

# Division of Public Health

## Agreement Addendum

### FY 16–17

Master \_\_\_\_\_  
**Local Health Department Legal Name**

Epidemiology/ Communicable Disease Branch \_\_\_\_\_  
**DPH Section/Branch Name**

536 – HIV/STD Services \_\_\_\_\_  
**Activity Number and Description**

Vivian Mears 252-341-3487  
 vivian.mears@dhhs.nc.gov \_\_\_\_\_  
**DPH Program Contact**  
 (name, telephone number with area code, and email)

06/01/2016 – 05/31/2017 \_\_\_\_\_  
**Service Period**

\_\_\_\_\_  
**DPH Program Signature** **Date**  
 (only required for a negotiable agreement addendum)

07/01/2016 – 06/30/2017 \_\_\_\_\_  
**Payment Period**

- Original Agreement Addendum**  
 **Agreement Addendum Revision #** \_\_\_\_\_ (Please do not put the Budgetary Estimate revision # here.)

**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. Disease detection, tracking, investigation, control, education, and care activities improve the health of people in North Carolina and are supported by the CDB.

The mission of the CDB is closely linked to the mission of the Division of STD Prevention (DSTDP) at the Centers for Disease Control and Prevention. DSTDP seeks to:

- Prevent STI-related infertility
- Prevent STI-related adverse outcomes of pregnancy
- Prevent STI-related cancers
- Prevent STI-related HIV transmission
- Strengthen STD prevention capacity and infrastructure
- Reduce STD health disparities across and within communities and populations
- Address the effects of the social and economic determinants and the costs of specific STDs and associated sequelae among specific populations.

HIV/STDs contribute greatly to health care disparities in North Carolina with the majority of HIV/STD cases being reported among racial and ethnic minorities. Among the HIV infection cases diagnosed in 2014, Black/African Americans represented 64 percent of all adult/adolescent infections, with a rate of 48.7 per 100,000 adult/adolescent population. The highest rate (80.4 per 100,000) was among adult/adolescent Black/African American males. Black/African American males had the highest rates of

Health Director Signature _____ (use blue ink)	Date _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%; border: none;">Local Health Department to complete: (If follow-up information is needed by DPH)</td> <td style="width: 65%; border: none;">LHD program contact name: _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Phone number with area code: _____</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Email address: _____</td> </tr> </table>		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.**

primary and secondary syphilis and early latent syphilis (35.8 per 100,000 population and 20.4 per 100,000 population, respectively), and comprised 60 percent of total early syphilis cases in 2014. The North Carolina Division of Public Health (DPH) is committed to improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development and Prevention Strategies (STD AAPPs) 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).

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 the University of North Carolina at Chapel Hill and Wake Forest 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 our 85 local health departments (LHDs). LHDs 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:**

The Agreement Addendum defines essential services that local health departments must offer to clients seeking an STD evaluation. The expected outcome is that all local health departments will ensure that STD services are provided to those clients seeking evaluation for STD infections and HIV testing.

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

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.

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) guidelines.

Qualified, appropriately trained and oriented staff refers to medical providers: Doctors of Medicine, Doctors of Osteopathic Medicine, Physician Assistants, Nurse Practitioners, and Certified Nurse Midwives; and STD Enhanced Role Registered Nurses (STD ERRN) who establish the plan of care for the client and provide essential STD services.

2. Ensure that within three months of employment, all newly hired medical providers who perform clinical assessments and management of clients with STD concerns have completed the designated online training sessions sponsored by the Alabama/North Carolina HIV-STD Prevention Training Center (AL/NC HIV-STD PTC) and a one-day STD clinical practicum at the Guilford County Department of Public Health's STD clinic under the guidance of the AL/NC HIV-STD PTC Coordinator. STD clinical providers with either contract or permanent status with the LHD are encouraged to participate in the online training sessions and may attend a one-day practicum when available. Established providers should contact the DPH Program Contact listed above before scheduling a one-day practicum.

3. When evaluating persons for sexually transmitted infections, provide HIV testing as a routine part of STD evaluations unless the client declines to be tested. In addition, the LHD evaluating persons for HIV shall provide STD testing as a routine part of HIV evaluations.
4. Provide essential STD services which 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 necessary for the evaluation of individuals with an exposure to or symptoms suggestive of a sexually transmitted infection. In the public health setting, this would include primary prevention such as STD screening in asymptomatic clients based upon the client's site(s) of exposure.

These essential STD services are to be provided in accordance with the current CDC STD Guidelines and the DPH STD Treatment Guidelines as published in the current North Carolina Sexually Transmitted Diseases Public Health Program Manual.

