

Division of Public Health

Agreement Addendum

FY 18-19

Generic

Local Health Department Legal Name

Women's and Children's Health / Women's Health

DPH Section/Branch Name

151 Family Planning

Activity Number and Description

Joseph Scott, 919-707-5696
 joseph.scott@dhhs.nc.gov

DPH Program Contact
 (name, telephone number with area code, and email)

06/01/2018 – 05/31/2019

Service Period

DPH Program Signature **Date**
 (only required for a negotiable agreement addendum)

07/01/2018 – 06/30/2019

Payment Period

- Original Agreement Addendum**
 Agreement Addendum Revision # _____

I. Background:

The primary mission of the Family Planning and Reproductive Health Unit in the Division of Public Health (DPH) is to reduce unintended pregnancies and improve selected health practices among low income families. Each local health department and district receives funding from the state to provide family planning services to low income individuals.

Data from the 2014 Pregnancy Risk Assessment Monitoring System (PRAMS), based on a random sample of 965 women who had recently given birth, shows that 31.8% of North Carolina mothers responded that they wanted to be pregnant later or not at all while another 12.3% were ambivalent about the pregnancy. Women who were young, of minority race and/or of lower socioeconomic status were more likely to report an unintended pregnancy. Women who have unintended pregnancies are at a greater risk for poor birth outcomes (2014 North Carolina Pregnancy Risk Assessment Monitoring System Survey Results: <http://www.schs.state.nc.us/data/prams/2014/intent32.html>.)

There are approximately 667,910 North Carolina women in need of publicly supported contraceptive services because they have incomes below 250% of the federal poverty level (518,890) or are sexually active teenagers (149,030). Family planning clinics in North Carolina serve 20% of all women in need of publicly supported contraceptive services and 14% of female teenagers in need (Guttmacher Institute Contraceptive Needs and Services, 2014: <https://www.guttmacher.org/fact-sheet/state-facts-publicly-funded-family-planning-services-north-carolina>).

 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.

Definition of terms: Throughout this document, the words “must” and “shall” indicate mandatory program policy.

II. Purpose:

The Family Planning and Reproductive Health Unit supports a wide range of preventive care that is critical to men's and women's reproductive and sexual health. These services promote self-determination in matters of reproductive health. They help reduce infant mortality and morbidity by decreasing the number of unplanned pregnancies and the poor health outcomes associated with them. These services also improve men's and women's health by providing access to preventive care. They lower health care costs by reducing the need for abortions and preventing costly, high risk pregnancies and their aftereffects.

III. Scope of Work and Deliverables:

The Activity 151 Family Planning Agreement Addendum requires further negotiation between the Women's Health Branch (WHB) and the Local Health Department.

For this Agreement Addendum, the Local Health Department shall complete the Non-Medicaid Services table (Attachment B), complete the TANF Out-of-Wedlock Birth Prevention Program Deliverables worksheet (Attachment D) and return both with the signed and dated Agreement Addendum. In addition, a detailed budget must be submitted, as described below in Paragraph A, with instructions provided on Attachment A.

The information provided by the Local Health Department will be reviewed by the WHB. When the WHB representative and the Local Health Department reach an agreement on the information contained in these Sections and the detailed budget, the WHB representative will sign the Agreement Addendum to execute it.

A. **Detailed Budget** (Attachment A)

A detailed budget must be emailed to the DPH Program Contact to document how the Local Health Department intends to expend funds awarded in FY19. **The budget must equal the funds allocated to the Local Health Department.** (Refer to the FY 18–19 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).

B. **Non-Medicaid Services** (Attachment B)

The Local Health Department will provide Non-Medicaid Service Deliverables in FY19. 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, 2019, will provide the documentation to substantiate services that the Local Health Department has provided for this FY19 Agreement Addendum.

C. **Temporary Assistance for Needy Families** (TANF) Out-of-Wedlock Birth Prevention Program Deliverables (Attachment D)

The Family Planning Program must **submit a completed** Attachment D worksheet showing its plan relative to the prevention of Out-of-Wedlock births among TANF-eligible patients and among those at-risk of becoming eligible as the result of unintended pregnancies. The plan must account for the full amount of Local Health Department's FY19 TANF allocation.

