

# Division of Public Health

## Agreement Addendum

### FY 15-16

<b>Local Health Department Legal Name</b>  151 Family Planning	Women's and Children's Health/Women's Health <b>DPH Section/Branch Name</b>  Joseph Scott, 919-707-5696 Joseph.Scott@dhhs.nc.gov
<b>Activity Number and Description</b>  06/01/2015 – 05/31/2016	<b>DPH Program Contact</b> (name, telephone number with area code, and email)
<b>Service Period</b>  07/01/2015 – 06/30/2016	<b>DPH Program Signature</b> <span style="float: right;"><b>Date</b></span> (only required for a <u>negotiable</u> agreement addendum)
<b>Payment Period</b>	
<input checked="" type="checkbox"/> <b>Original Agreement Addendum</b> <input type="checkbox"/> <b>Agreement Addendum Revision # _____</b> (Please do <u>not</u> put the Budgetary Estimate revision # here.)	

**I. Background:**

The primary mission of the Family Planning and Reproductive Health Unit in the Division of Public Health (DPH) is to reduce unintended pregnancies and improve selected health practices among low income families. Each local health department and district receives funding from the State to provide family planning services to low income individuals.

Data from the 2011 Pregnancy Risk Assessment Monitoring System (PRAMS), based on a random sample of 2,400 women who had recently given birth, shows that 42.7% of pregnancies in North Carolina were unintended. Women who were young, of minority race and/or of lower socioeconomic status were more likely to report an unintended pregnancy. Women who have unintended pregnancies are at a greater risk for poor birth outcomes.

There are approximately 619,500 North Carolina women in need of publicly supported contraceptive services because they have incomes below 250% of the federal poverty level (468,740) or are sexually active teenagers (150,760). Family planning clinics in North Carolina serve 20% of all women in need of publicly supported contraceptive services and 13% of female teenagers in need (source: Guttmacher Institute Contraceptive Needs and Services, July 2013).

Definition of terms: Throughout this document, the words “must” and “shall” indicate mandatory program policy.

Health Director Signature	(use blue ink)	Date						
<table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">Local Health Department to complete:</td> <td>LHD program contact name: _____</td> </tr> <tr> <td>(If follow up information is needed by DPH)</td> <td>Phone number with area code: _____</td> </tr> <tr> <td></td> <td>Email address: _____</td> </tr> </table>			Local Health Department to complete:	LHD program contact name: _____	(If follow up information is needed by DPH)	Phone number with area code: _____		Email address: _____
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	Email address: _____							

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

**II. Purpose:**

The Family Planning and Reproductive Health Unit supports a wide range of preventive care that is critical to men's and women's reproductive and sexual health. These services promote self-determination in matters of reproductive health. They help reduce infant mortality and morbidity by decreasing the number of unplanned pregnancies and the poor health outcomes associated with them. These services also improve men's and women's health by providing access to primary and preventive care. They lower health care costs by reducing the need for abortions and preventing costly high risk pregnancies and their aftereffects.

**III. Scope of Work and Deliverables:**

The Agreement Addendum 151 Family Planning is a negotiable Agreement Addendum which requires further negotiation between the Women’s Health Branch (WHB) and the Local Health Department. In addition to signing and dating the Agreement Addendum, the Local Health Department is to complete Sections A and B below and Attachments A and B. The information provided by the Local Health Department will be reviewed by the WHB. When the WHB representative and the Local Health Department reach an agreement on the information contained in these Sections, the WHB representative will sign and date the Agreement Addendum to execute it.

**The total estimated cost of all Section A and Section B deliverables must equal or exceed the total DHHS funds budgeted.**

**Section A: Non-Medicaid Services (Attachment A) Amount \$ \_\_\_\_\_**

The Local Health Department will provide Non-Medicaid Service Deliverables in FY16 that meet or exceed the total dollar value of all services budgeted. Health Information System (HIS) service data as of August 31, 2016 will provide the documentation to substantiate services that the Local Health Department has provided.

**Instructions for completing Section A:** Use Attachment A to determine the reimbursement rates for each service type when estimating the total cost of Section A deliverables.

**Section B: Other Program Services (Attachment B) Amount \$ \_\_\_\_\_**

If the total estimated cost of Section A is less than the total amount of Department of Health and Human Services (DHHS) funds budgeted in the budgetary estimates in the DPH Aid-to-Counties Database, additional information must be provided on how the Local Health Department will use the remaining DHHS funds to further the program’s goals and objectives.

**Instructions for completing Section B:** In Attachment B - Other Program Deliverables, list only activities that are not Medicaid reimbursable and not part of the cost of the service deliverables in Section A. No physician time can be billed except for clinical visits that are not reimbursed by Medicaid. See Attachment B - Suggestions of Other Program Deliverables for examples of allowable expenditures for this Section.

