

# Division of Public Health

## Agreement Addendum

### FY 14–15

<b>Local Health Department Legal Name</b>  151 Family Planning	Women’s and Children’s Health/Women’s Health <b>DPH Section/Branch Name</b>  Tricia Parish 919-707-5696 Tricia.Parish@dhhs.nc.gov
<b>Activity Number and Description</b>  06/01/2014 – 05/31/2015	<b>DPH Program Contact</b> (name, telephone number with area code, and email)
<b>Service Period</b>  07/01/2014 – 06/30/2015	<b>DPH Program Signature</b> <span style="float: right;"><b>Date</b></span> (only required for a <u>negotiable</u> agreement addendum)
<b>Payment Period</b>	

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

**I. Background:**

The primary mission of the Family Planning and Reproductive Health Unit in the Division of Public Health (DPH) is to reduce unintended pregnancies and improve selected health practices among low income families. Each local health department and district receives funding from the State to provide family planning services to low income individuals.

Data from the 2011 Pregnancy Risk Assessment Monitoring System (PRAMS), based on a random sample of 2,400 women who had recently given birth, shows that 42.7% of pregnancies in North Carolina were unintended. Women who were young, of minority race and/or of lower socioeconomic status were more likely to report an unintended pregnancy. Women who have unintended pregnancies are at a greater risk for poor birth outcomes.

There are approximately 619,500 North Carolina women in need of publicly supported contraceptive services because they have incomes below 250% of the federal poverty level (468,740) or are sexually active teenagers (150,760). Family planning clinics in North Carolina serve 20% of all women in need of publicly supported contraceptive services and 13% of female teenagers in need (source: Guttmacher Institute Contraceptive Needs and Services, July 2013).

**II. Purpose:**

The Family Planning and Reproductive Health Unit supports a wide range of preventive care that is critical to men's and women's reproductive and sexual health. These services promote self-determination in matters of reproductive health. They help reduce infant mortality and morbidity by decreasing the

Health Director Signature	(use blue ink)	Date
Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: _____ Phone number with area code: _____ Email address: _____	

**Signature on this page signifies you have read and accepted all pages of this document.**

number of unplanned pregnancies and the poor health outcomes associated with them. These services also improve men's and women's health by providing access to primary and preventive care. They lower health care costs by reducing the need for abortions and preventing costly high risk pregnancies and their aftereffects. Definition of terms: Throughout this document, the words “must” and “shall” indicate mandatory program policy.

**III. Scope of Work and Deliverables:**

The Agreement Addendum 151 Family Planning is a negotiable Agreement Addendum which requires further negotiation between the Women’s Health Branch (WHB) and the Local Health Department. The Local Health Department is to complete Sections A and B below and Attachments A, B, and C. The information provided by the Local Health Department will be reviewed by the WHB. When the WHB representative and the Local Health Department reach an agreement on the information contained in these Sections, the WHB representative will sign the Agreement Addendum to execute it.

**The total estimated cost of all Section A and Section B deliverables must equal or exceed the total DHHS funds budgeted.**

**Section A: Non-Medicaid Services (Attachment A) Amount \$ \_\_\_\_\_**

The Local Health Department will provide Non-Medicaid Service Deliverables in FY15 that meet or exceed the total dollar value of all services budgeted. Health Information System (HIS) service data as of August 31, 2015 will provide the documentation to substantiate services that the Local Health Department has provided.

**Instructions for completing Section A:** Use Attachment A to determine the reimbursement rates for each service type when estimating the total cost of Section A deliverables.

**Section B: Other Program Services (Attachment B) Amount \$ \_\_\_\_\_**

If the total estimated cost of Section A is less than the total amount of Department of Health and Human Services (DHHS) funds budgeted in the budgetary estimates in the DPH Aid-to-Counties Database, additional information must be provided on how the Local Health Department will use the remaining DHHS funds to further the program’s goals and objectives.

**Instructions for completing Section B:** In Attachment B - Other Program Deliverables, list only activities that are not Medicaid reimbursable and not part of the cost of the service deliverables in Section A. No physician time can be billed except for clinical visits that are not reimbursed by Medicaid. See Attachment B - Suggestions of Other Program Deliverables for examples of allowable expenditures for this Section.

**Total Family Planning Budget (Attachment A amount + Attachment B amount) Total Amount \$ \_\_\_\_\_**

The Local Health Department shall meet or exceed the Deliverables listed below. Any interruption of services or inability to meet these Deliverables shall be reported within 14 days to the Women's Health Regional Nurse Consultant. The Local Health Department shall provide the Family Planning Nursing Supervisor with active electronic mail membership and direct access to the Internet. Title X and Healthy Mothers/Healthy Children funds can be used to finance and maintain hardware, software and subscription linkage at current local market values. The Internet connection enables participation in a listserv for all local Family Planning programs, as well as access to WHB materials and many other technical assistance resources.

1. The Local Health Department shall utilize the Family Planning Manual and updated guidance from the WHB website to develop and implement written policies for family planning services that include:
  - a. Description of local family planning services, including local protocols, standing orders and components of an initial and annual/return visit, as well as procedures for sterilizations (Title X, section 8.4) and basic (Level I) infertility services (Title X, Section 8.5). (Title X, section 7.1)
  - b. Tracking mechanisms for follow-up of abnormal clinical and laboratory findings. (Title X, section 7.4)
  - c. Provision of pregnancy diagnosis and counseling to all family planning patients in need of this service. (Title X, section 8.6)
  - d. Follow-up of family planning patients with positive pregnancy tests to assure patients have access to health care providers. Non-directive counseling must be used with all patients. (Title X, section 8.6)
  - e. Protocol for patients desiring permanent contraception. (Title X, section 8.4)
  - f. A written plan/protocol that addresses education, counseling, and referral regarding: STIs/HIV, Hepatitis B infection, and immunizations. (Title X, section 8.1)
  - g. Counseling family planning postpartum patients to delay pregnancy for at least 18 months after delivery. (Healthy People 2020)
  - h. Provision of emergency contraception on-site or by referral. (Title X, section 7.0)
  - i. Deferment of physical exam for patients requesting contraceptive services based on prescribing information. Reason for deferment must be documented in patient record (Title X, section 8.3) and may be deferred at patient or provider request. Patients choosing to delay or defer a service must be counseled about the possible health risks associated with declining or delaying preventive screening tests or procedures (Title X, section 8.3). Local Health Department must obtain written documentation of declination (State Programmatic Requirement).
  - j. Every agency must assure client confidentiality and safeguards against the invasion of personal privacy, as required by the Privacy Act. (Title X, Section 5.2)
  - k. Increasing staff awareness of disparities in health status and service delivery, especially disparities related to race, ethnicity, disability, and socioeconomic status. This should be inclusive of orientation for new staff as well as ongoing continuing education for existing staff.
  - l. Promoting customer friendly service that meets the needs of populations that are underserved, e.g., have statement relating to ongoing assessment such as "Conduct annual environmental assessment to ensure customer satisfaction and staff utilization of knowledge."
  - m. Assurance that services are provided solely on a voluntary basis and that a patient's acceptance of service is not a prerequisite to eligibility or receipt of a non-Title X service. (Title X, section 5.1)

- n. A documented process to assure staff members have been informed that they may be subject to prosecution under Federal law if they coerce or endeavor to coerce any person to undergo an abortion or a sterilization procedure. (Title X, section 5.1)
- o. Assurance that employees are prevented from using their positions for purposes of private gain (conflict of interest) and assurance that staff has received a copy of this policy. (Title X, section 5.3)
- p. Adherence to legal requirements governing human subject's research. (Title X, section 5.5)
- q. Establishment of a media review/advisory committee with 5 to 9 members who broadly represent the community and maintain written records of their determinations. (Title X, section 6.8)
- r. Ensure that the Family Planning Program's written plan receives input from consumers/community representatives of the population being served. (Title X, section 6.9)
- s. Assurance of adherence to the 101% - 250% sliding fee scale based on family size and income. (Title X, section 6.3) When considering charges to minors, charges for services must be based on the minor's income (Office of Population Affairs (OPA) Instruction Series 97-01).
- t. Establishment of a policy addressing bad debt write off and addressing of aging outstanding accounts. (Title X, section 6.3)
- u. Assurance that when income verification policies are in place for family planning patients, services are not denied on the day of appointment for failure to provide income verification or denied due to outstanding account balances. (Title X, section 6.3) The Local Health Department may use reported income through other programs offered in said Local Health Department (OPA Instruction Series 08-01).
- v. Assurance that employees are aware of and abiding by the NC State Statute regarding child abuse & neglect reporting laws (OPA Instruction Series 06-01).
- w. Provision of a broad range of acceptable and effective medically approved family planning methods and services either on-site or by referral; abortion cannot be considered a contraceptive method (Title X, section 7.0).
- x. Clinical guidelines that are based upon current science-based evidence according to nationally recognized standards, such as American Congress of Obstetricians and Gynecologists (ACOG), American Cancer Society (ACS), United States Preventive Services Task Force (USPSTF), American Society for Colposcopy and Cervical Pathology (ASCCP) and Selected Practice Recommendations (SPR), and American Society for Clinical Pathology (ASCP). Where there are inconsistencies, Title X providers should provide care that is consistent with current nationally recognized standards (OPA Program Instruction Series 09-01).
- y. A sign must be present in a visible area acknowledging that family planning services are provided to all men and women without regard to religion, race, color, national origin, handicapping condition, age, sex, number of pregnancies, or marital status. A sign must be posted in a visible area of the clinic indicating that interpreter services are available at no cost for those requiring such service. A statement/sign in the finance/discharge area is also required stating that charges incurred in the family planning program will be based in accordance with a schedule of discounts based on ability to pay and family size, except for persons from families whose annual income exceeds 250% of the federal poverty level. (§59.5 & §59.10 in the Family Planning Regulations and Title VI of the Civil Rights Act of 1964 through Executive Order 13166).
- z. It is the responsibility of the Local Health Director to have all funded Title X staff (e.g., management support, lab, social workers, health educators, clinicians/providers, nurses and other staff) document three federally required trainings about Mandatory Reporting Laws (yearly), Federal Anti-Trafficking Laws (yearly) and Title X Orientation (one-time only) within one

month of the hire date. The documentation must be kept in the employees' training or personnel file located at the Title X agency. 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.

