

Division of Public Health

Agreement Addendum

FY 15-16

County Health Department
Local Health Department Legal Name

WCH / Children and Youth Branch
DPH Section/Branch Name

351 Child Health (HMHC)
Activity Number and Description

DPH Program Contact
 (name, telephone number with area code, and email)

06/01/2015 to 05/31/2016
Service Period

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

07/01/2015 to 06/30/2016
Payment Period

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

I. Background:

The Children and Youth Branch 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 plan, develop and oversee preventive, genetic and specialized services. The programs 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.

These funds have been appropriated to focus on access to preventive care for underinsured or uninsured children and Medicaid recipients. The state percentage of uninsured children (uninsured/total population) birth through 17 years of age is 14.0% and the percentage of Medicaid eligibles birth through 20 years of age (Medicaid eligibles/total population) is 36.0% (2010 NC CATCH).

 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: _____
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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 disease, 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 Agreement Addendum for Activity 351 Child Health is a negotiable Agreement Addendum which requires further negotiation between the Children and Youth Branch and the Local Health Department.

The Local Health Department is to complete the Non-Medicaid Direct Healthcare Services (Attachment A) and Other Program Services (Attachment B) and enter totals below for each. The information provided by the Local Health Department will be reviewed by the Children and Youth Branch. When the Branch representative and the Local Health Department reach an agreement, the DPH Program Contact will sign the Agreement Addendum to execute it.

Non-Medicaid Direct Healthcare Services (Attachment A) Amount \$ _____

The Local Health Department shall provide Non-Medicaid direct health care services using HMHC funds that meets or exceeds the total dollar amount budgeted. Health Information System (HIS) will provide documentation to substantiate services that the Local Health Department has provided. Failure to provide services for this number of children for a two-year period or to expend all Child Health funds for these services for a two-year period may result in a reduction in funds.

The Local Health Department should use the CY2013 County Data Worksheets (worksheet to be provided during 351 Agreement Addenda training session (in March 2015) to calculate projected deliverables for FY 15-16. Worksheets should not be submitted with the 351 Agreement Addendum when it is returned to the Division of Public Health.

Local health departments are required by legislation (<http://openstates.org/nc/bills/2011/SB245/documents/NCD00014072/>) to report clinical services through HIS to meet subrecipient monitoring requirements. Local health departments who are unable to meet the legislative requirement must submit local data to support the dollar amount for the deliverable. Data must provide unduplicated children and service counts for non-Medicaid services.

Other Program Services (Attachment B) Amount \$ _____

The Local Health Department shall provide other program services using HMHC funds that meets or exceeds the total dollar amount budgeted to promote the program's goals and objectives. These services should be evidence-based or evidence-informed and targeted to local child health issues identified by review of Action for Children County Reports, Eat Smart Move More data, local community assessment and other data sources. Local data identified for each deliverable (Attachment B worksheet) will be made available to document how funds were used and progress in meeting objectives. Failure to provide services for a two-year period or to expend all Child Health funds for a two-year period may result in a reduction in funds.

Total Child Health Budget Estimates (Non-Medicaid Direct Healthcare Services and Other Program Services) Amount \$ _____

1. Non-Medicaid Direct Healthcare Services:

The Local Health Department shall:

- A. 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.

- B. Indicate, by checking the appropriate boxes below, which if any of the following services are provided by the Local Health Department:

- 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; and
- 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.*

- C. Submit with this signed Agreement Addendum one of the following documents 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. Please refer to *Guidance for LHD Assurance of Child Health Services*, which will be available during the Activity 351 Agreement Addenda Training following the distribution of this Agreement Addenda.

- 1. A statement below by the Health Director specifically describing how the Local Health Department assures routine periodic well-child preventive care as defined in 10A NCAC 46:

- 2. A Memorandum of Understanding/Agreement with local health care providers documenting how these services are provided by them;

