

Division of Public Health

Agreement Addendum

FY 25-26

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<hr/> Local Health Department Legal Name	<hr/> Epidemiology / Communicable Disease Branch
<hr/> 536 HIV/STD Services	<hr/> DPH Section / Branch Name
<hr/> Activity Number and Description	<hr/> Vanessa Gailor 919-546-1658
<hr/> 06/01/2025 – 05/31/2026	<hr/> vanessa.gailor@dhhs.nc.gov
<hr/> Service Period	<hr/> DPH Program Contact
<hr/> 07/01/2025 – 06/30/2026	<hr/> (name, phone number, and email)
<hr/> Payment Period	<hr/> DPH Program Signature
<input checked="" type="checkbox"/> Original Agreement Addendum	<hr/> Date
<input type="checkbox"/> Agreement Addendum Revision # _____	<hr/> (only required for a negotiable Agreement Addendum)

I. **Background:**

The primary mission of the Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public through detection, investigation, testing, treatment, tracking, control, education, and care activities to improve the health of people in North Carolina.

The mission of the CDB is closely linked to the mission of the CDC Division of STD Prevention (DSTDP). The DSTDP has specific disease prevention goals which are contextualized within the broad framework of the social determinants of health, the promotion of sexual health, and the primary prevention of sexually transmitted disease.

CDC's Division of STD Prevention concentrates its efforts on four focus areas to guide STD prevention and maximize long term impact:

1. Adolescents and Young Adults
2. Men Who Have Sex with Men (MSM)
3. Pregnant Women
4. STD Prevention Systems

The North Carolina Division of Public Health (DPH) is committed to improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development and Prevention Strategies by:

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

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

Date

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

Signature on this page signifies you have read and accepted all pages of this document. Template rev. August 2021

The CDB has a completely integrated communicable disease program that includes STD/HIV Care and Prevention, Partner Services, and Surveillance activities. Additionally, CDB has well established collaborations with academic medical centers including University of North Carolina at Chapel Hill, Wake Forest University, and East Carolina University, as well as more than a dozen community-based organizations. However, the foundation of effective surveillance and service delivery depends upon strong relationships with 86 local health departments, including six districts. Local health departments are mandated to provide routine STD screening, treatment and prevention services through their STD and family planning clinics at no cost to the client.

II. **Purpose:**

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

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

The Local Health Department (LHD) shall:

1. **Provide onsite STD diagnostic and treatment services** from qualified staff who are appropriately trained and oriented to provide services in accordance with current Centers for Disease Control and Prevention (CDC) STD Treatment Guidelines and the DPH STD Treatment Guidelines as published in the current North Carolina Sexually Transmitted Diseases Public Health Program Manual available online at <https://epi.dph.ncdhhs.gov/cd/lhds/manuals/std/toc.html>. 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 STD services.
2. **Provide essential STD services** to individuals at risk for, with an exposure to, or symptoms suggestive of a sexually transmitted infection. These essential 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 primary prevention such as STD screening in asymptomatic clients based upon the client's site or sites of exposure.
3. **Offer routine STD 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 male clients, wet mount for female clients, syphilis and HIV testing, and herpes diagnostic testing. STD testing which is not required by North Carolina Administrative Code (10A NCAC 41A .0204) may be billed according to local billing policy. If the LHD assures any STD services with community providers, the contract or MOU must specify that these services are provided at no charge to the client.
4. **Ensure access to care within one workday of request for clients** requesting evaluation for symptoms of sexually transmitted infection, for exposure to a sexually transmitted infection, or by referral from a Disease Intervention Specialist (DIS). The definition of an STD client is any individual presenting with one or more of the following: genital lesions or other lesions suggestive of a sexually transmitted infection (STI); genital discharge; a partner with genital discharge, genital lesions, or other symptoms suggestive of a sexually transmitted infection; a partner receiving or having received treatment for a sexually transmitted infection; referral by a Disease Intervention

Specialist (DIS); a positive test for a sexually transmitted infection; or individuals presenting for the purpose of testing or screening for sexually transmitted infections.

