

# Division of Public Health

## Agreement Addendum

### FY 08-09

\_\_\_\_\_  
**Local Health Department Name**

351 – Child Health (HMHC)  
 \_\_\_\_\_  
**Activity Number and Description**

06/01/2008 – 05/31/2009  
 \_\_\_\_\_  
**Service Period MM/DD/YYYY-MM/DD/YYYY**

07/01/2008 – 06/30/2009  
 \_\_\_\_\_  
**Payment Period MM/DD/YYYY-MM/DD/YYYY**

WCH / Children and Youth  
 \_\_\_\_\_  
**DPH Section/Branch Name**

Jean Vukoson 919-707-5644  
 Jean.Vukoson@ncmail.net  
 \_\_\_\_\_

**DPH Program Contact Name, Telephone Number (with area code) and Email**

\_\_\_\_\_  
**DPH program signature (only required for negotiable agreement addendum)**

- Original Agreement Addendum**
- Agreement Addendum Revision # \_\_\_\_ (please do not put the Aid to County 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. 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 the following: 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.

**II. Purpose:**

The Child Health program provides local health departments resources to provide or assure provision of preventive health care services for children in their service area in order to: reduce mortality and morbidity among children and youth resulting from communicable disease, injuries (intentional and unintentional), and other preventable conditions; promote healthy behaviors; and support optimal physical, social and emotional health of children and youth. The Agreement Addendum specifies local agency performance deliverables.

\_\_\_\_\_  
 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.**

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

Please complete the following sections along with the appropriate worksheets (attached).

**NON-MEDICAID DIRECT HEALTHCARE SERVICES** (*Attachment A*)                      **Amount \$** \_\_\_\_\_

The Health Department shall provide non-Medicaid direct healthcare service deliverables in FY08 that meet or exceed the total dollar value of all services budgeted. Health Services Information System (HSIS) and/or Health Information System (HIS) service data as of August 31, 2009 will provide the documentation. Failure to provide this level of 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.

**OTHER PROGRAM SERVICES** (*Attachment B*)    **Amount \$** \_\_\_\_\_

The Health Department shall provide other program service deliverables to meet or exceed the total dollar amount of Division of Public Health (DPH) funds budgeted in the Child Health Activity 351 budgetary estimate (HMHC)/DHHS Aid to Counties Database (WIRM). Subject to Children & Youth Branch approval, the Health Department plans to use the remaining DPH funds to further the program’s goals and objectives. Information describing how these funds are to be used should be completed on Attachment B and returned. Complete one sheet for each service.

Non-Medicaid services may include, but are not necessarily limited to, one or more of the following:

- Improvement activities identified in the review of local child health outcomes and related trends
- School health
- Child care health and safety
- Child abuse and neglect prevention
- Child care health and safety
- Program & staff quality assurance
- Improvement activities to facilitate medical homes for children
- Child death reviews
- Staff development in child health issues
- Child health public information campaigns
- Vision correction or hearing screening (late onset)
- Health Choice outreach
- Interpreter services
- Client transportation
- Community development to address child health
- Local health care system development
- Inter-agency collaboration to address child health issues

**TOTAL CHILD HEALTH BUDGET ESTIMATES (ATTACHMENT A + ATTACHMENT B)** *Note: This figure must equal or be greater than the amount on the attached Budgetary Estimate and corresponding HMHC Form T1503).*

**Total Amount \$** \_\_\_\_\_

The Branch makes the following Program recommendations for local agencies:

1. Decrease the impact of second hand smoke on young children, including asthma and increase incidence of SIDs (<http://www.aap.org/richmondcenter/>), by promoting the same strategies used in maternal health clinics to facilitate smoking cessation during pregnancy, implement the 5A Approach to provide brief smoking cessation counseling to parents of children receiving well-child and primary care services at the health department. *Free web-based training will be provided.*
2. Develop written policies to ensure training of all child health 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 health decisions to improve health outcomes. (NC Institute of Medicine Task Force on Health Literacy 2006-2007) *Free web-based training will be provided.*
3. Ensure participation by at least one staff member at Branch supported regional meetings to obtain programmatic updates and service information and dissemination of information to all Child Health Program staff at the Health

Department. Healthy Mothers Healthy Children funds may be used to support attendance at programmatic updates.

