



REQUEST FOR BOARD ACTION

ITEM NO. 10.

DATE OF MEETING: March 18, 2013

REQUESTED BY: Carolyn Moser, Health Director, Pender County Health Department

SHORT TITLE: Resolution Authorizing a Budget Amendment to Approve Increase in Health Department Revenues and Expenditures for Fiscal Year 2012-2013: \$2,199

BACKGROUND: The Cancer Prevention and Control Branch of the North Carolina Division of Public Health allocated Pender County Health Department \$2,199 in BCCCP Plus funds (Breast and Cervical Cancer Control Program). Funds are to be used to contract with NC BCCCP to provide screening services to 7 eligible women. BCCCP continues to provide services to underserved North Carolina women. Breast Cancer is the most diagnosed cancer for women and the second leading cause for cancer deaths for women in North Carolina.

SPECIFIC ACTION REQUESTED: To consider a resolution approving a budget amendment for increasing programmatic revenues and related expenditures for Pender County Health Department by \$2,199 in the BCCCP program for Fiscal Year 2012-2013.

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.



Initial

RESOLUTION

NOW, THEREFORE BE IT RESOLVED by the Pender County Board of Commissioners that

hereby authorizes the FY 2012-2013 Annual Budget Ordinance be amended to increase revenues/expenditures and approve related purchase orders for the following program. The Chairman/County Manager shall have the authority to execute any/all documents necessary to implement this resolution.

Increase Revenues:
BCCCP 11 375013 \$2,199

Increase Expenditures:
BCCCP 900064 404500 Contracted Services \$2,199

AMENDMENTS:

MOVED _____ SECONDED _____

APPROVED _____ DENIED _____ UNANIMOUS

YEA VOTES: Brown ___ McCoy ___ Tate ___ Ward ___ Williams ___

George R. Brown, Chairman 3/18/2013
Date

ATTEST 3/18/2013
Date

MAILED
2-11-13

**Division of Public Health
Agreement Addendum
FY 12-13**

Pender County Health Department
Local Health Department Legal Name

CDI / Cancer Prevention and Control
DPH Section/Branch Name

890 Breast and Cervical Cancer Plus
Activity Number and Description

Debi Nelson, 919.707.5155
Debi.nelson@dhhs.nc.gov
DPH Program Contact Name, Telephone
Number (with area code) and Email

03/01/2013 – 05/31/2013
Service Period

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

04/01/2013 – 06/30/2013
Payment Period

- Original Agreement Addendum
- Agreement Addendum Revision # _____ (Please do not put the Aid to County BE revision # here.)

I. Background:

Breast Cancer is the most diagnosed cancer for women and the second leading cause of cancer deaths for women in the North Carolina. [North Carolina State Center for Health Statistics, "Table 2: 2007 - 2011 Ten Most Frequently Diagnosed Cancers by Sex." *Cancer Incidence in North Carolina 2011*. April 2011.] According to the most recently compiled projections, 8,507 women were expected to be diagnosed with breast cancer in 2011 and 1,350 women were expected to die from breast cancer in 2010 in North Carolina. These statistics indicate that North Carolina needs to do a better job at early detection, diagnosis, and treatment for breast cancer. Cervical cancer was once the leading cause of death for women in the United States. Since 1948, incidence and mortality rates have fallen significantly in the United States due to the use of Pap tests (see Cervical Cancer, NIH Consensus Statement, April 1-3 1996; 14(1):1-38). Still, in 2011, 406 cases of cervical cancer and 128 deaths from cervical cancer were projected. This demonstrates the need to continue cervical cancer screening programs in the state, since cervical cancer can be prevented. [North Carolina Central Cancer Registry, "Projected New Cancer Cases and Deaths for All Sites, 2011." January 2011.]

The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) began in North Carolina in 1992, and continues to provide services to underserved North Carolina women. Money is received through a competitive grant from the Centers for Disease Control and Prevention (CDC). This program was the first chronic disease screening program funded in the United States.