5. **Provide at least one of the following screening test options** at no charge to the client (best practice includes a combination of urine NAAT and gram stain) for male clients who request STD screening and present with report of or clinical finding of urethral symptoms (urethral discharge, dysuria, or intrameatal itching):
 - a. Urethral gram stain and urine-based nucleic acid amplification testing for gonorrhea and chlamydia (NAAT). Provide same-day treatment based on gram stain results.
 - b. If gram stain is not available, urine based NAAT for gonorrhea and chlamydia only. Treat empirically for gonorrhea and chlamydia per standing order during clinic visit.
 - c. Urethral gram stain and urethral gonorrhea culture, if NAAT is not available. Treat empirically for gonorrhea and chlamydia per standing order during clinic visit.
 - d. Urethral gonorrhea culture if gram stain and NAAT are not available. Treat empirically for gonorrhea and chlamydia per standing order during clinic visit.
6. **Provide at least one of the following screening tests** at no charge to the client (best practice is urine NAAT) for asymptomatic male clients who request STD screening and report urethral exposure within the last 60 days:
 - a. Urine-based nucleic acid amplification testing (NAAT) for gonorrhea and chlamydia.
 - b. Urethral gram stain if NAAT is not available.
 - c. Urethral gonorrhea culture if gram stain and NAAT are not available.
7. **Perform extragenital gonorrhea testing for all asymptomatic and symptomatic male clients who request STD screening** and give a history of oral or anal exposure within the last 60 days. When the LHD does not provide extragenital NAAT, or the client does not meet the most current criteria for NAAT at the North Carolina State Laboratory of Public Health (NC SLPH), the LHD shall at least provide extragenital gonorrhea culture.
8. **Perform a wet prep onsite for all female clients who request STD screening** and give a history of vaginal exposure within the last 60 days.
9. **Perform gonorrhea and chlamydia testing at reported sites of exposure for all asymptomatic and symptomatic female clients who request STD screening** and give a history of vaginal, oral, or anal exposure within the last 60 days. When the LHD does not provide NAAT or the client does not meet the most current criteria for NAAT at the NC SLPH, the LHD shall at least provide gonorrhea culture at all sites of exposure.
10. When evaluating persons for sexually transmitted infections, **provide HIV and syphilis testing as a routine part of STD evaluations** unless the client declines to be tested. In addition, the LHD evaluating persons for HIV shall offer STD testing, including syphilis, as a routine part of HIV evaluations.
11. If the LHD offers Expedited Partner Therapy or Express STD Clinic services, **maintain evaluation data** that can be shared electronically with the CDB.
12. **Report all seropositive HIV tests** to the CDB Regional DIS Field Office within one workday of receipt of the positive report.

13. **Ensure clinical oversight for the day-to-day operations of the STD Program** by a registered nurse, advanced practice provider, or physician.
14. **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.¹
15. **Ensure new medical provider STD education.** Within six months of employment, all newly hired medical providers who perform clinical assessments and management of clients with STD concerns have completed:
 - a. The National STD Curriculum lessons for Chlamydia, Gonorrhea, Syphilis, HSV, HPV, PID, and Vaginitis.²
 - b. Observations of an experienced STD clinician performing at least one male and one female STD assessment. The observation of the male assessment must include components of a MSM exam. An experienced STD clinician is defined as a physician, an APP, or an STD ERRN with at least one year of STD experience in an LHD.
 - c. Assessment of one male and one female STD client under the observation of an experienced STD clinician.
16. **Ensure STD clinical provider continuing education.** Currently employed STD clinical providers (Physicians, APP, ERRN, RN) with the LHD shall participate in annual STD/STI trainings, including the North Carolina Annual STI Update.
17. **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.
 - a. Initial rostering as STD ERRN requires completion of UNC PAA/STD Clinician course and receipt of initial rostering letter and certificate by the CDB.
 - b. Rostering certificate must be displayed in clinic area where STD examinations are performed.
 - c. Annual competency validation for re-rostering includes completion of 10 hours of STD-specific continuing education activities, assessment of at least 50 STD patients, and clinical observation of STD ERRN skills by a LHD provider or other STD ERRN.
18. **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. (CTR training needs to be taken only once and training certificates for LHD staff must be retained to document training has been received.) The LHD shall have at least two staff trained at all times to meet service delivery needs.
19. If the LHD provides HIV/Syphilis Partner Notification Services, employ at least two staff who have been trained by the CDB or participated in a CDB-approved training to meet notification service delivery needs.

¹ <https://www.ncbon.com/sites/default/files/documents/2024-03/ps-standing-orders.pdf>

² <https://www.std.uw.edu/>

20. **Have STD Program policies and procedures that address this list of required STD Program services.** These policies and procedures should be electronically available upon request by the CDB Regional Nurse Consultant that address all of the following areas of STD Program Services. It is not required to have a separate policy for each item, but all of these items should be addressed within the STD Program Policies and Procedures:
- STD Staffing
 - STD Staff Qualifications
 - STD Staff Orientation
 - STD Staff Development
 - Client Examination, Testing, Treatment, Counseling and Referral
 - NC EDSS Reporting
 - Community Outreach to Residents
 - Community Outreach to Medical Providers
 - Express STD Clinic Services, if applicable
 - Expedited Partner Therapy, if applicable

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

- Performance Measure # 1:** The LHD shall provide gonorrhea and chlamydia treatment services to no less than 85% of LHD clients diagnosed with gonorrhea and chlamydia (including family planning, maternity, adult health, and STD clinics) within 14 days from the date the LHD receives the results; 95% or more clients diagnosed with gonorrhea and chlamydia shall receive appropriate treatment within 30 days from the date the LHD receives the results.