- D. In order to meet the Deliverables listed in this Section III through the delivery of family planning services, the Local Health Department shall:
1. Report within 14 days to the Women's Health Regional Nurse Consultant if there is any interruption of services or inability to meet these Deliverables.
 2. Utilize these six resources for providing family planning services:
 - a. Program Requirements for Title X Funded Family Planning Projects (<http://www.hhs.gov/opa/pdfs/ogc-cleared-final-april.pdf>)
 - b. Providing Quality Family Planning Services (<http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>)
 - c. U.S. Medical Eligibility Criteria For Contraceptive Use, 2016 (<http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6503.pdf>)
 - d. U.S. Selected Practice Recommendations For Contraceptive Use, 2016 (<http://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6504.pdf>)
 - e. North Carolina Women's Health Branch Family Planning Policy Manual, and (<http://whb.ncpublichealth.com/provPart/pubmanbro.htm>)
 - f. Women's Health Branch website (<http://whb.ncpublichealth.com/provPart/index.htm>).
- E. The **policies** that address family planning services in each Local Health Department shall include:
1. **CLINICAL SERVICES**
 The Centers for Disease Control and Prevention (CDC) and the Office of Population Affairs (OPA) developed clinical recommendations for providing Quality Family Planning Services (QFP) and revised the Title X Program Requirements as of April 2014. An updated, 2015 version of QFP was published in March 2016.
 - a. All patients are offered a preventive appointment once every 12 months. Components of the preventive appointment are found on Attachment C.
 - b. All appointments in the 12 months following the preventive appointment should be approached as return appointments. Components of return appointments are found on Attachment C.
 - c. The Local Health Department shall assure services provided within their family planning clinic operate within written clinical protocols that are in accordance with the QFP and are signed annually by the physician responsible for the family planning clinic. These services include: contraceptive services, pregnancy testing and counseling, achieving pregnancy, basic infertility services, preconception health, sexually transmitted disease (STD) services and related preventive health services (e.g., screening for breast and cervical cancer) in accordance with recommendations for women issued by the Institute of Medicine (IOM) and adopted by the federal Department of Health and Human Services (DHHS) (Providing Quality Family Planning Services, page 5, figure 1).
 1. 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>).
 - d. Education and method counseling must be individualized dialogue with the patient and provided according to QFP and Title X Program Requirements (Providing Quality Family

- Planning Services [QFP] Appendix D, Title X Sections 9.2 - 9.3). See Attachment C of the Family Planning AA for details.
- e. 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.
 - 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).
 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 (42 CFR 59.5(a)(5)):
 - i. Pregnancy Termination;
 - ii. Prenatal care and delivery; and
 - iii. Infant care, foster care, or adoption.
 - 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>

2. VOLUNTARY PARTICIPATION

- a. The Local Health Department must provide Family Planning services solely on a voluntary basis (Sections 1001 and 1007, PHS Act; 42 CFR 59.5 (a)(2)).
- b. The Local Health Department must provide Family Planning services without subjecting individuals to any coercion to accept services, or to employ or not to employ any particular methods of family planning (42 CFR 59.5 (a)(2)).

3. INFORMED CONSENTS

- 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.
- 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.

4. FINANCIAL MANAGEMENT

- a. Adherence to program requirements in project management and administration must be based on the Title X Program Requirements Version 1.0 April 2014 Sections 8.4. The Title X Section 8.4 pertains to requirements for charges, billing and collections. (Title X Sections 8-8.7).

5. ADOLESCENT SERVICES

- a. All minors shall be:
 1. 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;
 2. Encouraged to involve family members in their care;
 3. Counseled about how to resist sexual coercion;
 4. Advised of state laws that require staff to report suspected child abuse, neglect, child molestation, sexual abuse, rape, incest and human trafficking;
 5. Counseled on interventions to prevent the initiation of tobacco use (QFP, page 13); and
 6. Counseled on abstinence, as well as all FDA-approved methods of contraception – including condoms and long-acting reversible contraception.

6. MANDATORY REPORTING / REQUIRED TRAININGS

- a. 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 or as required by the Women's Health Branch 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 the 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. The documentation on staff participating in this federally required training must be kept in the employees' training or personnel file located at the Local Health Department. The training documentation sheet, instructions, justifications and other required information can be accessed at <http://whb.ncpublichealth.com/provPart/training.htm> under the *Required Title X/Family Planning Trainings* section. The state *Child Abuse and Neglect Reporting* policy and other documents may be accessed at <http://whb.ncpublichealth.com/provPart/pubmanbro.htm>, under *Manuals* and *Family Planning Policy Manual*. Noncompliance with the laws may result in disallowance of Title X funds, or suspension or termination of the Title X grant award to the North Carolina Department of Health and Human Services. (Title X, Section 8.6)
- b. 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 Microsoft Excel workbook contains 11 tabbed sheets, and each sheet designates which types of staff must complete that sheet. 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.

- c. 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.
- 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.

