Definitions

- **ACOG**: American Congress of Obstetricians and Gynecologists
- **ACS**: American Cancer Society
- **USPSTF**: US Preventive Services Task Force
- **ASCCP**: American Society for Colposcopy and Cervical Pathology
- **ASCP**: American Society for Clinical Pathology
- **US SPR**: US Selected Practice Recommendations for Contraceptive Use, 2016
- **QFP**: Providing Quality Family Planning Services
III. Scope of Work and Deliverables

D. The Local Health Department shall demonstrate compliance with the NC Administrative Rules 10A NCAC 46.0206 for the provision of Family Planning Services.

NEW GUIDANCE: New language referring local health departments to the NC Administrative code for Family Planning (FP) services

III. Scope of Work and Deliverables

10A NCAC 46.0206 FAMILY PLANNING

(a) A local health department shall provide, contract for the provision of, or certify the availability of family planning services for all individuals within the jurisdiction of the local health department. A local health department shall establish, implement, and maintain written policies which shall include:
1. A description of the procedures for family planning services provided by the local health department, a copy of the contract for the provision of family planning services, or a certification of availability of family planning services. These family planning services shall include:
   (A) Patient history assessments;
   (B) Physical examinations and laboratory services;
   (C) Medical, nutritional, and social assessments;
   (D) Provision of contraceptive information and the use of informed consent procedures when prescribing a method of contraception;
   (E) Treatment, referral, and follow-up.
2. A description of the target population for family planning services provided by the local health department, including eligibility criteria. The local health department shall emphasize provision of family planning services to individuals who would not otherwise have access to contraceptive services in the community.
3. A description of fees, if any, for family planning services provided by the local health department.

(b) A local health department shall establish, implement, and maintain written policies for the provision of community and client family planning education services within the jurisdiction of the local health department. The policies shall include a description of the procedures for provision of services for identification of, recruitment of, and outreach to the target population.
III. Scope of Work and Deliverables

E. If the Local Health Department is not providing routine family planning services as evidenced in Local Health Department-Health Service Analysis (LHD-HSA) data and program review audit, but is instead assuring these services, the Local Health Department shall submit the following document:

NEW GUIDANCE: New language for LHD’s that are assuring FP Services so that the AA will meet the requirement for all LHD’s

III. Scope of Work and Deliverables

E. 1. A Memorandum of Understanding (MOU) for one or more local health care providers which document how these services are provided. For any current MOU that continues to be in effect for the duration of this Agreement Addendum’s Service Period which documents how these services are provided, then the health director must submit a letter stating the MOU is still in effect with a copy of that MOU.

NEW GUIDANCE: New language showing what is required regarding an MOU with local health care providers and the LHD when the LHD is assuring FP services

III. Scope of Work and Deliverables

E. 1. a. The MOU with the assurance provider must contain information stipulating that patients at or below 100% of the Federal Poverty Level will not be charged for family planning services by the assurance provider. There should also be a sliding scale fee schedule or other fee schedule included in or attached to the MOU to show how other uninsured patients will be charged for services by the assurance provider.

b. Visit the following website under Family Planning Agreement Addenda for MOU sample:
https://whb.ncpublichealth.com/provpart/agreement-addenda.htm

NEW GUIDANCE: Guidance for LHD’s to ensure providers that are assuring FP Services in the community are charging clients appropriately
III. Scope of Work and Deliverables

G. The policies that address family planning services in each Local Health Department shall include:

1. CLINICAL SERVICES

   g. All patients must be assessed for a primary care provider as part of their health history. If a patient does not have a primary care provider, a referral should be offered and documented in the medical record.

NEW GUIDANCE: All FP clients must be assessed to determine if they have a primary care provider and referred if they do not have one. This must be documented in the client record. Title X requirement.

6. Required Trainings

   d. Curriculum vitae of the Medical Directors must indicate special training or experience in family planning if the Medical Directors are not board-certified OB/GYNs. Medical Directors who are not board-certified OB/GYNs should participate in training or continuing education related to Family Planning on an annual basis and should maintain documentation of their participation. A list of possible trainings or continuing education opportunities can be accessed at https://whb.ncpublichealth.com/provpart/training.htm

UPDATE: Added language for Medical Directors so that they will have access to the same information for training opportunities available on the WHB website to meet the education requirements for family planning.

10. Enhanced Role Nurse (ERN) Requirements

   b. The completion of 100 clinical hours and 10 educational contact hours during fiscal year, July 1, 2020 – June 30, 2021, shall be documented by the Local Health Department. The documentation for the prior state fiscal year (July 1, 2019 – June 30, 2020) must be submitted by August 15, 2020 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 agency’s Director of Nursing. The Local Health Department shall advise their Women’s Health Branch Regional Nurse Consultant 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.

