

FORSYTH COUNTY

BOARD OF COMMISSIONERS

MEETING DATE: February 9, 2015 AGENDA ITEM NUMBER: 7-A&B

- SUBJECT: A. RESOLUTION AUTHORIZING EXECUTION OF NECESSARY DOCUMENTS TO RECEIVE GRANT FUNDS FROM THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, EPIDEMIOLOGY/COMMUNICABLE DISEASE BRANCH, TO SUPPORT THE REFUGEE HEALTH ASSESSMENTS PROGRAM OF THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH
- B. AMENDMENT TO THE FY 2014-2015 BUDGET ORDINANCE TO APPROPRIATE GRANT FUNDS FROM THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, EPIDEMIOLOGY/COMMUNICABLE DISEASE BRANCH TO SUPPORT THE REFUGEE HEALTH ASSESSMENTS PROGRAM OF THE FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH

(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS: Recommend Approval

SUMMARY OF INFORMATION:

The Personal Health Services Administrative Service Area of the Forsyth County of Public Health has been awarded an additional \$2,680 in grant funds from the North Carolina Department of Health and Human Services (NCDHHS) to support the Health Department's Refugee Health Assessments Program. Under this Program, the Health Department conducts an initial health assessment of newly arrived refugees to determine if there are any communicable diseases of public health concern or any health conditions that may impede resettlement and achieving self-sufficiency.

Additional funds will be used to offset staff salary and benefits. Funds may be drawn down for language interpretive services and health/medical assessments for clients not eligible for Medicaid.

The additional \$2,680 in one-time funding will support Refugee Health Assessments Program through June 30, 2015.

ATTACHMENTS: YES NO

SIGNATURE:

J. Audrey Watts, Jr.
COUNTY MANAGER

DATE:

February 5, 2015

**RESOLUTION AUTHORIZING EXECUTION OF NECESSARY
DOCUMENTS TO RECEIVE GRANT FUNDS FROM THE NORTH
CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES,
DIVISION OF PUBLIC HEALTH, EPIDEMIOLOGY/COMMUNICABLE
DISEASE BRANCH TO SUPPORT THE REFUGEE HEALTH
ASSESSMENTS PROGRAM OF THE FORSYTH COUNTY
DEPARTMENT OF PUBLIC HEALTH
(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

BE IT RESOLVED by the Forsyth County Board of Commissioners that the Chairman or County Manager and the Clerk to the Board are hereby authorized to execute, on behalf of Forsyth County and its Department of Public Health, an agreement to receive grant funds to support the Refugee Health Assessments Program of the Forsyth County Department of Public Health in the amount of \$2,680 from the North Carolina Department of Health and Human Services, Division of Public Health, Epidemiology/Communicable Disease Branch, subject to a pre-audit certificate thereon, by the Chief Financial Officer, if applicable, and approval as to form and legality by the County Attorney.

Adopted this the 9th day February of 2015.

**FORSYTH COUNTY, NORTH CAROLINA
AMENDMENT TO
FY 2014-2015 BUDGET ORDINANCE**

FROM: BUDGET & MANAGEMENT

MEETING DATE: February 9, 2015

EXPLANATION:

The Personal Health Services Administrative Service Area of the Forsyth County of Public Health has been awarded an additional \$2,680 in grant funds from the North Carolina Department of Health and Human Services (NCDHHS) to support the Health Department's Refugee Health Assessments Program. Under this Program, the Health Department conducts an initial health assessment of newly arrived refugees to determine if there are any communicable diseases of public health concern or any health conditions that may impede resettlement and achieving self-sufficiency.

Additional funds will be used to offset staff salary and benefits. Funds may be drawn down for language interpretive services and health/medical assessments for clients not eligible for Medicaid.

The additional \$2,680 in one-time funding will support Refugee Health Assessments Program through June 30, 2015.