2. Patients enrolled in the Local Health Department's family planning program shall be provided the services listed below.
  - a. A complete medical history on all female and male patients at the initial comprehensive clinical visit. Refer to attached flow sheet (Attachment D) for contents of history. (Title X, section 8.3)
  - b. A complete physical examination on all patients (male and female) at the initial comprehensive clinical visit. Refer to attached flow sheet for contents of physical assessment. (Title X, section 8.3)
  - c. Revisit schedules must be individualized based upon the patient's need for education, counseling, and clinical care beyond that provided at the initial and annual visit. (Title X, Section 8.3)
  - d. Regarding Women's Health Service funds, the Local Health Department agrees to comply with Chapter 769, Section 27.9 of the 1993 Session Laws regarding the budgeting and expenditure of Women's Health Service funds. (Women's Health Service Funds Policy; Family Planning Policy Manual #4.2 located at <http://whb.ncpublichealth.com/provPart/pubmanbro.htm>. This legislation also requires participating local agencies to counsel patients without a high school diploma about the benefits of completing high school or obtaining a G.E.D.
  - e. Recommended components of visits for women seen up to 12 weeks postpartum include:
    - 1) Depression screening and referral for services as indicated. (ACOG p. 172)
    - 2) Reproductive life planning counseling to include plans for future childbearing and selection of a contraceptive method to prevent pregnancy and/or promote healthy birth spacing.(AGOG p. 172; HP 2020 FP-1 and FP-5; CDC Recommendations to Improve Preconception Health 2006)
    - 3) Referral to a primary care provider as indicated. (ACOG p.83-85, p. 172; HP 2020 AHS-3; CDC Recommendations to Improve Preconception Health, 2006, located at (<http://whb.ncpublichealth.com/provPart/pubmanbro.htm>)
3. All Local Health Departments must screen all females for Chlamydia (CT) and gonorrhea (GC) who are less than 25 years of age and those who are 25 and older and have symptoms, sex partner referral, high risk history i.e., new partner or multiple partners, and/or before IUD insertion if required per CDC's STD Screening Guidelines (U.S. Selected Practice Recommendations, 2013) on all initial and return visits (CDC 2010 Sexually Transmitted Diseases Treatment Guidelines).
4. Any woman who tests positive for either CT or GC must be retested at three months after treatment (CDC 2010 Sexually Transmitted Diseases Treatment Guidelines).
5. In compliance with the attached Flow Sheet (Attachment D), lab tests must be obtained on all initial and annual visits, and test results must be documented in the medical record if indicated by history, physical method, previous lab results and/or guidelines from ACOG, ACS, USPSTF, ASCCP, SPR, or ASCP.

6. Assessment for rubella and tetanus-diphtheria (TD) immunity shall be documented in the patient's record on all initial and/or annual visits as described below:
  - a. At their initial visit, patients able to provide written documentation of rubella immunity shall have this status documented in their charts. Once immunity is documented, no further assessments are needed. Patients unable to provide this documentation will receive either:
    - a rubella titer and vaccination if susceptible, or
    - a rubella vaccination.
  - b. Tetanus-diphtheria assessment includes documentation of tetanus-diphtheria vaccine within the last ten years. If no documentation, TD vaccine or Tdap should be given. If the source of the documentation is oral, then the source of the documentation should be indicated in the record.
7. Assessment for Varicella, HPV, Hepatitis A and B vaccines shall be documented in the patient's record and patients should be referred for vaccination as indicated. (CDC Summary of Recommendations for Adult Immunizations 2011; Recommendations of the CDC Clinical Workgroup on Preconception Health and Health Care 2008.)
8. Education and Counseling Requirements
  - a. Agencies must have written plans for patient education that include goals and content outlines to assure consistency and accuracy of information provided. (Title X, section 8.1)
  - b. Patient education must be documented in the patient record. Required education offered outside the family planning clinic shall be assessed, documented, and updated as appropriate according to the needs of the individual family planning patient. Refer to Flow Sheet for education requirements. (Title X, section 8.1)
  - c. Patient method counseling must be included in the patient's record. Methods counseling is individualized dialogue with the patient. Refer to Flow Sheet for requirements. (Title X, section 8.2)
  - d. All patients shall receive counseling on STIs and HIV to include; risk and risk reduction, prevention and referral services. A list of health care providers who can provide HIV risk assessment; counseling and testing must be provided to patients if their services are not provided in the family planning clinic (Title X, section 8.2)
  - e. All minors shall be: (1) offered counseling on how to resist coercive attempts to engage in sexual activities; (2) provided this counseling in cases where the minor requests it; (3) provided counseling and other appropriate services where there is physical evidence or evidence by history that such counseling is indicated; and (4) assured that the counseling sessions are confidential and if follow up is necessary, every attempt will be made to assure the privacy of the individual. (Title X, section 8.7)
9. Informed Consents
  - a. The client's written informed voluntary consent to receive services such as examinations, laboratory tests, and treatment must be obtained prior to the client receiving any clinical services.
  - b. A written informed consent, specific to the contraceptive method, must be signed before a prescription contraceptive method is provided. Specific education and consent forms for the contraceptive method provided must be part of the project's service plan. Informed consent must include: (Title X, section 8.1)
    - A consent form written in a language understood by the patient or translated and witnessed by an interpreter (This form must be a part of the patient's record); and,
    - Information on the benefits and risks, effectiveness, potential side effects, complications, discontinuation issues and danger signs of the contraceptive method chosen.

- c. Agencies performing or arranging for sterilization must comply with all Federal sterilization regulations [42 CFR Part 50, Subpart B], which address informed consent requirements. (Title X, section 8.1)

10. Diagnosis, Treatment, Referral and Follow-Up Services

There shall be evidence in the medical record that:

- a. Significant problems were identified, documented, and referrals made as needed;
- b. Significant abnormal clinical and laboratory findings were discussed with the patient;
- c. Necessary clinical procedures were performed;
- d. Medications and /or supplies were provided as needed; and,
- e. Problems, conditions, and abnormal findings are appropriately followed. (Title X, section 7.2)

11. Service Providers

Certain low-risk patients may receive designated services from public health nurses who have received special Family Planning Enhanced Role Nurse Training. See Enhanced Role specifications (to Enhanced Role Nurse Policy; Family Planning Policy Manual Policy #5.2 located at <http://whb.ncpublichealth.com/provPart/pubmanbro.htm>) for detailed criteria. In health departments that have enhanced role screeners, a roster will be maintained and kept up-to-date. The roster shall include date of completion of the enhanced role nurse training, number of patient contact hours (combination of time spent as a nurse interviewer and highest level care provider), and accrued educational contact hours. Enhanced role nurses must fulfill all requirements annually or will lose enhanced role status due to elimination of program and there is currently no re-rostering component available.

**Completed information shall be maintained and updated annually at the Local Health Department. This information must be submitted by August 15th of each year to the Women's Health Branch, through completion of the WHB ERN SurveyMonkey Survey. A link to the survey is sent via email to the ERN as well as the DON of the Local Health Department.**

12. Contracted Pharmaceutical Services

- a. A Local Health Department that either has an agreement with an off-site pharmacist to come into the Local Health Department on a regular basis to manage contraceptives for patients or sends patients to a local pharmacy to obtain contraceptives must have a contract or other formal agreement (e.g., memorandum of understanding) in place with those providers. The Local Health Department may use the pharmacy contract template located at <http://whb.ncpublichealth.com/provPart/forms.htm> or may use a contract or MOU of its own; however, the contract or MOU must be in accordance with state pharmacy laws and professional practice regulations. These contracts should also provide for liability resolution, inventory reconciliations, rotation of stock, and written procedures for processing Medicaid prescriptions. These contracts must be available for monitoring purposes but not required to be sent to the Women's Health Branch. (Title X, section 10.2)
- b. The Local Health Department must maintain a tracking system of current inventory to ensure that there are enough drugs and supplies to meet the needs of the population served. This system must include the tracking of lot numbers, expiration dates, dates received and current amount available for each birth control method offered by the Local Health Department. The Local Health Department may use the Excel template developed by the State Pharmacist located at <http://whb.ncpublichealth.com/provPart/forms.htm> or may use a system of their own choosing that meets these requirements. (Title X, section 10.2)

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

GOAL: To improve pregnancy outcomes, to improve the health status of women before pregnancy, and to assure all pregnancies are intended.

