

# Division of Public Health

## Agreement Addendum

### FY 15-16

Generic  
 \_\_\_\_\_  
**Local Health Department Name**

Women's and Children's Health/Women's Health  
 \_\_\_\_\_  
**DPH Section/Branch Name**

101 Maternal Health (HMHC)  
 \_\_\_\_\_  
**Activity Number and Description**

Phyllis C. Johnson, (919) 707-5715  
 phyllis.c.johnson@dhhs.nc.gov  
 \_\_\_\_\_  
**DPH Program Contact**  
 (name, telephone number with area code, and email)

06/01/2015 - 05/31/2016  
 \_\_\_\_\_  
**Service Period**

\_\_\_\_\_  
**DPH program signature** **Date**  
 (only required for negotiable agreement addendum).

07/01/2015 - 06/30/2016  
 \_\_\_\_\_  
**Payment Period**

- Original Agreement Addendum**  
 **Agreement Addendum Revision #** \_\_\_\_\_ (Please do not put the Budgetary Estimate revision # here.)

**I. Background:**

The Maternal Health Program is administered within the Women's Health Branch (WHB), Perinatal Health Unit. The primary mission of the Maternal Health Program is to ensure that all low-income pregnant women have access to early and continuous prenatal and postpartum care. Every local health department, including districts, is eligible to receive funding for maternal health services in their community. The provision of high quality, risk appropriate perinatal care is a means of reducing maternal and infant morbidity and mortality.

Throughout this Agreement Addendum, the following words are defined as follows: "shall" and "must" indicates a requirement or mandate; "should", "can", and "may" indicate a recommendation. Also, the full reference for the manual cited throughout this document is: *Guidelines for Perinatal Care*, Seventh Edition, October 2012, American Academy of Pediatrics and The American College of Obstetricians and Gynecologists.

**II. Purpose:**

The local health departments will provide or ensure access to early and continuous prenatal and postpartum care for low-income pregnant women in North Carolina. Prenatal care services include outreach, care management, nutrition counseling, education, and psychosocial assessment and intervention counseling. In addition, local health departments will work to enhance public education and community awareness regarding risk prevention and reduction strategies.

\_\_\_\_\_  
 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 address: _____

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

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

The Agreement Addendum for 101 Maternal Health 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 the Non-Medicaid Services, Other Program Services and Total areas below along with Attachments A, B, and C. 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 the Agreement Addendum to execute it.

**The total estimated cost of Non-Medicaid Services and Other Program Services deliverables must equal or exceed the total DHHS funds budgeted.**

**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. This information should be completed on Attachment A and returned with your signed Agreement Addendum. Health Information System (HIS) service data or compatible reporting system as of August 31, 2016 will provide the documentation to substantiate services that the Local Health Department has provided.

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

If the Local Health Department's estimated cost of non-Medicaid service deliverables is less than the total amount of Department of Health and Human Services (DHHS) funds budgeted in the Maternal Health Activity (HMHC) 101's Budgetary Estimate (in the DPH Aid-to-Counties Database), then additional information must be provided on how the Local Health Department will use remaining DHHS funds to further the program's goals and objectives. Subject to WHB approval, the Local 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 Maternal Health Budget Estimates (Attachment A + Attachment B) Total Amount \$ \_\_\_\_\_**

- A. The Local Health Department shall demonstrate compliance with the NC Administrative Rules 10A NCAC 46.0205(a) and the Title V Maternal and Child Health Block Grant funds for the provision of Maternal Health Services.

NC Administrative Rules (10A NCAC 46.0205) require assurances for the provision of selected maternal health services. Each local health department must "provide, contract for the provision of, or certify the availability of maternal health services for all individuals within the jurisdiction of the local health department." In addition, agencies supported by state Title V Maternal and Child Health Block Grant funds are required to provide access to maternal services and referral for primary care services as appropriate.

- B. The Local Health Department shall demonstrate compliance with the NC Administrative Rules (10A NCAC 43B .0109) on client and third party fees:
1. If a local provider imposes any charges on clients for maternal and child health services, such charges:
    - a. Will be applied according to a public schedule of charges;

- b. Will not be imposed on low-income individuals or their families;
  - c. Will be adjusted to reflect the income, resources, and family size of the individual receiving the services.
2. If client fees are charged, providers must make reasonable efforts to collect from third party payors.
  3. Client and third party fees collected by the local provider for the provision of maternal and child health services must be used, upon approval of the program, to expand, maintain, or enhance these services. No person shall be denied services because of an inability to pay.

If the Local Health Department is not providing routine periodic prenatal care as evidenced in Health Information System (HIS) data and program review audit, but is instead assuring these services, the Local Health Department shall submit the following documents:

1. A statement by the Health Director describing how the Local Health Department assures routine periodic pregnancy care as defined in 10A NCAC 46; and
  2. A Memorandum of Understanding (MOU) with local health care provider(s) documenting how these services are provided. Visit the following website under Maternal Health Assurance Plan for MOU samples and the “Guidance for Local Health Department Assurance of Maternal Health Services”: <http://whb.ncpublichealth.com/provPart/agreementAddenda.htm>.
  3. The MOU must contain information that stipulates that women at or below 100 % of the Federal Poverty Level will not be charged for prenatal services by the assurance provider. There should also be a sliding scale fee schedule or other fee schedule included in or attached to the MOU to show how other uninsured patients will be charged for services by the assurance provider. If a health department has a current MOU that they plan to continue in FY 15-16 and it contains all the required information, then they must submit a letter stating that their MOU is still current with a copy of the previously signed MOU.
- C. The Local Health Department shall ensure the provision of the following, whether they provide prenatal care or not:
1. Provide pregnancy testing and referral as appropriate.
  2. Provide ongoing prenatal care to all pregnant women who are not served by another health care resource, through one or more of the following mechanisms:
    - a. Referral to other health care providers;
    - b. Contracts with other health care providers; or
    - c. Provision of prenatal services. (10A NCAC 46.0205 B (i)(ii)(iii))
  3. Written policies in place for facilitating early entry into prenatal care, which include the following:
    - a. Follow-up of positive pregnancy test to assure patient has access to health care provider.
    - b. For health departments that provide prenatal care services and have a three-week or greater waiting list, the women must be triaged to assess adverse pregnancy risk factors for purposes of scheduling first visit. Adverse pregnancy risk factors must be included in this policy.
    - c. Referral to Women, Infants and Children (WIC) upon making contact with a pregnant woman. (Federal WIC Regulations, 246.4)

