Division of Public Health
Agreement Addendum
FY 10-11

GENERIC
Local Health Department Legal Name

Women's and Children's Health/Women's Health Branch
DPH Section/Branch Name

746 High Risk Maternity Clinic
Activity Number and Description

Kathy Blue, (919) 707-5683
Kathy.Blue@dhhs.nc.gov
DPH Program Contact Name, Telephone Number (with area code) and Email

06/01/2010-05/31/2011
Service Period

DPH program signature
Date
(only required for negotiable agreement addendum)

07/01/2010-06/30/2011
Payment Period

☒ **Original Agreement Addendum**
☐ **Agreement Addendum Revision # _____ (please do not put the Aid to County revision # here)**

I. Background:

The High Risk Maternity Clinic (HRMC) program provides funds for tertiary-level prenatal care services for low-income, high-risk, pregnant women. These clinics assure medically complicated pregnancies have access to risk-appropriate perinatal services, according to the American College of Obstetrics and Gynecology (ACOG) clinical guidelines. High Risk Maternity Clinics provide care to women referred from local health departments that do not operate a HRMC within the designated catchment area.

Each year in North Carolina, about ten women die from pregnancy related conditions, hundreds of babies are born premature and with birth defects. High Risk Maternity Clinics provide care for the conditions that cause maternal and infant mortality and morbidity. With the rise in older mothers, the increase in women who are obese during pregnancy, and women who use substances such as tobacco and alcohol, HRMCs provide the specialized care and support that these women need.

II. Purpose:

The purpose of this agreement addendum is to assure that local health departments provide low-income pregnant women with identified medical high-risk conditions in NC, access to early and continuous prenatal care. Prenatal care services include: management of their high risk medical conditions, screenings

Health Director Signature (use blue ink) Date

Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: ____________ Phone number with area code: ____________ Email dress: ____________

Signature on this page signifies you have read and accepted all pages of this document.

for psychosocial and nutrition problems, health and behavior intervention, nutritional counseling, and referrals for those patients with serious medical, nutritional, and psychosocial needs.

III. <u>Scope of Work and Deliverables</u>:

Instructions: Read the entire Agreement Addendum and fill in the blanks. Complete, sign and return all relevant pages. The County Health Director signature is required on page one.

The High Risk Maternity Clinic Program has a negotiable Agreement Addendum. Please complete the Non-Medicaid Services and Other Program Services sections below along with the appropriate worksheets (attached). Women's Health Branch staff will review and approve.

Non-Medicaid Services (Attachment A) Amount $___________

The Health Department will provide Non-Medicaid Services in FY11 that meet or exceed the total dollar value of all services budgeted. Program service data as of August 31, 2011 will provide the documentation. This information will be reported through Health Information System (HIS) or a compatible reporting system.

Other Program Services (Attachment B) Amount $ ______________

The Health Department's estimated cost of non-Medicaid service deliverables is <u>less</u> than the total amount of Department of Health and Human Services (DHHS) funds budgeted in the High Risk Maternity Clinic budgetary estimate//DPH Aid to Counties Database (WIRM). Subject to Women's Health Branch (WHB) approval, my Health Department will use the remaining DHHS funds to further the program's goals and objectives. Information describing how these funds are to be used should be completed on Attachment B and returned.

Total HRMC Budget Estimates (Attachment A+ Attachment B) Total Amount $___________

Throughout this document, the following words are defined as follows: "shall" indicates a mandatory program policy; "should" indicates a recommended program policy; and "can" or "may" indicates a suggestion or consideration.

Total HRMC Budget Requested to be Transferred to Low Risk Total Amount $ __________

Total Additional Patients to be Served in Low Risk Clinic ____________

The contract ensures that all low-income patients at local health departments are seen, regardless of their ability to pay. There will be no charge for women from households at less than 100% of poverty. Women with an identified medical risk are eligible for this program. Special emphasis is placed on addressing racial disparities, in order to close the gap in fetal and infant death, as well as promote healthier behaviors to reduce the number of high-risk pregnancies.

QUALITY ASSURANCE DELIVERABLES (see pages 2-10)

My Health Department will meet or exceed the quality assurance deliverables. A HRMC will provide high risk maternity clinic services to patients referred by local health departments, at a minimum, from the agreed upon multi-county area. HRMCs must meet NC Administrative Code requirements found in 10A NCAC 43C. Interruption of services or inability to meet required quality assurance deliverables shall be reported within 14 days to the Women's Health Branch Regional Nurse Consultant.

All medical services will be provided by a board-certified OB/GYN and have an identified perinatalogist available for referral. Psychosocial assessments and counseling shall be conducted by a

Licensed Clinical Social Worker. Nutrition assessments and counseling shall be conducted by a Registered Dietitian or Licensed Dietitian/Nutritionist.

The Contractor shall:

- Assure that women at high risk of infant or fetal death receive appropriate prenatal care as determined by site visit and record review,
- Provide services in accordance with ACOG guidelines on high risk maternity care as determined by site visit and record review,
- Provide data on the demographics and number of clients served reporting through the state's Health Information System (HIS) and/or a compatible data system, and
- Conduct quarterly quality assurance review to assure the policies and procedures outlined below are carried out.

