

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

2. (untitled)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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