Benchmarks will be reflected by county in the process outcome objectives (POOs). These can be located in the Agreement Addenda section on the Women's Health Branch website at <http://whb.ncpublichealth.com/provPart/agreementAddenda.htm>

1. Family planning caseload (unduplicated users as reported to HIS) will meet or exceed previous three year average.
2. Decrease the adolescent pregnancy rate among females ages 10 to 17.
3. Decrease the percentage of repeat pregnancies to teens ages 17 and under.
4. Decrease the percentage of women with short birth intervals.
5. Decrease the percentage of births to unwed mothers.
6. Decrease the percentage of unintended pregnancy.

#### **Annual/Quarterly Reports**

1. The Local Health Department **must submit, at least annually and no later than August 15th**, family planning media review documentation, forms and minutes from committee meetings including outcomes/decisions using Family Planning Media Review Documentation form DHHS 3491. This may be faxed to 919-870-4827, mailed to the Women's Health Branch, 1929 Mail Service Center, Raleigh, NC 27699-1929, attention Family Planning Program Consultant, or scanned and emailed to [julie.gooding-hasty@dhhs.nc.gov](mailto:julie.gooding-hasty@dhhs.nc.gov). Form DHHS 3491 may be obtained from the DPH Mailroom, or the Women's Health Branch Web page: <http://whb.ncpublichealth.com/provPart/forms.htm>
2. Sterilization Reporting Requirements
  - a. Local family planning programs that "perform" or "arrange for" sterilization services funded with Federal Title X, Medicaid/Title XIX, or other federal funds, **must report all previous calendar year sterilization procedures, including vasectomies, by January 15** during which a reportable procedure was performed. Agencies must have a plan/protocol in place that addresses sterilizations whether or not this service is being offered. Procedures must be reported using Form PHS-6044 (Revised)
    - Public Health Sterilization Record. (**See Attachment E**)

**NOTE: Local health departments that provide sterilization services as part of the Family Planning Medicaid State Plan Amendment must report the procedures.**
  - b. The term "perform" means to pay for or directly provide the medical procedure itself. "Arrange for" means to make arrangements (other than mere referral of an individual to, or the mere making of an appointment for him or her with another health care provider) for the sterilization of an eligible individual by a health care provider other than the local agency. "Arrange for" also applies when the Local Health Department is actively involved in the planning and/or the setting up of the actual sterilization procedure itself. The current sterilization consent forms that must be used when arranging sterilizations can be found at: [http://www.hhs.gov/opa/order-publications/#pub\\_sterilization-pubs](http://www.hhs.gov/opa/order-publications/#pub_sterilization-pubs)
  - c. **If the Local Health Department neither "performs" nor "arranges for" sterilizations supported with federal funds, it must submit annually by August 15**, a letter requesting a waiver from the annual reporting requirement for sterilization services. The letter may state that the Local Health Department does not, nor does it plan to engage in performing or arranging for

sterilizations during the year. Form PHS-6044 (Revised), and the waiver letter request should be sent to:

Women's Health Branch  
1929 Mail Service Center  
Raleigh, NC 27699-1929  
Attn: Family Planning Program Consultant  
Fax: 919-870-4827

3. As part of the annual reporting funding requirement for Title X, the following is required:
  - a. The Local Health Department must report the total number of tests performed for chlamydia, gonorrhea, syphilis, and HIV for all family planning patients served in their agency. For chlamydia testing, local programs must report the unduplicated numbers of patients tested by gender and age group (<15, 15-17, 18-19, 20-24 and 25 and over). For gonorrhea, syphilis and HIV, agencies must report the number of tests performed by gender only. For HIV tests, local agencies must also report the number of positive tests.
  - b. For cervical cytology, local agencies must report the total number of unduplicated family planning patients served, number of tests performed, number of test results with Atypical Squamous Cells (ASC) or higher, and test results with High-grade Squamous Intraepithelial Lesion (HSIL) or higher.  
**For local health departments that use the State Lab, WHB staff will retrieve this data centrally. For local health departments that do not use the State Lab, the data must be reported via an online survey two times a year. For reporting period July 1 – December 31, the deadline for data submission is January 31. For reporting period January 1 to June 30, the deadline for data submission is August 31.**

**Survey Monkey link:** [https://www.surveymonkey.com/s/STIandPAP\\_TestResults](https://www.surveymonkey.com/s/STIandPAP_TestResults)

4. The Local Health Department shall show anticipated staffing levels by completing Attachment C– Family Planning Clinical Staffing Levels, and returning it with this Agreement Addendum. This data is being collected for federal funding requirements.
5. As a result of the 2012 Title X program review, WHB is required to more accurately report program income. To ensure that all local income that is supporting the Family Planning Program is reported, a semiannual report must be submitted through the survey monkey link below. For reporting period July 1 – December 31, the deadline for data submission is January 15. For reporting period January 1 - June 30, the deadline for data submission is July 15.

**Survey Monkey link:** <http://s.zoomerang.com/s/localrevenue>.

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

The Regional Nurse Consultants (RNC) facilitates the monitoring process. The process will include: development of a pre-monitoring plan 4-6 months prior to the designated monitoring month; on site monitoring visits every three years; technical assistance visits via phone or email as needed; review of audit charts; and clinic observations. On site monitoring visits include a review of policies and procedures. A pre-monitoring visit from the RNC is optional.

A written report is completed for each monitoring visit. The follow-up report, which includes a Corrective Action Plan (CAP) as needed, is emailed 2-4 weeks after the monitoring site visit to the local Health Director and lead Local Health Department staff.

**Consequences:**

The Local Health Department must respond to the corrective action plan within 30 days after the follow-up report is emailed. If a response has not been received, then the Local Health Department does not have monitoring closure and they will be placed on high risk status which will require annual monitoring of that Local Health Department. Monitoring closure is defined as the Local Health Department being notified that their final CAP is acceptable or that they are being referred for continuing technical assistance.

A loss in up to 5% of funds may result for the Local Health Department that does not meet the level of non-Medicaid service deliverables (Attachment A) or expend all Title X and Healthy Mothers/Healthy Children (HMHC) funds for a two-year period.

**VI. Funding Guidelines or Restrictions:** (if applicable)

The Local Health Department that provides family planning services must follow Federal Title X funding guidelines and requirements. The following links lead to the entire documents that provide guidance for family planning providers. Title X Guidelines:

[http://opa.osophs.dhhs.gov/titlex/2001guidelines/2001\\_ofp\\_guidelines\\_complete.pdf](http://opa.osophs.dhhs.gov/titlex/2001guidelines/2001_ofp_guidelines_complete.pdf). Title X

Regulations: [http://opa.osophs.dhhs.gov/titlex/ofp\\_regs\\_42cfr59\\_10-1-2000.pdf](http://opa.osophs.dhhs.gov/titlex/ofp_regs_42cfr59_10-1-2000.pdf).

**Attachment A****Non-Medicaid Service Deliverables**

**Instructions: Enter the total dollar value of all Section A non-Medicaid service deliverables.** These reimbursement rates are given as approximates in estimating the total cost of Section A and local agencies must do an annual cost analysis to determine their own costs.

**Total Estimated Cost of Non-Medicaid Deliverables:**     \$ \_\_\_\_\_

**Types and purposes of family planning funds:**

1. **HMHC.** The amount of HMHC (Healthy Mothers/Healthy Children block grant funds) for Family Planning Services is specified in the Family Planning Budgetary Estimate Aid to County Database Allocation.
2. **Title X.** The amount of Title X funding for FY 14-15 is identified in the attached Family Planning Budgetary Estimate Aid to County Database Allocations. Title X is federal categorical funding which must be used for family planning services in accordance with Title X requirements. These funds may be used to support clinical services and other program deliverables.
3. **WHSF.** The amount of WHSF (Women's Health Service Fund) is specified in the Family Planning Budgetary Estimate Aid to County Database Allocation. These state funds are to be used to purchase long-acting, reversible contraceptives for non-Medicaid eligible women.
4. **TANF.** Federal TANF (Temporary Assistance to Needy Families) funds may be provided by the NC General Assembly to health departments on a non-recurring basis. If TANF funds are available, they are allocated to Health Departments by September/October. The purpose of these funds is to reduce out of wedlock births. If TANF funds are awarded, local departments must have a plan on file for their use in family planning, developed collaboratively with the local Department of Social Services.

## Attachment A

**Page 1 - Non-Medicaid Service Deliverables**

**Instructions:** Enter the total dollar value of all non-Medicaid clinical services. The Local Health Department must use the reimbursement rates for each service type in estimating the total cost of Section A deliverables. Note: The CPT rates listed are based on present figures in 2013. Please use the most current figures when completing this attachment.