Services required and the schedule and conditions to be adhered to, is detailed as follows:

1. The 5A method for tobacco cessation shall be provided to all pregnant and postpartum women using the 5As (ask, advise, assess, assist, arrange) as recommended by ACOG and a referral made to appropriate community resource, or the NC Tobacco Use Quit Line at 1-877-QUIT-NOW. (*Guidelines for Perinatal Care, Sixth Edition (ACOG), p. 94-96*)

2. A physician is required to provide care for High Risk Maternity Clinics. Mid-level health professionals may augment care as prescribed by a physician. (*G.S. 10A NCAC 43C.0908*)

3. Women's Health Branch funded HRMCs may serve patients with very high risk and moderately high risk medical conditions. A HRMC may provide a single consultative visit, continuing care, or co-managed care between the HRMC and the referring health department or private physician.

4. The High Risk Maternity Clinic shall have written agreements between the clinic and all contracted providers and agencies detailing the duties, responsibilities and privileges in relationship to the goals and contracted services required by the HRMC. This includes written agreements with other local health departments from which the HRMC receives referrals in the catchment area, as well as agencies that are responsible for any part of the contracted services.

5. Persons referred to the HRMC for a single consultative visit (rather than continuing care) need only be provided with services to address the specific referral concern. A policy and protocol detailing the high risk conditions the HRMC accepts on referral, and with whom the responsibility of follow-up lies shall be developed. A memorandum of understanding shall be developed between the HRMC and the referring care provider to assure that the client's comprehensive prenatal care needs are met. A follow-up evaluation report shall be sent to the referring source.

6. A policy delineating responsibility for all components of prenatal care shall be developed to guide the care provided to clients being co-managed by the HRMC and another provider. Follow-up reports are required to be sent to the referring source of care.

7. Persons receiving continuing care in HRMCs shall have the following services documented in their HRMC or current low risk prenatal medical record. These requirements reflect **minimum expectations**. The actual content of care, beyond these minimal standards, provided to any individual client must be governed by appropriate clinical practice and the specific needs of the client.

A. Informed consent for prenatal services must be signed by the client. *(ACOG, Committee Opinion, No. 237, June 2000: ACOG Today, Nov/Dec 2004, p.6)*

B. The following health history components at the initial prenatal visit shall be assessed: medical; family; surgical; neurologic; immunity and immunization (TD, Rubella, Hepatitis B, Varicella); substance use, including alcohol, tobacco, and illicit drugs; current medications (prescription and non-prescription); menstrual; contraceptive; infection; gynecologic and obstetrical; psychosocial; nutrition; genetic history (both maternal and paternal including cystic fibrosis); domestic abuse and violence; risk factors for STDs; assessment of socioeconomic, educational, and cultural context; and environmental exposures, including environmental tobacco smoke (ETS) and lead exposure. (*ACOG, p. 4, 83-85, 371-372)* (*http://www.cdc.gov/nceh/lead/)*

C. The following physical examination components shall be assessed: HEENT; thyroid; lungs; breast; heart; abdomen; extremities; skin; lymph nodes; pelvis (including uterine size or fundal height); and blood pressure. (*ACOG p. 372*) Weight and height for all women shall be recorded at the initial prenatal visit. Pre-pregnancy weight shall be determined; body mass index calculated and recorded (BMI). (*ACOG, Committee Opinion, No. 315, September 2005; ACOG p. 89)*

D. The following components on all subsequent routine scheduled visits shall be assessed: interim history/routine screening questions (fetal movement, contractions, rupture of membranes, vaginal bleeding); weight; blood pressure; fetal heart rate; fundal height; and fetal presentation greater than or equal to 36 weeks. *(ACOG, p. 100,373,379)*

E. The following laboratory studies will be documented in the record:

(1) Syphilis screen on the initial visit and a repeat syphilis screen between 28 and 30 weeks. (*HIV/STD Prevention and Care Branch, ACOG, p. 101; CDC-MMWR, 9/22/06, 10A NCAC 41A.0204 (e))*
(2) Screening for Hepatitis B on the initial visit, unless known to be infected, and follow-up of an infant born to an infected mother to assure he/she receives prophylactic treatment. (*10A NCAC 41A.0203 (d)(1); CDC-MMWR, 9/22/06; ACOG, p. 101)*
(3) HIV testing at the initial visit and the third trimester (preferably before 36 weeks of gestation) unless she declines the tests (i.e., opt-out screening). Documentation of refusal must be in the patient's record. (*10A NCAC 41A.0202 (14); CDC-MMWR, (09/22/06*), *ACOG p.101*)
(4) Screening for Gonorrhea on initial visit and repeated in the third trimester if 25 years of age or younger or greater than 25 years of age and participating in high risk behaviors such as having a new partner, multiple partners, little or no prenatal care, a STD during the current pregnancy or substance use. *(10A NCAC 41A.0204(e), CDC-MMWR, (9/22/06); ACOG p. 332-334)*
(5) Screening for Chlamydia on the initial visit and repeated in the third trimester if 25 years of age or younger or greater than 25 years of age and participating in high risk behaviors such as having a new partner, multiple partners, little or no prenatal care, a STD during the current pregnancy or substance use. *(CDC STD Treatment Guidelines. MMWR 9/22/06; 10A NCAC 41A.0204 (e); ACOG p. 101, 334-335)*
(6) Quadruple serum screening will be offered, optimally between 15-20 weeks of gestation, to clients who give informed consent for the test. Clients who refuse the test should have this informed refusal documented in the chart. *(ACOG, p. 106-107)*
(7) Screening at initial visit for Blood Group, RH Determination, and Antibody Screen (repeated as indicated). Antibody Titer will be done if positive Antibody Screen and repeated as indicated. (*ACOG, p. 101*)
(8) Screening at initial visit for Rubella and Varicella immune status as evidenced by written documentation of age-appropriate vaccination or laboratory evidence of immunity. Patients with

