Division of Public Health Agreement Addendum FY 15-16

Page 1 of 5

Chatham County Public Health Department	Women's and Children's Health/Women's Health						
Local Health Department Name	DPH Section/Branch Name						
•	(010) 507 5715						
	Phyllis C. Johnson, (919) 707-5715						
101 Maternal Health (HMHC)	phyllis.c.johnson@dhhs.nc.gov DPH Program Contact Name, Telephone						
Activity Number and Description	Number (with area code) and Email						
	Trumber (With area code) and 211111						
06/01/2015-05/31/2016							
Service Period	DPH program signature Date						
	(only required for negotiable agreement						
	addendum)						
07/01/2015-06/30/2016							
Payment Period							
Continual Agreement Addengum							
☐ Original Agreement Addendum ☐ Agreement Addendum Revision # 1 (please do <u>not</u>	put the Aid to County revision # here)						
Agreement Addendam revision is 1 (prosection and prosection)							
I. Background:							
No change.							
II. Purpose:	1604 the funding for this Activity						
This Agreement Addendum Revision #1 reduces by approximately 3% - 16% the funding for this Activity							
due to a reduction in the Maternal and Child Health I	Siock grant.						
III. Scope of Work and Deliverables:							
Due to the funding reduction in the Maternal and Child Health Block grant, the Local Health Department							
must provide revised information and complete the revised attachments below as part of this negotiable							
Agreement Addendum revision.							
-	No. 41 Caralina access to						
The Local Health Department shall provide and/or assure pregnant women in North Carolina access to early and continuous prenatal and postpartum care in accordance with all the requirements established in							
early and continuous prenatal and postpartum care in	accordance with an the requirements established in						
the original Agreement Addendum.							
<i>(</i> . A							
X-X/4 X-1	1-15-16						
Wealth Director Signature (use blue ink)	Date						
LHD program	contact name: Deblie Garrett						
Occur Treating Department in proceed by DPH) Phone number	with area code: 919.741.5641 ext.8350						
Email address	de blue garrettar hathamar, org						

Instructions: Complete, sign and return all pages.

Complete the Non-Medicaid Services, Other Program Services section below along with worksheets A-1 and B-1 (attached). The amounts completed below will replace the amounts the Local Health Department has provided to the Women's Health Branch in the original Agreement Addendum.

The Women's Health Branch staff will review the information provided by the Local Health Department on this Agreement Addendum Revision #1 and if it is approved, will sign above in acceptance of the information.

Non-Medicaid Services (Attachment A-1)

Amount \$ 31,450.14 The Local Health Department will provide Non-Medicaid Service Deliverables in FY15 that meet or exceed the total dollar value of all services budgeted. This information should be completed on Attachment A. Health Information System (HIS) service data as of August 31, 2015 will provide the documentation to substantiate services that the Local Health Department has provided.

Other Program Services (Attachment B-1)

If the Local Health Department's estimated cost of non-Medicaid service deliverables is less than the total amount of Department of Health and Human Services (DHHS) funds budgeted in the Maternal Health Activity (HMHC) 101 Budgetary Estimate (in the DPH Aid- to-Counties Database), then additional information must be provided on how the Local Health Department will use remaining DHHS funds to further the program's goals and objectives. Subject to WHB approval, the Local Health Department will use the remaining DHHS funds to further the program's goals and objectives. Information describing how these funds are to be used should be completed on Attachment B and returned.

Amount \$

Total Maternal Health Budget Estimates (Attachment A-1 + Attachment B-1) Total Amount \$ 31,450.24

- IV. Performance Measures/Reporting Requirements: No change.
- V. Performance Monitoring and Quality Assurance: No change.
- VI. Funding Guidelines or Restrictions: (if applicable) No change.