Carolyn Mason
Health Director Signature (use blue ink)

2/11/13
Date

Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: <u>Shirley Steeler</u>
	Phone number with area code: <u>910-259-1207</u>
	Email address: <u>ssteeler@pendercounty.nc.gov</u>

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

II. Purpose:

The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) will promote effective screening strategies for breast and cervical cancer to reduce incidence and mortality in North Carolina. The purpose of this Agreement Addendum is to provide breast and cervical cancer screening services. This Agreement Addendum will enable the Local Health Department to contract with NC BCCCP to provide screening services to 7 eligible women with federal funds and 0 women with State funds, for a total of 7 targeted women. The Local Health Department will be reimbursed at a rate of \$300 per woman during the Agreement Addendum period.

III. Scope of Work and Deliverables:**A. Priority Population**

1. The priority population for **federally-funded NC BCCCP Plus** mammography services is women between the ages of 50 and 64 who are low-income (250% of federal poverty level or less), who have not been screened in the past year. **The priority population for State-funded NC BCCCP mammography services is women between the ages of 40 and 64 who are low-income (250% of federal poverty or less), who have not been screened in the past year.**
2. The priority population for **federally-funded NC BCCCP Plus** cervical cancer screening services is women between the ages of 40 and 64 who have low-incomes (250% of federal poverty level or less), who have never been screened or not been screened in the past five years. **The priority population for State-funded NC BCCCP cervical cancer screening services is women between the ages of 21 and 64 who are low-income (250% of federal poverty or less), who not been screened in the past five years.**
3. Another priority population is women of ethnic minorities who are uninsured or underinsured.

B. Eligible Population

1. Women 21 to 75 years of age with gross incomes that are 250% of the federal poverty level or less, according to the Federal Poverty Guidelines, and who are uninsured or underinsured, may be eligible for breast and cervical services, subject to the limitations and exceptions listed below.
 - a. Women enrolled in Medicare (Part B) and/or Medicaid programs are not eligible for program-funded services.
 - b. Women receiving Family Planning (Title X) services are not eligible for NC BCCCP Plus-funded services that are available through Title X funding.
2. Eligible women ages 21 to 39 with an undiagnosed breast or cervical abnormality may receive NC BCCCP Plus funded diagnostic services if no other source of healthcare reimbursement is available.
3. Breast Services. At least 75% of all initial mammograms provided through NC BCCCP Plus using federal funds must be for women ages 50 to 64; no more than 25% may be provided for symptomatic women under the age of 50.
 - a. Symptomatic women under the age of 50: NC BCCCP Plus funds can be used to reimburse for Clinical Breast Exams (CBE) for symptomatic women under the age of 50. If the findings of the CBE are considered to be abnormal, including a discrete mass, nipple discharge, and skin or nipple changes, a woman can be provided a diagnostic mammogram and a referral for a surgical consult.
 - b. Screening women ages 40 to 49: NC BCCCP Plus funds may be used to provide a clinical breast exam. If the CBE is abnormal, follow-up may be provided as addressed in C.1. If the CBE is normal, the woman is not eligible for a screening mammogram through NC BCCCP using federal funds until she is age 50. Programs receiving NC BCCCP state funds may use those funds to provide screening mammograms for women age 40 to 49 and 65 to 75.
 - c. Asymptomatic women under the age of 40. NC BCCCP Plus funds cannot be used to screen asymptomatic women under the age of 40, even if they are considered to be at high risk (e.g.,

women who have a personal history of breast cancer or first degree relative with pre-menopausal breast cancer) for breast cancer.

4. Cervical Services: At least 20% of all enrolled women screened for cervical cancer will meet the definition of never or rarely screened (greater than 5 years).
5. At least 75% of the initial Pap tests using federal funds must be provided to women between the ages of 40 and 64.
6. No more than 25% of the Pap tests using federal funds may be provided to women less than 40 years of age.
7. Documented citizenship is not required for screening through NC BCCCP Plus.

