

# Child Health 351 Agreement Addenda Report -FY 18-19 EOY Report

## 2. (untitled)

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**1. Agency Name**

Alexander County Health Department

**2. Reporting Period**

FY 2018-2019

**3. Date Completed**

08/02/2019

**4. Health Director First Name**

Leeanne

**5. Health Director Last Name**

Whisnant

**6. Health Director Email**

lwhisnant@alexandercountync.gov

**7. First Name of Person Reporting**

Billie

**8. Last Name of Person Reporting**

Walker

**9. Email address of person reporting**

bwalker@alexandercountync.gov

**10. Phone number of person reporting (###-###-####)**

828-352-7794

**11. Do you assure Child Health services?**

No

**Do you:**

**Family Planning Office/Outpatient Visits for Problem (Evaluation and Management) for teens:**

**Is the agency using these service deliverables in the Child Health program?**

**12. Did you provide Non-Medicaid Direct Services for Child Health?**

Yes

## 3. Attachment A:Non-Medicaid Direct Services

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**13. Office Visit for Problem (Evaluation and Management): Codes (99201-99205 and 99211-99215).**

**Does the agency provide these services for children?**

Yes

**14. Office Visit for Problem (Evaluation and Management) Services**

	Number of Services
99201	0
99202	0
99203	0
99204	0
99205	0
99211	1
99212	8
99213	43
99214	0
99215	0

**15. Health Check Periodic/Interperiodic Screening Visit: Codes (99381-99385 and 99391-99395).**

**Does the agency provide these services for children?**

Yes

**16. Health Check Periodic/Interperiodic Screening Visit Services.**

	Number of Services
99381	0
99382	0
99383	2
99384	13
99385	1
99391	3
99392	7
99393	17
99394	12
99395	0

**17. Home Visit for Newborn: Codes (99502)**

**Does the agency provide these services for children?**

No

**Home Visit for Newborn Services**

	Number of Services
99502: (Newborn Care & Assessment)	

**18. Oral Care: Fluoride Dental Varnish Codes (D0145 and D1206)**

Does the agency provide these services for children?

No

**Oral Care Services**

	Number of Services
D0145: (Oral Evaluation for a patient under three years of age and counseling with primary caregiver)	
D1206: (Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients)	

**4.**

**19. Other Visits (for example, Medical Nutrition Therapy, Behavioral Health, and/or Medical Lactation Services). Do not include procedure codes such as lab tests.**

No

**20. Other Visit Services**

**Behavioral Health**

	Number of Services
90791	
90792	
90832	
90833	
90834	
90836	
90837	
90838	
90839	
90846	
90847	
90853	

**Medical Nutrition Therapy**

	Number of Services
97802	
97803	

**Medical Lactation**

	Number of Services
96150	
96151	
96152	

**20. Do you need to report on other Direct Clinical Services such as interpreter services, child health training program, clinical equipment/ADA equipment/Hearing screening equipment, or clinical materials/supplies?”**

Yes

**5. Attachment A: Other Direct Clinical Services Activities 1**

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**21. Other Direct Clinical Services Activity Title**

Interpreter Services

**Activity Title: Other**

**22. Activity Funding**

	Budgeted Amount	Expenditures	Variance
Funding	6087.00	6087.00	

**23. List all outcomes for your measure. (Please number each as 1,2,3 etc.)**

**Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good**

No survey given as of yet due to funding for AA not being initiated until January of 2019. No measures were listed on the revision of the AA.

**24. If variance for this Attachment A activity, please provide an explanation and corrective actions.**

**25. Do you need to add another activity?**

No

**6. Attachment A: Other Direct Clinical Services Activities 2**

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**Other Direct Clinical Services Activity Title**

**Activity Title: Other**

**Activity Funding**

	Budgeted Amount	Expenditures	Variance
Funding			

**List all outcomes for your measure. (Please number each as 1,2,3 etc.)**

**Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good**

If variance for this Attachment A activity, please provide an explanation and corrective actions.

Do you need to add another activity?

### 7. Attachment A: Other Direct Clinical Services Activities 3

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Other Direct Clinical Services Activity Title

Activity Title: Other

Activity Funding

	Budgeted Amount	Expenditures	Variance
Funding			

List all outcomes for your measure. (Please number each as 1,2,3 etc.)

Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good

If variance for this Attachment A activity, please provide an explanation and corrective actions.

Do you need to add another activity?

### 8. Attachment A: Other Direct Clinical Services Activities 4

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Other Direct Clinical Services Activity Title

Activity Title: Other

Activity Funding

	Budgeted Amount	Expenditures	Variance
Funding			

List all outcomes for your measure. (Please number each as 1,2,3 etc.)

Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good

If variance for this Attachment A activity, please provide an explanation and corrective actions.

Do you need to add another activity?

### 9. Attachment A: Other Direct Clinical Services Activities 5

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Other Direct Clinical Services Activity Title

Activity Title: Other

Activity Funding

	Budgeted Amount	Expenditures	Variance
Funding			

List all outcomes for your measure. (Please number each as 1,2,3 etc.)

Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good

If variance for this Attachment A activity, please provide an explanation and corrective actions.

Do you need to add another activity?

## 10. Attachment A: Other Direct Clinical Services Activities 6

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Other Direct Clinical Services Activity Title

Activity Title: Other

Activity Funding

	Budgeted Amount	Expenditures	Variance
Funding			

List all outcomes for your measure. (Please number each as 1,2,3 etc.)

Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good

If variance for this Attachment A activity, please provide an explanation and corrective actions.

