# Division of Public Health
# Agreement Addendum
# FY 20-21



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|---|---|
| Durham County Department of Public Health<br>**Local Health Department Legal Name** | Epidemiology / Communicable Disease Branch<br>**DPH Section / Branch Name** |
| 543 ELC Enhancing Detection Activities<br>**Activity Number and Description** | Vanessa M. Greene 919-546-1658<br>vanessa.greene@dhhs.nc.gov<br>**DPH Program Contact**<br>**(**name, phone number, and email) |
| 01/20/2020 – 05/31/2021<br>**Service Period** | **DPH Program Signature** **Date**<br>(only required for a negotiable agreement addendum) |
| 07/01/2020 – 06/30/2021<br>**Payment Period** | |

☒ **Original Agreement Addendum**
☐ **Agreement Addendum Revision #** ___

**I. Background:**

The primary mission of the Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public through detection, investigation, testing, treatment, tracking, control, education, and care activities to improve the health of people in North Carolina.

The Public Health Emergency Preparedness (PHEP) CARES Crisis Cooperative Agreement and Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) CARES Cooperative Agreement awards have been critical in supporting North Carolina's response to the coronavirus pandemic. With the addition of the ELC Enhancing Detection award, the primary focus of all three CDC funding sources is: 1) direct allocation to local health departments, 2) enhanced laboratory testing capacity, 3) increasing workforce by hiring temp staff, 4) supporting epidemiology and surveillance activities and 5) expanding informatics and IT infrastructure to increase electronic data exchange. The ELC Enhancing Detection Award includes new activities centered around contracts to external partners to support contact tracing, and strategic planning and project management.

The Division of Public Health (DPH), Communicable Disease Branch (CDB), is making an allocation of these ELC Enhancing Detection funds available to all local health departments through the "CDC-RFA-TP18-1802, Cooperative Agreement for Emergency Response: Public Health Crisis Response, COVID-19 Crisis Response Cooperative Agreement – Components A and B Supplemental Funding" to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

Health Director Signature (use blue ink) 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: _____

## II. Purpose:

This Activity is for the Local Health Department to work to prevent, prepare for, and respond to Coronavirus Disease 2019 (COVID-19) by carrying out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

## III. Scope of Work and Deliverables:

### A. Allowable Activities

All of the activities the Local Health Department performs under this Agreement Addendum shall be informed by local data and trends, the NC DHHS COVID-19 Guidance for Health Care Providers, the ELC Enhancing Detection: North Carolina testing plan located at https://www.hhs.gov/coronavirus/testing-plans/index.html#nc, and any subsequent revisions to that plan.

Activities undertaken by the Local Health Department (LHD) and funded through this Agreement Addendum shall address the following allowable activities, 1-6:

#### 1. Enhance Laboratory, Surveillance, Informatics, and other Workforce Capacity

a. Build expertise for healthcare and community outbreak response and infection prevention and control (IPC) among local health departments.

b. Train and hire staff to improve the capacities of the epidemiology and informatics workforce to effectively conduct surveillance and response of COVID-19 (including contact tracing) and other conditions of public health significance.

c. Implement NC DHHS strategies for COVID-19 case investigation and contact tracing:

   i. Assure that all contact tracers hired locally complete the North Carolina Area Health Education Centers (NCAHEC) COVID-19 Contact Tracing Onboarding for NC Local Health Departments training within the first two weeks of hire and prior to contact tracing activities.

   ii. Implementation and workflow improvements for case investigation and contact training using state-supplied technology, including but not limited to:

      1) COVID-19 Community Team Outreach (CCTO) tool.

      2) NC EDSS/NC COVID reporting tool.

      3) Softphone: DPH is exploring whether there is technology that will allow consistent caller identification that will increase success in contact tracing. This is known as softphone technology. The objective is to provide a consistent and recognizable caller identification across all contact tracers within the state/local public health system.

      4) Other technology applications that may improve prevention/containment/mitigation.

d. Build expertise to support management of the COVID-19 related activities within the service area (e.g., additional leadership, program and project managers, budget staff).

e. Increase capacity for timely data management, analysis, and reporting for COVID-19 and other conditions of public health significance.

#### 2. Strengthen Community Laboratory Testing

a. Establish or expand or assure capacity to quickly, accurately, and safely test for COVID-19/SARS-CoV-2 among all symptomatic individuals, and secondarily expand capacity to achieve community-based surveillance, including testing of asymptomatic individuals.

i. Strengthen ability to quickly scale testing as necessary to assure that optimal utilization of existing and new testing platforms can be supported to help meet increases in testing demand in a timely manner.

ii. Build local capacity for testing of COVID-19/SARS-CoV-2 including within high-risk settings or in vulnerable populations that reside in their communities.

b. Enhance laboratory testing capacity for COVID-19/SARS-CoV-2 outside of public health laboratories.

i. Establish or expand capacity to coordinate with public/private laboratory testing providers, including those that assist with surge and with testing for high-risk environments.

ii. Secure and/or utilize mobile laboratory units, or other methods to provide point-of-care (POC) testing at public health-led clinics or non-traditional test sites (e.g., homeless shelters, food processing plants, prisons, Long Term Care Facilities (LTCFs)).

c. Enhance data management and analytic capacity in public health laboratories to help improve efficiencies in operations, management, testing, and data sharing.

i. Improve efficiencies in laboratory operations and management using data from throughput, staffing, billing, supplies, and orders.

ii. Improve the capacity to analyze laboratory data to help understand and make informed decisions about issues such as gaps in testing and community mitigation efforts. Data elements such as tests ordered and completed (including by device/platform), rates of positivity, source of samples, type will be used to create data visualizations that will be shared with the public, state health department, and community partners.