**Total Family Planning Budget (Attachment A amount + Attachment B amount) Total Amount \$ \_\_\_\_\_**

- A. In order to meet or exceed all the Deliverables listed in this Scope of Work Section through the delivery of family planning services, the Local Health Department shall:
1. Report within 14 days to the Women's Health Regional Nurse Consultant if there is any interruption of services or inability to meet these Deliverables.
  2. Provide the Family Planning Nursing Supervisor with active electronic mail membership and direct access to the Internet. The Internet connection enables participation in a listserv for all local Family Planning programs, as well as access to WHB materials and many other technical assistance resources.
  3. Utilize these four resources for providing family planning services:
    - a. Program Requirements for Title X Funded Family Planning Projects (<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>)
    - b. Providing Quality Family Planning Services (<http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>)
    - c. North Carolina Women's Health Branch Family Planning Policy Manual (<http://whb.ncpublichealth.com/provPart/pubmanbro.htm>), and
    - d. Women's Health Branch website (<http://whb.ncpublichealth.com/provPart/index.htm>).
- B. The policies that address family planning services in each Local Health Department shall include:
1. **CLINICAL SERVICES**  
 The Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) developed new clinical recommendations for providing Quality Family Planning Services (QFP) and revised the Title X Program Requirements as of April 2014.
    - a. Clinic visits are no longer broken into "initial or annual visits" but rather all visits are now to be approached as a periodic visit and components of the visit can be found on Attachment C.
    - b. 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, pregnancy testing and counseling, achieving pregnancy, basic infertility services, preconception health, sexually transmitted disease (STD) services and related preventive health services (e.g., screening for breast and cervical cancer) 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) (Title X, Section 9.6).
    - c. Education and method counseling must be individualized dialogue with the patient and provided according to QFP and Title X Program Requirements (Providing Quality Family Planning Services [QFP] Appendix D, Title X Section 9.3). See Attachment C for details.
  2. **INFORMED CONSENTS**
    - a. The client's written informed voluntary consent (written in a language understood by the client or translated and witnessed by an interpreter) to receive services such as examinations, laboratory tests and treatment must be obtained prior to the client receiving any clinical services. The general consent must include a statement that receipt of family planning services is not a prerequisite to receipt of any other services offered in the health department.
    - b. The Local Health Department has the choice of continuing the use of the contraceptive method specific consent forms or using the "Teach Back" method with documentation in the client's

record with a check box or written statement of this method being used before a prescription contraceptive method is provided (Title X, QFP).

### 3. FINANCIAL MANAGEMENT

- a. Adherence to program requirements in project management and administration must be based on the Title X Program Requirements Version 1.0 April 2014 Sections 8 through 8.7. These sections also pertain to requirements for charges, billing and collections (Title X Sections 8-8.7).

### 4. ADOLESCENT SERVICES

- a. All minors shall be (1) offered counseling on how to resist coercive attempts to engage in sexual activities; (2) assured that the counseling sessions are confidential and if follow up is necessary, every attempt will be made to assure the privacy of the individual; and (3) encouraged to include their parents in their care (OPA, Program Policy Notice 2014-01).

### 5. MANDATORY REPORTING/REQUIRED TRAININGS

- a. It is the responsibility of the Local Health Director to have all funded Title X staff (e.g., management support, lab, social workers, health educators, clinicians/providers, nurses and other staff) document three federally required trainings about Mandatory Reporting Laws (yearly), Federal Anti-Trafficking Laws (yearly) and Title X Orientation (one-time only) within one month of the hire date. The documentation must be kept in the employees' training or personnel file located at the Local Health Department. The training documentation sheet, instructions, justifications and other required information can be accessed at <http://whb.ncpublichealth.com/provPart/training.htm> under the *Required Title X/Family Planning Trainings* section. The *State Child Abuse and Neglect Reporting* policy and other documents may be accessed at <http://whb.ncpublichealth.com/provPart/pubmanbro.htm> under *Manuals* and *Family Planning Policy Manual*. Noncompliance with the laws may result in disallowance of Title X funds, or suspension or termination of the Title X grant award to the North Carolina Department of Health and Human Services. (Title X Section 8.6.2)

### 6. REQUIRED SIGNAGE IN CLINIC AREA

- a. A sign must be present in a visible area acknowledging that family planning services are provided to all men and women without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
- b. A sign must be posted in a visible area of the clinic indicating that interpreter services are available at no cost for those requiring such service.
- c. A statement/sign in the finance/discharge area is also required stating that charges incurred in the family planning program will be based in accordance with a schedule of discounts based on ability to pay and family size, except for persons from families whose annual income exceeds 250% of the federal poverty level. (§59.5 & §59.10 in the Family Planning Regulations and Title VI of the Civil Rights Act of 1964 through Executive Order 13166, Title X Section 9.3).

### 7. WOMEN'S HEALTH SERVICE FUNDS (WHSF)

- a. Regarding Women's Health Service funds, the Local Health Department agrees to comply with Chapter 769, Section 27.9 of the 1993 Session Laws regarding the budgeting and expenditure of Women's Health Service funds (Women's Health Service Funds Policy; Family Planning Policy Manual #4.2 located at <http://whb.ncpublichealth.com/provPart/pubmanbro.htm>).
- b. This legislation also requires participating local agencies to counsel patients without a high school diploma about the benefits of completing high school or the General Educational Development tests (GED).

