Division of Public Health
Agreement Addendum
FY 26-27

	Epidemiology / Communicable Disease Branch
Local Health Department Legal Name	**DPH Section / Branch Name**
575 HIV/STI Prevention, Services, and Treatment	Vanessa Gailor 919-339-3531 vanessa.gailor@dhhs.nc.gov
Activity Number and Description	**DPH Program Contact** (name, phone number, and email)
06/01/2026 – 05/31/2027	
Service Period	**DPH Program Signature** **Date** (only required for a negotiable Agreement Addendum)
07/01/2026 – 06/30/2027	
Payment Period	

☒ Original Agreement Addendum
☐ Agreement Addendum Revision # ___

I. Background:

The North Carolina Department of Health and Human Services (NCDHHS), Division of Public Health (DPH) and the Communicable Disease Branch (CDB), closely linked to the mission of the CDC Division of STD Prevention (DSTDP), is committed to improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development and Prevention Strategies by:

- Reducing the incidence of HIV/STIs
- Improving the integration of HIV/STI services in the clinical care setting
- Increasing HIV/STI services for at risk populations, and
- Minimizing the threat of antibiotic-resistant gonorrhea (GC).

The CDB has a completely integrated communicable disease program that includes HIV/STI Care and Prevention, Partner Services, and Surveillance activities. Additionally, CDB has well established collaborations with academic medical centers and more than a dozen community-based organizations. However, the foundation of effective surveillance and service delivery depends upon strong relationships with North Carolina's 86 local health departments (of which, 6 are in multi-county districts).

Local health departments are mandated to provide routine HIV/STI screening, treatment and prevention services through their STI and family planning clinics at no cost to the client. The North Carolina Administrative Code (10A NCAC 41A .0204) requires North Carolina local health departments to provide treatment at no cost for clients diagnosed with sexually transmitted infections (STIs):

Health Director Signature (use blue ink or verifiable digital signature) _____ Date _____

LHD to complete:
[For DPH to contact in case follow-up information is needed.]
LHD program contact name: _____
Phone and email address: _____

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

Local health departments shall provide diagnosis, testing, treatment, follow-up, and preventive services for syphilis, gonorrhea, chlamydia, nongonococcal urethritis, mucopurulent cervicitis, chancroid, lymphogranuloma venereum, and granuloma inguinale. These services shall be provided upon request and at no charge to the patient.

The CDB also provides funds to local health departments to assist with the purchase of STI drugs. These funds are to be used exclusively for the treatment of local health department clients who are either diagnosed with or who are sexual partners of someone with a STI. Local health departments are expected to purchase drugs at the lowest available pricing using the Health Resources and Services Administration's (HRSA) federal 340B Drug Pricing Program. The 340B Program enables covered entities to stretch scarce federal and state resources as far as possible, reaching more eligible patients and providing more comprehensive services. Local health department clinics which diagnose and treat sexually transmitted diseases and receive funding from state and local resources are 340B Program covered entities.

II. Purpose:

This Agreement Addendum for Activity 575 is consolidating three former Activities: 536 HIV/STD Services; 610 STD Prevention; and 894 STD Drugs. As such, this Agreement Addendum for Activity 575 HIV/STI Prevention, Services, and Treatment:

1. Defines essential services that the Local Health Department must offer to clients seeking an STI evaluation. The goals of HIV/STI Services are to: reduce the incidence of STIs; improve integration of HIV/STI services within the clinical and community settings; increase awareness of and provision of HIV/STI services for vulnerable populations; and reduce the threat of antibiotic-resistant gonorrhea infections.

2. Supports the Local Health Department in offering comprehensive HIV/STI prevention and diagnostic services, including urine NAAT to test all male patients for chlamydia and gonorrhea, NAAT to test all patients with extragenital exposures for chlamydia and gonorrhea, Pre Exposure Prophylaxis for HIV (HIV PrEP), and Doxycycline as bacterial STI Post Exposure Prophylaxis (Doxy PEP).

