



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



Maternal Health Agreement Addendum

III. Scope of Work & Deliverables
B. Quality Assurance

- B5. 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.
- B6. Provide care by **Advance Practice Practitioners (APPs) and/or Enhanced Role Registered Nurses (ERRNs) as appropriate.**

NEW GUIDANCE: B5 Supports the NC Perinatal Strategic Health Plan/Mission by incorporating all staff to attend yearly health equity training

- For resources to meet this requirement – <http://whb.ncpublichealth.com/organization/missionAddenda.htm>

B6: Supports APPs/ERRNs as licensed providers

III. Scope of Work and Deliverables

B. Quality Assurance (continued)

- B7. Provide experienced licensed healthcare professionals who are current with bi-annual fetal monitoring training and will perform a Non-Stress Test (NST) when indication warrants. These healthcare professionals include: Registered Nurses, Certified Nurse-Midwives, Certified Midwives, Nurse Practitioners, Clinical Nurse Specialists, Physicians, and Physician Assistants.

NEW GUIDANCE: Alignment with current AWHONN and ACOG guidance regarding approved healthcare professionals licensed to perform NSTs

III. Scope of Work and Deliverables

C. Policies/Procedures

- C4. Completion of presumptive eligibility determination at the first prenatal appointment and referral for Medicaid eligibility determination for all pregnant patients, not just those who will remain in the Local Health Department for prenatal care services.

CHANGE: Updated guidance to ensure that Medicaid eligibility (if applicable) is facilitated as early as possible

III. Scope of Work and Deliverables

C. Policies/Procedures (continued)

- C5. Completion of the Community Care of North Carolina (CCNC) Pregnancy Medical Home Risk Screening Form and referral to Pregnancy Care Management program as indicated. **Risk Screening Forms should be completed on Medicaid, Medicaid eligible or presumptively-eligible Medicaid patients only.**

CHANGE: Updated language in policies/procedures that articulates patient eligibility for completing the CCNC Risk Screening form

III. Scope of Work and Deliverables

C. Policies/Procedures (continued)

- C11. **Complete the 5Ps validated screening tool to identify, refer (if appropriate) or prescribe subsequent follow-up of patients. ~~who currently use or have a history of substance use.~~ Substances include: alcohol, nicotine, marijuana, cocaine, opioids, herbal remedies, prescriptions or over-the-counter (OTC) medications.**

CHANGE: Updated language that reflects guidance to use the evidence-based 5Ps screening tool to assess substance use if risk screening form for Pregnancy Medical Home has not been completed

III. Scope of Work and Deliverables

C. Policies/Procedures (continued)

- C12. **Urine drug screen is not recommended universally. Routine screening for substance use disorders should be applied equally to all people, regardless of age, sex, race, ethnicity, and socioeconomic status. Routine screening for substance use disorder can be accomplished by way of validated questionnaires or conversations with patients. If risk indicators are identified, the process must include assurance of confidentiality and an informed written consent shall be obtained.**

CHANGE: Alignment with current AWHONN and ACOG guidance; language reflective of appropriate screening for substance use

III. Scope of Work and Deliverables

C. Policies/Procedures (continued)

- C13. **Referral, due to a positive Hepatitis B and/or HIV result for patient or neonate, and appropriate follow-up for neonate after birth.**

CHANGE: Updated language to provide clarity that current policy should be updated to provide guidance on appropriate follow-up for neonate after birth

III. Scope of Work and Deliverables

C. Policies/Procedures (continued)

- C21. All standing orders or protocols developed for nurses in support of this program must be written in the NC Board of Nursing format. All local health departments shall have a policy in place that supports nurses working under standing orders.

NEW GUIDANCE: To reinforce the NCBON guidance for nursing practice in health departments

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services

- D1.
 - f. Current medication list (prescription, non-prescription, and herbal supplements/remedies);
 - I. Nutritional status, as per nutrition screening;

CHANGE: (f) There are risks with taking herbal supplements just as with medications. Regulations ensure that herbal supplements meet manufacturing standards but don't guarantee that they're safe or effective. Furthermore, some herbal remedies are contraindicated in pregnancy and for breastfeeding:
 (I) The nutrition screening tool is a mandatory component of general health screening for patients. Using the tool ensures a more objective assessment.

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services (continued)

- D2.
 - b. Eyes
 - r. Pre-pregnancy body mass index (BMI) must be calculated to determine the recommended gestational weight gain range (patient specific) and shared with the patient to guide care.
- D3.
 - b. Weight, as per recommended gestational weight gain range (patient specific);

CHANGE: D2 (b) this organ to be assessed independently
 (r) emphasis on sharing plan of care with patient;
 D3 (b) Recommended gestational weight gain ranges are based on pre-pregnancy body mass index and is different for underweight, normal weight, overweight and obese women.

III. Scope of Work and Deliverable

D. Prenatal and Postpartum Services (continued)

- D4/D9 (e). **Complete the CCNC Pregnancy Medical Home Risk Screening Form if one has not been completed, proceed with completing the 5Ps validated screening tool**, to identify, refer (if appropriate) or prescribe subsequent follow-up of patients. ~~who currently use or have a history of substance use.~~ Substances include: alcohol, nicotine, marijuana, cocaine, opioids, herbal remedies, prescriptions or over-the-counter (OTC) medications.