## 8. CHLAMYDIA AND GONORRHEA SCREENING

- a. The Local Health Department must screen all females for Chlamydia (CT) and gonorrhea (GC) who are 25 years of age or younger and those who are 26 and older and have symptoms, sex partner referral, high risk history such as new partner or multiple partners on all clinical visits (CDC 2010 Sexually Transmitted Diseases Treatment Guidelines).
- b. This screening is also required before IUD insertion only if required per CDC's STD Screening Guidelines (U.S. Selected Practice Recommendations, 2013). Any woman who tests positive for either CT or GC must be retested at three months after treatment (CDC 2010 Sexually Transmitted Diseases Treatment Guidelines).

## 9. IMMUNIZATIONS

- a. For female and male clients, the Local Health Department should screen for immunization status in accordance with recommendations of CDC's Advisory Committee on Immunization Practices (ACIP) and offer vaccinations, as indicated, or provide referrals for these vaccines. Refer to page 17 of the QFP for details (Title X, QFP).

## 10. ENHANCED ROLE NURSE REQUIREMENTS

- a. Certain low-risk clients may receive designated services from public health nurses who have received special Family Planning Enhanced Role Nurse Training. See Enhanced Role specifications (Enhanced Role Nurse Policy; Family Planning Policy Manual Policy #5.2 located at <http://whb.ncpublichealth.com/provPart/pubmanbro.htm>) for detailed criteria.- If the Local Health Department has enhanced role screeners, a roster will be maintained and kept up-to-date. The roster shall include date of completion of the enhanced role nurse (ERN) training, number of patient contact hours (combination of time spent as a nurse interviewer and highest level care provider), and accrued educational contact hours. Enhanced role nurses must fulfill all requirements by June 30<sup>th</sup> each year or they will lose enhanced role status due to elimination of program and there is no current re-rostering component available.
- b. Completed clinical hours and educational contact hours information for the fiscal year corresponding to this Agreement Addendum (July 1-June30) shall be maintained and updated at the Local Health Department. This information must be submitted by August 15th of each year to the Women's Health Branch, through completion of the WHB ERN SurveyMonkey Survey. A link to the survey will be sent via email to the ERN as well as the Director of Nursing of the agency. The Local Health Department shall advise the WHB of any ERNs who have either retired or are no longer functioning as an ERN and they will be removed from the current roster and will not be required to complete the survey.

## 11. PHARMACEUTICAL SERVICES

- a. If the Local Health Department has either has an agreement with an off-site pharmacist to come into the Local Health Department on a regular basis to manage contraceptives for patients or sends patients to a local pharmacy to obtain contraceptives, it must have a contract or other formal agreement (e.g., memorandum of understanding) in place with those providers. The Local Health Department may use the pharmacy contract template located at <http://whb.ncpublichealth.com/provPart/forms.htm> or may use a contract or MOU of its own; however, the contract or MOU must be in accordance with State pharmacy laws and professional practice regulations. These contracts should also provide for liability resolution, inventory reconciliations, rotation of stock, and written procedures for processing Medicaid prescriptions. These contracts must be available for monitoring purposes but are not required to be sent to the Women's Health Branch. (45 CFR 74.44; 45 CFR 92.36)

- b. The Local Health Department must maintain a tracking system of current inventory to ensure that there are enough drugs and supplies to meet the needs of the population served. This system must include the tracking of lot numbers, expiration dates, dates received and current amount available for each birth control method offered by the Local Health Department. The Local Health Department may use the Excel template developed by the State Pharmacist located at <http://whb.ncpublichealth.com/provPart/forms.htm> or may use a system of their own choosing that meets these requirements. (NC Pharmacy Regulations, 45 CFR 74.21)

## 12. PLANNED CLINIC CLOSURES

- a. The Office of Population Affairs (OPA), the federal agency which funds the Title X Family Planning Program, has informed DPH that any time a clinic listed in DPH's annual list of Title X Family Planning providers is going to be closed or will no longer be serving family planning clients, DPH must inform them 30 days prior to this action. OPA considers this type of action a change in the scope of DPH's work and they will either approve or deny the action. If a Local Health Department plans to close a family planning clinic site or stop seeing family planning clients, the Local Health Department must provide written notice to Sydney Atkinson, the Family Planning and Reproductive Health Unit Supervisor in the Women's Health Branch, at least 45 days in advance of such an action.

## IV. Performance Measures/Reporting Requirements:

- A. The Local Health Department shall improve pregnancy outcomes and improve the health status of women before pregnancy by meeting the county-specific process outcome objectives (POOs). These POOs are listed below and the actual county-specific numbers are located in the Agreement Addenda section on the Women's Health Branch website at <http://whb.ncpublichealth.com/provPart/agreementAddenda.htm>.

1. Family planning caseload (unduplicated users as reported to HIS) will meet or exceed previous three year average.
2. Decrease the adolescent pregnancy rate among females ages 10 to 17.
3. Decrease the percentage of repeat pregnancies to teens ages 17 and under.
4. Decrease the percentage of women with short birth intervals.
5. Decrease the percentage of births to unwed mothers.
6. Decrease the percentage of unintended pregnancy.