<b>FAMILY PLANNING CPT CODES and RATES</b>							
<b>CPT Code</b>	<b>Service Type</b>		<b>Estimated # of Services</b>	<b>X</b>	<b>CPT Rate</b>	<b>=</b>	<b>Total</b>
99201	FP	Office/Outpatient Visit, New		x	\$62.10	=	
99202	FP	Office/Outpatient Visit, New		x	\$93.15	=	
99203	FP	Office/Outpatient Visit, New		x	\$132.48	=	
99204	FP	Office/Outpatient Visit, New		x	\$194.58	=	
99205	FP	Office/Outpatient Visit, New		x	\$244.26	=	
99211	FP	Office/Outpatient Visit, Est.		x	\$34.16	=	
99212	FP	Office/Outpatient Visit, Est.		x	\$56.93	=	
99213	FP	Office/Outpatient Visit, Est.		x	\$78.66	=	
99214	FP	Office/Outpatient Visit, Est.		x	\$122.13	=	
99215	FP	Office/Outpatient Visit, Est.		x	\$182.16	=	
99383	FP	Prev visit, New, Age 5-11		x	\$154.00	=	
99384	FP	Prev visit, New, Age 12-17		x	\$169.00	=	
99385	FP	Prev visit, New, Age 18-39		x	\$167.00	=	
99386	FP	Prev visit, New, Age 40-64		x	\$199.00	=	
99393	FP	Prev Visit, Est, Age 5-11		x	\$146.00	=	
99394	FP	Prev visit, Est, Age 12-17		x	\$146.00	=	
99395	FP	Prev visit, Est, Age 18-39		x	\$142.00	=	
99396	FP	Prev visit, Est, Age 40-64		x	\$158.00	=	
J1055	FP	Depo-Provera Injection		x	\$39.04	=	
11981	FP	non-biodegradable drug delivery implant insertion		x	\$101.87	=	
11982	FP	non-biodegradable drug delivery implant removal		x	\$117.41	=	
11983	FP	non-biodegradable drug delivery removal and reinsertion		x	\$182.72	=	
58300	FP	IUD Insertion		x	\$60.97	=	
58301	FP	IUD Removal		x	\$74.87	=	
J7300	FP	Paragard		x	\$386.89	=	
J7302	FP	Mirena		x	\$745.23	=	
81025	FP	Pregnancy Test		x	\$8.04	=	
96152		Health and Behavior Intervention, each 15 min.		x	\$19.06	=	
97802		Medical Nutrition Therapy, Initial, each 15 min		x	\$24.51	=	
97803		Medical Nutrition Therapy, Reassment, each 15 min		x	\$21.44	=	
S4993	FP	Birth Control Pill		x	\$3.03	=	
11976	FP	Remove w/o reinsertion contraceptive implant		x	\$111.27	=	
57170	FP	Fitting of Diaphragm/cap		x	\$53.91	=	
36415		Venipuncture, DMA Only		x	\$2.78	=	
J7307	FP	Nexplanon		x	\$698.99	=	
85013	FP	Hematocrit		x	\$3.01	=	
85018	FP	Hemoglobin		x	\$3.01	=	
81000	FP	Urinalysis, Non-Suto		x	\$4.03	=	
81001	FP	Urinalysis, Auto w/scope		x	\$4.03	=	

(Continued on next page)

Attachment A

**Page 2 - Non-Medicaid Service Deliverables**

FAMILY PLANNING CPT CODES and RATES (continued)							
CPT Code	Service Type		Estimated # of Services	X	CPT Rate	=	Total
81002	FP	Urinalysis, Auto w/scope		x	\$3.25	=	
81003	FP	ua, dip stick or tab, automated, wo scope		x	\$2.86	=	
87210	FP	Wet mount, simple stain, for bacteria		x	\$4.85	=	
87086		Urine culture, colony count		x	\$10.26	=	
87591	FP	GenProbe-GC		x	\$31.18	=	
87491	FP	GenProbe-Chlamydia		x	\$31.18	=	
82947		Glucose, Fasting Blood Sugar (FBS)		x	\$4.99	=	
82948		Glucose, blood reagent strip		x	\$4.03	=	
82950		Glucose (post glucose dose, includes glucose)		x	\$6.04	=	
82951		GTT (3 specimens + glucose)		x	\$16.37	=	
82270		Fecal occult blood		x	\$4.13	=	
89310	FP	semen analysis (presence &/or motility; post-coital)		x	\$10.66	=	
56501		Destruction/vulvar lesions		x	\$100.34	=	
54050	FP	Destruction/penis lesions		x	\$98.84	=	
11976	FP	Remove w/o reinsertion contraceptive implant		x	\$111.27	=	
<b>Note: The following service types do not have a Medicaid reimbursement rate. Use your agency cost as determined by your cost analysis in planning your deliverables.</b>							
J7304	FP	Contraceptive Patch		x		=	
J7303	FP	Contraceptive Vaginal Ring		x		=	
		Emergency Contraception (Plan B, Plan B One Step, Generic etc)		x		=	
<b>Please list below any other services you will be providing that are not included in this list.</b>							
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
				x		=	
<b>Total Estimated Cost of Non-Medicaid Deliverables</b>							

(Please insert this Total Estimated Cost amount in Section A, page 2)

**Attachment B**

**Other Program Deliverables**

Instructions: If the total estimated cost of Section A, Service Deliverables is less than the total amount of DHHS funds budgeted in the budgetary estimates, provide information in Section B on how the Local Health Department will use the remaining DHHS funds to further the program’s goals and objectives.

List only activities that are not Medicaid reimbursable and not part of the cost of the service deliverables in SECTION A. **No physician time can be billed except for clinical visits that are not reimbursed by Medicaid in Section A.**

**The total estimated cost of all Section A and Section B deliverables must equal or exceed the total DHHS funds budgeted.** See the following page for suggested allowable areas of expenditures for this section.

Deliverables	Estimated Cost
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

**Total Estimated Cost:**      \$ \_\_\_\_\_

(Please insert this Total Estimated Cost amount in Section B, page 2)

## Attachment B

### Suggestions of Other Program Deliverables

**Note:** Section B deliverables are similar to Section A deliverables in that the services **are not** reimbursed by Medicaid. Only non-Medicaid reimbursable clinical services (CPT-encoded) should be included in Section A.

1. Community Development Activities, e.g., gathering representatives from businesses, client populations, churches, etc., to:
  - identify women's health problems
  - build advocacy in the community for women's health services
2. Community Education Activities, e.g., educating the community about:
  - adverse impact of women's health problems
  - favorable impact of family planning and other women's preventive health services
3. Expansion of Clinics by Outreach /Recruitment/Nontraditional Sites and Times for Clinics
  - communicating the benefits of Family Planning Services, focusing on features of the service that are attractive to clients (efficiency, caring staff, etc.)
  - gathering data on needed expansion of hours and sites: initiating expansion
4. Building Support for the Program
  - communicating to decision-makers the economic benefits of Family Planning
  - discussing the benefits to business and industry (delayed/planned childbearing, reduced sick leave)
5. Promotion of Preconception Health
  - folic acid consumption
  - smoking cessation
  - healthy weight
  - reproductive life planning
6. Provision of Care Coordination to High-Risk Family Planning Clients
7. Offering Incentive Programs to Promote Healthy Behaviors
8. Supporting Family Planning Staff Development Training Activities
9. Enhanced Services: Interpretation, Transportation
10. Enhanced Clinic Records Systems
11. Enhanced Community Needs Assessment Activities
12. Purchase of Family Planning Resource Materials (e.g., texts, journal subscriptions, etc.)
13. Provision of Enabling Services for Postpartum Sterilization (e.g., childcare, transportation)

**Attachment C**

**Family Planning Clinical Staffing Levels**

Please provide anticipated full-time-equivalent (FTE) staffing levels for FY 14-15 family planning clinic activity for only the types of medical providers listed below. One full-time position (40 hours per week) would be 1.0 FTE. For a part-time staff position, divide the average hours to be worked per week by 40 and round to the nearest tenth (0.1). For contract employees, annualize the average hours to be worked in family planning, divide by 2000 and round to the nearest tenth (0.1) FTE. See examples below. This information will be used with HIS data to satisfy federal reporting requirements relating to the provision of clinical family planning services.

<u>Family Planning Provider Type</u>	<u>Anticipated FTEs</u>
Physicians	_____ . ____
Physician Assistants, Nurse Practitioners and/or Certified Nurse Midwives	_____ . ____
RNs	_____ . ____

Examples:

1. Two PHNs will each work three days per week in family planning clinic.  
Each PHN would be 0.6 FTE ( $24/40 = 0.6$ ) with a total of 1.2 PHN FTE's ( $0.6 \times 2 = 1.2$ ).
2. A Nurse Practitioner (NP) will work an afternoon (four-hour) family planning clinic every week.  
This would be 0.1 FTE ( $4/40 = 0.1$ ).
3. The county will contract with a local physician to work twelve hours per month in the family planning clinic.  
Indicate 0.1 MD FTE ( $12 \text{ hrs. /month} \times 12 / 2000 = 144/2000 = 0.072$ , rounding to nearest tenth = 0.1 FTE).