**3. <u>Advance Electronic Data Exchange at Public Health Labs</u>**

a. Enhance and expand laboratory information infrastructure, to improve jurisdictional visibility on laboratory data (tests performed) from all testing sites and enable faster and more complete data exchange and reporting.

i. Enhance laboratory test ordering and reporting capability.

1) 100% of results must be reported with key demographic variables including age/gender/race via the NC COVID reporting tool (NC COVID).

2) Report all non-Electronic Lab Reporting (ELR) positive test results to the state health department using NC COVID.

**4. <u>Improve Surveillance and Reporting of Electronic Health Data</u>**

a. Use NC COVID to assure complete, up-to-date, automated reporting of morbidity and mortality to NC DHHS of COVID-19 and other conditions of public health significance by:

i. Establishing or enhancing community-based surveillance, including surveillance of vulnerable populations, individuals with severe illness, those with recent travel to high-risk locations, or who are contacts to known cases.

ii. Monitoring changes to daily incidence rates of COVID-19 and other conditions of public health significance at the county or zip code level to inform community mitigation strategies.

b. Establish complete, up-to-date, timely, automated reporting of individual-level data through electronic case reporting to NC DHHS via NC COVID.

i. At the health department, enhance capacity to work with testing facilities to onboard and improve electronic laboratory reporting (ELR), including to receive data from new or non-traditional testing settings. Use alternative data flows and file formats (e.g., CSV or XLS) to help automate where appropriate. In addition to other reportable results, this should include all COVID-19/SARS-CoV-2-related testing data (i.e., tests to detect SAR-CoV-2 including serology testing).

ii. Assist NC DPH in the process of automating the receipt of Electronic Health Record (EHR) data once it is available, including Electronic Case Reporting (eCR) and Fast Healthcare Interoperability Resources (FHIR)-based eCR to generate initial case report as specified by NC DPH for the reportable disease within 24 hours, and to update over time within 24 hours of a change in information contained in the CDC-directed case report, including death.

iii. Utilize eCR data, once it is available, to assure data completeness, establish comprehensive morbidity and mortality surveillance, and help monitor the health of the community and inform decisions for the delivery of public health services.

c. Improve understanding of capacity, resources, and patient impact at healthcare facilities through electronic reporting.

i. Assist NC DHHS with required expansion of reporting facility capacity, resources, and patient impact information, such as patients admitted and hospitalized, in an electronic, machine-readable, as well as human-readable visual, and tabular manner, to achieve 100% coverage in service area and include daily data from all acute care, long-term care, and ambulatory care settings. Use these data to monitor facilities with confirmed cases of COVID-19/SARS-CoV-2 infection or with COVID-like illness among staff or residents and facilities at high risk of acquiring COVID-19/SARS-CoV-2 cases and COVID-like illness among staff or residents.

d. Enhance systems for flexible data collection, reporting, analysis, and visualization.

i. Make data on case, syndromic, laboratory tests, hospitalization, and healthcare capacity available on health department websites at the county/zip code level in a visual and tabular manner.

e. Establish or improve systems to assure complete, accurate and immediate (within 24 hours) data transmission to NC COVID and open website available to the public by county and zip code, that allows for automated transmission of data to NC DHHS via NC COVID.

i. Submit all case reports in an immediate, automated way to CDC for COVID-19/SARS-CoV-2 and other conditions of public health significance with associated required data fields via NC COVID.

ii. Provide accurate accounting of COVID-19/SARS-CoV-2 associated deaths. Establish electronic, automated, immediate death reporting with associated required data fields via NC COVID.

iii. Establish these systems in such a manner that they may be used on an ongoing basis for surveillance of, and reporting on, other threats to the public health and conditions of public health significance.

**5. <u>Use Laboratory Data to Enhance Investigation, Response and Prevention</u>**

a. Use laboratory data to initiate case investigations, conduct contact tracing and follow up, and implement containment measures.

i. Conduct necessary contact tracing including contact elicitation/identification, contact notification, and contact follow-up. Activities could include traditional contact tracing and/or proximity/location-based methods, as well as methods adapted for healthcare-specific and congregate settings.

ii. Utilize tools (e.g., geographic information systems and methods) that assist in the rapid mapping and tracking of disease cases for timely and effective epidemic monitoring and response, incorporating laboratory testing results and other data sources.

iii. Identify cases and exposure to COVID-19 in high-risk settings or within vulnerable populations to target mitigation strategies.

1) Assess and monitor infections in healthcare workers across the healthcare spectrum.

2) Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk healthcare facilities (e.g., hospitals, dialysis clinics, cancer clinics, nursing homes, and other long-term care facilities, etc.).

3) Monitor cases and exposure to COVID-19 to identify need for targeted mitigation strategies to isolate and prevent further spread within high-risk employment settings (e.g., meat processing facilities), and congregate living settings (e.g., prisons, youth homes, shelters, farms).