### B. Annual Reports

1. The Local Health Department **must submit, at least annually and no later than August 15th**, family planning media review documentation, forms and minutes from committee meetings including outcomes/decisions using Family Planning Media Review Documentation form DHHS 3491. This may be faxed to 919-870-4827, mailed to the Women's Health Branch, 1929 Mail Service Center, Raleigh, NC 27699-1929, attention Family Planning Program Consultant, or scanned and emailed to [julie.gooding-hasty@dhhs.nc.gov](mailto:julie.gooding-hasty@dhhs.nc.gov). Form DHHS 3491 may be obtained from the Women's Health Branch Web page: <http://whb.ncpublichealth.com/provPart/forms.htm>.
2. Sterilization Reporting Requirements
  - a. 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** 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/protocol in place that addresses sterilizations whether or not this service is being offered. Procedures must be reported using Form PHS-6044 ~~—Attachment D~~ ~~—(Revised)~~ ~~—(Attachment D)~~.

- b. The current sterilization consent forms that must be used when arranging sterilizations can be found at: [http://www.hhs.gov/opa/order-publications/#pub\\_sterilization-pubs](http://www.hhs.gov/opa/order-publications/#pub_sterilization-pubs)

**If the Local Health Department neither “performs” nor “arranges for” sterilizations supported with federal funds, it must submit annually by August 15, 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. Form PHS-6044 (Revised), and the waiver letter request should be sent to:

Women’s Health Branch  
1929 Mail Service Center  
Raleigh, NC 27699-1929  
Attn: Family Planning Program Consultant  
Fax: 919-870-4827

3. As part of the annual reporting funding requirement for Title X, the following is required:
- a. The Local Health Department must report the total number of tests performed for chlamydia, gonorrhea, syphilis, and HIV for all family planning patients served in their agency. Local programs must report the unduplicated numbers of patients tested by gender and age group (<15, 15-17, 18-19, 20-24 and 25 and over). For HIV tests only, local agencies must also report the number of positive tests.

**For local health departments that exclusively use the State Lab for their STI testing, WHB staff will retrieve these data centrally. For local health departments that do not use the State Lab exclusively, the data must be reported via the online survey.**

- b. For cervical cytology, all local agencies must report the total number of unduplicated family planning patients served, number of tests performed, number of test results with Atypical Squamous Cells (ASC) or higher, and test results with High-grade Squamous Intraepithelial Lesion (HSIL) or higher.

**For reporting period July 1 – December 31, the deadline for data submission is January 31. For reporting period January 1 to June 30, the deadline for data submission is August 31.** The link to the online survey is:

[https://www.surveymonkey.com/s/STIandPAP\\_TestResults](https://www.surveymonkey.com/s/STIandPAP_TestResults)

4. The Local Health Department shall show anticipated staffing levels by completing the online survey at [https://www.surveymonkey.com/s/FP\\_Clinical\\_Staffing\\_Levels](https://www.surveymonkey.com/s/FP_Clinical_Staffing_Levels) no later than June 30, 2015.
5. As a result of the 2012 Title X program review, WHB is required to more accurately report program income. To ensure that all local income that is supporting the Family Planning Program is reported, a semiannual report must be submitted through the online survey at <http://s.zoomerang.com/s/localrevenue>. For reporting period July 1 – December 31, the deadline

for data submission is January 15. For reporting period January 1 – June 30, the deadline for data submission is July 15.

6. Affordable Care Act (ACA) – The Office of Population Affairs (OPA) requests all states to submit data from all service sites in their grantee network on outreach and enrollment activities related to the Affordable Care Act. In April 2014, the Women’s Health Branch requested Title X agencies to document their in-reach/outreach and enrollment activities on an online survey. The WHB will use the online survey method again after the annual open enrollment period. Notification will come via e-mail.

**V. Performance Monitoring and Quality Assurance:**

Each local health department must have a quality improvement process which includes review of at least one health outcome measure [identified through local Community Assessment or Process Outcome Objectives (POOs)] and a description of steps taken by the family planning clinic in response to those findings at least annually. Details for this process can be found on pages 21-25 of the QFP (QFP Table 4, Title X, Section 8.7).

The Women’s Health Regional Nurse Consultants (RNC) facilitate the monitoring process. The process includes: development of a pre-monitoring plan 4 to 6 months prior to the designated monitoring month; on-site monitoring visits every three years; and technical assistance visits via phone or email as needed. On-site monitoring visits include a review of audit charts, clinic observations, and a review of policies and procedures. A pre-monitoring visit from the RNC is optional.

A written report is completed for each on-site monitoring visit. The follow-up report, which may include a Corrective Action Plan (CAP) if needed, will be emailed 2 to 4 weeks after the monitoring site visit to the local Health Director and lead Local Health Department staff.

If a CAP is prepared, the Local Health Department must respond to it within 30 days after the follow-up report is emailed to the Health Director by the DPH Program Contact. If a response has not been received, then the Local Health Department does not have monitoring closure and they will be placed on high risk status which will require annual monitoring of that Local Health Department. Monitoring closure is defined as the Local Health Department being notified that their final CAP is acceptable or that they are being referred for continuing technical assistance.

