# Division of Public Health Agreement Addendum FY 20-21

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	ham County Public Heal		Women's and Children's Health Section / Women's Health Branch
Loca	al Health Department I	Legal Name	<b>DPH Section / Branch Name</b>
	Maternal Health Innovat vity Number and Descr		Shelby Weeks 919-707-5707 Shelby.Weeks@dhhs.nc.gov  DPH Program Contact (name, phone number, and email)
08/0	1/2020 - 09/29/2020		
	ice Period		DPH Program Signature Date (only required for a negotiable agreement addendum)
	1/2020 - 10/31/2020		
Payı	nent Period		
	Original Agreement Ad Agreement Addendum		
	with limited transportar maternal health inequite care and consultations longer distances, and mappointments. One postelehealth. Telehealth sprovide treatment (e.g. specialty consultation services via personal "Under funding received Health Bureau (HRSA and provide staff training the implementation of Innovation mini-grant and increase patient ac pregnancy.	tion systems, is the difficu- ties. Pregnant women who can experience challenges may need to take a signific ssible strategy to improve services have been used, a , psychotherapy), provide services. Recent technolog- smart" devices that do not d from the Health Resource MCHB), local health dep- ing to augment and strengt telehealth services around funds is to build Local He	North Carolina, especially in rural counties and those alty in accessing care. This difficulty contributes to be reside in rural communities and in need of specialty in arranging for transportation, may need to travel that amount of time off work to attend healthcare access to medical care in situations like these is among other things, to monitor chronic conditions, education and advice for self-management, and provide gical advances allow more patients to access telehealth at require broad band internet access.  The goal of these one-time Maternal Health ealth Department capacity to provide telehealth services alty care especially during and around the time of
II.			unds to the Local Health Department to strengthen g women of reproductive age, including pregnant and
Heal	th Director Signature	(use blue ink)	Date
	ocal Health Department to complete follow-up information is needed		

Email address:

postpartum women who are enrolled in maternal health services, by providing staff training and/or purchasing programmatic equipment associated with telehealth services.

### **III.** Scope of Work and Deliverables:

- A. The Local Health Department shall implement at least one of the following efforts:
  - 1. **Equipment Purchase**: Purchase laptops or tablets equipped with cameras and microphones so that clinical staff can provide services to their patients.
  - 2. **Training**: In establishing telehealth services for the provision of clinical health services for women of reproductive age, acquire training and technical assistance on the use of virtual platforms.
- B. The Local Health Department may also implement the following:
  - 1. **Patient Facilitation:** Purchase gift cards and/or cell phone data cards to increase patient access to care via telehealth. Gift cards (e.g., Walmart, Target) and cell phone data cards (e.g., Verizon, T-Mobile, Boost, AT&T) can only be used to assure availability of cell service and facilitate patient access to maternal and reproductive health services via telehealth. Digital gift cards and cell phone data cards can also be purchased online and distributed to patients. A maximum of \$50 per card and a maximum of one card per patient shall be purchased using Activity 168 funds. Purchases of Visa gift cards is not permitted.

## IV. Performance Measures/Reporting Requirements:

- A. The Local Health Department shall track and report on the number of telehealth services provided and the number of gift cards distributed to patients to facilitate access to care.
- B. The Local Health Department shall ensure that any gift cards acquired with Activity 168 funds be logged on a written and digital log created by the Local Health Department by date, serial number, purpose, cell phone provider name, and total amount per gift card incurred within twenty-four hours of the transaction and be maintained in locked storage. Each patient receiving a gift card must provide a complete signature (first and last name) and include the date when she received the gift card on the written log. Documentation of digital gift cards and digital cell phone data cards shall be maintained and should include vendor name, date of purchase, dollar amount per card per patient, gift card number, amount of data purchased per digital card or transaction, patient name, email address, date digital gift card or cell phone data is sent to the patient, and the name of the local health department representative who authorized and provided the digital gift card or cell phone data to the patient. Original copies of the written and digital logs must be made available for review by the Division Contractor Administrator or designee during the required annual monitoring visit.