5. Ensure access to care within one workday of request for clients requesting evaluation for symptoms of sexually transmitted infection or for exposure to a sexually transmitted infection.
6. If the LHD offers Expedited Partner Therapy or Express STD Clinic services, maintain evaluation data that can be shared electronically with the CDB.
7. Write all standing orders for the treatment of sexually transmitted infections in the North Carolina Board of Nursing format. Individual standing orders will be current, aligned with actual practice, readily available in the clinical setting, and signed annually for Registered Nurse providers by the LHD medical director and/or physician in charge of STD clinical services.
8. Ensure that the STD ERRN maintains competency to perform evaluation, testing, treatment, counseling, and referral of clients seeking care for sexually transmitted infections through ongoing LHD quality assurance monitoring and through CDB Regional Nurse Consultant monitoring.
9. Ensure clinical oversight for its STD Program by a registered nurse, mid-level practitioner, or physician.
10. Perform onsite stat urethral Gram stain and GC culture or perform urine-based nucleic acid amplification testing (NAAT) for all male clients with a history of urethral exposure within 60 days. Perform wet preps onsite for all female clients seeking STD services. All laboratory services shall be consistent with Clinical Laboratory Improvement Amendments (CLIA) and CDC Treatment Guidelines.
11. Perform stat qualitative serologic tests for syphilis (STS) onsite if the LHD is in a county with at least 20 cases of early syphilis reported during the previous 12 months or an annualized primary and secondary syphilis rate of greater than 20 cases per 100,000. All laboratory services shall be consistent with CLIA and CDC Treatment Guidelines.
12. Report all seropositive HIV tests to the CDB Regional Office within 24 hours of receipt of the positive report.
13. 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.

14. 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 attend the state-approved CTR training. The LHD shall have at least two staff trained at all times to meet service delivery needs.
15. Offer routine STD and HIV services at no cost to the client regardless of county of residence. Exceptions to the billing rule include: (a) clients who request optional STD testing which is not required or funded by the state (e.g., herpes serology or hepatitis C serology); and (b) clients who receive follow-up treatment of genital warts after the diagnosis is established. Clients in these categories may be billed for testing and screening according to local billing policy.
16. Have policies and procedures electronically available upon request by the CDB Regional Nurse Consultant that address the following areas of STD Program Services:
  - a. Staffing
  - b. Staff Qualifications
  - c. Staff Orientation
  - d. Staff Development
  - e. Client Examination, Testing, Treatment, Counseling and Referral
  - f. Express STD Clinic Services, if applicable
  - g. Expedited Partner Therapy, if applicable
  - h. NC EDSS Reporting
  - i. Community Outreach to Residents
  - j. Community Outreach to Medical Providers
17. Have an STD Program Overview electronically available upon request by the CDB Regional Nurse Consultant.

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

**Performance Measure # 1:**

The LHD is expected to show, for clients diagnosed with chlamydia or gonorrhea in any health department clinic (e.g., family planning, maternity, adult health, STD), 85% or more of the clients receive appropriate treatment within 14 days of the specimen collection date and 95% or more of the clients should receive appropriate treatment within 30 days of the specimen date.

Numerators: (a) Number of clients per clinic treated for chlamydia and gonorrhea within 14 days of the date of specimen collection and (b) number of clients per clinic treated for chlamydia and gonorrhea within 30 days of the date of specimen collection.

Denominator: Total number of clients per clinic diagnosed with chlamydia or gonorrhea.

**Reporting Requirements for Measure #1:**

1. All reports must be entered in NC EDSS within 30 days of the specimen date or 30 days from the date the LHD received a report from a non-health department provider. When the LHD is the provider, the data entered into NC EDSS should list the LHD's name as the ordering provider and should also include the clinic name, such as County X STD Clinic, County X FP Clinic, County X MAT Clinic, or County X Adult Health Clinic.
2. LHD must attempt to obtain treatment information for reports from non-health department providers.
3. LHD must document treatment information on all LHD clients in NC EDSS.

**Performance Measure # 2:**

New LHD STD clinical providers will participate in required trainings.

**Reporting Requirements for Measure #2:**

1. LHD must notify the Regional CDB Nurse Consultant upon hiring a new STD clinical provider.
2. LHD must provide documentation of the online orientation training sessions and clinical practicum activities upon completion via submission of CEU certificates and a certificate of attendance, respectively, to the Regional CDB Nurse Consultant.

**Performance Measure #3:**

LHD will provide specific information about its STD clinical services.

**Reporting Requirements for Measure #3:**

1. LHD must electronically provide a current list of names of all STD medical providers and STD ERRNs to the CDB Regional Nurse Consultant no later than January 15, 2017 using Attachment A: *STD Services Access/Availability Data* form. This report, for the period January–December 2016, will list:
  - a. The total number of STD coded visits by gender
  - b. The days and times STD services were offered
  - c. Each provider's name, discipline, email address, and the days and hours these providers were accessible to STD clients
  - d. Local Health Department's (LHD) STD medical director's name and contact information, including email address.
2. LHD must be able to list clients seen by each STD service provider using a unique identifier such as LHD medical record number upon request by the Regional CDB Nursing Consultant for program audits.

**Performance Measure # 4:**

LHD will 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. 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 every calendar year. Alternatively, if the annual practice hour assessment and management requirements cannot be met locally, the STD ERRN must complete a designated AL/NC HIV-STD PTC practicum within the calendar year. 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 Requirement for Measure #4:**

Documentation of practice and continuing education shall be electronically submitted to the Regional CDB Nurse Consultant no later than January 15, 2017 using the forms in Attachment B: *STD Enhanced Role Nurse (ERRN) Continuing Education* and *Enhanced Role Nurse (ERRN) Skill Maintenance Verification*.