4) Work with NC DHHS to build local capacity for reporting, rapid containment and prevention of COVID- 19/SARS-CoV-2 within high-risk settings or in vulnerable populations that reside in their communities.

b. Implement prevention strategies in high-risk settings or within vulnerable populations (including tribal nations) including proactive monitoring for asymptomatic case detection.

i. Build capacity for infection prevention and control in LTCFs (e.g., at least one Infection Preventionist (IP) for every facility) and outpatient settings.

1) Build capacity to safely house and isolate infected and exposed residents of LTCFs and other congregate settings.

ii. Assist with enrollment of all LTCFs into CDC's National Healthcare Safety Network (NHSN).

iii. Increase Infection Prevention and Control (IPC) assessment capacity onsite using Infection Prevention and Control Assessment Tool (Tele-ICAR).

iv. Perform preparedness assessment to assure interventions are in place to protect high-risk populations.

1) Coordinate as appropriate with federally funded entities responsible for providing health services to vulnerable populations (e.g., tribal nations and federally qualified health centers)

**6. <u>Coordinate and Engage with Partners</u>**

a. Partner with NC DHHS to establish or enhance testing for COVID-19/SARS-CoV-2.

i. Acquire equipment and staffing to conduct testing for COVID-19/SARS-CoV-2.

ii. Support community partners to conduct appropriate specimen collection and/or testing within their service area.

iii. Build infection prevention and control and healthcare outbreak response expertise in LHDs.

**B. Requirements:**

1. The LHD shall assure capacity for a minimum of 5% of their service area's population to be tested for COVID-19 in a 30-day period, unless otherwise communicated in writing by NC DHHS to the LHD. This requirement will be assessed by NC DHHS staff using NC COVID and the CCTO reporting databases.

2. The LHD shall initiate 90% of contacting case attempt within 24 hours. This requirement will be assessed by NC DHHS staff using NC COVID and the CCTO reporting databases.

3. The LHD shall initiate 50% of contacting contacts of the case attempt within 48 hours when the difference between the specimen date and the report date of a positive COVID-19 case to public health is five (5) days or less. This requirement will be assessed by NC DHHS staff using NC COVID and the CCTO reporting databases.

4. Once the softphone technology has been developed, piloted, user-acceptance tested, and implemented, utilize the softphone technology to reach cases and contacts. This requirement will be assessed by NC DHHS staff using NC COVID and the CCTO reporting databases.

5. Use the COVID-19 Community Team Outreach (CCTO) tool for documenting close contacts. This requirement will be assessed by NC DHHS staff using NC COVID and the CCTO reporting databases.

6. The LHD shall assure that 100% of contact tracers hired locally (not using state-funded, state-contracted vendors) complete the North Carolina Area Health Education Centers (NCAHEC) COVID-19 Contact Tracing Onboarding for NC Local Health Departments training. Registration for this training is located online: https://www.ncahec.net/courses-and-events/63430/covid-19-contact-tracing-onboarding-for-nc-local-health-departments. The LHD must keep records of NCAHEC training completion certification in all contact tracing staff personnel files for desk audit review.

7. Assist in promoting enrollment among county providers in the Influenza-like Illness Surveillance Network (ILINet) when requested by the NC DPH Influenza Coordinator.

## IV. Performance Measures/Reporting Requirements:

**A. Performance Measures**

1. **Performance Measure # 1 Linked to Scope of Work and Deliverables 2 and 6:** The LHD shall have a plan to assure access to COVID-19 testing, specifically for vulnerable populations, for all symptomatic persons and for those who have had close contact to a known or suspected case of COVID-19 as defined by the CDC, and for those who request or require testing. This plan may be the same as the policy for AA 539.

   Reporting Requirements: An electronic copy of this testing policy shall be provided to the Regional Communicable Disease Nurse Consultant no later than October 1, 2020.

2. **Performance Measure # 2 Linked to Scope of Work and Deliverables 2, 3, 4 and 5:** The LHD shall report cases of COVID-19 including deaths within 30 days of receipt of the report to the state via the NC COVID.

   Reporting Requirements: Reporting will be done via the NC COVID

3. **Performance Measure #3 Linked to Scope of Work and Deliverables 1:** Contact tracers hired locally should be reflective of the county population and the target communities.

   Reporting Requirements: LHD will provide certain demographic data (race, ethnicity, and language(s) spoken) of locally hired contact tracers in quarterly reporting outlined below in Additional Reporting Requirements.

4. **Performance Measure #4 Linked to Scope of Work and Deliverables 1 and 5:** The LHD shall support tele-ICAR and infection prevention consultation with LTCF in their service area, in conjunction with the NC DHHS.

   Reporting Requirements: Reporting will be done via a yearly online survey.

5. **Performance Measure #5 Linked to Scope of Work and Deliverables 1-6:** The LHD shall review the LHD testing plan quarterly so it reflects most current recommendations from NC DHHS.

   Reporting Requirements: LHD shall submit updated plans in quarterly reporting outlined below in Additional Reporting Requirements.

6. **Performance Measure #6 Linked to Scope of Work and Deliverables 4 and 5:** The LHD shall report close contacts to COVID-19 into the COVID-19 Community Team Outreach (CCTO) Tool software for at least 60% of people infected with COVID-19.

   Reporting Requirements: Reporting will be done via the CCTO tool software.

7. **Performance Measure #7 Linked to Requirements 1 and 2:** The LHD shall complete the Final Monitoring Outcome variable for 90% of contacts entered after 14 days.