# V. <u>Performance Monitoring and Quality Assurance</u>:

This Activity 168 will be monitored by the monitoring team for Women's Health Branch in connection with its Activity 101 Maternal Health.

#### **VI.** Funding Guidelines or Restrictions:

- A. 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.
  - 1. 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.

2. 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.

Supplement reas	on: 🛛 In AA-	+BE or AA+BE Rev —	OR− □ −				
CFDA #: 93.110	Federal awd	date: 9/3/2019 Is	award R&D? no F	AIN: 1U7AMC33	712-01-11	Total amount of fed	awd: \$ 2,104,678
CFDA State Mate	ernal Health Inn	ovation Program	Fed award project State Mescription:	∕laternal Health Innov	ation Program		
nume.			_	5, Health Resources an nistration		ederal award n/a n/a	% %
Subrecipient	Subrecipient DUNS	Fed funds for This <b>Supplement</b>	Total of All Fed Fund for This <b>Activity</b>	Subrecinient	Subrecipient DUNS	Fed funds for This <b>Supplement</b>	Total of All Fed Fund for This <b>Activit</b>
Alamance	965194483	=	=	Jackson	019728518	\$7500	\$7500
Albemarle	130537822	=	=	Johnston	097599104	\$7500	\$7500
Alexander	030495105	\$7500	\$7500	Jones	095116935	=	=
Anson	847163029	=	=	Lee	067439703	\$7500	\$7500
Appalachian	780131541	=	=	Lenoir	042789748	=	=
Beaufort	091567776	=	=	Lincoln	086869336	i =	=
Bladen	084171628	=	=	Macon	070626825	=	=
Brunswick	091571349	\$7500	\$7500	Madison	831052873	=	=
Buncombe	879203560	=	=	MTW	087204173	=	=
Burke	883321205	=	=	Mecklenburg	074498353	=	=
Cabarrus	143408289	=	=	Montgomery	025384603	\$7500	\$7500
Caldwell	948113402	=	=		050988146	·	=
Carteret	058735804	\$7500	\$7500	 Nash	050425677	\$7500	\$7500
Caswell	077846053	\$7500	\$7500		040029563		=
Catawba	083677138	=	φ <i>,,</i> 500		097594477		=
Chatham	131356607	\$7500		<del></del>	172663270		=======================================
Cherokee	130705072	\$7500	\$7500		139209659		
Clay	145058231	<del> </del>	<del></del>	Pamlico	097600456		=
Cleveland	879924850				100955413		 \$7500
Columbus	040040016	\$7500	 \$7500		091563718		\$7500
	091564294	•			080889694		
Craven		=	=				=
Cumberland	123914376	=	=		079067930		=
Dare	082358631	=	=		027873132		=
Davidson	077839744	=	=		070621339		=
Davie	076526651	=	=		082367871		=
Duplin	095124798	\$7500	\$7500		077847143		=
Durham	088564075	\$7500	\$7500	_	074494014	· · · · · · · · · · · · · · · · · · ·	\$7500
Edgecombe	093125375	=	=	<u>'</u>	825573975	•	\$7500
Foothills	782359004	=	=		091564146		=
Forsyth	105316439	=	=		131060829		=
Franklin	084168632	=	=		085442705		=
Gaston	071062186	=	=	<del>-                                    </del>	077821858		=
Graham	020952383	=	=		146437553		=
Granville-Vance	063347626	\$10,000	\$10,000		113345201		\$20,000
Greene	091564591	=	=		030494215	=	=
Guilford	071563613	\$7500	\$7500		079051637	=	=
Halifax	014305957	=	=	Wake	019625961	. =	=
Harnett	091565986	=	=	Warren	030239953	=	=
Haywood	070620232	=	=	Wayne	040036170	=	=
Henderson	085021470	=	=	Wilkes	067439950	=	=
Hoke	091563643	\$7500	\$7500	Wilson	075585695	=	=
Hyde	832526243	=	=	Yadkin	089910624	=	=
Iredell	074504507	=	=	·			