- 4. Annually (current requirement is biannually) review child health outcomes and related trends for 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:
  - a. Program Outcome Objectives data: <http://wch.dhhs.state.nc.us/cay.htm>, click on Child Health Program.
  - b. KHA completed report: <http://wch.dhhs.state.nc.us/cay.htm>, click on School Health Program
  - c. Action for Children county level data: [www.ncchild.org/content/view/340/187/](http://www.ncchild.org/content/view/340/187/)

The local Health Department shall:

- A. Demonstrate compliance 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.*

If the Health Department provides the following services, please indicate by checking the appropriate boxes:

- 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 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.*

If the Health Department is not providing routine periodic well-child preventive care as evidenced in HSIS/HIS data and program review audit, but is instead assuring the provision of these services, the agency shall submit one of the following documents. Please refer to "[Guidance for LHD Assurance of Child Health Services.](#)"

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

- 2. A Memorandum of Understanding with local health care provider(s) 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;
- 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.

- B. Enter non-Medicaid direct healthcare service data into HSIS/HIS; 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).

- C. Comply with Program requirements to provide and document the services listed below for all individuals receiving well-child services in the agency, regardless of source of payment.
1. Initial health history that includes components listed below, with updates as appropriate on subsequent visits
  2. General contact information, family composition, sources of income, environment
  3. Family medical history
  4. Social history
  5. Perinatal history
  6. Past medical and surgical history
  7. Documentation of updated immunizations as appropriate
  8. Documentation of complete review of systems
  9. Documented patient history of current problems/illness that includes description of onset, condition prior to problem/illness, characteristics of symptoms, course since onset and current status
  10. Documentation of at least 12 of the 15 components listed below:
    - a. Blood pressure (age three and over)
    - b. Skin/nodes
    - c. Eyes (red reflex/pupils)
    - d. Eye muscle balance
    - e. Ears (canals/drums)
    - f. Mouth
    - g. Teeth/gums
    - h. Neurological system
    - i. Lungs
    - j. Heart
    - k. Abdomen
    - l. Genitalia
    - m. Extremities
    - n. Back and spine
    - o. Hips
  11. Qualitative documentation of hearing and vision/visual acuity screening
  12. Age-appropriate developmental screening that includes review of history; review of systems; and parental concerns at each well child visit
  13. Age-appropriate developmental screening with a standardized developmental screening instrument at the ages listed below:
    - a. 6 months;
    - b. 12 months;
    - c. 18-24 months;
    - d. 3 years;
    - e. 4 years;
    - f. 5 year; and
    - g. every 3 years above age 5.

Screening tools may include as appropriate:

- a. Ages and Stages Questionnaire (ASQ);
- b. Parents' Evaluation of Developmental Status (PEDS);
- c. Pediatric Symptom Checklist (PSC);
- d. Guidelines for Adolescent (GAPS).

Agencies using other screening tools should attach supporting documentation to this addendum for approval

14. Appropriate anthropometric measurements and documentation as listed below:
  - a. Weight for age;
  - b. Length/height for age;

- c. Head circumference for age (through 24 months of age);
  - d. Weight for length/height or Body Mass Index plotted on an age/gender-specific growth chart;
  - e. Weight for length/height plotted on children under two years of age or those children 24-36 months of age who are measured lying down; and Body Mass Index is used to assess weight for standing height on children two years of age and older.
15. Dietary screening
  16. Age-appropriate laboratory services, including:
    - a. Hematocrit or hemoglobin screening\*
      - i. Once between 9 and 12 months of age;
      - ii. Once between 15 and 18 months of age;
      - iii. Annually between 2 and 5 years of age;
      - iv. As indicated for school age children; and
      - v. During routine physical examinations for adolescents.

