

CHAPTER 43 – PERSONAL HEALTH
SUBCHAPTER 43A - FAMILY PLANNING
SECTION .0100 - GENERAL POLICIES

10A NCAC 43A .0101 RESERVED FOR FUTURE CODIFICATION

10A NCAC 43A .0102 REFERENCES

(a) For purposes of this Subchapter, the following regulations and documents are hereby adopted by reference in accordance with G.S. 150B-14(c):

- (1) 42 C.F.R. 50, POLICIES OF GENERAL APPLICABILITY;
- (2) 42 C.F.R. 59, GRANTS FOR FAMILY PLANNING SERVICES;
- (3) 45 C.F.R. 74, ADMINISTRATION OF GRANTS;
- (4) OMB Circular No. A-95; and
- (5) Local Health Department Standard, 10 NCAC 12 .0207, Family Planning Standard.

(b) The materials listed in (a) of this Rule are available for inspection at the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915.

History Note: *Authority G.S. 130A-124;*
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990; December 1, 1980.

10A NCAC 43A .0103 LOCAL PROVIDER

For purposes of this Subchapter, "local provider" means a local health department or a public or private nonprofit agency which delivers comprehensive family planning services at the county or district level.

History Note: *Authority G.S. 130A-124;*
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990; December 1, 1980.

10A NCAC 43A .0104 RESPONSIBILITIES

(a) The branch shall be responsible for the overall operation of the North Carolina statewide family planning program, including the submission of an annual renewal application for funding under Title X of the Public Health Services Act that outlines priorities, plans, and related funding requirements for each of the participating local providers.

(b) The branch shall have the authority to negotiate agreements with local providers through approval of the annual renewal application by the United States Department of Health and Human Services.

(c) The branch shall be responsible for support services including:

- (1) provision for statewide data collection and technical assistance,
- (2) consultation and training for local providers to assure accountability in:
 - (A) the use of family planning funds,
 - (B) comprehensiveness and quality of services.

History Note: *Authority G.S. 130A-124;*
Eff. December 1, 1980;
Amended Eff. September 1, 1990.

10A NCAC 43A .0105 REGIONAL PROGRAM MANAGEMENT

(a) Program management shall be provided through the regional offices of the Department.

(b) Regional family planning staff shall monitor local provider activity to assure effective use of available funding sources and compliance with state and federal requirements.

(c) Regional family planning staff shall be involved in allocation decisions affecting local providers as well as decisions relating to re-budgeting during each funding period.

(d) Regional family planning staff shall offer technical assistance and consultation in a variety of areas, including local needs assessment, development of local plans, and evaluation of local provider performance.

History Note: Authority G.S. 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.

10A NCAC 43A .0106 SUBCONTRACTING

(a) Local providers may subcontract specific services funded through the statewide family planning program upon review and approval by the branch. Such agreements shall clearly describe the required services, the respective responsibilities of the parties, and specific time and cost factors.

(b) Agreements shall be reviewed annually by the branch in conjunction with the application renewal process.

(c) All subcontracting arrangements shall be in accordance with 10 NCAC 1K .0600, which is adopted by reference in accordance with G.S.150B-14(c).

History Note: Authority G.S. 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.

10A NCAC 43A .0107 SUBMISSION OF REQUIRED REPORTS

(a) Local providers funded by the branch shall submit patient data and service statistics in accordance with Health Services Information System requirements.

(b) Local providers shall report on selected statistics on clinical effectiveness as sampled by the branch. All required reports and submission dates are listed on the reverse side of the local health department budget page.

(c) Local providers shall participate in the cost and time study conducted by the Department.

History Note: Authority G.S. 130A-124;
Eff. December 1, 1980;
Amended Eff. December 1, 1991; September 1, 1990; July 1, 1983.

SECTION .0200 - LOCAL PROVIDER FUNDING

10A NCAC 43A .0201 DESCRIPTION

Within the limits of available funds, the branch shall negotiate agreements with local providers to deliver comprehensive family planning services throughout the State.

History Note: Authority G.S. 130A-124;
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990; December 1, 1980.