   Reporting Requirements: Reporting will be done via the CCTO tool software.

**B. Additional Reporting Requirements**

1. The LHD shall submit quarterly reports to CDB in a provided template.
   a. Reports shall include:
      i. The LHD's local testing plan, if modified.
      ii. Progress of work performed against each of the allowable activities and performance measures.
      iii. Assurance that the LHD has reviewed data entered in electronic tools (e.g., NCEDSS, CCTO) for accuracy.
      iv. Demographic data (race, ethnicity, and language(s) spoken) of locally hired contact tracers.
      v. Financial reports to support use of funds and the monthly reimbursements drawn from the Aid to Counties system.
   b. Reporting schedule:

      1st Quarter July 1 – September 30, 2020 submit by October 31, 2020

      2nd Quarter October 1 – December 31, 2020 submit by January 31, 2021

      3rd Quarter January 1 – March 31, 2021 submit by April 30, 2021

      4th Quarter April 1 – June 30, 2021 submit by July 31, 2021

2. Provide data, plans, and documents as requested by CDB that supports reporting the performance measures and deliverables from the ELC Enhancing Detection grant. Plans and other documents

must be consistent with state and federal requirements and must be specific to the LHD's local public health service area.

## V. Performance Monitoring and Quality Assurance:

A. The Technical Assistance and Training Program (TATP) Nurse Consultant will assess the Local Health Department's performance through reporting mechanisms within the NC EDSS. These reports will be run on a quarterly basis by the TATP Nurse Consultant.

B. If the assessment results in compliance concerns, the TATP Nurse Consultant shall conduct conference calls with the Local Health Department to provide technical assistance in order to rectify the concerns.

## 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.

B. Expenses incurred from January 20, 2020 which are related to allowable activities may be reimbursed.

C. As the LHD is a subrecipient of a grant or cooperative agreement awarded by the Department of Health and Human Services (HHS) with funds made available under the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020 (P.L. 116-123); the Coronavirus Aid, Relief, and Economic Security Act, 2020 (the "CARES Act") (P.L. 116-136); and/or the Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139) the LHD agrees as applicable to the award, to:

1. comply with existing and/or future directives and guidance from the HHS Secretary regarding control of the spread of COVID-19;

2. in consultation and coordination with HHS, provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation); and

3. assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation. In addition, to the extent applicable, comply with Section 18115 of the CARES Act, with respect to the reporting to the HHS Secretary of results of tests intended to detect SARS– CoV–2 or to diagnose a possible case of COVID–19. Such reporting shall be in accordance with guidance and direction from HHS and/or CDC.

4. consistent with the full scope of applicable grant regulations (45 C.F.R. 75.322), the purpose of this award, and the underlying funding, the subrecipient is expected to provide to CDC, through NC DHHS, copies of and/or access to COVID-19 data collected with these funds, including but not limited to data related to COVID-19 testing. CDC will specify in further guidance and directives what is encompassed by this requirement.

D. In addition to their local procurement rules/policies, the LHD shall comply with the following rules, applying the most restrictive standard where there is a difference between any of the standards:

1. Federal Uniform Administrative Requirements for Procurement, 45 CFR Part 75 §75.327-335, https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5#se45.1.75_1326
    a. Appendix II to Part 75—*Contract Provisions for Non-Federal Entity Contracts Under Federal Awards* may be found here for incorporation into procurement contracts: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75&rgn=div5#ap45.1.75_1521.ii

E. Unallowable costs:

1. Research
2. Clinical Care
3. Publicity and propaganda (lobbying):
    a. Other than for normal and recognized executive-legislative relationships, no funds may be used for:
        i. publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
        ii. the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
    b. See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients: https://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf
4. All unallowable costs cited in CDC-RFA-CK19-1904 remain in effect, unless specifically amended, in accordance with 45 CFR Part 75 – Uniform Administrative Requirements, Cost Principles, And Audit Requirements for HHS Awards.

**FY21 Activity:** 543 ELC Enhancing Detection Activities **Supplement 1**

Supplement reason: ☒ In AA+BE or AA+BE Rev –OR– ☐ –

| CFDA #: 93.323 | Federal awd date: 05/19/20 | Is award R&D? no | FAIN: NU50CK000530 | Total amount of fed awd: $ 188951581 |
|---|---|---|---|---|

CFDA name: Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)

Fed award project description: CK19-1904 Epidemiology and Laboratory Capacity for Prevention and Control of Emerging Infectious Diseases (ELC) – Enhancing Detection