C. Protocols

Clinical

1. Breast Screening
 - a. Protocols for breast screening and follow-up will be in accordance with the most recent version of the *Breast and Cervical Screening Manual: A Guide for Health Departments and Providers*.
 - b. All eligible women will receive breast cancer screening services (Clinical Breast Exam and age-appropriate Mammogram) based on the guidelines under eligible population, Section III, sub-section B of this Agreement Addendum. The vertical strip method is endorsed.
2. Cervical Screening
 - a. Protocols for cervical screening and follow-up will be in accordance with the most recent version of *Pap Screening Manual: A Guide for Health Departments and Providers*, a component of the *Breast and Cervical Screening Manual: A Guide for Health Departments and Providers*.
 - b. For patients with no abnormal findings, the screening interval when using liquid-based or conventional Pap testing is every three years, or every five years if patient opts for co-testing with Pap test and HPV test.
 - c. NC BCCCP Plus funds cannot be used for cervical cancer screening in women with total hysterectomies (i.e., those without a cervix), unless the hysterectomy was performed because of cervical neoplasia or invasive cervical cancer, or if it was not possible to document the absence of neoplasia or reason for the hysterectomy. (A one-time pelvic exam is permitted to determine if a cervix is present in women who do not know.)
 - d. Women who have had a total hysterectomy for CIN 2 or higher in the past 20 years or cervical cancer ever, should continue to undergo cervical cancer screenings for 20 years even if it goes past the age of 65. Continued screening for 20 years is recommended in women who still have a cervix and a history of CIN 2 or higher. Screening with cytology alone every three years for 20 years after the initial post treatment surveillance period is reasonable for women with a hysterectomy.
 - e. Women who have had cervical cancer should continue screening indefinitely as long as they are in reasonable health.
 - f. Women who had a supracervical hysterectomy remain eligible for Pap tests.
 - g. With the exception of (c) above, a pelvic exam should not be provided using NC BCCCP funds in the absence of a pap test.
 - h. For patients with vaginal abnormalities, such as Trichomoniasis, and other bacterial based abnormalities of the vaginal area, NC BCCCP Plus funding can be used to purchase and supply creams or medications for treatment purposes or enter into agreement with a local pharmacy to distribute covered regimens. NC BCCCP Plus funding cannot be used to treat endometriosis, Chlamydia, and other Sexual Transmitted Diseases (STD).

3. Tobacco Screening and Cessation
 - a. The Local Health Department is required to assess the smoking status of every woman screened by NC BCCCP Plus and refer those who smoke to tobacco quit lines.
4. Follow-up Services and Patient Navigation for Abnormal Findings
 - a. When follow-up services are required, NC BCCCP Plus funds are to be used to pay for or provide the diagnostic services listed on the FY 12-13 NC BCCCP Fee Schedule. (*See FY 12-13 NC BCCCP Fee Schedule at <http://bcccp.ncdohhs.gov/linksandresources/ProviderForms/BCCCPWW%20FeeSchedule.pdf>*)
 - b. The Local Health Department will assure that a referral system for the diagnosis and treatment of all abnormal findings is in place. The Local Health Department will designate a person who will be responsible for implementing a protocol that ensures all patients receive follow-up services or medical treatment when required. Follow-up of an abnormal screening test must be completed within 60 days of the patient's screening visit for breast screening and within 90 days for cervical screening.
 - c. Women having an abnormal breast or cervical screening result will be referred for patient navigation.
 - d. Patient navigation/case management assessment is required for the following abnormal findings:
 - i. Clinical breast exam result of discrete palpable mass, serous or bloody nipple discharge, nipple areolar scaliness, or skin dimpling or retraction;
 - ii. Mammogram result of Category IV (suspicious abnormality, biopsy should be considered) or Category V (highly suggestive of malignancy); and
 - iii. Pap result of LSIL, ASC-US with positive HPV, ASC-H, HSIL, squamous cell carcinoma, abnormal glandular cells (AGC) including AGUS or adenocarcinoma.
 - e. At least three attempts must be made to locate and inform the patient of abnormal screening results. The last attempt must be by certified letter. Written documentation of all attempts must be included in the medical record.
 - f. For all abnormal mammograms, clinical breast examinations, and Pap test results, the following information will be documented in the patient's medical record:
 - i. Follow-up appointment information (date and follow-up location);
 - ii. Patient contact information (number and date of attempts made to follow-up);
 - iii. Referral information (date and referral source); and
 - iv. Results of all referrals.