7. REQUIRED SIGNAGE IN CLINIC AREA

- a. A sign must be present in a visible area acknowledging that family planning services are provided to all men and women without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status.
- b. A sign must be posted in a visible area of the clinic indicating that interpreter services are available at no cost for those requiring such service.
- c. A sign in the finance/discharge area is also required, stating that charges incurred in the family planning program will be based in accordance with a schedule of discounts based on ability to pay and family size, except for persons from families whose annual income exceeds 250% of the federal poverty level. (§59.5 & §59.10 in the Family Planning Regulations and Title VI of the Civil Rights Act of 1964 through Executive Order 13166.)
- d. A patient bill of rights or other documentation which outlines patient's rights and responsibilities may either be posted as a sign in the clinic area or given as a handout to each patient.

8. CHLAMYDIA AND GONORRHEA SCREENING

- 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.
- b. 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). 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).

9. IMMUNIZATIONS

- 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 provide referrals for these vaccines. Refer to page 17 of the QFP for details (Title X, QFP).

10. ENHANCED ROLE NURSE REQUIREMENTS

- a. Certain low-risk patients may receive designated services from public health nurses who have received special Family Planning Enhanced Role Nurse Training. See Enhanced Role specifications (Enhanced Role Nurse Policy; Family Planning Policy Manual Policy #5.2 located at <http://whb.ncpublichealth.com/provPart/pubmanbro.htm>) for detailed criteria. If the Local Health Department has enhanced role screeners, a roster will be maintained and kept up-to-date. The roster shall include date of completion of the enhanced role nurse (ERN) training, number of patient contact hours (combination of time spent as a nurse interviewer and highest-level care provider), and accrued educational contact hours. Enhanced role nurses must fulfill all requirements by June 30th each year or they will lose enhanced role status due to elimination of program and there is no current re-rostering component available.
- b. The completion of 100 clinical hours and 10 educational contact hours during fiscal year, July 1, 2018 – June 30, 2019, shall be documented by the Local Health Department. The documentation for the prior state fiscal year (July 1, 2017–June 30, 2018) must be submitted by August 15th of each year to the Women’s Health Branch, through completion of the WHB ERN Survey Monkey Survey. A link to the survey will be sent via email to the ERN as well as the Director of Nursing of the agency. The Local Health Department shall advise the WHB of any ERNs who have either retired or are no longer functioning as an ERN and they will be removed from the current roster and will not be required to complete the survey.

11. PHARMACEUTICAL SERVICES

- 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.

12. SUBCONTRACTING OF SERVICES

- a. 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).
- b. 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.

13. PLANNED CLINIC CLOSURES

- a. The Office of Population Affairs (OPA), the federal agency which funds the Title X Family Planning Program, has informed DPH that any time a clinic listed in DPH’s annual list of Title X Family Planning providers is going to be closed or will no longer be serving family planning patients, DPH must inform them 30 days prior to this action. OPA considers this type of action a change in the scope of DPH’s work and they will either approve or deny the action. If a Local Health Department plans to close a family planning clinic site or stop seeing family planning patients, the Local Health Department must provide written notice to the Family Planning and Reproductive Health Unit Supervisor in the Women’s Health Branch, at least 45 days in advance of such an action.

IV. Performance Measures/Reporting Requirements:

- A. The Local Health Department shall improve pregnancy outcomes and improve the health status of women before pregnancy by meeting the county-specific process outcome objectives (POOs). These

POOs are listed below and the actual county-specific numbers are located in the Agreement Addenda section on the Women's Health Branch website at <http://whb.ncpublichealth.com/provPart/agreementAddenda.htm>.

1. Family planning caseload (unduplicated users as reported to HIS) 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.

B. Annual Reports

1. The Local Health Department **must submit, at least annually and no later than August 15, 2018**, family planning media review documentation, forms and minutes from committee meetings including outcomes/decisions using Family Planning Media Review Documentation form DHHS 3491. This may be faxed to 919-870-4827, mailed to the Women's Health Branch, 1929 Mail Service Center, Raleigh, NC 27699-1929, attention Family Planning Program Consultant, or scanned and emailed to julie.gooding-hasty@dhhs.nc.gov. Form DHHS 3491 may be obtained from the Women's Health Branch Web page: <http://whb.ncpublichealth.com/provPart/forms.htm>
2. Sterilization Reporting Requirements
 - a. Local family planning programs that perform or arrange for sterilization services funded with Federal Title X, Medicaid/Title XIX (including the Medicaid Family Planning State Plan Amendment), or other federal funds, **must report all sterilization procedures, including vasectomies, by January 15** for the prior calendar year.

("Perform" is to pay for or directly provide the medical procedure itself. "Arrange for" is 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.)