**Performance Measure #5:**

LHD will determine the percentage of STD Clinic clients who report Medicaid eligibility, commercial insurance, self-pay, and other payment methods. Insurance status is required on every STD client regardless of billing.

**Reporting Requirement for Measure #5:**

The data must be available electronically to the Regional CDB Nurse Consultant through DPH Health Information System (HIS) or batched data uploaded to Client Services Data Warehouse (CSDW) from private vendors.

**Performance Measure #6:**

If the LHD receives HV-coded FRC funds, these funds must be used exclusively on enhancing HIV education, counseling and testing.

**Reporting Requirement for Measure #6:**

If the LHD receives HV-coded FRC funds, the LHD must electronically submit a report detailing what HIV services these funds were used to support upon request of the Regional CDB Nurse Consultant.

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

STD Program monitoring site visits will be conducted by the Regional CDB Nurse Consultants. These periodic monitoring visits (with a minimum of one every three years) will include observation of clinic flow, laboratory and clinical practices, a review of encounter data, and client records. Monitoring visits may include review of policies and procedures, and client and employee satisfaction surveys. Face-to-face client interviews and an administrative staff interview may also be conducted during the site visits.

STD ERRNs will receive a clinical practice assessment at least once every three years. The STD ERRN must demonstrate satisfactory or better skills in each area of the assessment to maintain credentials as a rostered STD ERRN. STD ERRNs may not provide clinical assessments without a valid certificate. Certificates should be posted in the clinic where examinations are performed.

Remote monitoring of STD disease surveillance, investigation, treatment, and reporting will be conducted by a review of NC EDSS data including reports, workflows, and disease events. The LHD must have a quality assurance measure that ensures medical record documentation and NC EDSS documentation is accurate and consistent with Agreement Addendum criteria.

The LHD may request assistance from the Regional CDB Nurse Consultant for quality improvement initiatives in the STD Program.

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: (if applicable)**

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
  - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
  - b. Frequency: Supplements will be generated as the Division receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the

AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.



**Attachment B**

**STD Enhanced Role Nurse (ERRN) Continuing Education  
Communicable Disease Branch**

Local health departments will insure the STD Enhanced Role RN (STD ERRN) training course is completed by all RNs 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. An acceptable level of practice must allow assessment and management of at least 50 STD clients per year and 10 hours of continuing education relevant to STD annually. Alternatively, if practice hour assessment and management requirements cannot be met locally, the STD ERRN must complete one STD Prevention Training Center (STDPTC) practicum annually to maintain clinical skills.

Reporting Requirements: Local health departments must submit electronically a list of the STD ERRN providers, the date initial STD Enhanced Role training was completed, continuing education courses with number of relevant contact hours completed, number of STD patients assessed, and dates of STD PTC courses attended if applicable. Documentation of practice and continuing education will be reported annually with the Agreement Addenda using the attached forms: STD ERRN Continuing Education and STD ERRN Skill Maintenance Verification.

**Return completed forms electronically to Communicable Disease Regional Nurse Consultant by January 15, 2017.** (See map of Regional Communicable Disease Nurse Consultants in the CD/STD Public Health Program Manual.)



## Attachment B (continued)

**STD Enhanced Role Nurse (ERRN) Skill Maintenance Verification**

County \_\_\_\_\_

STD ERRN Provider \_\_\_\_\_

Date STD ERRN Initially Rostered \_\_\_\_\_

<b>MONTH</b>	<b>Total Patients Seen for Complete STD Evaluation</b>	<b>Provide the date (month/year) that your clinical practice skills were last observed by a Regional Communicable Disease Nurse Consultant.</b>
<b>JANUARY 2016</b>	Total Males: Total Females:	
<b>FEBRUARY 2016</b>	Total Males: Total Females:	
<b>MARCH 2016</b>	Total Males: Total Females:	
<b>APRIL 2016</b>	Total Males: Total Females:	
<b>MAY 2016</b>	Total Males: Total Females:	
<b>JUNE 2016</b>	Total Males: Total Females:	
<b>JULY 2016</b>	Total Males: Total Females:	
<b>AUGUST 2016</b>	Total Males: Total Females:	
<b>SEPTEMBER 2016</b>	Total Males: Total Females:	
<b>OCTOBER 2016</b>	Total Males: Total Females:	
<b>NOVEMBER 2016</b>	Total Males: Total Females:	
<b>DECEMBER 2016</b>	Total Males: Total Females:	
<b>*TOTAL EXAMS Jan – Dec 2016</b>	Males: Females:	

\*Clinical practice must include at least 50 STD examinations annually to meet practice requirements. If the number of exams falls below 50 in a calendar year please contact the Regional Communicable Disease Nurse Consultant and discuss options for maintaining credentials. By signing this document, we certify that the information above is correct.

We certify that the information above is correct.

STD ERRN Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERVISOR Signature: \_\_\_\_\_ Date: \_\_\_\_\_