3. Assists the Local Health Department's STI programs in providing patients with condoms and culturally and age-appropriate patient educational materials to reduce the spread of HIV and STIs. Correct and consistent condom usage has been shown to reduce the spread of HIV/STIs.

4. Supports the Local Health Department training for a registered nurse to complete the STD Enhanced Role Registered Nurse (ERRN) training and/or support continuing education for advanced practice providers (APP) and physicians to assure continuing competency as a provider of STI clinical services.

5. Directs the Local Health Department activities for county disease intervention services related to syphilis and HIV partner notification.

6. Assists the Local Health Department in meeting the HIV/STI service needs for its patients and provides a mechanism to award federal STD Prevention funds to the Local Health Department to ensure its 340B STD Drug eligibility. These drugs are used to reduce the morbidity, mortality and spread of STIs in North Carolina.

III. Scope of Work and Deliverables:

The Local Health Department (LHD) shall:

1. **Provide onsite STI clinical services:**

   a. **Clinical Services**: Provide essential comprehensive STI services to individuals who are at risk for, who have a known exposure to, or who have symptoms suggestive of a sexually transmitted infection. Essential comprehensive services are defined as taking a medical history including sexual risk assessment, a physical examination inclusive of the upper and lower body, laboratory testing, treatment, counseling, and referral. In the public health setting, this would include prevention and laboratory services such as HIV/STI screening in asymptomatic clients based upon the client's site or sites of exposure.

   b. **Qualified Staff**: Provide onsite STI services using qualified staff who are appropriately trained and oriented to provide services in accordance with current Centers for Disease Control and Prevention (CDC) STI Treatment Guidelines and guidance from the current North Carolina Sexually Transmitted Diseases Public Health Program Manual.[1] All laboratory services shall be consistent with CLIA and CDC Treatment Guidelines. These qualified, appropriately trained and oriented staff include Doctors of Medicine (MDs), Doctors of Osteopathic Medicine (DOs), Advanced Practice Providers (APPs), STD Enhanced Role Registered Nurses (STD ERRNs), and Registered Nurses (RNs) providing essential STI services.

   c. **No Cost to Client**: Offer routine STI and HIV services at no cost to the client regardless of county of residence. Routine services that cannot be charged to the client include testing for gonorrhea and chlamydia at all sites of exposure within the last 60 days, gram stain for symptomatic male clients, wet mount for female clients, syphilis and HIV testing, and herpes diagnostic testing. These services must be provided at no charge to the client regardless of the location or site in which they are provided. STI testing which is not required by North Carolina Administrative Code (10A NCAC 41A .0204) may be billed according to local billing policy.

   d. **Prompt Access to Care**: Ensure access to care within one workday of request for clients requesting evaluation for symptoms of sexually transmitted infection and for exposure to a sexually transmitted infection, and for clients referred by a DPH Disease Intervention Specialist (DIS).

   e. **Client-Centered Counseling**: Provide client-centered counseling based on the state-approved Counseling, Testing, and Referral (CTR) training curriculum to clients who are HIV positive and to any other client who requests this service. All LHD staff providing positive HIV test results to clients must have first received the state-approved CTR training.

   f. **Prevention:** Offer Condoms and Instructions

      1. Determine which of their clients are at highest risk for HIV/STIs and provide those clients with condoms and instructions.
      2. Create and maintain a policy to offer condoms to clients at highest risk for HIV/STI.

   g. **Education:** Offer Patient Educational Materials

      1. Select patient educational materials appropriate to the population at risk for HIV and other STIs in their jurisdiction and make these materials available to clients at highest risk for HIV and other STIs.
      2. Create a policy to offer culturally and age-appropriate patient educational materials to clients found to be at highest risk for transmission of HIV and other STIs.

[1] The current North Carolina Sexually Transmitted Diseases Public Health Program Manual is available online at https://epi.dph.ncdhhs.gov/cd/lhds/manuals/std/toc.html

h. **Other Services:** If the LHD offers Expedited Partner Therapy or Express STI Clinic services, maintain evaluation data that can be shared electronically with the CDB.

i. **Referral for HIV PrEP:** If the LHD does not offer HIV PrEP as part of their STI services, maintain a current list of HIV PrEP providers in the community for referral of eligible clients.