A loss of up to 5% of funds may result for the Local Health Department that does not meet the level of non-Medicaid service deliverables (Attachment A) or expend all Title X and Healthy Mothers/Healthy Children (HMHC) funds for a two-year period.

**VI. Funding Guidelines or Restrictions: (if applicable)**

The Local Health Department that provides family planning services must follow Federal Title X program requirements and the CDC’s Providing Quality Family Planning Services (QFP). The following links lead to the entire documents that provide guidance for family planning providers. Title X Program Requirements: <http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>

CDC Providing Quality Family Planning Services (QFP): <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>.

Title X and Healthy Mothers/Healthy Children funds can be used to finance and maintain hardware, software and subscription linkage at current local market values.

## Attachment A

### Non-Medicaid Service Deliverables

**Instructions:** Enter the total dollar value of all Section A non-Medicaid service deliverables. These reimbursement rates are given as approximates in estimating the total cost of Section A and local agencies must do an annual cost analysis to determine their own costs.

**Total Estimated Cost of Non-Medicaid Deliverables:**     \$ \_\_\_\_\_

#### Types and purposes of family planning funds:

1. **HMHC.** The amount of HMHC (Healthy Mothers/Healthy Children block grant funds) for Family Planning Services is specified in the Family Planning Budgetary Estimate Aid to County Database Allocation.
2. **Title X.** The amount of Title X funding for FY 15-16 is identified in the attached Family Planning Budgetary Estimate Aid to County Database Allocations. Title X is federal categorical funding which must be used for family planning services in accordance with Title X requirements. These funds may be used to support clinical services and other program deliverables.
3. **WHSF.** The amount of WHSF (Women's Health Service Fund) is specified in the Family Planning Budgetary Estimate Aid to County Database Allocation. These state funds are to be used to purchase long-acting, reversible contraceptives for non-Medicaid eligible women as well as implant and/or intrauterine contraceptive devices insertion/removal.
4. **TANF.** Federal TANF (Temporary Assistance to Needy Families) funds may be provided by the NC General Assembly to health departments on a non-recurring basis. If TANF funds are available, they are allocated to Health Departments by September/October. The purpose of these funds is to reduce out of wedlock births. If TANF funds are awarded, local departments must have a plan on file for their use in family planning, developed collaboratively with the local Department of Social Services.

## Attachment A (continued)

**Page 1 - Non-Medicaid Service Deliverables**

**Instructions:** Enter the total dollar value of all non-Medicaid clinical services. The Local Health Department must use the reimbursement rates for each service type in estimating the total cost of Section A deliverables. Note: The CPT rates listed are based on present figures in 2014. Please use the most current figures when completing this attachment.

<b>FAMILY PLANNING CPT CODES and RATES</b>							
<b>CPT Code</b>	<b>Service Type</b>		<b>Estimated # of Services</b>	<b>X</b>	<b>CPT Rate</b>	<b>=</b>	<b>Total</b>
99201	FP	Office/Outpatient Visit, New		x	\$62.10	=	
99202	FP	Office/Outpatient Visit, New		x	\$93.15	=	
99203	FP	Office/Outpatient Visit, New		x	\$132.48	=	
99204	FP	Office/Outpatient Visit, New		x	\$194.58	=	
99205	FP	Office/Outpatient Visit, New		x	\$244.26	=	
99211	FP	Office/Outpatient Visit, Est.		x	\$34.16	=	
99212	FP	Office/Outpatient Visit, Est.		x	\$56.93	=	
99213	FP	Office/Outpatient Visit, Est.		x	\$78.66	=	
99214	FP	Office/Outpatient Visit, Est.		x	\$122.13	=	
99215	FP	Office/Outpatient Visit, Est.		x	\$182.16	=	
99383	FP	Prev visit, New, Age 5-11		x	\$154.00	=	
99384	FP	Prev visit, New, Age 12-17		x	\$169.00	=	
99385	FP	Prev visit, New, Age 18-39		x	\$167.00	=	
99386	FP	Prev visit, New, Age 40-64		x	\$199.00	=	
99393	FP	Prev Visit, Est, Age 5-11		x	\$146.00	=	
99394	FP	Prev visit, Est, Age 12-17		x	\$146.00	=	
99395	FP	Prev visit, Est, Age 18-39		x	\$142.00	=	
99396	FP	Prev visit, Est, Age 40-64		x	\$158.00	=	
J1055	FP	Depo-Provera Injection		x	\$39.04	=	
11981	FP	non-biodegradable drug delivery implant insertion		x	\$101.87	=	
11982	FP	non-biodegradable drug delivery implant removal		x	\$117.41	=	
11983	FP	non-biodegradable drug delivery removal and reinsertion		x	\$182.72	=	
58300	FP	IUD Insertion		x	\$60.97	=	
58301	FP	IUD Removal		x	\$74.87	=	
J7300	FP	Paragard		x	\$386.89	=	
J7302	FP	Mirena		x	\$745.23	=	
81025	FP	Pregnancy Test		x	\$8.04	=	
96152		Health and Behavior Intervention, each 15 min.		x	\$19.06	=	
97802		Medical Nutrition Therapy, Initial, each 15 min		x	\$24.51	=	
97803		Medical Nutrition Therapy, Reassessment, each 15 min		x	\$21.44	=	
S4993	FP	Birth Control Pill		x	\$3.03	=	
11976	FP	Remove w/o reinsertion contraceptive implant		x	\$111.27	=	
57170	FP	Fitting of Diaphragm/cap		x	\$53.91	=	
36415		Venipuncture, DMA Only		x	\$2.78	=	
J7307	FP	Nexplanon		x	\$698.99	=	
85013	FP	Hematocrit		x	\$3.01	=	
85018	FP	Hemoglobin		x	\$3.01	=	
81000	FP	Urinalysis, Non-Suto		x	\$4.03	=	
81001	FP	Urinalysis, Auto w/scope		x	\$4.03	=	

