

**DIVISION OF PUBLIC HEALTH
AGREEMENT ADDENDA**

«strHealthDept»Health Department

Contractor Name

January 2007

Date

Women's and Children's Health, Women's Health
Section/Branch

151 Family Planning

Activity Number and Title

Tricia Parish (919) 707-5696

Program Contact Name and Telephone Number

July 1, 2007 – June 30, 2008

Effective Period (Beginning and Ending Date)

Revision #

INSTRUCTIONS: Please read the entire Agreement Addenda and fill in the blanks. SIGN AND RETURN ONLY THIS SIGNATURE PAGE (PAGE 1), HMHC DHHS FORM T1503 (FY07-08), AND SECTIONS C and E.

Reporting Requirements:

SECTION A: PROCESS/OUTCOME OBJECTIVES (see page 2)

My Health Department staff has reviewed the Family Planning outcomes and related trends for our county and the State (see page 2). At least every four years, we will identify major opportunities to improve these outcomes and reduce disparities in our county. I understand that counties with unique or adverse trends will be identified by the Women's Health Branch (WHB), and those Health Directors will be informed. Site visits may be conducted by WHB consultants to assist in a local assessment and planning process.

SECTION B: NON-MEDICAID SERVICE DELIVERABLES (see page 2) Amount \$ _____

My Health Department will provide Family Planning Section B non-Medicaid service deliverables in FY08 that meet or exceed the total dollar value of all services budgeted in Section B. HSIS service data as of August 31, 2006 will provide the documentation. Failure to provide at least this level of service for a two-year period or to expend all Title X and HMHC funds for a two-year period may result in the loss of up to 5% of funds.

SECTION C: OTHER PROGRAM DELIVERABLES (see Page 3-4) Amount \$ _____

SECTION D: QUALITY ASSURANCE DELIVERABLES (see pages 5-8)

My Health Department will meet or exceed the quality assurance deliverables listed in Section D. Any interruption of services or inability to meet quality assurance deliverables will be reported within 14 days to our WHB Regional Nurse Consultant. I agree to provide my Family Planning nursing supervisor active electronic mail membership and direct access to the Internet. Title X and 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 a List Serve for all local Family Planning programs, WHB materials and many other technical assistance resources.

SECTION E: FAMILY PLANNING CLINICAL PROVIDERS (see page 14)

My Health Department anticipates the staffing levels as indicated in Section E. I understand this data is being collected for federal funding requirements.

TOTAL FAMILY PLANNING BUDGET ESTIMATES

(Section B + Section C)

TOTAL AMOUNT \$ _____

The total estimated cost of all SECTION B and SECTION C deliverables must equal or exceed the total DHHS funds budgeted.

Signatures

County Health Director Signature

Date

WCHS Signature

Date

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SECTION A: PROCESS/OUTCOME OBJECTIVES (POOs)

GOAL **To improve pregnancy outcomes, to improve the health status of women before pregnancy, and to assure all pregnancies are intended.**

See Attachment A for your county specific data

1. Projected family planning caseload (unduplicated users as reported to HSIS) 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.

SECTION B: NON-MEDICAID SERVICE DELIVERABLES

Instructions: Enter the total dollar value of all Section B non-Medicaid service deliverables. Local agencies must use the reimbursement rates for each service type in estimating the total cost of Section B deliverables.

TOTAL ESTIMATED COST OF SECTION B DELIVERABLES: \$_____

Worksheet Instructions: See **OPTIONAL WORKSHEET (Attachment B) at the end of the Family Planning package**. Use of the worksheet is optional, but local agencies must use the reimbursement rates for each service type in estimating the total cost of Section B deliverables.