10A NCAC 43A .0202 REQUIREMENTS

An approvable application for funding must contain:

- (1) a narrative description that:
 - (a) addresses all points contained in 42 C.F.R. 59.5, PROJECT REQUIREMENTS, which is adopted by reference in accordance with G.S. 150B-14(c);
 - (b) contains the information required by regulations and guidelines for health services funding, 42 C.F.R. 50.104 and 50.105, which is adopted by reference in accordance with G.S. 150B-14(c);
- (2) a budget and justification of the amount of funds requested;
- (3) other pertinent information as may be required.

History Note: Authority G.S. 130A-124;
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990; December 1, 1980.

10A NCAC 43A .0203 DETERMINATION

- (a) The branch shall evaluate submitted applications and determine local provider allocations.
- (b) The determination shall consider the following factors:
 - (1) the number of patients to be served;
 - (2) the extent to which family planning services are needed locally;
 - (3) the relative need of the applicant;
 - (4) the local provider's capacity to make rapid and effective use of such assistance;
 - (5) the adequacy of facilities and staff;
 - (6) the degree to which the plan provides for elements set forth in Rule .0202 of this Subchapter.
- (c) Applicants can apply for direct grants from the United States Department of Health and Human Services.

*History Note: Authority G.S. 130A-124;
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990; December 1, 1980.*

10A NCAC 43A .0204 FUNDING STIPULATIONS

- (a) Family planning funds shall be expended in accordance with this Subchapter, the local provider plan, and performance objectives submitted to the family planning branch as part of the continuation renewal application.
- (b) Local providers shall offer family planning services to persons eligible under Title XIX of the Social Security Act. The local provider shall use its best efforts to:
 - (1) Recover third party revenue;
 - (2) Have a procedure for identifying all persons served who are eligible for third party reimbursement;
 - (3) Bill third party payors for reimbursement of costs incurred in providing services to eligible individuals.
- (c) Local providers shall adhere to a matching requirement of at least ten percent of the total grant funds. It is necessary to demonstrate that expenditures from grant funds be matched proportionately by expenditures from other funds or that the provider participate to some extent in the cost of a project. Costs used to satisfy the matching requirements may be financed by in-kind contributions of donated staff time from the local provider. Local providers shall maintain a level of program support which would ensure maintenance of effort.
- (d) Local providers will not be required to expend program income in the same budget year in which it was earned, but must maintain a strict accounting of receipts and expenditures to assure that such income is accounted for properly and is budgeted in the program in which it was earned.

*History Note: Authority G.S. 130A-124;
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990; July 1, 1983; December 1, 1980.*

10A NCAC 43A .0205 THIRD PARTY REIMBURSEMENT PROCEDURES FOR LOCAL PROVIDERS

- (a) Local providers which have negotiated agreements for services to third party eligible persons shall adhere to an established set of medical service guidelines.
- (b) Budgeted amounts for Title XIX shall be based upon actual earnings during the previous year, carryover funds, as well as projected earnings during the current year.
- (c) Each local provider participating in any form of third party reimbursement shall budget all such funds into the program which earned the funds. The Title XIX earnings shall be utilized to support the overall program. Local providers shall have an accounts receivable system which complies with generally accepted accounting procedures. Earned revenue that is budgeted and available to be disbursed shall be considered the first dollar spent.

*History Note: Authority G.S. 130A-124;
Eff. February 1, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990; October 1, 1985; December 1, 1980.*

