



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 Division of Public Health  
 Women, Infant, and Community Wellness Section (WICWS)  
 Reproductive Health Branch (RHB)

## Family Planning Agreement Addendum Updates Fiscal Year 2025-2026

March 2025

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### III. Scope of Work and Deliverables

- **Revised Item 1. Detailed Budget (Attachment A), page 2**
  - A detailed budget must be **submitted in Smartsheet** to document how the Local Health Department intends to expend funds awarded in FY26. The budget must equal the funds allocated to the Local Health Department. (Refer to the FY25-26 Activity 151 Budgetary Estimate, included with this Agreement Addendum, for the total funding allocation.) List only activities that are not Medicaid reimbursable. Billable items may include, but are not limited to Community Education, Client Transportation, Staff Time, Equipment, Incentives, and Staff Development. (Staff Development must be prorated to percent of staff time assigned to Family Planning Clinic.)
- **Revised Item 2. Family Planning Clients and Physicians Contact (Attachment B), page 2**
  - **Utilize the form in Smartsheet to complete Attachment B.** Submit the number of unduplicated clients to be served and the estimated percent of those clients that will be self-pay on the form. Local Health Department-Health Services Analysis (LHD-HSA) service data or compatible reporting system, as of August 31, 2026, will provide the documentation to substantiate services that the Local Health Department has provided for this FY26 Agreement Addendum. Also, on the Smartsheet form, submit the names, specialties, and contact information (telephone, email) for all providers who approve or sign off on family planning clinic protocols at your facility.

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### III. Scope of Work and Deliverables

- **Clinical Services, page 3**
  - **\*Added Item 6. a. 1.:**
    - **All clients are offered client-centered, high-quality reproductive health care. Client-centered care is care that is respectful of, and responsive to, individual client preferences, needs, and values. Client values guide all clinical decisions.**

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**III. Scope of Work and Deliverables**

- **Clinical Services, page 3**
- Revised Item 6. a. 2. (previously Item 6. a. 1.):
  - All clients are offered a comprehensive preventive appointment once every 12 months, but a comprehensive preventive appointment is not required by Title X to establish a patient to care. Components of the comprehensive preventive appointment are found on Attachment C.

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**III. Scope of Work and Deliverables**

- **Clinical Services, pages 3-5**
- Revised Items 6. a. 3. - 9. (previously items 6. a. 2. - 8.): :
  - Revised Item 6. a. 5. (previously item 6. a. 4.)
    - Education and method counseling must be guided by the client's needs and preferences, following the shared decision making model, so the client can make an informed choice. See Attachment C of this Family Planning Agreement Addendum for details.
  - Item 6. a. 6. (previously item 6. a. 7.) was moved within the document. This move was made to group items that address primary care.

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**III. Scope of Work and Deliverables**

- **Clinical Services, pages 4-5**
- Revised Item 6. a. 8. d.
- \*Added Item 6. a. 8. f.
  - At the time of the positive pregnancy test visit, if a client is not scheduling an initial prenatal visit, then STD testing must be either offered or referred, and this must be documented in the client's record.

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**III. Scope of Work and Deliverables**

- **Informed Consents, page 5**
  - **Revised** Item 6. c. 2.
    - **When administering or prescribing a new method of contraception**, the Local Health Department has the choice of obtaining the client's signature on the applicable contraceptive method specific consent form or using the "Teach Back" method with documentation in the client's record with a check box or written statement of this method being used before a new prescription or new contraceptive method is provided (Title X, QFP). If the "Teach Back" is used, agency policies/procedures/ protocols must describe the teach back process and the information that must be conveyed for each method offered by the agency.

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**III. Scope of Work and Deliverables**

- **Adolescent Services, pages 6-7**
  - **Revised** Item 6. e. 1. b.
    - **Counseled on exceptions to confidentiality when the law requires staff to report suspected child abuse, neglect, child molestation, sexual abuse, rape, incest, and human trafficking, and when the law requires parental consent for treatment.**
  - **Revised** item 6. e. 1. c.
    - **Encouraged to involve family members in their care where family involvement would not impinge on clients' health.**

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**III. Scope of Work and Deliverables**

