

## Summary of Family Planning Agreement Addenda Changes for FY 17-18

- General change
  - Last year's AA sometimes said "client" and sometimes said "patient." New AA says "patient" throughout
- III-D
  - Added two resources to list:
    - CDC's Selected Practice Recommendations 2016 and
    - CDC's Medical Eligibility Criteria 2016
- III-E-1-c
  - Added this sentence per agreement with nurses, Sydney and Belinda:
    - "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>)"
- III-E-1-f-c
  - Added this sentence per Title X requirements after multiple agencies were out of compliance on this issue:
    - "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: Pregnancy Termination; Prenatal care and delivery; and Infant care, foster care, or adoption (42 CFR 59.5(a)(5))."
- III-E-3-a
  - Added this sentence per Title X guidance:
    - "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"
- III-E-5-a
  - Added this sentence per Title X guidance:
    - "(6) counseled on abstinence, as well as all FDA-approved methods of contraception – including condoms and long-acting reversible contraception."
- III-E-6
  - Added verbiage in red for clarification:
    - A. It is the responsibility of the Local Health Director to have all funded Title X 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) document three federally required trainings about Mandatory Reporting Laws (yearly), Federal Anti-Trafficking Laws (yearly) and 2016 Title X Orientation (one-time only) within one month of the hire date. **If the Local Health Director is not Title X funded, we still recommend the above trainings.** The documentation 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 Excel spreadsheet contains 11 tabs, and each tab designates which types of staff must complete that tab. 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.**
- III-E-7-d
  - Added per Title X requirements
    - “A patient bill of rights or other documentation which outlines patient’s rights and responsibilities. This bill of rights may either be a sign posted in the clinic area, or a handout given to each patient.”
- III-E-9-a
  - Added for clarity:
    - “Patients who decline CT and/or GC screening must still be offered medically-appropriate methods of contraception.”
- III-E-9-b
  - Added per CDC guidance:
    - “CT and GC screening is recommended at the time of IUD insertion **only if** patients have risk factors. IUD insertion should not be delayed for patients with CT/GC risk factors (U.S. Selected Practice Recommendations, 2016).”
- III-E-12-c
  - Added for clarification:
    - “If Local Health Department uses 340B drugs and contraceptives, the agency must have a policy that includes all 340B requirements. (<http://www.hrsa.gov/opa/eligibilityandregistration/specialtyclinics/familyplanning/index.html>). A sample 340B policy is available at <http://whb.ncpublichealth.com/provPart/pubmanbro.htm>, under Family Planning Policy Manual, Pharmaceuticals.”
- V – Performance Monitoring and Quality Improvement
  - In this AA, we changed the verbiage so that we no longer tie the QI project to the POOs. Instead, we tie the QI project to the QFP requirements for QI projects, which is more appropriate.

- In this section, we also added that the nurses do a billing and coding assessment during monitoring – they have always done this, but we have not relayed this in previous AAs.
- Attachment A
  - Added the following sentence in red per Sydney’s guidance:
    - “WHSF are to be used exclusively for the purchasing of Long-acting reversible contraceptives (LARC) **LARC includes intrauterine devices (IUDs) and contraceptive implants. Injectable contraception (Depo-Provera) is not considered a LARC method, and LHDs may not purchase Depo-Provera with WHSF.**”
- Attachment C
  - Added the following verbiage under History:
    - “Assess for unprotected intercourse in past five days. If affirmative, administer or offer prescription for Emergency Contraception. R”
  - Added verbiage in red under Physical Assessment
    - “Height/Weight/Body Mass Index (BMI) R **(Patient may decline and still receive any type of contraception)**”
    - “Blood pressure R **(Patient may decline and still receive any type of contraception, except for combined hormonal contraception)**”
  - Added under Labs due to updated QFP guidance:
    - “(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”
  - Also verbiage in red under Labs, added per QFP guidance:
    - “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.**”
  - Added the following to Education Requirements per Title X guidance:
    - Provide preconception counseling R
    - Adolescents must be informed about abstinence, condoms, LARC and other methods of contraception. R
    - 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
    - Provide achieving pregnancy counseling I
    - Provide basic infertility counseling I
  - Added the following under Patient Method Counseling per QFP guidance:
    - Methods of contraception reviewed by tiered approach R
    - Provide Emergency Contraception counseling R