Types and purposes of family planning funds:

- (1) **Title X**. The amount of Title X funding for FY 07-08 is identified in the Family Planning Budgetary Estimate. 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.
- (2) **HMHC**. The amount of HMHC (Healthy Mothers/Healthy Children block grant funds) for Family Planning Services is specified in the Family Planning Budgetary Estimate. Budget revisions between programmatic areas are allowed.
- (3) **WHSF**. The amount of WHSF (Women’s Health Service Fund) is specified in the Family Planning Budgetary Estimate. These state funds are to be used to purchase long-acting, reversible contraceptives for non-Medicaid eligible women.
- (4) **Title X Bonus**. One-time Title X funds may be provided to North Carolina each year if the State’s annual total unduplicated family planning count improves. These funds are distributed to Health Departments by October based upon improvements in the county annual total unduplicated family planning count.
- (5) **TANF**. Federal TANF (Temporary Assistance to Needy Families) funds may be provided by the NC General Assembly to health departments on a one-time basis. If TANF funds are available, they are allocated to Health Departments in August-September. 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. The plan should be developed collaboratively with the local DSS.

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SECTION C: OTHER PROGRAM DELIVERABLES

Instructions: If the TOTAL ESTIMATED COST OF SECTION B SERVICE DELIVERABLES is less than the total amount of DHHS funds budgeted in the budgetary estimates, provide information on how the local agency will use the remaining DHHS funds to further the program's goals and objectives. List only activities that are not Medicaid reimbursable and not part of the cost of the service deliverables in SECTION B. **No physician time can be billed except for clinical visits that are not reimbursed by Medicaid in Section B.** The total estimated cost of all SECTION B and SECTION C deliverables must equal or exceed the total DHHS funds budgeted. See the following sheet (Suggestions for Section C, Other Program Deliverables) for suggested allowable areas of expenditures for this section.

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

Total Cost: _____

(Please insert total on Section C, page 1)

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SUGGESTIONS FOR SECTION C., OTHER PROGRAM DELIVERABLES

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

1. 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
2. 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
3. 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
4. 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)
5. Promotion of Preconceptional Health
 - present preconceptional health curriculum in schools
 - coordinate on-site services with occupational nurses in local industry
6. Provision of Care Coordination to High-Risk Family Planning Clients
7. Offering Incentive Programs to Promote Healthy Behaviors
8. Supporting Family Planning Staff Development Training Activities
9. Enhanced Services: Interpretation, Transportation
10. Enhanced Clinic Records Systems
11. Enhanced Community Needs Assessment Activities
12. Purchase of Family Planning Resource Materials (e.g., texts, journal subscriptions, etc.)
13. Provision of Enabling Services for Postpartum Sterilization (e.g., childcare, transportation)

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Scope of Work

SECTION D: QUALITY ASSURANCE DELIVERABLES

1. The local health agency has written policies in place for family planning services that include:
 - a. Description of local family planning services, including local protocols, standing orders and components of an initial and annual/return visit, as well as procedures for sterilizations ([Title X, section 8.4](#)) and basic (Level I) infertility services, ([Title X, Section 8.5](#)). ([Title X, section 7.1](#))
 - b. Tracking mechanisms for follow-up of abnormal clinical and laboratory findings. ([Title X, section 7.4](#))
 - c. Follow-up of family planning clients with positive pregnancy tests to assure clients have access to health care providers. ([Title X, section 8.6](#))
 - d. Protocol for clients desiring permanent contraception. ([Title X, section 8.4](#))
 - e. A written plan/protocol that addresses education, counseling, and referral regarding: STDs/HIV, Hepatitis B infection, and immunizations. ([Title X, section 7.1](#))
 - f. Counseling family planning postpartum clients to delay pregnancy for at least 18 months after delivery. ([Healthy People 2010](#))
 - g. Provision of emergency contraception on-site or by referral. ([Title X, section 7.1](#))
 - h. Deferment of physical exam for clients requesting contraceptive services based on prescribing information. Reason for deferment must be documented in client record. ([Title X, section 8.3](#)) May be deferred at client or provider request.
 - i. Increasing staff awareness of disparities in health status and service delivery, especially disparities related to race/ethnicity, disability, and socioeconomic status. This should be inclusive of orientation for new staff as well as ongoing continuing education for existing staff.
 - j. Promoting customer friendly service that meet the needs of populations that are underserved, e.g. have statement relating to ongoing assessment such as “Conduct annual environmental assessment to ensure customer satisfaction and staff utilization of knowledge.”
 - k. Assurance that services are provided solely on a voluntary basis and that a client’s acceptance of service is not a prerequisite to eligibility or receipt of a non-Title X service. ([Title X, section 5.1](#))
 - l. A documented process to assure staff members have been informed that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or a sterilization procedure. ([Title X, section 5.1](#))
 - m. Assurance that employees are prevented from using their positions for purposes of private gain (conflict of interest) and assurance that staff has received a copy of this policy. ([Title X, section 5.3](#))
 - n. Adherence to legal requirements governing human subjects research. ([Title X, section 5.5](#))

