AIDS Care Unit

Monitoring Manual

ACU Sub-recipient Monitoring
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Communicable Disease Branch Overview

Evelyn Foust, Branch Head (919) 733-9490

AIDS Care Unit:
Mary Ann Chap, AIDS Care Unit Supervisor (919) 733-9526

The AIDS Care Unit contracts with a variety of regional and local community-based organizations, including HIV care consortia, public health departments, home health agencies, hospitals, family care homes, independent living apartments, AIDS service organizations, and others for the provision of services through these programs. In addition to providing funding for direct health and support services, the AIDS Care Unit also provides technical assistance and training to HIV/AIDS service providers.

- Ryan White HIV C.A.R.E. Program. The majority of North Carolina's service funds are allocated to 14 regional HIV Care Consortia, which plan and arrange for services in all 100 counties. Case management, transportation and in-home aide/personal care services are available, at least to some extent, through all consortia and in all counties. Funds are also used to provide HIV medications through a statewide fee-for-service arrangement, and to increase access to and the quality and appropriateness of primary medical and dental care services in selected under-served areas of the state. Each consortium may choose to provide other outpatient health and support services, based on their local situation and the availability of financial resources.

- Housing Opportunities for Persons with AIDS (HOPWA). The housing needs of persons with HIV and AIDS are primarily addressed through this program. North Carolina's HOPWA Program supports emergency housing, support services, pre-development grants and loans for the creation of housing, rental assistance, small housing repairs, housing information, operational support for specialized housing situations, adult day/health care and the identification and pursuit of additional funding opportunities and resources, at both the state and local levels.

- Medicaid HIV Case Management Program (HIV/CMS). The Medicaid HIV Case Management Program assists Medicaid-eligible individuals living with HIV/AIDS to prevent or alleviate health and social crises which may threaten the quality and/or length of their lives. HIV CMS is a client-focused strategy for coordinating care that assesses a client's need for specific health, psychological and social services and facilitating access to services that will address those needs. All Medicaid-eligible persons diagnosed with HIV disease who live in North Carolina and are not in a institution or general hospital are eligible for HIV CMS.

- Medicaid Community Alternatives Program (CAP/AIDS). The purpose of the Community Alternatives Program for Persons with AIDS is to prevent the institutionalization of Medicaid-eligible HIV-infected individuals who have an AIDS diagnosis through the provision of an expanded package of home and community-based services which cost-effectively address client care needs while maintaining them in home and community settings. CAP/AIDS is offered to eligible clients as an option, providing an alternative to placement in intermediate or skilled care facilities.

- HIV Medications Program/AIDS Drug Assistance Program (ADAP). The HIV Medications Program provides life-sustaining medications to low-income North Carolinians who have been diagnosed with HIV infection and AIDS by a physician, who have a net income of less than 125% of the Federal Poverty Level, and are not Medicaid eligible (or have any other insurance that will pay for their medications).

Epidemiology and Special Studies Unit:
Del Williams, Epid & Special Studies Unit Supervisor (919) 733-9606

The Epidemiology and Special Studies Unit provides support to the Communicable Disease Branch in the form of data collection, analysis, and reporting of disease trends; maintenance of patient registries; and the promotion of reporting all sexually transmitted infections. This Unit also conducts special epidemiological follow-up such as the investigation of No Identified Risk Factor HIV/AIDS cases.

Field Services Unit:
Todd Vanhoy, Field Services Unit Supervisor (919) 733-9514 or (336) 771 -4641

The mission of the Field Services Unit is to interview and notify patients diagnosed with syphilis/HIV, ensure treatment, provide additional counseling, appropriate medical and psychosocial referral, and partner notification; consult on syphilis/HIV control measures; provide consultation and technical support to HIV/STD laboratories and clinics; coordinate and monitor HIV counseling/testing programs; distribute STD drugs, gonorrhea culture plates, condoms, and patient brochures; and act as an HIV/STD training resource for North Carolina.

- The Unit is also involved with the HIV Counseling and Testing (CT) Program which provides training to staff at agencies that offer CT services, consultation, and technical assistance on issues related to counseling and testing, and funding for laboratory services for HIV antibody testing through the Public Health State Laboratory.

Operations Unit:
John Peebles, Manager (919) 715-6737

The Operations Unit is responsible for the overall financial operations of the Communicable Disease Branch. The Branch receives funding from a variety of sources that include Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Housing and Urban Development (HUD), and the State of North Carolina. The Branch currently funds community-based organizations (CBOs) including hospitals and universities, and has contracts with many local health departments (LHDs), and other individuals and agencies. The Branch contracts with LHDs and CBOs to provide prevention and care efforts that focus on: targeted street and community outreach programs, risk reduction programs, community intervention programs, HIV prevention case-management, housing opportunities for persons with AIDS, Medicaid HIV case management programs, HIV medications programs, and HE/RR training and quality assurance. This Unit also takes the lead in providing financial oversight and consultation for all contracts and develops and maintains positive fiscal relationships. Each grant has to be administered and monitored to meet required State and Federal guidelines; the Operations Unit works hand-in-hand with program and administrative staff to conduct effective sub-recipient monitoring

Prevention and Community Planning Unit:
Kim Hoke, Prevention and Community Planning Unit Supervisor
(919) 733-9560

The Prevention and Community Planning Unit is committed to the elimination of HIV and other sexually transmitted diseases through the provision of technical assistance and consultation, risk reduction education, capacity building, introduction of innovative/creative intervention strategies, and forging partnerships between inter/intra departmental agencies, local health departments (LHDs), and community-based organizations (CBOs), and ensuring participation by affected individuals and communities in planning and development. The Branch funds local health departments and community-based organizations to directly provide HIV prevention and risk reduction interventions and manages the Statewide Community HIV Prevention Planning process. The Health Education/Risk Reduction initiatives are committed to preventing or reducing behaviors or practices that are classified as high risk. The Unit can only make an impact on behavior change by forming partnerships with CBOs, LHDs, and other local, state, and national agencies. Program activities are directed at persons and/or communities whose personal circumstances or behaviors place them at high risk.

These targeted populations are:

(a) PLWHA
(b) HSC
(c) MSM
(d) IDU

Quality Assurance Training and Development Unit (QATD):
Pete Moore, Senior Public Health Advisor (919) 733-2030
Diane Matthewson, PH Nursing Consultant (704) 336-6480

The mission of the QATD Unit is to enhance and improve internal and external programmatic activities that ensure the delivery of quality clinical services and other activities, including training directed to reflect the needs and values of our customers. Program objectives include: developing, implementing, and evaluating customer satisfaction surveys; implementing and evaluating HIV/STD counseling/testing and nurse clinician training, and establishing Continuous Quality Improvement protocols for local health departments' HIV/STD clinics and non-traditional test sites. This Unit provides on-site quality assurance and assessment to local health departments and to non-traditional test sites. Staff in this Unit also provides consultation and technical assistance to HIV/STD providers regarding recommended and/or required standard practices.

North Carolina Syphilis Elimination Program:
Jan Scott, PH Advisor (919) 733-2030

North Carolina has launched a new initiative to eliminate syphilis in North Carolina with a $400,000-a-year grant from the CDC that targets eight North Carolina counties with high syphilis rates and has developed a statewide plan to eliminate syphilis by 2005. The goal is to reduce the rate of syphilis infection in North Carolina to no more than 0.4 cases per 100,000 citizens. The funds will be used to strengthen syphilis-elimination programs in Alamance, Durham, Guilford, Forsyth, Mecklenburg, Orange, Robeson and Wake Counties. North Carolina's syphilis elimination plan will focus on increasing and improving public awareness, screening, treatment, surveillance, and community involvement. By working collaboratively with LHDs and community-based health and social services organizations, federal agencies, and affected communities, the State hopes to create long-term public health partnerships, which will ensure that syphilis elimination stays a community-based, priority health issue.

HIV/STD Non-Traditional Counseling and Testing Sites Program:
Marti Eisenberg Nicolaysen, PH Advisor (919) 733-2030

The Communicable Disease Branch is committed to the expansion and accessibility of quality HIV/STD prevention and intervention services to persons and communities who have been underserved. This initiative is an outgrowth of the HIV/Prevention

Community Planning identification of priority services and the North Carolina AIDS Advisory Council's Plan to Reduce Barriers to Confidential HIV Testing. In addition, it is consistent with and supportive of the Centers for Disease Control and Prevention's goals. The Branch awards funds for HIV/STD community-based counseling, testing and referral sites, which augment the efforts of traditional providers. For example, in North Carolina, LHDs are the primary agencies responsible for the control of communicable diseases including HIV and other STDs. Non-Traditional Counseling and Testing Sites offer HIV/STD counseling, testing, and/or outreach in collaboration with local health departments during non-traditional hours and/or in accessible community settings.

Mary Ann Chap
Unit Supervisor

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Program Supervisor II

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Program Consultant I

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AIDS Care Unit

Mission Statement

The AIDS Care Unit functions as a key component of the North Carolina Communicable Disease Branch. Our mission focuses on ensuring a comprehensive continuum of essential health care and support services for individuals and families affected by HIV. These services include primary medical/dental care, case management, mental health/substance abuse services, transportation, medications assistance, housing and other related health and support services. The Unit also provides

technical assistance and training to HIV/AIDS service providers.

AIDS Care Unit

Overview and Description of Major Programs

The AIDS Care Unit is located within the Communicable Disease Branch of the North Carolina Department of Health and Human Services, Division of Public Health, and Epidemiology Section. The mission of the AIDS Care Unit is to ensure the provision of a comprehensive continuum of essential health care and support services for individuals and families with HIV infection. Services include the provision of medications for low income persons, primary medical and dental care, mental health/substance abuse treatment services, housing assistance, case management, transportation and other support services.

Major programs administered by the AIDS Care Unit include:

Ryan White Part B HIV Care Services

The Ryan White program, funded by the Health resources and Services Administration (HRSA) was created to ensure that a comprehensive continuum of HIV/AIDS care services are available to those positive individuals who are not able to access such services on their own.

The Ryan White Treatment Modernization Act of 2006 made significant changes to the HIV/AIDS care system in the United States, and has had a major impact on such services in North Carolina. While the Parts (formerly Titles) of the Act remain essentially the same as the old Act, the new legislation places additional emphasis on the role of the State as a coordinator of care services (and information) for the State, and as a facilitator to ensure better integration of services among providers. As a result of new definitions adopted for Part A (formerly Title I), North Carolina now has its first Part A Program, which covers Mecklenburg, Gaston, Cabarrus, Union and Anson counties in North Carolina and York County in South Carolina. Mecklenburg County is direct-funded by HRSA for the Part A Program.

Two changes in the Part B (formerly Title II) program - Assistance to States and Territories - which have already had an appreciable impact (and ones which are likely to increase in future years) include:

- Requirement that at least 75% of all service dollars be spent on defined "core" medical services, with a decided emphasis on medical care; this means that only a maximum of 25% of service dollars can be spent on "support" services, which have been a key component of North Carolina's Ryan White spending in previous years. This extensively advances a RW legislative focus which has been evident for the last several years.
- All services provided by or through HIV Care Consortia, regardless of the type of service, are now considered "support" services, not "core" medical services.

In addition, the AIDS Drug Assistance Program (ADAP), using both RW funds and a significant contribution from the State, provides life-sustaining medications to HIV+ North Carolina residents who have an income no greater than 250% of the Federal Poverty Level and are neither Medicaid eligible nor have any other insurance that will pay for these medications.

North Carolina's RW Program currently provides funding in the following four Program areas.

- HIV Care Consortia – ninety-five counties are covered by regional HIV Care Consortia that provide a variety of care-related activities for their respective regions: client services funding, needs assessment, planning, resource development and coordination of care services. The remaining five counties are covered by the Part A Program.
- HIV Primary Medical/Dental Care Services – this funding goes to a variety of health care providers throughout the State to provide health care and/or dental services to HIV-infected individuals residing their respective service areas.
- Prevention for Positives – this relatively new initiative provides funding to a variety of HIV-care related organizations to provide prevention services to infected individuals who are at high risk for spreading HIV infection to uninfected individuals, and to find infected persons who have fallen out of the care system and reengage them in care services.
- HIV Legal Services – currently, a single project provides legal assistance in a number of areas (Health Care Powers of Attorney, Living Wills, SSI and SSDI Claims assistance, Employment Discrimination Claims, etc.) to HIV-positive persons. In addition, the Project provides training to a variety of service providers on these and other legal issues related to HIV.

Housing Opportunities for Persons with AIDS (HOPWA)

The HOPWA Program, funded by the federal Department of Housing and Urban Development (HUD), addresses the specific housing needs of persons living with HIV/AIDS and their families. North Carolina's HOPWA Program supports short-term rent, mortgage and utility payments, supportive services, housing information, adult day/health care services, resource identification, tenant-based rental assistance, and operational support for specialized housing situations.

HIV Case Management Program (HIV CMS)

HIV CMS is a client-focused strategy for coordinating care that assesses a client's need for specific medical, social and educational issues and facilitates access to services that will address those needs. HIV CMS is provided for North Carolina residents who are HIV+, are either Medicaid eligible or eligible to receive services under the Ryan White Program, and who are not in an institution.

AIDS Care Unit

Overview and Description of Major Programs

Goals and objectives of the HIV Case Management program are to:

- ensure that qualified agencies are certified throughout the State to provide Medicaid and Ryan White reimbursed HIV Case Management;
- ensure that all providers meet and comply with the established provider qualifications for the program by carrying out a uniform procedure for review and certification of entities applying to become providers of HIV CMS;
- ensure that eligible clients are enrolled in HIV CMS and that services supplied are provided according to guidelines;
- improve eligible client's access to a wide range of appropriate services;
- promote continuity of care by coordinating service delivery arrangements;
- enhance clients' health status and level of functioning; and,
- promote efficiency by reducing or containing the overall cost of services.

Through Medicaid authorization, the AIDS Care Unit certifies the agencies that provide HIV case management in North Carolina. The Unit provides technical guidance, training and assistance to HIV case management provider agencies to ensure proper operation of the program and to initiate any needed corrective action. A continuous in-service training program to HIV case management providers is provided to develop and improve programmatic skills as well as cover the various aspects of program operation. The provision of these trainings includes preparing curricula and training materials, handling the logistics of the trainings, selecting speakers, conducting the trainings and evaluating their outcomes. The overarching purpose of these trainings is to provide the participants named above with the basic skills for providing proficient HIV Case Management services, to assure basic understanding of HIV transmission, prevention and general treatment interventions, and to introduce and explore HIV/AIDS related topics and resources. The ACU currently provides six HIV CMS Basic Trainings and twelve Advanced Case Management Trainings (called Resource Days) annually.

HIV Pediatric Services Program

The HIV Pediatric Services Program is an essential link in providing a seamless system of care and in assuring successful transition between HIV positive OB/GYN patients, the infected and affected pediatric patients and HIV positive teens transitioning into adult treatment centers. This service assures a decreased number of HIV infections caused by vertical transmission and a higher incidence of treatment maintenance and care for affected adults, children and teens in North Carolina. This program provides HIV Pediatric social work services including clinical care, education, and treatment follow-up needed to help families access medical and social work services.