- **Adolescent Services, page 7**
  - **Revised** item 6. e. 1. d.
    - **Offered trauma-informed counseling on how to resist sexual coercive attempts to engage in sexual activities. Counseling should focus on supporting clients' autonomy and self-advocacy in choosing sexual activity.**
  - **Deleted** item 6. e. 1. e. (from fiscal year 25)
    - **Counseled on interventions to prevent the initiation of tobacco use if they do not already use tobacco or electronic nicotine delivery system**
  - **Revised** item 6. e. 1. e (previously item 6. e. 1. f.)
    - **Informed about all methods of contraception and safer-sex practice options to reduce risks of sexually transmitted infections (STIs) and pregnancy.**

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**III. Scope of Work and Deliverables**

- **Required Training Courses, page 7**
  - **Added item 6. f. 1. a. 4)**
    - Residents and students working with Title X clients must complete an abbreviated orientation prior to working in the clinic. These individuals must complete the Resident/Student tab of the Title X orientation checklist, and these checklists must be retained in accordance with the General Records Schedule: Local Government Agencies, Standard 1.24 (a) and the DHHS Office of the Controller Records Retention and Disposition Schedule, Family Planning Title X Program/North Carolina Statewide Family Planning Services Project guidelines. Residents and students are not required to be listed on the NC Title X Family Planning Program Annual Training Record. Records of resident and student orientation must be accessible and available for review by the WICWS Regional Nurse Consultant during monitoring.

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**III. Scope of Work and Deliverables**

- **Required Training Courses, page 8**
  - **Revised item 6. f. 1. b.**
    - All Title X-funded staff and staff who provide services or who oversee the provision of services to Title X clients are required to complete the trainings indicated on the NC Title X Family Planning Program Annual Training Record available on Smartsheet by May 31, 2026. This Record must be signed by the Family Planning Medical Director and submitted no later than June 30, 2026, via Smartsheet. These records must be retained in accordance with the General Records Schedule: Local Government Agencies, Standard 1.24 (a) and the DHHS Office of the Controller Records Retention and Disposition Schedule, Family Planning Title X Program/North Carolina Statewide Family Planning Services Project guidelines. Even if the Local Health Director position is not Title X-funded, DPH recommends the above training courses for the Local Health Director.

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**III. Scope of Work and Deliverables**

- **Required Training Courses, page 8**
  - **Revised item 6. f. 2.**
    - Curriculum vitae of the Medical Director/Physician responsible for approving the Family Planning policies/procedures/protocols must indicate special training or experience in family planning.

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**III. Scope of Work and Deliverables**

- **Required Signage In Clinic Area, page 8**
  - **Revised** item 6. g. 2.
    - A sign must be posted in a visible area of the clinic indicating that interpreter services are available at no cost for those requiring such services. **Agency staff shall also verbally offer interpreter service to clients with limited English proficiency when appropriate.**
  - **Revised** item 6. g. 4.
    - A client bill of rights or other documentation which outlines the client's rights and responsibilities may either be posted as a sign in the clinic area or given as a handout to each client. **Additional modalities to access this information are encouraged, such as QR codes, laminated paper copies, electronic signage, etc.**

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**III. Scope of Work and Deliverables**

- **Office of Population Affairs (OPA) Clinic Locator, page 10**
  - **Revised** item 6. n
    - If the individual with login credentials does not log onto the system at least every **60 days**, the login credentials will be inactivated. Additionally, two-factor authentication is now required to log in to the Title X clinic locator database. To establish the two-factor authentication, follow the prompts that appear after entering your email address and password, and click on the "log in" button. The RHB recommends logging in and reviewing the information every other month to ensure that the password and the account remain active and the information is accurate.

\*Note: The Title X clinic locator database now rests under FPAR 2.0 system. While the system is titled this, your agency will not submit any program data for FPAR directly into this system.

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**III. Scope of Work and Deliverables**

- **Quality Improvement and Quality Assurance, page 11**
  - **Deleted** item 6. o. 2. (from fiscal year 25)
    - The Local Health Department must annually survey Family Planning patients regarding their levels of satisfaction with the clinical services they received. The clinic manager and staff are to review surveys and identify specific actions to improve services. At a minimum, documentation must include how the top finding is addressed and submitted to the Family Planning Program Consultant with the Community Engagement Plan due August 15, 2024 (see Section IV, Paragraph 2.f.). A template survey can be found on the WICWS website.
  - **Revised** item 6. o. 2 (previously item 6. o. 3.)
    - The Local Health Department shall **annually** distribute a Patient Experience survey created and monitored by the state. **The survey will meet the Title X annual satisfaction survey requirement.** The results will be aggregated by the state and shared with the Local Health Department to incorporate in their quality improvement work. The Data Manager will provide survey materials and additional instructions via Smartsheet.

