




**NC Department of Health and Human Services
Division of Public Health
Women, Infant and Community Wellness Section**

**Family Planning Agreement Addendum Webinar
Fiscal Year 2022-2023**

March 2022

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III. Scope of Work and Deliverables

For this Agreement Addendum, the Local Health Department shall complete the Family Planning Patients and **Physicians Contact tables** (Attachment B), complete the TANF Out-of-Wedlock Birth Prevention Program Deliverables worksheet (Attachment D) and return both with the signed and dated Agreement Addendum.

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

New: The Physician Contact table was added to Attachment B to assist the Women, Infant and Community Wellness Section to track current providers within the local health departments.

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III. Scope of Work and Deliverables

6. In order to meet the Deliverables listed in Section III through the delivery of family planning services, the Local Health Department shall:

b. Utilize these six resources for providing family planning services:

3. U.S. Medical Eligibility Criteria for Contraceptive Use, 2016 & **2020 partial update**
<https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf> and
https://www.cdc.gov/mmwr/volumes/69/lw/mm6914a3.html?s_cid=mm6914a3_w

Update: Contraceptive Use, 2016: Updated Recommendations for the Use of Contraception Among Women at High Risk for HIV Infection
Weekly / April 10, 2020 / 69(14):405-410

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III. Scope of Work and Deliverables

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

a. CLINICAL SERVICES

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)

Update: Title X requirement with updated rules effective November 8, 2021, that if a contraceptive method is not offered on site, the LHD must provide a referral or prescription

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III. Scope of Work and Deliverables

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

a. Clinical Services

6. Abortion / Pregnancy Termination

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 option(s) about which the pregnant patient indicates they do not wish to receive such information and counseling.

Update: Title X requirement with updated rules effective November 8, 2021, that options counseling may given by nurses, and referrals can be given, as requested.

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III. Scope of Work and Deliverables

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

d. FINANCIAL MANAGEMENT

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.

Update: Title X requirement with updated rules effective November 8, 2021 added language to clarify the updated requirements regarding income verification for family planning clients

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III. Scope of Work and Deliverables

- 7. The policies that address family planning services in each Local Health Department shall include:
 - d. FINANCIAL MANAGEMENT
 - 2. Family income shall be assessed before determining whether copayments or additional fees are charged.
 - 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.
 - 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.

Update: Title X requirement with updated rules effective November 8, 2021 added language to clarify the updated requirements regarding income verification for family planning clients

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III. Scope of Work and Deliverables

- 7. The policies that address family planning services in each Local Health Department shall include:
 - f. REQUIRED TRAINING COURSES
 - 2. The Women's Health Branch is responsible for monitoring that training has been received by local Title X staff and staff who provide services to Title X patients per the Office of Population Affairs, Title X/Family Planning Program. (<https://public-inspection.federalregister.gov/2021-21542.pdf>)
 - d. 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 the 2019 Local Government Agencies General Records Retention and Disposition Schedule, Standard 6, Items 42 and 29 <https://archives.ncdcr.gov/government/local-government-agencies/general-records-schedule-local-government-agencies>
 - e. Certificates of completion of annual online family planning training must be kept internally until the Office of the Controller provides written guidance that records are released from all audits and other official actions, and then destroyed in accordance with that guidance, per the 2019 Local Government Agencies General Records Retention and Disposition Schedule, Standard 1, Item 31 <https://archives.ncdcr.gov/government/local-government-agencies/general-records-schedule-local-government-agencies>

Update: The links that are in the Family Planning Agreement Addendum, Fiscal Year 2022-2023 are no longer active. The corrected links are above.

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III. Scope of Work and Deliverables

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

Update: Title X requirement with updated rules effective November 8, 2021 updated nondiscrimination language to include sexual orientation, gender identity, and sex characteristics so that signage will meet Title X requirements.

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III. Scope of Work and Deliverables

- 7. The policies that address family planning services in each Local Health Department shall include:
 - 10. ENHANCED ROLE REGISTERED NURSE REQUIREMENTS (ERRN)
 - 2. Any 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. Additionally, the ERRN must also submit relevant standing orders with their re-certification paperwork. Training resources are available at <https://whb.ncpublichealth.com/provpart/training.htm>.

Update: Language added to reflect guidance that was shared with Women's Health ERRNs/Nurse Supervisors in 2021. Now the AA reflects the guidance sent out and is consistent with other ERRN programs.

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IV. Performance Measures/Reporting Requirements:

- 2. Annual Reports
 - a. Media Review Requirements
 - 1. The Local Health Department must submit, at least annually and no later than August 15, 2022, family planning media review documentation and Family Planning Media Review Documentation form DHHS 3491. 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.
 - 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

Update: Added language to clarify the updated Title X rule changes effective November 8, 2021.

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IV. Performance Measures/Reporting Requirements:

- 2. Annual Reports
 - a. Media Review Requirements
 - 2. The forms and documentation may be mailed to the Women's Health Branch at 1929 Mail Service Center, Raleigh NC 27699-1929, attention Family Planning Program Consultant, or scanned and emailed to the Family Planning Program Consultant at savannah.simpson@dhhs.nc.gov. Form DHHS 3491 may be obtained from the Women's Health Branch Web page at <https://whb.ncpublichealth.com/provPart/forms.htm>.
 - 3. 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.