Current Phone Information
AIDS Care Unit / ADAP Staff

Name	State Cell Phone #	Office Phone #
Bank, Heather	n/a	919-715-3687
Berte, Brian	n/a	919-733-9508
Best, Marilyn	919-218-6244	919-715-3688
Bost, Debra	919-218-3505	919-733-9556
Bradley, Jim	919-306-8997	919-715-3099
Cameron, Leslie	n/a	919-715-3112
Chap, Mary Ann	919-810-8851	919-733-9526
Church, Patrick	n/a	919-733-9593
Coley, Sandra	919-218-5608	919-715-3123
Houston-Hager, Lola	919-218-5626	919-733-9528
Terrell, Timika	n/a	919-715-0393
Okrent, Arthur	919-805-1232	919-715-3118
Purcell, Detra	919-723-8740	919-715-2197
Rubin, Theresa	919-671-2608	919-715-3169
Kohls, Sally	919-805-1238	919-733-9602
Winstead, Bob	919-218-4647	919-715-3115

Procedure for AIDS Care Unit Sub-recipient Monitoring Review

Program monitors will review each area of expense to include salary/fringe, operating expenses, equipment, and contracted services. These expense items are compared to the current operating budget or approved realigned budget based on the guidelines provided below:

Salary/Fringe

- Review backup source documentation for salary/fringe information. Appropriate salary/fringe documentation includes agency accounting, general ledger, or payroll documents that include staff names, total hours worked, and salary/fringe amount(s).

- Determine the allocation method used by agency for salary/fringe. Calculate the salary/fringe amount on the general ledger or payroll to assure that the amount matches or exceeds the amount reported on the monthly detailed expenditure report and contract expenditure report.

- Compare staff names listed on the general ledger to assure that they match the staff names listed on the approved contract budget or amendment.

- Review staff timesheets and verify that the percentage of time worked matches the percentage of time in the approved contract budget or amendment.

Operating Expenses

- Review invoices for all operating expenses.

- Review copies of checks, agency accounting, general ledger, or bank statement to ensure that bills were paid *prior* to seeking reimbursement from the state

- Calculate invoice and check amounts to assure they match or exceed amount(s) reported on the monthly detailed expenditure report and contract expenditure report.

Equipment Expenses

- Review equipment invoices.

- Review copies of checks, agency accounting, general ledger, or bank statement to ensure that bills were paid *prior* to seeking reimbursement from the state.

- Calculate invoice and check amounts to assure they match or exceed amounts reported on the monthly detailed expenditure report and contract expenditure report.

- For equipment purchase over $500, review agency inventory list to assure that property records are on file for all items with a useful life of more than one year.

General Contracted Services

- Review invoices for all services provided on the monthly detailed expenditure report.

- Review copies of checks, agency accounting, general ledger, or bank statement to ensure that bills were paid *prior* to seeking reimbursement from the state.

- Calculate invoice and check amounts to assure they match amounts reported on monthly detailed expenditure report.

Financial Checklist

- Review Division of Public Health Financial checklist with provider.

- Review actual documents listed on the financial checklist; i.e., contract between DHHS and agency, accounting manual, written procedures for personnel allocations, purchase request, approval, receipt and payments.

- Review agency copy of contract amendments or budget realignments.

- Review agency copy of monthly detailed expenditure report and contract expenditure report. For local health department review monthly detailed expenditure report and local expenditure report.

Programmatic Checklist

Ryan White

- Review Division of Public Health programmatic checklist.

- Review actual documents listed on the programmatic checklist; i.e., personnel policies, policy on confidentiality of client records and databases, procedure for client grievance, and policy for eliciting client satisfaction feedback.

- Review agency copy of quarterly reports, Program Manuals, agency sub-recipient monitoring plan, and most recently completed needs assessment.

HOPWA

- Review Division of Public Health programmatic checklist.

- Review actual documents listed on the programmatic checklist; i.e., personnel policies, policy on confidentiality of client records and databases, procedure for client grievance, and policy for eliciting client satisfaction feedback.

- Review agency copy of quarterly reports, Program Manuals, agency subrecipient monitoring plan, and most recently completed needs assessment.

HIV Pediatric Services

- Review Division of Public Health programmatic checklist.

- Review actual documents listed on the programmatic checklist; i.e., personnel policies, policy on confidentiality of client records and databases, procedure for client grievance, and policy for eliciting client satisfaction feedback.

- Review agency copy of quarterly reports, Program Manuals, agency subrecipient monitoring plan, and most recently completed needs assessment.

Client File Review

Ryan White

- Complete a client chart review form for each chart reviewed.

- Review progress notes, intake form, or assessment to assure that client is enrolled in primary medical care.

- Verify client medical eligibility. Appropriate documentation includes confidential positive HIV test result, a physician's statement, medical report which verifies diagnosis, or copy of ADAP approval.

- Review financial eligibility form to assure that it has been updated annually and to determine if client has Medicaid, Medicare, or Private insurance.

- Review intake form to assure that is has been updated annually.

- Verify case management enrollment (if applicable) by reviewing client care plans and assuring that it is related to client's medical care.

- Verify that Ryan White is payor of last resort by reviewing progress notes or agency last resort verification form.

- For Consortia projects review agency spreadsheet per client to assure that caps were not exceeded for Emergency Financial Assistance ($1,000), Legal Services ($500), and Primary Medical/Dental Care ($1,500).

- Review in-care indicators and quality management measures for all client charts.

HOPWA

- Complete a client chart review form for each chart reviewed.

- Verify client medical eligibility. Appropriate documentation includes confidential positive HIV test result, a physician's statement, medical report which verifies diagnosis, or copy of ADAP approval.

- Review documentation of financial eligibility to assure that clients are at <=80% of median income/family income level.

- Review current intake/update form.

- Review assessment of client's needs.

- Review residential application if applicable.

- Review rent calculation form if applicable.

- Review housing inspection form if applicable.

- Review smoke detector certification if applicable.

- Review 21-week tracking form if applicable.
- Review housing care plan.
- Review client release of information form.

Guidelines: Site Visit Schedule

Each Project Monitor arranges for a CER/MER site visit every six months. The site visit schedule attached shows the agency name, project monitor, date of scheduled site visit, and the contract program(s) to be reviewed. Each Project Monitor is responsible for updating the site visit report, which is found on the shared drive (M drive). The CER/MER visit focuses primarily on fiscal performance with regard to contract status.

If an agency is placed on low risk status, the subrecipient monitoring plan, or full review, is conducted only once every three years. This visit includes full fiscal and programmatic review.

If an agency is placed on high risk status, the subrecipient monitoring plan, or full review, is done every six months. This visit includes full fiscal and programmatic review with special focus on corrective action from the prior visit.

Site Visits to ACU Funded Projects
January-July 2009

Agency	Date of Site Visit	Initials of ACU Staff Participants	Check Type of Visit: CER	SMP	TA	Other	Check all contracts that were reviewed: RW-C	RW-EC	RW-PMDC	RW-Legal	RW-PFP	CMS Tng	HOPWA	Ped HIV	Other Branch	Date SV Report Mailed	Year next complete Sub-recipient Monitoring Plan (SMP) Review is due
Coastal	6/5/2009	MB, SC		X			X						X				2010
Central Carolina		MB, SC		X			X						X				2009
ECHAP	5/20-21/09	MB, LHH, SC		X			X										2010
Northwest	5/14/2009	DB, SC		X									X				2008
Piedmont	3/11/2009	MB, SC	X		X	tour							X			4/8/2009	2011
Piedmont	4/29/2009	MB,LHH, SC	X				X		X								2011
Robeson	6/23-24/09	MB, LHH, SC	X				X		X				X				2009
Regional	5/14/2009	MB,LHH	X									X					2011
WNCHAC	6/9/2009	SC, DB		X									X				2008
ALFA																	2009
Cleveland																	2009
Hertford	6/8/2009	MB	X						X								2009
NHRMC	6/4/2009	MB	X						X					X			2010
Rural Health Group																	2010
SR-AHEC																	2007
Tri-County	4/27/2009	MB, JP, MEN	X						X								2009
UNC																	2009
Wake County	6/18/2009	MB,LHH	X					X	X								2011
Wake Forest Univ.																	2011
WNCCHS	6/10/2009	SC,DB		X					X				X				2008
Duke Law School	6/2/2009	MB, LHH	X							X							2011
Duke University(Peds)	4/13/2009	MB, LHH	X											X		4/28/2009	2009
ACS	5/13/2009	SC, DB	X										X				2010
AAS-C	5/5/2009	SC,DB	X										X				2010
CAH	4/3/2009	SC, LHH	X										X			4/9/2009	2011
CSN	5/12/2009	SC, LHH	X										X				2010
Greenville Housing A.	5/19/2009	SC	X										X				2011
Sandhills CAP	5/26/2009	SC, LHH	X	X									X				2009
Duke University(PfP)																	2008
Mecklenburg (PfP)																	2008
Maria Parham																	2008
RAIN																	2010

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Leah Devlin, DDS, MPH
State Health Director

March 30, 2006

MEMORANDUM

TO: Unit Managers
HIV/STD Prevention and Care Branch

FROM: John M. Peebles
Deputy Branch Head

SUBJECT: Site Visit/Monitoring Policy

The purpose of this memorandum is to establish minimum expectations with regard to the conduct of site visits to subrecipient agencies receiving financial assistance. The contents of this memo are meant to supplement the procedures outlined in the Division of Public Health Subrecipient Monitoring Policy as applied in the HIV/STD Prevention and Care Branch.

Effective immediately, program monitors will conduct at least two site visits to each subrecipient agency annually (during the contract period – normally July 1, 20xx through June 30, 20xx). In addition to the programmatic checks that are conducted as directed by Unit Managers, each site visit will incorporate a review of Contract Expenditure Report (CER) source documentation for at least two months selected at random. A site visit report detailing the programmatic and fiscal findings will be written and forwarded through the Unit Manager to the Deputy Branch Head within fifteen working days of the visit.

For those agencies having contracts with more than one program area within the Branch, the respective monitors are required to meet at least quarterly to discuss the status of the agency and share findings. Discussions at these joint meetings are to be documented by the monitors and copies provided to the Unit Managers for information/resolution. Site visit reports for these agencies will be shared with other program monitors as they are published.

Questions/comments regarding this policy may be addressed to John Peebles at 919.715.6737.

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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Leah Devlin, DDS, MPH
State Health Director

May 12, 2006

MEMORANDUM

TO: HIV/STD Prevention and Care Branch Subrecipient Agencies
Attention: Executive Directors/Program Managers

FROM: John M. Peebles
Deputy Branch Head, HIV/STD Prevention and Care Branch

SUBJECT: Branch Site Visit/Monitoring Policy

The purpose of this memorandum is to notify you of a new site visit policy recently implemented by the HIV/STD Prevention and Care Branch. I have included a copy of the policy for your information. The policy is self-explanatory and is being provided to you to minimize confusion and to ensure that all of the Branch's subrecipient agencies are aware that this policy applies to all programs/agencies and that no agencies are being singled out.

Please note that the policy requires at least two site visits per contract period that include the examination of "source documentation" for two CERs. Your monitor will randomly identify the two monthly CERs for which he/she will ask to see all supporting documentation for payments requested on those CERs. Please ensure that such documentation is, in fact, readily available and clearly supports the CER.

Questions/comments regarding this policy may be addressed to John Peebles at 919.715.6737.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH

SUBRECIPIENT MONITORING PLAN

For State Fiscal Year 2005

(Revised June 23, 2005)

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I. INTRODUCTION

The provisions of this document are applicable to all sections of the North Carolina Division of Public Health. The requirements outlined in this document are minimum requirements and were designed to provide sufficient flexibility for adoption by all affected programs. Programs may impose more stringent requirements and may more specifically tailor the procedures associated with their implementation to the degree that compliance with this document is maintained. Exceptions may be requested from the Division Director in those instances where program size or complexity precludes strict compliance.

II. BACKGROUND

OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, was revised on June 24, 1997, to require that pass-through entities monitor the activities of their subrecipients as necessary to ensure that federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements and that performance goals are achieved. North Carolina General Statue 143-6.1 further requires state agencies to report on use of State funds by non-State entities, including federal funds that flow through the State. DHHS Policies and Procedures Manual, Section IV, Monitoring of Programs, revised August 1, 2002, directs subordinate divisions to develop risked-based subrecipient monitoring plans.

III. DEFINITIONS

A. Pass-through Entities: State agencies in receipt of federal or state funds that are sub-awarded to private or other state agencies for provision of services in support of a specific program or project. Pass-through entities are responsible for monitoring grants to provide reasonable assurance that:

1. Federal and state grant funds are expended in ways that meet provisions of pertinent statutes, regulations, agency administrative requirements, relevant OMB circulars, and the terms of the award notice.
2. Adequate progress is being made toward achieving the sub-award project's goals and objectives (as defined in award application packets).

B. Subrecipient Agency: An agency or organization that receives federal or state awards from the Division of Public Health. These agencies are usually non-profit or governmental agencies or organizations, but in some instances may be for-profit entities. (State agencies routinely monitored by the Office of the State Auditor are not necessarily included in this definition, but consideration should be based on prior experience with the state agency in question.)

C. Federal or State Awards: Financial assistance and cost-reimbursement contracts that non-federal and non-state entities receive directly from federal or state awarding agencies or indirectly from pass-through entities. (The payments received for goods or services provided as a vendor are not considered federal or state awards.)

D. Monitoring: Activities that are part of a continuous improvement strategy designed to assure that public funds are allocated and spent in a manner that maximizes the level of program benefits to the public and to other stakeholders (e.g. granting agency, DPH, and the subrecipient). Traditional definitions of monitoring have focused on regulatory compliance and the use of "program monitors" or "program evaluators" as adversarial bureaucrats whose function is "systematic data collection and analysis designed to provide the [pass-through entity]... with the information it needs to fulfill its [monitoring] responsibilities."[1] Such a narrow approach often results in an "us-versus-them" mentality that does little to promulgate a collaborative relationship between subrecipients and the division. Monitoring is incorporated into all aspects of the post-award process.

E. Cost Disallowance: A charge to a grant that the division determines to be unallowable, according to the applicable cost principles (OMB Circular A-122 for non-profit organizations, A-21 for educational institutions, and A-87 for state, local, and Indian tribal governments) or other award terms and conditions. The general rule of thumb for any costs to be considered proper is that they must be allowable, allocable, necessary, reasonable, and treated consistently.

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[1] Aguirre International, Technical Assistance for State Commissions (TASC) Project. "Draft 3b: TASC Draft Working Paper #3." 12 Feb. 1997.

F. Temporarily Withholding Funds: Action taken by the division, after appropriate administrative procedures have been followed, which delays a subrecipient's ability to access its grant funds until it takes corrective action required by the pass-through entity.

G. Suspension: Action by the division that temporarily suspends financial assistance under the award, pending corrective action by the subrecipient or a pass-through entity's decision to terminate the award.

H. Termination: Permanent cancellation of the subrecipient's authority to obligate all or part of the funds awarded to it. Awards may be terminated under the following conditions as outlined in OMB Circular A-110:

1. By the division, if the subrecipient materially fails to comply with the terms and conditions of the award;
2. By the division, with the consent of the subrecipient; or
3. By the subrecipient, upon sending written notification to the agency stating the reasons for the termination.