no evidence of immunity should have laboratory test for immunity performed. (*ACOG, p. 101, 325-327*) Policy and Protocol for providing Rubella and Varicella vaccine post-delivery if patient "not immune" are required. *(ACOG, p. 324, 326-327, 374)*

(9) Pap Test (if indicated). *(ACOG, p. 101)*

(10) Urine Dipstick for glucose and protein at each visit. *(ACOG, p. 100, 373)*

(11) Urine culture (specific for Group B Streptococcal bacteria) will be done at initial visit, and repeated if needed. *(ACOG, p. 374)* Women with any quantity of Group B Streptococcal bacteria during pregnancy shall be treated according to current standards of care for urinary tract infection in pregnancy and no 35-37 weeks GBS culture done if diagnosed with positive GBS bacteriuria during the current pregnancy. (*MMWR, August 16, 2002, V. 51, No. RR-11, p. 11; ACOG p. 327-330, 329*)

(12) Hgb/Hct screening on initial visit and in third trimester. Hgb/Hct screen in second trimester as needed. *(ACOG, p.101, 374-375)*

(13) Screening at 24-28 weeks for diabetes with 50 grams of glucose and a 3 hour Glucose Tolerance Test (GTT) if indicated. *(ACOG, p. 104,375)*

(14) Screening, if indicated, for Hgb electrophoresis or documentation that client refused test. *(ACOG, p. 84)* Screening for other genetic disorders (e.g. beta thalassemia, alpha thalassemia, Tay-Sachs disease, Canavan disease, and familial dysautonomia (Ashkenazi Jews) should be provided based on the client's racial and ethnic background and the family background (cystic fibrosis, Duchenne's muscular dystrophy, fragile X syndrome, mental retardation). *(ACOG p. 84-85)*

(15) Screening for Group B Strep at 35-37 weeks if no GBS bacteriuria diagnosed in current pregnancy. (*ACOG, p. 326-330; MMWR, August 16, 2002, V. 51, #RR-11)*

F. Use of 17 Alpha Hydroxyprogesterone Caproate (17P) for women at risk for developing preterm labor, such as a history of previous spontaneous birth at less then 37 weeks. (*ACOG p. 175-176*)

G. The health department shall offer influenza vaccine to all pregnant women during influenza season (October through May), as defined by the NC Immunization Branch which follows the definition of influenza season put forth by the Centers for Disease Control and Prevention (CDC). Document the date the vaccine was given or refused in the client chart. *(www.cdc.gov/mmwr/preview/mmwrhtml/rr53e430al.htm;ACOG Today, Vol 48, Issue 6, July 2004; ACIP, Prevention and Control of Influenza, April 2004; Vaccinate Women, Vol. 3-No 1, August 2004, p.1; ACOG p. 103)*

H. Documentation of abnormal findings, in the patient record, shall include *(ACOG, p. 7-8, 85,100-118):*

- Significant problems identified (medical, nutrition, psychosocial, etc.).
- A plan of care identified for each problem.
- Patients were managed for abnormal findings.
- Consultation with other specialists was sought if indicated.
- Indicated diagnostic / monitoring tests completed.
    - Assessment of Fetal Movement (i.e. Kick Counts)
    - Nonstress Test (NST)
    - Biophysical Profile (BPP)
    - Modified BPP (NST plus an amniotic fluid index [AFI])
    - Contraction Stress Test (CST)
    - Doppler Studies (*ACOG p 112 -118*)
- Patients were hospitalized when needed in order to treat / monitor their high risk conditions. *(ACOG, p. 11-132, 387-388)*

- The hospital delivery was providing a level of care appropriate to the patient's high risk condition. *(ACOG, p. 11-13, 387-388)*

I. Nutrition components shall include documentation of:

(1) Gestational Weight Management:
- Record weight and height for all women at the initial prenatal visit. (*ACOG, p.89*)
- Determine pre-pregnancy weight and calculate body mass index (BMI) to identify gestational weight gain recommendations as per the Institute of Medicine guidelines (*http://www.iom.edu/Object.File/Master/68/230/Report%20Brief%20-%20Weight%20Gain%20During%20Pregnancy.pdf*, *ACOG, p. 90).*
- Plot weight on prenatal weight gain chart at routine visits.
- Nutrition consultation shall be offered to all obese women; pre-pregnancy BMI $\geq$ 30 *(ACOG, p. 89; 191-192).*

(2) Nutrition Screening:
- Nutrition screening shall be performed (or if self-administered, reviewed by) a nutritionist, nurse, physician, or physician extender at the initial HRMC visit and at subsequent visits as needed (unless a nutrition screening record was received prior to admission to HRMC).
- Dietary recall, food frequency or trigger questions may be used to screen.
- Identification of significant nutrition problems at any time during pregnancy results in referral to the nutritionist for a complete assessment (anthropometric, biochemical, clinical, dietary, eco-social), and care plan development.

