


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

**Agreement Addenda Webinar
Fiscal Year 2022-2023**

March 2022

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**High Risk Maternal Health
Agreement Addendum**

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I. Background

Paragraph 4

The High Risk Agreement Addendum is a multi-disciplinary document that should be thoroughly read by each member of the multi-disciplinary team (i.e., Medical Provider, **Board Certified OB**, Nurse, Nutritionist, Social Worker, Finance Officer, and Administrator) to understand how discipline specific care is integrated into prenatal and postpartum care.

UPDATE: Language updated because a Board-Certified OB is a requirement of a High Risk Maternal Health agency under Quality Assurance B1 so they should be included in the background as a part of the multidisciplinary team.

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III. Scope of Work and Deliverables

5. If the Local Health Department subcontracts out their high risk maternity clinic funds to another provider, they must provide a letter **from the health director** with the name and contract information of the subcontractor when they return their signed Agreement Addendum.

ADDITION: Added for clarification of who the letter should be from.

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III. Scope of Work and Deliverables

Section B. Quality Assurance

B4 Provide comprehensive clinical assessments for all clients by a Licensed Clinical Social Worker (LCSW) or **Licensed Clinical Social Worker – Associate (LCSW-A)** as indicated by Maternal Health History Forms C1 & C2 in combination with validated screening tools.

ADDITION: Added in order to increase the number of behavioral health providers qualified to serve in the Clinical Social Worker role within high risk clinics.

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III. Scope of Work and Deliverables

Section B. Quality Assurance

B6 Provide services in accordance with ACOG guidelines on high risk maternity care to help assure that patients at high risk for experiencing an infant or fetal death receive appropriate care.

FY 21-22 previous wording:

B6 Assure that patients at high risk for experiencing an infant or fetal death receive appropriate prenatal care.

B7 Provide services in accordance with ACOG guidelines on high risk maternity care.

UPDATE: Language changed to merge both B6 and B7 as these points encompassed one quality assurance measure.

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III. Scope of Work and Deliverables

Section C. Policies/Procedures

C4 Develop and follow a policy/procedure/protocol that lists the high risk conditions the HRMC accepts on referral **and** describe the agency's outpatient management of the prenatal conditions served.

FY 21-22 previous wording:
C1 Develop and follow a policy/procedure/protocol that describes a listing of high risk conditions the HRMC accepts on referral

C5 Develop and follow a policy/procedure/protocol that describes the agency's outpatient management of prenatal conditions served.

UPDATE: Language changed to merge both C1 and C5 as these points go together and can be encompassed in one policy/procedure that includes the conditions you serve and how the agency manages those conditions.

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III. Scope of Work and Deliverables

Section C. Policies/Procedures

C7 Develop and follow a policy/procedure/protocol **for routine use of validated screening tools for substance use disorder among all prenatal patients and for specific circumstances in which urine drug testing will be used and how the information will be used if the agency uses laboratory testing. Laboratory testing for the presence of drugs is not recommended universally.**

FY 21-22 previous wording: **Develop and follow a policy/procedure/protocol that describes the testing of prenatal patients for substance use if the agency uses laboratory testing for this purpose.**

UPDATE: Language changed to clarify that validated screening tools are the standard for substance use screening and universal drug testing is not recommended.

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III. Scope of Work and Deliverables

Section C. Policies/Procedures

C8 Develop and follow a policy/procedure/protocol for identification, follow-up and referral as indicated for pregnant and postpartum patients who are experiencing interpersonal violence. The minimum standard for identification is the use of the **screening questions found on Maternal Health History Forms C-1 and C-2.**

UPDATE: Language changed to clarify where to find the specific questions that will be considered minimum requirements for interpersonal violence screening.

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III. Scope of Work and Deliverables

Section E. Laboratory and Other Studies:

E3 The NC State Lab of Public Health has authorized no cost Hepatitis C testing for all pregnant women aged 18 and older. Pregnant women below the age of 18 can still be tested, however, these specimens will need to be sent to a commercial laboratory. Screening during pregnancy is recommended unless prevalence is < 0.1%. Prevalence in <18 years of age is <0.1% in NC at present time. Given the information on prevalence rate for those <18 in the state, agencies will not be held out of compliance of the Agreement Addenda when HCV testing is not performed on those under 18.

UPDATE: Provided clarity around testing for prenatal clients <18 years of age.

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III. Scope of Work and Deliverables

Section E. Laboratory and Other Studies:

E9 Rubella immunity status assessment at initial appointment. If immunity status cannot be obtained as stated in C10, titers can be drawn.

E10 Varicella immunity status assessment at initial appointment. If immunity status cannot be obtained as stated in C10, titers can be drawn.

UPDATE: Provided clarity to mirror what is stated in the policy section.

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III. Scope of Work and Deliverables

Section E. Laboratory and Other Studies:

E17 Hemoglobin electrophoresis screening, as indicated, or document if patient declines test. Screening for cystic fibrosis and spinal muscular atrophy carrier status should be offered to all patients; patients may be referred for this testing. Screening for other genetic disorders :e.g., β -thalassemia, α -thalassemia, Tay-Sachs disease, Canavan disease, and familial dysautonomia (Ashkenazi Jews) should be provided based on the patient's racial and ethnic background and the family background (cystic fibrosis, Duchenne's muscular dystrophy, fragile X syndrome, intellectual disability).