BE IT ORDAINED BY THE BOARD OF COMMISSIONERS OF FORSYTH COUNTY THAT THE 2014-2015 BUDGET ORDINANCE IS HEREBY AMENDED AS FOLLOWS:

| | | |
|-----------|------------------------------------|-----------------------|
| INCREASE: | <u>SECTION 1. REVENUES</u> | |
| | GENERAL FUND | |
| | PUBLIC HEALTH (376024-1570) | <u>\$2,680</u> |

| | | |
|-----------|------------------------------------|-----------------------|
| INCREASE: | <u>SECTION 2. APPROPRIATIONS</u> | |
| | GENERAL FUND | |
| | PUBLIC HEALTH (376024-2000) | <u>\$2,680</u> |

- NATURE OF TRANSACTION:**
- Additional Revenue Available
 - Transfer within Accounts of Same fund
 - Other:

APPROVED BY BOARD OF COUNTY COMMISSIONERS AND ENTERED ON MINUTES DATED _____
AGENDA ITEM NUMBER _____

**Division of Public Health
Agreement Addendum
FY 14-15**

BY: _____
County Manager

Page 1 of 5

Forsyth County Department of Public Health
Local Health Department Legal Name

Epidemiology/Communicable Disease
DPH Section/Branch Name

583 Refugee Health Assessments
Activity Number and Description

Jennifer Morillo, 919-733-7286 ext. 112
jennifer.morillo@dhhs.nc.gov

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

12/1/2014 – 5/31/2015
Service Period

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

1/1/2015 – 6/30/2015
Payment Period

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

I. Background:

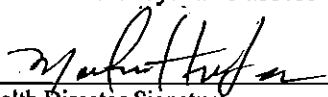
Refugees* are a high-risk and vulnerable population that face special health challenges due to their exposure to deteriorating conditions usually attributed to circumstances such as war, trauma, and forced migration. Refugees arrive to North Carolina from all around the globe, with the largest numbers arriving from Burma (999), Bhutan (579), and Iraq (419). Depending on their country of origin, refugees are at an increased risk for many diseases, both infectious and noninfectious, not commonly seen in the native U.S.-born population. Tuberculosis, parasites, and incomplete vaccinations are some of the most common issues seen in newly arrived refugees.

The primary goal of the North Carolina Refugee Health Program is to ensure that health problems of newly arrived refugees that could pose a threat to public health or interfere with the effective resettlement of the refugees are promptly identified and treated. Health problems are identified through health assessments provided to refugees in their county of resettlement.

* Throughout this document the term "refugee" refers to all the following federal immigration categories: refugees, asylees, Amerasians, Cuban/Haitian entrants (including Cuban/Haitian parolees), certified trafficking victims, and Iraqi & Afghan Special Immigrants.

II. Purpose:

The Refugee Health Assessment is provided soon after arrival to identify any communicable diseases of public health concern and any health conditions that might impede resettlement and achieving self-sufficiency. The assessment focuses on early identification of health conditions, preventing the spread


Health Director Signature _____ (use blue ink)

1/12/15
Date _____

| | |
|---|---|
| Local Health Department to complete: (If follow up information is needed by DPH) | LHD program contact name: _____ Phone number with area code: _____ Email address: _____ |
|---|---|

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

of communicable diseases, and referral to health providers for further medical evaluation, treatment and follow-up care. Refugee Health Program funds are provided to local health departments with significant numbers of refugee arrivals (1) to assist with administrative costs associated with providing refugee health assessments and (2) to assist with costs to provide this service to eligible clients not covered for medical screening by any medical program or insurance.

III. Scope of Work and Deliverables:

Forsyth County is one of the top eight refugee resettlement counties, with each receiving about 60 to 740 arrivals each year. Forsyth County anticipates screening approximately 60 new refugee arrivals for State fiscal year 2014–2015.

The Local Health Department shall meet the following program requirements to ensure new refugee arrivals have access to timely assessments based on North Carolina Refugee Health Program guidelines provided in the *Technical Guidance for Local Health Departments* document.

The Local Health Department shall:

1. Designate a Refugee Health Liaison to coordinate refugee health assessments and for whom local refugee resettlement agencies may contact to schedule appointments.
2. Upon request of the North Carolina Refugee Health Program, complete and submit an Annual Refugee Health Assessment Survey by the requested due date.
3. Inform the North Carolina Refugee Health Program if there are any changes of key refugee health staff within one month of the change.
4. Inform newly arrived refugees in the county about availability of the assessment services and schedule assessment ideally within 30 days but no later than 90 days after arrival or eligibility. Exams must be completed within 90 days to assure reimbursement through Medicaid or Refugee Medical Assistance (RMA) [<http://www.ncdhhs.gov/dma/mp/1d1.pdf>].
5. Provide the assessment based on NC Refugee Health Assessment Protocol guidelines as well as Center for Disease Control (CDC) [<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/domestic-guidelines.html>] and the Office of Refugee Resettlement (ORR) recommendations. The assessment includes a Communicable Disease Screening and a Physical Exam. The Local Health Department shall, at minimum, provide the communicable disease portion of the assessment. If the Local Health Department cannot provide the physical exam portion, the refugee must be referred by the Local Health Department to a private clinic/physician (preferably to a medical home) for the physical exam. (If the Local Health Department does not provide the physical exam portion of the assessment, it is not eligible to bill Medicaid/RMA for the complete refugee health assessment.)
 - a. The Communicable Disease portion of the assessment should include the following: history review, vaccination assessment and update, Tuberculosis screening, Hepatitis B testing, HIV testing, Syphilis testing (adults), Hepatitis C testing (for those with risk factors), Chlamydia testing (women \leq 25 years) and Gonorrhea (if indicated).

Some Local Health Departments may also be able to provide: intestinal and tissue invasive parasite testing, malaria testing, pregnancy testing (for females of childbearing age), and blood lead level testing (for children 6 months to 16 years); however these are not required as part of the Communicable Disease portion, especially if private providers serving refugees in the community are able to provide them as part of the Physical Exam portion.
 - b. The Physical Exam portion of the assessment should include the following: history review, physical exam and review of systems, CBC with differential, glucose and serum chemistries,

urinalysis, cholesterol screening (according to guidelines), pregnancy testing (for females of childbearing age), intestinal and tissue invasive parasite testing, malaria testing, blood lead level testing (for children 6 months to 16 years), and newborn screening testing (within first year of life).

6. Use a qualified and language-appropriate interpreter for clinical encounters. Telephone interpretation may be appropriate.
7. Provide culturally- and linguistically-appropriate health education based on individual refugee's needs and risk factors.
8. Provide treatment or referral, if necessary, for Class A or B conditions, tuberculosis and other communicable diseases within 30 days of arrival or 14 days of domestic diagnosis. Provide follow up care or referral(s) for any conditions identified in the health assessment. Conditions of public health concern must be followed up within 14 days.
9. Provide vaccination assessment and upgrades based on the North Carolina and the CDC's Advisory Committee on Immunization Practices (ACIP) immunization guidelines. CDC's refugee-specific guidelines should be encouraged and considered [<http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html>] along with the requirements for refugees applying for permanent United States residency [<http://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html>]. Serological testing may be an acceptable alternative.
10. Refer or link refugees to a primary care facility or provider for on-going follow-up and treatment.
11. Ensure that the primary care facility or provider receives the results of the overseas medical screening and the results of the domestic medical screening/refugee health assessment.
12. Complete the Refugee Health Data Collection Form for each refugee arrival.
13. Allow key refugee health staff to: attend trainings and conferences sponsored by the North Carolina Refugee Assistance Program and the North Carolina Refugee Health Program; meet regularly with voluntary resettlement agencies to coordinate local refugee services; and attend at least one North Carolina Refugee Advisory Council meeting.
14. Not assess the refugee any fees for this screening if provided within 90 days of the date of their arrival into the United States. If the refugee fails to schedule and attend screening appointments within 90 days after entrance into the United States and does not already have approved insurance such as Medicaid or RMA, the refugee should be notified of any possible fees before the service is provided. Public funds may be used if the refugee is eligible for selected screening due to individual or group risk factors.
15. Maintain a copy of the client's U.S. Customs and Border Protection's Form I-94 or other documentation demonstrating a client's eligibility for this service [see Division of Social Services Refugee Assistance Manual at <http://info.dhhs.state.nc.us/olm/manuals/dss/ei-80/man/>].
16. Contact the NC Refugee Health Program if a client's eligibility for service is unknown.

IV. Performance Measures/Reporting Requirements:

The North Carolina Refugee Health Program and the Local Resettlement Agencies notifies the Local Health Department about new refugee arrivals needing health assessments.

The Local Health Department shall:

1. Inform at least 95% of refugee arrivals within 30 days, in their own language, regarding the availability, importance, and content of the health screening.