## Attachment D

## Flow Sheet of Title X Services for Females

<p style="text-align: center;"><b><u>INITIAL HISTORY</u></b></p> <ol style="list-style-type: none"> <li>1. Significant illnesses; hospitalizations; surgery; blood transfusion or exposure to blood products; chronic and acute medical conditions <b>R</b></li> <li>2. Allergies <b>R</b></li> <li>3. Current use of prescription and over-the-counter medications <b>R</b></li> <li>4. Extent of use of tobacco, alcohol, and other drugs <b>R</b></li> <li>5. Immunization and Rubella status <b>R</b></li> <li>6. Review of systems <b>R</b></li> <li>7. Pertinent history of immediate family members/ <b>R</b></li> <li>8. Partner history <b>R</b> <ul style="list-style-type: none"> <li>- injectable drug use</li> <li>- multiple partners</li> <li>- risk history for STIs and HIV</li> <li>- bisexuality</li> </ul> </li> <li>9. Contraceptive use past and present ( including adverse effects) <b>R</b></li> <li>10. Menstrual history <b>R</b></li> <li>11. Sexual history and Social history <b>R</b></li> <li>12. Obstetrical history <b>R</b></li> <li>13. Gynecological conditions <b>R</b></li> <li>14. Sexually transmitted diseases including HBV <b>R</b></li> <li>15. HIV <b>R</b></li> <li>16. Pap smear history ( date of last Pap, and abnormal Pap, treatment) <b>R</b></li> <li>17. In utero exposure to diethylstilbestrol (DES) (rec – DOB 1940-1970)</li> </ol>	<p style="text-align: center;"><b><u>ANNUAL/RETURN HISTORY</u></b></p> <ol style="list-style-type: none"> <li>1. Update a personal history <b>R</b></li> <li>2. Update family medical <b>R</b></li> <li>3. Update social (including sexual) history <b>R</b></li> </ol>
<p style="text-align: center;"><b><u>INITIAL PHYSICAL</u></b></p> <ol style="list-style-type: none"> <li>1. Blood pressure evaluation <b>R</b></li> <li>2. Breast exam <b>I/*</b> (q 3 yrs. 20-39, annual 40+)</li> <li>3. Pelvic exam which includes vulvar evaluation and bimanual exam <b>I/*</b></li> <li>4. Pap test <b>I</b></li> <li>5. Colo-rectal cancer screening over 50 <b>R/*</b></li> <li>6. STI and HIV screening/testing <b>I/**</b></li> <li>7. Height/Weight <b>R</b></li> <li>8. Record Body Mass Index (BMI) <b>R</b></li> <li>9. Thyroid <b>R/*</b></li> <li>10. Heart/Lungs/Extremities <b>R/*</b></li> <li>11. Abdomen <b>R/*</b></li> <li>12. Rectum <b>I</b></li> </ol>	<p style="text-align: center;"><b><u>ANNUAL/RETURN PHYSICAL</u></b></p> <ol style="list-style-type: none"> <li>1. Blood Pressure evaluation <b>R</b></li> <li>2. Breast exam <b>I/*</b></li> <li>3. Pelvic exam, vulvar evaluation, and bimanual <b>I/*</b></li> <li>4. Pap test <b>I</b></li> <li>5. Colo-rectal cancer screening over 50 <b>I/*</b></li> <li>6. STI and HIV screening/testing <b>I/**</b></li> <li>7. Height/Weight <b>R</b></li> <li>8. Record Body Mass Index (BMI) <b>R</b></li> <li>9. Thyroid <b>R/*</b></li> <li>10. Heart/Lungs/Extremities <b>R/*</b></li> <li>11. Abdomen <b>R/*</b></li> <li>12. Rectum <b>I</b></li> </ol>
<p style="text-align: center;"><b><u>LABS INITIAL VISIT</u></b></p> <ol style="list-style-type: none"> <li>1. Anemia assessment <b>I</b></li> <li>2. Gonorrhea <b>I/**</b></li> <li>3. Chlamydia <b>I/**</b></li> <li>4. Vaginal wet mount <b>I</b></li> <li>5. Syphilis serology <b>I</b></li> <li>6. Rubella titer <b>I</b></li> <li>7. Urinalysis <b>I</b></li> <li>8. HIV Testing <b>I</b></li> </ol>	<p style="text-align: center;"><b><u>LABS ANNUAL/RETURN VISIT</u></b></p> <ol style="list-style-type: none"> <li>1. Anemia assessment <b>I</b></li> <li>2. Gonorrhea <b>I/**</b></li> <li>3. Chlamydia <b>I/**</b></li> <li>4. Vaginal wet mount <b>I</b></li> <li>5. Syphilis serology <b>I</b></li> <li>6. Rubella titer <b>I</b></li> <li>7. Urinalysis <b>I</b></li> <li>8. HIV Testing <b>I</b></li> </ol>

Key: **(R)** Required

**(I)** As indicated by history, physical, method, previous lab tests, and/or ACOG/ACS/USPSTF/ASCCP/ASCP/SPR

**(\*)** Not required if written documentation of negative results in last 6 months from any source

**(\*\*)** Required if <25 years of age and as indicated for those 25 and older per IPP guidelines and/or with IUD insertion if required per CDC's STD Screening Guidelines (U.S. Selected Practice Recommendations [SPR], 2013

**Note:** If a patient chooses to decline or defer a service, this must be documented in the record.

**Note:** Return visit does not include routine supply visit.

**Note:** Patients not seen for more than three years must be considered new and follow initial patient guidelines. (CPT, P.1, E/M Service Guidelines)

## Attachment D

## Flow Sheet of Title X Services for Males

<p style="text-align: center;"><b><u>INITIAL HISTORY</u></b></p> <ol style="list-style-type: none"> <li>1. Significant illnesses; hospitalizations; surgery; blood transfusion or exposure to blood products; chronic and acute medical conditions <b>R</b></li> <li>2. Allergies <b>R</b></li> <li>3. Current use of prescription and over-the-counter medications <b>R</b></li> <li>4. Extent of use of tobacco, alcohol, and other drugs <b>R</b></li> <li>5. Immunization and Rubella status <b>R</b></li> <li>6. Review of systems <b>R</b></li> <li>7. Pertinent history of immediate family members <b>R</b></li> <li>8. Partner history <b>R</b> <ul style="list-style-type: none"> <li>- injectable drug use</li> <li>- multiple partners</li> <li>- risk history for STIs and HIV</li> <li>- bisexuality</li> </ul> </li> <li>9. Sexual History /Social History <b>R</b></li> <li>10. STIs (including HBV) <b>R</b></li> <li>11. HIV <b>R</b></li> <li>12. Urological Conditions <b>R</b></li> </ol>	<p style="text-align: center;"><b><u>ANNUAL/RETURN HISTORY</u></b></p> <ol style="list-style-type: none"> <li>1. Update personal history <b>R</b></li> <li>2. Update family medical <b>R</b></li> <li>3. Update social (including sexual) history <b>R</b></li> </ol>
<p style="text-align: center;"><b><u>INITIAL PHYSICAL</u></b></p> <ol style="list-style-type: none"> <li>1. Height and weight <b>I</b> Calculate Body Mass Index (BMI)</li> <li>2. Thyroid <b>I</b></li> <li>3. Heart/Lungs <b>I</b></li> <li>4. Breast <b>I</b></li> <li>5. Abdomen <b>I</b></li> <li>6. Extremities <b>I</b></li> <li>7. Genitals <b>I</b></li> <li>8. Rectum <b>I</b></li> <li>9. Palpation of prostate <b>I</b></li> <li>10. Blood pressure evaluation <b>I</b></li> <li>11. Colo-rectal cancer screening over 50 <b>I</b></li> <li>12. STI/HIV screening/testing <b>I</b></li> </ol>	<p style="text-align: center;"><b><u>ANNUAL/RETURN PHYSICAL</u></b></p> <ol style="list-style-type: none"> <li>1 Height and weight <b>I</b>. Calculate Body Mass Index (BMI)</li> <li>2. Thyroid <b>I</b></li> <li>3. Heart/Lungs <b>I</b></li> <li>4. Breast <b>I</b></li> <li>5. Abdomen <b>I</b></li> <li>6. Extremities <b>I</b></li> <li>7. Genitals <b>I</b></li> <li>8. Rectum <b>I</b></li> <li>9. Palpation of prostate <b>I</b></li> <li>10. Blood pressure evaluation <b>I</b></li> <li>11. Colo-rectal cancer screening over 50 <b>I</b></li> <li>12. STI/HIV screening/testing <b>I</b></li> </ol>
<p style="text-align: center;"><b><u>LABS INITIAL VISIT</u></b></p> <ol style="list-style-type: none"> <li>1. Anemia assessment <b>I</b></li> <li>2. Gonorrhea <b>I</b></li> <li>3. Chlamydia <b>I</b></li> <li>4. Syphilis serology <b>I</b></li> <li>5. Rubella titer <b>I</b></li> <li>6. Urinalysis <b>I</b></li> <li>7. HIV Testing <b>I</b></li> </ol>	<p style="text-align: center;"><b><u>LABS ANNUAL/RETURN VISIT</u></b></p> <ol style="list-style-type: none"> <li>1. Anemia assessment <b>I</b></li> <li>2. Gonorrhea <b>I</b></li> <li>3. Chlamydia <b>I</b></li> <li>4. Syphilis serology <b>I</b></li> <li>5. Rubella titer <b>I</b></li> <li>6. Urinalysis <b>I</b></li> <li>7. HIV Testing <b>I</b></li> </ol>

Key: **(R)** Required

**(I)** As indicated by history, physical, method, previous lab tests, and/or ACOG/ACS/USPSTF/ASCCP/ASCP/SPR

**Note:** If a patient chooses to decline or defer a service, this must be documented in the record.

**Note:** Return visit does not include routine supply visit.

**Note:** Patients not seen for more than three years must be considered new and follow initial patient guidelines.  
(CPT, P.1, E/M Service Guidelines)

## Attachment D

## Flow Sheet of Title X Female and Male Patient Education Requirements

**Female Patient Education**

**Patient education must be documented in the record and must provide patient with information needed to:**

1. Make informed decision about family planning **R**
2. Use specific methods of contraception and identify adverse effects **R**
3. Perform breast self-examination **R**
4. Reduce risk of transmission of STIs and HIV **R**
5. Understand the range of available services and the purpose and sequence of clinic procedures **R**
6. Understand the importance of recommended screening tests and other procedures involved in family planning **R**
7. Understand BMI greater than 25 is a health risk. (*Weight management educational materials to be provided to patients with a BMI of 25 or greater+ BMI of < 18.5*) **R**
8. Stop tobacco use, implementing the 5A counseling approach **R**
9. Encourage annual mammogram for clients 40 & older **I**
10. Promote daily consumption of multivitamin with folic acid **rec**
11. Provide reproductive life planning counseling **rec**

**Optional Information**

Female and male reproductive anatomy and physiology; value of fertility regulation in family and individual health; reproductive health including nutrition, exercise, alcohol and drug abuse, domestic violence and sexual abuse.