D. Recruitment, Outreach And Professional Education

1. Recruitment and Outreach
 - a. To enhance internal Local Health Department referrals to NC BCCCP Plus, the Local Health Department will provide in-reach activities to ensure that Local Health Department clinics and personnel are aware of the NC BCCCP Plus eligibility guidelines and the appropriate contact person.
 - b. The Local Health Department will conduct appropriate Recruitment and Outreach strategies to reach women who are rarely or never screened for breast and cervical cancer as well as populations who are most at risk.
 - c. The Local Health Department will return all recruitment data and surveys as requested by the NC BCCCP by the required deadline to include the Patient Recruitment Survey as well as the Quarterly Recruitment Campaign Reporting form.
2. Professional Development

- a. The Local Health Department shall participate in educational opportunities provided or recommended by the NC BCCCP as appropriate.
- b. The Local Health Department's NC BCCCP staff members must attend:
 - i. The NC BCCCP Biennial Update
 - ii. Scheduled statewide conference calls
 - iii. One of the NC BCCCP Orientation training sessions offered quarterly
 - iv. The first quarterly NC BCCCP Orientation training session following their date of hire.
- c. All registered nurses without advanced practice certification who perform clinical examinations for the NC BCCCP must enroll in and complete the Physical Assessment of Adults Course. This course is conducted by the University of North Carolina School of Public Health and co-sponsored by the North Carolina Division of Public Health. Evidence of the satisfactory completion of a comparable course of study may be substituted for this requirement with the approval of the Office of Public Health Nursing and Professional Development (OPHNPD). Proof of this certification must be on file with the Local Health Department.
- d. Policies and procedures must be in place for assuring the competency of nurses and the documentation of competency for each nurse performing the clinical examinations. (*See North Carolina Nurse Practice Act at www.ncbon.com/WorkArea/showcontent.aspx?id=2134.)*
- e. All staff teaching breast self-examinations (BSE) are encouraged to use the vertical strip method. Training is available through Mammacare.com.

IV. Performance Measures/Reporting Requirements:

A. Reporting Requirements

1. **Specify Frequency and Due Dates:** All data including initial screening, abnormal follow-up results and treatment disposition must be recorded by the Local Health Department in the Health Information System (HIS) data system (or compatible vendor system) in a timely manner as follows:
 - a. Patient data must be entered into the HIS data system monthly no later than the tenth of each month for the previous month's screenings. Local Health Departments using third-party vendor software must have patient data entered by the fifth of the month for the previous month's screenings to be included in the data update.
 - b. No Local Health Department should withhold data input on any patient pending the completion of follow-up. Even if there are abnormal findings requiring follow-up, the screening data should be entered by the tenth or the fifth of the month as noted above (in paragraph A.1.a.). This will be especially important for the batch counties (counties that do not enter data into HIS) as the data runs a month behind for those counties.
 - c. All test results including follow-up, diagnosis, and treatment will be updated as soon as received and according to NC BCCCP timelines. Diagnostic disposition must be entered within 60 days of the breast screening date and within 90 days of the cervical screening date. Treatment disposition must be entered within 60 days of the diagnostic disposition date for breast or cervical cancer and within 90 days of the diagnosis date for HSIL, CIN2,3, or CIS of the cervix.
 - d. When NC BCCCP Staff at the Local Health Department are assigned to the local NC BCCCP or vacated from the role (including the Health Director, Nursing Director/Supervisor, NC BCCCP Coordinator, Health Educator, Data Entry, etc.), the State's NC BCCCP is to be advised of the name and contact information of that person within one month using the *Staff Change Notification Form*.

B. Specify Format

1. Breast and Cervical data screens should be completed and sent to the NC BCCCP electronically for every woman who receives screening and follow-up services, using the state HIS or through a compatible system.
2. Program data received by NC BCCCP will determine whether the Local Health Department is meeting contract targets and performance measures.

