# Division of Public Health Agreement Addendum FY 22-23

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Wake County Health & Human Services	Epidemiology / Communicable Disease Branch
Local Health Department Legal Name	DPH Section / Branch Name
587 HIV PrEP	Kristena Clay-James, 919-755-3150 kristena.clay-james@dhhs.nc.gov
Activity Number and Description	DPH Program Contact
	(name, phone number, and email)
06/01/2022 - 05/31/2023	
Service Period	DPH Program Signature Date
07/01/2022 - 06/30/2023	(only required for a negotiable Agreement Addendum)
Payment Period	<del>_</del>
☐ Original Agreement Addendum ☐ Agreement Addendum Revision # 1	
I. Background: No change.	
<u> </u>	
Replace Paragraph 2 in its entirety with th	v c c
	vide PrEP services to high-risk-negative clients by having
a. Discuss PrEP with at least 1,000 p	persons at risk for HIV
b. Refer at least 150 persons at risk f	For HIV for PrEP
•	services, as evidenced by their attendance at an initial
d. Ensure that at least 50% of their contract.  PrEP.	lients who start PrEP attend one medical appointment for
Health Director Signature (use blue ink or verifiable digital	al signature) Date
LHD to complete: LHD program contact name:	

#### Add Paragraph 12, as follows:

12. Waive the copay charges for 78 low-income PrEP clients to enable those clients to receive the necessary clinic visits and laboratory tests. The Local Health Department must submit financial documentation to the Communicable Disease Branch demonstrating that low-income and uninsured clients have received PrEP services.

#### Add Paragraph 13, as follows:

13. Ensure that its subcontractors provide the necessary clinic visits and laboratory tests for an additional 10 uninsured PrEP clients. These subcontractors must submit financial documentation to the Local Health Department demonstrating that uninsured clients have received PrEP services.

## **IV.** Performance Measures / Reporting Requirements:

As of June 1, 2022, this Agreement Addendum Revision #1 makes the following changes:

## Replace Paragraph 1.b in its entirety with the following:

b. At least 75 clients in Region 6 will attend an initial PrEP medical appointment.

## Add Subparagraph d. to Paragraph 1. Performance Measures, as follows:

d. Submit the financial documentation provided by the Local Health Department PrEP clinic and by the subcontractors which demonstrates that low-income and unisured clients received PrEP services. This documentation is to be included as part of the Quarterly Regional Reports submissions.

## V. Performance Monitoring and Quality Assurance:

No change.

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

No change.

DPH-Aid-To-Counties

For Fiscal Year: 22/23

Budgetary Estimate Number : 1

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Service Period		04/01-05/31	Allocated	06/01-03/31	Allocated	06/01-05/31	Allocated	08/01-05/31	Total Allocated	06/01-07/31	Total Allocated	06/01-12/31	Total Allocated		
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82 Sampson		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	(	\$0.00	0	0
83 Scotland		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	(	\$0.00	0	0
84 Stanly		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	(	\$0.00	0	0
85 Stokes		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	(	\$0.00	0	0
86 Surry		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	(	\$0.00	0	0
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88 Transylvania		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	(	\$0.00	0	0
90 Union		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	(	\$0.00	0	0
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93 Warren		0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	0	\$0.00	(	\$0.00	0	0
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Totals		18,469	0	92,351	0	76,667	0	0	90,833	0	18,167	(	116,083	187,487	412,570

Sign and Date - DPH Program Administrator	7	Sign and Date - DPH Section Chief	
Solmer-	4-29-22	- Mali	04.28-22
Sign and Date - PPH Budget Office - ATC Coordinator	Sud Mell.	Sign and Date - DPH Budget Officer	
U	4/28/2	Sillandel	5/2/2022

**M**T 4/29/2022