Agencies must have a plan or protocol in place that addresses sterilizations, whether or not this service is being offered. Procedures must be reported using Form PHS-6044 (Attachment E).
 - b. The current sterilization consent forms that must be used when arranging sterilizations can be found at: <https://www.hhs.gov/opa/sites/default/files/consent-for-sterilization-english-updated.pdf> (English) and <https://www.hhs.gov/opa/sites/default/files/consent-for-sterilization-spanish-updated.pdf> (Spanish).

If the Local Health Department neither performs nor arranges for sterilizations supported with federal funds, it must submit annually by August 15, a letter requesting a waiver from the annual reporting requirement for sterilization services. The letter may state that the Local Health Department does not, nor does it plan to engage in performing or arranging for sterilizations during the year. 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 and Reproductive Health Unit Supervisor
 Fax: 919-870-4827

3. As part of the annual reporting funding requirement for Title X, the following is required:
 - a. The Local Health Department must report the total number of tests performed for chlamydia, gonorrhea, syphilis, and HIV for all family planning patients served in their agency. Local programs must report the unduplicated numbers of patients tested by gender and age group (<15, 15-17, 18-19, 20-24, and 25 and over). For HIV tests only, local agencies must also report the number of positive tests.
 - b. For cervical cytology, all local agencies must report the total number of unduplicated family planning patients served, number of tests performed, number of test results with Atypical Squamous Cells (ASC) or higher, and test results with High-grade Squamous Intraepithelial Lesion (HSIL) or higher.
 - c. **For reporting period January 1 – June 30, 2018, the deadline for data submission is July 15, 2018. For reporting period July 1 – December 31, 2018, the deadline for data submission is January 15, 2019.** The link to the online survey is:
https://www.surveymonkey.com/s/STIandPAP_TestResults
 4. The Local Health Department shall show anticipated staffing levels by completing the online survey at https://www.surveymonkey.com/s/FP_Clinical_Staffing_Levels no later than December 31, 2018.
 5. As a result of the 2012 Title X program review, WHB is required to more accurately report program income. To ensure that all local income that is supporting the Family Planning Program is reported, a quarterly report must be submitted through the online survey at <http://s.zoomerang.com/s/localrevenue>. For reporting period January 1 – June 30, 2018, the deadline for data submission is July 15, 2018. For reporting period July 1 – December 31, 2018, the deadline for data submission is January 15, 2019.
 6. As of March 2015, the Office of Population Affairs (OPA)/Title X is directly collecting the Affordable Care Act (ACA) in-reach/outreach and enrollment activities data. Each sub-recipient (local health department) will be receiving guidance directly from OPA with an online survey link to submit their information to the federal funding agency. The Women's Health Branch will not be collecting the data and submitting it for you. The data will be due annually during the month of April.
 7. The Family Planning Program must submit a plan for the proposed use of their TANF Out-of-Wedlock Birth Prevention funds to the Family Planning and Reproductive Health Unit in Raleigh. The plans are due to the DPH Program contact by June 1, 2018.
 8. The Local Health Department shall complete an annual Community Engagement Plan and an annual Community Education/Service Promotion Plan. A sample template is located at:
<http://whb.ncpublichealth.com/provPart/forms.htm>.
- 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/annualldpharmacysurvey>

V. Performance Monitoring and Quality Assurance:

- A. The Local Health Department must have a quality improvement (QI) process which includes review of at least one aspect of improving clinical services, and a description of steps taken by the family planning clinic in response to those findings at least annually. Details for this process can be found on pages 21-25 of the QFP (QFP Table 4, Title X, Section 8.7). Compliance with this requirement will be assessed during the monitoring process by the Women's Health Regional Nurse Consultants. The WHB has developed a sample template to assist with documenting QI processes, which is located at: <http://whb.ncpublichealth.com/provPart/forms.htm>
- B. The Local Health Department must annually survey Family Planning patients regarding their levels of satisfaction with the clinical services they received, evaluate survey results, and adjust services as needed.
- C. The Women's Health Regional Nurse Consultants (RNC) facilitate the monitoring process. The process includes: development of a pre-monitoring plan four to six months prior to the designated monitoring month; on-site monitoring visits every three years; and technical assistance visits via phone or email as needed. On-site monitoring visits include a review of audit charts, clinic observations, a review of policies and procedures, and a billing and coding assessment. A pre-monitoring visit from the RNC is optional.
- D. A written report is completed for each on-site monitoring visit. The written report, which may indicate a Corrective Action Plan (CAP) is needed, will be emailed within 4 weeks after the monitoring site visit to the local Health Director and lead Local Health Department staff.
- E. If a CAP is required, the Local Health Department must prepare and submit it within 30 days after the follow-up report is emailed to the Health Director by the DPH Program Contact. If a CAP has not been received within 30 days of the written report, then the Local Health Department does not have monitoring closure. If the monitoring is not closed within 90 days, the agency will be placed on high risk monitoring status which will require annual monitoring of the Local Health Department. Monitoring closure is defined as the Local Health Department being notified that their final CAP is acceptable or that they are being referred for continuing technical assistance.
- F. A loss of up to 5% of funds may result for the Local Health Department that does not meet the level of non-Medicaid service deliverables (Attachment A) or expend all Title X and Healthy Mothers/Healthy Children (HMHC) funds for a two-year period.