New: Language added to clarify the updated Title X rule changes effective November 8, 2021

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IV. Performance Measures/Reporting Requirements:

2. Annual Reports

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 13, 2023, 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** (<https://whb.ncpublichealth.com/provpart/forms.htm>).

Update: Attachment E was removed from the Agreement Addenda. Form PHS-6044 can be found on the WHB website.

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IV. Performance Measures/Reporting Requirements:

2. Annual Reports

g. **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. A sample template for developing the plans is located at: <https://whb.ncpublichealth.com/provPart/forms.htm>. **The plans must be submitted to the Family Planning Program Consultant electronically at savannah.simpson@dhhs.nc.gov by August 15, 2022.**

Update: Not a new requirement to complete these plans, but now the Community Education/Service Promotion Plan as well as the Engagement Plan must be submitted to the Raleigh office annually.

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IV. Performance Measures/Reporting Requirements:

2. Annual Reports

Performance Monitoring and Quality Assurance:

4. 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.

Update: This is not a new requirement, but it has been specifically added to the AA to ensure that local health departments are aware of this requirement.

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Attachment A Detailed Budget Instructions and Information

Travel

This was the correct rate at the time the Agreement Addenda were finalized

Current Mileage Rates – For informational purposes, the Office of State Budget and Management (OSBM) lists the standard mileage rate set by the Internal Revenue Service as \$0.56 per mile, effective January 1, 2021.

Effective January 1, 2022, the OSBM updated the mileage rate to \$0.585 per mile. This is the rate to use when submitting your budget.

UPDATE: This is updated annually so as of January 1, 2022, the new rate is \$0.585 per mile.

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Attachment C

Family Planning Clinical and Educational Services

- Family Planning Clinical Services **Female & Male Clients**

LABS

- Diabetes testing, I (As indicated)
- (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.**

Update: August 24, 2021 – The U.S. Preventive Services Task Force updated the screening recommendation for prediabetes and type 2 diabetes by lowering the minimum age for 40 down to 35 years of age. AA language updated to reflect this.

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Attachment C

Family Planning Clinical and Educational Services Family Planning **Female/Male Patient Education Requirements**

- Adolescents must be told that services are confidential, family involvement is encouraged and resisting sexual coercion is discussed. **R**
- Adolescents should be provided intervention to prevent initiation of tobacco use. **R**
- Adolescents must be informed about abstinence, condoms, LARC and other methods of contraception. **R**
- Educational materials should be clear and easy to understand. **R**
- Information should be delivered in a manner that is culturally and linguistically appropriate. **R**
- The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment. **R**
- 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. **R**
- Balanced information on risks and benefits of the contraceptive method chosen by the client or their partner should be presented, and messages framed positively. **R**
- Active patient engagement should be encouraged, and each appointment should be tailored to the patient's individual circumstances and needs. **R**
- Information needed to make an informed decision about family planning. **R**
- Use specific methods of contraception and identify adverse effects. **R**
- Reduction of risk of transmission of STIs and HIV based on sexual risk assessment. **I**
- Promote daily consumption of multivitamin with folic acid to those who are capable of conceiving. **R**
- Provide reproductive life planning counseling. **R**
- Review immunization history and inform patient of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers. **R**
- Provide preconception counseling. **R**
- Understand BMI greater than 25 or less than 18.5 is a health risk (Weight management educational materials to be provided if patient requests). **I**
- Stop tobacco use, implementing the 5A counseling approach. **I**
- Encourage biennial screening mammogram for patients aged 50 and older and <50 if conditions support providing the service to an individual patient. **I**
- Provide preconception counseling. **I**
- Provide basic infertility counseling. **I**
- Provide GED counseling. **I**

Update: Clarified and reorganized the wording and order to align with the patient education section of the family planning forms

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Attachment C

Family Planning Clinical and Educational Services Patient Method Counseling for **Female/Male patients**

1. Results of physical assessment and labs (if performed) R
2. Contraceptive counseling/education provided R
3. Provide Emergency Contraception counseling R
4. How to d/c method selected, 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 additional services (as needed) I

Update: Clarified and reorganized the wording and order to align with the patient method counseling section of the family planning forms

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What if I have questions about these FP AA Updates??



Glad you asked!!

We are planning to conduct a live Q & A session April 19, 2022. The session for questions related to the FP AA is scheduled for 9 AM - 10 AM.

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Contacts for Questions

From March 1 through April 12, 2022,

submit your questions through a short online survey at <https://www.surveymonkey.com/r/YNVXXZD>. This survey will enable us to quickly organize the questions and answer in a timely manner.

From April 13, 2022,

• Data questions:

Marissa Peters marissa.peters@dhhs.nc.gov

• Budget questions:

Joseph Scott joseph.scott@dhhs.nc.gov

• Clinical, training and other questions:

The Women's Health Regional Nurse Consultant assigned to your health department (<https://wicws.dph.ncdhhs.gov/docs/RNC-Map.pdf>)

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