3. A copy of the contract with local health care providers documenting an arrangement with local providers to provide these services; or
 4. 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.
- D. Enter non-Medicaid direct healthcare service data into HSIS/HIS monthly or report required data to DPH monthly; only HSIS/HIS data will be used to validate performance measures. Monitor the number of non-Medicaid services provided using HSIS report HSAE010C, Service Count by Program Type, and compare to the number of non-Medicaid services in the negotiated allocation (page 2 of this document).
- E. Comply with Health Check Billing Guide requirements for all individuals receiving well-child services in the Local Health Department, regardless of source of payment. (<http://www.dhhs.state.nc.us/dma/provider>). Documentation of services will be in DPH-approved format which must comply with Bright Futures preventative services standards. Additional programmatic guidance can be found at <http://www.ncdhhs.gov/dph/wch/aboutus/childrenyouth.htm>.
- F. Comply with 10A NCAC 43E .0307 requirements for documentation of services for all individuals receiving primary care or sick care services in the Local Health Department, regardless of source of payment. Documentation of services shall meet Division of Medical Assistance DMA documentation and coding guidelines.
- G. Comply with DMA policy requirements for provision of Home Visit for Newborn Care and Assessment (HVNCA) services (<http://www.ncdhhs.gov/dma/mp/1m4.pdf>) to provide and document services for all individuals receiving HVNCA, regardless of source of payment.

2. Other Program Services:

The Local Health Department shall:

- A. Implement the targeted evidence-based strategies activities and interventions outlined in the Attachment B worksheets and approved by the Branch to improve child health in their local communities. The Local Health Department will keep data on the outcome measures specified for each intervention available to Branch staff on request.
- B. Maintain written policies to ensure training of all Child Health Program staff and implementation of evidence-based health literacy strategies in child health clinics and home visits for newborn assessment and care to assure parents and clients can read, understand, and apply health information to make informed decisions to improve health outcomes. Resources: North Carolina Institute of Medicine Health Literacy Taskforce 2010 Update: <http://www.nciom.org/publications/?healthliteracy-2010update> and <http://www.cdc.gov/healthliteracy/training/>.
- C. Ensure participation by at least one Child Health Program manager or staff member at Branch supported child health regional meetings to obtain programmatic updates and service information and for that staff member to then disseminate that information to all Child Health Program staff at the Local Health Department. Healthy Mothers Healthy Children funds may be used to support attendance at programmatic updates.
- D. Implement written policies for child health services that include:
 1. Increasing 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

2. Promoting customer friendly services that meet the needs of populations that are underserved. (Healthy People 2020: <http://www.healthypeople.gov/>)
- E. Annually review child health outcomes and related trends for the county and the State to identify major opportunities to improve these outcomes and reduce disparities in the county. This information should be used in developing Attachment B deliverables. The following county level data sources are available:
1. Kindergarten Health Assessment (KHA) completed report: <http://wch.dhhs.state.nc.us/cay.htm> , School Health Program
 2. Kids Count Data Center: <http://datacenter.kidscount.org/data/bystate/StateLanding.aspx?state=NC>
 3. Other data sources will be discussed at the the 351 Agreement Addenda Training following the distribution of this Agreement Addenda.
- F. Comply with the following assurances:
1. Ensure child health services provided by public health nurses meet North Carolina Board of Nursing scope of practice guidelines, including nursing standing orders. Resource: <http://www.ncbon.com/>.
 2. Ensure that public health nurses who have received special Child Health Enhanced Role Training are currently rostered with the Office of Public Health Nursing and Professional Development. The Local Health Department shall maintain records for all rostered Child Health Enhanced Role Nurses to include confirmation of current rostered status, log of continuing education hours and clinical hours performing EPDST screening examinations.
 3. Ensure that the Local Health Department will report any interruption in service or ability to meet quality assurance deliverables within 14 days to the regional child health nurse consultant.
 4. Ensure that the Local Health Department will update the regional child health nurse consultant of any changes in the contact information for the Child Health Program Coordinator/Program Supervisor within two weeks of the change.
- G. Monitor local Child Health Program records for quality and assurance and appropriate documentation. The Local Health Department shall ensure this service deliverable by conducting an internal program record audit using FY14-15 DPH Child Health and Newborn Home Visiting Audit Tools and accompanying instructions documents. NC Administrative Code 10A NCAC 46.0203 requires local health departments conduct a program assessment, including an internal record audit at least once a year.
- H. 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:
1. Program goals and objectives;
 2. Roles and responsibilities defined for each agency including a formal plan for emergency and disaster use of school nurses;
 3. A description of the process for developing written policies and procedures; and
 4. Provisions for annual revision of the agreement.

Submit to the State School Health Nurse Consultant, by September 1, 2013, a copy of the 2015-2016 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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. All services shall be provided in a linguistically and culturally competent manner.

IV. Performance Measures/Reporting Requirements:

Performance Measure # 1: The Local Health Department shall meet or exceed the deliverables and program quality assurance requirements outlined in Section III. Scope of Work and Deliverables. Data will be reviewed annually to verify that the program is trending in the right direction.