- d. Completion of presumptive eligibility determination and referral for Medicaid eligibility determination for all pregnant women, not just those who will remain in the Local Health Department for prenatal care services.
  - e. A description of the target population for maternal health services provided by the Local Health Department, including eligibility criteria. The Local Health Department shall emphasize provision of maternal health services to individuals who would not otherwise have access to these services.
  - f. A description of fees, if any, for maternal health services provided by the Local Health Department.
  - g. Provision of community and patient maternal health education services within the jurisdiction of the Local Health Department. Education services shall promote healthy lifestyles for good pregnancy outcome. (10A NCAC 46.0205(3)(b))
4. Provide or assure the provision of Pregnancy Care Management (OBCM) services to eligible Medicaid patients, in accordance with OBCM program requirements. Eligibility criteria include the following priority risk factors: history of preterm birth (<37 weeks); history of low birth weight (<2500g); multiple gestation; fetal complications; chronic conditions which may complicate pregnancy (e.g., diabetes, hypertension, asthma, mental illness, HIV, seizure disorder, renal disease, systemic lupus erythematosus); unsafe living environment (e.g., homelessness, inadequate housing, family violence, sexual abuse/coercion); substance use; tobacco use; missing two or more prenatal appointments without rescheduling; unanticipated hospital utilization; provider request for care management. Pregnancy Care Management services may also be provided to Medicaid patients with other risk factors, identified through prenatal care provider or community agency referral, provided the Local Health Department is fully capable of meeting the care management needs of the priority patient population.
  5. Provide the 5As method for tobacco cessation to all pregnant and postpartum women using the 5As (ask, advise, assess, assist, arrange) as recommended by ACOG (American Congress of Obstetricians and Gynecologists) and referrals made to appropriate community resources or the QuitlineNC at 1-800-QUIT-NOW and quitlinenc.com (<http://whb.ncpublichealth.com/provPart/pubmanbro.htm>). Another resource is the “Guide for Counseling Women Who Smoke, March 2008.” (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 99-100)
  6. Provide or shall make referrals for nutrition consultation, education on infant feeding, childbirth and parenting education for low-income families. These referrals must be documented in the Maternal Health record for patients receiving prenatal care. The Local Health Department that provides childbirth education to Medicaid enrollees and billed to Medicaid or provided to non-Medicaid clients as part of their use of Healthy Mothers, Healthy Children funding must provide these services in accordance with the DMA Clinical Coverage Policies. (*DMA Clinical Coverage Policy IM-2, Childbirth Education*) Childbirth education activities not being billed to Medicaid or funded through Healthy Mothers, Healthy Children funding, such as those supported by funders such as Smart Start, are not subject to these requirements, and may follow the standards agreed upon between the funder and the Local Health Department.
  7. The Local Health Department may provide Maternal Care Skilled Nurse Home Visits (MCSNHV). They will be made upon the request of the prenatal care provider to those women who experience medical high-risk condition(s) during their pregnancy. The MCSNHV must be conducted by a registered nurse who is skilled in the care of high risk pregnancy and this visit cannot be provided in the clinic. The request must be made in the form of a written medical order with the specific risk condition(s) identified and requested skilled nursing interventions per

patient plan of care and as indicated per established MCSNHV protocol. (*DMA Clinical Coverage Policy No.:1m-6*)

8. The Local Health Department or assurance provider shall have written policies and protocols in place that appropriately address the following:
  - a. Follow-up of missed prenatal appointments.
  - b. Follow-up of pregnant women who express interest in permanent sterilization or contraception. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 202-205)
  - c. Identification, follow-up and referral as indicated for pregnant women who have a past or current substance use issue (including alcohol, nicotine, and other drugs). Informed written consents shall be obtained before performing a drug screen test. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 127-130) Policies must include confidentiality and release of information/medical records.  
(<http://whb.ncpublichealth.com/Manuals/section2confidentiality.pdf>)
  - d. Follow-up and referral as indicated of patients with a positive HIV (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p.398-403) or hepatitis B (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p.386-391) test for both women and infants. (10A NCAC 41A.0203 (d)(1))
  - e. Identification, follow-up and referral as indicated for pregnant and postpartum women who are experiencing intimate partner violence. The minimum standard for identification is the use of the three recommended ACOG screening questions for all pregnant women, administered at the first prenatal contact, each trimester and postpartum. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p.131-132; ACOG Committee Opinion No. 518 Feb. 2012)
  - f. Collaboration with local Obstetricians and Emergency Physicians, local emergency hospital staff and tertiary care center staff is required to formulate a community wide accepted policy between the Local Health Department and the physicians who will provide care for pregnant women exposed to varicella with no immunity.
  - g. Use of interpreter services for all maternal health programs.
  - h. Increasing staff awareness of disparities in health status and service delivery, especially disparities related to race, ethnicity, disability, education, and socioeconomic status. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 3-4; ACOG Committee Opinion No. 493 May 2011)
  - i. Promoting customer friendly services that meet the needs of populations that are underserved. (Healthy People 2020)
  - j. Referral to a high-risk maternity clinic or obstetrician for identified high-risk conditions. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p.6-8, 477-478)
  - k. Provision of Rubella vaccine and Varicella vaccine (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p.118-119) post-delivery if patient is not immune.
  - l. Provision of 17 Alpha Hydroxyprogesterone Caproate (17P) for women at risk for developing preterm labor, such as a history of previous spontaneous birth at less than 37 weeks. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 257; ACOG Committee Opinion No. 419 Oct. 2008)(<http://mombaby.org/>)
  
