Nothing Compares
NORTH CAROLINA

Women's Health Branch Agreement Addendum Webinar Fiscal Year 2017-2018

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Family Planning

Presenters

Debbie Farb, RN, BSN, MPH, IBCLC
Family Planning Nurse Consultant
Division of Public Health, Women's Health Branch
North Carolina Department of Health and Human Services
919-707-5719
debbie.farb@dhhs.nc.gov

Joseph C. Scott, MPA
Operations Manager
Division of Public Health, Women's Health Branch
North Carolina Department of Health and Human Services
919-707-5696
Joseph.Scott@dhhs.nc.gov

Section III: Scope of Work and Deliverables

III-A: Detailed Budget

A detailed budget must be emailed to Joseph.Scott@dhhs.nc.gov to document how the LHD intends to expend funds awarded in FY18**. The budget must equal the funds allocated to the LHD.** (Refer to the FY 17–18 Activity 151 Budgetary Estimate, included with this Agreement Addendum, for the total funding allocation.) List only activities that are not Medicaid reimbursable and not part of the cost of the service deliverables in Attachment B. Billable items may include, but are not limited to Community Education, Patient Transportation, Staff time, Equipment, Incentives, and Staff Development (Staff Development must be prorated to percent of staff time assigned to Family Planning Clinic).

CHANGE: Used to say “equal or exceed.” Now just says “equal.”

III-B: Non-Medicaid Services

The Local Health Department will provide Non-Medicaid Service Deliverables in FY18. Include on Attachment B **the number of unduplicated Non-Medicaid patients to be served** and the estimated total number for all Non-Medicaid clinical services. Health Information System (HIS) service data or compatible reporting system, as of August 31, 2018, will provide the documentation to substantiate services that the Local Health Department has provided for this FY18 Agreement Addendum.

CHANGE: Now we also ask you to include on Attachment B the number of unduplicated Non-Medicaid patients to be served, whereas before we only asked for the total number for all Non-Medicaid clinical services.

Section III: Scope of Work and Deliverables

III-D-2:

Utilize these six resources for providing family planning services:

- Program Requirements for Title X Funded Family Planning Projects (http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf)
- Providing Quality Family Planning Services (http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf)
- **U.S. Medical Eligibility Criteria For Contraceptive Use, 2016 (http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf)**
- **U.S. Selected Practice Recommendations For Contraceptive Use, 2016(http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf)**
- North Carolina Women's Health Branch Family Planning Policy Manual, and (http://whb.ncpublichealth.com/provPart/pubmanbro.htm)
- Women's Health Branch website (http://whb.ncpublichealth.com/provPart/index.htm).

CHANGE: Added two new Family Planning resources as above.

III-E-1-c

The Local Health Department must use DHHS 4140 (Pregnancy Testing Form) for all pregnancy-test only visits, whether the visit occurs in the Family Planning clinic or another clinic (http://whb.ncpublichealth.com/provPart/forms.htm)

CHANGE: The new Pregnancy Testing Form is now required as above.

III-E-1

f. Abortion / Pregnancy Termination

1. **Abortion is prohibited as a method of family planning at agencies funded with Title X funding Section 1008 of the Title X statute and 42 CFR 59.5(a)(5). No Title X funding may be used to provide abortion services, and agencies that provide abortion services with non-Title X funding must adequately separate abortion services funding from Title X funding.**

2. **Agency staff may be subjected to prosecution if they coerce or try to coerce any person to undergo an abortion or sterilization procedure (Section 205, Public Law 94-63, as set out in 42 CFR 59.5(a)(2) footnote 1).**

CHANGE #1: Added new section. Coercing and/or funding abortion is **prohibited**.

III-E-1

f. **Abortion / Pregnancy Termination (continued)**

3. Agencies must offer pregnant women nondirective information and referrals for the following pregnancy options, unless they indicate that they do not want information on one of more options:

- **i. Pregnancy Termination**
- **ii. Prenatal care and delivery; and**
- **iii. Infant care, foster care, or adoption (42 CFR 59.5(a)(5)).**

CHANGE #2: Added new section. Non-directional counseling and referrals for all pregnancy options that patients wish to hear about (including abortion) is **required**.