## 11. Attachment A Summary for Direct Services

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26. Attachment A Summary of All Direct Services (Include Child Health & Reproductive Health). Please note, supporting documentation may be requested. Note that more Reproductive Health questions will follow but should be included in the totals below as well.

	Budgeted Amount	Expenditure Amount	Variance
Funding	6087.00	6087.00	

27. If variance for Attachment A, please provide explanation and corrective actions.

no variance

## 12. Attachment A: Reproductive Health

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28. Family Planning Office/Outpatient Visits for Problem (Evaluation and Management) for teens: Codes (99201-99205 and 99211-99215).

Is the agency using these service deliverables in the Child Health program?

No

**Family Planning Office/Outpatient Visits for Problem (Evaluation and Management) for teens**

	Number of Services
99201:New Patient	
99202:New Patient	
99203:New Patient	
99204:New Patient	
99205:New Patient	
99211:Est. Patient	
99212:Est Patient	
99213:Est Patient	
99214:Est Patient	
99215:Est. Patient	

**29. Family Planning Preventative Visits for teens: Codes (99383-99385 and 99393-99395)**

**Is the agency using these service deliverables in the Child Health Program?**

No

**Family Planning Preventative Visits for teens-Services**

	Number of Services
99383:New Patient, Age 5-11	
99384:New Patient, Age 12-17	
99385: New Patient, age 18-20	
99393:Est. Patient, Age 5-11	
99394: Est. Patient, Age 12-17	
99395: Established patient, age 18-20	

**30. Other Reproductive Services Codes: (J1050, 11981-11983, 58300-58301, J7300, J7302, and S4993)**

**Is the agency using these service deliverables in the Child Health Program?**

No

**Other Reproductive Services**

	Number of Services
J1050 – Depo Provera Injection	
J1055 – Depo Provera Injection	
11981 – Non-biodegradable drug delivery implant insertion	
11982 – Non-biodegradable drug delivery implant removal	
11983 – Non-biodegradable drug delivery removal and reinsertion	
58300 – IUD Insertion	
58301 -IUD Removal	
J7300 – ParaGard; intrauterine copper contraceptive	
J7301 – Skyla; Levonorgestrel-releasing intrauterine contraceptive system, 13.5 mg	
J7302 – Mirena; Levonorgestrel-releasing intrauterine contraceptive system, 52 mg	
J7298 – Mirena, Levonorgestrel – releasing intrauterine contraceptive system, 52 mg	
J7297 – Liletta, Levonorgestrel intrauterine device	
11976 – Remove w/o reinsertion contraceptive implant	
57170 – Fitting of Diaphragm/Cap	
J7303 – Contraceptive vaginal ring	
J7304 – Contraceptive patch	
J7307 – Nexplanon; Etonogestrel implant system, including implant and supplies	
96152 – Health & Behavior intervention, each 15 min.	
97802 – Medical Nutrition Therapy, initial, each 15 min	
97803 – Medical Nutrition Therapy, Reassessment, each 15 min.	
S4993 – Birth Control Pills	
Emergency Contraception (no CPT Code provided)	

**31. Please confirm that NONE of the Reproductive Health services that were counted in Child Health were also counted in the Family Planning Program for the fiscal year you are reporting.**

Confirmed

**13. Attachment B: Do you have any Attachment B Evidence-Based Activities?**

**32. Do you have any Attachment B Evidence-Based Activities for Other Services?**

No

**14. Attachment B: Other Activities 1**

**Activity # (Enter as # of #)**

**Activity Title**

Activity Title: Other

Activity Funding

	Budgeted Amount	Expenditures	Variance
Funding			

List all outcomes for your measure. (Please number each as 1,2,3 etc.)

Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good

If variance for this Attachment B activity, please provide an explanation and corrective actions.

Do you need to add another activity?

**15. Attachment B: Other Activities 2**

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Activity # (Enter as # of #)

Activity Title

Activity Title: Other

Activity Funding

	Budgeted Amount	Expenditures	Variance
Funding			

List all outcomes for your measure. (Please number each as 1,2,3 etc.)

Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good

If variance for this Attachment B activity, please provide an explanation and corrective actions.

Do you need to add another activity?

**16. Attachment B: Other Activities 3**

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Activity # (Enter as # of #)

Activity Title

Activity Title: Other

Activity Funding

	Budgeted Amount	Expenditures	Variance
Funding			

List all outcomes for your measure. (Please number each as 1,2,3 etc.)

Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good

If variance for this Attachment B activity, please provide an explanation and corrective actions.

Do you need to add another activity?

### 17. Attachment B: Other Activities 4

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Activity # (Enter as # of #)

Activity Title

Activity Title: Other

Activity Funding

	Budgeted Amount	Expenditures	Variance
Funding			

List all outcomes for your measure. (Please number each as 1,2,3 etc.)

Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good

If variance for this Attachment B activity, please provide an explanation and corrective actions.

Do you need to add another activity?

### 18. Attachment B: Other Activities 5

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Activity # (Enter as # of #)

Activity Title

Activity Title: Other

Activity Funding

	Budgeted Amount	Expenditures	Variance
Funding			

List all outcomes for your measure. (Please number each as 1,2,3 etc.)

Example: 1) Measure: 90% of LEP clients rating "very good" on their ability to understand information provided by the provider. (Scale: Not at all; Somewhat; Good; Very Good) Results: 78% rated Very Good

If variance for this Attachment B activity, please provide an explanation and corrective actions.

### 20. Health Director Confirmation

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**33. Please confirm that this report has been reviewed by the Health Director.**

Confirmed

**34. Please select your region and consultant:**

Region 2-Melody McCune