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SECTION D: QUALITY ASSURANCE DELIVERABLES (continued)

1. o. Establishment of a media review/advisory committee with 5 to 9 members who broadly represent the community and maintain written records of their determinations. ([Title X, section 6.8](#))
- p. Assurance of adherence to the 101% - 250% sliding fee scale. ([Title X, section 6.3](#))
- q. Addressing of aging outstanding accounts. ([Title X, section 6.3](#))
- r. Reflection that family planning clients are not required to have proof of income and cannot be denied services because of outstanding account balances. ([Title X, section 6.3](#))
2. Clients enrolled in the local agency's family planning program will be provided the services listed below. Clients choosing to delay or defer a service must be counseled about the possible health risks associated with declining or delaying preventive screening tests or procedures. Agency must obtain written documentation of declination. ([Title X, section 8.3](#)).
 - a. A complete medical history on all female and male clients at the initial comprehensive clinical visit. Refer to attached flow sheet for contents of history. ([Title X, section 8.3](#))
 - b. A complete physical examination on all clients (male and female) at the initial comprehensive clinical visit. Refer to attached flow sheet for contents of physical assessment. ([Title X, section 8.3](#))
 - c. Revisit schedules must be individualized based upon the client's need for education counseling, and clinical care beyond that provided at the initial and annual visit. ([Title X, Section 8.3](#))
 - d. For local agencies that receive Women's Health Service Funds, the agency 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 Resource Manual, Volume II) {This manual is no longer in print, but there is a [replacement document which contains a summary of the law.](#)} [16-5 (a-b)] This legislation also requires participating local agencies to counsel patients/clients without a high school diploma about the benefits of completing high school or obtaining a G.E.D.
3. In compliance with the attached "Flow Sheet," lab tests must be obtained on all initial and annual visits, and test results must be documented in the medical record. (As indicated on the "Flow Sheet," certain tests are not required if there is written documentation of negative results in the last six months.)
4. Assessment for rubella and tetanus-diphtheria immunity will be documented in the client's record on all initial and annual visits:
 - a. At their initial visit, clients able to provide written documentation of rubella immunity will have this status documented in their charts. Once immunity is documented, no further assessments are needed. Clients unable to provide this documentation will receive either:
 - a rubella titer and vaccination if susceptible, or,
 - a rubella vaccination.
 - b. Tetanus-diphtheria assessment includes documentation of tetanus-diphtheria vaccine within the last ten years. If no documentation, Td vaccine should be given. If the source of the documentation is oral, then the source of the documentation should be indicated in the record.
5. Education and Counseling
 - a. Agencies must have written plans for client education that include goals and content outlines to assure consistency and accuracy of information provided. ([Title X, section 8.1](#))
 - b. Client education must be documented in the client record. Required education offered outside the family planning clinic will be assessed, documented, and updated as appropriate according to the needs of the individual family planning client. Refer to flow sheet for education requirements. ([Title X, section 8.1](#))

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SECTION D: QUALITY ASSURANCE DELIVERABLES (continued)

