

# Division of Public Health

## Agreement Addendum

### FY 17-18

Master  
 \_\_\_\_\_  
**Local Health Department Legal Name**

351 Child Health  
 \_\_\_\_\_  
**Activity Number and Description**

06/01/2017 – 05/31/2018  
 \_\_\_\_\_  
**Service Period**

07/01/2017 – 06/30/2018  
 \_\_\_\_\_  
**Payment Period**

Women’s and Children’s Health /  
 Children and Youth Branch  
 \_\_\_\_\_  
**DPH Section/Branch Name**

Tara Lucas (919) 707-5644  
 Tara.Lucas@dhhs.nc.gov  
 \_\_\_\_\_  
**DPH Program Contact**  
 (name, telephone number with area code, and email)

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

- Original Agreement Addendum**  
 **Agreement Addendum Revision #** \_\_\_\_ (Please do not put the Budgetary Estimate revision # here.)

**I. Background:**

The Children and Youth Branch (C&Y) is one of five branches in the Women's and Children's Health Section (WCH), Division of Public Health (DPH). The primary purpose of the Branch is to develop and promote programs and services that protect and enhance the health and well-being of children and families. The Branch is comprised of a wide array of program services and initiatives that offer preventive, genetic and specialized services. The Branch staff provide clinical guidance, quality assurance, technical assistance, consultation and training for professionals who provide children's services in the state.

The Branch primarily focuses on ensuring health services for children, including parenting education, nutrition, well child care, school health, genetic services, newborn screening, child care health consultation, developmental screening, early intervention, transition, linkages with medical homes, screening and treatment clinics, resource lines, Health Check/NC Health Choice, and children/youth/families with special health care needs.

According to the Kaiser Family Foundation State Health Facts and based on the March 2014 Current Population Survey “Annual Social and Economic Supplements,” North Carolina’s uninsured child rate is 8.0%. Per the Centers for Medicare & Medicaid Services CMS-416 data for FY14, 46.6% of North Carolina’s children from birth to age 20 are Medicaid-eligible.

Health Director Signature <span style="float: right;">(use blue ink)</span>	Date						
<table border="0" style="width: 100%;"> <tr> <td style="width: 35%;">Local Health Department to complete: (If follow-up information is needed by DPH)</td> <td style="width: 65%;">LHD program contact name: _____</td> </tr> <tr> <td></td> <td>Phone number with area code: _____</td> </tr> <tr> <td></td> <td>Email address: _____</td> </tr> </table>		Local Health Department to complete: (If follow-up information is needed by DPH)	LHD program contact name: _____		Phone number with area code: _____		Email address: _____
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**Signature on this page signifies you have read and accepted all pages of this document.**

## II. Purpose:

This Agreement Addendum provides or assures provision of preventive health care services for children and youth that will: reduce mortality and morbidity resulting from communicable diseases, injuries (intentional and unintentional), and other preventable conditions; promote healthy behaviors; and support optimal physical, social and emotional health.

## III. Scope of Work and Deliverables:

The information provided by the Local Health Department in this Agreement Addendum will be reviewed by the C&Y Program Contact. When the C&Y Program Contact and the Local Health Department reach an agreement on the information provided, the C&Y Program Contact will sign the Agreement Addendum to execute it.

The Local Health Department shall (1) provide or assure preventive health services for children, ages 0-21, and/or (2) provide or assure other child health services with the following specifications:

### A. Child Health Service Deliverables

The Local Health Department is required to comply with the NC Administrative Rules 10A NCAC 46.2040 and Title V and Healthy Mothers Healthy Children Block Grant funds for the provision of child health services.

NC Administrative Rules (10A NCAC 46.2040) require assurances for the provision of selected child health services. Each local health department must “provide, contract for the provision of, or certify the availability of child health services for all individuals within the jurisdiction of the local health department.” In addition, agencies supported by state Title V Maternal and Child Health funds are required to provide or assure provision of preventive services for children and referral for primary care services as appropriate.