CHANGE: Updated language that specifies the use of the 5Ps validated screening to assess for pre/postnatal substance use

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services (continued)

- D6/D9 (c). **Complete the Edinburgh or PHQ9 screening tool** to facilitate referral (if appropriate) and subsequent follow-up of patients. ~~who have a current diagnosis, symptomatic or have a history of depression.~~

CHANGE: Updated language per ACOG guidance which supports depression screening being completed pre/postnatally

III. Scope of Work and Deliverable

D. Laboratory and Other Studies

- E7. Blood group, Rh determination, and antibody screening at the initial appointment. **RhD-negative patients who have a positive antibody screening should be evaluated with an antibody titer.** A repeat antibody screening should occur at 26-28 weeks gestation **for RhD-negative patients with a negative initial antibody screening. Unsensitized RhD-negative patients (RhD-negative patients with a negative antibody screen at 26-28 weeks gestation)** carrying an RhD-positive fetus must be given Rho(D) immune globulin (RhoGam) to decrease the risk of alloimmunization.

CHANGE: Alignment with current ACOG guidance; Updated language for clarification

III. Scope of Work and Deliverables

D. Prenatal and Postpartum Services

- E9. Cervical Cytology **screening for cancer should begin at age 21 years.** (if indicated, follow ACOG Cervical Cytology Guidelines).

CHANGE: Updated language for clarification

III. Scope of Work and Deliverable

D. Laboratory and Other Studies (continued)

- E15. Hemoglobin electrophoresis screening, as indicated, or document if patient refused test. Screening for other genetic disorders (e.g., β -thalassemia, α -thalassemia, Tay-Sachs disease, Canavan disease, and familial dysautonomia (Ashkenazi Jews) should be provided based on the patient's racial and ethnic background and the family background (cystic fibrosis, Duchenne's muscular dystrophy, fragile X syndrome, **intellectual disability**).

CHANGE: Updated language to reflect appropriate terminology

III. Scope of Work and Deliverables

G. Nutrition Services

- G5. Nutrition screening shall be performed or reviewed by a nurse, nutritionist, physician or **advanced practice practitioner** at the first appointment and updated at subsequent appointments as needed. Based on this screening, an appropriate care plan or referral to a Registered Dietitian (RD) or a Licensed Dietitian/Nutritionist (LDN) will be documented.

CHANGE: Added Advance Practice Practitioner

III. Scope of Work and Deliverables

E. Medical Therapy

- F3. Tetanus, diphtheria, and pertussis (Tdap) vaccine should be administered with each pregnancy, **preferably between 27 and 36 weeks gestation**. Document the date the vaccine was given or declined in the patient chart.

CHANGE: Updated language to provide preferred gestational time period for administration of vaccine

III. Scope of Work and Deliverables

H. Psychosocial Services

- H1. Utilize a psychosocial risk screening tool to identify risks. Psychosocial risk screening can be performed by a social worker, nurse, physician or advance practice practitioner and is to be completed at the initial visit. This should include screening, counseling and/or referring as indicated for pregnant and postpartum patients who are experiencing depression. A validated tool, either ~~such as Edinburgh~~ or PHQ9, for depression screening during pregnancy should be completed each trimester, as indicated, and at the postpartum visit.

CHANGE: Updated language to specify which validated depression screening tools to use

III. Scope of Work and Deliverables

H. Psychosocial Services (continued)

- H2. Complete the 5Ps validated screening tool, to identify, refer (if appropriate) or prescribe subsequent follow-up of patients. ~~who currently use or have a history of substance use~~. Substances include: alcohol, nicotine, marijuana, cocaine, opioids, herbal remedies, prescriptions or over-the-counter (OTC) medications.

CHANGE: Updated language that reflects guidance to use the evidenced-based 5Ps screening tool to assess substance use if a Pregnancy Medical Home screening form has not been completed.

Attachment A

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, 2018, the business standard mileage rate is \$0.545 cents per mile and the subsistence rates are as follows:

	In-State	Out-of-State
Breakfast	\$-8.40	\$-8.40
Lunch	\$-10.00	\$-10.00
Dinner	\$-18.70	\$-21.90
Lodging (actual, up to)	\$-67.90	\$-79.50
Total	\$-105.20	\$-120.00

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

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

Attachment B Non-Medicaid Services

- CPT Code/Modifier
 - J2788, RG, IG Partial, IM
 - J1726 Makena®+**
 - **National Drug Code (NDC) codes:**
 - **64011024301 and 64011024702**
 - J3490 Compounded 17P +**
 - **NDCs for all compounds and**
 - **Invoice from compounding pharmacy**

CHANGE: Update Codes;
NEW GUIDANCE: Effective January 1, 2018

Sources Guiding Care

- American College of Obstetrics and Gynecology (ACOG) – Committee Opinions, Practice Bulletins
- American Diabetes Association (ADA) – Guidelines
- American Academy of Pediatrics (AAP) and ACOG – Guidelines for Perinatal Care 8th ed.
- Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN) – Position Statements
- Centers for Disease Control and Prevention (CDC) – Recommendations and Reports
- National Center for Biotechnology Information (NCBI)
- North Carolina Administrative Codes (NCAC)
- North Carolina Board of Nursing (NCBON)
- North Carolina General Assembly
- The Health Resources and Services Administration (HRSA) – Health People 2020
- United States Department of Health and Human Services – Surgeon General’s Call to Action
- United States Preventative Services Task Force (USPSTF) – Recommendation Statements

Questions?

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