III-E-3-a

The patient's written informed voluntary consent (written in a language understood by the patient or translated and witnessed by an interpreter) to receive services such as examinations, laboratory tests and treatment must be obtained prior to the patient receiving any clinical services. The general consent must include a statement that receipt of family planning services is not a prerequisite to receipt of any other services offered in the health department. **In addition, the general consent for services does not have to be signed annually; only if the form is revised shall it be re-signed.**

CHANGE: Patients should sign the general consent form once. They do not need to re-sign the form annually unless the form changes.

III-E-3-b

The Local Health Department has the choice of continuing the use of the contraceptive method specific consent forms or using the "Teach Back" method with documentation in the patient's record with a check box or written statement of this method being used before a prescription contraceptive method is provided (Title X, QFP). **If the "Teach Back" is used, agency policies/procedures/protocols must describe the teach back process and the information that must be conveyed for each method offered by the agency.**

CHANGE: Agency policies/procedures/protocols must describe "Teach Back" in detail if agency uses Teach Back.

III-E-5-a

All minors shall be:

- Assured that the counseling sessions are confidential and if follow up is necessary, every attempt will be made to assure the privacy of the individual;
- Encouraged to involve **family** members in their care;
- **Counseled about how to resist sexual coercion;**
- Advised of state laws that require staff to report suspected child abuse, neglect, child molestation, sexual abuse, rape, incest and human trafficking;
- Counseled on interventions to prevent the initiation of tobacco use (QFP, page 13); and
- **Counseled on abstinence, as well as all FDA-approved methods of contraception – including condoms and long-acting reversible contraception.**

CHANGE #1: Agencies must encourage family involvement rather than parental involvement.

III-E-5-a

All minors shall be:

- Assured that the counseling sessions are confidential and if follow up is necessary, every attempt will be made to assure the privacy of the individual;
- Encouraged to involve **family** members in their care;
- **Counseled about how to resist sexual coercion;**
- Advised of state laws that require staff to report suspected child abuse, neglect, child molestation, sexual abuse, rape, incest and human trafficking;
- Counseled on interventions to prevent the initiation of tobacco use (QFP, page 13); and
- **Counseled on abstinence, as well as all FDA-approved methods of contraception – including condoms and long-acting reversible contraception.**

CHANGE #2: Counseling adolescents about resisting sexual coercion has been an ongoing Title X requirement, and we included the requirement in this year's Agreement Addendum for clarity.

III-E-5-a

All minors shall be:

- Assured that the counseling sessions are confidential and if follow up is necessary, every attempt will be made to assure the privacy of the individual;
- Encouraged to involve **family** members in their care;
- **Counseled about how to resist sexual coercion;**
- Advised of state laws that require staff to report suspected child abuse, neglect, child molestation, sexual abuse, rape, incest and human trafficking;
- Counseled on interventions to prevent the initiation of tobacco use (QFP, page 13); and
- **Counseled on abstinence, as well as all FDA-approved methods of contraception – including condoms and long-acting reversible contraception.**

CHANGE #3: Specifies methods that agencies must counsel adolescents on per Title X.

III-E-6-a

MANDATORY REPORTING/REQUIRED TRAININGS

It is the responsibility of the Local Health Director to have all Title X-funded staff **and staff who provide services to Title X patients** (e.g., management support, lab, social workers, health educators, clinicians/providers/Medical Directors, nurses and other staff) participate in federally required trainings once each year about Mandatory Reporting Laws and Federal Anti-Trafficking Laws. **Newly hired Title X-funded staff and newly hired staff who provide services to Title X patients are required to participate in 2016 Title X Orientation training within one month of the hire date. Even if the Local Health Director is not Title X funded, DPH recommends the above trainings for the Local Health Director.**

CHANGES:

- Specifies that staff who provide services to Title X patients must complete required trainings even if they are not funded by Title X.
- Defines who must take the 2016 Title X Orientation.
- Describes the Title X trainings recommended for the Health Director.