2. **Provide STI testing services:**

a. Provide the following **STI tests at no cost to the client**:

Test type	Client type	Alternatives
Urethral Gram Stain	• Male client with urethral symptoms	If LHD does not provide gram stain, treat empirically for gonorrhea and chlamydia via urethritis standing order or with provider order.
Genital NAAT for Gonorrhea and Chlamydia	• All male clients (urine specimen) • All female clients (vaginal specimen)	If LHD cannot offer no-cost urine NAAT for male clients that do not meet the NCSLPH criteria for testing, at a minimum offer gonorrhea culture.
Extragenital NAAT for Gonorrhea and Chlamydia	• All STI clients with exposure at extragenital sites	If LHD cannot offer no-cost extragenital NAAT for clients that do not meet the NCSLPH criteria for testing, offer gonorrhea culture at the extragenital sites of exposure.
HIV	• All STI clients	—
Syphilis	• All STI clients	—
Wet Prep	• All female clients with vaginal exposure in the last 60 days	—

b. When evaluating persons for sexually transmitted infections, **provide HIV and syphilis testing as a routine part of STI evaluations** unless the client declines to be tested. In addition, the LHD evaluating persons for HIV shall offer STI testing, including syphilis, as a routine part of HIV evaluations.

3. **Provide STI Treatment:**

a. Offer onsite **STI treatment, at no cost to the client,** to any person diagnosed with an STI and to any sexual partners of a person with an STI who is evaluated by the LHD. Onsite STI treatment is defined as administering or dispensing approved drug treatment regimens at the time of diagnosis or providing client with a prescription for an approved drug treatment regimen.

b. In addition to the named diseases in 10A NCAC 41A .0204, the Communicable Disease Branch (CDB) requires that the LHD treat trichomoniasis and conditions that are likely caused by gonorrhea or chlamydia such as pelvic inflammatory disease and epididymitis. The CDB requires the LHD to have treatment on site or available by prescription for symptomatic bacterial vaginosis and herpes simplex virus since these conditions may contribute to HIV transmission.

c. Maintain an account with a 340B vendor to purchase and receive STI drugs and maintain eligibility for the 340B Drug Pricing Program through the HRSA Office of Pharmacy Affairs (OPA). An individual is a patient of a 340B covered entity only if:

- the covered entity has established a relationship with the individual, such that the covered entity maintains records of the individual's health care; and
- the individual receives health care services from a health care professional who is either employed by the covered entity or provides health care under contractual or other arrangements (e.g., referral for consultation) such that responsibility for the care provided remains with the covered entity; and
- the individual receives a health care service or range of services from the covered entity which is consistent with the service or range of services for which grant funding has been provided to the entity.

d. Maintain a minimum of three months' supply of all commonly used STI drugs in the event of shortages.

4. **Report HIV/STIs appropriately and in a timely manner**:

   a. Report all seropositive HIV tests to the CDB Regional DIS Field Office within one workday of receipt of the positive report.

   b. Enter data on all reportable STIs, including HIV, in the North Carolina Electronic Disease Surveillance System (NC EDSS) within 30 days of the specimen date. The LHD's county name is to be used as the ordering provider when entering data about LHD clients who meet the case definition for STIs. The LHD must include treatment information on all persons reported with an STI regardless of the ordering provider. If treatment information is not obtained or if the prescribed treatment is not the recommended treatment according to current Centers for Disease Control and Prevention (CDC) guidelines, the person entering data should document actions taken by LHD staff to resolve the treatment irregularity in the NC EDSS Administrative Package Investigation Trail.