2. Initiate care for at least 60% of refugee arrivals within 30 days for a health screening based on the NC Refugee Health Protocol.
3. Initiate care for at least 95% of refugee arrivals within 90 days for a health screening based on the NC Refugee Health Protocol.
4. Provide treatment for at least 80% of refugee arrivals for any conditions of public health concern within 14 days of diagnosis and provide treatment or make referral for other health conditions identified during the health screening.
5. Document and include in their submitted reports to the North Carolina Refugee Health Program about the efforts they have made to contact and schedule each new refugee arrival and if the refugee refuses assessment services. For instances where the refugee is found to not reside in their jurisdiction, the Local Health Department shall report to the North Carolina Refugee Health Program about the residency status as soon as possible but no later than 10 days after the determination was made.
6. Provide to the North Carolina Refugee Health Program an invoice for interpreter expenses by end of the month for which an expenditure report is submitted. The invoice must include the refugee's last name, first name, date of birth, alien number, date of arrival/eligibility into the United States, date service initiated, parts of refugee health assessment completed, and cost for interpretation.
7. Provide to the North Carolina Refugee Health Program an invoice for refugee health assessment expenses by end of the month for which an expenditure report is submitted. This is for refugees that have applied for Medicaid and RMA, but are not covered for medical screening by any other medical program. The invoice must include the refugee's last name, first name, date of birth, alien number, date of arrival/eligibility into the United States, date service initiated, date service completed, and cost for assessment.
8. Provide the findings/results of the refugee health assessment to the North Carolina Refugee Health Program by the end of the month following the month that the expenditure report and invoice of expenses were submitted using the Data Collection Form. Example: Exam provided September 10, expenditure report submitted by October 20, invoice submitted by October 31, results due by November 30. Exceptions can be given when all findings/results are not available by the due date. Exception requests can be sent to the North Carolina Refugee Health Program through email or fax; however results must be submitted within 90 days of the exam.

Currently these reports can be submitted either on paper (through fax or mail) or electronically (through encrypted email). However, the North Carolina Refugee Health Program is updating the Data Collection Form on a new version of EpiInfo and obtaining encrypted email certificates. Once the new technology is made available to Local Health Departments, the Local Health Department will have 30 days to update their EpiInfo systems as all reports will need to be sent electronically via encrypted email. At that time, paper reporting will no longer be accepted.

V. Performance Monitoring and Quality Assurance:

Performance will be monitored through monthly reports, monthly telephone or email contact, and site visits as warranted, and by NC Refugee Advisory Council input.

If performance is below expectations, the Program may request a corrective action plan. Funding may be reduced if performance does not improve.

In the event that there is a delay longer than 90 days in which the Local Health Department provides refugee health assessments, or if the number of refugee arrivals to a particular county decreases by more than 10% of the anticipated number during the Service Period of 8/15/2014 –5/31/2015, funds may be reverted and redistributed if another county or counties which are experiencing an increase in refugee arrivals and refugee health assessments. So while not necessarily an indicator of inadequate performance, a Local Health Department's inability to spend allocated funds may result in an assessment and potential recall of funds for re-allocation to other local health departments, if needed.

VI. Funding Guidelines or Restrictions: (if applicable)

1. Refugee health funds are directly related to the number of eligible clients served and to what extent they are served. Funds may not be drawn down except according to the following guidelines:
 - a. **Refugee Health Medical Screening Administration (RCC 810A and 810B):**
 - i. A once-in-a-lifetime amount of \$57 per eligible client for language interpretation for the Communicable Disease portion of the refugee health assessment and any follow-up.
 - ii. A once-in-a-lifetime amount of \$57 per eligible client for language interpretation for the Physical Exam portion of the refugee health assessment and any follow-up.
 - b. **Refugee Health Medical Screening (RCC 811A and 811B):** A once-in-a-lifetime amount of \$400 for refugee health assessment services provided to an eligible client that has applied for, but not been found eligible for, Medicaid nor Refugee Medical Assistance, and who is not covered for medical screening by any other medical program or insurance. [The Local Health Department is encouraged to contact the Program when there may be a client in this situation.]
2. These funds are not available for any otherwise eligible client that has been in the United States for more than eight months or when it has been more than eight months since the date of final grant of asylum or date of certification for trafficking victims.
3. Funds should not be requested if another source of funding is available to cover the expenses such as Medicaid, state or local public health programs, and/or other non-Refugee Medical Assistance resources. Funds should not be requested if another entity is providing the service at no charge to the Local Health Department.