9. The Local Health Department Maternity Program or assurance provider shall provide the following services to all persons enrolled in prenatal care, and provision of these services shall be documented in their medical records. 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. After informed consent for prenatal services is signed (ACOG, Committee Opinion, No. 439, Aug. 2009), 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 environmental exposures, including environmental tobacco smoke (ETS) and lead. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 107-108, 112-117)  
(<http://www.cdc.gov/nceh/lead/publications/LeadandPregnancy2010.pdf>)
- b. The following physical examination components shall be assessed: HEENT; teeth; thyroid; lungs; breasts; heart; abdomen; extremities; skin; lymph nodes; pelvic (uterine size or fundal height); and blood pressure. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 464)
- c. Weight and height for all pregnant women shall be documented at the initial prenatal visit (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p.136-137) and weight only at routine visits. Nutrition consultation should be offered to all underweight and obese women, defined as those with a pre-pregnancy BMI of <18.5 or  $\geq 30$ . (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 216-217) This may be accomplished, for example, by a referral to WIC.
- d. Pre-pregnancy weight shall be determined so body mass index (BMI) can be calculated and appropriate gestational weight gain guidance can be identified, documented and shared with patient. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 137)
- e. The following components on all subsequent routine scheduled visits shall be assessed: interim history/routine screening questions (fetal movement, contractions, ruptured membranes, vaginal bleeding); weight; blood pressure; fetal heart rate; fundal height; and fetal presentation greater than or equal to 36 weeks. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 108)
- f. Nutrition screening shall be performed or reviewed by a nurse, nutritionist, physician or physician extender at the first visit and updated at subsequent visits as needed. Based on this screening, an appropriate care plan or referral to a Registered Dietitian (RD) or a Licensed Dietitian/Nutritionist (LDN) will be documented. The LDN should be licensed by the NC State Board of Dietetics. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 132-141) 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 Local Health Department shall provide prenatal vitamins containing folic acid and iron. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 133) The Local Health Department shall document that each patient has obtained prenatal vitamins on the subsequent prenatal visits after the initial prescription is given and refilled.
- g. Psychosocial risk screening shall be performed or reviewed by a nurse, social worker, physician, or physician extender at the initial visit and is recommended each trimester. Based on this screening, an appropriate care plan or referral to a licensed clinical social worker, other mental health provider, or other appropriate resource will be documented in the maternal health record. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 7, 108, 126-132; ACOG Committee Opinion, No. 343, August 2006)
- h. Patients with abnormal clinical findings shall be appropriately followed. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 112)
- i. Patients with a high-risk condition shall receive consultation from or be referred to an obstetrician or high-risk maternity clinic. (ACOG, p. 7-8)

- j. All maternal health clients shall be referred for a postpartum check-up. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 207-208) Required components of the postpartum clinic visit are:
    - 1. Depression screening and referral for services as indicated. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 205-206)
    - 2. Intimate partner violence screening. (ACOG Committee Opinion, No 518, Feb 2012)
    - 3. Alcohol, tobacco and other drug use screening (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed., p. 207-208.)
    - 4. Reproductive life planning to include plans for future childbearing and selection of a contraceptive method to prevent pregnancy and/or promote healthy birth spacing. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 208; [www.cdc.gov/preconceptionhealth/women.html](http://www.cdc.gov/preconceptionhealth/women.html))
    - 5. Referral to a primary care provider as indicated. (*HP 2020 AHS-3*)
  - k. Universal Prenatal Screening for vaginal and rectal Group B Streptococcal colonization of all pregnant women at 35-37 weeks gestation to include documentation, 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 an accepted policy. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 117; MMWR, November 19, 2010, No. 59) All prenatal clinics providing prenatal care through 35 to 37 weeks are required to have this policy.
10. The Local Health Department shall document laboratory studies in the medical record as follows:
- a. Syphilis screen on the initial visit and a repeat Syphilis screen between 28 and 30 weeks. (10A NCAC 41A.0204 (e), CDC-MMWR, December 17, 2010/v. 59/No. RR-12; *Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 114)
  - b. 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) and CDC-MMWR, December 17, 2010/v. 59/No. RR-12; *Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 114)
  - c. 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 of screening). Documentation of refusal must be in the patient's record. (10A NCAC 41A.0202 (14); CDC-MMWR, December 17, 2010/v. 59/No. RR-12; *Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 112)
  - d. Screening for Gonorrhea on initial visits 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 a new partner, multiple partners, little or no prenatal care, recent STD or substance use. (10A NCAC 41A.0204 (e), CDC-MMWR, December 17, 2010/v. 59/No. RR-12; *Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 115)
  - e. Screening for Chlamydia on the initial visit and repeated in the third trimester if less than or equal to 25 years and for those participating in high risk behaviors such as a new partner, multiple partners, little or no prenatal care, recent STD or substance use. (CDC-MMWR; December 17, 2010/v. 59/No. RR-12; *Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 115)
  - f. Genetic serum screening shall be offered, prior to 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. Clients should be offered or referred for additional genetic and aneuploidy screening tests, including first screen. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 119-126)

- g. Screening at initial visit for Blood Group, Rh Determination, and Antibody Screen (repeated as indicated). Antibody Titer will be done for a positive Antibody Screen and repeated as indicated. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 113)
- h. 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 shall have laboratory test for immunity performed. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 118, 410)
- i. Cervical Cytology (if indicated, follow new ACOG Cervical Cytology Guidelines). (ACOG, Practice Bulletin, No. 131, November 2012)
- j. Urine dipstick for glucose and protein at initial visit, and as indicated by risk factors. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 113)
- k. Urine culture shall be done at initial visit, and repeated as indicated. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 113) If Group B Strep (GBS) is identified during routine urine culture, repeat GBS screening at 35-37 weeks is not indicated [except in patients who are penicillin allergic, needing sensitivities]. GBS in routine urine culture is treated per normal culture guidelines [>100K colony count]. (CDC MMWR, November 19, 2010/v. 59, No. RR-10)
- l. Hgb/Hct screening on initial visit and in third trimester. Hgb/Hct screen in second trimester as needed. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 113, 224)
- m. Screen using one of the following for all patients: screen at 24 to 28 weeks for gestational diabetes with 50 grams glucose and 3 hours Oral Glucose Tolerance Test (OGTT) if indicated (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p.116) OR test for gestational diabetes as per 2011 American Diabetes Association guidelines: perform a 75-gram glucose 2 hours Oral Glucose Tolerance Test (OGTT) at 24 to 28 weeks gestation. (American Diabetes Association, Diabetes Care, Vol. 36, Supplement 1, January 2013. [http://care.diabetesjournals.org/content/36/Supplement\\_1/S11.full.pdf+html](http://care.diabetesjournals.org/content/36/Supplement_1/S11.full.pdf+html))
- n. Screening if indicated for Hgb electrophoresis or documentation that the client refused test. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 214) 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 (e.g., cystic fibrosis, Duchenne's muscular dystrophy, fragile X syndrome, and mental retardation). (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 119-124; ACOG, Committee Opinion, No. 442, October 2009)
- o. Provide influenza vaccine to all pregnant women during influenza season (October through May), as defined by the North Carolina 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. (<http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html> *Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 405)
- p. Provide Tdap every pregnancy. (ACOG Committee Opinion No 566, June 2013; CDC MMWR 2011; 60 (No.2: 26))
- q. Screening for Group B Strep at 35-37 weeks if no GBS bacteria diagnosed in current pregnancy. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 117; MMWR, November 19, 2010/ v. 59/No. RR-10, p. 1-32)
- r. Recommend that all Gestational Diabetes Mellitus (GDM) patients have postpartum GDM follow-up testing, which for this purpose is defined by ACOG as a 6-12 week postpartum Fasting Plasma Glucose or 75-g 2 hr Oral Glucose Tolerance Test; appropriate long term