10A NCAC 43A .0206 DIRECT PATIENT CHARGES

- (a) Local providers receiving Title X funds shall develop and implement policies designed to recover program costs and support the program's focus on low-income participants. These policies shall establish a method of directly assessing patient charges and collecting payments for clinical services.
- (b) Local providers shall use the model fee scale developed by the branch in determining patient charges unless an alternate, locally-developed fee scale is approved by the branch prior to its use.
- (c) Patient fee systems must have charges that are:
 - (1) based on cost analysis of services provided; and
 - (2) discounted (adjusted) according to the patient's ability to pay.
- (d) There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all patients.
- (e) No patient charges shall be assessed when income falls below 100 percent of Federal Poverty Guidelines. No patient charges shall be assessed to patients certified eligible for Medicaid, or in a Medicaid applicant status.
- (f) Full charges shall be assessed if patient income falls at or above 200 percent of Federal Poverty Levels unless a provider believes that local conditions warrant delaying full charges until 250 percent of poverty. Then an alternate fee scale, incorporating the higher full-pay level may be developed locally and then submitted for approval in accordance with Paragraph (b) of this Rule.
- (g) There shall be a consistently applied method of "aging" accounts.
- (h) Bad debt write-off policies shall be established.
- (i) No one shall be denied services based solely on the inability to pay.
- (j) In the absence of any changes in federal regulations affecting the delivery of services to minors and the assessment of patient charges for services provided to minors, family planning project directors (Local Health Directors) may treat unemancipated minors as "a family of one" and consider them on the basis of their own resources. In such cases, the minor's income must be reported through the patient data system. Third-party sources (e.g., Title XIX and private insurance) shall be billed if eligibility criteria are met.
- (k) Patients shall be given a receipt each time a payment is collected.
- (l) Donations shall be accepted from any patient regardless of income status as long as they are truly voluntary. There shall be no "schedule of donations," bills for donations, or implied or overt coercion.
- (m) Local fee policies that reflect these requirements shall be documented and available for inspection.
- (n) Providers must use best efforts to continue to provide services to patients at or below 150 percent of Federal Poverty Guidelines.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990; July 1, 1983.*

SECTION .0300 - LOCAL PROVIDER SERVICES

10A NCAC 43A .0301 MEDICAL SERVICES

- (a) Medical services offered by local providers shall include:
 - (1) clinician (physician or nurse practitioner) consultation, examination, prescription, and continuing supervision;
 - (2) laboratory analysis;
 - (3) contraceptive supplies;
 - (4) necessary referral to other medical facilities when medically indicated.
- (b) Required medical services shall be classified by clinic visit type:
 - (1) initial or annual medical,
 - (2) revisit with pelvic or method problem with pelvic,
 - (3) revisit without pelvic or method problem without pelvic.
- (c) Local providers funded by the branch shall offer infertility services. There shall be at least a counseling and referral mechanism in place at each service site in order to provide for diagnostic and treatment services.
- (d) The local provider shall make available a broad range of medically approved contraceptive methods including natural family planning.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980.*

10A NCAC 43A .0302 PATIENT EDUCATION

(a) Patient education shall be offered to each individual upon their first visit to the family planning clinic, prior to the physical examination, in order for the individual to make an informed choice about a contraceptive method.

(b) The patient education session shall provide information about:

- (1) the effect of family planning on individual and family health;
- (2) female and male reproductive anatomy and physiology;
- (3) temporary and permanent contraceptive methods and comparative safety of each.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980.*

10A NCAC 43A .0303 COMMUNITY EDUCATION

Local providers shall conduct informational and educational programs designed to promote community understanding of program objectives and awareness of the availability of services.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980.*

10A NCAC 43A .0304 SOCIAL SERVICES

Local providers shall make available family planning social services including counseling, referral to and from social and medical service agencies and other related services which facilitate clinic attendance shall be provided.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980.*

10A NCAC 43A .0305 INTERAGENCY COORDINATION

Local providers shall establish referral mechanisms and maintain regular coordination with other providers of health services and social services, including hospitals and voluntary agencies.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980.*

10A NCAC 43A .0306 ELIGIBILITY FOR SERVICES

Subject to the availability of funds, local providers funded by the branch shall provide services to all persons who request services. However, priority shall be given to low-income persons in the provision of services. Services must be available without the imposition of any residence or referral requirements and without regard to race, color, national origin, religion, creed, age, sex, family size, or marital status.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.*

SECTION .0400 - QUALITY ASSURANCE

10A NCAC 43A .0401 SCOPE

The branch shall be responsible for assuring that the family planning services offered by the local providers in North Carolina are continually evaluated and improved.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.*

10A NCAC 43A .0402 LOCAL FAMILY PLANNING QUALITY ASSURANCE PROGRAMS

(a) Local providers shall establish a quality assurance program.

(b) A quality assurance program ensures the following:

- (1) planning, organization, and service delivery in conformance with all regulatory and other generally accepted principles of quality health care;
- (2) periodic review of health services; and
- (3) ongoing efforts to upgrade quality of services.

History Note: Authority 130A-124;
Eff. December 1, 1980.

