



*Women's Health Branch
Agreement Addenda Webinar
Fiscal Year 2018-2019
March 22, 2018*



**Family Planning
Agreement Addendum**

Section I - Background

- Updated 2012 PRAMS data to 2014 PRAMS data
- Updated 2013 Guttmacher data to 2014 Guttmacher data

Change: Background section now includes most current data available.

2

III. Scope of Work and Deliverables, E. 1. e.

- ~~The Local Health Department shall either provide primary care services for Family Planning patients or maintain a Memoranda of Understanding (MOU) with another agency to provide primary care services for Family Planning patients.~~
- Unless the Local Health Department operates a clinic that offers primary care services to the entire community, including Family Planning patients, a Memoranda of Understanding (MOU) with another agency that can provide primary care services for Local Health Department Family Planning patients is required.

Change: Clarified that agencies that offer primary care services may not only offer primary care services to Family Planning patients.

III. Scope of Work and Deliverables, E. 1. g.

- All standing orders or protocols developed for nurses in support of this program must be written in the North Carolina Board of Nursing format. All local health departments shall have a policy in place that support nurses working under standing orders.
<http://www.ncbon.com/vdownloads/position-statements-decision-trees/standing-orders.pdf>

Change: Added above wording.

III. Scope of Work and Deliverables, E. 6. d.

- All staff, clinical and non-clinical, shall participate in at least one training annually focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity.

Change: Supports the NC Perinatal Strategic Health Plan/Mission by requiring all staff to attend yearly health equity training.

For training resources to meet this requirement, please see Health Equity Resources document at: <http://whb.ncpublichealth.com/provPart/agreementAddenda.htm>

III. Scope of Work and Deliverables, (formerly) E. 8.

WOMEN'S HEALTH SERVICE FUNDS (WHSF)

Change: Moved all verbiage about WHSF to Attachment A (Detailed Budget). We will look at Attachment A later in this webinar.

Horizontal lines for notes.

III. Scope of Work and Deliverables, E. 8. b.

- Chlamydia (CT) and Gonorrhea (GC) screening is recommended at the time of IUD insertion only if patients have risk factors. IUD insertion should not be delayed for patients with CT/GC risk factors (U.S. Selected Practice Recommendations, 2016). Any woman who tests positive for either CT or GC must be retested at three months after treatment (CDC 2015 Sexually Transmitted Diseases Treatment Guidelines).
CT and GC screening is recommended at the time of IUD insertion only if patients are not up to date on these screenings per CDC guidelines. IUD insertion should not be delayed for patients with CT/GC risk factors, since screening can be done at the time of IUD insertion. However, women should not undergo IUD insertion if they have current purulent cervicitis or established chlamydial infection or gonococcal infection (U.S. Selected Practice Recommendations, 2016).

Change: Clarified wording on chlamydia/gonorrhea screening with IUD insertion to be more in-line with wording from CDC guidance documents.

Horizontal lines for notes.

III. Scope of Work and Deliverables, E. 9. a.

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

Change: The Women's Health Branch advises agencies to refer for vaccines rather than provide vaccines in FP in order to preserve limited funding. If agencies provide vaccines in FP clinic, they must apply the sliding fee scale.

Horizontal lines for notes.

III. Scope of Work and Deliverables, E. 11.

- PHARMACEUTICAL SERVICES

Change #1: Deleted sections III-E-11-a. through III-E-11-c.

Change #2: Added the following wording:

a. The Local Health Department shall ensure program integrity and maintain auditable records which document compliance with all 340B Program requirements as specified at <http://www.hrsa.gov/opa/programrequirements/index.html>. Billing policies and procedures must be in compliance with North Carolina Administrative Code (10A NCAC 41A .0204) and insurance requirements.

IV. Performance Measures, C.

- C. The Local Health Department shall complete the annual Local Health Department Pharmacy Services Survey as requested by the State Pharmacist. The survey is found at: <https://www.surveymonkey.com/r/annuallhdpharmacysurvey>

Change: Added new requirement of annual pharmacy survey.