I. Voiding of a Grant: Determining that the award was obtained fraudulently, or was otherwise illegal or invalid from inception. Voiding, in effect, is a decision that the grant never legally existed. Such determinations are rare, but possible.

J. Debarment and suspension: Government-wide actions based on Executive Order 12549 which exclude a person or organization from participating in grants or other assistance awards. Suspensions are temporary actions, not to exceed 18 months, generally leading to debarment, implemented only when immediate action is needed to protect the government's interest. Debarment generally lasts three years.

IV. PROGRAMS

The Division of Public Health currently operates 32 programs that are subject to subrecipient monitoring. These programs are listed below by section. To obtain definitions of these programs, refer to the DHHS Program Management Database (PMD).

Section	Program Name	PMD Name
Local Technical Assistance and Training	Public Health Awareness	
Chronic Disease and Injury Prevention	Arthritis Patient Services	Arthritis Patient Services
	Epilepsy and Neurological Disorders Program	Epilepsy and Neurological Disorders Program
	Kidney Disease Program	Kidney Program
	National Breast and Cervical Cancer Early Detection Program	National Breast and Cervical Cancer Early Detection Program
	Rape Prevention and Education	Rape Prevention and Education
Epidemiology	Eastern NC Pediatric HIV Pediatric Case Management Services	HIV Pediatric Case Management
	HIV Non-Traditional Test Sites – Substance Abuse	HIV/STD Prevention and Community Planning
	HIV Prevention Project, HIV/AIDS Surveillance, Comprehensive STD Prevention Systems	HIV/STD Prevention and Community Planning
	Housing Opportunities for Persons with AIDS (HOPWA)	Housing Opportunities for Persons with AIDS (HOPWA)
	Ryan White Program	AIDS Care
Women and Children	Adolescent Parenting Program	Teen Pregnancy Prevention Initiatives
	Adolescent Pregnancy Prevention Program	Teen Pregnancy Prevention Initiatives
	Baby Love Plus	Baby Love Plus
	Child and Adult Care Food Program (CACFP)	Child and Adult Care Food Program (CACFP)
	CDSA's	Early Intervention
	Children's Special Health Services	Children's Health Services
	Community Transition Coordination	Children's Health Services
	Family Planning	Family Planning
	Genetic Health Care Program/Maternal and Child Health Care Services Block Grant	Children's Health Services
	Hemophilia Assistance	Children's Health Services
	High Risk Maternity Clinics	Maternal Health
	First Step Campaign and NC Family Health Resource Line	Maternal Health
	Immunization Program/Vaccine Distribution	Immunization Program/Vaccine Distribution
	Maternity Care Coordination Medicaid Start-up and Non-Medicaid Funding (Baby Love)	Baby Love
	Perinatal Outreach and Education Training (POET)	Perinatal Outreach and Education Training (POET)
	School Nurse Funding Initiative	Children's Health Services
	School-Based Health Centers	Children's Health Centers
	Sickle Cell Patient Services	NC Sickle Cell Syndrome Program
	Smoking Cessation for Pregnant Teens	Maternal Health
	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
	Summer Food Service Program	Summer Food Service Program

V. Subrecipients

Refer to Appendix G for a listing of programs, applicable compliance supplements, associated subrecipients, the type of subrecipients, and the funding sources.

VI. Risk Assessment

Each non-governmental subrecipient will be categorized as low, medium, or high risk depending upon the criteria set forth below. The frequency and intensity of monitoring techniques applied to a given subrecipient will be directly proportional to the level of risk assigned.

DPH sections may choose to add other factors of program concern to the "criteria" and "monitoring effort" lists. When assessing the risk category of a subrecipient, the section may consider as few, or as many, of the criteria factors that apply. Two subrecipients may therefore be assigned the same risk category but for very different reasons; likewise, the monitoring effort for the same two agencies may also vary.

A. Risk assessment: Risk level categories will be assessed/reassessed annually, at a minimum, and prior to any sub-award to a new subrecipient agency. A subrecipient's risk category can change at any time and should be reassessed whenever irregularities are noted. Such irregularities include, but are not limited to:

1. Consistently late or flawed financial or programmatic reporting.
2. Failure to comply with other requirements of the sub-award contract.
3. Complaints from vendors, beneficiaries or the general public alleging poor service, fraud, waste or abuse.
4. Frequent or unusual requests for technical assistance from the subrecipient agency.
5. Categorical expenditures that vary significantly from budgeted amounts.
6. Unfavorable media coverage of a subrecipient.
7. Indications that the subrecipient agency is experiencing difficulties with another sub-award.
8. Change in key personnel (e.g., executive director).

Each instance must be individually assessed to determine its reliability as an indicator that an agency may be experiencing difficulties meeting the sub-award requirements.

The Local Technical Assistance and Training Office at DPH will determine if conditions warrant assignment of a high risk assessment to a local health department for fiscal reasons. The division remains responsible for monitoring programmatic compliance and progress for government agencies and for assessing the associated programmatic risk.

The following criteria will be used to assess the risk category of subrecipient agencies and to assign the monitoring techniques that will be used, as a minimum, for each category. All factors listed for consideration may not apply to every subrecipient agency; in such cases, some judgement may be necessary to determine the applicability. Refer to Appendix B for a suggested format for determining risk assessment and Appendix C for a suggested format for a log to compile risk assessment information on all subrecipients.

B. Low risk subrecipients: Agencies that meet some or all of the following criteria should be considered for designation as low risk.

1. At least 75% of key administrative and programmatic staff are technically and professionally qualified for their positions and have been in the position for at least one year.
2. Subrecipient has no outstanding audit findings or previously identified management weaknesses from other sources.
3. Subrecipient has no unfavorable variances, discrepancies or omissions on routine program or fiscal reporting.
4. Subrecipient routinely spends less than $15,000 in federal grant funds.
5. Subrecipient is in its second or later sub-award year for the program under consideration.
6. Subrecipient's credit report contains no adverse information.

C. Medium risk subrecipients: Agencies that meet some or all of the following criteria should be considered for designation as medium risk.

2. Between 50% and 75% of key administrative and programmatic staff are technically and professionally qualified for their position and have been in the position for at least one year.
3. Subrecipient has some minimal audit findings and/or minimal identified management weaknesses.
4. Routine program and fiscal reporting indicates minimal discrepancies or weaknesses.
5. Subrecipient has no prior experience with the Division but has had successful relationships with other divisions in DHHS.

D. High risk subrecipients: Agencies that meet some or all of the following criteria should be considered for designation as high risk.

1. Less than 50% of key administrative and programmatic staff are technically and professionally qualified for their positions and the staff has limited experience.
2. Subrecipient has significant audit findings or other identified management weaknesses.
3. Routine program and fiscal reporting reflects significant discrepancies or omissions.

4. Subrecipient is currently assessed as high-risk by one or more DPH program.

   The subrecipient is notified by letter of a high risk assessment and a specific date for corrective action will be defined on the letter.

VII. MONITORING PROCEDURES

Monitoring is an ongoing activity that begins at the application process and continues throughout the award and the life of the contract. The monitoring process should include the following elements.

A. Outreach to potential subrecipients: In the Request For Proposal (RFP) or Request For Application (RFA) phase, the division must clearly convey its commitment to the goals of the respective program or project; legal and programmatic requirements for compliance with applicable administrative rules and cost principles; and agency application procedures, formats and deadlines.

B. Formulation of specifications for selecting subrecipients: The program managers should develop guidelines for selection of subrecipients that may include consideration of past performance in the administration of sub-awards; appraisal of the potential subrecipient's program goals, objectives and evaluation procedures; analysis of the proposed budget and its narrative explanation; and appraisal of the applicant's facilities, manpower (to include expertise), and management capabilities.

C. Application review: The application review process should be structured to ensure consideration of the applicant's compliance with RFP requirements. The review must also measure and record each applicant's relative attainment of pre-established selection criteria.

D. Pre-decisional site visit: Site visits are required prior to a final award to any non-governmental agency:

1. That has not received previous grant awards, or that has not been awarded grant funds for a particular program before.
2. Whose previous performance raises questions about its ability to comply with programmatic or fiscal requirements.

The project monitor and a fiscal representative should conduct pre-decisional site visits. Applicable sections of the Internal Control Questionnaire (Appendix A) will be used as an aide to assessing the subrecipient agency's risk category.

E. Pre-award negotiation: Any areas of concern or need for additional information or clarification noted during the application review should be addressed to the applicant prior to award. At this stage in the sub-award process, the division should firmly and clearly delineate its expectations and ensure that the potential subrecipient understands and will support the agency's programmatic goals and values.

F. Monitoring: The amount of financial and programmatic monitoring, and the techniques used, will vary based upon the DPH risk-based system outlined in Section VI.

DPH programs are expected to conduct monitoring activities in a manner that will foster on-going communication between agencies and their subrecipients.

G. Program review, evaluation, and renewal: The division can use the lessons learned through monitoring to provide feedback to all of their subrecipients and to anticipate technical assistance needs in the next cycle of awards. Such an ongoing dialogue between the division and its subrecipients will help develop an appreciation for each other's perspective, will facilitate continuous improvement, and will maximize attainment of program goals.

H. Documentation: The following information should be contained in a file for each subrecipient:

1. Subrecipient Risk Assessment Form
2. Subrecipient Monitoring Log
3. Financial and Programmatic Checklists
4. Monitoring Documentation Form (optional)

I. The monitor should prepare for the monitoring activity by reviewing:

1. The RFP, RFI, work plan or other available documents to gain an understanding of the program, services, and deliverables.
2. State and federal laws applicable to the program.
3. The contract and funding authorization documents.
4. The prior year audit, if available.
5. Internal control information.
6. The Compliance Supplement for the program to determine which compliance requirements are applicable.

J. The *minimum* levels of scrutiny and the required techniques to be used in the monitoring activity are defined beginning in Section VII. K.; however, a more inclusive list of suggested approaches that may be employed follows:

1. Reviewing subrecipient reports;
2. Performing site visits to review financial and programmatic records and observing operations;
3. Arranging for limited scope audits for certain aspects of subrecipient activities;
4. Reviewing the subrecipient's single audit or program-specific audit results and evaluating audit findings and the subrecipient's corrective action plan;
5. Encouraging frequent and open communications through telephone calls, e-mail, or letters;
7. Ensuring that prior approval requirements are included in sub-awards and that they are reviewed against the approved sub-award budget and scope;

8. Establishing a comments and complaints hotline for use by program beneficiaries, vendors, and members of the general public;
9. Reviewing media coverage of subrecipient agencies;
10. Hosting an annual conference for subrecipients;
11. Promulgating centralized training sessions for subrecipients.

At least annually, the project monitor assigns the subrecipient agency's risk category, records the basis for his/her decision on the Subrecipient Risk Assessment Form (Appendix B), and provides a copy to the subrecipient agency. The assigned risk category is then recorded on the Subrecipient Monitoring Log (Appendix C).

Based upon the risk category assigned and the required frequency of site visits for that category, the project monitor schedules a site visit and records the date on the Subrecipient Monitoring Log. After conducting the site visit, the Monitoring Tool/Instrument (Appendix D) is filed in the subrecipient's file. A copy of the checklist is also provided to the monitor's fiscal officer for review. All monitoring activities should be recorded in the Monitoring Log.

K. Monitoring Low Risk Subrecipients

1. The following monitoring activities are required:
   a. Desk review of routine program and fiscal reports.
   b. Site visit at least every three years.
   c. Procedures/documentation listed on the Monitoring Tool/Instrument (Appendix D) will be reviewed and the checklists maintained on file.
2. Perform the following activities to ensure that Compliance Requirements are addressed:
   a. Activities Allowed/Unallowed
      (1) Review expenditure reports/requests for funds for Activities Allowed/Unallowed.
      (2) Review progress reports.
      (3) Review cash disbursements journal/general ledger.
      (4) Review agency contracts with others.

b. Allowable Cost/Cost Principles

(1) Determine if agency knows which cost principles it must follow.

(2) Determine if agency charges indirect cost and determine if it is approved by a federal agency or audited by CPA.

(3) Review cash disbursements journal/general ledger.

(4) If agency provides more than one service and has more than one funding source, review cost allocation plan.

(5) Review charges for indirect cost.

c. Cash Management: Review all documentation if agency has requested more than 60-day advance.

d. Davis-Bacon Act (applies only to HOPWA)

(1) Determine if subrecipient is aware of requirements.

(2) Determine if subrecipient is receiving copies of certified payrolls.

e. Eligibility

(1) Determine if agency is aware of eligibility requirements.

(2) Review copy of eligibility determination tool/document/application.

(3) Review copies of verification documentation.

(4) Review copies of benefit/payment calculation.

f. Equipment and Real Property Management

(1) Review expenditure accounts to determine if expenditures for equipment are within budget allowances.

(2) Review agency's internal policies for equipment acquisition, inventory and disposition.

(3) Review most recent physical equipment inventory results.

g. Matching/Level of Effort/Earmarking

(1) Review budget to determine if sufficient match/MOE budgeted.

(2) Review progress reports to determine if activity-based level of effort/earmarking requirements met.

(3) Review expenditure reports for sufficient match/MOE.

(4) Review cash disbursements journal/general ledger for match/MOE, fiscal earmarking.

(5) Review audit activity records for appropriate levels of services.

h. Period of Availability of Funds
   (1) Review budget and expenditure reports to determine likelihood of funding availability at end of period.
   (2) Review agency's internal procedures for encumbering funds.

i. Procurement/Suspension/Debarment
   (1) Determine if agency has certification statements from all non-profit subrecipients.
   (2) Review internal control information to verify that the information indicates that all purchasing and procurement policies are in compliance with State and federal laws and regulations.
   (3) Review copy of agency's internal purchasing procedures.

j. Program Income
   (1) Review activity reports to see if any activities appear to generate program income.
   (2) Review request for funds to see if program income deducted or reflected.

k. Reporting
   (1) Determine if agency's reports are filed timely and in the proper format.
   (2) Determine which basis of accounting the agency follows.
   (3) Determine the methodology for generating program/activity reports.
   (4) Review financial and programmatic reports.

l. Subrecipient Monitoring
   (1) Review agency's subrecipient monitoring plan.
   (2) Review documentation of subrecipient monitoring activities.

m. Special Tests and Provisions: Review the laws, regulations, and the provisions of the contract or grant agreements and determine if the subrecipient is adhering to any Special Tests and Provisions.

n. Conflict of Interest: Verify that the agency has a notarized copy of a Conflict of Interest statement.

L. Monitoring Medium Risk Subrecipients

1. The following monitoring activities are required for Medium Risk Subrecipients:

   a. Desk review of routine program and fiscal reports.

   b. Site visit at least annually.

   c. Procedures/documentation listed on the Monitoring Tool/Instrument (Appendix D) will be reviewed and the checklists maintained on file.

2. Perform the following activities to ensure that Compliance Requirements are addressed:

   a. Activities Allowed/Unallowed:

      (1) Request and review a copy of expenditure reports/requests for funds.

      (2) Review progress reports.

      (3) Review cash disbursements journal/general ledger.

      (4) Request and review a copy of the agency contracts with others.

   b. Allowable Cost/Cost Principles

      (1) Determine if agency knows which cost principles it must follow.