C. Identify Data Source

1. Minimum Data Elements (MDEs) are inclusive in the data entered into HIS or downloaded into HIS by a vendor county.
2. Monthly progress reports are provided to each Local Health Department to report performance and identify individual cases requiring follow-up or correction. All patients with abnormal findings remain on the monthly data exception reports until all follow-ups are completed and the cycle is closed.

D. Consequences of Inadequate Performance

1. Failure to meet minimum expectations may result in reduction or loss of funding.
2. Failure to comply with Corrective Action Plan implementation related to the most recent monitoring site visit may result in reduction or loss of funding.
3. Failure to comply with Corrective Action Plan related to "high risk status" may result in reduction or loss of funds.
4. As funds are changed from one Local Health Department to another, projected screening numbers for services will also be adjusted.
5. Local Health Departments that lose NC BCCCP Plus funding should identify resources for follow up of women with abnormal findings in their community within 30 days from the date of agreement termination.

V. Performance Monitoring and Quality Assurance:

A. Performance Indicators and Benchmarks

1. Funding for NC BCCCP Local Health Departments in FY 12/13 will be based on FY 11/12 performance in all areas listed in the table below. Failure to comply with these indicators in FY 12/13 may result in loss of funding in FY 13/14. Individual program performance indicators are being assigned a weighted value. The total weighted value of indicators met in FY 12/13 must be > 80%, or Local Health Departments risk reduced or loss of funding.

Indicator Type	Program Performance Indicator	GDC Minimum Standard	Weighted Value
Screening Goal	Total number of women screened for FY 12/13.	≥ 75%	25%
Budget Expenditures	Allocated NC BCCCP funds expended	≥ 85%	25%
Breast Cancer Performance Indicators	Initial screening mammograms provided to women ≥ 50 years of age (applies to federal funds only)	≥ 75%	25%
	Abnormal screening results with complete follow-up	≥ 90%	2.5%
	Abnormal screening results; Time from screening to diagnosis > 60 days	≤ 25%	1.5%
	Treatment started for breast cancer	≥ 90%	2%
Cervical Cancer Performance	Breast cancer; Time from diagnosis to treatment > 60 days	≤ 20%	1.5%
	Initial program Pap test; rarely or never screened	≥ 20%	10%
	Abnormal screening results with complete follow-up	≥ 90%	2.5%
	Abnormal screening results - time from screening to diagnosis > 90 days	≤ 25%	1%

Indicators	Treatment started for diagnosis of HSIL, CIN II, CIN III, CIS, Invasive Carcinoma	≥ 90%	1.5%
	HSIL, CIN II, CIN III, CIS; Time from diagnosis to treatment < 90 days	≥ 80%	1.0%
	Invasive carcinoma; Time from diagnosis to treatment < 60 days	≥ 80%	1.5%
Total Weighted Value of Performance			100%

B. Quality Assurance

1. Cervical Screening and Follow-up

Laboratories must be certified under the Clinical Laboratory Improvement Amendments of 2007 (CLIA 07). The Bethesda 2001 System is required for reporting the results of Pap tests. (See *Pap Screening Manual: A Guide for Health Departments and Providers*, a component of the *Breast and Cervical Screening Manual: A Guide for Health Departments and Providers*).

2. Breast Screening and Follow-up

Federal Food and Drug Administration (FDA) certification is required for all mammography facilities. When contracting with any mammography facility, the Local Health Department will assure that the facility is accredited under the Mammography Quality Standards Act (MQSA) regulations. (See *Breast and Cervical Screening Manual: A Guide for Health Departments and Providers*)

3. NC BCCCP Plus Monitoring

The Local Health Department will provide or assure the provision of high quality services for all the Program components. NC BCCCP staff will conduct routine monitoring to evaluate the program components as specified in this Agreement Addendum. Prior notification will be given as to the date and time of the monitoring. The Local Health Department is required to monitor a random sample of NC BCCCP Plus patient records yearly.