sequela counseling should also be performed. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 207; ACOG Practice Bulletin, No. 137, Gestational Diabetes)

11. The Local Health Department shall have a plan of care developed for all maternity patients, based on medical, nutritional, psychosocial and educational needs of the patient and revised as appropriate. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 105-106) The Local Health Department shall document prenatal education in the medical record as follows:
  - a. All patients shall receive specific education about their individual risk condition(s). (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 108)
  - b. Provision of basic prenatal education shall be clearly documented in the medical record. It may be provided in an individual or group format. Any appropriately trained member of the maternal health team can provide the education components. 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.
  
12. Educational topics to be offered to each patient shall include the following (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 107-108, 132-144, 156-161):
  - a. Scope of care provided (including what is expected at the first and subsequent prenatal visits including anticipated schedule of visits); lab studies that may be performed; office policies; emergency coverage and cost; and expected course of pregnancy
  - b. Physician coverage for labor and delivery
  - c. Adverse signs and symptoms to report (e.g. bleeding, rupture of membrane, decreased fetal movement)
  - d. 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 exposure; and nausea and vomiting during pregnancy. 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)
  - e. Educational programs available (refer to childbirth education classes, which should provide information on labor, pain relief, delivery, breastfeeding, infant care, postpartum period)
  - f. Benefits of breastfeeding and the risks of not breastfeeding (ACOG Committee Opinion, No. 570, August 2013; US DHHS. *The Surgeon's General Call to Action to Support Breastfeeding*; 2011, Appendix 2, p. 79)
  - g. Advise on avoiding eating certain fish with high levels of mercury, including shark, swordfish, king mackerel and tilefish (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 140 ) and advise not to eat unpasteurized cheese and milk; hot dogs or luncheon meats (unless they are steaming hot); or refrigerated smoked seafood, pâtés or meat spreads. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 140-141, 421-422)
  - h. Options for intrapartum care
  - i. Planning for discharge and child care; choosing the child's physician
  - j. Cost to the patient for prenatal care and delivery (e.g. insurance plan participation). (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 107)

- k. Safe sleep education must be provided to all maternity patients. (*Guidelines for Perinatal Care*, 7<sup>th</sup> ed. p. 311-312)
  - l. Education on Family Planning method options
  - m. Provide medically accurate information regarding umbilical cord stem cells and umbilical cord blood banking that is sufficient to allow a pregnant woman to make an informed decision about whether to participate in a public or private umbilical cord blood banking program. (§130A-128.1) Visit <http://whb.ncpublichealth.com/Manuals/CordBloodFinal-122209.pdf> for a brochure which can be printed and distributed.
13. Interruption of services or inability to meet quality assurance deliverables will be reported within 14 days to the WHB Regional Nurse Consultant.
14. Recommend the Local Health Department maintains a breastfeeding friendly environment to include:
- a. Avoiding passive promotion of formula feeding. Printed materials, posters, audio-visual materials and office supplies should be free of formula product names.
  - b. Storing supplies of formula, baby bottles, and nipples, out of the sight of clients.
  - c. Avoiding direct promotion of formula feeding. Do not give out formula company discharge bags or other free items to clients.
  - d. Creating or using educational materials that incorporate positive, culturally friendly, and consistent breastfeeding messages in all relevant educational materials, outreach efforts, and educational activities.
  - e. Creating or using materials that are free of formula company advertising (company names, logos).
  - f. Creating or using materials that are free of language that may undermine a mother's confidence in her ability to breastfeed.
- (US DHHS: *The Surgeon's General Call to Action to Support Breastfeeding*; 2011, action 6, p. 43)
- D. The Local Health Department providing Maternal Health services shall comply with the following training requirements.
- 1. At least one staff person (or subcontractor's staff person) shall attend the required Women's Health Branch Sudden Infant Death Syndrome (SIDS) Basic Training, Annual Update, and provide appropriate grief counseling for bereaved families in the county. Each county or district is also required to have a backup SIDS Counselor for their primary Counselor. This back-up does not have to reside in the county, but should be available in cases when the primary Counselor is unavailable to provide services for prolonged periods of time. (<http://www.nichd.nih.gov/SIDS/Pages/sidsnursesce.aspx>)
  - 2. The maternity nurse supervisor, Pregnancy Care Managers and Supervisors, Health and Behavior Intervention Supervisor, Clinical Social Workers and SIDS Counselors shall have active electronic mail membership and direct access to the Internet. HMHC funds can be used to finance and maintain hardware, software and subscription linkage to current local market values. The Internet connection enables participation in Women's Health Branch list serves, use of the Community Care of North Carolina (CCNC) Case Management Information System (CMIS) and Informatics Center (IC), access to other technical resources and to maternal health materials.
  - 3. Maternal Health Nurse Training

Certain low-risk clients may receive designated services from public health nurses who have received special Maternal Health Enhanced Role Nurse Training. In health departments that have 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.

Completed clinical hours and educational contact hours information for the fiscal year corresponding to this Agreement Addendum (June 1 through May 31) 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 Local Health Department. The Local Health Department should 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.