*\*Repeat test not required if normal result documented within three months of visit.*
    - b. Urinalysis (dipstick) screening: at five years of age for all children and during periodic screenings for sexually active males and females
    - c. Tuberculin testing as clinically indicated for children at increased risk of exposure to tuberculosis, via PPD intradermal injection/Mantoux method. See TB Control Manual for Guidance on identifying risk factors for exposure to tuberculosis. Screen should be followed-up with based on clinical findings.
    - d. Sickle cell testing: North Carolina hospitals are required to perform sickle cell screening for all newborns prior to discharge (as part of mandated newborn screening for genetic and metabolic conditions). If the test results of the newborn sickle cell screening are not readily available, contact the State Laboratory for Public Health website ([www.slph.state.nc.us](http://www.slph.state.nc.us)) where all testing results are posted. There is no need to repeat the test if results are documented in the child's medical record. If sickle cell tests results are not available: Testing required for infants less than three months of age. Testing is optional for infants that are three months of age or older.
    - e. Blood lead testing as indicated. Children receiving well child services at the local public health agency will be screened according to targeted screening protocols from the Children's Environmental Health Branch: at 12 and 24 months of age; or upon first well child visit between 25 and 72 months of age, if not previously tested. Blood lead levels ( $\geq 10$   $\mu\text{g}/\text{dl}$ ) will receive confirmatory testing and interventions, per protocols from the Children's Environmental Health Branch. Providers should otherwise repeat lead screening when it is clinically indicated.
  17. Plan of care for identified problems.
  18. Appropriate referral for consultation or treatment when problems are suspected or identified.
  19. Client-focused, age-appropriate counseling/anticipatory guidance at each well child visit that includes , any of the components listed below by appropriately trained member of the Child Health Team:
    - a. Nutrition;
    - b. Dental;
    - c. Safety;
    - d. Behavior;
    - e. Development ;
    - f. Discipline;
    - g. Hygiene;
    - h. Sexuality;
    - i. Tobacco and substance abuse: The Program recommends the 5A (ask, advise, assess, assist, arrange) method for tobacco cessation and referral to appropriate community resource, 1-800-QUIT NOW (1-800-784-8669). (AAP Policy Statement: <http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;99/4/639>)
    - j. Exercise emergency care; and
    - k. Signs and symptoms of illness.
  20. In agencies there will be in place a written plan and procedure(s) for follow-up of those infants less than 12 months of age who are served in Child Health Clinics and who have been born to Hepatitis B surface antigen positive mothers.
  21. Agencies shall have plans and procedures in place for follow-up on referrals and missed appointments.

If the agency delivers primary care (sick care or treatment visits) services, comply with Program requirements to provide and document the services listed below for all individuals receiving pediatric primary care services in the agency, regardless of source of payment.

1. Medical history for each problem that includes:
    - a. Condition prior to onset;
    - b. Description of symptoms, including onset, current status, and effect of any therapy and/or home remedy;
    - c. Review of systems pertinent to the problem; and
    - d. Immunization history and assessment of immunization status, with referral or administration of vaccine if needed.
  2. Physical examination for each problem which includes:
    - a. Examination of body system(s) related to the chief complaint;
    - b. Blood pressure for children over 3 years of age; and
    - c. Laboratory testing as indicated by the presenting problem and assessment.
  3. Written diagnosis for each problem identified.
  4. Referral and/or follow up as indicated.
  5. Education/counseling concerning each problem identified.
  6. Referral or follow up appointment for routine well child services for those children seen for other services.
- 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. (Healthy People 2010; and NC Institute of Medicine Health Literacy Taskforce 2006-2007); and
  2. Promoting customer friendly services that meet the needs of populations that are underserved. (Healthy People 2010)
- E. Comply with the following assurances:
1. Assure the following regarding children who receive designated preventative services from public health nurses who have received special Child Health Enhanced Role Training and are currently rostered with the Office of Public Health Nursing and Professional Development. The agency shall maintain records for all rostered Child Health Enhanced Role Nurses to include, confirmation of current rostered status, and log of continuing education hours and clinical hours performing EPDST screening examinations.
  2. Assure that the 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.
  3. Assure that the Health Department will update changes in contact information for the Child Health Program Coordinator/Program Supervisor provided to the regional child health nurse consultant within two weeks of any change.
- F. Provide the Child Health nursing supervisor/program coordinator active electronic mail membership and direct access to the Internet. HMHC funds can be used to finance and maintain hardware, software and subscription linkage to current local market values. The Internet connection enables participation in a List Serve for all local Child Health programs, C&Y materials and many other technical assistance resources and online training.
- G. 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 agency 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.

