



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Public Health  
Women, Infant, and Community Wellness Section (WICWS)  
Reproductive Health Branch (RHB)

## Family Planning Agreement Addendum Updates Fiscal Year 2024-2025

March 2024

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### III. Scope of Work and Deliverables

- **Deleted** Item 3. Temporary Assistance for Needy Families (TANF) Out-of-Wedlock Birth Prevention Program Deliverables (Attachment D), pages 2-3
- Attachment D has been eliminated
- The TANF spending plan must be clearly stated in the Open Windows Budget Form (see Attachment A)

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### III. Scope of Work and Deliverables \*

- **Clinical Services, page 3**

- \***Added** Item 6. a. 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 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.

- The initial Family Planning visit can be coded with a problem visit E/M code

- Appropriate history, ROS, exam, lab, and counseling components must be documented

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### III. Scope of Work and Deliverables \*

- **Financial Management, Item 6. d. 3. c., page 6**

- \***Added** Item 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.

- Agency policies/procedures/protocols should include guidance for eligibility staff

- Refusal to provide verbal declaration must be documented in the client's record

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### III. Scope of Work and Deliverables

- **Adolescent Services, 6. e. 1. a. - g., page 6**
  - No additions or deletions
  - The counseling requirements (a.-g.) have been **reordered** to align with the flow of the visit
- 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.

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### III. Scope of Work and Deliverables \*

- **Required Training Courses, 6. f. 1. a. (1), page 7**
    - \***Revised** language regarding accessing current Orientation Checklists
  - (1) Orientation Checklists can be accessed **via Smartsheet dashboard.**
- <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>
- “Smartsheet Dashboard” is utilized by other programs in DPH, but first year for our Section
  - The FP AA 151 for FY25 will be added to the Smartsheet Dashboard

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### III. Scope of Work and Deliverables \*

#### • Required Training Courses, 6. f. 1. b.

##### –\*Revised language to:

- clarify who must complete Title X annual trainings
- update the name of the document
- update where the document is housed and how it will be submitted

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 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**.

<https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>

–The Annual Training Record will be updated to reflect FY 24-25 annual training requirements.

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### III. Scope of Work and Deliverables

#### • Enhanced Role Registered Nurse, 6. j., page 9

- **Revised** language (6. j. 1.) to clarify that the FP ERRN program has been discontinued
- \***Reordered and revised** language (6. j. 2.) to Clarify what must be submitted for re-certification and when
- \***Added** language to require notification of the Regional Nurse Consultant when ERRNs retire or no longer function in that role

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### III. Scope of Work and Deliverables \*

- **Quality Improvement and Quality Assurance, 6. o. 3., page 11**

- **\*Added** language to describe a process for conducting a Patient Experience Survey

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.

- **One survey every three years, in the year prior to monitoring.**

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### IV. Performance Measures/Reporting Requirements

- **Item 1, a. – f., page 11**

- **No additions or deletions**

- **The Outcome Objectives have been reordered to match the order in which information appears on the WICWS website**

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.

- Increase number of family planning patients
- Increase number of adolescent patients ages 15-19
- Ensure at least 90% of family planning clients served are at or below 200% of federal poverty level
- Ensure at least 85% of female family planning clients ages 15-24 are screened for chlamydia
- Increase access to the most effective contraceptives
- Reduce repeat pregnancy age 17 and under

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## IV. Performance Measures/Reporting Requirements\*

### • Item 2. Annual Reports, a. Media Review, 1. & 2., pages 11-12

- **\*Revised** language to reflect new due date for material submission

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.

- **\*Revised** language to reflect new method for material submission

2. The forms and documentation may be **submitted to the Reproductive Health Branch via Smartsheet.**

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## IV. Performance Measures/Reporting Requirements\*

### • Item 2. Annual Reports, a. Media Review, 3., page 12

- **\*Added** language to clarify what materials must include required funding acknowledgement

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.”

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## IV. Performance Measures/Reporting Requirements\*

### • Item 2. Annual Reports, b. Sterilization Reporting Requirements, 1. & 2. page 12

#### –\*Revised language to reflect new method for submitting PHS 6044 or waiver letter regarding Sterilizations

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.

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

The current sterilization consent forms that must be used when arranging sterilizations can be found on the HHS Office of Population Affairs website.

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](#).

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## V. Performance Monitoring and Quality Assurance

### • Item 2. Consequences, a., page 14

#### –Revised language to clarify CAP procedures and potential high-risk status

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.**

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## Funding attached to Family Planning AA

The funding awarded to your local health department is listed in the budgetary estimate (BE) of the AA. Below is a list of the different cost centers, funding sources, and any stipulations attached to those funds.

Cost Center	Description	Funding Source	Funding stipulations
2B25151-20G0119003	Family Planning Out-of-Wedlock	TANF (100% Federal)	Use for clinical, advertising, outreach, DSS staff, etc.
2B25735-2000000000	State match to HMHC (Title V)	State Appropriations (100% State – connected to HMHC)	Use toward program needs*
2B25735-20G0185001	Healthy Mothers Healthy Children (HMHC)	Title V (57.14% Federal; 42.86% State)	Use toward program needs*
2B25900-20G0079002	Family Planning Title X April 2025 - May 2025 (2 months)	Title X (100% Federal)	Use toward program needs*
2B26021-20G0079004	Women's Health Service Funds	State Appropriations (100% State)	Can only be used for purchasing contraceptive methods

\*program needs may include salary/fringe, clinical supplies, contraceptives, program incentives, educational materials, advertising, etc.

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## Change in Budget Contact Person

- Kristen Carroll, [Kristen.Carroll@dhhs.nc.gov](mailto:Kristen.Carroll@dhhs.nc.gov)
- Submit budgets using the Open Windows Budget Form (use link in the AA for most current version)
- Budgets should include narrative justification for each line item and designate when utilizing TANF or WHSF (Women's Health Service Funds).
- Budgets can be emailed directly to Kristen or submitted with your signed AA.

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## Current Subsistence Rates

	In-State	Out-of-State
Breakfast	\$13	\$13
Lunch	\$15	\$15
Dinner	\$26	\$26
Lodging	\$107	\$107

Mileage rate is \$0.67/mile

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## Attachment B, page 17

- **Revised** language to require reporting the number of self-pay patients

**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 <b>self-pay</b> patients to be served in the Family Planning Clinic:	

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## Attachment C, pages 18-24\*

- **Revised and reorganized** content of the Attachment for clarity

- History, Physical Assessment, Labs, and Routine Supply Visit sections reformatted

- Second column eliminated
- Changed Other Office Visits section to Problem-Focused Office Visits for clarity
- \*Note revision to Item 16. Postpartum Counseling in the History section to conform to current ACOG guidelines

- \*Education Requirements section reformatted

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## Smartsheet Change Summary

Report to be Accessed or Submitted via Smartsheet	Due Date
Orientation Checklists	Must be completed upon new staff hire and available for RNC review at monitoring.
NC Title X Family Planning Program Annual Training Record	June 30, 2025
Media Review	June 30, 2024
Sterilization Report	June 30, 2025

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# Questions?

## • Contact your Regional Nurse Consultant

Department of Health and Human Services - Division of Public Health  
Women, Infant, and Community Wellness Section  
Regional Nurse Consultants