Fed awarding agency: DHHS, Centers for Disease Control and Prevention

Federal award indirect cost rate: n/a % %

| Subrecipient | Subrecipient DUNS | Fed funds for This **Supplement** | Total of All Fed Funds for This **Activity** |
|---|---|---|---|
| Alamance | 965194483 | 266,436 | 266,436 |
| Albemarle | 130537822 | 890,572 | 890,572 |
| Alexander | 030495105 | 130,555 | 130,555 |
| Anson | 847163029 | 116,755 | 116,755 |
| Appalachian | 780131541 | 371,745 | 371,745 |
| Beaufort | 091567776 | 140,266 | 140,266 |
| Bladen | 084171628 | 126,598 | 126,598 |
| Brunswick | 091571349 | 235,164 | 235,164 |
| Buncombe | 879203560 | 366,415 | 366,415 |
| Burke | 883321205 | 186,776 | 186,776 |
| Cabarrus | 143408289 | 311,447 | 311,447 |
| Caldwell | 948113402 | 178,188 | 178,188 |
| Carteret | 058735804 | 164,853 | 164,853 |
| Caswell | 077846053 | 115,071 | 115,071 |
| Catawba | 083677138 | 257,801 | 257,801 |
| Chatham | 131356607 | 168,631 | 168,631 |
| Cherokee | 130705072 | 120,996 | 120,996 |
| Clay | 145058231 | 102,343 | 102,343 |
| Cleveland | 879924850 | 194,969 | 194,969 |
| Columbus | 040040016 | 149,742 | 149,742 |
| Craven | 091564294 | 199,685 | 199,685 |
| Cumberland | 123914376 | 441,271 | 441,271 |
| Dare | 082358631 | 129,172 | 129,172 |
| Davidson | 077839744 | 267,976 | 267,976 |
| Davie | 076526651 | 135,503 | 135,503 |
| Duplin | 095124798 | 153,286 | 153,286 |
| Durham | 088564075 | 419,458 | 419,458 |
| Edgecombe | 093125375 | 145,824 | 145,824 |
| Foothills | 782359004 | 301,546 | 301,546 |
| Forsyth | 105316439 | 488,435 | 488,435 |
| Franklin | 084168632 | 162,011 | 162,011 |
| Gaston | 071062186 | 324,001 | 324,001 |
| Graham | 020952383 | 99,197 | 99,197 |
| Granville-Vance | 063347626 | 292,724 | 292,724 |
| Greene | 091564591 | 112,260 | 112,260 |
| Guilford | 071563613 | 655,764 | 655,764 |
| Halifax | 014305957 | 144,583 | 144,583 |
| Harnett | 091565986 | 231,002 | 231,002 |
| Haywood | 070620232 | 156,534 | 156,534 |
| Henderson | 085021470 | 213,728 | 213,728 |
| Hoke | 091563643 | 147,167 | 147,167 |
| Hyde | 832526243 | 95,504 | 95,504 |
| Iredell | 074504507 | 279,239 | 279,239 |
| Jackson | 019728518 | 136,395 | 136,395 |
| Johnston | 097599104 | 301,537 | 301,537 |
| Jones | 095116935 | 100,795 | 100,795 |
| Lee | 067439703 | 154,457 | 154,457 |
| Lenoir | 042789748 | 150,199 | 150,199 |
| Lincoln | 086869336 | 179,734 | 179,734 |
| Macon | 070626825 | 128,224 | 128,224 |
| Madison | 831052873 | 113,676 | 113,676 |
| MTW | 087204173 | 312,010 | 312,010 |
| Mecklenburg | 074498353 | 1,242,342 | 1,242,342 |
| Montgomery | 025384603 | 119,245 | 119,245 |
| Moore | 050988146 | 195,234 | 195,234 |
| Nash | 050425677 | 190,932 | 190,932 |
| New Hanover | 040029563 | 335,904 | 335,904 |
| Northampton | 097594477 | 111,830 | 111,830 |
| Onslow | 172663270 | 300,425 | 300,425 |
| Orange | 139209659 | 244,133 | 244,133 |
| Pamlico | 097600456 | 104,144 | 104,144 |
| Pender | 100955413 | 155,823 | 155,823 |
| Person | 091563718 | 132,572 | 132,572 |
| Pitt | 080889694 | 278,932 | 278,932 |
| Polk | 079067930 | 112,801 | 112,801 |
| Randolph | 027873132 | 242,557 | 242,557 |
| Richmond | 070621339 | 137,857 | 137,857 |
| Robeson | 082367871 | 229,338 | 229,338 |
| Rockingham | 077847143 | 187,140 | 187,140 |
| Rowan | 074494014 | 240,140 | 240,140 |
| Sampson | 825573975 | 157,855 | 157,855 |
| Scotland | 091564146 | 127,846 | 127,846 |
| Stanly | 131060829 | 157,052 | 157,052 |
| Stokes | 085442705 | 139,204 | 139,204 |
| Surry | 077821858 | 167,538 | 167,538 |
| Swain | 146437553 | 105,291 | 105,291 |
| Toe River | 113345201 | 324,777 | 324,777 |
| Transylvania | 030494215 | 127,180 | 127,180 |
| Union | 079051637 | 336,133 | 336,133 |
| Wake | 019625961 | 1,223,122 | 1,223,122 |
| Warren | 030239953 | 111,246 | 111,246 |
| Wayne | 040036170 | 222,035 | 222,035 |
| Wilkes | 067439950 | 164,024 | 164,024 |
| Wilson | 075585695 | 176,767 | 176,767 |
| Yadkin | 089910624 | 130,341 | 130,341 |