(Continued on next page)

Attachment A (continued)

**Page 2 - Non-Medicaid Service Deliverables**

<b>FAMILY PLANNING CPT CODES and RATES (continued)</b>							
<b>CPT Code</b>	<b>Service Type</b>		<b>Estimated # of Services</b>	<b>X</b>	<b>CPT Rate</b>	<b>=</b>	<b>Total</b>
81002	FP	Urinalysis, Auto w/scope		x	\$3.25	=	
81003	FP	ua, dip stick or tab, automated, wo scope		x	\$2.86	=	
87210	FP	Wet mount, simple stain, for bacteria		x	\$4.85	=	
87086		Urine culture, colony count		x	\$10.26	=	
87591	FP	GenProbe-GC		x	\$31.18	=	
87491	FP	GenProbe-Chlamydia		x	\$31.18	=	
82947		Glucose, Fasting Blood Sugar (FBS)		x	\$4.99	=	
82948		Glucose, blood reagent strip		x	\$4.03	=	
82950		Glucose (post glucose dose, includes glucose)		x	\$6.04	=	
82951		GTT (3 specimens + glucose)		x	\$16.37	=	
82270		Fecal occult blood		x	\$4.13	=	
89310	FP	semen analysis (presence &/or motility; post-coital)		x	\$10.66	=	
56501		Destruction/vulvar lesions		x	\$100.34	=	
54050	FP	Destruction/penis lesions		x	\$98.84	=	
11976	FP	Remove w/o reinsertion contraceptive implant		x	\$111.27	=	
88175		Pap only		x	\$37.01	=	
88141		Pathologist interpretation		x	\$22.89	=	
87621		Pap with HPV (reflex or co-test)		x	\$48.29	=	
<b>Note: The following service types do not have a Medicaid reimbursement rate. Use your agency cost as determined by your cost analysis in planning your deliverables.</b>							
J7304	FP	Contraceptive Patch		x		=	
J7303	FP	Contraceptive Vaginal Ring		x		=	
		Emergency Contraception (Plan B, Plan B One Step, Generic, etc.)		x		=	
<b>Please list below any other services you will be providing that are not included in this list.</b>							
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
<b>Total Estimated Cost of Non-Medicaid Deliverables</b>							

(Please insert this Total Estimated Cost amount in Section A, page 2)

**Attachment B**

**Other Program Deliverables**

Instructions: If the total estimated cost of Section A, Service Deliverables is less than the total amount of DHHS funds budgeted in the budgetary estimates, provide information in Section B on how the Local Health Department 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 SECTION A. **No physician time can be billed except for clinical visits that are not reimbursed by Medicaid in Section A.**

**The total estimated cost of all Section A and Section B deliverables must equal or exceed the total DHHS funds budgeted.** See the following page for suggested allowable areas of expenditures for this section.

Deliverables	Estimated Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**Total Estimated Cost:**        \$ \_\_\_\_\_

(Please insert this Total Estimated Cost amount in Section B, page 2)

**Attachment B** (continued)**Suggestions of Other Program Deliverables**

**Note:** Section B deliverables are similar to Section A deliverables in that the services **are not** reimbursed by Medicaid. Only non-Medicaid reimbursable clinical services (CPT-encoded) should be included in Section A.

1. Infrastructure support such as electronic health record systems and other related health information technology
2. Activities related to outreach and enrollment of family planning clients in Medicaid and insurance programs
3. Community Development Activities, e.g., gathering representatives from businesses, client populations, churches, etc., to:
  - identify women's health problems
  - build advocacy in the community for women's health services
4. Community Education Activities, e.g., educating the community about:
  - adverse impact of women's health problems
  - favorable impact of family planning and other women's preventive health services
5. Expansion of Clinics by Outreach /Recruitment/Nontraditional Sites and Times for Clinics
  - communicating the benefits of Family Planning Services, focusing on features of the service that are attractive to clients (efficiency, caring staff, etc.)
  - gathering data on needed expansion of hours and sites: initiating expansion
6. Building Support for the Program
  - communicating to decision-makers the economic benefits of Family Planning
  - discussing the benefits to business and industry (delayed/planned childbearing, reduced sick leave)
7. Promotion of Preconception Health
  - folic acid consumption
  - smoking cessation
  - healthy weight
  - reproductive life planning
8. Provision of Care Coordination to High-Risk Family Planning Clients
9. Offering Incentive Programs to Promote Healthy Behaviors
10. Supporting Family Planning Staff Development Training Activities
11. Enhanced Services: Interpretation, Transportation
12. Enhanced Clinic Records Systems
13. Enhanced Community Needs Assessment Activities
14. Purchase of Family Planning Resource Materials (e.g., texts, journal subscriptions, etc.)
15. Provision of Enabling Services for Postpartum Sterilization (e.g., childcare, transportation)