VI. 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.
- B. Title X and Healthy Mothers/Healthy Children funds can be used to finance and maintain hardware, software and subscription linkage at current local market values.

Attachment A

Detailed Budget Instructions and Information

Budget and Justification Form

Applicants must complete the **Open Window Budget Form for FY18-19**. Upon completion, the Open Window Budget Form must be emailed to Joseph.Scott@dhhs.nc.gov no later than 30 days after this Agreement Addendum is signed and returned to DPH. The Open Window Budget Form requires a line item budget and a narrative justification for each line item. This form can be downloaded from the Women's Health Branch website at <http://whb.ncpublichealth.com/provPart/agreementAddenda.htm>.

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 entered in sheets 2 and 3 will appear in on sheet 1.

Narrative Justification for Expenses

A narrative justification must be included for every expense listed in the FY18-19 budget. Each justification should show how the amount on the line item budget was calculated, clearly justify/explain how the expense relates to the program. The instructions on **How to Fill Out the Open Window Budget Form** are posted on the Women's Health Branch website at <http://whb.ncpublichealth.com/provPart/agreementAddenda.htm>. Below are examples of line item descriptions and sample narrative justifications.

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.

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 .

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.*

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.

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.

Attachment A (continued)**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:

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

Justification Example: Overnight accommodations for Family Planning Nurse Supervisor and 1 PHN II to attend XYZ Training: 2 nights' lodging x \$71.30 = \$142.60; 2 staff's meals x \$68.20 = \$136.40 [(1 breakfast x 2 staff @ \$8.40/person) + (2 lunches x 2 staff @ \$11.00/person) + (2 dinners x 2 staff @ \$18.90/person)]

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).

Attachment B**Non-Medicaid Services**

Instructions: Enter the total number of estimated services for all non-Medicaid clinical services. Retain a copy in the Local Health Department files for your reference. This information should be returned with your signed Agreement Addendum. Health Information System (HIS) service data or compatible reporting system as of August 31, 2019 will provide the documentation to substantiate services that the Local Health Department has provided for this FY19 Agreement Addendum.

Unduplicated number of Non-Medicaid patients to be served in the Family Planning Clinic: _____

CPT Code	Service Type		Estimated # of Services
99201	FP	Office/Outpatient Visit, New	
99202	FP	Office/Outpatient Visit, New	
99203	FP	Office/Outpatient Visit, New	
99204	FP	Office/Outpatient Visit, New	
99205	FP	Office/Outpatient Visit, New	
99211	FP	Office/Outpatient Visit, Est.	
99212	FP	Office/Outpatient Visit, Est.	
99213	FP	Office/Outpatient Visit, Est.	
99214	FP	Office/Outpatient Visit, Est.	
99215	FP	Office/Outpatient Visit, Est.	
99383	FP	Prev visit, New, Ages 5-11	
99384	FP	Prev visit, New, Ages 12-17	
99385	FP	Prev visit, New, Ages 18-39	
99386	FP	Prev visit, New, Ages 40-64	
99393	FP	Prev Visit, Est, Ages 5-11	
99394	FP	Prev visit, Est, Ages 12-17	
99395	FP	Prev visit, Est, Ages 18-39	
99396	FP	Prev visit, Est, Ages 40-64	
11981	FP	Non-biodegradable drug delivery Implant insertion	
11982	FP	Non-biodegradable drug delivery Implant removal	
11983	FP	Non-biodegradable drug delivery Implant removal and insertion	
11976	FP	Non-biodegradable drug delivery Implant removal w/o reinsertion	
58300	FP	IUD Insertion	
58301	FP	IUD Removal	
J1055	FP	Contraceptive Injection (Depo-Provera)	
J7298	FP	Levonorgestrel IUD, 52mg, 5-year duration (Mirena)	
J7297	FP	Levonorgestrel IUD, 52mg, 3 year (Liletta)	
J7296	FP	Levonorgestrel IUD, 19.5 mg, 5 year (Kyleena)	
J7300	FP	Copper IUD (ParaGard)	
J7301	FP	Levonorgestrel IUD, 13.5 mg, 3 year (Skyla)	
J7303	FP	Contraceptive Vaginal Ring	
J7304	FP	Contraceptive Patch	
J7307	FP	Etonogestrel implant (Nexplanon)	
S5001	FP	Emergency Contraception – Brand name	
S5000	FP	Emergency Contraception – Generic	
S4993	FP	Oral Contraceptive Pills	
81025	FP	Pregnancy Test	
A4266	FP	Diaphragm	
57170	FP	Fitting of Diaphragm/cap	
96152		Health and Behavior Intervention, each 15 min.	