| Activity 543<br><br>Service Period<br><br>Payment Period | | AA | 1175<br>878A<br>HH<br><br>01/20-05/31<br>2020-2021<br>02/20-06/30 | Proposed Total | New Total |
|---|---|---|---|---|---|
| 01 Alamance | * | 0 | 461,821 | 461,821 | 461,821 |
| D1 Albemarle | * | 0 | 1,094,620 | 1,094,620 | 1,094,620 |
| 02 Alexander | * | 0 | 149,184 | 149,184 | 149,184 |
| 04 Anson | * | 0 | 147,534 | 147,534 | 147,534 |
| D2 Appalachian | * | 0 | 417,666 | 417,666 | 417,666 |
| 07 Beaufort | * | 0 | 158,029 | 158,029 | 158,029 |
| 09 Bladen | * | 0 | 192,882 | 192,882 | 192,882 |
| 10 Brunswick | * | 0 | 292,783 | 292,783 | 292,783 |
| 11 Buncombe | * | 0 | 534,940 | 534,940 | 534,940 |
| 12 Burke | * | 0 | 420,718 | 420,718 | 420,718 |
| 13 Cabarrus | * | 0 | 558,819 | 558,819 | 558,819 |
| 14 Caldwell | * | 0 | 263,100 | 263,100 | 263,100 |
| 16 Carteret | * | 0 | 181,749 | 181,749 | 181,749 |
| 17 Caswell | * | 0 | 156,661 | 156,661 | 156,661 |
| 18 Catawba | * | 0 | 380,837 | 380,837 | 380,837 |
| 19 Chatham | * | 0 | 480,553 | 480,553 | 480,553 |
| 20 Cherokee | * | 0 | 130,094 | 130,094 | 130,094 |
| 22 Clay | * | 0 | 104,510 | 104,510 | 104,510 |
| 23 Cleveland | * | 0 | 243,924 | 243,924 | 243,924 |
| 24 Columbus | * | 0 | 306,136 | 306,136 | 306,136 |
| 25 Craven | * | 0 | 296,294 | 296,294 | 296,294 |
| 26 Cumberland | * | 0 | 773,988 | 773,988 | 773,988 |
| 28 Dare | * | 0 | 137,837 | 137,837 | 137,837 |
| 29 Davidson | * | 0 | 486,755 | 486,755 | 486,755 |
| 30 Davie | * | 0 | 185,324 | 185,324 | 185,324 |
| 31 Duplin | * | 0 | 576,115 | 576,115 | 576,115 |
| 32 Durham | * | 0 | 1,296,740 | 1,296,740 | 1,296,740 |
| 33 Edgecombe | * | 0 | 241,567 | 241,567 | 241,567 |
| D7 Foothills | * | 0 | 426,748 | 426,748 | 426,748 |
| 34 Forsyth | * | 0 | 1,234,016 | 1,234,016 | 1,234,016 |
| 35 Franklin | * | 0 | 242,158 | 242,158 | 242,158 |
| 36 Gaston | * | 0 | 474,330 | 474,330 | 474,330 |
| 38 Graham | * | 0 | 100,930 | 100,930 | 100,930 |
| D3 Gran-Vance | * | 0 | 650,568 | 650,568 | 650,568 |
| 40 Greene | * | 0 | 152,117 | 152,117 | 152,117 |
| 41 Guilford | * | 0 | 1,337,228 | 1,337,228 | 1,337,228 |
| 42 Halifax | * | 0 | 231,228 | 231,228 | 231,228 |
| 43 Harnett | * | 0 | 373,967 | 373,967 | 373,967 |
| 44 Haywood | * | 0 | 182,094 | 182,094 | 182,094 |
| 45 Henderson | * | 0 | 373,155 | 373,155 | 373,155 |
| 46 Hertford | | | 0 | 0 | 0 |
| 47 Hoke | * | 0 | 264,571 | 264,571 | 264,571 |
| 48 Hyde | * | 0 | 96,370 | 96,370 | 96,370 |
| 49 Iredell | * | 0 | 420,037 | 420,037 | 420,037 |
| 50 Jackson | * | 0 | 155,457 | 155,457 | 155,457 |
| 51 Johnston | * | 0 | 561,906 | 561,906 | 561,906 |
| 52 Jones | * | 0 | 111,626 | 111,626 | 111,626 |
| 53 Lee | * | 0 | 377,569 | 377,569 | 377,569 |
| 54 Lenoir | * | 0 | 251,141 | 251,141 | 251,141 |
| 55 Lincoln | * | 0 | 223,490 | 223,490 | 223,490 |
| 56 Macon | * | 0 | 180,211 | 180,211 | 180,211 |
| 57 Madison | * | 0 | 114,975 | 114,975 | 114,975 |
| D4 M-T-W | * | 0 | 360,964 | 360,964 | 360,964 |
| 60 Mecklenburg | * | 0 | 3,563,564 | 3,563,564 | 3,563,564 |
| 62 Montgomery | * | 0 | 186,395 | 186,395 | 186,395 |
| 63 Moore | * | 0 | 304,840 | 304,840 | 304,840 |
| 64 Nash | * | 0 | 289,707 | 289,707 | 289,707 |
| 65 New Hanover | * | 0 | 445,076 | 445,076 | 445,076 |
| 66 Northampton | * | 0 | 178,980 | 178,980 | 178,980 |
| 67 Onslow | * | 0 | 352,846 | 352,846 | 352,846 |