VI. Funding Guidelines or Restrictions: (if applicable)

A. Financial

- The total funds awarded from NC BCCCP Plus must be maintained in a separate budget cost center to assure proper auditing of expenditures. Funding allocations are based on performance measures as stated in Section V-Performance Indicators and Benchmarks.
- Patients screened using State funds need to be tracked and reported separately from those screened using federal BCCCP Plus money in HIS data system.
- Monies must be allocated to ensure achievement of contracted target numbers and payment for NC BCCCP Plus approved services rendered by outside medical providers through subcontracts. These may include but are not limited to surgical consultations, follow-up for abnormal results, and diagnostic procedures. (Refer to NC BCCCP Fee Schedule.)
- Only services listed on the NC BCCCP Fee Schedule are reimbursable with Program funds.
- A portion of NC BCCCP Plus funds may be used to cover staff providing indirect services or expenses such as salaries and fringes (i.e., data entry clerk or indirect personnel involved with screening services), travel, office supplies, medical supplies, postage, mailings and flyers. These listed items are not totally inclusive of every indirect cost a Local Health Department may incur. NC BCCCP strongly recommends Local Health Department seek outside funds for indirect costs.
- The Local Health Department must adhere to the monthly deadlines for Web Identity Role-based Management (WIRM) Report submission to the State's Controller's Office when requesting reimbursement for services rendered in the preceding month.
- Federal funds used for screening in the eleven months between July 1, 2012 and May 31, 2013 must be expended by June 30, 2013 with reimbursement requested by the date to be determined by the State Controller's Office.

**This is a requirement of the North Carolina Division of Public Health.

8. NC BCCCP Plus funds may not be used to reimburse for treatment services. Payment to a subcontractor using NC BCCCP Plus funds is limited to those screening and diagnostic follow-up services listed in the current NC BCCCP Services Fee Schedule.
9. NC BCCCP Plus funds will only be made available to Local Health Departments who commit to serve at least 25 women per year.

B. Payment for Services

1. The payment to a subcontractor or subcontractors for any service described in Section III may not exceed the prevailing Medicare-allowable fee for the service. Fee schedules will be provided to participating Local Health Departments by NC BCCCP.
2. NC BCCCP Plus funds may only be used for payment after all other third-party payment sources (private insurance but not Medicare (Part B) and Medicaid) provide evidence of partial or non-payment of eligible NC BCCCP Plus services. NC BCCCP Plus funds may be used to reimburse for a deductible and/or co-payment required of the patient, provided that the total payment (including the deductible and co-payment) to the subcontractor or subcontractors does not exceed the prevailing Medicare-allowable fee.
3. Women whose gross incomes are less than or equal to 100% of the federal poverty level cannot be charged for any services covered through NC BCCCP Plus. However, ancillary costs and non-NC BCCCP Plus covered fees may be charged to the NC BCCCP Plus patient. Patients should be notified of any possible charges prior to committing to the procedure.
4. A flat fee cannot be charged for NC BCCCP Plus services to any woman enrolled for NC BCCCP Plus.
5. Sliding fee scales may be used for women whose gross incomes are between 101% and 250% of the federal poverty level.

C. Agreement Addendum Funding Allocation Adjustments

1. The number of women screened in compliance with performance indicators will be determined by the number of women that have a breast and/or cervical screening paid partially or in full with NC BCCCP Plus funds.
2. To retain the baseline budget for the following fiscal year, the Local Health Department must screen a minimum of 75% of their allocated number of women and expend a minimum of 85% of the funds awarded each year.
3. Local Health Departments that are unable to meet realistic targets will receive technical assistance.
4. Local Health Department screening and fiscal performance shall be monitored monthly. Revisions to the original NC BCCCP Plus Agreement Addendum may occur if performance indicators are not being met.