DPH-Aid-To-Counties For Fiscal Year:15/16 Budgetary E					getary Estir	nate Num	ber: 2		
Activity 101	Ī	AA	13A1	13A1	13A1	13A1	13A1	Proposed	New
	Į		5107	5740	5740	5740	5740	Total	Total
			AP	00	AP	AP	AP		
Service Period			02/01-05/31	06/01-05/31	06/01-05/31	10/01-05/31	02/01-05/31		
Payment Period			03/01-06/30	07/01-06/30	07/01-06/30	 11/01-06/30	03/01-06/30		
01 Alamance	*	1	0		O			-9,838	63,604
D1 Albemarle	1	2	0						
02 Alexander	*	1	0						
04 Anson	*	1	0						39,661
D2 Appalachian	*	1	0	1,976					
07 Beaufort	*	2	0	4,909		-1,391	-10,062	-6,544	
09 Bladen	*	1	0	4,323		0	-9,361		
10 Brunswick	×	1	0	2,911	Ö	0	-6,791	-3,880	
11 Buncombe	*	1	0	0	0	0	0	0	
12 Burke	*	1	0	2,776		0	-6,477	-3,701	37,440
13 Cabarrus	*	1	0	6,024	0	0	-14,055	-8,031	80,193
14 Caldwell	*	1	0	3,705	0	-621	-8,024	-4,940	27,802
16 Carteret	*	1	0	2,836	0	0	-6,617	-3,781	38,229
17 Caswell	*	1	Ō	1,024	0	0	-2,389	-1,365	14,378
18 Catawba	*	1	0	2,448	0	0	-5,711	-3,263	
19 Chatham	*	1	0	1,637	0	0	-3,820	(-2,183)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
20 Cherokee	*	1	0	650	Ō	-109	-1,408	867	5,617
22 Clay	*	1	0	97	0	0	-226	-129	2,170
23 Cleveland	*	1	0	2,438	0	-408	-5,281	-3,251	18,605
	*	1	0	12,212	0	-2,046	-26,447	-16,281	89,578
25 Craven	*	1	0	5,952	0	0	-13,887	-7,935	79,247
26 Cumberland	*	1	0	14,421	0	ō	-33,647	19,226	190,727
28 Dare	*	1	o	998	0	Ō	-2,329	-1,331	14,036
29 Davidson	*	1	0	8,428	0	0	-19,665	-11,237	111,844
30 Davie	×	1	0	3,131	0	Ö	-7,305	-4,174	42,112
31 Duplin	*	1	0	3,983	0	0	-9,294	-5,311	53,330
32 Durham	*	1	0	11,266	0	0	-26,285	-15,019	149,195
33 Edgecombe	*	1	0	4,882	0	0	-11,389	-6,507	65,155
	*	1	0	14,301	0	-2,397	-30,970	-19,066	104,748
35 Franklin	*	1	0	1,648	0	0	-3,844	-2,196	22,584
34 Forsyth 35 Franklin 36 Gaston	*	1	0	9,800	0	0	-22,866	-13,066	129,904
38 Graham	*	1	0	490	0	0	-1,142	-652	7,342
D3 Gran-Vance	*	1	0	14,718	0	-2,465	-31,874	-19,621	107,771
40 Greene	*	1	0	980	0	0	-2,286	-1,306	13,793
41 Guilford	*	1	0	15,600	0	0	-36,397	-20,797	206,244
42 Halifax	*	1	0	4,070	0	0	-8,744	-4,674	32,618
43 Harnett	*	1	0	690	0	0	-1,609	-919	9,975
44 Haywood	*	1	0	287	0	0	-670	-383	4,679
45 Henderson	*	1	0	4,576	0	0	-10,678	-6,102	61,139
46 Hertford '	٠	1	0	0	0	0	. 0	0	0
47 Hoke	1	1	0	2,613	O	0	-6,096	-3,483	45,329
48 Hyde	•	1	0	887	0	0	-2,070	-1,183	12,576
49 Iredeli '	*	1	0	2,831	0	0	-6,606	-3,775	37,778
50 Jackson	1	1	0	0	0	0	0	0	o
51 Johnston '	1	1	0	5,992	0	0	-13,980	-7,988	79,771
52 Jones '	١	1	0	915	0	0	-2,136	-1,221	12,945
53 Lee '	T	1	0	3,726	0	0	-8,068	-4,342	28,579

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