(3) Nutrition Counseling (Assessment and Management):
- Nutrition counseling shall be performed by a Registered Dietitian (RD) or a Licensed Dietitian/Nutritionist (LDN), Licensed by the North Carolina Board of Dietetics/Nutrition *(Medical Nutrition Therapy (MNT) (DMA Clinical Coverage Policy No. 1*-I *January 2008).*
- Nutrition counseling shall be provided for patients with any high risk condition listed below *(Medical Nutrition Therapy (MNT) as per DMA Clinical Coverage Policy No.*1-I *January 2008)*:
  (a) Conditions which impact on length of gestation or birth weight where nutrition is the underlying cause such as severe anemia (Hgb <10gm/dl; Hct <30%), underweight preconceptionally (<18.5 BMI), inadequate weight gain during pregnancy, intrauterine growth retardation, very young maternal age (under age of 16), multiple gestation, and substance use.
  (b) Metabolic disorders such as diabetes, thyroid dysfunction, maternal PKU or other inborn errors of metabolism.
  (c) Chronic medical conditions such as cancer, heart disease, hypertension, hyperlipidemia, inflammatory bowel disease, malabsorption syndromes, or renal disease.
  (d) Autoimmune diseases of nutritional significance such as systemic lupus erythematosus.
  (e) Eating disorders such as severe pica, anorexia nervosa or bulimia nervosa.
  (f) Obesity
  (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 that ideal body weight.
- A nutrition care plan is developed for each identified nutrition problem.
- Appropriate follow-up is documented for each identified nutrition problem.

(4) The Health Department shall provide prenatal supplement containing folic acid and iron. If the patient has Medicaid or third party insurance, a prescription for prenatal vitamins will be provided. For those patients without third party reimbursement, the health department shall provide the prenatal vitamins containing folic acid and iron. *(ACOG, p. 90-92)* The health department shall

document that each patient has obtained prenatal vitamins on the subsequent prenatal visits after the initial prescription is given and refilled.

(5) Patient referral to WIC services at initial visit, if not already enrolled.

J. Psychosocial components will include documentation in the record of:

(1) A psychosocial screening through the completion of the psychosocial components of a risk screening form. Psychosocial screening can be performed by a social worker, nurse, physician or physician extender and is to be completed at the initial HRMC visit.

(2) Assessment, Management and Follow-up of psychosocial conditions identified through the psychosocial screening.

- A psychosocial assessment was conducted on a patient with positive findings from the psychosocial risk screening and these results were referenced in the Licensed Clinical Social Worker's (LCSW) assessment.
- A plan of care for each identified psychosocial problem was documented. *(ACOG, p. 7)*
- Patient received services from the LCSW for the identified psychosocial problem(s) and/or was referred for services outside the clinic. The LCSW followed up on the patient if they were referred for psychosocial services outside the agency to make sure the patient received the needed services.

K. Education components:

(1) All patients will receive specific education about their individual risk condition(s). *(ACOG, p. 88-99)*

(2) Provision of basic prenatal education must be clearly documented in the medical record. It may be provided in an individual or group format. Appropriately trained members of the maternal health team can provide the education. These include nurse, nutritionist, social worker, physician, certified nurse midwife, nurse practitioner, physician assistant, health educator, etc. For example, if the social worker or the nutritionist provides education on a given topic, this education need not be repeated by another member of the health team.

Educational topics to be offered to each patient shall include the following: *(ACOG, p. 85-124, 221, 232, 235)*

- Scope of care provided (including what is expected at the first prenatal visit and anticipated schedule of visits); lab studies that may be performed; options for intrapartum care; office policies; emergency coverage and cost; and expected course of pregnancy.
- Physician coverage for labor and delivery
- Adverse signs and symptoms to report (e.g. bleeding, rupture of membrane, decreased fetal movement).
- Practices to promote health maintenance; balanced nutrition (ideal calorie intake and weight gain); exercise safety* and daily activity; travel; alcohol and tobacco consumption, caution about drugs (illicit, prescription, and non-prescription); use of safety belts; sauna and hot tub exposure; vitamin and mineral toxicity; prevention of HIV infection and other STDs; environmental exposure such as second hand smoke and lead; and nausea and vomiting during pregnancy.
- Educational programs available (refer to childbirth education classes, which should provide information on labor, pain relief, delivery, breastfeeding, infant care, postpartum period).
- Importance and benefits of breastfeeding
- Advise on avoiding eating certain fish with high levels of mercury, including shark, swordfish, king mackerel and tilefish *(ACOG, p.90-92)* and advise not to eat unpasteurized cheese and milk; hot dogs or luncheon meats (unless they are steaming hot); refrigerated smoked seafood, pâtés or meat spreads. *(ACOG, p. 331)*
- Options for intrapartum care

- Planning for discharge and child care; choosing the newborn's physician.
- Cost to the patient for prenatal care and delivery (e.g. insurance plan participation). *(ACOG, p. 88-94)*
- Safe sleep education must be provided to all maternity patients. (Free educational materials are available at http://www.nchealthystart.org/index2.html) *(ACOG, p. 232-233)*
- Education on family planning.