Attachment C

Family Planning Clinical and Educational Services

Family Planning Clinical Services for Females

HISTORY**(Initial and Established Preventive Appointments)**

1. Acute and chronic medical conditions including gynecological conditions; hospitalizations; surgery; blood transfusion or exposure to blood products; **R**
2. Pap history (date of last Pap, and if abnormal Pap, treatment) **R**
3. Menstrual history **R**
4. Contraceptive use past and present (including adverse effects) **R**
5. Obstetrical history **R**
6. Allergies **R**
7. Current use of prescription and over-the-counter medications **R**
8. Sexually transmitted diseases including HBV & HCV if indicated **R**
9. HIV **R**
10. 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
11. Review of systems **R**
12. Pertinent history of immediate family members/ **R**
13. SOCIAL/SEXUAL HISTORY
 - Pertinent partner(s) history **R**
 - Extent of use of tobacco, alcohol, and other drugs **R**
 - Sexual history and Social history **R**
14. Environmental exposures/hazards **R**
15. Depression screening when staff-assisted depression care supports are in place **R**
16. Screen for Intimate Partner Violence and provide or refer women who screen positive **R**
17. IF POSTPARTUM, advised to delay future pregnancy for 18 months to 5 years.
18. Assess for unprotected intercourse in past five days. If affirmative, administer or offer prescription for Emergency Contraception **R**

PHYSICAL ASSESSMENT

1. Height/Weight/Body Mass Index (BMI) **R** (Patient may decline and still receive any type of contraception)
2. Blood pressure **R** (Patient may decline and still receive any type of contraception, except for combined hormonal contraception)
3. Heart/Lungs/Extremities **I**
4. Thyroid **I**
5. Breast exam **I**
6. Abdomen **I**
7. Pelvic exam **I**
8. Pap test **I**
9. Rectum **I**
10. Colorectal cancer screening **I**

OTHER OFFICE VISITS**(Appointments In Between Preventive Appointments, Excluding Routine Supply Appointments)**

1. Other office visits (excluding routine supply appointments) include: description of chief complaint, problem specific history, pertinent ROS, exam and labs as indicated, evaluation of birth control methods, and opportunity to change methods **R**

LABS

1. Gonorrhea testing **R** (Required if ≤ 25 years of age, and as indicated for those 26 and older per CDC guidelines and/or with IUD insertion **if required** per CDC's STD Screening Guidelines [U.S. Selected Practice Recommendations], 2016)
2. Chlamydia testing **R** (Required if ≤ 25 years of age and as indicated for those 26 and older per CDC guidelines and/or with IUD insertion **if required** per CDC's STD Screening Guidelines [U.S. Selected Practice Recommendations], 2016)
3. Syphilis serology **I** (CDC recommends screening MSM, commercial sex workers, persons who exchange sex for drugs, those in adult correctional facilities and those living in communities with high prevalence)

Attachment C (continued)

4. HIV Testing **I** (CDC recommends all patients aged 13-64 be screened routinely and all persons likely to be at high risk for HIV be rescreened at least annually: IDU and their sex partners, persons who exchange sex for money or drugs, sex partners of HIV-infected persons, MSM or heterosexual person who themselves or sex partners have had more than one sex partner since their most recent HIV test)
5. 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 cohort
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

Key: **(R)** Required

(I) As indicated by history, physical, method, previous lab tests, and/or COG/ACS/USPSTF/ASCCP/ASCP/SPR/QFP

ROUTINE SUPPLY APPOINTMENTS

1. 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**

Note 1: If a patient declines a service, this must be documented in the record.

Note 2: Return appointment does not include routine supply appointment.