Allocation Page
For Fiscal Year:14/15
Estimate Number 3

Waiting for Program Admin Approval

| | 583 1370 B10A 73 | 583 1370 B10A 73 | 583 1370 B10A PL | 583 1370 B10B 73 | 583 1370 A10C PL | 583 1370 B11A 73 | 583 1370 B11A 73 | 583 1370 B11B 73 | Proposed Total | New Total |
|-----------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------|-------------|
| | Payment Period 09/15-10/31 | Payment Period 09/15-12/31 | Payment Period 09/15-09/30 | Payment Period 11/01-09/30 | Payment Period 07/01-09/30 | Payment Period 09/15-10/31 | Payment Period 09/15-12/31 | Payment Period 11/01-09/30 | | |
| | Service Period 09/15-09/30 | Service Period 09/15-09/30 | Service Period 09/15-09/31 | Service Period 10/01-09/31 | Service Period 08/01-08/14 | Service Period 08/15-09/30 | Service Period 08/15-09/30 | Service Period 10/01-09/31 | | |
| 01 ALAMANCE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 01 ALSEBARK REB | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 02 ALEXANDER | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 04 ANSON | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 02 APPALACHIAN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 07 BEAUFORT | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 08 BLADEN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 10 BRUNSWICK | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 11 BUNCOMBE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 12 BURKE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 15 CARARRUS | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 14 CALDWELL | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 16 CARTERET | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 17 CASWELL | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 18 CATAWBA | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 19 CHATHAM | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 20 CHEROKEE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 22 CLAY | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 23 CLEVELAND | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 24 COLUMBUS | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 26 CRAVEN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$20,948.00 |
| 28 CUMBERLAND | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 28 DARE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 29 DAVIDSON | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 30 DAVIE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 31 DUPLIN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 32 DURHAM | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$19,978.00 |
| 33 EDGEWORTH | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 34 FORSYTH | 0 | \$0.00 | \$0.00 | \$0.00 | \$2,280.00 | \$0.00 | \$0.00 | \$0.00 | \$400.00 | \$2,680.00 |
| 36 FRANKLIN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 38 GASTON | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 38 GRAHAM | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 03 GRAN-VANCE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 40 GREENE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 41 GUILFORD | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$21,793.00 |
| 42 HALFAX | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 43 HARNETT | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 44 HAYWOOD | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 45 HENDERSON | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 46 HERTFORD | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 47 Hoke | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 48 HYDE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 49 IREDELL | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 60 JACKSON | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 51 JOHNSTON | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 52 JONES | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 53 LEE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 54 LENOIR | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 55 LINCOLN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 56 MADDEN | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 57 MADISON | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 04 MAR-TYR-WASH | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 58 MCKENHURK | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,603.00 |
| 52 MONTGOMERY | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 63 MOORE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 54 NASH | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 55 NEW HANOVER | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$4,947.00 |
| 66 NORTHAMPTON | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 67 ONSLOW | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 58 ORANGE | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$5,127.00 |
| 59 PAMLICO | | \$0.00 | \$0.00 | \$0.00 | \$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 | \$0.00 | \$0.00 | \$0.00 |
| 73 PERSON | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 74 PITT | | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 76 RANDOLPH | | \$0.00 | \$0.00 | \$0.00 | \$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 | \$0.00 | \$0.00 | \$0.00 |
| 78 ROBESON | | \$0.00 | \$0.00 | \$0.00 | \$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 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 80 ROWAN | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 86 R-P-H | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 82 SAMPSON | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 83 SCOTLAND | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 85 STOKES | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 88 SURRY | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 85 TOE RIVER | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$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 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 89 UNION | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 82 WAKE | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 89 WARREN | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 86 WAYNE | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 87 WILKES | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 88 WILSON | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| 89 YADKIN | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Totals | \$0.00 | \$0.00 | \$0.00 | \$2,280.00 | \$0.00 | \$0.00 | \$0.00 | \$400.00 | \$2,880.00 | \$2,880.00 | \$2,880.00 |

Signature and Date - DPH Program Administrator

John M. [Signature] 11-14-14

Signature and Date- DPH Section Chief

[Blank Signature Area]

Signature and Date- DPH Contracts Office

JMC 11/14/14 *[Signature]* 11/19/14

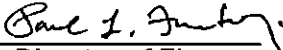
Signature and Date - Division of Public Health-Budget Officer

[Signature] 12/2/14

This instrument has been preaudited in the manner required by the Local Government Budget and Fiscal Control Act.

1/28/2015

Date


Director of Finance