*Warning signs to terminate exercise while pregnant include: chest pain, vaginal bleeding, dizziness, headache, decreased fetal movement, amniotic fluid leakage, muscle weakness, calf pain or swelling, preterm labor, or regular uterine contractions *(ACOG, p. 94)*

L. Follow-up and tracking components will include documentation in the record of:

- Follow-up for missed appointments
- Follow-up of referrals indicating patient received services for which referred (inter and intra-agency) *(ACOG, p. 7-8)*

M. Post delivery components will include documentation in the record that:

- Patient was referred for postpartum examination
- Postpartum follow-up for specific high risk condition was provided or patient was referred for this service *(ACOG, p. 170-172)*
- Pregnancy outcome summary was completed on all Maternal Health patients (whether in the MCC program or receiving any prenatal service) within 30 days of discontinuation of services and submitted through Health Information System (HIS) or a compatible reporting system. *(ACOG, p.16)*

8. The High Risk Maternity Clinic shall have written policies in place that address the following:

   A. A list of high risk conditions that are considered indications for acceptance to the high risk clinic and approved by the Women's Health Branch.

   B. A list of high risk conditions that are considered indications for consultation from and /or referral to other providers and approved by the Women's Health Branch. *(ACOG, p. 387-388)*

   C. A system for flagging charts of patients who need special diagnostic tests or therapeutic services, or who have an abnormal laboratory result for which follow-up must be assured.

   D. Protocols and procedures for the outpatient management of prenatal conditions served in the clinic.

   E. Procedures and guidelines for the psychosocial and nutritional risk screening process, referrals to the HRMC LCSW and RD/LDN, and the provision of clinical social work services and nutrition services to high risk maternity patients.

   F. Procedures for assuring that the multiple disciplines function as a team. Policies for provision of multidisciplinary team meetings, including all the disciplines (e.g., social work, nutrition, nursing) providing care within the HRMC.

G. Mechanisms for patient referral and coordination of services among agencies, hospitals, other providers and written agreements with referring agencies.

H. Identification, follow-up and referral as indicated of pregnant women who have a past or current substance use issue (including alcohol, nicotine, and other drugs). *(ACOG, p. 96-97)* Policies must include confidentiality and release of information / medical records. Informed consents shall be obtained before performing a drug screen test (*ACOG, p.97*). (*Women's Health Resource Manual, Vol. One, Section 2-A, 5/2001 or Responding to Prenatal Substance Use-A Guide for Local Health Departments, 6/2000)*

I. Identification, follow-up and referral as indicated for pregnant and postpartum women who are experiencing domestic violence. The minimum standard for identification is the use of the three recommended ACOG screening questions administered at the first prenatal contact, each trimester and postpartum. *(Responding to Violence Against Women, A Guide for Local Health Departments 8/04, ACOG screening questions. P. 99; ACOG. p.98-100;, http://www.acog.org/departments/dept_notice.cfm?recno=17&bulletin=585)*

J. Universal Prenatal Screening for vaginal and rectal Group B Streptococcal colonization of all pregnant women at 35-37 weeks gestation to include documentation unless already diagnosis with positive GBS bacteriuria, transfer of results to delivering hospital, and follow-up regarding treatment of the mother and infant. Collaboration with local obstetricians and pediatricians, local hospital staff, and tertiary care center staff is required to formulate a community wide accepted policy. *(ACOG, p. 326-331; MMWR, August 16, 2002, v.51, #RR-11)* All prenatal clinics providing prenatal care through 35-37 weeks are required to have this policy.

K. Provision of Rubella *(ACOG, p. 324)* and Varicella *(ACOG, p. 327)* vaccine post-delivery if patient not immune.

L. HRMCs shall develop a policy concerning use of fetal fibronectin testing for asymptomatic clients at high risk for preterm delivery due to a previous preterm delivery or a current multifetal gestation and for clients with symptoms suggestive of preterm labor. There is no requirement that the fetal fibronectin test be utilized in the clinic, but agencies may elect to do so in consultation with their Medical Directors. It is not appropriate to utilize this test for routine screening of asymptomatic low risk women, nor should it be utilized in any event before 24 weeks 0 days, and no later than 34 weeks 6 days of gestation, in the presence of ruptured membranes or when cervical dilation is greater than or equal to 3 cm. *(ACOG Practice Bulletin, #31, Oct 2001; ACOG, p. 176)*

M. HRMCs shall develop a policy concerning the use of 17P for women at very high risk for developing preterm labor, such as a history of previous spontaneous birth at less then 37 weeks. (*ACOG p. 175-176*).

