

[34] https://wicws.dph.ncdhhs.gov/provpart/agreement-addenda.htm

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.

Current Subsistence Rates— Subsistence rates are determined by NCDHHS. The current rates are posted on the DPH website's "For Local Health Departments" page, https://www.dph.ncdhhs.gov/lhd/index.htm.

For informational purposes, NCDHHS lists the following schedule, effective October 2023:

	In-State	Out-of-State
Breakfast	$ 13	$ 13
Lunch	$ 15	$ 15
Dinner	$ 26	$ 26
Lodging-actual, up to	$ 107	$ 107
Total	$ 161	$ 161

Justification Example:

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

2 nights' lodging x $98 (excludes tax) = $196
1 breakfast x 2 staff @ $13/person = $26
2 lunches x 2 staff @ $15/person = $60
2 dinners x 2 staff @ $26/person = $104
Total cost: $196 lodging + $190 meals = $386

Current Mileage Rate—For informational purposes, the OSBM lists the standard mileage rate set by the Internal Revenue Service as $0.655 cents per mile, effective January 1, 2023. The current rate is posted on the posted on the DPH website's "For Local Health Departments" page, https://www.dph.ncdhhs.gov/lhd/index.htm

Women's Health Service Funds (WHSF)

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

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

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

Attachment B

Family Planning Patients and Physicians Contact

Instructions: Using the table below, enter the total number of estimated patients to be served in the Family Planning Clinic and enter the estimated percent of those patients that will be self-pay. Retain a copy of the completed Attachment B in the Local Health Department files for your reference. This information should be returned with your signed Agreement Addendum.

Unduplicated number of patients to be served in the Family Planning Clinic:	
Estimated percent of self-pay patients to be served in the Family Planning Clinic:	

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

Provider Name	Provider Specialties	Telephone Number	Email Address

Attachment C

Family Planning Clinical and Educational Services

Family Planning Clinical Services for Biological Females

HISTORY

Initial and Annual Preventive Appointments

1. Acute and chronic medical conditions including gynecological conditions; hospitalizations; surgery; blood transfusion or exposure to blood products; **R**
2. Pap history (date of last Pap, and if abnormal Pap, treatment) **R**
3. Menstrual history **R**
4. Contraceptive use past and present (including adverse effects) **R**
5. Obstetrical history **R**
6. Allergies **R**
7. Current use of prescription and over-the-counter medications **R**
8. Sexually transmitted 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. Review of systems **R**
11. Pertinent family medical history **R**
12. **SOCIAL/SEXUAL HISTORY**
    - Pertinent partner(s) history **R**
    - Extent of use of tobacco, alcohol, and other drugs **R**
    - Sexual history and Social history **R**
    - IF POSTPARTUM, patient must also be screened with the 5Ps screening tool
13. Environmental exposures/hazards **R**
14. 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. **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 FY25. **R**
15. Screen for Intimate Partner Violence and provide or refer patients who screen positive. **R**
16. **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**
17. 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.

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**

* Patients 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 patient. **R**

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

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

LABS

1. Gonorrhea testing **R (**Required if ≤25 years of age, and as indicated for those 26 and older per CDC guidelines and/or with IUD insertion **if required** per CDC's STD Screening Guidelines [U.S. Selected Practice Recommendations], 2021.
2. Chlamydia testing **R** (Required if ≤ 25 years of age, and as indicated for those 26 and older per CDC guidelines and/or with IUD insertion **if required** per CDC's STD Screening Guidelines [U.S. Selected Practice Recommendations], 2021.
3. Syphilis serology **I** (CDC recommends screening MSM, those living with HIV, commercial sex workers, persons who exchange sex for drugs, those in adult correctional facilities and those living in communities with high prevalence).
4. HIV Testing **I** (CDC recommends all patients aged 15-65 be screened routinely and all persons likely to be at high risk for HIV be rescreened at least annually: Injection Drug User (IDU) and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, MSM or heterosexual person who themselves or sex partners have had more than one sex partner since their most recent HIV test).
5. Hepatitis C screening **I** (Agency may refer to another agency for testing if warranted by screening).
   - (USPSTF recommendation, Grade B) to screen individuals at high risk for infection for hepatitis C, and

(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.

one-time screening for HCV infection for all individuals 18-79 years of age.

6. Diabetes testing **I**
   - (USPSTF recommendation, Grade B) to screen for prediabetes and type 2 diabetes in nonpregnant adults in adults aged 35–70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.
7. Cervical Cytology Screening (Pap Smear) **I**

Family Planning Biological Female Patient Education Requirements

The patient 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 patients:

- 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 patient engagement should be encouraged, and each appointment should be tailored to the patient's individual circumstances and needs.
- Information needed to make an informed decision about family planning.