Waiting for Budget Admin Approval

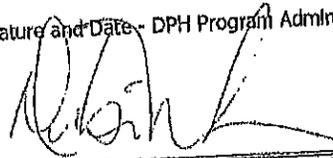
Allocation Page
 For Fiscal Year:12/13
 Estimate Number: 0

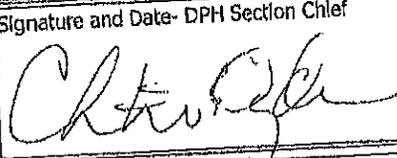
CONTRACTS
 FEB 06 2013

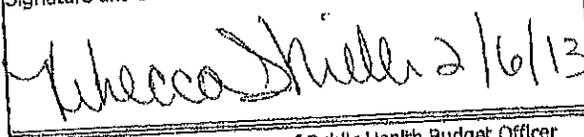
			099 1920 312A HK	Proposed Total	New Total
	AA		Payment Period 04/01-06/30		
			Service Period 03/01-05/31		
01 ALAMANCE			\$0.00	\$0.00	\$0.00
D1 ALDERMARLE REG	*	0	\$66,036.00	\$66,036.00	\$66,036.00
02 ALEXANDER			\$0.00	\$0.00	\$0.00
04 ANSON			\$0.00	\$0.00	\$0.00
D2 APPALACHIAN	*	0	\$11,004.00	\$11,004.00	\$11,004.00
07 BEAUFORT	*	0	\$11,004.00	\$11,004.00	\$11,004.00
09 BLADEN			\$0.00	\$0.00	\$0.00
10 BRUNSWICK	*	0	\$4,400.00	\$4,400.00	\$4,400.00
11 BUNCOMBE			\$0.00	\$0.00	\$0.00
11 BURKE			\$0.00	\$0.00	\$0.00
13 CABARRUS	*	0	\$9,993.00	\$9,993.00	\$9,993.00
14 CALDWELL	*	0	\$11,004.00	\$11,004.00	\$11,004.00
16 CARTERET	*	0	\$5,501.00	\$5,501.00	\$5,501.00
17 CASWELL			\$0.00	\$0.00	\$0.00
18 CATAWBA	*	0	\$19,808.00	\$19,808.00	\$19,808.00
19 CHATHAM	*	0	\$2,199.00	\$2,199.00	\$2,199.00
20 CHEROKEE	*	0	\$4,400.00	\$4,400.00	\$4,400.00
23 CLAY	*	0	\$1,099.00	\$1,099.00	\$1,099.00
23 CLEVELAND	*	0	\$22,009.00	\$22,009.00	\$22,009.00
24 COLUMBUS	*	0	\$3,300.00	\$3,300.00	\$3,300.00
25 CRAVEN	*	0	\$6,601.00	\$6,601.00	\$6,601.00
28 CUMBERLAND	*	0	\$22,009.00	\$22,009.00	\$22,009.00
28 DARE			\$0.00	\$0.00	\$0.00
29 DAVIDSON	*	0	\$5,501.00	\$5,501.00	\$5,501.00
30 DAVIS	*	0	\$2,639.00	\$2,639.00	\$2,639.00
31 DUPLIN			\$0.00	\$0.00	\$0.00
32 DURHAM			\$0.00	\$0.00	\$0.00
33 EDGECOMBE	*	0	\$4,400.00	\$4,400.00	\$4,400.00
34 FORSYTH	*	0	\$16,807.00	\$16,807.00	\$16,807.00
35 FRANKLIN			\$0.00	\$0.00	\$0.00
36 GASTON	*	0	\$11,004.00	\$11,004.00	\$11,004.00
38 GRAHAM	*	0	\$4,400.00	\$4,400.00	\$4,400.00
03 GRAN-VANCE			\$0.00	\$0.00	\$0.00
40 GREENE	*	0	\$2,199.00	\$2,199.00	\$2,199.00
41 GUILFORD			\$0.00	\$0.00	\$0.00
42 HALIFAX	*	0	\$1,099.00	\$1,099.00	\$1,099.00
43 HARNETT			\$0.00	\$0.00	\$0.00
44 HAYWOOD	*	0	\$5,501.00	\$5,501.00	\$5,501.00
45 HENDERSON	*	0	\$11,004.00	\$11,004.00	\$11,004.00
46 HERTFORD	*	0	\$2,199.00	\$2,199.00	\$2,199.00
47 Hoke	*	0	\$9,903.00	\$9,903.00	\$9,903.00
48 HYDE	*	0	\$2,199.00	\$2,199.00	\$2,199.00
49 IREDELL			\$0.00	\$0.00	\$0.00
50 JACKSON	*	0	\$22,009.00	\$22,009.00	\$22,009.00
51 JOHNSTON	*	0	\$4,400.00	\$4,400.00	\$4,400.00
51 JONES	*	0	\$2,199.00	\$2,199.00	\$2,199.00
53 LEE			\$0.00	\$0.00	\$0.00
54 LENOIR	*	0	\$2,199.00	\$2,199.00	\$2,199.00
55 LINCOLN			\$0.00	\$0.00	\$0.00
56 MACON			\$0.00	\$0.00	\$0.00
57 MADISON	*	0	\$6,601.00	\$6,601.00	\$6,601.00
D4 MAR-TYR-WASH	*	0	\$6,601.00	\$6,601.00	\$6,601.00
60 MECKLENBURG			\$0.00	\$0.00	\$0.00
62 MONTGOMERY			\$0.00	\$0.00	\$0.00
63 MOORE	*	0	\$4,400.00	\$4,400.00	\$4,400.00
64 NASH	*	0	\$22,009.00	\$22,009.00	\$22,009.00
65 NEW HANOVER	*	0	\$8,803.00	\$8,803.00	\$8,803.00
66 NORTHAMPTON			\$0.00	\$0.00	\$0.00
67 ONSLGW			\$0.00	\$0.00	\$0.00
68 ORANGE	*	0	\$5,501.00	\$5,501.00	\$5,501.00
69 PAMlico			\$0.00	\$0.00	\$0.00
71 PENDER	*	0	\$2,199.00	\$2,199.00	\$2,199.00
73 PERSON	*	0	\$2,199.00	\$2,199.00	\$2,199.00
74 PITT	*	0	\$22,009.00	\$22,009.00	\$22,009.00
76 RANDOLPH			\$0.00	\$0.00	\$0.00