N. Increase staff awareness of disparities in health status and service delivery, especially disparities related to race/ethnicity, disability, education, and socioeconomic status. (*Healthy People 2010, ACOG p.84; ACOG Today April 2006; ACOG Committee Opinion, No. 317, October 2005*)

O. The maternity nurse supervisor, licensed clinical social worker, and nutritionist shall have active electronic mail membership and direct access to the Internet. HRMC funds can be used to finance and maintain hardware, software and subscription linkage to the current local market values.

IV. <u>Performance Measures/Reporting Requirements</u>:

Benchmarks will be reflected by county in the process outcome objectives (POOs). These can be located in the Agreement Addenda section on the Women's Health Branch website at http://whb.ncpublichealth.com/provPart/agreementAddenda.htm.

1. Increase the percentage of women having live births who had adequate prenatal care as defined by Kessner Index during the period of June 2010 – May 2011.

2. Increase the percentage of women during the period of June 2010 – May 2011 with live term singleton births who received WIC Program services during pregnancy and who gained recommended/excessive/inadequate weight according to the National Academy of Sciences – Institute of Medicine (IOM) Recommended Total Weight Gain Ranges During Pregnancy:
   a. Recommended prenatal weight gain
   b. Excessive prenatal weight gain
   c. Inadequate prenatal weight gain.

3. Decrease the percentage of women having live births who smoked during pregnancy during the period of June 2010 – May 2011.

Reporting Requirements:

Local health departments will enter program service data at least quarterly into the Health Information System (HIS) and/or a compatible reporting system.

V. <u>Performance Monitoring and Quality Assurance</u>:

The High Risk Maternity Clinic Program Supervisor, Maternal Health Nurse Consultant, Women's Health Branch Nutritionist and Social Work Consultant will utilize a team approach for the monitoring process. The monitoring activities will include: development of a pre-monitoring plan 4-6 months prior to the designated monitoring month; on site monitoring visits at least every third year; technical assistance via phone, email, or on-site as needed; and review of audit charts.

Consequences:

High Risk Maternity Clinics that have several out-of-compliance issues will be revisited within a year to view progress. Out-of-compliance issues of a chronic nature may result in the high risk funds being suspended or permanently discontinued.

Failure to provide this level of services for a two-year period or to expend all HRMC funds for a two-year period may result in the loss of up to 5% of funds. Administrative code 10A NCAC 43C is to be followed. It states: "(a) If a local provider imposes any charge on clients for high risk maternity clinic services such charges: (1) Will be applied according to a public schedule of charges; (2) Will not be imposed on low

income individuals (equal or less than 100% of Federal Poverty level) or their families; (3) Will be adjusted to reflect income, resources, and family size of clients" (**.0304 Client and Third Party Fees)** and

"(a) ….client must meet following: (1) financial eligibility requirements, if any, established by the clinic; these requirements shall not be more restrictive than the official Federal Poverty Guidelines; and (2) medical eligibility requirements established by the clinic…." (**.0305 Client Eligibility)**

VI. Funding Guidelines or Restrictions: (if applicable)

Attachment A
Non-Medicaid Services

Instructions: Complete and return the worksheet to calculate non-Medicaid services. Retain a copy in health department files for your reference. Local agencies must use the reimbursement rates for each service type in estimating the total cost of Non-Medicaid Services. Note: The CPT rates listed are based on current figures in 2009. Please use most current figures.

TOTAL ESTIMATED COST OF SECTION B DELIVERABLES: $________________________

_______ Non-Medicaid patients (unduplicated number) will be served in the High Risk Maternity Clinic.

MATERNAL HEALTH WORKSHEET						
CPT Code*	**Service Type**	**Estimated # of services**	**X**	**CPT Rate**	**=**	**Total**
99201	Office/Outpatient Visit, New			$ 62.10		
99202	Office/Outpatient Visit, New			$ 93.15		
99203	Office/Outpatient Visit, New			$ 132.48		
99204	Office/Outpatient Visit, New			$ 194.58		
99205	Office/Outpatient Visit, New			$ 244.26		
99211	Office/Outpatient Visit, Est.			$ 34.16		
99212	Office/Outpatient Visit, Est.			$ 56.93		
99213	Office/Outpatient Visit, Est.			$ 78.66		
99214	Office/Outpatient Visit, Est.			$ 122.13		
99215	Office/Outpatient Visit, Est.			$ 182.16		
59425	Antepartum Care Only 4-6 visits			$ 340.20		
59426	Antepartum Care Only 7 or more visits			$ 608.62		
59025	Non-stress Test			$ 36.22		
76815	Ultrasound, limited, Fetal size, heart beat, position.			$ 72.91		
76805	Ultrasound > 14 weeks 0 days, single or first gestation, fetal & maternal evaluation, includes interpretation			$ 117.09		
S9442	Childbirth Education Classes/One Unit = 1 hour			$ 8.69		
T1017	MCC, 6 units per month/ per patient = targeted case management			$ 23.61		
J2790	RG,IG Full Dose, IM			$ 86.49		
J2788	RG, IG Minidose, IM			$ 27.41		
99501	Home Visit for Postnatal Assessment			$ 59.09		
96152	Health & Behavior Intervention			$ 19.06		
S9445	MOW, 7 units per month/ per patient			$ 14.43		
81025	Pregnancy Test			$ 8.04		
97802	Medical Nutrition Therapy, Initial, each 15 min.			$ 24.51		
97803	MNT, Reassessment, each 15 min.			$ 21.44		
T1001	Maternal Care Skilled Nurse Home Visit			$ 87.09		