Reporting Requirements: Reports must be entered 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 STDs. The LHD must include treatment information on all persons reported with an STD 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.

- Performance Measure # 2:** Within six months of their hiring date, new LHD STD clinical providers shall complete the National STD Curriculum lessons.³

Reporting Requirements: LHD shall notify the Regional CDB Nurse Consultant within 15 days of hiring any new STD medical provider.

Within six months of employment **each** new LHD STD clinical provider shall submit a copy of the completion certificate for the National STD Curriculum to the Regional CDB Nurse Consultant.

- Performance Measure #3:** New LHD STD clinical provider shall participate in required practicum activities.

Reporting Requirements: LHD shall notify the Regional CDB Nurse Consultant within 15 days of hiring any new STD medical provider.

³ <https://www.std.uw.edu/>

Within six months of employment, each new STD medical provider shall complete clinical practicum activities as directed by the regional TATP nurse consultant. The LHD shall provide documentation of the clinical practicum activities within 15 days of its completion to the Regional CDB Nurse Consultant.

4. **Performance Measure # 4:** LHD shall ensure the STD ERRN training course is completed by all registered nurses who provide clinical assessment and management of clients with STD concerns. After completion of initial STD ERRN training, the skill level of each nurse must be maintained through an acceptable level of practice and observation. An acceptable level of practice is assessment and management of at least 50 STD male and female clients per calendar year and 10 hours of relevant clinical continuing education per calendar year. Alternatively, if the annual practice hour assessment and management requirements cannot be met locally, the STD ERRN shall contact the Regional TATP Nurse Consultant no later than November 3, 2025 to develop an alternative plan to meet the requirements. Exceptions to this requirement for assuring continuing competency will be considered on a case-by-case basis by making a request in writing to the Technical Assistance and Training Program Supervisor or designee.

Reporting Requirements: LHD shall document the clinical practice and continuing education of STD ERRNs to the CDB Regional Nurse Consultant no later than January 16, 2026. Specific electronic forms will be distributed by CDB to the LHD prior to December 31, 2025.

LHD shall document annual observation of each STD ERRN by an STD medical provider (MD, DO, APP) or by peer review from another STD ERRN using the STD ERRN Clinical Assessment Tool. If deficiencies are noted, documentation of a corrective action plan should be sent to the CDB Regional Nurse Consultant for review within 15 days.

5. **Performance Measure # 5:** LHD shall provide specific information about its STD clinical services.

Reporting Requirements: LHD shall report a current list of names of all STD medical providers and STD ERRNs, as well as STD examination visit totals to the CDB Regional Nurse Consultant no later than January 16, 2026. Specific electronic forms will be distributed by CDB to the LHD prior to December 31, 2025.

6. **Reporting Required Subcontract Information**

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

This information is not to be returned with the signed Agreement Addendum (AA) but is 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. Subcontractors 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. Subrecipients 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 to the DPH Program Contact listed on Page 1 of this AA 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. Performance Monitoring and Quality Assurance:

1. The Regional CDB Nurse Consultants will conduct STD Program monitoring site visits which will include observation of clinic flow, laboratory and clinical practices, a review of encounter data, and client records. Monitoring visits may include a review of policies and procedures, face-to-face client interviews, and an administrative staff interview. The LHD may request assistance from the Regional CDB Nurse Consultant for quality improvement initiatives in the STD Program.
2. The Regional CDB Nurse Consultants will monitor data in NC EDSS including reports, workflows, and disease events. The LHD must have its own quality assurance measure that ensures medical record documentation and NC EDSS documentation is accurate and consistent with Agreement Addendum criteria.
3. The LHD must be in compliance with all performance measures or be subject to a corrective action plan. If the corrective action plan is not followed and the LHD remains out of compliance, funds will be withheld, and the Agreement Addendum may be terminated.

VI. Funding Guidelines or Restrictions:

1. **Federal Funding Requirements:** where federal grant dollars received by the Division of Public Health (DPH) are passed through to the Local Health Department (LHD) for all or any part of this Agreement Addendum (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: A 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.”