5. c. Client method counseling must be included in the client's record. Methods counseling is individualized dialogue with the client. Refer to Flow Sheet for requirements. ([Title X, section 8.2](#))
 - d. All clients will receive counseling on STDs and HIV to include; risk and risk reduction, prevention and referral services. A list of health care providers who can provide HIV risk assessment, counseling and testing must be provided to clients if their services are not provided in the family planning clinic. ([Title X, section 8.2](#))
 - e. All minors will be: (1) offered counseling on how to resist coercive attempts to engage in sexual activities; (2) provided this counseling in cases where the minor requests it; and (3) provided counseling and other appropriate services where there is physical evidence or evidence by history that such counseling is indicated. ([Title X, section 8.7](#))
6. Method Specific Informed Consent
- a. A written informed consent, specific to the contraceptive method, must be signed before a prescription contraceptive method is provided. Specific education and consent forms for the contraceptive method provided must be part of the project's service plan. Informed consent must include: ([Title X, section 8.1](#))
 - A consent form written in a language understood by the client or translated and witnessed by an interpreter (This form must be a part of the client's record); and,
 - Information on the benefits and risks, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the contraceptive method chosen.
 - b. Projects performing or arranging for a sterilization must comply with all Federal sterilization regulations [[42 CFR Part 50, Subpart B](#)], which address informed consent requirements. ([Title X, section 8.1](#))
7. Annual/Quarterly Reports
- a. Local health departments must submit, at least annually and no later than August 15th, family planning media review documentation and summary of committee meetings using form DHHS 3491. This may be mailed or faxed (919-870-4827) to the Women's Health Branch, 1929 Mail Service Center, Raleigh, NC 27699-1929, attention Family Planning Program Consultant. Form DHHS 3491 may be obtained from the DPH Mailroom.
 - b. Sterilization Reporting Requirements
 - Local family planning programs that **“perform”**, or **“arrange for”** sterilization services funded with Federal Title X, Medicaid/Title XIX, or other federal funds, must report all sterilization procedures, including vasectomies, by the end of each calendar year quarter during which a reportable procedure was performed (by last business day of March, June, September, December.) Procedures must be reported using Form PHS-6044 (Revised) – Public Health Sterilization Record.. (See Section D, Attachment III)
 - The term **“perform”** means to pay for or directly provide the medical procedure itself. **“Arrange for”** means 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. **“Arrange for”** also applies when the local agency is actively involved in the planning and/or the setting up of the actual sterilization procedure itself. **NOTE:** Local agencies that provide sterilization services as part of the Family Planning Medicaid Waiver, must report the procedures.
 - Local agencies that neither **“perform”** nor **“arrange for”** sterilizations supported with federal funds, must submit annually by August 15, a letter requesting a waiver from the quarterly reporting requirement for sterilization services. The letter may state that the local agency does not, nor does it plan to engage in performing or arranging for sterilizations during the year.

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SECTION D: QUALITY ASSURANCE DELIVERABLES (continued)

7. b. Sterilization Reporting Requirements (continued)

- 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

8. Diagnosis, Treatment, Referral and Follow-Up Services

There will be evidence in the medical record that:

- a. Significant problems were identified, documented, and referrals made as needed;
- b. Significant abnormal clinical and laboratory findings were discussed with the client;
- c. Necessary clinical procedures were performed;
- d. Medications and /or supplies were provided as needed; and,
- e. Problems, conditions, and abnormal findings are appropriately followed. ([Title X, section 7.2](#))

9. Service Providers

- a. Certain low-risk clients may receive designated services from public health nurses who have received special Family Planning Enhanced Role Training. See Enhanced Role specifications (Volume II of the Women's Health Resource Manual) for detailed criteria. In health departments that have enhanced role screeners, a roster will be maintained and kept up-to-date. The roster should include date of completion of the enhanced role nurse training, number of client contact hours (combination of time spent as a nurse interviewer and highest level care provider), and accrued educational contact hours. Completed information should be maintained and updated annually at the local health department. This information must be submitted by August 15th of each year to the Women's Health Branch, 1929 Mail Service Center, Raleigh, NC 27699-1929, attention Family Planning Nurse Consultant.
- b. All new family planning clinic coordinators must complete the Women's Health Training which includes
 1. Caring for Women in NC,
 2. Orientation to Women's Health at your Health Department,
 3. Developing Management Skills for Women's Health (or evidence of equivalent training) and
 4. Women's Health Core Course.
- c. Existing clinic coordinators for Family Planning must have completed Developing Management Skills for Women's Health (or evidence of equivalent training) and the Women's Health Core Course.