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**IV. Performance Measures/Reporting Requirements**

- **Revised** Item 1, page 11
- The Local Health Department shall improve reproductive health access and services, prioritizing low-income individuals. The Outcome Objectives are listed below, and the actual county-specific numbers are located on **Smartsheet**

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**IV. Performance Measures/Reporting Requirements**

- **Added** Item 3 Reporting Required Subcontract Information, page 14
- This is a change across all Division of Public Health Agreement Addenda (AA) resulting from a change in federal requirements for reporting subcontractors/subcontracted services.
- If any agency is subcontracting or plans to subcontract basic Family Planning services, agency staff must reach out to the Reproductive Health Branch. Please notify your Regional Nurse Consultant.

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**VI. Funding Guidelines or Restrictions, pages 15-16**

- This is a change across all Division of Public Health Agreement Addenda (AA) resulting from a change in federal Uniform Guidance.
- Agency staff will receive a Federal Reporting Supplement (FAS) with the AA and any AA revisions.
- As outlined in VI. b. 1., a certification is required of agency staff in the described instances.

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**Attachment A: Funding attached to Family Planning AA**

The funding awarded to your local health department is listed in the budgetary estimate (BE) of the AA. Below is a list of the different cost centers, funding sources, and any stipulations attached to those funds.

Cost Center	Description	Funding Source	Funding Stipulations
2B25131-20G0119003	Family Planning Out-of-Wedlock	TANF (100% Federal)	Use for clinical, advertising, outreach, DSS staff, etc.
2B25735-2000000000	State match to HMHC (Title V)	State Appropriations (100% State – connected to HMHC)	Use toward program needs*
2B25735-20G0185001	Healthy Mothers Healthy Children (HMHC)	Title V (57.14% Federal; 42.86% State)	Use toward program needs*
2B25900-20G0079002	Family Planning Title X April 2025 - May 2025 (2 months)	Title X (100% Federal)	Use toward program needs*
2B26021-20G0079004	Women's Health Service Funds	State Appropriations (100% State)	Can only be used for purchasing contraceptive methods

\*program needs may include salary/fringe, clinical supplies, contraceptives, program incentives, educational materials, advertising, etc.

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**Budget Contact Person**

- Kristen Carroll, [Kristen.Carroll@dhs.nc.gov](mailto:Kristen.Carroll@dhs.nc.gov)
- Submit budgets using the Open Window Budget Form (use link on Smartsheet/website)
- Budgets should include narrative justification for each line item and designate when utilizing TANF or WHSF (Women's Health Service Funds).
- Instructions "How to Fill Out the Open Window Budget Form" are posted in Smartsheet at the link in the AA.
- Budgets should be submitted via Smartsheet no later than 15 days after the AA is signed and returned to DPH.

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**Current Subsistence Rates**

	In-State	Out-of-State
<b>Breakfast</b>	<b>\$16</b>	<b>\$16</b>
<b>Lunch</b>	<b>\$19</b>	<b>\$19</b>
<b>Dinner</b>	<b>\$28</b>	<b>\$28</b>
<b>Lodging</b>	<b>\$110 + tax</b>	<b>\$110 + tax</b>

Mileage rate is \$0.70/mile

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**Attachment C, pages 20-26\***

- **Reorganized** content of the Attachment
  - **Relocated** Review of Systems
  - **Revised** Labs
  - **Revised** Client Education Requirements
  - **Revised** Client-centered Method Counseling

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**Smartsheet Change Summary**

Report to be Accessed or Submitted via Smartsheet	Due Date
Detailed Budget (Attachment A)	Must be submitted when submitting the signed Agreement Addenda
Family Planning Clients and Physicians Contact (Attachment B)	Must be submitted when submitting the signed Agreement Addenda
County-specific numbers	N/A

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**Questions?**

- **Contact your Regional Nurse Consultant**

Department of Health and Human Services - Division of Public Health  
Women, Infant, and Community Wellness Section  
Regional Nurse Consultants

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