VI. Funding Guidelines, B (former)

- ~~The Local Health Department that provides family planning services must follow Federal Title X program requirements and the CDC's Providing Quality Family Planning Services (QFP). The following links lead to the entire document that provides guidance for family planning providers:~~
 - ~~Title X Program Requirements:~~
 - ~~<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>~~
 - ~~CDC Providing Quality Family Planning Services (QFP):~~
 - ~~<http://www.cdc.gov/mmwr/pdf/rr/r6204.pdf>~~

Change: Deleted section VI-B, since section is redundant.

Attachment A

- ~~Women's Health Service Funds (WHSF) are to be used exclusively for the purchasing of long acting reversible contraceptives (LARC). LARC includes intrauterine devices (IUDs) and contraceptive implants. Injectable contraception (Depo-Provera) is not considered a LARC method, and the Local Health Department may not purchase Depo-Provera with WHSF.~~
- ~~Women's Health Service Funds (WHSF) WHSF shall be used for women of childbearing age who are not covered by Medicaid, private insurance, or who are under-insured.~~

Change: Deleted wording. See next slide for new wording.

Attachment A

Women's Health Service Funds (WHSF)

WHSF shall be used for women of childbearing age who are not covered by Medicaid, private insurance, or who are under-insured.

WHSF may be used for the purchase of any FDA-approved, reversible contraceptive method. These methods include: copper intrauterine devices, hormonal (progestin) intrauterine devices, contraceptive implants, contraceptive injections, contraceptive pills, contraceptive patches, vaginal contraceptive rings, diaphragms, sponges, cervical caps, male condoms, female condoms, spermicide, levonorgestrel Emergency Contraception, and ulipristal acetate Emergency Contraception. WHSF may also be used to cover the cost of intrauterine device and implant insertion and removal, injection fees for injectable contraception and diaphragm fitting fees.

WHSF requires participating local agencies to counsel patients without a high school diploma about the benefits of completing high school or the General Educational Development tests (GED).

Change: Replaced wording from previous slide with above wording about WHSF.

Attachment A

Travel

Mileage and subsistence are determined by the State of North Carolina Office of State Budget and Management (OSBM). The USD can calculate travel and subsistence rates equal to or below the current state rates. Effective January 1, 2018, the business standard mileage rate is \$0.545 cents per mile and the subsistence rates are as follows:

	In-State	Out-of-State
Breakfast	\$ 8.30	\$ 8.30
Lunch	\$ 10.00	\$ 10.00
Dinner	\$ 18.70	\$ 21.30
Lodging (actual, up to)	\$ 67.30	\$ 70.50
Total	\$ 105.20	\$ 120.00

	In-State	Out-of-State
Breakfast	\$ 8.40	\$ 8.40
Lunch	\$ 11.00	\$ 11.00
Dinner	\$ 18.90	\$ 21.60
Lodging (actual, up to)	\$ 71.20	\$ 84.10
Total	\$ 109.50	\$ 125.10

Change: Effective January 1, 2018, the Internal Revenue Service (IRS) increased the business standard rate for mileage from \$0.535 to \$0.545. Effective July 1, 2017, the State of North Carolina Office of State Budget and Management (OSBM) revised the subsistence payment rates for meals and lodging.

Attachment B

J7296	FP	Levonorgestrel IUD, 19.5 mg, 5 year (Kyleena)
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Change: Added new service type in table – the Kyleena IUD.
Special Note: Kyleena's HCPCS code changed from Q9984 to J7296, effective 1/1/2018.

Attachment B

- ~~J3490 – Emergency Contraception – ulipristal acetate (ella)~~
- ~~J3490 – Emergency Contraception – levonorgestrel (Plan B One-Step)~~
- S5000 - Emergency Contraception – Generic
- S5001 - Emergency Contraception – Brand name

Change: Updated codes for accuracy.

Attachment C

Females section:

- Routine supply appointments include: Evaluation of birth control methods, opportunity to change methods, dispensing/administering/distributing contraceptive methods as indicated and as desired by the patient **R**

Males section:

- Routine supply appointments include: Evaluation of birth control methods, opportunity to change methods, distributing over-the-counter contraceptive methods as indicated and as desired by the patient **R**

Change: Added wording to ensure that agencies know what is expected at routine supply visits for females and for males.

Attachment D – TANF Deliverables

1. Providing clinical family planning services to at-risk individuals (described above) who are not covered by Medicaid, private insurance, or who are under-insured.

Change: Added new wording to clarify how TANF funds may be used.

Questions?