10A NCAC 43A .0403 CLINICAL EFFECTIVENESS INDICATORS

Quality assurance programs shall be evaluated on a quarterly basis by use of the following indicators of program quality:

- (1) At least 90 percent of female patients aged ten to 19 in family planning clinics aged ten to 19 shall be up-to-date on immunizations required or recommended by state or federal regulations or policies. (Monitoring in family planning clinics need only reflect an assessment of rubella immunity or counseling on how to establish it.);
- (2) At least ninety percent of patients aged nineteen or less receiving medical family planning services shall have a documented counseling session prior to or at the time of receiving any family planning method;
- (3) All Class III, IV, or V Pap smears shall have documented follow-up and further diagnostic study or treatment within six weeks;
- (4) At least ninety percent of the records of family planning patients shall show a blood pressure taken on the most recent visit or within the year prior to the most recent visit;
- (5) At least ninety percent of the records of female family planning patients shall show a hemoglobin or hematocrit.

History Note: Authority 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.

10A NCAC 43A .0404 LOCAL RESPONSIBILITY FOR QUALITY ASSURANCE

Each provider of family planning services shall have two standing committees:

- (1) Program Review Committee
 - (a) Composition - at least one representative from the clinic's patient population, representatives from the health care delivery staff (including medical and support services personnel), and a member of the administrative staff;
 - (b) Frequency of meetings - quarterly;
 - (c) Topics of review - accessibility of services, comprehensiveness of services, continuity of care, clinic efficiency, and patient participation in the planning, operation, and evaluation of the program;
 - (d) Suggested review process - problem identification, problem definition, recommendations, follow-up or reassessment;
 - (e) Documentation - the documentation of the proceedings shall be required. Records of the meetings shall be shared with program administration and staff.
- (2) Patient Care Review Committee
 - (a) Composition - health care professionals;
 - (b) Frequency of meetings - at least monthly (may be conducted in conjunction with team meetings or post-clinic conferences);
 - (c) Topics for review - assessments of the medical quality of patient care;
 - (d) Suggested review process - problem identification, selection of the best means for further study of the problem, recommendations, follow-up or reassessment;
 - (e) Documentation - the documentation of the proceedings is required. This includes physician review or consultation when appropriate.
- (3) Local providers may meet either or both of these requirements if existing committees, councils, or groups performing identical functions are active in their agency.

History Note: Authority 130A-124;
Eff. December 1, 1980;

Amended Eff. September 1, 1990.

SECTION .0500 - PROGRAM POLICIES GOVERNING CLINIC PROCEDURES

10A NCAC 43A .0501 VOLUNTARY PARTICIPATION

The acceptance by any individual of family planning services shall be solely on a voluntary basis and shall not be a prerequisite for or receipt of any other service, or participation in any other program.

*History Note: Authority 130A-124;
Eff. December 1, 1980.*

10A NCAC 43A .0502 MEDICAL RECORDS

(a) Local providers shall maintain complete medical records for every patient. The medical records shall be completely and accurately documented, readily accessible and systematically organized. Each entry to a medical record shall be signed by the person making the entry.

(b) All records shall be maintained, either in the original or by microfilm, for no less than five years.

(c) Local providers shall protect the medical record against breaches of confidentiality.

*History Note: Authority 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.*

10A NCAC 43A .0503 SERVICES TO MINORS

Family planning services shall be available to all who voluntarily request such services without regard to age or parental consent.

*History Note: Authority G.S. 90-21.5; 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.*

10A NCAC 43A .0504 PATIENT CONSENT

Method-specific informed consent shall be obtained each time the individual changes the birth control method selected.

*History Note: Authority G.S. 130A-124;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.*

10A NCAC 43A .0505 STERILIZATION

(a) Local providers shall not use federal funds to pay for sterilization procedures, including arranging for such procedures, unless all the requirements of 42 C.F.R., 50.201 through 50.204, which are adopted by reference in accordance with G.S. 150B-14(c), have been met. In addition, informed consent procedures for sterilization operations contained in Chapter 90, Article 19, of the North Carolina General Statutes, which are adopted by reference in accordance with G.S. 150B-14(c), shall also be followed.

(b) Local providers shall follow Chapter 35, Article 7, of the North Carolina General Statutes, which are adopted by reference in accordance with G.S. 150B-14(c), in cases involving sterilization of mentally ill and mentally retarded persons.