5. **Ensure appropriate HIV and syphilis disease investigation and delivery of control measures, per General Statute § 130A-144 and implementing rules.**

   a. Pursuant to G.S. 130A-144 and 10A NCAC 41A .0103, the local health director shall:
      1. Immediately investigate the circumstances surrounding the occurrence of HIV or syphilis in the LHD's jurisdiction, including the identity of all persons for whom control measures are required,
      2. Determine what control measures have been given and ensure that proper control measures, as provided in 10A NCAC 41A .0201, have been given and are being complied with, and
      3. Forward the report to the State by documenting the reportable disease or condition, the investigation, and the control measures in NC EDSS.

   b. DPH will provide HIV and syphilis case investigation and partner notification support to LHDs in circumstances where local Communicable Disease staff are not adequately trained in HIV and syphilis case investigation and partner notification (e.g., DIS). DPH support will be prioritized for LHDs lacking personnel with specific training in HIV/syphilis case investigation and partner services.

6. **Ensure HIV/STI clinic administration and policy oversight**

   a. Ensure clinical oversight for the day-to-day operations of the STI Program by a registered nurse, advanced practice provider, or physician.

   b. Ensure appropriate standing order format. All standing orders or protocols developed for nurses in support of this program are written in a format consistent with the North Carolina Board of

Nursing requirements. All local health departments shall have a policy in place that supports nurses working under standing orders.[2]

c. Have **STI Program policies and procedures** that address this list of required STI Program services. It is not required to have a separate policy for each item, but all of these items should be addressed within the STI Program Policies and Procedures:
   1. STI Staffing (Roles, Qualifications, Orientation, Continuing Education)
   2. Client Examination, Testing, Treatment, Counseling, and Referral
   3. NC EDSS Reporting
   4. Community Outreach to the Public and to Medical Providers
   5. Express STI Clinic Services, if applicable
   6. Expedited Partner Therapy, if applicable

7. **Ensure STI clinical staff competency and education:**

   a. **Ensure new medical provider STI education**. Within six months of employment, all newly hired medical providers who perform clinical assessments and management of clients with STI concerns must have completed:
      1. The National STD Curriculum lessons for Chlamydia, Gonorrhea, Syphilis, HSV, HPV, PID, and Vaginitis.[3]
      2. Observations of an experienced STI clinician performing at least one male and one female STI assessment. The observation of the male assessment must include components of an MSM exam. An experienced STI clinician is defined as a physician, an APP, or a STD ERRN with at least three years of STI experience in an LHD.
      3. Assessment of one male and one female STI client under the observation of an experienced STI clinician.

   b. **Ensure STI clinical provider continuing education**. Currently employed STI clinical providers (Physicians, APP, ERRN, RN) with the LHD shall participate in annual STD/STI training, including the North Carolina Annual STI Update.

   c. **Ensure STD ERRN rostering and competency.** Each STD ERRN shall maintain documentation of ERRN course and practicum completion for initial rostering and maintains competency to annually re-roster to perform evaluation, testing, treatment, counseling, and referral of clients seeking care for sexually transmitted infections through ongoing LHD quality assurance monitoring and through Regional Technical Assistance and Training Program (TATP) Nurse Consultant monitoring.
      1. Initial rostering as STD ERRN requires completion of UNC PAA/STD Clinician course (Physical Assessment of Adults/Sexually Transmitted Disease Clinician course) and receipt of initial rostering letter and certificate by the CDB.
      2. Rostering certificate must be displayed in clinic area where STI examinations are performed.
      3. Annual competency validation for re-rostering includes completion of 10 hours of STI-specific continuing education activities, assessment of at least 50 STI patients, and clinical observation of STD ERRN skills by an experienced STI Clinician. An experienced STI clinician is defined as a physician, an APP, or a STD ERRN with at least three years of STI experience in a LHD.

[2] https://www.ncbon.com/sites/default/files/documents/2024-03/ps-standing-orders.pdf
[3] https://www.std.uw.edu/

d. The LHD shall **have at least two staff trained in the state-approved Counseling, Testing, and Referral (CTR) training curriculum** to meet service delivery needs for clients who are HIV positive. CTR training needs to be taken only once and training certificates for LHD staff must be retained to document training has been received.