Attachment C (continued)

Family Planning Clinical Services for Males

HISTORY**(Initial and Established Preventive Appointments)**

1. Acute and chronic conditions including urological conditions hospitalizations; surgery; blood transfusion or exposure to blood products; **R**
2. Allergies **R**
3. Current use of prescription and over-the-counter medications **R**
4. STIs (including HBV & HCV) **R**
5. HIV **R**
6. 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
7. Review of systems **R**
8. Pertinent history of immediate family members **R**
9. SOCIAL/SEXUAL HISTORY
 - Pertinent partner(s) history **R**
 - Extent of use of tobacco, alcohol, and other drugs **R**
 - Sexual History /Social History **R**
10. Environmental exposures/hazards **R**
11. Depression screening when staff-assisted depression care supports are in place **R**
12. Assess for unprotected intercourse in past five days. If affirmative, educate about how partner may obtain Emergency Contraception **R**

PHYSICAL ASSESSMENT

1. Height/Weight/Body Mass Index (BMI) **R** (Patient may decline and still receive any desired Family Planning services)
2. Blood pressure **R** (Patient may decline and still receive any desired Family Planning services)
3. Heart/Lungs/Extremities **I**
4. Thyroid **I**
5. Breast **I**
6. Abdomen **I**
7. Genitals **I**
8. Rectum **I**
9. Colorectal cancer screening **I**

OTHER OFFICE VISITS**(Appointments In Between Preventive Appointments, Excluding Routine Supply Appointments)**

1. Other office visits (excluding routine supply appointment s) include: description of chief complaint, problem specific history, pertinent ROS, exam and labs as indicated, evaluation of birth control methods, and opportunity to change methods **R**

LABS

1. Gonorrhea **I**
2. Chlamydia **I**
3. Syphilis serology **I**
4. HIV Testing **I**
5. 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
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

ROUTINE SUPPLY APPOINTMENTS

1. 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**

Key: **(R)** Required

(I) As indicated by history, physical, method, previous lab tests, and/or ACOG/ACS/USPSTF/ASCCP/ASCP/SPR/QFP

Note 1: If a patient declines a service, this must be documented in the record.

Note 2: Return appointment does not include routine supply appointment.

Attachment C (continued)

Family Planning Female Patient Education Requirements

The patient should receive and understand the information she needs to make informed decisions and follow treatment plans. This requires careful attention to how information is communicated. The following strategies can make information more readily comprehensible to patients:

1. Educational materials should be clear and easy to understand. **R**
2. Information should be delivered in a manner that is culturally and linguistically appropriate. **R**
3. The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment. **R**
4. Whenever possible, natural frequencies and common denominators (i.e., 1 in 100 using an IUC or implant is likely to get pregnant within 1 year, etc.) are used in the education activity. **R**
5. Balanced information on risks and benefits of the contraceptive method chosen should be presented and messages framed positively. **R**
6. Active patient engagement should be encouraged and each appointment should be tailored to the patient's individual circumstances and needs. **R**
7. Information needed to make an informed decision about family planning **R**
8. Use specific methods of contraception and identify adverse effects **R**
9. Based on the sexual risk assessment, reduction of risk of transmission of STIs and HIV for those who screen positive for high risk **R**
10. Stop tobacco use, implementing the 5A counseling approach **R**
11. Promote daily consumption of multivitamin with folic acid to those who are capable of conceiving **R**
12. Provide reproductive life planning counseling (See Box 2 in QFP for details) **R**
13. Review immunization history and inform patient of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers **R**
14. Provide GED counseling if indicated by history **R**
15. Provide preconception counseling **R**
16. Adolescents must be told that services are confidential, family involvement is encouraged and resisting sexual coercion is discussed. **R**
17. Adolescents must be informed about abstinence, condoms, LARC and other methods of contraception. **R**
18. Adolescents should be provided intervention to prevent initiation of tobacco use **R**
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**
20. Encourage biennial screening mammogram for women aged 50 and older and <50 if conditions support providing the service to an individual patient **I**
21. Provide achieving pregnancy counseling **I**
22. Provide basic infertility counseling **I**

Patient Method Counseling

Method counseling is individualized dialogue that must be included in patient's record either as a check box (electronic format) or as a written statement. The "Teach Back" method may be used to confirm the patient understands. It covers:

1. Results of physical assessment and labs (if performed) **R**
2. Methods of contraception reviewed by tiered approach **R**
3. Provide Emergency Contraception counseling **R**
4. How to d/c method selected, information on back up method **R**
5. Typical use rates for method effectiveness **R**
6. How to use the method consistently and correctly **R**
7. Protection from STDs if non-barrier method chosen **R**
8. Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24-hour number, where to seek emergency services outside of hours of operation) **R**
9. When to return for a follow up (planned return schedule) **R**
10. Appropriate referral for additional services as needed **R**

Key: **(R)** Required
(I) As indicated

Attachment C (continued)

Family Planning Male Patient Education Requirements

The patient should receive and understand the information she needs to make informed decisions and follow treatment plans. This requires careful attention to how information is communicated. The following strategies can make information more readily comprehensible to patients:

1. Adolescents must be told that services are confidential, family involvement is encouraged and resisting sexual coercion is discussed. **R**
2. Adolescents should be provided intervention to prevent initiation of tobacco use. **R**
3. Adolescents must be informed about abstinence, condoms, LARC and other methods of contraception. **R**
4. Educational materials should be clear and easy to understand. **R**
5. Information should be delivered in a manner that is culturally and linguistically appropriate. **R**
6. The amount of information should be limited and emphasize essential points which focus on knowledge gaps identified during the assessment. **R**
7. Whenever possible, natural frequencies and common denominators (i.e., 1 in 100 using an IUC or implant is likely to get pregnant within 1 year, etc.) are used in education activity. **R**
8. Balanced information on risks and benefits of the contraceptive method chosen should be presented and messages framed positively. **R**
9. Active patient engagement should be encouraged and each appointment should be tailored to the patient's individual circumstances and needs. **R**
10. Information needed to make an informed decision about family planning **R**
11. Use specific methods of contraception and identify adverse effects **R**
12. Based on the sexual risk assessment, reduction of risk of transmission of STIs and HIV for those who screen positive for high risk **R**
13. Stop tobacco use, implementing the 5A counseling approach **R**
14. Provide reproductive life planning counseling **R**
15. Provide preconception counseling **R**
16. Review immunization history and inform patient of recommended vaccine per CDC's ACIP Guidelines and offer, as indicated, or refer to other providers **R**
17. Provide GED counseling if indicated by history **R**
18. Provide achieving pregnancy counseling **I**
19. Provide basic infertility counseling **I**
20. Understand BMI greater than 25 or less than 18.5 is a health risk (*Weight management educational materials to be provided patient requests*) **I**

Patient Method Counseling

Method counseling is individualized dialogue that must be included in the patient's record either as a check box (electronic format) or as a written statement. The "Teach Back" method may be used to confirm the patient understands. It covers:

1. Results of physical assessment and labs (if performed) **R**
2. Methods of contraception reviewed by tiered approach **R**
3. Provide Emergency Contraception counseling **R**
4. How to d/c method selected, and information on back up method **R**
5. Typical use rates for method effectiveness **R**
6. How to use the method consistently and correctly **R**
7. Protection from STDs if non-barrier method chosen **R**
8. Warning signs for rare but serious adverse events and what to do if they experience a warning sign (including emergency 24-hour number, where to seek emergency services outside of hours of operation) **R**
9. When to return for a follow up (planned return schedule) **R**
10. Appropriate referral for additional services as needed **R**

Key: **(R)** Required
(I) As indicated

Attachment D

TANF Out-of-Wedlock Birth Prevention Program Deliverables

Local Health Department Name

151 Family Planning

Activity Number and Title

For FY 2018-2019, all local family planning programs receiving TANF Out-of-Wedlock Birth Prevention funds must submit this worksheet as its plan for the proposed use of their allocations to the Division. When this funding was first allocated, the State Director of Social Services and the management of the Division of Public Health agreed that local directors of public health and social services should devise local plans for these funds and implement whatever strategies would serve the specific community’s needs relative to the prevention of out-of-wedlock births among TANF-eligible patients and among those at risk of becoming eligible as the result of unintended pregnancies. The Attachment D plan must account for the full amount of the local agency’s FY 2018-2019 TANF allocation. The Local Director of Social Services (or his or her representative) and the Local Health Director (or his or her representative) must sign on the second page of this Attachment D, with the Local Health Director also signing the Agreement Addendum, indicating collaboration between the two agencies.

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

- 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. Family planning clinical services reimbursed by Medicaid cannot be counted as TANF services. However, services for which Medicaid does not reimburse in family planning settings—such as psychosocial counseling and medical nutrition therapy—when delivered to the appropriate family planning patients may be counted as TANF services. Other services may include “wrap-around-type” services for high-risk patients, such as enhanced post-pregnancy test follow-up and intensive care coordination for patients at risk for contraceptive failure. \$
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. \$

Please describe public education/media campaign activities:

Four horizontal lines for describing public education/media campaign activities.

Attachment D (continued)

TANF Out-of-Wedlock Birth Prevention Program Deliverables (continued)

Local Health Department Name

151 Family Planning

Activity Number and Title

3. Outreach and recruitment activities which target the at-risk population. \$
Please describe briefly:

Three horizontal lines for describing activity 3.

4. Out-stationing of public health personnel at local DSS sites to facilitate the recruitment and provision of services to the at-risk population. \$

5. Out-stationing DSS staff within family planning program sites to facilitate recruitment of the at-risk population. \$

6. Other non-clinical services to the at-risk population. \$
Please explain:

Four horizontal lines for explaining activity 6.

7. Total of lines 1 through 6: \$

Signature of Social Services Director or Authorized Representative

Date

Signature of Local Health Director or Authorized Representative

Date