DPH AND 10 County

77 RICHMOND			\$0.00	\$0.00	\$0.00
78 ROBESON			\$0.00	\$0.00	\$0.00
79 ROCKINGHAM	*	0	\$11,004.00	\$11,004.00	\$11,004.00
80 ROWAN			\$0.00	\$0.00	\$0.00
81 R-P-M			\$0.00	\$0.00	\$0.00
82 SAMPSON	*	0	\$6,601.00	\$6,601.00	\$6,601.00
83 SCOTLAND			\$0.00	\$0.00	\$0.00
84 STANLY	*	0	\$1,099.00	\$1,099.00	\$1,099.00
85 STOKES	*	0	\$4,400.00	\$4,400.00	\$4,400.00
86 SURRY	*	0	\$22,009.00	\$22,009.00	\$22,009.00
87 SWAIN	*	0	\$2,199.00	\$2,199.00	\$2,199.00
88 TOBACCO			\$0.00	\$0.00	\$0.00
89 TRANSYLVANIA	*	0	\$5,501.00	\$5,501.00	\$5,501.00
90 UNION	*	0	\$4,400.00	\$4,400.00	\$4,400.00
91 UNION	*	0	\$22,009.00	\$22,009.00	\$22,009.00
92 WAKE	*	0	\$4,400.00	\$4,400.00	\$4,400.00
93 WARREN	*	0	\$4,400.00	\$4,400.00	\$4,400.00
94 WAYNE	*	0	\$11,004.00	\$11,004.00	\$11,004.00
95 WILKES	*	0	\$11,004.00	\$11,004.00	\$11,004.00
96 WILSON	*	0	\$2,207.00	\$2,207.00	\$2,207.00
97 YADKIN			\$0.00	\$0.00	\$0.00
Totals			\$800,000.00	\$800,000.00	\$800,000.00

Signature and Date - DPH Program Administrator
 2/6/13

Signature and Date - DPH Section Chief
 2/6/13

Signature and Date - DPH Contracts Office
 2/6/13

Signature and Date - Division of Public Health Budget Officer
 2/6/13