Attachment A (continued)

MATERNAL HEALTH WORKSHEET						
CPT Code	**Service Type**	**Estimated # of services**	**X**	**CPT Rate**	**=**	**Total**
57452	Colposcopy w/o Biopsy			$ 85.22		
87070	GBS culture specimen, bacteria, must precede 87077			$ 10.95		
87077	GBS culture, bacteria, aerobic isolates, confirmation test for GBS			$ 10.27		
36415	Venipuncture, DMA Only			$ 2.78		
J3490	17P/per one - includes invoice & rebateable NDC number NOT LISTED			$ 20.00		
85013	Hematocrit			$ 3.01		
85018	Hemoglobin			$ 3.01		
81000	Urinalysis, Non-Auto w/scope			$ 4.03		
81001	Urinalysis, Auto w/scope			$ 4.03		
81002	Urinalysis, Non-Auto w/o scope			$ 3.25		
87210	Wet mount, simple stain, for bacteria			$ 4.85		
87086	Urine culture, colony count			$ 10.26		
87591	GenProbe-GC Culture			$ 31.18		
87491	GenProbe-Chlamydia			$ 31.18		
82947	Glucose, Fasting Blood Sugar (FBS)			$ 4.99		
82948	Glucose, blood reagent strip			$ 4.03		
82950	Glucose (post glucose dose, includes glucose)			$ 6.04		
82951	GTT (3 specimens + glucose)			$ 16.37		
82270	Fecal occult blood			$ 4.13		
83986	Assay of fluid acidity			$ 4.55		
86580	TB intradermal			$ 5.59		
96372	Administration code for 17P			$ 17.04		

(Current as of 10/13/09)

Other Tests

CPT Code	**Service Type**	**Estimated # of services**	**X**	**CPT Rate**	**=**	**Total**

Attachment B
Other Program Services

If the total estimated cost of non-Medicaid service deliverables is less than the total amount of DHHS funds budgeted in the High Risk Maternity budgetary estimate/ DPH Aid to County Database (WIRM), provide information on how the local agency will use the remaining DHHS funds to further the program's goals and objectives. List only activities that are not Medicaid reimbursable and not part of the cost of the service deliverables in Attachment A. No staff or physician time can be billed. The total estimated cost of Attachment A and Attachment B deliverables must equal or exceed the total DHHS funds budgeted. Make copies as needed.

• Smoking Cessation	• Computer Hardware/Software/Internet needed to meet requirements of HRMC Agreement Addenda
• Breastfeeding	• Incentives
• SIDS Reduction / Safe Sleep	• Prenatal Vitamins
• Weight Management	• Staff Development (must be prorated to % of staff time assigned to HRMC)
• Transportation	• Equipment: Specify
• Interpreter Services	• Pap Test Kits

1. Deliverable: ____
   Brief Description of Proposed Project and Outcome(s) to be achieved:
   ____
   ____
   ____
   ____
   ____
   Estimated Cost: $________________

2. Deliverable: ____
   Brief Description of Proposed Project and Outcome(s) to be achieved:
   ____
   ____
   ____
   ____
   ____
   Estimated Cost: $________________

3. Deliverable: ____
   Brief Description of Proposed Project and Outcome(s) to be achieved:
   ____
   ____
   ____
   ____
   Estimated Cost: $________________

