

Division of Public Health Agreement Addendum FY 14-15

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Chatham County Public Health Department
Local Health Department Legal Name

Women's and Children's Health/Women's Health
DPH Section/Branch Name

107 Pregnancy Care Management
Activity Number and Description

S. Vienna Barger, 919-707-5710,
vienna.barger@dhhs.nc.gov

DPH Program Contact
(name, telephone number with area code, and email)

06/01/2014 - 05/31/2015

Service Period

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

07/01/2014 - 06/30/2015

Payment Period

Original Agreement Addendum

Agreement Addendum Revision # 1 (Please do not put the Budgetary Estimate revision # here.)

I. Background: No change

II. Purpose:
This Agreement Addendum Revision #1 reduces the total number of women annually who will receive pregnancy care management services. This reduction in women served is due to the 4% reduction in the Maternal and Child Health Block grant funding.

III. Scope of Work and Deliverables:
This Agreement Addendum Revision #1 reduced by 3 the total number of women served by this Activity. The Local Health Department shall provide pregnancy care management services to a total of **82** uninsured pregnant and postpartum women who are ineligible for Medicaid, do not have Medicaid Presumptive Eligibility coverage or who have completed their Medicaid Presumptive Eligibility period, and have no other coverage for pregnancy care management services. Women served will be clients of the Local Health Department from its service area.

The Local Health Department shall provide all pregnancy care management services in accordance with the current *Pregnancy Care Management Program Manual* (<http://whb.ncpublichealth.com/provPart/pubmanbro.htm>) and all requirements established in the original Agreement Addendum.

IV. Performance Measures/Reporting Requirements: No change

V. Performance Monitoring and Quality Assurance: No change

VI. Funding Guidelines or Restrictions: (if applicable) No change



Health Director Signature

(use blue ink)

Date

10-2-14

Local Health Department to complete:
(If follow up information is needed by DPH)

LHD program contact name: Zach Deaton
Phone number with area code: 919-545-8367
Email address: Zach.deaton@chathamnc.org

Signature on this page signifies you have read and accepted all pages of this document.

Revised 8/12/13

Allocation Page

Waiting for Program Admin Approval

For Fiscal Year:14/15

Estimate Number: 1

*Original
CAF
COPY*

	107 13A1 5107 00	107 13A1 5107 AP	107 13A1 5107 AP	107 13A1 5107 AP	Proposed Total	New Total
	Payment Period 07/01-06/30	Payment Period 07/01-06/30	Payment Period 11/01-06/30	Payment Period 03/01-06/30		
	Service Period AA 06/01-05/31	Service Period 05/01-05/31	Service Period 10/01-05/31	Service Period 02/01-05/31		
01 ALABAMA		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
02 ALBEMARLE REG		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
02 ALBEMARLE		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04 ANSON		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
02 APPALACHIAN		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
07 BEAUFORT		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
09 BLADEN		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10 BRUNSWICK		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11 BUNCOMBE	* 1	\$907.00	\$0.00	\$0.00	-\$2,115.00	-\$1,208.00
12 BURNS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13 CABARRUS	* 1	\$907.00	\$0.00	\$0.00	-\$2,115.00	-\$1,208.00
14 CALDWELL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16 CARTER		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17 CASWELL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18 CATAWBA		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19 CHATHAM	* 1	\$907.00	\$0.00	\$0.00	-\$2,115.00	-\$1,208.00
20 CHEROKEE		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22 CLAY		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23 CLEVELAND		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24 COLUMBUS		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25 CRAVEN		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26 CUMBERLAND		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28 DARE		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29 DAVIDSON		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30 DAVIE		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31 DUPLIN	* 1	\$907.00	\$0.00	\$0.00	-\$2,115.00	-\$1,208.00
32 DURHAM	* 1	\$907.00	\$0.00	\$0.00	-\$2,115.00	-\$1,208.00
33 EDGEcombe		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34 FORBETH		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35 FRANKLIN		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
36 GASTON		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38 GRAHAM		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
03 GRANVANCE		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40 GREENE		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41 GUILFORD	* 1	\$907.00	\$0.00	\$0.00	-\$2,115.00	-\$1,208.00
42 HALIFAX		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43 HARRITT		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44 HAYWOOD		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
45 HENDERSON	* 1	\$907.00	\$0.00	\$0.00	-\$2,115.00	-\$1,208.00
46 HERTFORD		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47 HOKE		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48 HYDE		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49 IREDELL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50 JACKSON		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51 JOHNSTON	* 1	\$907.00	\$0.00	\$0.00	-\$2,115.00	-\$1,208.00
52 JONES		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53 LEE		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
54 LENOIR		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
55 LYNCON		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
56 MACON		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
57 MADISON		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
04 MAR-TYR-WASH		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
60 MECKLENBURG	* 1	\$907.00	\$0.00	\$0.00	-\$2,115.00	-\$1,208.00
62 MONTGOMERY	* 1	\$453.00	\$0.00	\$0.00	-\$1,058.00	-\$605.00
63 MOORE	* 1	\$453.00	\$0.00	\$0.00	-\$1,058.00	-\$605.00
64 NASH		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
65 NEW HANOVER	* 1	\$452.00	\$0.00	\$0.00	-\$1,058.00	-\$606.00
66 NORTHAMPTON		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
67 ONSLOW		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

reduction in funding

65 CHANCE			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
66 PAMLICO			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
71 PENDER			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
73 PERSON			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
74 PITT	*	2	\$452.00	\$0.00	\$0.00	-\$1,058.00	-\$606.00	\$14,463.00
76 RANDOLPH			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
77 RICHMOND			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
78 ROBESON			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
79 ROCKINGHAM			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
80 ROWAN			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86 R-F-M			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
82 SAMPSON	*	3	\$385.00	\$0.00	\$0.00	-\$2,115.00	-\$1,730.00	\$28,928.00
83 SCOTLAND			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
84 STANLY			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
85 STOKES			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
86 SURRY			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
87 SWAIN			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
88 TOP RIVER			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
88 TRANSYLVANIA			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
89 UNION			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
92 WAKE	*	1	\$306.00	\$0.00	\$0.00	-\$2,114.00	-\$1,808.00	\$28,928.00
93 WARREN			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
98 WAYNE			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
97 WILKES			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
98 WILSON			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
99 YADKIN			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals			\$11,788.00	\$0.00	\$0.00	-\$27,498.00	-\$15,711.00	\$378,072.00

Signature and Date - DPH Program Administrator

Cheryl Ann Wilkerson 9/15/14

Signature and Date - DPH Section Chief

Peter Arnold 9/8/14

Signature and Date - DPH Contracts Office

Talceca Mills 9-10-14

Signature and Date - Division of Public Health Budget Officer

S. Prodel 9/25/14

See 9/12/14