III-E-6-b

MANDATORY REPORTING/REQUIRED TRAININGS

The Women's Health Branch requires that all Family Planning providers and staff complete the relevant sections of the Orientation and Annual Trainings Checklist. This Excel spreadsheet contains 11 tabs, and each tab designates which types of staff must complete that tab. The Orientation and Annual Trainings Checklist is located at http://whb.ncpublichealth.com/provPart/training.htm, under the Required Title X / Family Planning Trainings section.

CHANGE: The Orientation and Annual Trainings Checklist is now required for Family Planning providers and staff.

III-E-6-c

MANDATORY REPORTING/REQUIRED TRAININGS

Curriculum vitae of the Medical Director must indicate special training or experience in family planning. Medical Directors should participate in training or continuing education related to Family Planning on an annual basis, and should maintain documentation of their participation.

CHANGE: Medical Directors must include evidence of family planning training/experience on their CVs, and must obtain new family planning training annually.

III-E-7-d

A patient bill of rights or other documentation which outlines patient's rights and responsibilities. This bill of rights may either be a sign posted in the clinic area, or a handout given to each patient.

CHANGE: Agencies must now have a patient bill of rights per Title X, either as a poster in the clinic area or as a patient handout.

III-E-9-a

The Local Health Department must provide screening to all females for chlamydia (CT) and gonorrhea (GC) who are either 25 years old or younger or who are 26 years old and older and have symptoms, sex partner referral, or high risk history (such as new partner or multiple partners). The screening must be provided at all clinical appointments (CDC 2015 Sexually Transmitted Diseases Treatment Guidelines and North Carolina State Lab Memo September 10, 2014). **Patients who decline CT and/or GC screening must still be offered medically-appropriate methods of contraception.**

CHANGE: Patients may decline chlamydia and gonorrhea screening, and should still be offered medically appropriate contraceptive methods when they decline.

III-E-9-b

CT and 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).

CHANGE: Only patients with risk factors need chlamydia and gonorrhea (CT/GC) screening at the time of IUD insertion. Even if patients do have risk factors and need CT/GC screening, the IUD insertion should not be delayed.

III-E-12-c

If Local Health Department uses 340B drugs and contraceptives, the agency must have a policy that includes all 340B requirements. (http://www.hrsa.gov/opa/eligibilityandregistration/specialtyclinics/familyplanning/index.html).

A sample 340B policy is available at http://whb.ncpublichealth.com/provPart/pubmanbro.htm, under Family Planning Policy Manual, Pharmaceuticals.

CHANGE: Added requirement that agencies using 340B drugs must have 340B policy, and we include a link to a sample policy.

III-E-13

SUBCONTRACTING OF SERVICES

- **If a Local Health Department wishes to subcontract any of its responsibilities or services, a written agreement that is consistent with Title X Program Requirements and approved by the Women's Health Branch must be maintained by the Local Health Department (45 CFR parts 74 and 92).**
- **If a Local Health Department subcontracts any Title X Family Planning Services to another entity, a copy of the executed contract must be submitted to the Women's Health Branch 30 days from the date of the contract's execution.**

CHANGE: Added new section describing requirements for subcontracting Family Planning Services.

Section IV: Performance Measures / Reporting Requirements

IV-B-3-d

For reporting period January 1 – June 30, 2017, the deadline for data submission is **July 15, 2017**. For reporting period July 1 – December 31, 2017, the deadline for data submission is **January 15, 2018**.

CHANGES:

- For first reporting period, deadline changed from August 31 to July 15.
- For second reporting period, deadline changed from January 31 to January 15.

Section V: Performance Monitoring and Quality Assurance

V – Performance Monitoring and Quality Improvement

CHANGES:

- We no longer tie the annual Quality Improvement (QI) project to the Process Outcome Objectives (POOs). Instead, we tie the QI project to the QFP requirements for QI projects.

- In this section, we also added that the Women's Health Nurse Consultants conduct a billing and coding assessment during monitoring – they have always done this, but now we are including this information in the AA.

