

Division of Public Health

Agreement Addendum

FY 25-26

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

I. **Background:**

The North Carolina Administrative Code (10A NCAC 41A .0204) requires North Carolina local health departments to provide free treatment for clients diagnosed with sexually transmitted diseases (STDs):

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 Communicable Disease Branch provides funds to local health departments to assist with the purchase of STD 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 STD.

Local health departments are expected to purchase drugs at the lowest available pricing. The Health Resources and Services Administration's (HRSA) federal 340B Drug Pricing Program requires drug manufacturers to provide outpatient drugs to eligible health care organizations/covered entities at significantly reduced prices which are generally recognized as the cheapest available. This 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.

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

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: _____

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- 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.

II. Purpose:

This Activity assists the Local Health Department in meeting the STD 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 STDs in North Carolina.

III. Scope of Work and Deliverables:

The Local Health Department (LHD) shall:

1. Offer onsite STD treatment from appropriately trained staff to any person diagnosed with an STD and to any sexual partners of a person with an STD who is evaluated by the LHD. Onsite STD treatment is defined as administering approved drug treatment regimens at the time of diagnosis or providing client with a prescription for an approved drug treatment regimen.
2. 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.
3. Maintain an account with a 340B vendor to purchase and receive STD drugs.
4. Maintain eligibility for the 340B Drug Pricing Program through the HRSA Office of Pharmacy Affairs (OPA).
5. Maintain a minimum of three months' supply of all commonly used STD drugs in the event of shortages.
6. Maintain at least three doses of gentamicin on site to assure the ability to appropriately treat gonorrhea infections in patients with severe penicillin or cephalosporin allergies.

IV. Performance Measures / Reporting Requirements:

1. **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.
 - a. Numerators:
 1. Number of clients diagnosed and treated for chlamydia and gonorrhea within 14 days from the date the LHD receives the results.
 2. Number of clients diagnosed and treated for chlamydia and gonorrhea within 30 days from the date the LHD receives the results.
 - b. Denominator:
 1. Total number of LHD clients diagnosed with chlamydia or gonorrhea.

- c. **Reporting Requirements:** Enter reports in the North Carolina Electronic Disease Surveillance System (NC EDSS) within 30 days of the specimen date. When the LHD is the ordering provider, the LHD's county name is to be used as the ordering provider when entering data about LHD patients who meet the case definition for STDs. The LHD must include treatment information in NC EDSS on every person who is reported with an STD to the LHD 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 this omission or variance in the NC EDSS Administrative Package Investigation Trail.
2. **Performance Measure #2:** The LHD shall ensure program integrity and maintain auditable records which document compliance with all 340B Program requirements.¹ Billing policies and procedures must comply with North Carolina Administrative Code (10A NCAC 41A .0204) and insurance requirements. Medications on the STD Formulary must be charged at the cost of acquisition. The LHD must establish a fee schedule for all billable STD tests and treatments.
 - a. **Reporting Requirements:** Respond to the survey in Smartsheet by January 16, 2026 attesting to the existence and use of billing policies and procedures and the existence and use of a published fee schedule for STD services. These policies, procedures, and fee schedules must be available for review by the Regional TATP Nurse Consultant at onsite monitoring visits and upon request.
3. **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

¹ <https://www.hrsa.gov/opa/program-requirements/index.html>

- 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 CDB will monitor the LHD's performance by means of a quarterly review of NC EDSS events using the NC EDSS's *Treatment Time Report*. The CDB will monitor the LHD's billing policies and procedures by reviewing them annually.
2. 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.”