## Attachment C

### Title X Clinical Services for Females

#### HISTORY

1. Acute and chronic medical conditions including gynecological conditions; hospitalizations; surgery; blood transfusion or exposure to blood products; **R**
2. Pap history (date of last Pap, and if abnormal Pap, treatment) **R**
3. Menstrual history **R**
4. Contraceptive use past and present (including adverse effects) **R**
5. Obstetrical history **R**
6. Allergies **R**
7. Current use of prescription and over-the-counter medications **R**
8. Sexually transmitted diseases including HBV & HCV if indicated **R**
9. HIV **R**
10. Immunization assessment ~~and~~ including Rubella status **R**
11. Review of systems **R**
12. Pertinent history of immediate family members/ **R**
13. SOCIAL/SEXUAL HISTORY
  - Pertinent partner(s) history **R**
  - Extent of use of tobacco, alcohol, and other drugs **R**
  - Sexual history and Social history **R**
14. Depression screening when staff-assisted depression care supports are in place **R**
15. Screen for Intimate Partner Violence and provide or refer women who screen positive **R**

#### RETURN VISITS (EXCLUDING ROUTINE SUPPLY VISITS)

1. Client return visits (excluding routine supply visits) include an assessment of the client's health status, current complaints, evaluation of birth control methods and opportunity to change methods **R**
2. Depression screening when staff-assisted depression care supports are in place **R**
3. Screen for Intimate Partner Violence and provide or refer women who screen positive **R**

#### PHYSICAL ASSESSMENT

1. Height/Weight **R**
2. Record Body Mass Index (BMI) **R**
3. Blood pressure evaluation **R**
4. Heart/Lungs/Extremities **I**
5. Thyroid **I**
6. Breast exam **I**
7. Abdomen **I**
8. Pelvic exam **I**
9. Pap test **I**
10. Rectum **I**
11. Colorectal cancer screening **I**

#### LABS

1. Gonorrhea \* ( Required if <2526 years of age and as indicated for those 25 and older per IPP guidelines and/or with IUD insertion **if required** per CDC's STD Screening Guidelines (U.S. Selected Practice Recommendations [SPR], 2013)
2. Chlamydia \* (Required if <25 26 years of age and as indicated for those 25 and older per IPP guidelines and/or with IUD insertion **if required** per CDC's STD Screening Guidelines (U.S. Selected Practice Recommendations [SPR], 2013)
3. Syphilis serology **I** (CDC recommends screening MSM, commercial sex workers, persons who exchange sex for drugs, those in adult correctional facilities and those living in communities with high prevalence)
4. Rubella titer **I**

**Attachment C (continued)**

5. HIV Testing **I** (CDC recommends all clients aged 13-64 be screened routinely and all persons likely to be at high risk for HIV be rescreened at least annually: IDU and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, MSM or heterosexual person who themselves or sex partners have had more than one sex partner since their most recent HIV test)
6. Diabetes testing **I** (USPSTF recommendation (Grade B) to screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) >135/80 mmHg)

Key: **(R)** Required

**(I)** As indicated by history, physical, method, previous lab tests, and/or  
COG/ACS/USPSTF/ASCCP/ASCP/SPR/QFP

**Note: If a patient chooses to decline a service, this must be documented in the record.**

**Note: Return visit does not include routine supply visit.**

**Title X Clinical Services for Males****HISTORY**

1. Acute and chronic conditions including urological conditions hospitalizations; surgery; blood transfusion or exposure to blood products; **R**
2. Allergies **R**
3. Current use of prescription and over-the-counter medications **R**
4. STIs (including HBV & HCV) **R**
5. HIV **R**
6. Immunization assessment and including Rubella status **R**
7. Review of systems **R**
8. Pertinent history of immediate family members **R**
9. SOCIAL/SEXUAL HISTORY
  - Pertinent partner(s) history **R**
  - Extent of use of tobacco, alcohol, and other drugs **R**
  - Sexual History /Social History **R**
10. Depression screening when staff-assisted depression care supports are in place **R**

**RETURN VISITS (EXCLUDING ROUTINE SUPPLY VISITS)**

1. Client return visits (excluding routine supply visits) include an assessment of the client's health status, current complaints, evaluation of birth control methods and opportunity to change methods **R**
2. Depression screening when staff-assisted depression care supports are in place **R**

**PHYSICAL ASSESSMENT**

1. Height and weight **R**
2. Calculate Body Mass Index (BMI) **R**
3. Blood pressure evaluation **I**
4. Heart/Lungs/Extremities **I**
5. Thyroid **I**
6. Breast **I**
7. Abdomen **I**
8. Genitals **I**
9. Rectum **I**
10. Colorectal cancer screening **I**