Performance Indicators:

- A. Increase the percentage of Medicaid eligible children birth to 21 years residing in the county who receive Health Check services.
- B. Increase the percentage of Medicaid eligible children ages one to two years residing in the county who receive direct blood lead screening test.
- C. Increase the percentage of children enrolling in public kindergarten with documented completed Kindergarten Health Assessment within the prescribed timelines; and the percentage of county schools reporting KHA compliance information.
- D. Increase the number of children ages two to four years served at the Local Health Department with a Body Mass Index below the 85th percentile but above the 5th percentile for age and gender (by age group).

Performance Measure # 2: The Local Health Department shall provide data demonstrating that outcome measures have been met for each approved activity or intervention in Other Program Services (Attachment B).

Performance Indicators:

- A. The Local Health Department shall meet, within the Agreement Addendum Service Period, a minimum of 90 percent of the negotiated deliverables.

Reporting Requirements:

- A. The Local Health Department shall provide this data in the format and timeframe requested by Branch Staff.

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.1.E. and DMA billing guidelines or the Local Health Department must develop a comprehensive 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 will be

designated as high risk; a plan will be developed for more intensive external compliance reviews until the Local Health Department has meet requirements for a minimum of 18 consecutive months.

- B. Compliance or documented progress toward the negotiated Non-Medicaid Direct Healthcare Services Deliverables (Attachment A) and Other Program Services Deliverables (Attachment B) 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 Attachment A and B 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 for a two-year period or to expend all Healthy Mothers/Healthy Children (HMHC) funds on indicated activities for a two-year period may result in a reduction in funds.

VI. Funding Guidelines or Restrictions: (if applicable)

- A. HMHC funds may not support services and activities that have not been specified in Section III, Scope of Work and Deliverables.
- B. Non-Medicaid Direct Healthcare Services funds may not be used to support services or activities supported by other Agreement Addenda.
- C. Funds may not be used to supplement Medicaid services. Receipt of Medicaid reimbursement for services rendered is considered öpayment in full.ö

ATTACHMENT A

Non-Medicaid Direct Healthcare Services
(Transfer this amount to page 2)

Amount \$ _____

The Local Health Department should use the CY2013 County Data Worksheets (worksheet to be provided during 351 Agreement Addenda training session in March 2015) to calculate projected deliverables for FY 15-16. Worksheets should not be submitted with the 351 Agreement Addendum when it is returned to the Division of Public Health.

Reports from HIS will be used to verify the amount of non-Medicaid direct healthcare services requested.

ATTACHMENT B

Worksheet for Other Program Services

Subject to Children & Youth Branch approval, the Local Health Department plans to use the remaining DPH funds to further the program's goals and objectives and should be targeted to local child health issues identified by annual data review.

CHILD HEALTH PROGRAM DELIVERABLE # _____ OF _____
(Replicate this page as necessary to report all activities.)

1. Describe the local health indicators (or need) to be addressed:

Include the data supporting the health indicators, for example, Action for Children County Reports (<http://www.ncchild.org/content/2012-child-health-report-card-county-data-cards>), Eat Smart Move More data (<http://www.eatsmartmovemorenc.com/Data/ChildAndYouthData.html>), local child fatality review data, and the local community assessment.

2. Describe the evidence-based activity or intervention to meet the need:

Target group for the activities must be clearly identified. Include the data supporting indicator(s) and source(s) supporting the need and targeted interventions. Activities or interventions must be evidence-based or evidence-informed; clearly state the evidence; for example ESMM evidence-based obesity interventions. (<http://www.eatsmartmovemorenc.com/TheEvidence/TheEvidence.html>).

3. Provide objectives for the activity/interventions described above.

Provide at least two SMART objectives related to the activity (https://www.rochester.edu/working/hr/performance/SMART_Goals.pdf).

4. Develop budget for the activity:

Include specific Full Time Equivalent (FTE) costs, travel costs (at state rate), in kind support, and specific materials costs for the intervention.

5. Provide contact information for the staff member with primary responsibility for this activity:

Include name, title, phone number, and email address.

6. Develop at least two measures for each activity:

How will you measure the success of the intervention or activity? For example the percentage of children who lost weight or increased physical activity as the result of the nutrition and physical activity intervention.

Note: The agency will be required to report the measures data at the end of the FY so measures should be very specific and processes must be in place to capture and report data.

Complete one sheet for each activity; add the total costs (budget) for each activity and record in the Other Program Services space on page 2.