**Patient Method Counseling**

**Method counseling is individualized dialogue that must be included in the patient's record. It covers:**

1. Results of physical exam and lab **R**
2. Effective use of contraception, benefits and efficacy **R**
3. Possible side effect/complications **R**
4. How to d/c method selected, information on back up method, use of OCP as emergency contraception **R**
5. Planned return schedule **R**
6. Emergency 24 hour number **R**
7. Location where emergency services can be obtained **R**
8. Appropriate referral for additional services as needed **R**

**Male Patient Education**

**Patient education must be documented in the record and must provide patients with information needed to:**

1. Make informed decision about family planning **R**
2. Use specific methods of contraception and identify adverse effects **R**
3. Perform testicular self-examination **R**
4. Reduce risk of transmission of STIs and HIV **R**
5. Understand the range of available services and the purpose and sequence of clinic procedures **R**
6. Understand the importance of recommended screening tests and other procedures involved in family planning **R**
7. Stop tobacco use, implementing the 5A counseling approach **R**
8. Understand BMI greater than 25 is a health risk (*weight management educational materials to be provided to patients with a BMI of 25 or greater + BMI of < 18.5*) **R**
9. Provide reproductive life planning counseling **rec**

**Optional Information**

Female and male reproductive anatomy and physiology; value of fertility regulation in family and individual health; reproductive health including nutrition, exercise, alcohol and drug abuse, domestic violence and sexual abuse.

**Patient Method Counseling**

**Method counseling is individualized dialogue that must be included in the patient's record. It covers:**

1. Results of physical exam and lab **R**
2. Effective use of contraception, benefits and efficacy **R**
3. Possible side effect/complications **R**
4. How to d/c method selected, information on back up method, use of OCP as emergency contraception **R**
5. Planned return schedule **R**
6. Emergency 24 hour number **R**
7. Location where emergency services can be obtained **R**
8. Appropriate referral for additional services as needed **R**

Key: **(R)** Required  
**(rec)** Recommended  
**(I)** as indicated



# Instructions for Completing PUBLIC HEALTH SERVICE STERILIZATION RECORD

## GENERAL

The Federal regulations at 42 CFR 50.201-209 are applicable to programs and projects for health services which are supported in whole or in part by Federal financial assistance, whether by grant or contract, administered by the Public Health Service. Section 50.208(c) requires that each program or project submit such reports as required by the Secretary. This requirement will be fulfilled by the quarterly submission of a STERILIZATION RECORD.

Programs or projects required to report include, but are not limited to, Family Planning Projects assisted with funds authorized by Title X of the Public Health Service Act and Title V of the Social Security Act, Community Health Centers (Section 330 of the Public Health Service Act), Migrant Health Projects (Section 329 of the Public Health Service Act).

Reports must be submitted on sterilizations performed or arranged for by programs or projects. The term "perform" means to pay for or directly provide the medical procedure itself.

The term "arrange for" means to make arrangements (other than mere referral of an individual to, or the mere making of an appointment for him or her with, another health care provider) for the performance of a medical procedure on an individual by a health care provider other than the program or project. It involves active participation by the program or project in the planning or setting up of the procedure. Arranging for a sterilization includes paying for services related to the performance of the procedure such as transportation or counseling but does not include paying for the procedure itself. It also includes making an appointment with another provider for the procedure itself but does not include making an appointment with another provider when a sterilization has not yet been decided upon.

Programs or projects may not perform or arrange for any hysterectomy solely for the purpose of sterilization or where, if there is more than one purpose to the procedure, the hysterectomy would not be performed but for the purpose of sterilization. The regulations do not prohibit medically indicated hysterectomies such as those for the removal of a cancerous uterus.

Each program or project which arranges for or performs sterilizations must submit reports quarterly unless it has on file in the Regional Health Administrator's office a letter stating that it does not, nor does it plan to, engage in performing or arranging for sterilizations. Such statements must be resubmitted at least annually.

Reports, due no later than 30 days after the close of a quarter, are to be submitted to

Regional Health Administrator  
Attention: Sterilization Liaison Officer  
(see addresses below)

## STERILIZATION RECORDS

Each program or project which arranges for or performs sterilizations shall keep STERILIZATION RECORDS concerning each sterilization. Program should be entered as Family Planning, Maternal and Child Health, Community Health Centers, etc. Each STERILIZATION RECORD comes with a detachable copy. The copy must be forwarded quarterly to the Regional Office. The original must be kept on file by the program or project. "Reporting Period" should be one of the calendar year quarters: January 1 to March 31, April 1 to June 30, July 1 to September 30, and October 1 to December 31. Also include year. (Please insert carbon paper prior to completing this form.)

### Completion of STERILIZATION RECORD

- Patient Identification:** Record the patient's medical record number or other unique identifier which permits accessing all other records for the particular patient. *Unless necessary, patients' names or social security numbers should not be used. In no case must the patient's name or social security number appear on the copy sent to the Regional Office.*
- Date of Birth:** Record the month, day, and year of birth. If any portion of the date of birth is unknown to the patient, and therefore not recorded, an explanation should be entered together with sufficient information to indicate that adequate investigation was carried out to ensure that the patient has reached at least 21 years of age.
- Date Consent Signed:** Record the month, day, and year legally effective informed consent was obtained from the patient sterilized, as evidenced by the signing of the consent form.

- Date of Procedure:** Record the month, day, and year the sterilization procedure was performed or, if not performed at the project but resulted from arrangements by the project, the month, day, and year for which the operation was scheduled.
- Sex of Patient:** Record "M" for male or "F" for female.
- Circumstances of Sterilization:** Check "Emergency Abdominal Surgery" block for sterilizations done in conjunction with emergency abdominal surgery. Check "Premature Delivery" block for female sterilizations done in conjunction with premature delivery. Check "Normal" block for all other sterilizations.
- Race/Ethnicity:** The individual seeking sterilization is asked to supply this information, *but it is not required.* Record as "No" (no designation) for those who chose not to supply the information. Enter the appropriate letter for the categories explained below.
  - "B" - *Black, not of Hispanic origin* - A person having origins in any of the black racial groups of Africa.
  - "H" - *Hispanic* - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
  - "P" - *Pacific Islander or Asian* - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
  - "A" - *American Indian or Alaskan Native* - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
  - "W" - *White, not of Hispanic origin* - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Interpreter:** Check if an interpreter was required for the informed consent process, as evidenced by the interpreter certification section of the consent form.
- Source(s) of Payment:** Enter funding source(s). If there are multiple sources, enter all, e.g., "Title XIX"; "Title XX"; "PHS" (includes PHS Title X, Section 330, Section 319, and SSA Title VI); and "N.F." (non-Federal funds).
- Enter total number of hysterectomies performed or arranged for. See fifth paragraph under GENERAL section.