(c) Local providers shall notify the branch of any sterilization covered by (a) of this Rule.

(d) Local providers receiving funds from the branch are subject to penalty if they coerce or try to coerce any individual to undergo a sterilization.

*History Note: Authority G.S. 130A-124; 42 C.F.R. 50.205; 42 C.F.R. 50.208;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.*

10A NCAC 43A .0506 ABORTION

(a) No funds provided by the branch shall be used by local providers for abortion services.

(b) Local providers receiving funds from the branch shall be subject to penalty if they coerce or try to coerce any individual to undergo an abortion.

History Note: Authority G.S. 130A-124; P.L. 91-572;
Eff. December 1, 1980;
Amended Eff. September 1, 1990.

SECTION .0600 - RESERVED FOR FUTURE CODIFICATION

SECTION .0700 - RESERVED FOR FUTURE CODIFICATION

SECTION .0800 - TEEN PREGNANCY PREVENTION

10A NCAC 43A .0801 GENERAL

(a) The Teen Pregnancy Prevention Initiatives shall be administered by the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915, (919) 733-7791.

(b) The Division of Public Health shall take the following actions prior to the end of State Fiscal Year 2001-2002: All currently funded Teen Pregnancy Prevention Projects shall be notified that they have been assigned to one of four groups, based upon the date that their Teen Pregnancy Prevention funding was initiated. This grouping shall allow the Division to phase out, in an orderly manner, those projects funded under the former rules of operation. These projects shall be grouped as follows:

- (1) Group one shall be informed that they have one year of funding remaining. Projects in this group may file competitive applications for re-funding in the fall of 2002 for grants beginning on July 1, 2003.
- (2) Group two shall be informed that they have two years of funding remaining. Projects in this group may file competitive applications for re-funding in the fall of 2003 for grants beginning on July 1, 2004.
- (3) Group three shall be informed that they have three years of funding remaining. Projects in this group may file competitive applications for re-funding in the fall of 2004 for grants beginning on July 1, 2005.
- (4) Group four shall be informed that they have four years of funding remaining. Projects in this group may file competitive applications for re-funding in the fall of 2005 for grants beginning on July 1, 2006.

(c) Notwithstanding Paragraph (b) of this Rule, Adolescent Pregnancy Prevention Program Projects that were approved for funding prior to December 1, 2001 shall receive their annually decreasing funding amount until the end of the original five-year agreement. These projects shall be placed in the groups described in Paragraph (b) of this Rule according to the years remaining on their original agreements. Any existing project that decides to forgo its remaining years of APPP funding and to submit an application for stable funding under the revised program rules, may do so only after submission of a notice of voluntary program termination no later than six months prior to the start of the next fiscal year.

History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136;
Eff. August 1, 1990;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. April 1, 2003.

10A NCAC 43A .0802 DEFINITIONS

The following definitions shall apply throughout this Subchapter:

- (1) "TPPI" means the Teen Pregnancy Prevention Initiatives which covers the Adolescent Pregnancy Prevention Program and Adolescent Parenting Program administered by the Division of Public Health.
- (2) "DPH" means the Division of Public Health, 1915 Mail Service Center, Raleigh, North Carolina 27699-1915.
- (3) "Contractor" means a county or district health department or department of social services or other public or private agency receiving Teen Pregnancy Prevention Initiatives funding.
- (4) "Adolescent" means any individual 19 years of age and under.
- (5) "Major Equipment" means any fixed asset that has a unit cost of two thousand dollars (\$2,000) or more.
- (6) "Minor Remodeling" means any building or facility reconstruction project having a total cost of two thousand dollars (\$2,000) or less.
- (7) "Primary pregnancy prevention" means prevention of first pregnancy.

- (8) "Department" means the Department of Health and Human Services.
- (9) "The Commission" means the Commission for Public Health.
- (10) "Secondary pregnancy prevention" means prevention of second and higher order pregnancies.