ADDITION: Language added to reflect ACOG genetic screening recommendations. However, if the local agency does not perform this testing, and the patient would like carrier testing, adequate referral to an outside agency is permissible.

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III. Scope of Work and Deliverables

Section F. Medical Therapy

F3 Recommend use of low dose aspirin (81 mg) initiated after the 12th week of pregnancy in patients with a high risk of developing preeclampsia per U.S. Preventive Services Task Force Guidelines including those with a history of preeclampsia in prior pregnancy.

ADDITION: Language added to reflect a high risk of developing preeclampsia is also an indication for recommended low dose aspirin use per the U.S. Preventative Services Task Force Guidelines.

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III. Scope of Work and Deliverables

Section F. Medical Therapy

F5 SARS-CoV-2 mRNA vaccination should be recommended for all individuals who have not yet been vaccinated and for those eligible for a booster vaccine. The CDC and ACOG recommend that all pregnant and breastfeeding individuals and people thinking about becoming pregnant get vaccinated. Patients should be provided with information about how to access vaccine doses. Document the dates the vaccine was recommended and/or given and/or refused in the medical record.

ADDITION: Language added to reflect current CDC and ACOG recommendation around offering vaccination to pregnant and breastfeeding individuals.

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III. Scope of Work and Deliverables

Section G. Nutrition Services

G3 Document weight gain or loss at routine appointments and assess weight status as per assigned gestational weight gain range (i.e., document weight gain in accordance with IOM guidelines).

FY 21-22 previous wording: Document weight gain or loss at routine appointments and assess weight status as per assigned gestational weight gain range (e.g., plot weight on prenatal weight gain graph).

UPDATE: Language changed to coincide with current method of documentation now being electronic. The previous wording is now considered dated.

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III. Scope of Work and Deliverables

Section G. Nutrition Services

G4 Offer and document nutrition consultation to all underweight or obese patients (pre-pregnancy BMI of < 18.5 or > 30). This consultation may be accomplished by a referral to a Registered Dietitian (RD), Licensed Dietitian/Nutritionist (LDN) or Women, Infants, and Children (WIC).

UPDATE: Language added to help clarify who can do the consultation for underweight and obese patients.

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III. Scope of Work and Deliverables

Section G. Nutrition Services

G8 Removal of: (g) Documented history of a relative of the first degree with cardiovascular disease and/or possessing factors that significantly increase the risk of cardiovascular disease, such as sedentary lifestyle, elevated cholesterol, smoking, high blood pressure, and higher-than-ideal body weight.

REMOVAL: Removed due to the increasing number of clients with first degree relatives in relationship to the Registered Dietitian appointments capacity. The decision was made to focus on patient nutrition issues first when it comes to referral.

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Section G. Nutrition Services

G12 Refer all patients categorically eligible for the WIC Program to that program (using appropriate referral platforms) for nutrition education, lactation support, eligible breastfeeding supplies and supplemental foods. Refer all individuals needing other supplemental food/nutrition resources (SNAP, school meals, emergency foods, etc.) to other local resources as appropriate.

FY 21-22 previous wording: Refer to WIC at initial appointment, if not already enrolled.

ADDITION: Language added to better define all the areas the WIC program encompasses as well as other referral platforms and services that may be indicated.

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III. Scope of Work and Deliverables

Section H. Psychosocial Services

H4 Provide a comprehensive clinical assessment by a LCSW for any patient referred from H3.

FY 21-22 previous wording: Provide a comprehensive clinical assessment by a LCSW for any patient with one or more psychosocial risks identified through the assessment.

UPDATE: Language changed to help clarify who would receive a comprehensive clinical assessment by the LCSW.

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Attachment A Detailed Budget Instructions and Information

Travel

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

Previous Mileage Rate – For informational purposes, the OSBM lists the standard mileage rate set by the Internal Revenue Service as \$0.56 cents per mile, effective January 1, 2021.

UPDATE: This is updated annually.

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Attachment B Maternal Health Patients and Physician(s) Contact

Maternal Health Patients and Physician(s) Contact

Instructions: Using the chart below, enter the total number of estimated patients to be served in the Maternal Health Clinic and enter the estimated percent of those patients that will be uninsured. This Attachment B should be returned with your signed Agreement Addendum. Retain a copy of this Attachment B in the Local Health Department files for your reference.

Unduplicated number of patients to be served in the Maternal Health Clinic:	
Estimated percent of uninsured patients to be served in the Maternal Health Clinic:	%

Instructions: Using the chart 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

Addition: The Physician Contact table was added to Attachment B to track current providers within the local health department.

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Highlighted Website Pages

- **Website Home Page - bookmark it!**
<https://wicws.dph.ncdhhs.gov/>
- **Resource page**
 - WICWS URL > Providers and Partners > Resources
- **Training page**
 - Providers and Partners > Training
 - Women's Health Non-Required Trainings
 - Maternal Health Non-Required Trainings
 - Additional resources

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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

- **Budget questions: Phyllis Johnson**
 - Phyllis Johnson, Phyllis.C.Johnson@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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