UPDATE: Added language requiring the LHD’s to notify their Women’s Health Branch Regional Nurse Consultant of any ERNs who have either retired or are no longer functioning as an ERN.
IV. Performance Measures/Reporting Requirements:

B. Annual Reports

1. Media Review Requirements
   a. The Local Health Department must submit, at least annually and no later than August 14, 2020, family planning media review documentation, forms and minutes from committee meetings including outcomes/decisions using Family Planning Media Review Documentation form DHHS 3491. All informational and educational materials should be reviewed before use and re-reviewed on a regular basis. A letter stating that there were no new materials to review will only be accepted once in any three-year period.

UPDATE: This section was reorganized to provide more clear instructions on the expectations of the annual media review.

IV. Performance Measures/Reporting Requirements:

B. Annual Reports

3. Family Planning Annual Report (FPAR): Electronic Health Record data is required to be reported through the Local Health Department-Health System Analysis (LHD-HSA). A resource on specific data elements can be found on our website here: https://whb.ncpublichealth.com/provpart/agreementAddenda.htm

NEW: This requirement is not new, but it was not specifically in the AA and we wanted to be clear. This is also a Title X requirement.

UPDATE: Staffing levels were added to the above report to reduce the number of surveys that agencies need to complete.

IV. Performance Measures/Reporting Requirements:

B. Annual Reports

3. Family Planning Annual Report (FPAR): Electronic Health Record data is required to be reported through the Local Health Department-Health System Analysis (LHD-HSA). A resource on specific data elements can be found on our website here: https://whb.ncpublichealth.com/provpart/agreementAddenda.htm

a. Outside of LHD-HSA reporting, as part of the annual reporting funding requirements for Title X, the following is required:
   a. 1-7 are unchanged
   b. Staffing Levels

UPDATE: Staffing levels were added to the above report to reduce the number of surveys that agencies need to complete.
IV. Performance Measures/Reporting Requirements:

B. Annual Reports

4. As a result of the 2012 Title X program review, WHB is required to more accurately report program income. To ensure that all local program income that is supporting the Family Planning Program is reported, a quarterly report must be submitted through an online survey.

UPDATE: Survey on program income must be reported quarterly, based on the federal requirement, so the language was modified to reflect the federal grant requirement.

B. Annual Reports

6. 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: https://whb.ncpublichealth.com/provPart/forms.htm. The plans must be submitted to the Family Planning Program Consultant electronically by August 1, 2020.

UPDATE: This requirement is not new, but the update is that now the Community Engagement Plan and the Community Education Plan must be submitted to the WHB annually.

V. Performance Monitoring and Quality Assurance

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. A template survey can be found on the Women’s Health Branch website at https://whb.ncpublichealth.com/provpart/forms.htm.

UPDATE: This requirement is not new, but there are new template surveys on the WHB website that can be used.
V. Performance Monitoring and Quality Assurance

C. The Local Health Department shall conduct a record audit at least annually. Records should comply with current policies and procedures, and the Local Health Department should create and implement corrective action plans in accordance with any findings upon audit. Women’s Health Regional Nurse Consultants will review the Local Health Department’s record audits and corrective action plans during monitoring. Record audit tools can be found on the WHB website: https://whb.ncpublichealth.com/provpart/forms.htm

UPDATE: The update is that the record audit tools are now located on the Women’s Health Branch website at the link above.

Attachment A
Detailed Budget Instructions and Information

Travel

This was the correct rate at the time the AA’s were finalized

Current Mileage Rates – For informational purposes, the OSBM lists the standard mileage rate set by the Internal Revenue Service as $0.58 cents per mile, effective January 1, 2019.

Effective January 1, 2020 the OSBM updated the mileage rate to $0.575 cents per mile. This is the rate to use when submitting your budget.

UPDATE: This is updated annually so as of January 1, 2020 the new rate is $0.575 cents per mile.

Attachment B: Family Planning Patients

Unduplicated number of patients to be served in the Family Planning Clinic:

Estimated percent of uninsured patients (including “Be Smart Users”) to be served in the Family Planning Clinic:

Estimated percent of uninsured patients that have “Be Smart” Family Planning

UPDATE: The language is modified to be clear and report information accurately on Be Smart users as uninsured.
Attachment C
Family Planning Clinical and Educational Services

Key:

(R) Required to recommend and offer

(I) Required when indicated by age, history, physical findings, method, previous lab tests, and/or ACOG/ACS/USPSTF/ASCCP/ASCP/SPR/QFP: If indicated and documentation does not demonstrate that the screening/test/service was offered, the record will be held out of compliance.

UPDATE: The language has been modified to provide clarification to agencies defining what (I) “As Indicated” specifically means in regard to requirements.

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Attachment D
TANF Out-of-Wedlock Birth Prevention Program Deliverables

If the Local Health Department decides to amend their previously submitted Attachment D, an additional Attachment D must be submitted that includes the original signatures of the Local Director of Social Services and the Local Health Director or their representative. The amended Attachment D can be mailed to the Women's Health Branch at 1929 Mail Service Center, Raleigh, NC 27699-1929, attention Joseph Scott, Family Planning Operations Manager or scanned and emailed to joseph.scott@dhhs.nc.gov.

NEW: This is new language to ensure that all of the parties involved with TANF funds have approved any amendments and that the Women's Health Branch has been notified of the changes.

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QUESTIONS ???