4. Pregnancy Care Manager (OBCM) Staffing and Training
  - a. Any changes in Pregnancy Care Manager or Pregnancy Care Management supervisor positions shall be electronically submitted to <http://childrenyouth.staffing.sgizmo.com/s3/> within 14 days of the staff change including hiring new staff, position vacancy, position elimination, or other staff change. Additionally, the WHB Regional Social Work Consultant shall be notified of new staff within 14 days of hire date.
  - b. Interruption of services or inability to meet quality assurance deliverables will be reported as soon as possible (no later than 14 days) to the WHB Regional Social Work Consultant.
  - c. All new Pregnancy Care Manager Social Workers without previous public health experience are required to complete, within two months of hire date, the *Introduction to Public Health in North Carolina* online course, [https://nciph.sph.unc.edu/tws/intro\\_ph\\_nc/](https://nciph.sph.unc.edu/tws/intro_ph_nc/). Additionally, the WHB Regional Social Work Consultant shall be notified of course completion within 14 days of course completion.
  
5. Clinical Social Work Staffing and Training
  - a. Written notification about staff changes shall be submitted to the WHB Clinical Social Work Consultant within 30 days of staff change including hiring new staff, position vacancy, position elimination, or other staff change.
  - b. All new Licensed Clinical Social Workers without previous public health experience are required to complete within two months of hire date, the *Introduction to Public Health in North Carolina* online course, [https://nciph.sph.unc.edu/tws/intro\\_ph\\_nc/](https://nciph.sph.unc.edu/tws/intro_ph_nc/). Additionally, the WHB Clinical Social Work Consultant shall be notified of course completion within 14 days of course completion.
  
6. Breastfeeding Promotion and Support Training
 

Recommend maternal health staff receive task appropriate breastfeeding promotion and support training from Breastfeeding Coordinators in health departments or from the six Regional Breastfeeding training Centers in North Carolina at no cost. This training includes clinic environment, goals and philosophies regarding breastfeeding; and task appropriate breastfeeding information, including but not limited to: anticipatory guidance for the breastfeeding infant, benefit of and risks of not breastfeeding, anticipatory guidance related to breastfeeding and birth spacing/family planning, contraindications to breastfeeding, and information for referring clients

for additional breastfeeding support services. Initial training for all maternal health staff is encouraged and on-going training as needed is recommended. Training certificates per person or per agency are available. (US DHHS. *The Surgeon's General Call to Action to Support Breastfeeding*; 2011, Action 9, p. 46)

#### **IV. Performance Measures/Reporting Requirements:**

- A. 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 2015 – May 2016.
  2. Increase the percentage of women during the period of June 2015 – May 2016 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 2015 – May 2016.
  4. Increase the percentage of Medicaid enrolled pregnant women who receive prenatal WIC services during the period of June 2015 – May 2016.
  5. Increase the percentage of infants enrolled in WIC who breastfed at 6 weeks during the period of June 2015 – May 2016.
  6. Increase the percentage of Medicaid enrolled pregnant women who deliver and receive a postpartum home visit during the period of June 2015 – May 2016.
- B. Reporting Requirements: The Local Health Department shall enter all program service data at least quarterly into the Health Information System (HIS) or a compatible reporting system.

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

- A. The Regional Nurse Consultants (RNC), the Regional Social Work Consultants (RSWC) and the Public Health Social Work Consultant conduct performance monitoring and quality assurance activities.
1. The RNCs will conduct activities for maternal health services. These activities include: development of a pre-monitoring plan 4 to 6 months prior to the designated monitoring month; on-site monitoring visits every 3 years; technical assistance visits via phone or email, or site visits, as needed; review of audit charts; and clinic observations. On-site monitoring visits include a review of policies and procedures. A pre-monitoring visit is optional.
  2. The RSWCs conduct performance monitoring and quality assurance activities for Pregnancy Care Management services, in collaboration with the North Carolina Community Care Networks (NCCCN) and the local Community Care of North Carolina (CCNC) networks. These activities include: oversight of performance through the review of county and network level reports generated from administrative and care management (CMIS) data and reports, and site visits for performance review.

3. The Public Health Social Work Consultant will provide on-site monitoring for health departments that provide Health and Behavior Intervention services every 3 years, in addition to technical assistance via phone, e-mail or site visits. Health and Behavior Intervention services provide intensive, focused counseling for pregnant and postpartum women who have serious psychosocial needs. Licensed clinical social workers employed by health departments may bill Medicaid for providing these services to Medicaid recipients.
4. A written report is completed for any monitoring site visit. The monitoring report includes any needed corrective action plan (CAP) and is emailed 2 to 4 weeks after the monitoring site visit to the local Health Director and lead agency staff.
5. Additionally, WHB will review data outcomes including a focus on health disparities and inform the health director of unique or adverse trends. Site visits will be conducted to assist in a local assessment and planning process.

**B. Consequences:**

The Local Health Department must respond to the corrective action plan within 30 days after the follow-up report is emailed. 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 Local Health Department if it does not meet the level of non-Medicaid service deliverables (Attachment A) for a two-year period or expend all Healthy Mothers/Healthy Children (HMHC) funds for a two-year period.

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

None.

## Attachment A

**Non-Medicaid Services**

**Instructions:** Enter the total dollar value of all non-Medicaid clinical services. Retain a copy in the Local Health Department files for your reference. The Local Health Department 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 2013. Please use the most current figures.

Total Estimated Cost of Non-Medicaid Services: \$ \_\_\_\_\_

<b>MATERNAL HEALTH WORKSHEET</b>						
<b>CPT Code/Modifier</b>	<b>Service Type</b>	<b>Estimated # of services</b>	<b>X</b>	<b>CPT Rate</b>	<b>=</b>	<b>Total</b>
99201	Office/Outpatient Visit, New		x	\$62.10	=	
99202	Office/Outpatient Visit, New		x	\$93.15	=	
99203	Office/Outpatient Visit, New		x	\$132.48	=	
99204	Office/Outpatient Visit, New		x	\$194.58	=	
99205	Office/Outpatient Visit, New		x	\$244.26	=	
99211	Office/Outpatient Visit, Est.		x	\$34.16	=	
99212	Office/Outpatient Visit, Est.		x	\$56.93	=	
99213	Office/Outpatient Visit, Est.		x	\$78.66	=	
99214	Office/Outpatient Visit, Est.		x	\$122.13	=	
99215	Office/Outpatient Visit, Est.		x	\$182.16	=	
59425	Antepartum Care Only 4-6 visits		x	\$340.20	=	
59426	Antepartum Care Only 7 or more visits		x	\$608.62	=	
59025/TC	Non-stress Test (technical component only)		x	\$12.22	=	
59025/26	Non-stress Test (professional component only)		x	\$24.00	=	
59025	Non-stress Test (complete)		x	\$36.22	=	
76815/TC	Ultrasound, limited, Fetal size, heartbeat, position		x	\$45.71	=	
76815	Ultrasound, limited, Fetal size, heartbeat, position., includes interpretation		x	\$ 72.91	=	
76805/TC	Ultrasound, 14 weeks 0 days, single or first gestation, fetal and material evaluation, includes interpretation		x	\$75.63	=	
76805	Ultrasound 14 weeks 0 days, single or first gestation, fetal & maternal evaluation, includes interpretation		x	\$ 117.09	=	
S9442	Childbirth Education Classes/One Unit = 1 Hour		x	\$8.69	=	
J2790	RG,IG Full Dose, IM		x	\$86.49	=	
J2788	RG, IG Minidose, IM		x	\$27.41	=	
99501	Home Visit for Postnatal Assessment		x	\$ 58.29	=	
96152	Health & Behavior Intervention (one unit = 15 minutes)		x	\$ 19.06	=	
90396	Varicella Zoster Immune Globulin, human, 125 units		x	\$ 106.44	=	
81025	Pregnancy Test		x	\$8.04	=	