## REGIONAL HEALTH ADMINISTRATORS

DHEW - Region I  
John F. Kennedy Federal Building  
Boston, Massachusetts 02203

DHEW - Region II  
26 Federal Plaza, Room 3300  
New York, New York 10007

DHEW - Region III  
3535 Market Street  
Philadelphia, Pennsylvania 19101

DHEW - Region IV  
101 Marietta Towers, Suite 1202  
Atlanta, Georgia 30323

DHEW - Region V  
300 South Wacker Drive  
Chicago, Illinois 60606

DHEW - Region VI  
1200 Main Tower Building  
Dallas, Texas 75202

DHEW - Region VII  
601 East 12th Street  
Kansas City, Missouri 64106

DHEW - Region VIII  
1961 Stout Street  
Denver, Colorado 80294

DHEW - Region IX  
50 United Nations Plaza  
San Francisco, California 94102

DHEW - Region X  
1321 Second Avenue  
Seattle, Washington 98101

Allocation Page

Waiting for Program Admin Approval

For Fiscal Year:14/15

Estimate Number: 0

	AA	151 13A1 5735 09 Payment Period 07/01-06/30 Service Period 06/01-05/31	151 13A1 5735 AP Payment Period 07/01-06/30 Service Period 06/01-05/31	151 13A1 5735 AP Payment Period 11/01-06/30 Service Period 10/01-05/31	151 13A1 5735 AP Payment Period 03/01-06/30 Service Period 02/01-05/31	151 13A1 592C FP Payment Period 07/01-07/31 Service Period 06/01-06/29	151 13A1 592D FP Payment Period 07/30-06/29 Service Period 06/30-05/31	151 13A1 6015 FR Payment Period 07/01-06/30 Service Period 06/01-05/31	Proposed Total	New Total	
01 ALAMANCE	*	0	\$1,456.00	\$15,939.00	\$15,939.00	\$15,939.00	\$3,031.00	\$50,411.00	\$17,084.00	\$119,799.00	\$119,799.00
D1 ALBEMARLE REG	*	0	\$5,024.00	\$55,008.00	\$55,007.00	\$55,007.00	\$12,599.00	\$171,476.00	\$49,949.00	\$404,070.00	\$404,070.00
02 ALEXANDER	*	0	\$1,328.00	\$14,536.00	\$14,535.00	\$14,535.00	\$1,025.00	\$20,028.00	\$7,867.00	\$73,854.00	\$73,854.00
04 ANSON	*	0	\$1,569.00	\$17,177.00	\$17,177.00	\$17,177.00	\$2,065.00	\$27,798.00	\$7,393.00	\$90,356.00	\$90,356.00
D2 APPALACHIAN	*	0	\$2,216.00	\$24,262.00	\$24,263.00	\$24,263.00	\$4,123.00	\$73,073.00	\$21,040.00	\$173,240.00	\$173,240.00
07 BEAUFORT	*	0	\$1,934.00	\$21,170.00	\$21,170.00	\$21,169.00	\$2,586.00	\$39,155.00	\$4,302.00	\$111,486.00	\$111,486.00
09 BLADEN	*	0	\$1,128.00	\$12,350.00	\$12,350.00	\$12,350.00	\$2,070.00	\$38,705.00	\$13,971.00	\$92,924.00	\$92,924.00
10 BRUNSWICK	*	0	\$1,804.00	\$19,756.00	\$19,757.00	\$19,757.00	\$1,862.00	\$34,896.00	\$10,894.00	\$108,726.00	\$108,726.00
11 BUNCOMBE	*	0	\$4,294.00	\$47,009.00	\$47,009.00	\$47,009.00	\$4,121.00	\$49,554.00	\$9,712.00	\$208,708.00	\$208,708.00
12 BURKE	*	0	\$1,872.00	\$20,493.00	\$20,493.00	\$20,493.00	\$2,339.00	\$33,224.00	\$8,132.00	\$107,046.00	\$107,046.00
13 CABARRUS	*	0	\$1,029.00	\$11,271.00	\$11,271.00	\$11,271.00	\$1,937.00	\$42,196.00	\$15,710.00	\$94,685.00	\$94,685.00
14 CALDWELL	*	0	\$2,380.00	\$26,062.00	\$26,062.00	\$26,062.00	\$3,296.00	\$46,776.00	\$11,354.00	\$141,992.00	\$141,992.00
16 CARTERET	*	0	\$0.00	\$0.00	\$0.00	\$0.00	\$8,482.00	\$108,381.00	\$3,496.00	\$120,359.00	\$120,359.00
17 CASWELL	*	0	\$1,206.00	\$13,208.00	\$13,208.00	\$13,208.00	\$1,474.00	\$20,437.00	\$5,288.00	\$68,029.00	\$68,029.00
18 CATAWBA	*	0	\$434.00	\$4,757.00	\$4,756.00	\$4,756.00	\$2,580.00	\$43,353.00	\$15,365.00	\$76,001.00	\$76,001.00
19 CHATHAM	*	0	\$1,084.00	\$11,869.00	\$11,868.00	\$11,868.00	\$1,258.00	\$25,622.00	\$8,652.00	\$72,221.00	\$72,221.00
20 CHEROKEE	*	0	\$1,064.00	\$11,648.00	\$11,648.00	\$11,648.00	\$1,427.00	\$21,420.00	\$5,400.00	\$64,255.00	\$64,255.00
22 CLAY	*	0	\$579.00	\$6,335.00	\$6,335.00	\$6,335.00	\$1,014.00	\$14,378.00	\$4,335.00	\$39,311.00	\$39,311.00
23 CLEVELAND	*	0	\$2,603.00	\$28,502.00	\$28,502.00	\$28,502.00	\$1,368.00	\$19,147.00	\$8,991.00	\$117,615.00	\$117,615.00
24 COLUMBUS	*	0	\$431.00	\$4,718.00	\$4,718.00	\$4,718.00	\$3,594.00	\$46,849.00	\$7,723.00	\$72,751.00	\$72,751.00
25 CRAVEN	*	0	\$3,442.00	\$37,685.00	\$37,684.00	\$37,684.00	\$5,409.00	\$76,805.00	\$5,253.00	\$203,962.00	\$203,962.00
26 CUMBERLAND	*	0	\$5,554.00	\$60,809.00	\$60,810.00	\$60,810.00	\$8,677.00	\$158,123.00	\$5,995.00	\$360,778.00	\$360,778.00
28 DARE	*	0	\$368.00	\$4,029.00	\$4,029.00	\$4,029.00	\$933.00	\$17,499.00	\$7,336.00	\$38,183.00	\$38,183.00
29 DAVIDSON	*	0	\$1,327.00	\$14,526.00	\$14,526.00	\$14,526.00	\$3,677.00	\$67,343.00	\$30,503.00	\$146,428.00	\$146,428.00
30 DAVIE	*	0	\$1,133.00	\$12,188.00	\$12,189.00	\$12,189.00	\$1,495.00	\$20,775.00	\$4,790.00	\$64,739.00	\$64,739.00
31 DUPLIN	*	0	\$1,563.00	\$17,111.00	\$17,111.00	\$17,111.00	\$2,816.00	\$37,142.00	\$8,661.00	\$101,515.00	\$101,515.00
32 DURHAM	*	0	\$2,904.00	\$31,793.00	\$31,793.00	\$31,793.00	\$3,470.00	\$41,807.00	\$21,984.00	\$165,544.00	\$165,544.00
33 EDGEcombe	*	0	\$3,543.00	\$38,793.00	\$38,794.00	\$38,794.00	\$4,187.00	\$70,763.00	\$10,523.00	\$205,397.00	\$205,397.00
34 FORSYTH	*	0	\$3,435.00	\$37,608.00	\$37,607.00	\$37,607.00	\$1,562.00	\$32,380.00	\$13,370.00	\$163,569.00	\$163,569.00
35 FRANKLIN	*	0	\$534.00	\$5,843.00	\$5,844.00	\$5,844.00	\$2,502.00	\$33,139.00	\$5,048.00	\$58,754.00	\$58,754.00
36 GASTON	*	0	\$880.00	\$9,638.00	\$9,638.00	\$9,637.00	\$6,035.00	\$85,694.00	\$19,476.00	\$140,998.00	\$140,998.00
38 GRAHAM	*	0	\$397.00	\$4,351.00	\$4,350.00	\$4,350.00	\$1,093.00	\$15,533.00	\$9,111.00	\$39,185.00	\$39,185.00
D3 GRAN-VANCE	*	0	\$2,306.00	\$25,245.00	\$25,245.00	\$25,245.00	\$3,684.00	\$70,297.00	\$8,030.00	\$160,052.00	\$160,052.00
40 GREENE	*	0	\$1,519.00	\$16,628.00	\$16,628.00	\$16,628.00	\$1,728.00	\$25,399.00	\$7,116.00	\$85,646.00	\$85,646.00
41 GUILFORD	*	0	\$6,187.00	\$67,740.00	\$67,740.00	\$67,740.00	\$7,225.00	\$143,643.00	\$54,527.00	\$414,802.00	\$414,802.00
42 HALFAX	*	0	\$4,465.00	\$48,890.00	\$48,890.00	\$48,889.00	\$4,041.00	\$66,365.00	\$12,868.00	\$234,408.00	\$234,408.00
43 HARNETT	*	0	\$1,134.00	\$12,418.00	\$12,418.00	\$12,418.00	\$2,788.00	\$46,663.00	\$5,569.00	\$93,408.00	\$93,408.00
44 HAYWOOD	*	0	\$1,665.00	\$18,229.00	\$18,230.00	\$18,230.00	\$2,845.00	\$40,413.00	\$11,307.00	\$110,919.00	\$110,919.00
45 HENDERSON	*	0	\$924.00	\$10,114.00	\$10,114.00	\$10,115.00	\$2,270.00	\$30,368.00	\$10,924.00	\$74,829.00	\$74,829.00
46 HERTFORD	*	0	\$2,890.00	\$31,639.00	\$31,639.00	\$31,639.00	\$1,525.00	\$29,752.00	\$8,496.00	\$137,580.00	\$137,580.00
47 HOKE	*	0	\$853.00	\$9,343.00	\$9,344.00	\$9,344.00	\$1,730.00	\$31,174.00	\$15,399.00	\$77,187.00	\$77,187.00
48 HYDE	*	0	\$861.00	\$9,429.00	\$9,429.00	\$9,429.00	\$1,065.00	\$15,600.00	\$3,214.00	\$49,027.00	\$49,027.00
49 IREDELL	*	0	\$2,248.00	\$24,611.00	\$24,611.00	\$24,611.00	\$2,938.00	\$41,723.00	\$12,021.00	\$132,763.00	\$132,763.00
50 JACKSON	*	0	\$3,347.00	\$36,644.00	\$36,644.00	\$36,644.00	\$2,200.00	\$37,388.00	\$10,373.00	\$163,240.00	\$163,240.00
51 JOHNSTON	*	0	\$1,085.00	\$11,883.00	\$11,884.00	\$11,884.00	\$3,427.00	\$44,743.00	\$9,448.00	\$94,354.00	\$94,354.00
52 JONES	*	0	\$958.00	\$10,485.00	\$10,485.00	\$10,485.00	\$1,178.00	\$16,751.00	\$2,356.00	\$52,698.00	\$52,698.00
53 LEE	*	0	\$1,619.00	\$17,721.00	\$17,721.00	\$17,721.00	\$1,573.00	\$27,606.00	\$4,971.00	\$88,932.00	\$88,932.00
54 LENOIR	*	0	\$3,647.00	\$39,929.00	\$39,929.00	\$39,929.00	\$3,651.00	\$53,267.00	\$10,391.00	\$190,743.00	\$190,743.00
55 LINCOLN	*	0	\$119.00	\$1,306.00	\$1,306.00	\$1,306.00	\$1,580.00	\$22,405.00	\$3,929.00	\$31,951.00	\$31,951.00
56 MACON	*	0	\$711.00	\$7,781.00	\$7,781.00	\$7,780.00	\$1,635.00	\$23,188.00	\$7,337.00	\$56,213.00	\$56,213.00
57 MADISON	*	0	\$1,225.00	\$13,416.00	\$13,415.00	\$13,415.00	\$1,356.00	\$19,241.00	\$7,398.00	\$69,466.00	\$69,466.00
D4 MAR-TYR-WASH	*	0	\$4,217.00	\$46,170.00	\$46,171.00	\$46,171.00	\$5,002.00	\$71,958.00	\$19,064.00	\$238,753.00	\$238,753.00
60 MECKLENBURG	*	0	\$14,234.00	\$155,850.00	\$155,850.00	\$155,850.00	\$16,043.00	\$201,616.00	\$20,607.00	\$720,050.00	\$720,050.00
62 MONTGOMERY	*	0	\$335.00	\$3,667.00	\$3,667.00	\$3,667.00	\$1,691.00	\$24,012.00	\$14,445.00	\$51,484.00	\$51,484.00
63 MOORE	*	0	\$2,958.00	\$32,385.00	\$32,384.00	\$32,385.00	\$2,550.00	\$33,791.00	\$10,874.00	\$147,327.00	\$147,327.00
64 NASH	*	0	\$2,669.00	\$29,221.00	\$29,222.00	\$29,222.00	\$4,912.00	\$69,739.00	\$10,063.00	\$175,048.00	\$175,048.00
65 NEW HANOVER	*	0	\$1,980.00	\$21,678.00	\$21,678.00	\$21,678.00	\$2,506.00	\$42,706.00	\$13,585.00	\$125,811.00	\$125,811.00
66 NORTHAMPTON	*	0	\$1,907.00	\$20,884.00	\$20,884.00	\$20,884.00	\$2,760.00	\$39,931.00	\$5,186.00	\$112,436.00	\$112,436.00
67 ONSLOW	*	0	\$5,648.00	\$61,840.00	\$61,840.00	\$61,839.00	\$4,349.00	\$81,371.00	\$11,621.00	\$288,508.00	\$288,508.00
68 GRANGE	*	0	\$2,473.00	\$27,076.00	\$27,077.00	\$27,077.00	\$4,175.00	\$54,566.00	\$4,115.00	\$146,559.00	\$146,559.00
69 PAMLICO	*	0	\$1,208.00	\$13,231.00	\$13,231.00	\$13,231.00	\$1,476.00	\$20,953.00	\$1,021.00	\$64,351.00	\$64,351.00
71 PENDER	*	0	\$1,924.00	\$21,066.00	\$21,065.00	\$21,066.00	\$2,176.00	\$30,917.00	\$9,933.00	\$108,147.00	\$108,147.00
73 PERSON	*	0	\$1,899.00	\$20,796.00	\$20,797.00	\$20,797.00	\$1,807.00	\$25,689.00	\$11,616.00	\$103,401.00	\$103,401.00
75 PITT	*	0	\$2,567.00	\$28,109.00	\$28,109.00	\$28,109.00	\$6,515.00	\$83,116.00	\$33,982.00	\$210,507.00	\$210,507.00
76 RANDOLPH	*	0	\$3,512.00	\$38,455.00	\$38,455.00	\$38,455.00	\$1,615.00	\$51,923.00	\$16,272.00	\$188,687.00	\$188,687.00