      (2) Determine if agency charges indirect cost and determine if it is approved by a federal agency or audited by CPA.

      (3) Request and review copy of cash disbursements journal/general ledger.

      (4) If agency provides more than one service and has more than one funding source, request and review copy of cost allocation plan.

      (5) Request and review copy of charges for indirect cost.

   c. Cash Management: Review all documentation if agency has requested more than 60-day advance.

   d. Davis-Bacon Act (applies only to HOPWA)

      (1) Determine if subrecipient is aware of requirements.

      (2) Determine if subrecipient is receiving copies of certified payrolls.

      (3) Request a copy of a certified payroll and compare it to the prevailing wage rates for the locality.

   e. Eligibility

(1) Determine if agency is aware of eligibility requirements.

(2) Request and review copy of eligibility determination tool/document/application.

(3) Request and review copies of verification documentation.

(4) Request and review copies of benefit/payment calculation.

f. Equipment and Real Property Management

(1) Request and review copy of expenditure accounts to determine if expenditures for equipment are within budget allowances.

(2) Request and review copy of agency's internal policies for equipment acquisition, inventory and disposition.

(3) Request and review most recent physical equipment inventory results.

g. Matching/Level of Effort/Earmarking

(1) Request and review copy of budget to determine if sufficient match/MOE budgeted.

(2) Request and review copy of progress reports to determine if activity-based level of effort/earmarking requirements met.

(3) Request and review copy of expenditure reports for sufficient match/MOE.

(4) Request and review copy of cash disbursements journal/general ledger for match/MOE, fiscal earmarking.

(5) Request and review copy of audit activity records for appropriate levels of services.

h. Period of Availability of Funds

(1) Review budget and expenditure reports to determine likelihood of funding availability at end of period.

(2) Review agency's internal procedures for encumbering funds.

i. Procurement/Suspension/Debarment

(1) Determine if agency has certification statements from all non-profit subrecipients.

(2) Review internal control information to verify that the information indicates that all purchasing and procurement policies are in compliance with State and federal laws and regulations.

(3) Review copy of agency's internal purchasing procedures.

j. Program Income

(1) Review activity reports to see if any activities appear to generate program income.

(2) Review request for funds to see if program income deducted or reflected.

k. Reporting

(1) Determine if agency's reports are filed timely and in the proper format.

(2) Determine which basis of accounting the agency follows.

(3) Determine the methodology for generating program/activity reports.

(4) Desk audit financial and programmatic reports.

(5) Select a sample of reports received. Perform appropriate analytical procedures and ascertain the reason for any unexpected differences.

l. Subrecipient Monitoring

(1) Request and review a copy of agency's subrecipient monitoring plan.

(2) Request and review a copy of documentation of subrecipient monitoring activities.

m. Special Tests and Provisions: Review the laws, regulations, and the provisions of the contract or grant agreements and determine if the subrecipient is adhering to any Special Tests and Provisions.

n. Conflict of Interest

(1) Verify that the agency has a notarized copy of a Conflict of Interest statement.

(2) Discuss with the agency director that they understand the intent of the policy.

M. Monitoring High Risk Subrecipients

1. The following monitoring activities are required for high risk subrecipients.
   a. Desk review of routine program and fiscal reports.
   b. Schedule site visits at least semiannually.
   c. Procedures/documentation listed on the Monitoring Tool/Instrument (Appendix D) will be reviewed and the checklists maintained on file.
   d. Conduct on-site verification of applicable sections of the Internal Control Questionnaire (Appendix A).
   e. Follow-up desk reviews of routine program and fiscal reports with telephonic discussions and on-site verification as appropriate.
2. Perform the following activities to ensure that Compliance Requirements are addressed:
   a. Activities Allowed/Unallowed:
      (1) Request and review a copy of expenditure reports/requests for funds.
      (2) Review progress reports.
      (3) Review cash disbursements journal/general ledger.
      (4) Request and review a copy of the agency contracts with others.
      (5) Observe program activities.
   b. Allowable Cost/Cost Principles
      (1) Determine if agency knows which cost principles it must follow.
      (2) Determine if agency charges indirect cost and determine if it is approved by a federal agency or audited by CPA.
      (3) Request and review copy of cash disbursements journal/general ledger.
      (4) If agency provides more than one service and has more than one funding source,.request and review copy of cost allocation plan.
      (5) Request and review copy of charges for indirect cost.
      (6) Pull a random sample of expenditures and review extensively.
   c. Cash Management: Review all documentation if agency has requested more than 60-day advance.

d. Davis-Bacon Act (applies only to HOPWA)

(1) Determine if subrecipient is aware of requirements.

(2) Determine if subrecipient is receiving copies of certified payrolls.

(3) Request a copy of a certified payroll and compare it to the prevailing wage rates for the locality.

e. Eligibility

(1) Determine if agency is aware of eligibility requirements.

(2) Request and review copy of eligibility determination tool/document/application.

(3) Request and review copies of verification documentation.

(4) Request and review copies of benefit/payment calculation.

(5) Pull a random sample of individuals/families both receiving and denied benefits and review extensively.

f. Equipment and Real Property Management

(1) Request and review copy of expenditure accounts to determine if expenditures for equipment are within budget allowances.

(2) Request and review copy of agency's internal policies for equipment acquisition, inventory and disposition.

(3) Request and review most recent physical equipment inventory results.

(4) Review the agencies fixed assets records to assure that the records contain basic information.

(5) Physically inspect equipment acquired with the State or federal funds to determine consistency with planned acquisitions.

g. Matching/Level of Effort/Earmarking

(1) Request and review copy of budget to determine if sufficient match/MOE budgeted.

(2) Request and review copy of progress reports to determine if activity-based level of effort/earmarking requirements met.

(3) Request and review copy of expenditure reports for sufficient match/MOE.R

(4) Request and review copy of cash disbursements journal/general ledger for match/MOE, fiscal earmarking.

(5) Request and review copy of audit activity records for appropriate levels of services.

(6) Select a random sample of expenditures and trace back to the general ledger to determine if expenditures are appropriately matched.

h. Period of Availability of Funds

(1) Review budget and expenditure reports to determine likelihood of funding availability at end of period.

(2) Review agency's internal procedures for encumbering funds.

(3) Test a random sample of expenditures and encumbrances to ensure they fall into the period of availability.

i. Procurement/Suspension/Debarment

(1) Determine if agency has certification statements from all non-profit subrecipients.

(2) Review internal control information to verify that the information indicates that all purchasing and procurement policies are in compliance with State and federal laws and regulations.

(3) Review copy of agency's internal purchasing procedures.

(4) Select a random sample of procurement documents to determine compliance with State laws and procedures and other applicable policies.

j. Program Income

(1) Review activity reports to see if any activities appear to generate program income.

(2) Review request for funds to see if program income deducted or reflected.

(3) Review the receipts journal or general ledger to determine if receipts have been recorded that should be counted as program income and if they are coded correctly.

k. Reporting

(1) Determine if agency's reports are filed timely and in the proper format.

(2) Determine which basis of accounting the agency follows.

(3) Determine the methodology for generating program/activity reports.

(4) Desk audit financial and programmatic reports.

(5) Select a sample of reports received. Perform appropriate analytical procedures and ascertain the reason for any unexpected differences.

l. Subrecipient Monitoring

(1) Request and review a copy of agency's subrecipient monitoring plan.

(2) Request and review a copy of documentation of subrecipient monitoring activities.

(3) Review a sample of contracts and subrecipient files.

m. Special Tests and Provisions: Review the laws, regulations, and the provisions of the contract or grant agreements and determine if the subrecipient is adhering to any Special Tests and Provisions.

n. Conflict of Interest

(1) Verify that the agency has a notarized copy of a Conflict of Interest statement.

(2) Discuss with the agency director that they understand the intent of the policy.

(3) Ask to see the Board Meeting minutes documenting that the policy was adopted.

At least annually, the project monitor assigns the subrecipient agency's risk category, records the basis for his/her decision on the Subrecipient Risk Assessment Form (Appendix B), provides a copy to the subrecipient agency, and, if high risk, provides a copy to the Division office. The assigned risk category is then recorded on the Subrecipient Monitoring Log (Appendix C).

Based upon the risk category assigned and the required frequency of site visits for that category, the project monitor schedules a site visit and records the date on the Subrecipient Monitoring Log. After the monitor completes the site visit, the Monitoring Tool/Instrument (Appendix D) is filed in the subrecipient's file. A copy of the Financial Checklist is also provided to the monitor's fiscal officer for review. All monitoring activities should be recorded in the Monitoring Log. Copies of the records should be maintained in the subrecipient agency's file.

N. Monitors are required to compile and maintain a notebook on each subrecipient that includes the following information. These notebooks are kept in a central location in each section.

1. Project Monitor Information

2. Map and/or Directions

3. Copy of Contract and Amendments
4. Copy of Application/Proposal
5. Revised Budget Pages w/Justification
6. Completed Site Visit Checklists
7. Risk Assessment Form(s)
8. High-Risk Notification Letter
9. Monitoring Documentation
10. Latest Quarterly Narrative Report
11. Correspondence From, To or Pertaining to the Agency

O. Once the Subrecipient Monitoring System is populated with DPH Subrecipient data, the program monitors will be responsible for keeping the system current. All users will be able to access any subrecipient to review monitoring documentation including any problems.

VIII. Sanctions for non-compliance

If the division suspects or determines that the subrecipient has failed to adhere to required guidelines the following actions should be completed and documented as necessary.

A. Section/program staff should first make every effort to work with the subrecipient agency to identify and document problems, plan steps to resolve them, and monitor the results of corrective actions taken.

B. If the subrecipient agency is reluctant or slow to comply with contractual requirements, sanctions may have to be temporarily imposed. Available sanctions are listed below and are defined in Section III.

1. Cost disallowance
2. Temporarily withholding funds
3. Suspension
4. Termination
5. Voiding of a grant
6. Debarment
7. Suspension

C. DPH is authorized to implement cost disallowance and temporary withholding of funds as necessary without prior approval. When more stringent sanctions are required, the program should:

1. Develop a proposed plan of action.
2. Notify the director or her designee of the problem, actions to date and proposed response.
3. Request approval of requested sanctions.

D. The Division will ensure that all of its program areas are notified of sanctions that the Division approves to be implemented against a subrecipient. These sanctions can then be considered when assessing that subrecipient for assignment of a risk category if they apply for, or already receive, a sub-award from another program area.

E. If necessary, DPH will request assistance from the DHHS Auditors Office or externally.

IX. Responsible Party

The Division of Public Health's lead monitoring coordinator is the Contracts Manager. This individual's staff is in the process of gathering data needed to download all of DPH's subrecipient information into the DHHS Monitoring System.

Division of Public Health
Subrecipient Risk Assessment

Grant Title: CFDA #:
Pass-through Agency: HIV/STD Prevention and Care Branch
Subrecipient Agency:
Date of Assessment:
Assessment Performed by:

Risk Category Assigned:

Risk Criteria

-
-
-
-
-
-

Monitoring Effort

-
-
-
-
-

This form is required and is to be used to record the risk assessment that has been assigned to a subrecipient agency and must be retained on file until a new assessment is performed.

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
HIV/STD Prevention and Care Branch
1902 Mail Service Center • Raleigh, North Carolina 27699-1902
Tel 919-733-7301 • Fax 919-733-1020

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Leah Devlin, DDS, MPH
State Health Director

October 27, 2005

Ms. Jane Doe
People's Home Care
414 East Main Street
Durham, North Carolina 27701

Dear Ms. Doe:

I am writing to inform you that your agency, **People's Home Care**, has been assigned a "**high-risk**" assessment for the **Ryan White Program** under the provisions of the North Carolina Division of Public Health Subrecipient Monitoring Plan. The deficiencies upon which the "high-risk" assessment is based and the corrective action(s) that must be taken to receive a "low-risk" assessment follow.

Deficiencies:

- Five of your last six Contract Expenditure Reports (CER) were received late and contained errors.
- You have not submitted a revised grievance plan as requested as a result of our last site visit.

Corrective Actions:

- Submission of three consecutive CERs in a timely manner and free of mistakes and
- Submission of a revised grievance plan to your project monitor.

Upon successful completion of the corrective actions, your agency will be reassessed as low-risk if additional deficiencies/issues have not been identified in the interim.

Please address any questions and/or concerns that you may have concerning this action to your project monitor or to the undersigned at 919.715.6737.

Sincerely,

John M. Peebles
Deputy Head, HIV/STD Prevention and Care Branch

cc: Joe Blow, Project Monitor
Gayle Johnston
John Peebles
Program Manager
Evelyn Foust
Agency's Board Chair

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
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Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Leah Devlin, DDS, MPH
State Health Director

November 27, 2005

Ms. Jane Doe
People's Home Care
414 East Main Street
Durham, North Carolina 27701

Dear Ms. Doe:

I am writing to inform you that your agency, **People's Home Care**, has been assigned a **"low-risk"** assessment for the **Ryan White Program** under the provisions of the North Carolina Division of Public Health Subrecipient Monitoring Plan. This reassessment was based upon the successful completion of the corrective actions identified in my correspondence dated May 27, 2005.

Please address any questions and/or concerns that you may have concerning this action to your project monitor or to the undersigned at 919.715.6737.

Sincerely,

John M. Peebles
Deputy Head, HIV/STD Prevention and Care Branch

cc: Joe Blow, Project Monitor
Joe Smith, Agency Board Chair
Gayle Johnston
John Peebles
Program Manager
Evelyn Foust

Appendix A

Department of Health and Human Services

Internal Control Questionnaire for DPH Non-Governmental Subrecipients of Federal/State Financial Assistance Grants/Contract Funding

This internal control questionnaire is designed to assist the subrecipient in the identification of strengths and weaknesses in its internal control structure. It will also be used by DPH monitors and consultants during pre-decisional site visits and for evaluating non-governmental, high-risk subrecipient agencies.

Name of Organization _____
Preparer's Name and title: _____
Date Prepared: _____
Contact Person: _____
Contact Person's Telephone#: _____

Key Employees

Board of Director's Chairperson _____
Clerk to the Board of Directors _____
Executive Director _____
Business Manager _____
Chief Finance Officer _____
Deputy Finance Officer _____
Budget Officer _____
Bookkeeper _____
Others (Title)

Note: *The basic foundation of an adequate system of internal control is the segregation of duties among employees in such a manner that no one employee handles a transaction from inception to completion. When this is not possible due to the small number of employees, other controls can be implemented to reduce risk.*

RECEIPTS	Responsible Employee	Yes	No	N/A
1. Cash receipts are deposited (*i.e. does the organization prohibit amounts from either being withheld from the deposit or requesting the bank to deduct cash from the deposit).*				
2. Cash receipts are deposited on a daily basis.				
3. The individual(s) who open the mail make a log of cash receipts (*a simple list of individual receipts to establish control and document what was received), including notation of any restrictions, before the cash or documentation is routed to others.*				
4. A restrictive endorsement ("For Deposit Only") is placed/stamped on all checks when received.				
5. Prenumbered receipt forms, which include acknowledgment of any restrictions, are issued for receipts and donated materials received and the numerical sequence is accounted for.				
6. Prenumbered receipt forms and special event tickets are safeguarded and accounted for.				
7. Voided receipt forms are adequately defaced and retained.				
8. Lock-box (or cashiering) services are used to control access to mail receipts from major fundraising campaigns and membership drives.				
9. Sealed containers or remittance envelopes are used to control direct solicitation collections until they are counted and recorded.				
10. Remittance envelopes and other material and identification used for direct solicitation cost sharing, voluntary contributions are safeguarded and accounted for.				
11. Collection containers are controlled and they are safeguarded and accounted for.				
12. Distribution of collection containers is documented so that each container is traceable.				
13. A schedule is used to ensure that collection containers are timely retrieved and that containers not retrieved are investigated.				
14. The contents of collection containers and/or remittance envelopes are counted and recorded in the presence of at least two persons.				