<b>MATERNAL HEALTH WORKSHEET (CONTINUED)</b>						
<b>CPT Code/Modifier</b>	<b>Service Type</b>	<b>Estimated # of services</b>	<b>X</b>	<b>CPT Rate</b>	<b>=</b>	<b>Total</b>
97802	Medical Nutrition Therapy (MNT), Initial, each 15 min.		x	\$ 24.51	=	
97803	MNT, Reassessment, each 15 min.		x	\$ 21.44	=	
99406	Tobacco cessation counseling – intermediate visit 3-10 minutes		x	\$11.93	=	
99407	Tobacco cessation counseling – intensive visit > 10 minutes		x	\$23.05	=	
T1001	Maternal Care Skilled Nurse Home Visit		x	\$ 87.09	=	
57452	Colposcopy w/o Biopsy		x	\$ 85.22	=	
87070	GBS culture specimen, bacteria, must precede 87077		x	\$ 10.95	=	
87077	GBS culture, bacteria, aerobic isolates, confirmation test for GBS		x	\$ 10.27	=	
36415	Venipuncture, DMA Only		x	\$ 2.78	=	
J1725	Hydroxyprogesterone Caproate, 1 mg injection (Makena)		x	\$ 2.87	=	
J3490	17P/one unit-includes invoice & rebateable NDC number NOT LISTED		x	\$ 20.00	=	
85013	Hematocrit		x	\$ 3.01	=	
85018	Hemoglobin		x	\$ 3.01	=	
81000	Urinalysis, Non-Auto w/scope		x	\$ 4.03	=	
81001	Urinalysis, Auto w/scope		x	\$ 4.03	=	
81002	Urinalysis, Non-Auto w/o scope		x	\$ 3.25	=	
81003	Urinalysis, dipstick or tab, automated (w/o microscopy)		x	\$ 2.86	=	
87210	Wet mount, simple stain, for bacteria		x	\$ 4.85	=	
87086	Urine culture, colony count		x	\$ 10.26	=	
87591	GenProbe-GC Culture		x	\$ 31.18	=	
87491	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	=	
83986	Assay of fluid acidity		x	\$ 4.55	=	
86580	TB intradermal		x	\$ 5.59	=	
96372	Administration code for 17P		x	\$ 17.04	=	
83655	Lead Test		x	\$ 15.39	=	
<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		=	

(Current as of 10/15/14)

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

## Attachment B

### Other Program Services

**Instructions:** If the total estimated cost of non-Medicaid service deliverables is less than the total amount of DHHS funds budgeted in the Maternal Health (HMHC) activity 101's Budgetary Estimate (in the DPH Aid- to-Counties Database, provide information 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 Attachment A. No staff or physician time can be billed except for OBCM and interpreter services. 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
- Breastfeeding
- SIDS Reduction / Safe Sleep
- Weight Management
- Patient Transportation
- Interpreter Services (include staff FTE)
- Pregnancy Care Management Services for Uninsured Women Ineligible for Medicaid (include staff FTE)
- Computer Hardware/Software/Internet needed to meet requirements of Maternal Health Agreement Addenda
- Incentives
- Prenatal Vitamins
- Staff Development (must be prorated to % of staff time assigned to Maternal Health Clinic)
- Equipment: Specify
- Pap Test Kits

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

2. Other Deliverables: \_\_\_\_\_  
 Brief Description of Proposed Project and Outcome(s) to be achieved:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Estimated Cost: \$ \_\_\_\_\_

3. Other Deliverables: \_\_\_\_\_  
 Brief Description of Proposed Project and Outcome(s) to be achieved:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Estimated Cost: \$ \_\_\_\_\_

## Attachment C

**Sudden Infant Death Syndrome**

The following **local person(s)**\* has attended the Women's and Children's Health Section sponsored SIDS Basic Training and will provide SIDS grief counseling and information to bereaved families in the county:\*\* This page must be completed and returned by the Health Director. Submit with all other required Addenda pages.

Name of Trained SIDS Counselor	County	Agency	Email Address

\***Local person(s)** is defined as an individual who resides or works in the county who is not a DHHS Regional or Central Office employee. Counties that average less than one SIDS death per year for the **last four years** may designate a grief counselor from a neighboring county or neighboring SIDS counselor if a letter of agreement is obtained. It is recommended that all counties have a backup grief counselor for their primary counselor.

\*\*The local SIDS counselor, Chief Medical Examiner's Office, Local Medical Examiner, Regional Pathologist or other appropriate source will notify the SIDS Central Office about the SIDS events. (NC Sudden Infant Death Syndrome, March 2010, II-6.) SIDS Counselors "will mail the completed SIDS Home Visit/Contact (DHHS 3723) to the Central Office." (NC Sudden Infant Death Syndrome, March 2010, II-7.)