77 RICHMOND	*	0	\$1,740.00	\$19,051.00	\$19,051.00	\$19,051.00	\$1,758.00	\$34,722.00	\$5,783.00	\$101,156.00	\$101,156.00
78 ROSELSON	*	0	\$4,123.00	\$45,138.00	\$45,138.00	\$45,138.00	\$4,639.00	\$92,818.00	\$25,838.00	\$262,832.00	\$262,832.00
79 ROCKINGHAM	*	0	\$3,314.00	\$36,280.00	\$36,279.00	\$36,279.00	\$1,071.00	\$15,192.00	\$9,370.00	\$137,785.00	\$137,785.00
80 ROWAN	*	0	\$3,281.00	\$35,917.00	\$35,917.00	\$35,918.00	\$3,389.00	\$48,111.00	\$20,522.00	\$183,055.00	\$183,055.00
D5 R-F-M	*	0	\$3,951.00	\$43,264.00	\$43,264.00	\$43,264.00	\$4,378.00	\$64,257.00	\$27,482.00	\$229,860.00	\$229,860.00
82 SAMPSON	*	0	\$1,617.00	\$17,702.00	\$17,702.00	\$17,702.00	\$3,158.00	\$43,110.00	\$11,594.00	\$112,685.00	\$112,685.00
83 SCOTLAND	*	0	\$2,254.00	\$24,683.00	\$24,683.00	\$24,683.00	\$2,190.00	\$42,264.00	\$18,955.00	\$139,712.00	\$139,712.00
84 STANLY	*	0	\$881.00	\$9,644.00	\$9,645.00	\$9,645.00	\$1,746.00	\$33,800.00	\$7,175.00	\$72,536.00	\$72,536.00
85 STOKES	*	0	\$2,099.00	\$22,977.00	\$22,977.00	\$22,977.00	\$763.00	\$33,734.00	\$4,295.00	\$109,822.00	\$109,822.00
86 SURRY	*	0	\$0.00	\$0.00	\$0.00	\$0.00	\$1,711.00	\$32,028.00	\$12,598.00	\$46,337.00	\$46,337.00
87 SWAIN	*	0	\$1,201.00	\$13,152.00	\$13,152.00	\$13,152.00	\$1,237.00	\$17,804.00	\$6,480.00	\$66,258.00	\$66,258.00
D6 TOE RIVER	*	0	\$3,036.00	\$33,244.00	\$33,243.00	\$33,243.00	\$3,840.00	\$56,869.00	\$22,018.00	\$185,493.00	\$185,493.00
88 TRANSYLVANIA	*	0	\$1,144.00	\$12,530.00	\$12,530.00	\$12,530.00	\$973.00	\$18,032.00	\$9,274.00	\$67,013.00	\$67,013.00
90 UNION	*	0	\$1,569.00	\$17,179.00	\$17,178.00	\$17,178.00	\$2,465.00	\$46,135.00	\$13,019.00	\$114,723.00	\$114,723.00
92 WAKE	*	0	\$4,486.00	\$49,116.00	\$49,116.00	\$49,116.00	\$96.00	\$1,372.00	\$33,582.00	\$186,884.00	\$186,884.00
93 WARREN	*	0	\$1,974.00	\$21,610.00	\$21,610.00	\$21,609.00	\$1,744.00	\$31,926.00	\$2,230.00	\$102,703.00	\$102,703.00
96 WAYNE	*	0	\$2,633.00	\$28,833.00	\$28,833.00	\$28,833.00	\$4,339.00	\$57,444.00	\$14,252.00	\$165,167.00	\$165,167.00
97 WILKES	*	0	\$1,933.00	\$21,168.00	\$21,167.00	\$21,168.00	\$2,048.00	\$29,045.00	\$2,812.00	\$99,341.00	\$99,341.00
98 WILSON	*	0	\$2,004.00	\$21,936.00	\$21,936.00	\$21,936.00	\$3,269.00	\$66,041.00	\$13,990.00	\$151,112.00	\$151,112.00
99 YADKIN	*	0	\$493.00	\$5,382.00	\$5,382.00	\$5,383.00	\$1,551.00	\$22,042.00	\$10,595.00	\$50,828.00	\$50,828.00
<b>Totals</b>			\$187,522.00	\$2,053,129.00	\$2,053,129.00	\$2,053,129.00	\$256,488.00	\$3,988,942.00	\$1,038,730.00	\$11,631,069.00	\$11,631,069.00

Signature and Date - DPH Program Administrator

*Tricia David* 2/10/14

Signature and Date- DPH Section Chief

*Peter Andre* 2/10/14

Signature and Date- DPH Contracts Office

*Rebecca Miller* 2-10-14

Signature and Date - Division of Public Health Budget Officer

*Janet McCombs* 2/11/14

*JP*  
2/11/14