**DIVISION OF PUBLIC HEALTH
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Flow Sheet of Title X Services for Females, (Section D, Attachment I)

<p style="text-align: center;"><u>INITIAL HISTORY</u></p> <ol style="list-style-type: none"> 1. Significant illnesses; hospitalizations; surgery; blood transfusion or exposure to blood products; chronic and acute medical conditions R 2. Allergies R 3. Current use of prescription and over-the-counter medications R 4. Extent of use of tobacco, alcohol, and other drugs R 5. Immunization and Rubella status R 6. Review of systems R 7. Pertinent history of immediate family members/genetics R 8. Partner history R <ul style="list-style-type: none"> - injectable drug use - multiple partners - risk history for STDs and HIV - bisexuality 9. Contraceptive use past and present (including adverse effects) R 10. Menstrual history R 11. Sexual history and Social history R 12. Obstetrical history R 13. Gynecological conditions R 14. Sexually transmitted diseases including HBV R 15. HIV R 16. Pap smear history (date of last Pap, and abnormal Pap, treatment) R 17. In utero exposure to diethylstilbestrol (DES) R 	<p style="text-align: center;"><u>ANNUAL/RETURN HISTORY</u></p> <ol style="list-style-type: none"> 1. Update a personal history R 2. Update family medical R 3. Update social history R
<p style="text-align: center;"><u>INITIAL PHYSICAL</u></p> <ol style="list-style-type: none"> 1. Blood pressure evaluation R 2. Breast exam R/* 3. Pelvic exam which includes vulvar evaluation and bimanual exam R/* 4. Pap test I 5. Colo-rectal cancer screening over 50 R/* 6. STD and HIV screening R/* 7. Height/Weight R/* 8. Calculate Body Mass Index (BMI) as clinically indicated R 9. Thyroid R/* 10. Heart/Lungs/Extremities R/* 11. Abdomen R/* 12. Rectum I 	<p style="text-align: center;"><u>ANNUAL/RETURN PHYSICAL</u></p> <ol style="list-style-type: none"> 1. Blood Pressure evaluation R 2. Breast exam R/* 3. Pelvic exam, vulvar evaluation, and bimanual R/* 4. Pap test (Pap Smear Screening A Guide for Health Departments), 2004 I 5. Colo-rectal cancer screening over 50 I/* 6. STD and HIV screening I 7. Height/Weight R 8. Calculate Body Mass Index (BMI) as clinically indicated R 9. Thyroid R/* 10. Heart/Lungs/Extremities R/* 11. Abdomen R/* 12. Rectum I
<p style="text-align: center;"><u>LABS INITIAL VISIT</u></p> <ol style="list-style-type: none"> 1. Anemia assessment R/* 2. Gonorrhea R 3. Chlamydia I 4. Vaginal wet mount I 5. Diabetes testing I 6. Cholesterol and lipids I 7. Hepatitis B testing I 8. Syphilis serology I 9. Rubella titer I 10. Urinalysis I 11. HIV Testing I 	<p style="text-align: center;"><u>LABS ANNUAL/RETURN VISIT</u></p> <ol style="list-style-type: none"> 1. Anemia assessment I 2. Gonorrhea I (See STD Risk Sheet) 3. Chlamydia I 4. Vaginal wet mount I 5. Diabetes testing I 6. Cholesterol and lipids I 7. Hepatitis B testing I 8. Syphilis serology I 9. Rubella titer I 10. Urinalysis I 11. HIV Testing I

Key: **(R)** Required
(I) As indicated by history, physical, method, previous lab tests, and/or ACOG/ACS/USPHSTF
(*) Not required if written documentation of negative results in last 6 months from any source

Note: If a client chooses to decline or defer a service, this must be documented in the record.