Allocation Page

Waiting for Program Admin Approval

For Fiscal Year:15/16

Estimate Number: 0

RECEIVED DEC 08 2014

			101	101	101	101	Proposed Total New Total	
			13A1 5740 00	13A1 5740 AP	13A1 5740 AP	13A1 5740 AP		
			Payment Period	Payment Period	Payment Period	Payment Period		
			07/01-06/30	07/01-06/30	11/01-06/30	03/01-06/30		
		AA	Service Period	Service Period	Service Period	Service Period		
			06/01-05/31	06/01-05/31	10/01-05/31	02/01-05/31		
01 ALAMANCE	*	0	\$7,997.00	\$23,583.00	\$23,583.00	\$18,279.00	\$73,442.00	\$73,442.00
D1 ALBEMARLE REG	*	0	\$19,805.00	\$3,546.00	\$3,545.00	\$1,532.00	\$28,428.00	\$28,428.00
02 ALEXANDER	*	0	\$3,392.00	\$8,288.00	\$8,288.00	\$6,424.00	\$26,392.00	\$26,392.00
04 ANSON	*	0	\$5,388.00	\$14,914.00	\$14,915.00	\$11,561.00	\$46,778.00	\$46,778.00
D2 APPALACHIAN	*	0	\$3,701.00	\$9,312.00	\$9,313.00	\$7,219.00	\$29,545.00	\$29,545.00
07 BEAUFORT	*	0	\$5,705.00	\$17,667.00	\$17,667.00	\$13,728.00	\$54,767.00	\$54,767.00
09 BLADEN	*	0	\$4,533.00	\$12,078.00	\$12,077.00	\$9,361.00	\$38,049.00	\$38,049.00
10 BRUNSWICK	*	0	\$5,027.00	\$13,718.00	\$13,717.00	\$10,632.00	\$43,094.00	\$43,094.00
11 BUNCOMBE	*	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12 BURKE	*	0	\$4,836.00	\$13,083.00	\$13,083.00	\$10,139.00	\$41,141.00	\$41,141.00
13 CABARRUS	*	0	\$9,444.00	\$28,388.00	\$28,388.00	\$22,004.00	\$88,224.00	\$88,224.00
14 CALDWELL	*	0	\$4,014.00	\$10,352.00	\$10,352.00	\$8,024.00	\$32,742.00	\$32,742.00
16 CARTERET	*	0	\$4,921.00	\$13,365.00	\$13,365.00	\$10,359.00	\$42,010.00	\$42,010.00
17 CASWELL	*	0	\$2,350.00	\$4,826.00	\$4,826.00	\$3,741.00	\$15,743.00	\$15,743.00
18 CATAWBA	*	0	\$4,370.00	\$11,534.00	\$11,535.00	\$8,941.00	\$36,380.00	\$36,380.00
19 CHATHAM	*	0	\$3,220.00	\$7,717.00	\$7,716.00	\$5,981.00	\$24,634.00	\$24,634.00
20 CHEROKEE	*	0	\$1,444.00	\$1,816.00	\$1,816.00	\$1,408.00	\$6,484.00	\$6,484.00
22 CLAY	*	0	\$1,034.00	\$456.00	\$456.00	\$353.00	\$2,299.00	\$2,299.00
23 CLEVELAND	*	0	\$2,949.00	\$6,813.00	\$6,813.00	\$5,281.00	\$21,856.00	\$21,856.00
24 COLUMBUS	*	0	\$11,170.00	\$34,121.00	\$34,121.00	\$26,447.00	\$105,859.00	\$105,859.00
25 CRAVEN	*	0	\$9,342.00	\$28,050.00	\$28,050.00	\$21,740.00	\$87,182.00	\$87,182.00
26 CUMBERLAND	*	0	\$21,359.00	\$67,960.00	\$67,960.00	\$52,674.00	\$209,953.00	\$209,953.00
28 DARE	*	0	\$2,313.00	\$4,704.00	\$4,704.00	\$3,646.00	\$15,367.00	\$15,367.00
29 DAVIDSON	*	0	\$12,856.00	\$39,720.00	\$39,720.00	\$30,785.00	\$123,081.00	\$123,081.00
30 DAVIE	*	0	\$5,339.00	\$14,755.00	\$14,755.00	\$11,437.00	\$46,286.00	\$46,286.00
31 DUPLIN	*	0	\$6,948.00	\$18,771.00	\$18,772.00	\$14,550.00	\$58,641.00	\$58,641.00
32 DURHAM	*	0	\$16,882.00	\$53,091.00	\$53,091.00	\$41,150.00	\$164,214.00	\$164,214.00
33 EDGEcombe	*	0	\$7,823.00	\$23,005.00	\$23,005.00	\$17,829.00	\$71,662.00	\$71,662.00
34 FORSYTH	*	0	\$12,928.00	\$39,958.00	\$39,958.00	\$30,970.00	\$123,814.00	\$123,814.00
35 FRANKLIN	*	0	\$3,234.00	\$7,764.00	\$7,764.00	\$6,018.00	\$24,780.00	\$24,780.00
36 GASTON	*	0	\$14,803.00	\$46,185.00	\$46,185.00	\$35,797.00	\$142,970.00	\$142,970.00
38 GRAHAM	*	0	\$1,591.00	\$2,308.00	\$2,308.00	\$1,787.00	\$7,994.00	\$7,994.00
D3 GRAN-VANCE	*	0	\$13,278.00	\$41,120.00	\$41,120.00	\$31,874.00	\$127,392.00	\$127,392.00
40 GREENE	*	0	\$2,287.00	\$4,617.00	\$4,617.00	\$3,578.00	\$15,099.00	\$15,099.00
41 GUILFORD	*	0	\$23,032.00	\$73,514.00	\$73,514.00	\$56,981.00	\$227,041.00	\$227,041.00
42 HALIFAX	*	0	\$5,736.00	\$11,406.00	\$11,406.00	\$8,744.00	\$37,292.00	\$37,292.00
43 HARNETT	*	0	\$1,875.00	\$3,250.00	\$3,250.00	\$2,519.00	\$10,894.00	\$10,894.00
44 HAYWOOD	*	0	\$1,305.00	\$1,354.00	\$1,354.00	\$1,049.00	\$5,062.00	\$5,062.00
45 HENDERSON	*	0	\$7,391.00	\$21,567.00	\$21,567.00	\$16,716.00	\$67,241.00	\$67,241.00
46 HERTFORD	*	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47 HOKE	*	0	\$14,642.00	\$12,557.00	\$12,557.00	\$9,056.00	\$48,812.00	\$48,812.00
48 HYDE	*	0	\$2,156.00	\$4,181.00	\$4,181.00	\$3,241.00	\$13,759.00	\$13,759.00
49 IREDELL	*	0	\$4,525.00	\$13,333.00	\$13,333.00	\$10,362.00	\$41,553.00	\$41,553.00
50 JACKSON	*	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51 JOHNSTON	*	0	\$9,399.00	\$28,236.00	\$28,236.00	\$21,888.00	\$87,759.00	\$87,759.00
52 JONES	*	0	\$2,196.00	\$4,314.00	\$4,314.00	\$3,342.00	\$14,166.00	\$14,166.00
53 LEE	*	0	\$4,031.00	\$10,411.00	\$10,411.00	\$8,068.00	\$32,921.00	\$32,921.00
54 LENOIR	*	0	\$2,490.00	\$5,289.00	\$5,289.00	\$4,098.00	\$17,166.00	\$17,166.00
55 LINCOLN	*	0	\$4,445.00	\$11,784.00	\$11,784.00	\$9,134.00	\$37,147.00	\$37,147.00
56 MACON	*	0	\$3,997.00	\$13,333.00	\$13,333.00	\$10,398.00	\$41,061.00	\$41,061.00
57 MADISON	*	0	\$3,592.00	\$8,952.00	\$8,952.00	\$6,939.00	\$28,435.00	\$28,435.00
D4 MAR-TYR-WASH	*	0	\$4,845.00	\$13,113.00	\$13,113.00	\$10,166.00	\$41,237.00	\$41,237.00
60 MECKLENBURG	*	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
62 MONTGOMERY	*	0	\$17,651.00	\$14,310.00	\$14,310.00	\$10,244.00	\$56,515.00	\$56,515.00
63 MOORE	*	0	\$2,196.00	\$4,314.00	\$4,314.00	\$3,342.00	\$14,166.00	\$14,166.00
64 NASH	*	0	\$1,070.00	\$575.00	\$575.00	\$446.00	\$2,666.00	\$2,666.00
65 NEW HANOVER	*	0	\$66,848.00	\$17,923.00	\$17,923.00	\$9,767.00	\$112,461.00	\$112,461.00
66 NORTHAMPTON	*	0	\$2,699.00	\$5,983.00	\$5,983.00	\$4,636.00	\$19,301.00	\$19,301.00
67 ONSLOW	*	0	\$5,438.00	\$10,000.00	\$10,000.00	\$7,647.00	\$33,085.00	\$33,085.00

