

- 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. 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 of the date the LHD receives the results.

- b. Denominator:
 - 1. Total number of LHD clients diagnosed with chlamydia or gonorrhea.
 - c. **Reporting Requirements:** Reports must be entered 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 as specified at <https://www.hrsa.gov/opa/program-requirements/index.html>. 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:** Billing policies and procedures and the published fee schedule for STD services must be electronically available and provided to the Regional CDB Nurse Consultant when requested via email.

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. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Public Health 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 of Public Health 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.