*History Note: Authority G.S. 130A-124; 130A-131.15A;
Eff. August 1, 1990;
Amended Eff. January 4, 1994;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. April 1, 2003.*

10A NCAC 43A .0803 GRANT APPLICATIONS

- (a) All programs receiving TPPI grants shall demonstrate through a competitive application process that their proposed strategies reflect best practice models for teen pregnancy prevention and strong collaboration of local agencies within their communities. Community agencies in counties ranking in the top quartile relative to pregnancy rates among girls aged 15 to 19 shall receive requests for application (RFAs) 30 days prior to the mailing to agencies in other counties. All community agencies that apply for this funding shall receive technical assistance. Individual consultations with those counties receiving the RFA earlier due to their teen pregnancy rankings shall have access to technical assistance from staff of the Division of Public Health for 45 additional days.
- (b) Grants shall be awarded through a request for applications (RFA) process that includes notification of potential applicant agencies of the eligibility criteria and requirements for funding.
- (c) Any local agency or organization or combination of agencies and organizations may apply to the DPH for an allocation of money to operate a project aimed at preventing primary or secondary adolescent pregnancy.
- (d) The application shall contain an analysis of adolescent pregnancy and related problems in the locality the project would serve, and a description of how the funded project would attempt to prevent the problems.
- (e) The application shall state how much money is needed to operate the project and how the money shall be spent.
- (f) The Department shall conduct annually a pre-application conference that shall be attended by a representative of any agency that wishes to apply for funding; that session shall define the criteria for accountability and evaluation that the Department requires of funded projects. That session shall also provide information about additional funding sources to which agencies might turn.
- (g) Application Requirements – The Department shall apply the following standards to agencies applying for first-year funding:
 - (1) Each agency shall have a plan of action that extends throughout their funding cycle.
 - (2) Each agency shall have realistic, specific, and measurable goals and objectives for the prevention of adolescent pregnancy.
 - (3) Each agency, before submitting its application, shall send a representative to the pre-application conference held by the Department.

*History Note: Authority G.S. 130A-124; 130A-131.15A;
Eff. August 1, 1990;
Amended Eff. January 4, 1994; August 1, 1991;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. August 1, 2004; April 1, 2003.*

10A NCAC 43A .0804 MAXIMUM FUNDING LEVEL

The maximum level of funding for any one project shall be:

- (1) Fifty thousand dollars (\$50,000), provided that local participants contribute a minimum of ten thousand dollars (\$10,000) in-kind match annually.
- (2) Sixty-five thousand dollars (\$65,000), provided that local participants contribute a minimum of eighteen thousand dollars (\$18,000) in-kind match annually and that active leadership or financial support is annually demonstrated from at least three of the following groups:
 - (a) local public school system;
 - (b) public and private health care providers;
 - (c) local social services department;

- (d) local mental health authority;
 - (e) local Workforce Board; or
 - (f) corporations and businesses.
- (3) Seventy-five thousand dollars (\$75,000), provided that local participants contribute a minimum of twenty-five thousand dollars (\$25,000) in-kind match annually and:
- (a) that active leadership or financial support is annually demonstrated from at least four of the following groups:
 - (i) local public school system;
 - (ii) public and private health care providers;
 - (iii) local social services department;
 - (iv) local mental health authority;
 - (v) local Workforce Board; or
 - (vi) corporations and businesses; and
 - (b) that the target population participants in the TPPI projects are linked with:
 - (i) academic support programs such as Communities in Schools (CIS) or Save Our Students (SOS);
 - (ii) health related programs such as physical fitness and nutrition related activities;
 - (iii) child care, economic assistance, and other social services programs;
 - (iv) counseling or other therapeutic services;
 - (v) career counseling and job shadowing using such programs as the local JobLink Center; or
 - (vi) mentoring by local businesses or organizations.

History Note: Authority G.S. 130A-124; 130A-131.15A;
 Eff. August 1, 1990;
 Amended Eff. January 4, 1994;
 Temporary Amendment Eff. December 1, 2001;
 Temporary Amendment Expired September 13, 2002;
 Amended Eff. August 1, 2004; April 1, 2003.