	Responsible Employee	Yes	No	N/A
RECEIVABLES				
1. Receipts on accounts are posted to an accounts receivable subsidiary ledger.				
2. Receipt of payments on receivables are documented, such as by receipt forms or notations on pledge forms.				
3. An analysis of aged pledges receivable is reviewed at least monthly by a person independent of the functions of handling and recording of cash receipts. *Note: Not-for-profit organizations are allowed to record the value of pledges receivable, less the amount estimated as uncollectible in their financial statements).*				
4. Records of pledges written off are documented and kept on file.				
5. A policy statement defines the circumstances under which delinquent pledges are to be enforced or written off.				
DISBURSEMENTS				
1. The governing board authorizes all bank accounts and check signers.				
2. Dual signatures required on all checks.				
3. The bank is immediately notified of all changes of authorized check signers.				
4. Cash disbursements are made by check (except for petty cash and electronic transfer).				
5. Cash disbursements are supported by vendors' or other external documents.				
6. Vendor invoices, or other documents, indicate the date that goods or services were received.				
7. Unpaid vendor invoices are filed separately from paid invoices.				
8. All disbursements are approved for payment by a responsible official(s).				
9. For disbursements that require special approval of the governing board, their approval is adequately documented.				
10. Vendor invoices are recalculated prior to checks being prepared.				

	Responsible Employee	Yes	No	N/A
11. All supporting documents are canceled to prevent duplicate payment.				
12. A log or other notation is made of purchases that include a contribution element.				
13. Checks are signed only when supported by approved invoices (not signed in advance).				
14. Check signers compare data on supporting documents to checks presented for their signatures.				
15. Check signers examine appropriate approval on supporting documents before signing checks.				
16. Checks are prenumbered and accounted for.				
17. Voided checks are adequately defaced and are easily accessible for review.				
18. The practice of cashing checks out of cash receipts is prohibited.				
19. Bank transfers are approved, recorded and verified to ascertain that both sides of the transaction are recorded.				
20. A policy exists which documents the rationale used to allocate expenses among functions, grants, or contracts.				
PAYROLL AND PERSONNEL				
1. A payroll journal is prepared and balanced.				
2. Payroll disbursements are made by check and /or electronic transfer.				
3. Employees' earnings records are maintained.				
4. W-4 forms are maintained.				
5. Employee's earnings records are maintained.				
6. Adequate records are maintained to allow allocation of payroll costs to functions (including lobbying activities), specific grants and contracts.				
7. Written procedures exist for appropriate allocation of personnel expense.				
8. Time sheets or cards are prepared by employees.				

	Responsible Employee	Yes	No	N/A
9. Payroll checks are prenumbered and accounted for.				
10. Checks are recorded in the payroll journal as prepared.				
11. Payroll journals are posted at least monthly to employee's earnings records.				
12. Time sheets or cards are approved by a director or manager.				
13. An imprest payroll bank account is used.				
14. Unclaimed payroll checks are followed up on by the board of directors or their designee.				

ACCOUNTING SYSTEM

1. Bank accounts are reconciled monthly.				
2. A balancing cash receipts journal is maintained and includes notation of any donor-imposed restrictions.				
3. A balancing cash disbursements journal is maintained for each bank account.				
4. A purchases journal is maintained.				
5. The accounting system identifies and captures payments which satisfy donor-imposed RESTRICTIONS				
6. The accounting system captures information necessary either to identify the function for which each expense is incurred or to allocate each expense incurred among appropriate functions.				
7. Recorded contributions and grants are compared to approved budgets and significant variances are investigated by a responsible official.				
8. Contributions and grants that can reasonably be estimated are budgeted.				
9. Documentation, including all correspondence, is maintained for each restricted contribution or grant.				
10. An imprest petty cash fund is utilized and reconciled periodically.				

	Responsible Employee	Yes	No	N/A
11. Prenumbered purchase requisitions and/or purchase orders are prepared as authorization for purchases.				
12. For reimbursement type grants and contracts, reimbursement requested and received are reconciled at least monthly, and a responsible official investigates differences.				

GOVERNMENT PROGRAMS

1. Accounting policies and procedures are adequate to maintain separate records of the receipts and expenditures related to each grant or award.				
2. Expenditures for each grant or award are recorded according to each of the organization's budget categories.				
3. Government funds are deposited in separate bank accounts or controlled separately, as required.				
4. Requests for advances and reimbursements from grantor agencies are approved by an appropriate official of the agency.				
5. Procedures have been established to ensure that individuals are not discriminated against on the grounds of race, color, national origin, age, or handicap.				
6. A time schedule for financial reports is maintained to ensure timely filing.				
7. Financial reports, before they are filed, are reconciled to accounting records.				
8. Policies that are specific to government programs are communicated to the organization's personnel.				
9. Policies and procedures have been established to obtain prior approval of certain costs from the granting agency, as required by OMB Circular No. A-122, "Cost Principles for Nonprofit Organizations".				
10. Policies and procedures have been established to ensure that individuals or organizations receiving benefits are eligible under the specific requirements of the programs.				

	Responsible Employee	Yes	No	N/A
11. For programs with matching or earmarking requirements, policies and procedures have been established to ensure that the limits have been met in accordance with applicable laws and regulations.				
12. Cash management procedures, such as cash flow projections, are employed to help ensure a minimum time lapse between receipt of funds and the disbursement.				
13. Costs charged directly or indirectly to grants are reviewed by a responsible official for compliance with regulations or agreements (including consideration of whether federal funds are used for partisan political activity).				
14. Policies and procedures have been established to prevent charging grants for unreimbursable items, such as bad debt expenses, fines and penalties, interest, fund-raising, and financial costs.				

DONATED/IN-IN KIND SERVICES/MATERIALS (For Matching Purposes)

1. Records (time sheets or other documentation) are maintained indicating the number of hours, type, value, and valuation method of donated/in-kind services. Records are certified by a responsible official.				
2. Records are maintained indicating the type, value, and valuation method of donated/in-kind materials.				
3. Records are maintained of donated/in-kind facilities received. *(This control is usually established when the not-for-profit organization is required to report the value of donated facilities in its financial statements to meet generally accepted accounting principles)*				
4. A policy statement defines the methods used for determining the values assigned to donated/in-kind material (Ref omb cir. A-12).				
5. Donated material is inspected when received and adequately safeguarded from unauthorized personnel.				
6. Use of donated material is approved by appropriate personnel.				

	Responsible Employee	Yes	No	N/A
FIXED ASSETS				
1. An annual physical inventory is taken and adequate count records (tags or sheets) are maintained.				
2. Adequate records of fixed assets costs and depreciation records are maintained.				
3. Written capitalization policies have been established by the board of directors.				
GENERAL CONTROLS				
1. When hiring individuals who will be involved with handling of incoming mail or the handling or recording of cash receipts, a responsible official checks applicants' references and otherwise attempts to evaluate their integrity.				
2. Solicitation material describes solicitor identification and notifies the donor to expect a prenumbered receipt.				
3. The governing board receives frequent reports on the collection status of major pledges and pending grant applications.				
4. The director or manager investigates customer complaints.				
5. Vendors are reviewed by a responsible official to identify potential conflict of interest situations.				
6. The governing board receives frequent reports of purchases from, and distributions to, related parties which may constitute a conflict of interest.				

ACU Contract Expenditure Report Site Visit Checklist

Pre-Visit

- ☐ Send letter to agency including monitoring packet to be prepared two weeks prior to visit
- ☐ Determine whether other monitor(s) will accompany you on site visit.
- ☐ Select site visit date and confirm with agency and other monitors who will accompany you on visit
- ☐ Make hotel and care reservations if applicable.
- ☐ Choose two CERs to review.
- ☐ Photocopy CER and MER for the chosen months.
- ☐ Review prior high risk letter to site visit (if applicable). You will bring this letter along with you to the site visit.
- ☐ Review prior site visit report(s) if there are any findings/corrective actions that need follow up.
- ☐ Bring entire agency CER folder.
- ☐ Secure directions to agency.
- ☐ Bring laptop, paper, pen/pencil, calculator.

Post-Visit

- ☐ Return car (if applicable).
- ☐ Complete travel reimbursement form and attach receipts (gas, car, lodging); forward to Unit Manager for approval.
- ☐ Provide draft site visit report to Unit Manager for review and approval.

- [ ] Mail approved report to agency and distribute copies of report within three weeks of site visit.

AIDS Care Unit Monitoring Policies

The AIDS Care Unit program monitors are required to conduct at least two on-site visits each year to agencies they oversee. Within this section, please review the memoranda that note the policy, effective March 30, 2006.

AIDS Care Unit Sub-recipient Monitoring Plan Site Visit Checklist

- Provides for tasks to be completed prior to the site visit
- Provides for tasks to be completed after the site visit

AIDS Care Unit Contract Expenditure Report Site Visit Checklist

- Provides for tasks to be completed prior to the site visit
- Provides for tasks to be completed after the site visit

HOPWA Monitoring Requirements:

- Follows the same guidance as the ACU Sub-recipient monitoring plan site visit checklist, with the exception of the specific items reviewed. See the Procedures for AIDS Care Unit Sub-recipient Monitoring Review that follows.

Procedures for AIDS Care Unit Sub-recipient Monitoring Review:

- Overview of categories and expense documentation to be examined.

AIDS Care Unit Monitoring Tools

The AIDS Care Unit holds responsibility for monitoring programmatic and fiscal activity as it relates to all ACU funded programs. All programs follow the same protocol and use the same tools, which are found in this section.

AIDS Care Unit Records Review:

This form is used to check the following:

- Examine current contracts and correspondence
- Client files
- Expenditures for two select months to include salary, fringe, equipment, operating expenses.
- Policy and Procedure documentation to include procedures manuals, accounting and personnel procedures, grievance procedures, subcontracting procedures. There are recommendations for program evaluation, client feedback and satisfaction, and summaries of pre and post tests administered to clients.
- Recently completed audit
- Recently completed needs assessment

DHHS Programmatic Checklist:

- 20 item list provides for overall programmatic and contractual review
- Allows monitor to share information with agency at site visit, must be completed and on file in the monitor notebook as well as a copy left for the agency personnel when site visit occurs.

DHHS Financial Checklist:

- 19 item list provides infrastructure and operational policies review. Monitor reviews fiscal policy and procedure, accounting manual, policy for purchase requests, who approves purchases, cost allocation, time sheets, backup source documentation, monthly contract expenditure reports, and annual audits.

AIDS Care Unit Review of Client Records:

- Checklist allows for verification that client is receiving current medical care, eligibility is appropriately documented, and his/her needs are properly assessed.
- Allows for review of six Quality Management Indicators and health outcomes measures to assure provision of care; items include CD4 lab and

viral load values, ART or PCP prophylaxis prescribed, annual Pap smears for all clients with a cervix, and 2 medical visits per year.

- Allows for review of CAREWare data to assure current information has been entered in a timely manner and on file.

SITE VISIT VERIFICATION CHECKLIST

Salary/Fringe

- ❑ Timesheets (signed by employee and supervisor)
- ❑ Payroll ledgers
- ❑ Allocation formula

Operating Expenses

- ❑ Bills/Invoices/Receipts
- ❑ Allocation formula

Payment verification

- ❑ Check copies
- ❑ General ledgers
- ❑ Bank statements/cancelled checks
- ❑ Verification of internal account transfer

Equipment

- ❑ Bills/Invoices/Receipts
- ❑ Allocation formula

Payment verification

- ❑ Check copies
- ❑ General ledgers
- ❑ Bank statements/cancelled checks
- ❑ Verification of internal account transfer

General Contracted Services

- ❑ Bills/Invoices

Payment verification

- ❑ Check copies
- ❑ General ledgers
- ❑ Bank statements/cancelled checks
- ❑ Verification of internal account transfer

ACU Sub-Recipient Monitoring Plan Site Visit Checklist

Pre-visit

- ☐ Determine whether other monitor(s) will accompany you on site visit, and if so, whom.
- ☐ Select site visit date with agency and other monitor(s).
- ☐ Make hotel and car reservations (if applicable).
- ☐ Choose at least two different months Contract Expenditure Reports (CERs) to review.
- ☐ Photocopy CERs and MERs for the chosen months.
- ☐ Choose at least ten client files to review from CAREWare (select from different services).
- ☐ Make copies of the Client Chart Review Form (one for each client file chosen).
- ☐ Make copies of programmatic and financial checklists and email checklists to agency.
- ☐ Send the QA packet (includes the Client Chart Review Form, programmatic and financial checklists and ACU Record Review Form) electronically to agency at least 24 hours in advance of site visit.
- ☐ Review and bring prior high-risk letter to site visit (if applicable).
- ☐ Review and bring prior site visit report(s) if there are any findings/corrective actions that need to be followed up.
- ☐ Bring entire agency CER folder.
- ☐ Secure directions to agency.
- ☐ Bring laptop, paper, a pencil/pen, and a calculator.

Post visit

- ☐ Return car (if applicable).
- ☐ Complete travel reimbursement form and attach receipts (gas, car, and lodging).
- ☐ Give draft of site visit report to Unit Manager for review.

- [ ] Mail approved report to agency and distribute copies within three weeks of the site visit.

AIDS CARE UNIT RECORDS REVIEW

I. **Documents to have ready to show to Reviewers:**

A. Contracts:

1. Copies of Contracts
2. Contract amendments and/or contract budget revisions
3. Contract Expenditure Reports (CERs, CBO's only)
4. Any correspondence about the contracts

B. Applications and Reports:

1. Current Continuation Applications
2. Quarterly Program Reports
3. Any correspondence specific to the programs
4. Program Manual; i.e., Ryan White and HOPWA

C. Client Files:

Ryan White

Client files to be reviewed will be selected from expenditure reports submitted to the AIDS care Unit for the Ryan White Consortium and Primary Medical/Dental Care Project. The reviewers will select a cross-section of services reported on CAREWare representative of the services provided to clients: e.g., case management, rent, utilities, transportation, primary medical and/or dental care, mental health. Verification of CAREWare data entered will be performed by cross-checking client files for appropriate documentation of services to include lab reports indicative of CD4 counts and viral loads, chart notes, health outcomes measures, etc.