H. Submit to the State School Health Nurse Consultant, by September 1, 2008, a copy of the 2008-2009 Fiscal Year Agreement, signed by both agencies. Agreements must be submitted for each school district/LEA. List school districts/LEAs for which agreements will be submitted below.

SCHOOL DISTRICT

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Performance Measure # 1: The Health Department shall meet or exceed the deliverables and program quality assurance requirements outlined in the Section III: Scope of Work and Deliverables.

Performance Indicators:

- A. Percentage of Medicaid eligible children birth to 21 years of age residing in the county who receive Health Check services.
- B. Percentage of Medicaid eligible children 1-2 years of age residing in the county who receive direct blood lead screening test.
- C. 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. The number of children ages two to four years served at the local Health Department with a Body Mass Index below the 85<sup>th</sup> percentile but above the 5<sup>th</sup> percentile for age and gender (by age group).

Performance Measure # 2: The Health Department shall maintain records and data to indicate at least one measure of impact (specified in Item E and Attachment B) is met for each activity for which the other program services allocation is used.

Performance Indicators:

- A. The Health Department shall meet, within the Agreement Addendum Service Period, a minimum of one measure of impact for each Attachment B activity.

Reporting Requirements:

- A. The Health Department shall provide data, as requested, to the regional child health nurse consultant on the measure of impact/success for Item E on Attachment B.

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

- A. Child Health Program review/monitoring visits are completed on a biennial basis per the Children and Youth Branch Subrecipient Monitoring Plan. The Health Department internal quality assurance audit and biennial program review must demonstrate compliance with 95% of the required deliverables in Section IIIC or a comprehensive corrective action plan will be developed to address audit deficits.
- B. Compliance or progress toward Performance Measures shall be reviewed every six months by the regional child health nurse consultants via a site visit or desk review (phone or email consultation). 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.
- C. Failure to provide the described level of services for a two-year period or to expend all Healthy Mothers/ Healthy Children (HMHC) funds for a two-year period may result in a reduction in funds.

**VI. Funding Guidelines or Restrictions:**

- A. HMHC funds may not support services and activities not negotiated in the Section III: Scope of Work and Deliverables (as specified in Attachments A and B).
- B. Non-Medicaid Direct Healthcare Services, (Attachment A) funds may not be used to support T1016 case management services.

**Attachment A, Page 1  
NON MEDICAID DIRECT HEALTHCARE SERVICES WORKSHEET**

*(Same form for all Children and Youth Branch Agreement Addenda. Copy as needed. Return with signature page)*

**Number of activities are for Non-Medicaid covered services, you must subtract Medicaid-covered services from the total**