## Attachment C (continued)

### LABS

1. Gonorrhea **I**
2. Chlamydia **I**
3. Syphilis serology **I**
4. Rubella titer **I**
5. HIV Testing **I**
6. Diabetes testing **I** (USPSTF recommendation (Grade B) to screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) >135/80 mmHg)

Key: **(R)** Required

**(I)** As indicated by history, physical, method, previous lab tests, and/or ACOG/ACS/USPSTF/ASCCP/ASCP/SPR/QFP

**Note: If a patient chooses to decline a service, this must be documented in the record.**

**Note: Return visit does not include routine supply visit.**

### Title X Female Patient Education Requirements

**The client should receive and understand the information she needs to make informed decisions and follow treatment plans. This requires careful attention to how information is communicated. The following strategies can make information more readily comprehensible to clients:**

1. Educational materials should be clear and easy to understand.
2. Information should be delivered in a manner that is culturally and linguistically appropriate.
3. The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment.
4. 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.
5. Balanced information on risks and benefits of the contraceptive method chosen should be presented and messages framed positively.
6. Active client engagement should be encouraged and each visit should be tailored to the client's individual circumstances and needs.

### Required Female Client Education

7. Information needed to make an informed decision about family planning **R**
8. Based on the sexual risk assessment, reduction of risk of transmission of STIs and HIV for those who screen positive for high risk **R**
9. Understand BMI greater than 25 or less than 18.5 is a health risk (*Weight management educational materials to be provided if client requests*) **R**
10. Promote daily consumption of multivitamin with folic acid to those who are capable of conceiving **R**
11. Provide reproductive life planning counseling (See Box 2 in QFP for details) **R**
12. Adolescents must be told that services are confidential, parental involvement is encouraged and sexual coercion is discussed. **R**
13. Adolescents should be provided intervention to prevent initiation of tobacco use **R**
14. Stop tobacco use, implementing the 5A counseling approach **R**
15. Encourage biennial screening mammogram for women aged 50 and older and <50 if conditions support providing the service to an individual patient **I**

### Optional Information as Indicated

Female and male reproductive anatomy and physiology; fertility regulation for those seeking pregnancy or use of Fertility Awareness Methods; nutrition, and exercise

**Attachment C** (continued)**Patient Method Counseling**

**Method counseling is individualized dialogue that must be included in the client’s record either as a check box (electronic format) or as a written statement. The “Teach Back” method may be used to confirm the client understands. It covers:**

1. Results of physical assessment and labs (if performed) **R**
2. Typical use rates for method effectiveness **R**
3. How to use the method consistently and correctly **R**
4. Protection from STDs **R**
5. 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**
6. How to d/c method selected, information on back up method, use of emergency contraception if indicated by method **R**
7. When to return for a follow up (planned return schedule) **R**
8. Appropriate referral for additional services as needed **R**

Key: **(R)** Required  
**(I)** as indicated

**Title X Male Patient Education Requirements**

**The client should receive and understand the information she needs to make informed decisions and follow treatment plans. This requires careful attention to how information is communicated. The following strategies can make information more readily comprehensible to clients:**

1. Educational materials should be clear and easy to understand.
2. Information should be delivered in a manner that is culturally and linguistically appropriate.
3. The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment.
4. 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 education activity.
5. Balanced information on risks and benefits of the contraceptive method chosen should be presented and messages framed positively.
6. Active client engagement should be encouraged and each visit should be tailored to the client’s individual circumstances and needs.

**Required Male Client Education**

7. Information needed to make an informed decision about family planning **R**
8. Based on the sexual risk assessment, reduction of risk of transmission of STIs and HIV for those who screen positive for high risk **R**
9. Understand BMI greater than 25 or less than 18.5 is a health risk (*Weight management educational materials to be provided if client requests*) **R**
10. Provide reproductive life planning counseling (See Box 2 in QFP for details) **R**
11. Adolescents must be told that services are confidential, parental involvement is encouraged and sexual coercion is discussed. **R**
12. Adolescents should be provided intervention to prevent initiation of tobacco use **R**
13. Stop tobacco use, implementing the 5A counseling approach **R**

**Attachment C** (continued)**Optional Information**

Female and male reproductive anatomy and physiology; fertility regulation for those seeking pregnancy or use of Fertility Awareness Methods; nutrition, and exercise

**Patient Method Counseling**

**Method counseling is individualized dialogue that must be included in the client's record either as a check box (electronic format) or as a written statement. The "Teach Back" method may be used to confirm the client understands. It covers:**

1. Results of physical assessment and labs (if performed) **R**
2. Typical use rates for method effectiveness **R**
3. How to use the method consistently and correctly **R**
4. Protection from STDs **R**
5. 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**
6. How to d/c method selected, information on back up method, use of emergency contraception if indicated by method **R**
7. When to return for a follow up (planned return schedule) **R**
8. Appropriate referral for additional services as needed **R**

Key: **(R)** Required  
**(I)** as indicated