The following information (as appropriate) for each client whose files are reviewed in the Ryan White and Primary Medical/Dental Care Project:

1. Documentation of HIV status (medical eligibility)
2. Documentation of Financial Eligibility, including Medicaid eligibility
3. Current Intake/Update form
4. Assessment of client's needs
5. Verification that Ryan White was payor of last resort
6. Verification that amount per service category on CAREWare was invoiced by provider/vendor.
7. Verification that amount per service category on CAREWare was paid to provider/vendor
8. Verification that program specific caps have not been exceeded (e.g., $1,000 per year for Emergency Assistance)
9. Documentation RE: whether client was charged fees if not 100% eligible, and, if so, whether the total was within the annual maximum allowable.
10. Verification of health outcomes measures; 2 medical visits, 2 CD4 counts with dates and results, 2 Viral load tests with dates and results, clients with CD4 counts < 350 on ART, clients with CD4 counts < 200 on OI Prophylaxis, annual Pap smears with dates and results for all female clients, clients on ART.

HOPWA

Client files to be reviewed will be selected from expenditure reports submitted to the AIDS Care Unit for the HOPWA program.

1. Documentation of HIV status (medical eligibility)
2. Documentation of financial eligibility (<= 80% of median income/family income level)
3. Current Intake/Update form
4. Assessment of client's needs
5. Resident application (lease)
6. Assessment
7. Rent calculation (if applicable)
8. Housing inspection (if applicable)
9. Smoke detector certification (if applicable)
10. 21-week tracking sheet (if applicable)
11. Documentation for termination/appeals
12. Client confidentiality
13. Follow-up documentation
14. Housing Care Plan

D. Salary/Fringe, Equipment and Operating Expenses:

All expenditures for Salary/Fringe, Equipment and Operating expenses for two selected months Ryan White, Prevention for Positives, HOPWA, and HIV Pediatric Services expenditure reports will be verified:

1. Verification that reimbursements requested from the Branch reflect the budget for each program
2. Verification that payments were made for salary, fringe benefits, operating expenses, rent, utilities, etc.
3. Time sheets or other methodology to justify salary expenditures

II. **Documents to be provided to Reviewers**:

A. Policies and Procedures:

1. Ryan White, HOPWA Policy and Procedures Manuals
2. Accounting Procedures
3. Personnel Policies
4. By-Laws
5. Grievance Policy and Procedures
6. Conflict of Interest Policy/Agreement/Statement
7. RFA/Subcontracting Procedures
8. Methodology for assuring client confidentiality
9. Procedures for eliciting client satisfaction feedback
10. Program evaluation procedures
11. Subrecipient Monitoring Plan
12. Documentation of training contacts (HIV Pediatric Services Program)
13. Summaries of pre and post tests administered to measure increase in participant knowledge (HIV Pediatric Services Program)

B. Most recently completed Audit

C. Most recently completed Needs Assessment

AIDS CARE UNIT REVIEW OF CLIENT RECORDS

Consortium/Primary Medical and Dental/HOPWA/PfP

Date Reviewed: _____ Reviewer: _____

Client ID#: _____

**Ryan White and HOPWA

Item	Yes	No	N/A	Comments
Is the client receiving primary medical care?				
**Documentation of medical eligibility.				
**Documentation of financial eligibility, % eligible:				
RW (DHHS 3014)				
HOPWA (<= 80% of median income/family income level)				
Determination of Medicaid eligibility, Medicare, Other insurance.				
**Current Ryan White Intake/HOPWA Update (within past 12 months).				
**Assessment of client needs. (CMS, BA, HOPWA).				
Documentation of HIV/CMS enrollment (CMS client).				
Amount billed state is allowable. (correct billing rate)				
Verify provider/vendor bill for service provided.				
Verify payment to provider/vendor.				
If fee charged, was total within annual max allowed (Limits to Charges to Clients for Services Scale).				
If fee charged, was total in excess of RW reimursement rate?				
Documentation that RW was payor of last resort.				
If HIV-related Meds, is client ADAP eligible/applied for ADAP?				
Were caps exceeded for EA ($1,000), Legal ($500), Primary Medical/Dental Care ($1,500)?				
HOPWA - Fees on file with agency? (i.e. eviction notice or disconnect letter)+A3				
HOPWA- Date of transition/termination or release from program (if applicable)?				
HOPWA -Documentation appeals (if applicable)				updated02/2009

North Carolina Quality Management Indicators 1-6 (2008)	Yes	No	N/A	Comments
2 medical visits with a prescribing provider each year (Exclude people enrolled within the past 3 months)				
2 CD4 tests each year at least 3 months apart (Exclude people enrolled within the past 6 months)				
Individuals with CDC-defined AIDS (CD4 count less than 200) should be on HAART (ARVs). Exclude people enrolled within the past 3 months.				
Individuals with a CD4 count less than 200 on PCP Prophylaxis (exclude people enrolled within the past 3 months).				
Females should have an annual GYN exam and Pap smear.				
Pregnant females should be on ARV therapy for themselves and/or to reduce perinatal transmission (2nd and 3rd Trimester)				
Verification of Health Outcomes Measures: 2 CD4 and Viral Load tests with dates and results.				
Verification of CAREWare Data: This includes client demographics, any care, labs, services received.				

OTHER QUESTIONS/COMMENTS:

updated02/2009

Department of Health and Human Services
Division of Public Health
Financial Checklist

Program_____
Subrecipient Agency_____ Date_____

Item/Procedure to be Checked	Yes	No	NA	Comments
1. A copy of the contract between the agency and DHHS is available.				
2. The agency's fiscal officer is familiar with the Contract Budget page.				
3. Written accounting procedures are set out in an accounting manual.				
4. A written policy for purchase request, approval, receipt and payment exists.				
5. The policy clearly identifies who may approve purchases.				
6. The policy clearly identifies who may approve payments.				
7. Two signatures are required on checks for payment.				
8. Costs are allocated to specific programs/grants based upon an allocation formula				
9. Purchases are documented with purchase request, approval, receipt, payment and allocation documents.				
10. Property records are on file for all items with a useful life of more than one year and a purchase price of $500 or more.				
11. Time sheets are maintained for all employees.				
12. Written procedures exist for appropriate allocation of personnel expense.				
13. Backup, source documents are available for expenditure reports.				
14. Categorical expenditures are in accordance with the approved Contract Budget.				
15. Required prior approvals are requested and obtained before making budgetary and programmatic revisions.				

16. Monthly expenditure reports are submitted in the time frame required by the contract.				
17. Costs are consistently applied throughout the agency.				
18. Copies of annual audits and/or financial statements are on file.				
19. Vendors are reviewed by a responsible official to identify potential conflict of interest situations.				

- Use of this checklist, or a more extensive one that incorporates all of the above, is required.
- Completed checklists are to be maintained on file with site visit documentation.
- A copy should be provided to the subrecipient agency.
- Required corrective actions should be addressed in the site visit report and a deadline given.
- A copy of the completed checklist should be provided to your fiscal officer for review.

Department of Health and Human Services

Division of Public Health

Programmatic Checklist

Program_____

Subrecipient Agency_____ **Date**_____

Item/Procedure to be Checked	Yes	No	NA	Comments
1. A copy of the contract between the agency and DHHS is available.				
2. The agency's program personnel are familiar with the contract's requirements.				
3. Progress reports required by the contract are submitted in the required time frame.				
4. Written personnel policies and procedures are in place.				
5. The program staff is experienced in delivery of relevant services.				
6. Performance appraisals are conducted for all employees.				
7. Key staff remains the same as described in the proposal.				
8. Representatives of the Board of Directors meet regularly with the Executive Director.				
9. Written policies exist which prescribe the training and supervision of volunteers.				
10. Written policies or procedures exist regarding the use of consultants/subcontractors.				
11. Procedures for monitoring the performance of consultants/subcontractors exist.				
12. Written policies exist regarding confidentiality of client records, registries or databases.				
13. A policy or procedure for eliciting client satisfaction feedback exists.				
14. A policy or procedure for addressing client grievances exists.				
15. A standards of conduct code exists and is applicable to all employees.				
16. An evaluation plan or system for program activities exists.				
17. Actual project goals, objectives, activities and services reflect those in the proposal.				

18. Sufficient progress has been made in meeting objectives.				
19. Public policy requirements specified in the agency's contract have been met (e.g., drug free, smoke free, etc.)				
20. Client profile reflects that which is described in the proposal.				

- **Use of this checklist, or a more extensive one that incorporates all of the above, is required.**
- **Completed checklists are to be maintained on file with site visit documentation.**
- **A copy should be provided to the subrecipient agency.**
- **Required corrective actions should be addressed in the site visit report and a deadline given.**

Monitoring Documentation

All verbal and telephone monitoring discussion shall be documented in writing. All site visits shall be documented using the ACU site visit reporting format (please see report format). Monitoring documentation shall be stored using hard copies (paper) in the program monitor's file cabinet as well as the program monitoring notebook, or soft copies (electronic) in the program monitor's electronic agency file located on the shared drive (M drive).

Program monitoring notebooks are kept in the program monitors' offices and contain the following information:

- Project monitor information
- Map/directions to the agency
- Contract and amendments
- Budget revisions
- Application
- Site visit checklist
- Risk assessment
- High risk notification
- Quarterly narrative reports
- Monitoring documentation
- Any correspondence to and from the agency

Follow-Up

If there are monitoring or audit findings, the Project monitor will create a report that includes findings and recommendations as well as expectations for corrective action. If corrective action is required, a timetable for response by the agency is set forth in the report. Subrecipients are expected to respond in writing with corrective action plans to include the person(s) responsible, and expected date of completion.

Communicable Disease Branch
Site Visit Report

Date of Visit:

Subrecipient Agency:

Program(s) Reviewed:

Agency Staff Present:

Branch Staff Present:

A. Purpose of Visit

B. Programmatic Review
   1. Findings
   2. Recommendations

C. Fiscal Review
   1. Findings
   2. Recommendations

D. Next Steps/Follow-Up

Follow-Up

If there are monitoring or audit findings, the Project monitor will create a report that includes findings and recommendations as well as expectations for corrective action. If corrective action is required, a timetable for response by the agency is set forth in the report. Subrecipients are expected to respond in writing with corrective action plans to include the person(s) responsible and expected date of completion.

AIDS Care Unit Funded Projects

A variety of agencies are funded to provide needed services for clients. Funding sources include Ryan White, HOPWA, and HIV Pediatrics projects. Agencies funded include HIV Care Consortia, primary medical and dental care projects, HIV pediatric care projects, prevention for positives projects, and a legal assistance project.

HOPWA (Housing Opportunities for People Living with AIDS), funded by HUD, is also listed in this section. HOPWA provides for permanent housing opportunities.

A comprehensive listing of funded agencies to include HOPWA, their contact persons, and the counties they serve is attached.

HIV Pediatric Services

Agency	Contract #	Contact	Address	Telephone
Duke University	00458-09	Colleen Cunningham, MD	Office of Sponsored Programs, PO Box 90491 Durham, NC 27708-0491	(919)668-4838
New Hanover Regional Medical Center	00706-09	Susan O'Brien	Public Affairs Building M 2131 S. 17th Street Wilmington, NC 28401-7407	(910)342-3122

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
ALAMANCE	Centre for New Hope, LLC.	See Durham County						
	Community Health Enhancement & Empowerment Resources	1146 N. Church St., Suite D	Burlington	27217	336-222-8556	336-222-8558	Leslie Brewster	lesliebrewster99@yahoo.com
	Divine Interventions, LLC (DI)	See Durham County						
	Hashem Healthcare Services, Inc.	See Durham County						
	Home Care Providers/Continuous Care	PO Box 205	Burlington	27216	336-538-8557	336-538-8598	Michelle White	mwhite@armc.com
	R & A Home Care Services, Inc.	See Guilford County						
	Unlimited Alternatives	See Durham County						
	Wisdom Healthcare Solutions, Inc.	See Durham County						
ALEXANDER	AIDS Leadership Foothill Area Alliance (ALFA)	See Catawba County						
	Fairgrove Primary Health	See Catawba County						
ALLEGHANY	AIDS Leadership Foothill Area Alliance (ALFA)	See Catawba County						
ANSON	Anson County Health Department	PO Box 473	Wadesboro	28170	704-694-4946	704-694-9067	Chanel Ledbetter	hivcasemanager@co.anson.nc.us
	Atlantic Coast Home Care	See Mecklenburg County						
	Bradley-Reid Corporation	See Mecklenburg County						
	This Is A New Day (T.I.A.N.D.)	See Mecklenburg County						
	Unique Health Solutions, Inc.	See Moore County						
	Upper Group, Inc. Zone Free	See Union County						
ASHE	AIDS Leadership Foothill Area Alliance (ALFA)	See Catawba County						
AVERY	Western NC AIDS Project	See Buncombe County						
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Higher Heights Developmental Center, LLC	1385 John Smalls Avenue	Washington	27889	252-945-8362	252-833-4064	Loretta Ebison	hhdcebison@aol.com
	Oasis Health Care Services	See Pitt County						
	Unified Behavioral Health, Inc.	139 West 3rd Street	Washington	27889	252-402-7298	252-940-7261	Latisha Moore	destinyubh@yahoo.com
BERTIE	Compassionate Health Care, Inc	See Hertford County						
	Faith Home Care	See Hertford County						
	Metropolitan Counseling Services, Inc.	See Hertford County						
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Family & Youth Services, Inc.	See Durham County						
	Resolutions For Care Network, Inc.	See Hertford County						
	Roanoke Valley Special Services	See Northampton County						
	Women, Children and Family Counseling Services	See Hertford County						
BLADEN	Better Home Health Care, Inc.	See Cumberland County						
	Bladen County Home Health / Bladen County Health Dept.	PO Box 189 300 Mercer Mill Road	Elizabethtown	28337	910-862-6901	910-862-6886	Shannon Pate	spate@bladenco.org
	Borderbelt AIDS Resources Team, Inc. (BART)	See Robeson County						
	Gateway Health Care Associates, LLC	See Robeson County						
	New Beginningz Inc.	See Hoke County						
	Partners In Health Management of Cumberland County, Inc.	See Cumberland County						
	Tri-County Community Health Center	See Harnett County						
	Trust The Process, Inc.	See Cumberland County						
BRUNSWICK	B.R.I.D.G.E.S. of Wilmington, LLC	See New Hanover County						
	Care Management Services	See New Hanover County						
	Life Transitions Inc.	See New Hanover County						
	New Hanover Community Health Center	See New Hanover County						
BUNCOMBE	Western NC AIDS Project	P.O. Box 2411 554 Fairview Road	Asheville	28802	828-252-7489	828-253-8602	Marlene Clarke	mclarke@wncap.org
BURKE	AIDS Leadership Foothills Area Alliance (ALFA)	See Catawba County						
	Fairgrove Primary Health	See Catawba County						
CABARRUS	Atlantic Coast Home Care	See Mecklenburg County						
	Bradley-Reid Corporation	See Mecklenburg County						
	Cabarrus Health Alliance	1307 S. Cannon Blvd.	Kannapolis	28083	704-920-1356	704-933-2679	Carol Gilbert	cdgilbert@cabarrushealth.org
	Eve's Home Care Services	See Mecklenburg County						
	G.O.R.E. Community Development Corporation	See Mecklenburg County						

