

## **Part I. Administrative Rules**

NC Administrative Rules (10A NCAC 46.0205) requires assurance for the provision of selected maternal health services. Each local health department (LHD) must provide, contract for the provision of, or certify the availability of maternal health services for all individuals within the jurisdiction of the LHD. Rules state that each LHD shall establish, implement, and maintain written policies which shall include:

1) A description of the procedures for maternal health services provided by the LHD, a copy of the contract for the provision of maternal health services, or a certification of the availability of maternal health services. These maternal health services shall include:

- (A) Pregnancy testing, information, and referral as appropriate;
- (B) Ongoing prenatal care to all pregnant women, not served by another health care resource, through one or more of the following mechanisms:
  - (i) referral to other health care providers;
  - (ii) contracts with other health care providers; or
  - (iii) provision of the following prenatal services in a LHD maternity clinic:
    - (I) initial history, and physical and laboratory examinations;
    - (II) assessment of medical, nutritional, and social problems;
    - (III) weekly assessments by a physician or a registered nurse, as medically indicated;
    - (IV) laboratory, nutrition, and patient education follow-up services;
    - (V) high-risk identification and referral; and
    - (VI) scheduling of postpartum visits.

2) A description of the priority population for maternal health services provided by the LHD, including eligibility criteria. The LHD shall emphasize provision of maternal health services to individuals who would not otherwise have access to these services.

3) A description of fees, if any, for maternal health services provided by the LHD.

A LHD shall establish, implement, and maintain written policies for the provision of community and patient maternal health education services within the jurisdiction of the LHD. Education services shall promote healthy lifestyles for good pregnancy outcome.

## Part II. Guidance

LHDs that assure services must establish a Memorandum of Understanding (MOU) with one or more agencies that will provide prenatal care for pregnant women, including indigent women. If the LHD does not provide postpartum services, that care must also be provided by the outside agency. The MOU must meet the below guidelines established in the Maternal Health Agreement Addenda.

- If the LHD is not providing routine periodic prenatal care as evidenced in Local Health Department-Health Service Analysis (LHD-HSA) data and program review audit, the LHD shall submit the following documents:
  - A Memorandum of Understanding (MOU) with local healthcare provider(s) documenting how these services are provided.
    - The MOU with the assurance provider must contain information that stipulates that patients at or below 100% of the Federal Poverty Level will not be charged for prenatal 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. \*Please note there is no Title V sliding fee scale so the specific fee scale you use must be provided\*
  - MOUs are not to be considered ongoing. If the LHD has a MOU that has been executed within the last 3 years, and plans to continue during the current fiscal year, it should contain the following required information.
    - A signed letter from the health director stating:
      - That the MOU is still current for the \_\_\_\_FY,
      - That the assurance provider provides prenatal care for pregnant women, including indigent women,
      - Submit a copy of the current MOU with the signed Maternal Health Agreement Addenda

### NOTE:

- Agencies are required to have specific policies/procedures current and in place that are described in the audit tool used for review.
- The MOU should be reviewed annually, revised, and signed as indicated.
- The MOU should reflect that the LHD and assurance provider are jointly committed to improving birth outcomes and health status of individuals during pregnancy. If this MOU is in partnership with an outside entity that is not another LHD Outcome Objectives data from the Agreement Addendum will not be reported in the LHD-HSA, so neither entity will be held responsible for reporting the data. However, there should be a county-wide commitment to improving outcomes and that can be reflected in county level data
- The MOU should reflect that the LHD and assurance provider are jointly accountable for program deliverables. If language regarding any of the following is included in the MOU, then the language must be updated annually:

- Program deliverables
- Practice guidelines
- Timeframe of agreement between agencies
- Monetary amounts being exchanged for services
- Outcome objectives (OO) will be measured using broad based county level birth certificate data.