

# Division of Public Health

## Agreement Addendum

### FY 17-18

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

**DPH Section / Branch Name**

Joseph Scott, 919-707-5696  
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**DPH Program Contact**

(name, phone number, and email)

**Local Health Department Legal Name**

151 Family Planning

**Activity Number and Description**

06/01/2017 – 05/31/2018

**Service Period**

**DPH Program Signature**

**Date**

(only required for a negotiable agreement addendum)

07/01/2017 – 06/30/2018

**Payment Period**

**Original Agreement Addendum**

**Agreement Addendum Revision # 2**

**I. Background:**

No change.

**II. Purpose:**

This Agreement Addendum Revision #2 expands the usage of Women's Health Service Funds (WHSF) to include any FDA-approved, reversible contraceptive method. This Agreement Addendum Revision #2 also clarifies eligibility for access to Temporary Assistance for Needy Families (TANF) Out-of-Wedlock funds to include at-risk Family Planning patients who are not covered by Medicaid or private insurance, or who are under-insured.

There is no funding change associated with this Agreement Addendum Revision #2.

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

*As of October 1, 2017, this Agreement Addendum Revision #2 **replaces in its entirety the Attachment A "Women's Health Service Funds (WHSF)" paragraph** with the following:*

***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,

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.**

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.

*As of October 1, 2017, this Agreement Addendum Revision #2 adds the following sentence to Item 1 of Attachment D:*

As of October 1, 2017, clinical family planning services are to be provided to at-risk individuals who are not covered by Medicaid, private insurance, or who are under-insured.

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

No change.

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

No change.

**VI. Funding Guidelines or Restrictions:**

No change.