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
	Grace –N- Mercy for "U"	420 Jackson Park Road Mailing Address: P.O. Box 1366	Kannapolis	28083 28082	704-933-3796	704-933-5844	Brenda Lyon	gracenmercy@ctc.net
	Life's Focus Home Health and Case Management	See Mecklenburg County						
	Metro Integrated Alliance	1 Buffalo Avenue NW Suite 1103	Concord	28025	704-707-3888	704-707-3916	Jacqueline Patterson-E	miahaproject@yahoo.com
	Professional Care Home Health Services, LLC	See Mecklenburg County						
	Quality Home Care Services, Inc.	See Mecklenburg County						
	R.A.I.N.	See Mecklenburg County						
	Rescare	See Mecklenburg County						
	SafeHaven Family Services	See Mecklenburg County						
	This Is A New Day (T.I.A.N.D.)	See Mecklenburg County						
	Trust The Process, Inc.	See Rowan County						
	Zzenith, Inc.	See Mecklenburg County						
CALDWELL	AIDS Leadership Foothills Area Alliance (ALFA)	See Catawba County						
	Fairgrove Primary Health	See Catawba County						
CAMDEN	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Resolutions For Care Network, Inc.	See Hertford County						
CARTERET	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	New Hanover Community Health Center	See New Hanover County						
CASWELL	Community Health Enhancement & Empowerment Resources	See Alamance County						
	Home Care Providers/Continuous Care	See Alamance County						
	New Outlook Inc...Second Chance, Inc.	See Durham County						
CATAWBA	AIDS Leadership Foothills-Area Alliance (ALFA)	1120 Fairgrove Church Rd. SE, Suite 28	Hickory	28602	828-322-1447	828-322-8795	Mandy Chilton	alfacms@charter.net
	Fairgrove Primary Health	3412 Graystone Place	Conover	28613	828-326-2465	828-326-2922	Glenda Sigmon	Gsigmon@catawbavalleymc.org
CHATHAM	Chatham County Health Dept.	PO Box 130	Pittsboro	27312	919-542-8220	919-542-2473	Shirley Cotton	shirley.cotton@chathamnc.org
	Hashem Healthcare Services, Inc.	See Durham County						
	Health Core Resources, Inc.	See Wake County						
	Infants, Children, Adults, Adolescents/Juveniles, LLC (ICAAJ)	See Durham County						
	Wisdom Healthcare Solutions, Inc.	See Durham County						
CHEROKEE	PRN Nursing and Home Care Services	See Jackson County						
CHOWAN	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Resolutions For Care Network, Inc.	See Hertford County						
CLAY	PRN Nursing and Home Care Services	See Jackson County						
CLEVELAND	Atlantic Coast Home Care	See Mecklenburg County						
	Cleveland County Health Dept.	315 E. Grover St.	Shelby	28150	704-484-5104	704-669-3129	Zita Roberts	zita.roberts@clevelandcounty.com
	Living Water CDC, Inc.	See Gaston County						
	Outreach Management Services	See Gaston County						
	R & S Willis, Inc.	See Gaston County						
	TheraCare Home Health and Staffing, LLC	See Gaston County						
COLUMBUS	Care Management Services	See New Hanover County						
	Columbus County Health Dept.	PO Box 810	Whiteville	28472	910-640-6615	910-640-1088	Anneke Johnson	Annekke Johnson@columbusco.org
	Creative, Inc.	116 East Main Street	Whiteville	28431	910-914-0015	910-914-0021	LaTonya Niang	creativeprogramdevelopment@yahoo.com
CRAVEN	Abundance Life Health Care Services, Inc.	See Lenoir County						
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Enriched Health Services	See Pitt County						
CUMBERLAND	Alternative Healthcare Solutions, Inc.	603-A Country Club Drive	Fayetteville	28301	910-488-0405	910-488-0585	Shemina Moore	alternativehealthcaresolutions@gmail.com
	Better Home Health Care, Inc.	1207 Walter Reed	Fayetteville	28304	910-424-2929	910-424-2967	Renee Owens	owensrenee9@aol.com
	Borderbelt AIDS Resources Team (BART)	See Robeson County						
	Cape Fear Regional Bureau for Community Action	PO Box 2065	Fayetteville	28302-2065	910-483-9177	910-483-9574	Ashley Rozier II	aidsanddrugs@earthlink.net
	Cape Fear Valley Medical Center	1706 Cedar Creek Road	Fayetteville	28312	910-484-4297	910-829-1777	Fran DeShazo-Mock	fdeshazo@capefearvalley.com

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
	Carolina Eastern Health Services, Inc.	111 Lamon St., Suite 214 Cardinal Building	Fayetteville	28301	910-323-6011	910-321-6011	Robin Edwards	cehsinc@juno.com
	Community Alternative Housing, Inc.	4620 Murchinson Rd	Fayetteville	28311	910-486-8989	910-484-6033	Wilbert Nichols, III	nick@ralminc.net
	Home Caregivers, Inc.	P.O. Box 40336 2935 Breezewood Avenue, Unit 102	Fayetteville	28309-0336	910-426-2273	910-426-0838	Karla Sessoms	Homecaregivers1@earthlink.net
	Migrant Benevolent Association	See Sampson County						
	New Beginningz Inc.	See Hoke County						
	Partners In Health Management of Cumberland County, Inc.	2000 Fort Bragg Road, Suite 4	Fayetteville	28303	910-223-3126	910-223-3127	Linda McPhatter	partnersinhealth@embarqmail.com
	Tri-County Community Health Center	See Harnett County						
	Truly Divine, Inc	2223 Murchinson Road, Suite A	Fayetteville	28301	910-485-8463	910-480-0574	Denise Jones	divinehcafaync@aol.com
	Trust The Process, Inc.	P.O. Box 35531 2008 F Murchinson Road	Fayetteville	28303	910-488-9009	910-822-9090	Ricky Lyon	Trustthe1process@yahoo.com
	Unique Health Solutions, Inc.	See Moore County						
CURRITUCK	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
DARE	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
DAVIDSON	AIDS Care Services, Inc	See Forsyth County						
	Grace –N- Mercy for "U"	See Cabarrus County						
	Positive Wellness Alliance	PO Box 703	Lexington	27293	336-248-4646	336-248-4059	Julie Meyer	pwalexnc@lexcominc.net
	Professional Care Home Health	See Forsyth County						
	Serenity 's Haven, Inc	See Forsyth County						
	Triad Health Project	See Guilford County						
DAVIE	AIDS Care Services, Inc	See Forsyth County						
	Positive Wellness Alliance	See Davidson County						
	Serenity 's Haven, Inc	See Forsyth County						
DUPLIN	Carolina Eastern Health Services, Inc.	See Cumberland County						
	Migrant Benevolent Association	See Sampson County						
	Real Care, Inc.	See Lenoir County						
	Tri-County Community Health Center	See Harnett County						
DURHAM	A Time 4 Miracles, Inc.	See Granville County						
	Assisting Generations & Promoting Excellence (AGAPE)	See Vance County						
	Basic Education Resource Treatment Center (BERT-C)	See Wake County						
	Centre for New Hope, LLC.	3201 Yorktown Avenue, Suite 107	Durham	27713	919-484-1515	919-484-7360	Jacqueline Smith	jacsmith1959@gmail.com
	Community Health Enhancement & Empowerment Resources	See Alamance County						
	Community Resource Solutions	See Granville County						
	Cottage Health Care Services	See Wake County						
	Divine Interventions, LLC (DI)	P. O. Box 1885	Durham	27702	919-638-8461		Theresa Frye	tfrye712@yahoo.com
	Family & Youth Services, Inc.	102 East Main Street	Durham	27702 27702	919-680-2345	919-680-8685	Angela Ford	HLAS88@aol.com
	Global Health Care Resources, Inc.	See Wake County						
	Hashem Healthcare Services, Inc.	P.O. Box 11599	Durham	27703	919-484-4134	919-484-1812	Tanya Melton	hashemhealth@yahoo.com
	Healing with CAARE, Inc.	214 Broadway St.	Durham	27701	919-683-5300	919-683-5306	Patricia Amaechi	pamaechi@aol.com
	Health Core Resources, Inc.	See Wake County						
	Infants, Children, Adults, Adolescents/Juveniles, LLC (ICAAJ)	P.O. Box 15928	Durham	27704	919-201-0052	919-283-0005	Alicia Elder	aj1aj2@aol.com
	Infinite Horizon, Inc.	See Granville County						
	Jareh Healthcare, Inc.	2304 South Miami Blvd., Suite 123	Durham	27703	919-361-3354	919-361-3394	Deloris Young	jarehhealthcare@verizon.net
	Kingdom Healthcare, Inc.	See Franklin County						
	M.Q. A. Support Services, LLC.	See Wake County						
	More Than A Conqueror Ministries, Inc.	1006 Lamond Street, Suite D	Durham	27701	919-479-0560	919-682-3040	Tamara Debreau	tamaradebreaux@hotmail.com or
	New Outlook Inc....Second Chance, Inc.	331 W. Main St., Suite 209	Durham	27702	919-682-4771	919-683-2641	Bethena Jackson	nosc310@aol.com
	Pathways For Success, LLC	See Wake County						
	Professional Group Living, LLC	See Wake County						
	Specialized Treatment And Affiliated Resources	See Wake County						

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
	Unlimited Alternatives	1320 Hill Street, Suite 200 P.O. Box 153	Durham	27702	919-403-7879	919-403-7880	Tamara McCaffity	tamarape@nc.rr.com
	Wholistic Health-Integration of Services for Humanity (WH-ISH Inc.)	1415 Holloway Street 3rd Floor Annex Building	Durham	27703	919-491-2974	919-217-7735	Laura B. Holloway	whish2@aol.com
	Wisdom Healthcare Solutions, Inc.	P.O. Box 14425	Durham	27709	919-323-3693	877-293-4100	Joann Long	jlong@mhsnc.com
EDGECOMBE	Better Days Ahead. Inc.	See Nash County						
	Caring Hearts Healthcare, Inc.	15 Center Street	Tarboro	27886	252-823-8135	252-823-2455	Janet Andrews	Caringhearts1@cs.com
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Kingdom Healthcare, Inc.	See Franklin County						
	New Sources, Inc.	See Nash County						
	Project Momentum, Inc.	107 SE Main Street P.O. Box 4053	Rocky Mount	27801 27803-4053	252-977-0765	252-442-2207	Mysha Wynn	projectmomentumexcel@yahoo.com
	Resolutions For Care Network, Inc.	See Hertford County						
	St. Mary's Home Care Services	See Nash County						
	We Care Health Services	See Nash County						
	Women, Children and Family Counseling Services	See Hertford County						
FORSYTH	AIDS Care Services, Inc.	P.O. Box 21373 1100 West First Street	Winston-Salem	27101	336-722-6909	336-725-8142	Christine Jolly	cjolly@aidscareservice.org
	Insight Human Services, Inc.	665 W. 4th St.	Winston-Salem	27101	336-725-8389	336-725-6628	Amy Spragins	aspragins@stepone.org
	Positive Wellness Alliance	See Davidson County						
	Professional Care Home Health	2070 Cloverdale Avenue, Suite C	Winston-Salem	27103	336-725-0755	336-725-0756	Teresia Medley	Tmedley4299@bellsouth.net
	R & A Home Care Services, Inc.							
	R.I.C.H. Community Development Corporation, Inc.	651 Akron Drive	Winston-Salem	27105	336-744-9293	336-744-9296	Olympeia Howell	oyhowell@bellsouth.net
	Serenity 's Haven, Inc.	163 Stratford Court, Box 19 Suite 214	Winston-Salem	27103	336-723-7717	336-723-7699	Saprina Campbell	serenityshaveninc@gmail.com
	Transitional Case Management	3410 Healy Drive, Suite #211	Winston-Salem	27103	336-765-0735	3367650736	Vanessa Little	vlittle2003@msn.com
	Triad Health Project	See Guilford County						
FRANKLIN	A Time 4 Miracles, Inc.	See Granville County						
	Assisting Generations & Promoting Excellence (AGAPE)	See Vance County						
	Community Resource Solutions	See Granville County						
	Cottage Health Care Services	See Wake County						
	Family & Youth Services, Inc.	See Durham County						
	Global Health Care Resources, Inc.	See Wake County						
	Health Core Resources, Inc.	See Wake County						
	Infinite Horizon, Inc.	See Granville County						
	Kingdom Healthcare, Inc.	81 Egypt Church Road	Louisburg	27549	919-496-3025		John Hopkins	pjahopkins2@aol.com
	Northern Outreach Clinic	See Vance County						
	Pathways For Success, LLC	See Wake County						
	Specialized Treatment And Affiliated Resources	See Wake County						
GASTON	Alternative Care Solutions, Inc.	See Mecklenburg County						
	Atlantic Coast Home Care	See Mecklenburg County						
	Bradley-Reid Corporation	See Mecklenburg County						
	Eve's Home Care Services	See Mecklenburg County						
	Gaston Family Health Services, Inc.	991 W. Hudson Blvd	Gastonia	28052	704-853-5146	704-853-5269	Carl Thackston	cthackston@gfhs.info
	HomeCare for the Carolinas, LLC	See Mecklenburg County						
	House of Mercy, Inc.	PO Box 808	Belmont	28012	704-825-8832	704-825-3273	Shirley Stowe	saschoclab@aol.com
	Life's Focus Home Health and Case Management	See Mecklenburg County						
	Living Water CDC, Inc.	3906 Hickory Grove Rd	Mount Holly	28120	704-822-3004	704-827-6031	Andrea Gooding	livingwatercdc@aol.com
	Metro Integrated Alliance	See Cabarrus County						
	Outreach Management Services	1723 Armstrong Park	Gastonia	28054	704-854-9828	704-854-9882	Alexander Walker	axwoms@ctc.net
	Quality Home Care Services, Inc.	See Mecklenburg County						
	R & S Willis, Inc	438 E Long Ave.	Gastonia	28054	704-868-9117	704-868-9159	Robert Willis	rswillisinc@bellsouth.net
	Rescare	See Mecklenburg County						
	TheraCare Home Health and Staffing, LLC	1558-F Union Road	Gastonia	28054	704-861-9414	704-853-3730	Deirdre Booker Pippins	theracarellc@aol.com