68 ORANGE	*	0	\$3,380.00	\$8,245.00	\$8,245.00	\$6,391.00	\$26,261.00	\$26,261.00
69 PAMLICO	*	0	\$1,477.00	\$1,927.00	\$1,927.00	\$1,493.00	\$6,824.00	\$6,824.00
71 PENDER	*	0	\$3,062.00	\$7,189.00	\$7,189.00	\$5,572.00	\$23,012.00	\$23,012.00
73 PERSON	*	0	\$2,015.00	\$3,714.00	\$3,714.00	\$2,879.00	\$12,322.00	\$12,322.00
74 PITT	*	0	\$14,406.00	\$44,866.00	\$44,866.00	\$34,776.00	\$138,914.00	\$138,914.00
76 RANDOLPH	*	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
77 RICHMOND	*	0	\$14,589.00	\$17,599.00	\$17,599.00	\$13,067.00	\$62,854.00	\$62,854.00
78 ROBESON	*	0	\$47,084.00	\$26,944.00	\$26,944.00	\$18,288.00	\$119,260.00	\$119,260.00
79 ROCKINGHAM	*	0	\$1,962.00	\$3,538.00	\$3,538.00	\$2,742.00	\$11,780.00	\$11,780.00
80 ROWAN	*	0	\$4,133.00	\$11,353.00	\$11,353.00	\$8,813.00	\$35,652.00	\$35,652.00
85 R-P-M	*	0	\$5,076.00	\$13,880.00	\$13,880.00	\$10,757.00	\$43,593.00	\$43,593.00
82 SAMPSON	*	0	\$9,324.00	\$27,988.00	\$27,988.00	\$21,693.00	\$86,993.00	\$86,993.00
83 SCOTLAND	*	0	\$5,931.00	\$11,627.00	\$11,627.00	\$8,909.00	\$38,094.00	\$38,094.00
84 STANLY	*	0	\$5,270.00	\$14,526.00	\$14,526.00	\$11,259.00	\$45,581.00	\$45,581.00
85 STOKES	*	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86 SURRY	*	0	\$5,464.00	\$15,169.00	\$15,169.00	\$11,757.00	\$47,559.00	\$47,559.00
87 SWAIN	*	0	\$1,412.00	\$1,711.00	\$1,711.00	\$1,326.00	\$6,160.00	\$6,160.00
86 TOR RIVER	*	0	\$6,273.00	\$17,857.00	\$17,857.00	\$13,841.00	\$55,828.00	\$55,828.00
88 TRANSYLVANIA	*	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
90 UNION	*	0	\$4,895.00	\$13,278.00	\$13,278.00	\$10,291.00	\$41,742.00	\$41,742.00
92 WAKE	*	0	\$12,347.00	\$37,972.00	\$37,972.00	\$29,432.00	\$117,723.00	\$117,723.00
93 WARREN	*	0	\$2,211.00	\$5,000.00	\$5,000.00	\$3,889.00	\$16,100.00	\$16,100.00
96 WAYNE	*	0	\$13,782.00	\$42,795.00	\$42,795.00	\$33,170.00	\$132,542.00	\$132,542.00
97 WILKES	*	0	\$1,979.00	\$3,595.00	\$3,595.00	\$2,785.00	\$11,954.00	\$11,954.00
98 WILSON	*	0	\$9,642.00	\$29,043.00	\$29,043.00	\$22,511.00	\$90,239.00	\$90,239.00
99 YADKIN	*	0	\$4,376.00	\$9,015.00	\$9,015.00	\$6,926.00	\$29,332.00	\$29,332.00
<b>Totals</b>			\$607,532.00	\$1,286,115.00	\$1,286,115.00	\$986,599.00	\$4,166,361.00	\$4,166,361.00

Signature and Date - DPH Program Administrator

*Belinda Penfield* 12-5-14

Signature and Date- DPH Section Chief

*Pete Anderson* 12/8/14

Signature and Date- DPH Contracts Office

*Rebecca Miller* 12-8-14

Signature and Date - Division of Public Health Budget Officer

*Spiegel* 1/6/15

*see 1/6/15*