<b>CPT CODE</b>	<b>Description</b>	<b>Number</b>		<b>Rate</b>	<b>=</b>	<b>Cost</b>
90801	Psychiatric Diagnostic Interview / Exam		x	\$141.38	=	
90802	Interactive Psychiatric Diagnostic Interview Exam		x	\$150.17	=	
90804	Individual Psychotherapy (20-30 min face-to-face)		x	\$60.57	=	
90806	Individual Psychotherapy (45-50 min face-to-face)		x	\$91.43	=	
90808	Individual Psychotherapy (75-80 min face-to-face)		x	\$136.36	=	
90810	Individual Psychotherapy Interactive (20-30 min face-to-face)		x	\$65.43	=	
90812	Individual Psychotherapy Interactive (45-50 min face-to-face)		x	\$98.39	=	
90814	Individual Psychotherapy Interactive (75-80 min face-to-face)		x	\$142.65	=	
90846	Family Psychotherapy (patient not present)		x	\$88.68	=	
90847	Family Psychotherapy (patient present)		x	\$108.03	=	
90853	Group Psychotherapy		x	\$30.03	=	
97802	Medical Nutrition Therapy – initial assessment and intervention*		x	\$15.88	=	
97803	Medical Nutrition Therapy – re-assessment and intervention*			\$15.88		
	(*15 min units, face-to-face)					
99201	Office Visit / Health Check Treatment Visit		x	\$62.10	=	
99202	Office Visit / Health Check Treatment Visit		x	\$93.15	=	
99203	Office Visit / Health Check Treatment Visit		x	\$132.48	=	
99204	Office Visit / Health Check Treatment Visit		x	\$194.58	=	
99205	Office Visit / Health Check Treatment Visit		x	\$244.26	=	
99211	Office Visit / Health Check Treatment Visit		x	\$34.16	=	
99212	Office Visit / Health Check Treatment Visit		x	\$56.93	=	
99213	Office Visit / Health Check Treatment Visit		x	\$78.66	=	
99214	Office Visit / Health Check Treatment Visit		x	\$122.13	=	
99215	Office Visit / Health Check Treatment Visit		x	\$182.16	=	
99381EP	Health Check Periodic / Interperiodic Screening Visit		x	\$90.00	=	
99382EP	Health Check Periodic / Interperiodic Screening Visit		x	\$90.00	=	
99383EP	Health Check Periodic / Interperiodic Screening Visit		x	\$154.00	=	
99384EP	Health Check Periodic / Interperiodic Screening Visit		x	\$90.00	=	
99385EP	Health Check Periodic / Interperiodic Screening Visit		x	\$90.00	=	
99391EP	Health Check Periodic / Interperiodic Screening Visit		x	\$90.00	=	
99392EP	Health Check Periodic / Interperiodic Screening Visit		x	\$90.00	=	
99393EP	Health Check Periodic / Interperiodic Screening Visit		x	\$90.00	=	
99394EP	Health Check Periodic / Interperiodic Screening Visit		x	\$90.00	=	
99395EP	Health Check Periodic / Interperiodic Screening Visit		x	\$90.00	=	
99502EP	Newborn EPSDT Screen: Home Visit		x	\$65.00	=	
99502	Home Visit for Newborn Care & Assessment		x	\$60.00	=	
S9445	MOW For Children > 1 yr old (15 min units, 9/mon max)		x	\$11.00	=	
D0150	Comprehensive Oral Evaluation		x	\$45.00	=	
D1203	Topical Application Of Fluoride		x	\$19.00	=	
D1330	Oral Hygiene Instruction		x	\$15.00	=	
D0120	Periodic Oral Evaluation		x	\$28.00	=	
D1203	Topical Application Of Fluoride		x	\$19.00	=	
D1330	Oral Hygiene Instruction		x	\$15.00	=	
<b>TOTAL Attachment A, page 1</b>						



**Attachment B  
OTHER NON-MEDICAID PROGRAM SERVICES WORKSHEET**

(Copy as needed. Return with Agreement Addendum)

**PROGRAM DELIVERABLE # \_\_\_\_\_ OF \_\_\_\_\_**

**A. Estimated budget for activity:** \$ \_\_\_\_\_

**B. Short descriptive title of activity:** \_\_\_\_\_

**C. Brief description of the activity:** *Please relate the description to the opportunity for improvement, detailing specific information about number of services, %F.T.E, cost per client, etc. Site data indicator(s) and source(s) to substantiate targeted interventions.*

**D. Objectives for the activity described above:** *Provide at least two objectives directly related to the activity. The objectives must be measurable and reportable (see Item E).*

**E. Identify one measure of impact (Performance Indicator) for the activity described above.** *This measure should be specific with a clear data collection process. The agency will be required to report end-of-the-year progress on the measure of impact.*

**F. Staff person with primary responsibility for the activity:**

**Name:**

**Title:**

**Phone:**

**E-mail:**