Attachment A: Detailed Budget Instructions and Information

Budget and Justification Form

The Open Window Budget Form consists of 3 tabbed sheets in a Microsoft Excel workbook. These sheets are: Contractor Budget worksheet (sheet 1), Salary and Fringe worksheet (sheet 2) and Subcontractor Budget worksheet (sheet 3). Enter information only in yellow, pink or white shaded cells. The blue shaded fields will automatically calculate for you. Information will carry over from sheets 2 and 3 to sheet 1.

Changes: Includes instructions on how to navigate the Open Windows Budget Form.

Equipment

The maximum that can be expended on an equipment item, without prior approval from the WHB, is $2,000. An equipment item that exceeds $2,000 shall be approved by the WHB before the purchase can be made. If an equipment item shall be used by multiple clinics, you must prorate the cost of that equipment item and the narrative must include a detailed calculation which demonstrates how the agency prorates the equipment.

Changes:

- Must ask for prior approval before purchasing items over $2,000. Last year's AA was more restrictive, and said items over $2,000 could not be purchased.
- Must prorate and show detailed calculation if item will be used in multiple clinics.

Equipment (continued)

Justification Example: 1 shredder @ $1,500 each for nursing office staff to shred confidential patient information. Cost divided between 3 clinics: $1,500/3 = $500.

Change: Added a Justification Example of how to show calculations for prorating item used by multiple clinics

Administrative Personnel **Fringe** Costs

Provide position titles, staff FTE amounts, brief description of the positions, and method of calculating each fringe benefit that shall be funded by this Agreement Addendum. A description can be used for multiple staff if the duties being performed are similar. *Do **not** prorate the salary and fringe amounts. The spreadsheet will prorate these amounts based on the number of months and percent of time worked.*

Change: More detailed instructions with this year's AA on how to calculate each fringe benefit funded by this AA.

Administrative Personnel **Fringe** Costs (continued)

Justification Example: P. Johnson, PHN III, 1.0 FTE, Performs the following duties for patients who request Family Planning services: 1) Intake of patient history/reason for appointment; 2) Collect labs for Family Planning Program per nurse standing orders; 3) Provide Family Planning education required components; and 4) Assist medical providers with any further needs within nursing scope of practice.

Change: Added a justification example of how to document the Administrative Personnel Fringe Costs in the budget narrative.

Incentives

Incentives may be provided to program participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. While there is no maximum amount of funding that may be used to provide incentives for program participants, the level of incentives must be appropriate for the level of participation needed to achieve the expected outcomes of the program. Examples of incentives are as follows: gift cards, diaper bags, baby wipes, and Parent's Night.

Justification Example: Diaper bags for 10 participants @ $20/bag = $200.

Change: Added a Justification Example of how to include information on incentives in the budget narrative.

Travel

Mileage and subsistence are determined by the State of North Carolina Office of State Budget and Management (OSBM). The LHD can calculate travel and subsistence rates equal to or below the current state rates. Effective January 1, 2017, the business standard mileage rate is $0.535 cents per mile and the subsistence rates are as follows:

Justification Example: Overnight accommodations for Family Planning Nurse Supervisor and 1 PHN II to attend XYZ Training: 2 nights' lodging x $67.30 = $134.60; 2 staff's meals x $67.50 = $135 [(1 breakfast x 2 staff @ $8.30/person) + (2 lunches x 2 staff @ $10.90/person) + (2 dinners x 2 staff @ $18.70/person)]

Changes:

- Business standard mileage decreased from $0.575 per mile to $0.535 cents per mile.
- Added a Justification Example of how to include information on travel in the budget narrative.

Attachment A

Women's Health Service Funds (WHSF)

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 LHDs may not purchase Depo-Provera with WHSF.

CHANGE: WHSF may only be used for IUDs and contraceptive implants (Nexplanon). WHSF is no longer to be used for injectable contraception (Depo-Provera).

