


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

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

March 2022

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**Maternal Health
 Agreement Addendum**

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III. Scope of Work and Deliverables

6 (a) Memorandum of Understanding (MOU)

A copy of all Memoranda of Understanding (MOUs) with local health care providers which have been executed within the last three years and which are still in effect. Each of these MOUs must document how these services are provided and mention the time frame that the MOU is in effect. The health director must provide a letter with each MOU stating either that the MOU will be effective for the duration of this Agreement Addendum or, if the MOU is to end before May 31, 2023, that the LHD will enter into another MOU with the local health care provider before the MOU ends.

UPDATE: Previous language stated "current MOU." Clarification in the language made to better define current.

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III. Scope of Work and Deliverables

Section A. General Services

A5 With the onset of Medicaid Managed Care, local health departments are subcontracted by Prepaid Health Plans (PHP) to provide CMHRP services. The CMHRP population is comprised of PHP Priority Members and individuals who are eligible for services. Each PHP uses an internal, proprietary algorithm to determine their members who would benefit from intensive CMHRP services. The individuals identified as PHP Priority Members must receive CMHRP services through pregnancy and the duration of their postpartum period.

UPDATED: Verbiage was updated to align with the new Medicaid Managed Care language.

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III. Scope of Work and Deliverables

Section A. General Services

A6 The Local Health Department may provide Health and Behavior Intervention (HBI) services. HBI is a short-term counseling service provided to pregnant patients, or patients who are less than 60 days postpartum, who meet the eligibility requirements outlined in the clinical coverage policy. Services must be provided by a Licensed Clinical Social Worker in the Local Health Department or in the patient's home and may include the involvement of the patient's significant other or other service providers. Local Health Departments that provide HBI services to Medicaid enrollees, and bill to Medicaid, must provide these services in accordance with the NC Medicaid Clinical Coverage Policies. (NC Medicaid Clinical Coverage Policy No: 1M-3, Health and Behavior Intervention)

ADDITION: Information provided to include HBI services

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Section C. Policies/Procedures

C13 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

C17 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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Section E. Laboratory and Other Studies:

E9 Rubella immunity status assessment at initial appointment. If immunity status cannot be obtained as stated in C19, titers can be drawn.

E10 Varicella immunity status assessment at initial appointment. If immunity status cannot be obtained as stated in C19, titers can be drawn.

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

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Section E. Laboratory and Other Studies:

E17 Hemoglobin electrophoresis screening, as indicated, or document if patient refused 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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Section F. Medical Therapy

F4 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 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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Section G. Nutrition Services

G7 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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J. Staff Requirements and Training

J3 Additionally, any ERRN who is seeking to re-roster must submit a copy of the Standing Orders they operate under, and a competency checklist completed by the agency's Medical Director/Medical Consultant responsible for the Maternal Health Program.

ADDITION: Language added to reflect guidance that was shared with Women's Health ERRNs/Nurse Supervisors in 2021. The AA now reflects this language to be consistent with other ERRN programs.

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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 retained 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 assist in tracking 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**
 - 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>)