| | | | | | |
|---|---|---|---|---|---|
| 68 Orange | * | 0 | 412,225 | 412,225 | 412,225 |
| 69 Pamlico | * | 0 | 108,477 | 108,477 | 108,477 |
| 71 Pender | * | 0 | 200,446 | 200,446 | 200,446 |
| 73 Person | * | 0 | 157,266 | 157,266 | 157,266 |
| 74 Pitt | * | 0 | 444,424 | 444,424 | 444,424 |
| 75 Polk | * | 0 | 133,163 | 133,163 | 133,163 |
| 76 Randolph | * | 0 | 580,039 | 580,039 | 580,039 |
| 77 Richmond | * | 0 | 216,704 | 216,704 | 216,704 |
| 78 Robeson | * | 0 | 601,478 | 601,478 | 601,478 |
| 79 Rockingham | * | 0 | 236,095 | 236,095 | 236,095 |
| 80 Rowan | * | 0 | 558,560 | 558,560 | 558,560 |
| D5 R-P-M | | | 0 | 0 | 0 |
| 82 Sampson | * | 0 | 405,227 | 405,227 | 405,227 |
| 83 Scotland | * | 0 | 169,002 | 169,002 | 169,002 |
| 84 Stanly | * | 0 | 206,872 | 206,872 | 206,872 |
| 85 Stokes | * | 0 | 175,162 | 175,162 | 175,162 |
| 86 Surry | * | 0 | 285,808 | 285,808 | 285,808 |
| 87 Swain | * | 0 | 116,122 | 116,122 | 116,122 |
| D6 Toe River | * | 0 | 341,239 | 341,239 | 341,239 |
| 88 Transylvania | * | 0 | 134,111 | 134,111 | 134,111 |
| 90 Union | * | 0 | 581,772 | 581,772 | 581,772 |
| 92 Wake | * | 0 | 2,156,722 | 2,156,722 | 2,156,722 |
| 93 Warren | * | 0 | 149,803 | 149,803 | 149,803 |
| 96 Wayne | * | 0 | 771,365 | 771,365 | 771,365 |
| 97 Wilkes | * | 0 | 383,669 | 383,669 | 383,669 |
| 98 Wilson | * | 0 | 361,321 | 361,321 | 361,321 |
| 99 Yadkin | * | 0 | 223,484 | 223,484 | 223,484 |
| Totals | | | 35,000,000 | 35,000,000 | 35,000,000 |

| | |
|---|---|
| Sign and Date - DPH Program Administrator<br>723-20 | Sign and Date - DPH Section Chief<br>07-23-20 |
| Sign and Date - DPH Contracts Office<br>Gremeko Stuart 7/23/2020 | Sign and Date - DPH Budget Officer<br>Patricia Ward Digitally signed by Patricia Ward Date: 2020.07.28 08:19:06 -04'00' |

07/27/2020

DPH-Aid-To-Counties For Fiscal Year: 20/21 Budgetary Estimate Number : 1

| Activity 543<br><br>Service Period<br><br>Payment Period | | AA | 1176<br>878A<br>HH<br><br>01/20-05/31<br>2020-2021<br>02/20-06/30 | Proposed Total | New Total |
|---|---|---|---|---|---|
| 01 Alamance | * | 0 | -195,385 | -195,385 | 266,436 |
| D1 Albemarle | * | 0 | -204,048 | -204,048 | 890,572 |
| 02 Alexander | * | 0 | -18,629 | -18,629 | 130,555 |
| 04 Anson | * | 0 | -30,759 | -30,759 | 116,775 |
| D2 Appalachian | * | 0 | -45,921 | -45,921 | 371,745 |
| 07 Beaufort | * | 0 | -17,763 | -17,763 | 140,266 |
| 09 Bladen | * | 0 | -66,284 | -66,284 | 126,598 |
| 10 Brunswick | * | 0 | -57,619 | -57,619 | 235,164 |
| 11 Buncombe | * | 0 | -168,525 | -168,525 | 366,415 |
| 12 Burke | * | 0 | -233,942 | -233,942 | 186,776 |
| 13 Cabarrus | * | 0 | -247,372 | -247,372 | 311,447 |
| 14 Caldwell | * | 0 | -84,912 | -84,912 | 178,188 |
| 16 Carteret | * | 0 | -16,896 | -16,896 | 164,853 |
| 17 Caswell | * | 0 | -41,590 | -41,590 | 115,071 |
| 18 Catawba | * | 0 | -123,036 | -123,036 | 257,801 |
| 19 Chatham | * | 0 | -311,922 | -311,922 | 168,631 |
| 20 Cherokee | * | 0 | -9,098 | -9,098 | 120,996 |
| 22 Clay | * | 0 | -2,167 | -2,167 | 102,343 |
| 23 Cleveland | * | 0 | -48,955 | -48,955 | 194,969 |
| 24 Columbus | * | 0 | -156,394 | -156,394 | 149,742 |
| 25 Craven | * | 0 | -96,609 | -96,609 | 199,685 |
| 26 Cumberland | * | 0 | -332,717 | -332,717 | 441,271 |
| 28 Dare | * | 0 | -8,665 | -8,665 | 129,172 |
| 29 Davidson | * | 0 | -218,779 | -218,779 | 267,976 |
| 30 Davie | * | 0 | -49,821 | -49,821 | 135,503 |
| 31 Duplin | * | 0 | -422,829 | -422,829 | 153,286 |
| 32 Durham | * | 0 | -877,282 | -877,282 | 419,458 |
| 33 Edgecombe | * | 0 | -95,743 | -95,743 | 145,824 |
| D7 Foothills | * | 0 | -125,202 | -125,202 | 301,546 |
| 34 Forsyth | * | 0 | -745,581 | -745,581 | 488,435 |
| 35 Franklin | * | 0 | -80,147 | -80,147 | 162,011 |
| 36 Gaston | * | 0 | -150,329 | -150,329 | 324,001 |
| 38 Graham | * | 0 | -1,733 | -1,733 | 99,197 |
| D3 Gran-Vance | * | 0 | -357,844 | -357,844 | 292,724 |
| 40 Greene | * | 0 | -39,857 | -39,857 | 112,260 |
| 41 Guilford | * | 0 | -681,464 | -681,464 | 655,764 |
| 42 Halifax | * | 0 | -86,645 | -86,645 | 144,583 |
| 43 Harnett | * | 0 | -142,965 | -142,965 | 231,002 |
| 44 Haywood | * | 0 | -25,560 | -25,560 | 156,534 |
| 45 Henderson | * | 0 | -159,427 | -159,427 | 213,728 |
| 46 Hertford | | | 0 | 0 | 0 |
| 47 Hoke | * | 0 | -117,404 | -117,404 | 147,167 |
| 48 Hyde | * | 0 | -866 | -866 | 95,504 |
| 49 Iredell | * | 0 | -140,798 | -140,798 | 279,239 |
| 50 Jackson | * | 0 | -19,062 | -19,062 | 136,395 |