Note: Return visit does not include routine supply visit.

Note: Patients not seen for more than three years must be considered new and follow initial patient guidelines. (CPT, P.1, E/M Service Guidelines)

**DIVISION OF PUBLIC HEALTH
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**Flow Sheet Of Title X Female Client Education Requirements
(Section D, Attachment I -- Continued)**

Client Education

Client education must be documented in the record and must provide clients with information needed to:

1. Make informed decision about family planning **R**
2. Use specific methods of contraception and identify adverse effects **R**
3. Perform breast self examination **R**
4. Reduce risk of transmission of STDs and HIV **R**
5. Understand the range of available services and the purpose and sequence of clinic procedures **R**
6. Understand the importance of recommended screening tests and other procedures involved in family planning **R**
7. Understand BMI greater than 25 is a health risk. (*Weight management educational materials to be provided to clients with a BMI of 25 or greater*) **R**
8. Stop tobacco use, implementing the 5A counseling approach **rec**

Optional Information

Female and male reproductive anatomy and physiology; value of fertility regulation in family and individual health; reproductive health, nutrition: multivitamin (with folic acid) use, exercise, smoking cessation, alcohol and drug abuse, domestic violence and sexual abuse.

Client Method Counseling

Method counseling is individualized dialogue that must be included in the client's record. It covers:

1. Results of physical exam and lab **R**
2. Effective use of contraception, benefits and efficacy **R**
3. Possible side effect/complications **R**
4. How to d/c method selected, information on back up method, use of OCP as emergency contraception **R**
5. Planned return schedule **R**
6. Emergency 24 hour number **R**
7. Location where emergency services can be obtained **R**
8. Appropriate referral for additional services as needed **R**

Key:
(R) Required
(rec) Recommended

**DIVISION OF PUBLIC HEALTH
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Flow Sheet of Title X Services for Males, (Section D, Attachment II)

<p style="text-align: center;"><u>INITIAL HISTORY</u></p> <ol style="list-style-type: none"> 1. Significant illnesses; hospitalizations; surgery; blood transfusion or exposure to blood products; chronic and acute medical conditions R 2. Allergies R 3. Current use of prescription and over-the-counter medications R 4. Extent of use of tobacco, alcohol, and other drugs R 5. Immunization and Rubella status R 6. Review of systems R 7. Pertinent history of immediate family members/genetics R 8. Partner history R <ul style="list-style-type: none"> - injectable drug use - multiple partners - risk history for STDs and HIV - bisexuality 9. Sexual History /Social History R 10. STDs (including HBV) R 11. HIV R 12. Urological Conditions R 	<p style="text-align: center;"><u>ANNUAL/RETURN HISTORY</u></p> <ol style="list-style-type: none"> 1. Update personal history R 2. Update family medical R 3. Update social history R
<p style="text-align: center;"><u>INITIAL PHYSICAL</u></p> <ol style="list-style-type: none"> 1. Height and weight I 2. Calculate Body Mass Index (BMI) as clinically indicated rec 3. Thyroid I 4. Heart/Lungs I 5. Breast I 6. Abdomen I 7. Extremities I 8. Genitals I 9. Rectum I 10. Palpation of prostate I 11. Instructions in self-exam of testes I 12. Blood pressure evaluation I 13. Colo-rectal cancer screening over 50 I 14. STD/HIV screening I 	<p style="text-align: center;"><u>ANNUAL/RETURN PHYSICAL</u></p> <ol style="list-style-type: none"> 1. Height and weight I 2. Calculate Body Mass Index (BMI) as clinically indicated rec 3. Thyroid I 4. Heart/Lungs I 5. Breast I 6. Abdomen I 7. Extremities I 8. Genitals I 9. Rectum I 10. Palpation of prostate I 11. Instructions in self-exam of testes I 12. Blood pressure evaluation I 13. Colo-rectal cancer screening over 50 I 14. STD/HIV screening I
<p style="text-align: center;"><u>LABS INITIAL VISIT</u></p> <ol style="list-style-type: none"> 1. Anemia assessment I 2. Gonorrhea I 3. Chlamydia I 4. Diabetes testing I 5. Cholesterol and lipids I 6. Hepatitis B testing I 7. Syphilis serology I 8. Rubella titer I 9. Urinalysis I 10. HIV Testing I 	<p style="text-align: center;"><u>LABS ANNUAL/RETURN VISIT</u></p> <ol style="list-style-type: none"> 1. Anemia assessment I 2. Gonorrhea I 3. Chlamydia I 4. Diabetes testing I 5. Cholesterol and lipids I 6. Hepatitis B testing I 7. Syphilis serology I 8. Rubella titer I 9. Urinalysis I 10. HIV Testing I