IV. Performance Measures / Reporting Requirements:

1. Performance Measures

a. Performance Measure #1: LHD shall complete and report at least 80% of all reportable STI investigations to the State Disease Registrar via NC EDSS within 30 days of the LHD having been notified. Indicator: NC EDSS quarterly reports for number of events completed within 30 days of notification.

b. Performance Measure #2: During the service period of this Agreement Addendum (AA) the LHD shall maintain and follow current policies, procedures, and standing orders for all HIV/STI prevention, service, and treatment activities outlined in the SOW/Deliverables section of this AA. Indicator: LHD policies, procedures and standing orders are available to TATP for review; annual survey attesting to service provision.

c. Performance Measure #3: During the service period of this AA the LHD shall ensure completion of all training and practicum activities for new STI clinic providers and STD ERRNs per the SOW/Deliverables section of this AA. Indicator: New provider education certificates and completed observation/assessment forms submitted to TATP.

d. Performance Measure #4: The LHD shall have at least 2 employees who are trained in the state-approved Counseling, Testing, and Referral (CTR) curriculum for providing HIV test results to LHD clients. Indicator: Certificates of completion for CTR course available for review by TATP.

e. Performance Measure #5: The LHD shall have an active 340b account for STI medications as outlined in this SOW/Deliverables section of this AA. Indicator: Quarterly attestation of LHD's active 340b account.

2. Reporting Requirements via Smartsheet

The DPH Smartsheet Reporting Portal is the centralized website for the LHD to submit required reports. The Main Page provides a link to each active DPH Activity Page and is accessed at https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb.

a. **Monthly Financial Reports**: The monthly financial report will report on the prior month to document expenditures and is due by the 24th of each month.

b. **Quarterly Performance Reports**: The quarterly reports will detail the prior quarter's progress according to the following schedule:

Performance Periods	Report Due Dates
June – August 2026	September 24, 2026
September – November 2026	December 24, 2026
December 2026 – February 2027	March 24, 2027
March – May 2027	June 24, 2027

3. Reporting Requirements via Electronic Survey

The Regional Technical Assistance and Training Program (TATP) Nurse Consultants will conduct a survey for the period January 1–December 31, 2026. A link for that survey will be sent to the LHD

by December 31, 2026 with the LHD's response due by the close of business on January 15, 2027. In this survey, the LHD will report about the following:

a. HIV/STI clinical services to include, but not limited to, number of STI visits completed in calendar year 2026, clinic staffing data, verification of agency HIV/STI policies, and types of clinical services offered.

b. STD ERRN verification reports for annual re-rostering, which include reporting the number of STI visits completed by the STD ERRN for calendar year 2026; the completion of at least 10 hours of STI-specific continuing education activities; and the observation by another LHD clinical provider or ERRN of the STD ERRN's clinical skills.

4. Reporting Required Subcontract Information

In accordance with revised NCDHHS guidelines effective October 1, 2024, the LHD must provide the information listed below for <u>every subcontract</u> receiving funding from the LHD to carry out any or all of this AA's work.

This information is <u>not</u> to be returned with the signed AA but <u>is</u> to be provided to DPH when the entities are known by the LHD.

a. Subcontracts are contracts or agreements issued by the LHD to a vendor ("Subcontractor") or a pass-through entity ("Subrecipient").

1. <u>Subcontractors</u> are vendors hired by the LHD via a contract to provide a good or service required by the LHD to perform or accomplish specific work outlined in the executed AA. For example, if the LHD needed to build a data system to satisfy an AA's reporting requirements, the vendor hired by the LHD to build the data system would be a Subcontractor. (However, not all Vendors are considered Subcontractors. Entities performing general administrative services for the LHD (e.g., certified professional accountants) are not considered Subcontractors.)
2. <u>Subrecipients</u> of the LHD are those that receive DPH pass-through funding from the LHD via a contract or agreement for them to carry out all or a portion of the programmatic responsibilities outlined in the executed AA. (Subrecipients are also referred to as Subgrantees in NCAC.)