Allocation Page

Waiting for Budget Admin Approval

For Fiscal Year:10/11

Estimate Number: 0

CONTRACTS
DEC 07 2009

		AA	746 1505 5746 00 Payment Period 07/01-06/30 Service Period 06/01-05/31	Proposed Total	New Total
01 ALAMANCE			$0.00	**$0.00**	**$0.00**
D1 ALBEMARLE REG	*	0	$86,599.00	**$86,599.00**	**$86,599.00**
02 ALEXANDER			$0.00	**$0.00**	**$0.00**
04 ANSON			$0.00	**$0.00**	**$0.00**
D2 APPALACHIAN	*	0	$60,149.00	**$60,149.00**	**$60,149.00**
07 BEAUFORT			$0.00	**$0.00**	**$0.00**
09 BLADEN			$0.00	**$0.00**	**$0.00**
10 BRUNSWICK			$0.00	**$0.00**	**$0.00**
11 BUNCOMBE			$0.00	**$0.00**	**$0.00**
12 BURKE			$0.00	**$0.00**	**$0.00**
13 CABARRUS	*	0	$26,413.00	**$26,413.00**	**$26,413.00**
14 CALDWELL			$0.00	**$0.00**	**$0.00**
16 CARTERET			$0.00	**$0.00**	**$0.00**
17 CASWELL			$0.00	**$0.00**	**$0.00**
18 CATAWBA	*	0	$75,869.00	**$75,869.00**	**$75,869.00**
19 CHATHAM			$0.00	**$0.00**	**$0.00**
20 CHEROKEE			$0.00	**$0.00**	**$0.00**
22 CLAY			$0.00	**$0.00**	**$0.00**
23 CLEVELAND			$0.00	**$0.00**	**$0.00**
24 COLUMBUS			$0.00	**$0.00**	**$0.00**
25 CRAVEN	*	0	$71,428.00	**$71,428.00**	**$71,428.00**
26 CUMBERLAND			$0.00	**$0.00**	**$0.00**
28 DARE			$0.00	**$0.00**	**$0.00**
29 DAVIDSON			$0.00	**$0.00**	**$0.00**
30 DAVIE			$0.00	**$0.00**	**$0.00**
31 DUPLIN			$0.00	**$0.00**	**$0.00**
32 DURHAM			$0.00	**$0.00**	**$0.00**
33 EDGECOMBE			$0.00	**$0.00**	**$0.00**
34 FORSYTH	*	0	$102,225.00	**$102,225.00**	**$102,225.00**
35 FRANKLIN			$0.00	**$0.00**	**$0.00**
36 GASTON	*	0	$100,387.00	**$100,387.00**	**$100,387.00**
38 GRAHAM			$0.00	**$0.00**	**$0.00**
D3 GRAN-VANCE			$0.00	**$0.00**	**$0.00**
40 GREENE			$0.00	**$0.00**	**$0.00**
41 GUILFORD	*	0	$27,903.00	**$27,903.00**	**$27,903.00**
42 HALIFAX			$0.00	**$0.00**	**$0.00**
43 HARNETT			$0.00	**$0.00**	**$0.00**
44 HAYWOOD			$0.00	**$0.00**	**$0.00**
45 HENDERSON			$0.00	**$0.00**	**$0.00**
46 HERTFORD			$0.00	**$0.00**	**$0.00**
47 HOKE			$0.00	**$0.00**	**$0.00**
48 HYDE			$0.00	**$0.00**	**$0.00**
49 IREDELL			$0.00	**$0.00**	**$0.00**
50 JACKSON	*	0	$57,982.00	**$57,982.00**	**$57,982.00**
51 JOHNSTON			$0.00	**$0.00**	**$0.00**
52 JONES			$0.00	**$0.00**	**$0.00**
53 LEE			$0.00	**$0.00**	**$0.00**
54 LENOIR	*	0	$69,984.00	**$69,984.00**	**$69,984.00**
55 LINCOLN			$0.00	**$0.00**	**$0.00**
56 MACON			$0.00	**$0.00**	**$0.00**
57 MADISON			$0.00	**$0.00**	**$0.00**
D4 MAR-TYR-WASH			$0.00	**$0.00**	**$0.00**
60 MECKLENBURG			$0.00	**$0.00**	**$0.00**

62 MONTGOMERY			$0.00	**$0.00**	**$0.00**
63 MOORE			$0.00	**$0.00**	**$0.00**
64 NASH			$0.00	**$0.00**	**$0.00**
65 NEW HANOVER			$0.00	**$0.00**	**$0.00**
66 NORTHAMPTON			$0.00	**$0.00**	**$0.00**
67 ONSLOW			$0.00	**$0.00**	**$0.00**
68 ORANGE			$0.00	**$0.00**	**$0.00**
69 PAMLICO			$0.00	**$0.00**	**$0.00**
71 PENDER			$0.00	**$0.00**	**$0.00**
73 PERSON			$0.00	**$0.00**	**$0.00**
74 PITT			$0.00	**$0.00**	**$0.00**
76 RANDOLPH			$0.00	**$0.00**	**$0.00**
77 RICHMOND			$0.00	**$0.00**	**$0.00**
78 ROBESON			$0.00	**$0.00**	**$0.00**
79 ROCKINGHAM			$0.00	**$0.00**	**$0.00**
80 ROWAN			$0.00	**$0.00**	**$0.00**
D5 R-P-M			$0.00	**$0.00**	**$0.00**
82 SAMPSON			$0.00	**$0.00**	**$0.00**
83 SCOTLAND			$0.00	**$0.00**	**$0.00**
84 STANLY			$0.00	**$0.00**	**$0.00**
85 STOKES			$0.00	**$0.00**	**$0.00**
86 SURRY			$0.00	**$0.00**	**$0.00**
87 SWAIN			$0.00	**$0.00**	**$0.00**
D6 TOE RIVER			$0.00	**$0.00**	**$0.00**
88 TRANSYLVANIA			$0.00	**$0.00**	**$0.00**
90 UNION	*	0	$60,293.00	**$60,293.00**	**$60,293.00**
92 WAKE			$0.00	**$0.00**	**$0.00**
93 WARREN			$0.00	**$0.00**	**$0.00**
96 WAYNE			$0.00	**$0.00**	**$0.00**
97 WILKES			$0.00	**$0.00**	**$0.00**
98 WILSON			$0.00	**$0.00**	**$0.00**
99 YADKIN			$0.00	**$0.00**	**$0.00**
Totals			**$739,232.00**	**$739,232.00**	**$739,232.00**

Signature and Date - DPH Program Administrator

12-4-09

Signature and Date- DPH Section Chief

12/4/09

Signature and Date- DPH Contracts Office

12/8/09

Signature and Date - Division of Public Health Budget Officer

12/18/09