**DPH-Aid-To-Counties** 

For Fiscal Year: 20/21

Budgetary Estimate Number : 0

Activity 168		AA	13A1 588A MZ	Proposed Total	New Total
Service Period			08/01-09/29		
Payment Period	ı		09/01-10/31		
01 Alamance			0	0	C
D1 Albemarie			0	0	C
02 Alexander	*	0	7,500	7,500	7,500
04 Anson			0	0	0
D2 Appalachian	ı		0	0	0
07 Beaufort			0	0	0
09 Bladen			0	0	0
10 Brunswick	*	0	7,500	7,500	7,500
11 Buncombe			0	0	0
12 Burke	Ш		0	0	0
13 Cabarrus	Ш		0	0	0
14 Caldwell	Ш		0	0	0
16 Carteret	*	0	7,500	7,500	7,500
17 Caswell	*	0	7,500	7,500	7,500
18 Catawba	Ш		0	0	0
19 Chatham	*	0	7,500	7,500	7,500
20 Cherokee	*	0	7,500	7,500	7,500
22 Clay			0	0	0
23 Cleveland			0	0	0
24 Columbus	*	0	7,500	7,500	7,500
25 Craven			0	0	0
26 Cumberland	П		0	0	0
28 Dare			0	0	0
29 Davidson	Ш		0	0	0
30 Davie			0	0	0
31 Duplin	*	0	7,500	7,500	7,500
32 Durham	*	0	7,500	7,500	7,500
33 Edgecombe	Ш		0	0	0
07 Foothills			0	0	0
84 Forsyth			0	0	0
35 Franklin			0	0	0
36 Gaston			0	0	0
8 Graham			0	0	0
03 Gran-Vance	*	0	10,000	10,000	10,000
0 Greene			0	0	. 0
1 Guilford	*	0	7,500	7,500	7,500
2 Halifax			0	0	0
3 Harnett			0	0	0
4 Haywood			0	0	0
5 Henderson			0	0	0
6 Hertford			0	0	0
7 Hoke	*	0	7,500	7,500	7,500
8 Hyde			0	0	0
9 Iredell			0	0	0

50 Jackson		0	7,500	7,50	7,50
51 Johnston	*	0	7,500	7,50	7,50
52 Jones	T		0		0 (
53 Lee	*	0	7,500	7,500	7,500
54 Lenoir	T		0	(	) (
55 Lincoln	T		0	(	) (
56 Macon	T		0	(	) (
57 Madison			0	(	) (
D4 M-T-W			0	(	) (
60 Mecklenburg			0	(	) (
<b>62 Montgomery</b>	*	0	7,500	7,500	7,500
63 Moore			0	C	
64 Nash	*	0	7,500	7,500	7,500
65 New Hanover	1		0	0	
66 Northampton			0	0	0
67 Onslow			0	0	
68 Orange			0	0	
69 Pamlico			0	0	
71 Pender	*	0	7,500	7,500	7,500
73 Person	П		0	0	
74 Pitt	П		0	0	0
75 Polk			0	0	0
76 Randolph			0	0	0
77 Richmond	П		0	0	0
78 Robeson			0	0	0
79 Rockingham			0	0	0
80 Rowan	٠	0	7,500	7,500	7,500
D5 R-P-M			0	0	0
32 Sampson	×	0	7,500	7,500	7,500
33 Scotland	T		0	0	0
84 Stanly	1		0	0	0
35 Stokes	1		0	0	0
36 Surry	1		0	0	0
37 Swain	1		0	0	0
06 Toe River	*	0	20,000	20,000	20,000
88 Transylvania	T		0	0	0
0 Union	I		0	0	0
2 Wake	T		0	0	
3 Warren			0	0	0
6 Wayne			0	0	0
7 Wilkes	T		0	0	0
8 Wilson	T		0	0	0 0 0 0
9 Yadkin	T		0	0	0
Totals	T		172,500	172,500	

ign and Date - DPH Program Administrator Sully Wules 8/5/2020   3:40 PM EDT 342E7CB8C342405	Sign and Date of Sarah Donier		
ign and Date - DPH Contracts Office  Gremeko Stuart 8/5/2020	Sign and Date - DPH Budget Officer  Pamela Allen 8/5/2020		