

**High Risk Maternal Health Clinic Agreement
Addendum Changes to FY '16 -'17**

Women's Health Branch AA Webinar, March 10, 2016
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III. Scope of Work & Deliverables

- ▶ High Risk Maternal Health Agreement Addendum was reformatted for the next fiscal year. The scope of work was organized into the following sections:
- ▶ General Services
- ▶ Quality Assurance
- ▶ Policies/Procedures
- ▶ Prenatal & Postpartum Services
- ▶ Laboratory Services
- ▶ Medical Therapy
- ▶ Nutrition Services
- ▶ Psychosocial Services
- ▶ Patient Education
- ▶ Staff Requirements & Training

III. Scope of Work & Deliverables (cont.)

- ▶ Other than clustering "like" activities of the scope into these sections, the following content changes were made
- ▶ Paragraph #2 & letter A
- ▶ In addition, a detailed budget **must be submitted**, as described below in Paragraph A, with instructions in Attachment A.
 - ▶ A. Detailed Budget (Attachment A)
 - ▶ A detailed budget **must** be emailed to Phyllis.C.Johnson@dhhs.nc.gov to document how the Local Health Department (LHD) intends to expend funds awarded for FY17. The budget **must equal or exceed** the total DHHS funds budgeted. 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 (**must be prorated** to percent of staff time assigned to Maternal Health Clinic).

III. Scope of Work & Deliverables (cont.)

- ▶ F. The LHD shall demonstrate compliance on client and third party fees:
 - ▶ 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.



III. Scope of Work & Deliverables (cont.)

- ▶ G.
 - ▶ 1. Financial eligibility requirements, if any, established by the clinic; these requirements shall not be more restrictive than the official Federal Poverty Guidelines; and
 - ▶ 2. Medical eligibility requirements established by the clinic. Any changes in medical eligibility criteria must be approved by the Division.
 - ▶ a. A high risk maternity clinic (HRMC) shall provide in writing its financial and negotiated medical eligibility criteria with all referring prenatal providers in the area served. These providers shall also be informed in writing of any changes in clinic financial and medical eligibility criteria.



B. Quality Assurance

- ▶ B8. Report interruption of services or inability to meet quality assurance deliverables within 14 days to the Maternal Health Nurse Consultant.
- ▶ B9. Promote customer friendly services that meet the needs of populations that are underserved.



D. Prenatal & Postpartum Services

- ▶ D1. Assess the following health history components at the initial prenatal visit:
 - ▶ a. Seasonal Influenza



E. Laboratory & Other Studies

- ▶ E1. Genetic serum screening (offered or referred), 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, as area resources allow. (Guidelines for Perinatal Care, 7th ed, p. 119-126)
- ▶ E2. Screening with Bilingual Lead and Pregnancy Risk questionnaire which is posted on the Women's Health Branch (WHB) website. Provide lead testing for those who have positive screening results. (Guidelines for Perinatal Care, 7th ed, p. 107-108, 112-117). (<http://www.cdc.gov/nceh/lead/publications/LeadandPregnancy2010.pdf>)



F. Medical Therapy

- ▶ F4. Recommend use of low dose aspirin (81 mg) initiated after the 12th week of pregnancy in women with a history of preeclampsia in prior pregnancy. (USPTF: Low Dose Aspirin to Prevent Preeclampsia: Preventive Medication, September 2014)



H. Psychosocial Services

- ▶ H1. Utilize a psychosocial risk screening tool to identify psychosocial risks. Psychosocial risk screening can be performed by a social worker, nurse, physician or physician extender and is to be completed at the initial HRMC visit. This should include screening, counseling and/or referring as indicated for pregnant and postpartum women who are experiencing depression. A validated tool for depression screening during pregnancy should be used each trimester and at the postpartum visit. (ACOG Committee Opinion, Number 630, May 2015)
- ▶ Psychosocial Counseling (Assessment and Management):
- ▶ H7. Coordinate the plan of care with the patient's Pregnancy Care Manager if applicable. If the patient is not engaged with a Pregnancy Care Manager, refer patient for services if Medicaid eligible and has a priority risk factor.



Performance Measures/Reporting Requirements

- ▶ 1. Increase the percentage of women having live births who had adequate prenatal care as defined by the Kessner Index during the period of June 2016 – May 2017.
- ▶ 2. Increase the percentage of women during the period of June 2016 – May 2017 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 2016 – May 2017.



Performance Monitoring & Quality Assurance

- ▶ A. Consequences:
- ▶ The LHD must respond to the corrective action plan within 30 days after the follow-up report is emailed. If monitoring has not closed within 90 days, then the agency will be placed on high risk monitoring status which will require annual monitoring of the LHD. Monitoring closure is defined as the LHD being notified that their final CAP is acceptable or that they are being referred for continuing technical assistance.



Funding Guidelines or Restrictions

- ▶ **A. Requirements for pass-through entities:** In compliance with 2 CFR §200.331 – Requirements for pass-through entities, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - ▶ 1. **Definition:**A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - ▶ 2. **Frequency:** Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

Attachment A

- ▶ Detailed Budget Instructions and Information
- ▶ Budget and Justification Form
- ▶ Applicants must complete the Open Windows Budget Form for FY 16-17. Upon completion, the Open Windows Budget Form must be emailed to Phyllis.C.Johnson@dhhs.nc.gov. The Open Windows Budget Form requires a line item budget and a narrative justification for each line item. The Open Windows Budget Form can be downloaded from the WHB website at <http://whb.ncpublichealth.com/provPart/agreementAddenda.htm>.
- ▶ Narrative Justification for Expenses
- ▶ A narrative justification must be included for every expense listed in the FY 16-17 budget. Each justification should show how the amount on the line item budget was calculated, and it should be clear how the expense relates to the program. The instructions on How to Fill Out the Open Windows Budget Form is posted on the WHB website at <http://whb.ncpublichealth.com/provPart/agreementAddenda.htm>.

Attachment A (cont.)

- ▶ Equipment
- ▶ Expenses for any equipment to be purchased may not exceed \$2,000 per item.
- ▶ Administrative Personnel Costs
- ▶ Provide position title, staff FTE and a brief description of the positions that shall be funded by this AA.
- ▶ 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.

Attachment A (cont.)

▶ Travel

▶ Mileage should be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Effective January 1, 2015, the business standard mileage rate is \$0.54 cents per mile.

▶ Effective July 1, 2015, the travel subsistence rates are as follows:

	In-State	Out-of-State
▶ Breakfast	\$ 8.30	\$ 8.30
▶ Lunch	\$ 10.90	\$ 10.90
▶ Dinner	\$ 18.70	\$ 21.30
▶ Lodging (actual, up to)	\$ 67.30	\$ 79.50
▶ Total	\$ 105.20	\$ 120.00