Key: **(R)** Required

(I) As indicated by history, physical, method, or previous lab tests, and/or ACOG/ACS/USPHSTF

(*) Not required if written documentation of negative results in last 6 months from any source

(rec) Recommended

Note: If a client chooses to decline or defer a service, this must be documented in the record.

Note: Return visit does not include routine supply visit.

Note: Patients not seen for more than three years must be considered new and follow initial patient guidelines. (CPT, P.1, E/M Service Guidelines)

**DIVISION OF PUBLIC HEALTH
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**Flow Sheet Of Title X Male Client Education Requirements
(Section D, Attachment II -- Continued)**

Client Education

Client education must be documented in the record and must provide clients with information needed to:

1. Make informed decision about family planning **R**
2. Use specific methods of contraception and identify adverse effects **R**
3. Perform testicular self examination **R**
4. Reduce risk of transmission of STDs and HIV **R**
5. Understand the range of available services and the purpose and sequence of clinic procedures **R**
6. Understand the importance of recommended screening tests and other procedures involved in family planning **R**
7. Stop tobacco use, implementing the 5A counseling approach **rec**

Optional Information

Female and male reproductive anatomy and physiology; value of fertility regulation in family and individual health; reproductive health, nutrition, exercise, healthy weight, smoking cessation, alcohol and drug abuse, domestic violence and sexual abuse.

Client Method Counseling

Method counseling is individualized dialogue that must be included in the client's record. It covers:

1. Results of physical exam and lab **R**
2. Effective use of contraception, benefits and efficacy **R**
3. Possible side effect/complications **R**
4. How to d/c method selected, information on back up method, use of OCP as emergency contraception **R**
5. Planned return schedule **R**
6. Emergency 24 hour number **R**
7. Location where emergency services can be obtained **R**
8. Appropriate referral for additional services as needed **R**

Key:
(R) Required
(rec) Recommended

**DIVISION OF PUBLIC HEALTH
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Sterilization Record (Section D, Attachment III)

The [Sterilization Record](#) is a scanned document available as a separate PDF file.

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«strHealthDept»Health Department

Contractor Name

151 Family Planning

Activity Number and Title

SECTION E: FAMILY PLANNING CLINICAL PROVIDERS

Please provide anticipated full-time-equivalent (FTE) staffing levels for FY 07-08 family planning clinic activity for only the types of medical providers listed below. One full-time position (40 hours per week) would be 1.0 FTE. For a part-time staff position, divide the average hours to be worked per week by 40 and round to the nearest tenth (0.1). For contract employees, annualize the average hours to be worked in family planning, divide by 2000 and round to the nearest tenth (0.1) FTE. See examples below. This information will be used with HSIS data to satisfy federal reporting requirements relating to the provision of clinical family planning services.

<u>Family Planning Provider Type</u>	<u>Anticipated FTEs</u>
Physicians	_____ . ____
Physician Assistants, Nurse Practitioners and/or Certified Nurse Midwives	_____ . ____
RNs	_____ . ____

Examples:

1. Two PHNs will each work three days per week in family planning clinic. Each PHN would be 0.6 FTE ($24/40 = 0.6$) with a total of 1.2 PHN FTE's ($0.6 \times 2 = 1.2$).
2. A Nurse Practitioner (NP) will work an afternoon (four-hour) family planning clinic every week. This would be 0.1 FTE ($4/40 = 0.1$).
3. The county will contract with a local physician to work twelve hours per month in the family planning clinic. Indicate 0.1 MD FTE ($12 \text{ hrs/month} \times 12 / 2000 = 144/2000 = 0.072$, rounding to nearest tenth = 0.1 FTE).