Patient 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 should be provided interventions to prevent initiation of tobacco use. **R for adolescent clients**
3. Adolescents must be informed about abstinence, condoms, LARC and other methods of contraception. **R for adolescent clients**
4. Use specific methods of contraception and identify adverse effects **R (at initiation of a contraceptive method)**
5. Reduction of risk of transmission of STIs and HIV based on sexual risk assessment **I**
6. Promote daily consumption of multivitamin with folic acid to those who are capable of conceiving **R**
7. Provide reproductive life planning counseling **R**
8. Review immunization history and inform patient of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers. **R**
9. Provide preconception counseling **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.

10. Understand BMI greater than 30 or less than 18.5 is a health risk (Weight management educational materials to be provided if patient requests) **I**
11. Stop tobacco or Electronic Nicotine Delivery Systems (ENDS) use, implementing the 5A counseling approach. **I**
12. Encourage mammograms in accordance with the nationally recognized guidelines the agency has chosen to follow and has incorporated into agency policy/procedure/protocol. **I**
13. Provide achieving pregnancy counseling **I**
14. Provide basic infertility counseling **I**
15. Provide GED Counseling

Patient Method Counseling

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

1. Results of physical assessment and labs (if performed) **I**
2. Client centered contraceptive counseling /education provided **R**
3. Provide Emergency Contraception counseling if pregnancy is not desired **I**
4. How to d/c method selected, and information on back up method **R**
5. Typical use rates for method effectiveness **R**
6. How to use the method consistently and correctly **R**
7. Protection from STDs if non-barrier method chosen **I**
8. Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24-hour number, where to seek emergency services outside of hours of operation) R
9. When to return for a follow up (planned return schedule) **R**
10. Appropriate referral for other services as needed **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.

Family Planning Clinical Services for Biological Males

HISTORY

(Initial and Established Annual Preventive Appointments)

1. Acute and chronic conditions including hospitalizations; surgery; blood transfusion or exposure to blood products; **R**
2. Allergies **R**
3. Current use of prescription and over-the-counter medications **R**
4. 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. Review of systems **R**
7. Pertinent family medical history **R**
8. **SOCIAL/SEXUAL HISTORY**
   - Pertinent partner(s) history **R**
   - Extent of use of tobacco, alcohol, and other drugs **R**
   - Sexual History /Social History **R**
9. Environmental exposures/hazards **R**
10. 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**
11. Assess for unprotected intercourse in past five days. If affirmative, and pregnancy is not desired, educate about how partner may obtain Emergency 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**

* Patients 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**

(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.

LABS

1. Gonorrhea **I**
2. Chlamydia **I**
3. Syphilis serology **I** (CDC recommends screening MSM, those living with HIV, commercial sex workers, persons who exchange sex for drugs, those in adult correctional facilities and those living in communities with high prevalence).
4. HIV Testing, **I** (CDC recommends all patients aged 15-65 be screened routinely and all persons likely to be at high risk for HIV be rescreened at least annually: Injection Drug User (IDU) and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, MSM or heterosexual person who themselves or sex partners have had more than one sex partner since their most recent HIV test).
5. Hepatitis C screening **I** (Agency may refer to another agency for testing if warranted by screening)
   - (USPSTF recommendation, Grade B) to screen individuals at high risk for infection for hepatitis C, and one-time screening for HCV infection for all individuals 18-79 years of age
6. Diabetes testing, **I**
   - (USPSTF recommendation, Grade B) to screen for diabetes in adults aged 35–70 years who are overweight or obese. Clinicians should offer or refer patients with prediabetes to effective preventive interventions.

Family Planning Biological Male Patient Education Requirements

The patient 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 patients:

- 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 patient engagement should be encouraged, and each appointment should be tailored to the patient's individual circumstances and needs.
- Information needed to make an informed decision about family planning

Patient 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 should be provided interventions to prevent initiation of tobacco use. **R for adolescent clients**

(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.

3. Adolescents must be informed about abstinence, condoms, LARC and other methods of contraception. **R for adolescent clients**
4. Use specific methods of contraception and identify adverse effects **R (at initiation of a contraceptive method)**
5. Reduction of risk of transmission of STIs and HIV based on sexual risk assessment **I**
6. Provide reproductive life planning counseling **R**
7. Review immunization history and inform patient of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers **R**
8. Provide preconception counseling **R**
9. Understand BMI greater than 30 or less than 18.5 is a health risk (Weight management educational materials to be provided if patient requests) **I**
10. Stop tobacco or Electronic Nicotine Delivery Systems (ENDS) use, implementing the 5A counseling approach **I**
11. Provide achieving pregnancy counseling **I**
12. Provide basic infertility counseling **I**
13. Provide GED Counseling **I**

Patient Method Counseling

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

1. Results of physical assessment and labs (if performed) **I**
2. Client centered contraceptive counseling/education provided **R**
3. Provide Emergency Contraception Counseling if pregnancy is not desired **I**
4. How to d/c method selected, and information on back up method **R**
5. Typical use rates for method effectiveness **R**
6. How to use the method consistently and correctly **R**
7. Protection from STDs if non-barrier method chosen **I**
8. Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24-hour number, where to seek emergency services outside of hours of operation) R
9. When to return for a follow up (planned return schedule) **R**
10. Appropriate referral for other services as needed **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.