



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

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**High Risk Maternal Health**

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**III. Scope of Work & Deliverables**  
**B. Quality Assurance**

- **B3. 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

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**III. Scope of Work & Deliverables**

**B. Quality Assurance (continued)**

- B10. **Demonstrate** excellence in customer friendly services **as evidenced by annual patient satisfaction surveys.**
- B11. **All staff, clinical and non-clinical, shall participate in at least one training biannually focused on health equity, health disparities, or social determinants of health to support individual competencies and organizational capacity to promote health equity.**

CHANGE: B10 Updated language for accountability;  
B11 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://dohh.nc.gov/health-equity/for-our-partners/standards.html>
- B6: Supports APPs/ERRNs as licensed providers

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**III. Scope of Work and Deliverables**

**C. Policies/Procedures**

- C7. **Complete the 5Ps validated screening tool** to identify, refer (if appropriate) or prescribe subsequent follow-up of patients. **who currently use or has 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

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**III. Scope of Work and Deliverables**

**C. Policies/Procedures (continued)**

- C8. **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

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**III. Scope of Work and Deliverables**

**C. Policies/Procedures (continued)**

- C16. 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

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**III. Scope of Work and Deliverables**

**C. Policies/Procedures (continued)**

- C17. 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

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**III. Scope of Work and Deliverables**

**D. Prenatal and Postpartum Services (continued)**

- D1
  - I. Nutritional status, as per nutrition screening;
- 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.**

CHANGE: D1 (I)The nutrition screening tool is a mandatory component of general health screening for patients. Using the tool ensures a more objective assessment;  
D2 (b) this organ to be assessed independently  
(r) emphasis on sharing plan of care with patient

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**III. Scope of Work and Deliverables**  
**D. Prenatal and Postpartum Services (continued)**

- D3.
  - b. Weight, as per recommended gestational weight gain range (patient specific);

CHANGE: Recommended gestational weight gain ranges are based on pre-pregnancy body mass index and is different for underweight, normal weight, overweight and obese women.

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**III. Scope of Work and Deliverable**  
**D. Prenatal and Postpartum Services (continued)**

- D4. Complete the CCNC Pregnancy Medical Home Risk Screening Form if one has not been completed. 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 specifies the use of the 5Ps validated screening to assess for pre/postnatal substance use

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**III. Scope of Work and Deliverable**  
**D. Prenatal and Postpartum Services (continued)**

- D6/D11 (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

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**III. Scope of Work and Deliverable**  
**D. Prenatal and Postpartum Services (continued)**

- D11 (e). **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

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**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

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**III. Scope of Work and Deliverable**  
**D. Laboratory and Other Studies**

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

CHANGE: Updated language for clarification

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**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.,  $\beta$ -thalassemia,  $\alpha$ -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

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**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

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**III. Scope of Work and Deliverables**

**G. Nutrition Services**

- G4. Offer nutrition consultation to all underweight and obese patients (pre-pregnancy BMI of  $<18.5$  or  $\geq 30$ ) **and/or patients gaining outside of their prescribed weight gain range**.

CHANGE: Gaining outside of the recommended gestational weight gain range has many negative health consequences for both mother and baby. In particular, excessive gestational weight gain and failure to lose weight after pregnancy are important and identifiable predictors of long-term or chronic obesity.

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**III. Scope of Work and Deliverables**  
**H. Psychosocial Services**

- 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 evidence-based 5Ps screening tool to assess substance use if risk screening form for Pregnancy Medical Home has not been completed

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**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 **\$0.548** cents per mile and the subsistence rates are as follows:

	In-State	Out-of-State
Breakfast	\$ 8.30	\$ 8.30
Lunch	\$ 10.90	\$ 10.90
Dinner	\$ 16.70	\$ 21.90
Lodging (actual, up to)	\$ 67.50	\$ 70.00
Total	\$ 103.40	\$ 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.

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**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

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### 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

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### Questions?

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