10A NCAC 43A .0805 OPERATING STANDARDS

- (a) Upon approval of an application for grant funds a budget shall be negotiated and a contract shall be signed between the Contractor and the DPH.
- (b) Project funds shall be used solely for the purposes detailed in the approved application and budget.
- (c) Contractors shall not use TPPI funds for purposes that are prohibited by statute, or for the following purposes:
 - (1) purchase of inpatient care;
 - (2) purchase or improvement of land;
 - (3) purchase, construction, or permanent improvement (other than minor remodeling) of any building or other facility;
 - (4) purchase or prescriptions of contraceptives;
 - (5) transportation to or from abortion services; or
 - (6) abortions.
- (d) TPPI projects shall not impose charges on clients for services.
- (e) Staff qualifications, training, and experiences shall be appropriate for implementing project activities.
- (f) Each project shall participate in the annual training conference with state staff and other project staff.
- (g) The start-up period before project activities are implemented shall not exceed six months.
- (h) Each project shall obtain approval from the DPH prior to making changes in program goals, objectives, and target populations. The Division of Public Health shall only approve changes that are consistent with the rules of this section.
- (i) Each project shall have an advisory group composed of members both within and outside the sponsoring agency of the project. These groups shall meet at least quarterly and advise project staff on project policies and operations.
- (j) Each project shall define and maintain cooperative ties with other community institutions.
- (k) Each project shall demonstrate its ability to attract financial support from sources other than the State, including sources in the local community.

History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136;

Eff. August 1, 1990;
Amended Eff. July 1, 1992;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. April 1, 2003.

10A NCAC 43A .0806 EVALUATION AND MONITORING

- (a) The DPH shall make site reviews of Contractors to assess program performance.
- (b) The DPH shall make periodic site visits to contractors to provide technical assistance and consultation.

History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136;
Eff. August 1, 1990;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. April 1, 2003.

10A NCAC 43A .0807 RENEWAL OF GRANT FUNDS

- (a) Contracts for TPPI projects are subject to annual renewal for a four year period based upon criteria established by the program and contingent upon the availability of funds for this purpose.
- (b) A contractor that violates any of the provisions of these rules may have TPPI funding reduced or discontinued. The Department shall make the final decision to reduce or discontinue funding based upon the advice of the Commission.

History Note: Authority G.S. 130A-124; 130A-131.15A; S.L. 1989, c. 752, s. 136;
Eff. August 1, 1990;
Temporary Amendment Eff. December 1, 2001;
Temporary Amendment Expired September 13, 2002;
Amended Eff. April 1, 2003.

10A NCAC 43A .0808 CRITERIA FOR PROJECT SELECTION

- (a) The Department shall present funding recommendations to the Commission from among the applicants that meet the minimum standards in Rule .0803 of this Subchapter. A multi-disciplinary committee of public and private health and human services providers who are familiar with adolescent health issues shall review applications based upon the criteria set out below. Recommendations shall also be based upon the best selection of projects according to the following criteria:
 - (1) Degree of need of the locality, including that the service area has a significant adolescent pregnancy problem as evidenced by its adolescent pregnancy rate, adolescent birth rate, attributable risk score, and percentage of repeat adolescent births;
 - (2) Evidence of selection of a program model that has documented success in the prevention of teen pregnancy;
 - (3) A plan to provide comprehensive sexuality education including complete and medically accurate information about contraceptive methods including abstinence to all participants.
 - (4) A plan to refer teens who have needs beyond the scope of the program including substance abuse, domestic violence, family planning, and mental health, to an appropriate provider.
 - (5) A statewide program evaluation plan that addresses the administration of pre-tests and post-tests that measure participants' knowledge, attitudes and behaviors as compared to a control group; and submission of data in an internet based database;
 - (6) Adequacy of agency and staff to meet project objectives;
 - (7) Level of community support. There shall be documentation such as letters or statements of commitment from partnering organizations to show strong support for the application;
 - (8) Evidence that the proposed budget does not exceed the costs of the planned program activities; and
 - (9) Demonstration by existing or formerly TPPI-funded projects that they have provided an effective intervention for reducing adolescent pregnancy rates among their participants.
- (b) The Commission shall provide input regarding the proposed funding decisions made by the Department. The Department shall consider the input of the Commission, but is not bound by it. By June 1 of each year the Department shall notify the projects that are to be funded.

*History Note: Authority G.S. 130A-124; 130A-131.15A;
Temporary Adoption Eff. December 1, 2001;
Temporary Adoption Expired September 13, 2002;
Eff. April 1, 2003;
Amended Eff. April 1, 2008; August 1, 2004.*