| | | | | | |
|---|---|---|---|---|---|
| 51 Johnston | * | 0 | -260,369 | -260,369 | 301,537 |
| 52 Jones | * | 0 | -10,831 | -10,831 | 100,795 |
| 53 Lee | * | 0 | -223,112 | -223,112 | 154,457 |
| 54 Lenoir | * | 0 | -100,942 | -100,942 | 150,199 |
| 55 Lincoln | * | 0 | -43,756 | -43,756 | 179,734 |
| 56 Macon | * | 0 | -51,987 | -51,987 | 128,224 |
| 57 Madison | * | 0 | -1,299 | -1,299 | 113,676 |
| D4 M-T-W | * | 0 | -48,954 | -48,954 | 312,010 |
| 60 Mecklenburg | * | 0 | -2,321,222 | -2,321,222 | 1,242,342 |
| 62 Montgomery | * | 0 | -67,150 | -67,150 | 119,245 |
| 63 Moore | * | 0 | -109,606 | -109,606 | 195,234 |
| 64 Nash | * | 0 | -98,775 | -98,775 | 190,932 |
| 65 New Hanover | * | 0 | -109,172 | -109,172 | 335,904 |
| 66 Northampton | * | 0 | -67,150 | -67,150 | 111,830 |
| 67 Onslow | * | 0 | -52,421 | -52,421 | 300,425 |
| 68 Orange | * | 0 | -168,092 | -168,092 | 244,133 |
| 69 Pamlico | * | 0 | -4,333 | -4,333 | 104,144 |
| 71 Pender | * | 0 | -44,623 | -44,623 | 155,823 |
| 73 Person | * | 0 | -24,694 | -24,694 | 132,572 |
| 74 Pitt | * | 0 | -165,492 | -165,492 | 278,932 |
| 75 Polk | * | 0 | -20,362 | -20,362 | 112,801 |
| 76 Randolph | * | 0 | -337,482 | -337,482 | 242,557 |
| 77 Richmond | * | 0 | -78,847 | -78,847 | 137,857 |
| 78 Robeson | * | 0 | -372,140 | -372,140 | 229,338 |
| 79 Rockingham | * | 0 | -48,955 | -48,955 | 187,140 |
| 80 Rowan | * | 0 | -318,420 | -318,420 | 240,140 |
| D5 R-P-M | | | 0 | 0 | 0 |
| 82 Sampson | * | 0 | -247,372 | -247,372 | 157,855 |
| 83 Scotland | * | 0 | -41,156 | -41,156 | 127,846 |
| 84 Stanly | * | 0 | -49,820 | -49,820 | 157,052 |
| 85 Stokes | * | 0 | -35,958 | -35,958 | 139,204 |
| 86 Surry | * | 0 | -118,270 | -118,270 | 167,538 |
| 87 Swain | * | 0 | -10,831 | -10,831 | 105,291 |
| D6 Toe River | * | 0 | -16,462 | -16,462 | 324,777 |
| 88 Transylvania | * | 0 | -6,931 | -6,931 | 127,180 |
| 90 Union | * | 0 | -245,639 | -245,639 | 336,133 |
| 92 Wake | * | 0 | -933,600 | -933,600 | 1,223,122 |
| 93 Warren | * | 0 | -38,557 | -38,557 | 111,246 |
| 96 Wayne | * | 0 | -549,330 | -549,330 | 222,035 |
| 97 Wilkes | * | 0 | -219,645 | -219,645 | 164,024 |
| 98 Wilson | * | 0 | -184,554 | -184,554 | 176,767 |
| 99 Yadkin | * | 0 | -93,143 | -93,143 | 130,341 |
| Totals | | | -15,000,000 | -15,000,000 | 20,000,000 |

| | |
|---|---|
| Sign and Date - DPH Program Administrator<br>Kristi Canaday for John Rubles 08/07/20 | Sign and Date - DPH Section Chief<br>08-07-20 |
| Sign and Date - DPH Contracts Office<br>Gremeko Stuart 8/7/2020 | Sign and Date - DPH Budget Officer |

08/07/2020