Attachment C: Family Planning Clinical and Educational Services

History

Immunization assessment, including Rubella status **R**

- **Must offer either immunizations or referral for immunizations if patient not up-to-date on all recommended vaccines, including Hepatitis B and HPV vaccines, if indicated**

CHANGE: Added language stating that agencies must either offer immunizations or refer to other clinics/agencies outside of Family Planning for immunizations.

History

14. Environmental exposures/hazards

CHANGE: Added above item to assess when collecting patient history. Will add to State clinic forms in time for FY 2017-2018.

History

IF POSTPARTUM, advised to delay future pregnancy for 18 months to 5 years.

CHANGE: Required to counsel postpartum patients as above. This item has been added to current Female History Form.

History

Assess for unprotected intercourse in past five days. If affirmative, administer or offer prescription for Emergency Contraception. R

CHANGE: Added above requirement regarding Emergency Contraception.. The Female and Male Flow Sheets both have a space to document this assessment.

Physical Assessment

- Height/Weight/Body Mass Index (BMI) R **(Patient may decline and still receive any type of contraception)**
- Blood pressure R **(Patient may decline and still receive any type of contraception, except for combined hormonal contraception)**

CHANGE: Highlights that patients may decline above physical assessment components, and should still be offered contraception as above.

LABS

Hepatitis C screening I

(Agency may refer to another agency for testing if warranted by screening); (USPSTF recommendation, Grade B) to screen persons at high risk for infection for hepatitis C, and one-time screening for HCV infection for persons in the 1945–1965 birth.

CHANGE: Added Hepatitis C screening as indicated. Agencies may refer patients to another clinic/agency when this screening is indicated.

LABS

6. Diabetes Testing I
   - (USPSTF recommendation, Grade B) to screen for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) >135/80 mmHg);
   - **(USPSTF recommendation, Grade B) to screen for diabetes in adults aged 40–70 years who are overweight or obese, and referring patients with abnormal glucose levels to intensive behavioral counseling interventions to promote a healthful diet and physical activity**

CHANGE: Added diabetes testing/screening and referral as above.

Family Planning Patient Education Requirements

- **Use specific methods of contraception and identify adverse effects** R
- **Provide GED counseling if indicated by history** R
- **Provide preconception counseling** R

CHANGE: Added three required education components as above. These components are found on Female and Male Flowsheets.

Family Planning Patient Education Requirements (continued):

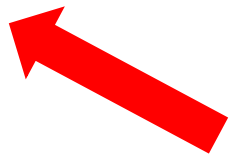
- **Adolescents must be informed about abstinence, condoms, LARC and other methods of contraception.** R
- **Provide achieving pregnancy counseling** I
- **Provide basic infertility counseling** I

CHANGE: Added one “required” and two “as indicated” education components as above. These components are found on Female and Male Flowsheets.

Attachment C: Family Planning Clinical and Educational Services

Family Planning Patient Education Requirements (continued):

19. Understand BMI greater than 25 or less than 18.5 is a health risk (Weight management educational materials to be provided if patient requests) I



CHANGE:

- BMI education component changed from “required” to “as indicated.”
- If patient’s BMI is within normal limits, this education component is not required.
- Will add to State clinic forms in time for FY 2017-2018.

Patient Method Counseling:

- **Methods of contraception reviewed by tiered approach** R
- **Provide Emergency Contraception counseling** R

CHANGE: Added the two required components as above. These components are found on Female and Male Flowsheets.

Attachment D:
TANF Out-of-Wedlock Birth Prevention Program Deliverables

Attachment D: TANF Out-of-Wedlock Birth Prevention Program Deliverable

Estimated Cost of TANF Out-of-Wedlock Birth Prevention Activities

2. Public education/media campaigns targeted to the at-risk population (described above) and designed to raise the public's awareness of the importance of family planning services. **Please note that any promotional or educational materials developed with TANF funding must denote that Title X funding was used to develop the materials, since your agency also receives Title X funding.**

CHANGE:

If the agency develops educational materials in-house with TANF or other non-Title X funds, and if the staff member who develops the materials is paid through Title X funding, then the materials should include a statement that Title X funds were used.