The following information must be provided via Smartsheet for review prior to the entity being awarded a contract or agreement from the LHD:

- Organization or Individual's Name (if an individual, include the person's title)
- EIN or Tax ID
- Street Address or PO Box
- City, State and ZIP Code
- Contact Name
- Contact Email
- Contact Telephone
- Fiscal Year End Date (of the entity)
- State whether the entity is functioning as a pass-through entity Subcontractor or Subrecipient of the LHD.

V. <u>Performance Monitoring and Quality Assurance</u>:

1. The Regional Technical Assistance and Training Program (TATP) Nurse Consultants will conduct STI Program monitoring site visits which will include observation of clinic flow, laboratory and clinical practices, a review of policies and standing orders, and an audit of medical records. If the LHD uses STD ERRNs, the site visit will include observation of the ERRN practice. The LHD may

request assistance from the Regional TATP Nurse Consultant for quality improvement initiatives in the STI Program.

2. The Regional TATP Nurse Consultants will monitor NC EDSS reporting times for each LHD at least quarterly and communicate the quarterly findings to the LHD. The LHD must have its own quality assurance measure that ensures medical record documentation and NC EDSS documentation is accurate and consistent with AA criteria.

3. The Regional TATP Nurse Consultants will assess the LHD's performance through quarterly and annual review of evidence submitted by the LHD:
   a. Reviewing the LHD's quarterly performance reports and annual survey; and
   b. Reviewing the annual STD ERRN verification reports for re-rostering.
4. If the assessment results in compliance concerns, the Regional TATP Nurse Consultants shall conduct conference calls with the LHD to provide technical assistance. If technical assistance does not prove beneficial, a corrective action plan (CAP) will be implemented. If the CAP is not followed and the LHD remains out of compliance, the Branch Head of the CDB and the DPH Deputy Director/Section Chief for Local and Community Support will be notified for further action.

VI. Funding Guidelines or Restrictions:

1. **Federal Funding Requirements**: where federal grant dollars received by DPH are passed through to the LHD for all or any part of this AA.
   a. Requirements for Pass-through Entities: In compliance with 2 CFR §200.331 – Requirements for pass-through entities, DPH provides Federal Award Reporting Supplements (FASs) to the LHD receiving federally funded AAs.
      1. Definition: An FAS discloses the required elements of a single federal award. FASs address elements of federal funding sources only; state funding elements will not be included in the FAS. An AA funded by more than one federal award will receive a disclosure FAS for each federal award.
      2. Frequency: An FAS will be generated as DPH receives information for federal grants. FASs will be issued to the LHD throughout the state fiscal year. For a federally funded AA, an FAS will accompany the original AA. If an AA is revised and if the revision affects federal funds, the AA Revision will include an FAS. FASs can also be sent to the LHD even if no change is needed to an AA. In those instances, the FAS will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
   b. Required Reporting Certifications: Per the revised Uniform Guidance, 2 CFR 200, if awarded federal pass-through funds, the LHD as well as all subrecipients of the LHD must certify the following whenever 1) applying for funds, 2) requesting payment, and 3) submitting financial reports:

      "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

2. **Funding Reductions and Terminations**: In the event a funding source supporting this AA is reduced or withdrawn by the original Awarding Agency, the LHD shall be required to return to DPH a share commensurate with the reduction of funds previously obligated and/or disbursed to the LHD.

a. The original Awarding Agency is the entity that awarded the funding to NCDHHS. The Awarding Agency will be either a federal agency (identified on the Federal Award Supplement [FAS] document sent to the LHD) or the North Carolina General Assembly.

b. Reductions and/or terminations may be implemented retroactively to align with the original Awarding Agency's funding directive.

c. The repayment amount will be determined by DPH, based on the reduction applied to the LHD's funding allocation.

d. Funding reductions and terminations will be processed as an AA revision and will include a revised Budgetary Estimate (BE), a revised FAS, and repayment instructions.