1. Check the appropriate box to demonstrate compliance with the State requirement to provide or assure child health services:
  - Provide** – Complete Section III. A 2. and Attachment A for Non-Medicaid Direct Medical Services. (The Attachment A worksheet template can be found at <https://www.surveygizmo.com/s3/3082853/FY17-18-Child-Health-Agreement-Addenda-Training>.)
  - Assure with Memorandum of Agreement (MOA)** – See and comply with requirements in Section III.A.3.
  - Assure with a Contract** – See and comply with requirements in Section III.A.3.
  - Assure with a Community Care Plan** – See and comply with requirements in Section III.A.3.
2. **If providing non-Medicaid direct health care services**, the Local Health Department shall check below which services are provided and complete an Attachment A for Non-Medicaid Direct Health Care Services. (The Attachment A worksheet template can be found at <https://www.surveygizmo.com/s3/3082853/FY17-18-Child-Health-Agreement-Addenda-Training>.)
  - Child health information, referral, immunizations, and hemoglobinopathy screening upon request;
  - Follow-up of infants with conditions identified through newborn metabolic screening (e.g. PKU, hypothyroidism) upon request or as needed;
  - Routine periodic well-child preventive care \* to children less than five years of age not served by another health care resource;

- Routine periodic well-child preventive care \* to children over five years of age not served by another health care resource.

\* *Routine periodic well-child preventive care includes at a minimum: initial and interim health history; physical assessment and laboratory services; developmental evaluations; nutrition assessment; counseling, including anticipatory guidance; and referrals for further diagnosis and treatment.*

3. If the Local Health Department **is assuring the provision of** routine periodic well-child preventive care **instead of providing** the care as evidenced in HSIS/HIS data or required agency reportable data and program review audit, the Local Health Department shall submit one of the following documents as a result of the community advisory council discussion with this signed Agreement Addendum:
- a. A Memorandum of Understanding/Agreement with local health care providers documenting how these services are provided by them;
  - b. A copy of the contract with local health care providers documenting an arrangement with local providers to provide these services; or
  - c. A copy of a community care plan for these services or formal Community Care of North Carolina Network plan defining the role of the Local Health Department as an active member of the network in providing these services.

Additional information will be made available to the Local Health Department by C&Y through its *Guidance for LHD Assurance of Child Health Services* document.

4. If **providing additional program services**, the Local Health Department shall complete one or more Attachment A worksheets. The Attachment A worksheet template and other sample templates for most of the commonly submitted activities are available at <https://www.surveymoz.com/s/3082853/FY17-18-Child-Health-Agreement-Addenda-Training>.
5. In preparing to respond to this Agreement Addendum, convene or utilize an existing community advisory group to review child health outcomes and related data trends for the county and the state to identify the child health priorities for the service area.

These child health priorities represent major opportunities to improve outcomes and reduce disparities in the county. This information should be used in selecting and developing one or more evidence-based/evidence-informed interventions in Attachment A worksheets.

The advisory group must consist of public and private child service agency staff and at least 25% of the advisory group shall be comprised of parents (consumers) from the community whose children receive services from the Local Health Department. If parents (consumers) are not present on the advisory group, the Local Health Department shall conduct a focus group with at least 10 parents to discuss community child health priorities. Parents engaged through a focus group can be listed below to meet the parent (consumer) requirement.

Provide a list of the members of the community advisory council that reviewed the data and selected the priorities, and indicate whether each council member is LHD staff, a local partner or a parent (consumer) representative:

Community Advisory Council Member Name	Agency	LHD Staff	Local Partner	Parent Reps

Enter below a priority list (with a minimum of three priorities), as determined by the community advisory group, with state or community data sources to justify each priority:

Priority	Data Source
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

- a. These additional program services must be evidence-based or evidence-informed and targeted to local child health issues identified by the community advisory group. Local or state data identified for each intervention shall be made available by the Local Health Department to the DPH Program Contact to document how funds will be used and to document the Local Health Department’s progress in meeting objectives associated with each specified intervention.
  - b. Implement the targeted evidence-based/evidence-informed strategies, activities and interventions with model fidelity outlined in the Attachment A worksheets to improve child health in the Local Health Department’s local community. The Local Health Department will keep data on the outcome measures specified for each intervention available to Branch staff on request.
- B. Ensure participation by at least one Child Health Program manager or staff member to attend C&Y Branch-supported child health regional meetings for programmatic updates and service information, whether the Local Health Department provides or assures direct health care services. Information shall be disseminated to all Child Health Program staff at the Local Health Department. Activity 351 Child Health funds may be used to support attendance at programmatic updates.
- C. Implement written policies for child health services that include:

- a. Staff delivering services in a culturally competent and linguistically appropriate manner. Activities are to be prepared which increase staff awareness of disparities in health status and service delivery, especially disparities related to race/ethnicity, disability, and socioeconomic status. (<http://www.nciom.org/wp-content/uploads/2011/01/HNC2020-TechReport-final.pdf>); and
  - b. For those counties providing direct health care services, conduct a customer satisfaction survey that documents success in serving clients. The survey should be administered two time per year over the course of a week each time, with results sent to the Regional Child Health Nurse Consultant. Promote customer friendly services that meet the needs of underserved populations. (Healthy People 2020: <http://www.healthypeople.gov/>)
- D. Maintain a written agreement with the local school district(s)/Local Education Agency (LEA) within its service area. A written agreement is required even if Local Health Department activities are limited to communicable disease control or environmental health activities. The agreement must reflect joint planning and include:
- a. Program goals and objectives;
  - b. Roles and responsibilities defined for each agency including a formal plan for emergency and disaster use of school nurses;
  - c. A description of the process for developing written policies and procedures; and
  - d. Provisions for annual revision of the agreement.

Submit to the State School Health Nurse Consultant, by September 1, 2017, a copy of the 2017-2018 Fiscal Year Agreement, signed by both parties. Agreements must be submitted for each school district/LEA.

List the school districts/LEAs for which agreements will be submitted below.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

- E. Provide all services in a linguistically and culturally competent manner.
- F. Prior to February 15, 2018 and in preparation for the FY18-19 Agreement Addendum, convene or utilize an existing community advisory group to review child health outcomes and related data trends for the county and the state to identify the child health priorities for the service area and/or need to assure direct health care services for the uninsured or under-insured child population, ages birth to 21 years. These priorities represent major opportunities to improve outcomes and reduce disparities in the county. This information will be used in Attachment A worksheets in the Agreement Addendum for FY18-19 for selecting and developing one or more evidence-based/evidence-informed interventions. The advisory group must consist of public and private child service agency staff and at least 25% of the advisory group shall be comprised of parents from the community whose children receive services from the Local Health Department.

By February 15, 2018, be prepared to provide (1) a list of the members of the community advisory council that reviewed the data and selected the priorities for FY18-19, and indicate whether each council member is LHD staff, a local partner or a parent representative, and (2) a list of child health

priorities for FY18-19. These lists shall be submitted with the FY18-19 Activity 351 Child Health Agreement Addendum.

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

A. Performance Indicators:

1. The Local Health Department shall, within the Agreement Addendum service period, meet a minimum of 90 percent of the negotiated deliverables in the activities approved in this Agreement Addendum.

B. Reporting Requirements:

1. Provide mid-year outcome data and status reports on all interventions in Attachment A worksheets, no later than December 31, 2017, in a report distributed by the Child Health Program.
2. Provide end-of-year outcome data and final report on interventions in Attachment A worksheets no later than June 30, 2018, in a report distributed by the Child Health Program.

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

A. Child Health Program review and monitoring visits are completed on an every-three-years basis per the Children and Youth Branch Subrecipient Monitoring Plan. The Local Health Department internal quality assurance audit and program review must demonstrate compliance with the required deliverables in Section III, attached activities and DMA billing guidelines or the Local Health Department must develop a corrective action plan to address audit deficits to be received by the regional consultant within 30 days of the review. Resolution or significant progress toward resolution is required within 90 days. The Division Sub-recipient Monitoring Plan requires local health departments who do not consistently meet the programmatic and Health Check Billing Guide requirements to be designated as high risk. High risk status requires additional internal and external monitoring as defined by the Children and Youth Subrecipient Monitoring Plan.

B. Compliance or documented progress toward the negotiated services in Attachment A shall be reviewed at a minimum every six months by the regional child health nurse consultants via a site visit or desk review (phone/email/web consultation). The Local Health Department shall meet or exceed the deliverables negotiated in the attachments of the Agreement Addendum or the Local Health Department must develop a comprehensive corrective action plan to meet the deliverables during the service period. Site visits may be conducted by the consultants to assist in a local assessment and planning process to meet the performance measures. The Health Director will be informed of significant failure to meet performance measures. Failure to provide the described level of services or negotiated deliverables may result in a reduction in funds.

**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. Activity 351 Child Health funds specified in Section III. Scope of Work and Deliverables may not support services and activities that have not been approved by the C&Y Branch.
- C. Funds used to support services in Attachment A worksheets - may not be used to support services or activities supported by other Agreement Addenda.
- D. Funds may not be used to supplement Medicaid services. Receipt of Medicaid reimbursement for services rendered is considered “payment in full.”
- E. Activity 351 Child Health funds may be used to support attendance at C&Y Branch-supported child health regional meetings for programmatic updates.