**DIVISION OF PUBLIC HEALTH
AGREEMENT ADDENDA**

STD Risk Sheet

1. **All** counties must screen **all** females for gonorrhea on the **initial** family planning visit.
2. **All** counties must screen **all** symptomatic females on return (annual) visits.
3. Counties with an average of less than 50 gonorrhea cases for 2003 - 2005 and/or an average rate of less than 75 cases per 100,000 for 2002 - 2005 may do a risk assessment on family planning patients to determine if a gonorrhea culture is indicated. The following counties meet the above criteria. (NOTE: The list of counties meeting this criteria will change annually.) **All** counties **not listed** must screen **all** females for gonorrhea on return (annual) visits.

Alexander	Macon
Alleghany	Madison
Ashe	McDowell
Avery	Mitchell
Bladen	Montgomery
Burke	Orange
Caldwell	Pamlico
Camden	Pender
Caswell	Perquimans
Chatham	Person
Cherokee	Polk
Chowan	Randolph
Clay	Stokes
Currituck	Surry
Dare	Swain
Davidson	Transylvania
Davie	Tyrrell
Gates	Warren
Graham	Washington
Greene	Watauga
Haywood	Wilkes
Henderson	Yadkin
Hyde	Yancey
Jackson	
Jones	
Lincoln	

**DIVISION OF PUBLIC HEALTH
AGREEMENT ADDENDA**

Attachment B

<<Health Dept>> County Health Department

Contractor Name

151 Family Planning

Activity Number and Title

Worksheet Instructions: See **WORKSHEET below**. The worksheet is included for your use, but does not have to be returned with signature page. However this worksheet should be retained in the health department files. Local agencies must use reimbursement rates for each service type in estimating the total cost of Section B deliverables.

FAMILY PLANNING WORKSHEET						
CPT Code	Service Type	Estimated # of services	X	CPT Rate	=	Total
99201	Office/Outpatient Visit, New			\$62.10		
99202	Office/Outpatient Visit, New			\$93.15		
99203	Office/Outpatient Visit, New			\$132.48		
99204	Office/Outpatient Visit, New			\$194.58		
99205	Office/Outpatient Visit, New			\$244.26		
99211	Office/Outpatient Visit, Est.			\$34.16		
99212	Office/Outpatient Visit, Est.			\$56.93		
99213	Office/Outpatient Visit, Est.			\$78.66		
99214	Office/Outpatient Visit, Est.			\$122.13		
99215	Office/Outpatient Visit, Est.			\$182.16		
99383	Prev visit, New, Age 5-11			\$154.00		
99384	Prev visit, New, Age 12-17			\$169.00		
99385	Prev visit, New, Age 18-39			\$167.00		
99386	Prev visit, New, Age 40-64			\$199.00		
99393	Prev Visit, Est, Age 5-11			\$126.00		
99394	Prev visit, Est, Age 12-17			\$146.00		
99395	Prev visit, Est, Age 18-39			\$142.00		
99396	Prev visit, Est, Age 40-64			\$158.00		
J1055	Depo-Provera Injection			\$53.06		
11975	Contraceptive capsule Insertion			\$104.49		
11976	Contraceptive capsule Removal			\$126.20		
11977	Implantable contraceptive capsules Removal/Reinsertion			\$202.93		
58300	IUD Insertion			\$86.42		
58301	IUD Removal			\$93.14		
J7300	Paragard			\$358.80		
J7302	Mirena			\$471.88		
81025	Pregnancy Test			\$8.84		
96152	Health and Behavior Intevention, each 15 min.			\$40.00		
97802	Medical Nutrition Therapy, Initial, each 15 min.			\$15.74		

FOR LOCAL USE ONLY – DO NOT SUBMIT TO DPH