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
	Upper Group, Inc. Zone Free	See Union County						
	Zzenith, Inc.	See Mecklenburg County						
GATES	AGAPE Healthcare Systems	See Halifax County						
	Compassionate Health Care, Inc	See Hertford County						
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Faith Home Care	See Hertford County						
	Family & Youth Services, Inc.	See Durham County						
	Metropolitan Counseling Services, Inc.	See Hertford County						
	Resolutions For Care Network, Inc.	See Hertford County						
	Women, Children and Family Counseling Services	See Hertford County						
GRAHAM	PRN Nursing and Home Care Services	See Jackson County						
GRANVILLE	Assisting Generations & Promoting Excellence (AGAPE)	See Vance County						
	A Time 4 Miracles, Inc.	P.O. Box 361	Butner	27509	919-528-9380	919-528-9265	Deborah Craft	debkcraft@aol.com
	Community Resource Solutions	1555 NC Hwy 56	Creedmoor	27522	919-528-3400	919-528-3511	Warrick Stewart	wstewart@communityresourcesolutions.net
	Family & Youth Services, Inc.	See Durham County						
	Global Health Care Resources, Inc.	See Wake County						
	Infinite Horizon, Inc.	102 Broad Street P.O. Box 668	Oxford	27565	919-690-0524	919-690-0524	Stephanie Harris	harris8140@hotmail.com
	Kingdom Healthcare, Inc.	See Franklin County						
	More Than A Conqueror Ministries, Inc.	See Durham County						
	Northern Outreach Clinic	See Vance County						
	Specialized Treatment And Affiliated Resources	See Wake County						
	Wisdom Healthcare Solutions, Inc.	See Durham County						
GREENE	Abundance Life Health Care Services, Inc.	See Lenoir County						
	AN & FC Barnes Health Services, Inc.	See Wilson County						
	Caring Hearts Healthcare, Inc.	See Edgecombe County						
	Community Links, Inc.	See Wayne County						
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Fountain of Life Faith-Based Community Outreach, Inc.	See Lenoir County						
	Oasis Health Care Services	See Pitt County						
GUILFORD	Community Health Enhancement & Empowerment Resources	See Alamance County						
	Home Health Services of Randolph Hospital	See Randolph County						
	Professional Care Home Health	See Forsyth County						
	R & A Home Care Services, Inc.	2200 Market Street, Suite B	Greensboro	27401	336-333-5545	336-333-5546	Bob Graham	rahomecare@yahoo.com
	Serenity 's Haven, Inc	See Forsyth County						
	Triad Health Project	PO Box 5716	Greensboro	27435-0716	336-275-1654	336-275-2209	Amy Faw	afaw@triadhealthproject.com
	Trust The Process, Inc.	See Rowan County						
	Triad Health Project	PO Box 616	High Point	27261	336-884-4116	336-884-5750	Sharon Lipscomb	slipscomb@triadhealthproject.com
HALIFAX	AGAPE Healthcare Systems	1507 Patsy Albritton Street	Roanoke Rapids	27870	252-537-2473	252-537-2617	Latisha Holt	ahssvcs@yahoo.com
	Caring Hearts Healthcare, Inc.	See Edgecombe County						
	Compassionate Health Care, Inc	See Hertford County						
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Faith Home Care	See Hertford County						
	Family & Youth Services, Inc.	See Durham County						
	Metropolitan Counseling Services, Inc.	See Hertford County						
	Northern Outreach Clinic	See Vance County						
	Resolutions For Care Network, Inc.	See Hertford County						
	Roanoke Valley Special Services	See Northampton County						
	Women, Children and Family Counseling Services	See Hertford County						
HARNETT	Alternative Healthcare Solutions, Inc.	See Cumberland County						
	Better Home Health Care, Inc.	See Cumberland County						
	Carolina Eastern Health Services, Inc.	See Cumberland County						

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
	Community Service Network, Inc.	600 S Magnolia Ave. Suite 105	Dunn	28334	910-892-8128	910-892-8136	Mable Blue	hihunter@communityservicenet.org
	Health Core Resources, Inc.	See Wake County						
	Home Caregivers, Inc.	See Cumberland County						
	Migrant Benevolent Association	See Sampson County						
	New Beginningz Inc.	See Hoke County						
	Partners In Health Management of Cumberland County, Inc.	See Cumberland County						
	Tri-County Community Health Center	PO Box 227 331 Easy Street	Newton Grove Dunn	28366 28334	910-567-7082	910-567-2634	Lora Johnson	ljohnson@tcchc.com
	Truly Divine, Inc	See Cumberland County						
	Trust The Process, Inc.	See Cumberland County						
HAYWOOD	Western NC AIDS Project	See Buncombe County						
HENDERSON	Western NC AIDS Project	210 Ehringhaus St.	Hendersonville	28739	828-696-2267	828-696-2267	Marlene Clarke	wncapclarke@bellsouth.net
HERTFORD	AGAPE Healthcare Systems	See Halifax County						
	Compassionate Health Care, Inc	200 S. Wynn St., PO Box 526	Murfreesboro	27855	252-398-3614	252-398-4707	Sheila Porter	compassionhealth@gmail.com
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Faith Home Care	105 West Main Street	Ahoskie	27910	252-862-4404	252-862-4446	Patricia Vinson	patvinson@earthlnk.net
	Family & Youth Services, Inc.	See Durham County						
	Metropolitan Counseling Services, Inc.	PO Box 374 857 West Main Street	Murfreesboro	27855	252-398-8380	252-398-8380	Shirlene Boone	mcsplaniii@coastalnet.com
	Resolutions For Care Network, Inc.	107 Railroad Street Box#1	Ahoskie	27910	252-332-2026	252-332-2095	Gina Hanson	resolutions4care@yahoo.com
	Roanoke Valley Special Services	See Northampton County						
	Women, Children and Family Counseling Services	1110 Academy Street	Ahoskie	27910	252-332-5900	252-332-5900	Shander Meadows	shandermeadows@yahoo.com
HOKE	Better Home Health Care, Inc.	See Cumberland County						
	Borderbelt AIDS Resources Team, Inc. (BART)	See Robeson County						
	Cape Fear Regional Bureau for Comm. Action Inc	See Cumberland County						
	Community Alternative Housing, Inc.	See Cumberland County						
	Gateway Health Care Associates, LLC	See Robeson County						
	Glory First Family Care Services, LLC	See Scotland County						
	Home Caregivers, Inc.	See Cumberland County						
	New Beginningz Inc.	2194-A Hillcreast	Raeford	28376	910-904-2840	910-904-2847	Heather Watson	heatherwnewbeginningz@yahoo.com
	Partners In Health Management of Cumberland County, Inc.	See Cumberland County						
	Truly Divine, Inc	See Cumberland County						
	Trust The Process, Inc.	See Cumberland County						
	Unique Health Solutions, Inc.	See Moore County						
HYDE	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Martin-Tyrrell-Washington District Health Dept.	See Washington County						
IREDELL	Bradley-Reid Corporation	See Mecklenburg County						
	Life's Focus Home Health and Case Management	See Mecklenburg County						
	Quality Home Care Services, Inc.	See Mecklenburg County						
	R.A.I.N.	See Mecklenburg County						
	Serenity 's Haven, Inc	128 Overhill Dr, Suite 101A, Box 10	Mooresville	28117	704-494-1419		Saprina L. Campbell	saprina@serenityshaven.com
JACKSON	PRN Nursing and Home Care Services	PO Box 570	Dillsboro	28725	828-631-4838	828-586-5278	Melanie Burrell	melanie@prncares.org
JOHNSTON	Carolina Eastern Health Services, Inc.	See Cumberland County						
	Community Service Network, Inc.	See Harnett County						
	Community-Based Learning Alternatives Center, Inc. (C-BLAC)	1300 W. Market St.	Smithfield	27577	919-989-1786	919-989-1791	Janet Wise	cblacjanet@aol.com
	Global Health Care Resources, Inc.	See Wake County						
	Health Core Resources, Inc.	See Wake County						
	Life Skills, Inc.							
	Pathways For Success, LLC	See Wake County						
	Specialized Treatment And Affiliated Resources	See Wake County						
	Tri-County Community Health Center	See Harnett County						

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
JONES	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	New Hanover Community Health Center	See New Hanover County						
LEE	Better Home Health Care, Inc.	See Cumberland County						
	Community Alternative Housing, Inc.	See Cumberland County						
	Health Core Resources, Inc.	See Wake County						
	New Beginningz Inc.	See Hoke County						
	Trust The Process, Inc.	See Cumberland County						
	Unique Health Solutions, Inc.	See Moore County						
LENOIR	Abundance Life Health Care Services, Inc.	P.O. Box 3666	Kinston	28502	252-522-9234	252-522-1462	Ethel Best	abundancelifehealthcare@embarqmail.com
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Enriched Health Services	See Pitt County						
	Fountain of Life Faith-Based Community Outreach, Inc.	308 N Atkin Street	Kinston	28501	252-522-3599		Linda Woods	lindawoods41@yahoo.com
	Oasis Health Care Services	See Pitt County						
	Real Care Inc.	813 N. Queen Street Mail: P.O. Box 3713	Kinston	28501 28502	252-527-4673	252-527-5673	Amanda Outlaw	amandaoutlaw@yahoo.com
LINCOLN	Atlantic Coast Home Care	See Mecklenburg County						
	Living Water CDC, Inc.	See Gaston County						
	Outreach Management Services	See Gaston County						
	Quality Home Care Services, Inc.	See Mecklenburg County						
	R & S Willis, Inc.	See Gaston County						
	TheraCare Home Health and Staffing, LLC	See Gaston County						
MACON	PRN Nursing and Home Care Services	See Jackson County						
MADISON	Western NC AIDS Project	See Buncombe County						
MARTIN	Caring Hearts Healthcare, Inc.	See Edgecombe County						
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Faith Home Care	See Hertford County						
	Higher Heights Developmental Center, LLC	See Beaufort County						
	Martin-Tyrrell-Washington District Health Dept.	See Washington County						
	Unified Behavioral Health, Inc.	See Beaufort County						
	Women, Children and Family Counseling Services	See Hertford County						
MCDOWELL	Western NC AIDS Project	See Buncombe County						
MECKLENBURG	Alternative Care Solutions, Inc.	301McCullough Drive, Suite 403	Charlotte	28262	704-968-6203	704-909-2701	Toumeka Harrow	alternativecareinc@hotmail.com
	Atlantic Coast Home Care	8301 University Executive Park Drive, Ste 170	Charlotte	28262-3593	704-549-5800	704-549-5888	Dr. Carlton Thornton	info@atlanticcoasthomecare.com
	Bradley-Reid Corporation	715 E. 5th St. Suite 216	Charlotte	28202	704-333-5686	704-376-1931	Sandra Bradley-Reid	Sandra_brc@bellsouth.net
	Eve's Home Care Services	1801 N. Tryon St., Suite 311	Charlotte	28206	704-405-5132	704-405-5072	Harold Winston	lwinston@carolina.rr.com
	HomeCare for the Carolinas, LLC	3472 North Davidson Street	Charlotte	28205	704-335-8488	704-625-3733	Tamara Neely	tneely@homecareforthecarolinas.com
	Life's Focus Home Health and Case Management Service	6101 Idlewild Rd, Ste 125	Charlotte	28212	704-531-2466	704-531-2466	Robert Scott	lifesfocus@bellsouth.net
	Living Water CDC, Inc.	See Gaston County						
	Mecklenburg County Health Dept.	249 Billingsley Rd.	Charlotte	28211	704-336-4674	704-331-0859	Julie Adams	jmadams@carolinas.org
	Metro Integrated Alliance	See Cabarrus County						
	Metrolina AIDS Project	PO Box 32662 127 Scaleybark Road	Charlotte	28232 28209	704-333-1435	704-602-2440	Robert Oltz	roltz@metrolinaaidsproject.org
	Nia's Place	4921 Albemarle Rd., Ste 111 Mail: 9009 Albemarle Rd, Ste 101 PMB 233	Charlotte	28205 28227	704-492-6521	704-644-8543	Katrina Boyette	Niasplaceinc@yahoo.com
	Professional Care Home Health Services, LLC	3137 N. Sharon Amity, Suite 400	Charlotte	28215	704-536-7326	704-536-7147	Teresia Medley	Tmedley4299@bellsouth.net
	Quality Home Care Services, Inc.	3552 Beattie Ford Road	Charlotte	28216	704-394-8968	704-394-8967	Lisa Wigfall	lisawigfall@yahoo.com
	R.A.I.N.	P.O. Box 37190	Charlotte	28237	704-372-7246	704-372-7418	Debbie Warren	d.warren@carolinarain.org
	Rescare	4530 Park Rd., Suite 420	Charlotte	28209	704-529-6664	704-665-8539	Kim Funderburk	kfunderburk@rescare.com
	SafeHaven Family Services	7950 Nation Ford Road, Suite C-1 Mail: P.O. Box 221872	Charlotte	28222	704-400-1971		Veronica Clark-George	safehavenfamily@live.com
	TheraCare Home Health and Staffing, LLC	See Gaston County						
	This Is A New Day (T.I.A.N.D.)	1801 N. Tryon Street, Suite 328	Charlotte	28206	704-940-1746	704-855-7584	Sandra Exum	thisisanewdaycms@yahoo.com
	Trust The Process, Inc.	See Rowan County						
	Upper Group, Inc. Zone Free	See Union County						

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
	We Care Health Services	1407 Onyx Street	Charlotte	28216	704-378-4392	704-378-0153	Evelyn Barrett	wecarehomecare@gmail.com
	Zzenith, Inc.	1801 North Tryon Street, Suite B-129	Charlotte	28206	704-999-2089	704-405-8557	Franklin Igwilo	zzenith@earthlink.net
MITCHELL	Western NC AIDS Project	See Buncombe County						
MONTGOMERY	Home Health Services of Randolph Hospital	See Randolph County						
MOORE	Better Home Health Care, Inc.	See Cumberland County						
	Community Alternative Housing, Inc.	See Cumberland County						
	Glory First Family Care Services, LLC	See Scotland County						
	Home Caregivers, Inc.	See Cumberland County						
	New Beginningz Inc.	See Hoke County						
	Partners In Health Management of Cumberland County, Inc.	See Cumberland County						
	Unique Health Solutions, Inc.	P.O. Box 8	Pine Bluff	28373	800-479-8217	910-281-3239	Nazel Spears	happynaz1@yahoo.com
NASH	Better Days Ahead. Inc.	120 North Franklin Street, Unit I Suite 100	Rocky Mount	27803	252-442-0490	252-442-9175	Kelvin Barnhill	barnhillceo2001@aol.com
	Caring Hearts Healthcare, Inc.	See Edgecombe County						
	East Carolina HIV/AIDS Partnership (ECHAP)	P.O. Box 8427	Rocky Mount	27804	252-443-6223	252-977-2018	Jo Ann Wolfe	Joann.echap@earthlink.net
	Kingdom Healthcare, Inc.	See Franklin County						
	New Sources, Inc.	PO Box 1025 600 E North Grace Street	Rocky Mount	27802 27804	252-446-9900	252-446-1179	Pat Oxendine-Pitt	newsources1005@embarqmail.com
	Project Momentum, Inc.	See Edgecombe County						
	Roanoke Valley Special Services	See Northampton County						
	St. Mary's Home Care Services	1111 Wesleyan's Boulevard	Rocky Mount	27804	252-446-6685	252-446-6695	Sarah Rhodes	Sarahrhodes1214@hotmail.com
	We Care Health Services	825 Starling Way Drive	Rocky Mount	27803			Evelyn Barrett	wecarehomecare@gmail.com
New Hanover	B.R.I.D.G.E.S. of Wilmington, LLC	3951 -B Market Street PO Box 12717	Wilmington	28405	910-762-1733	910-762-1766	Sucora Anderson	swawrites@aol.com
	Care Management Services	609 Shipyard Blvd., Suite 106	Wilmington	28412	910-798-2182	910-798-2187	Thomas Warren	tjwarren@bellsouth.net
	Life Transitions Inc.	PO Box 12617 1007 North 11th Street	Wilmington	28405	910-338-0643	910-221-1982	Trina McDonald	Lifetinc@aol.com
	New Hanover Community Health Center	925 North 4th Street	Wilmington	28401-3450	910-343-0270	910-251-1540	Leah Yetter	yetter31@gmail.com
NORTHAMPTON	AGAPE Healthcare Systems	See Halifax County						
	Compassionate Health Care, Inc	See Hertford County						
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Faith Home Care	See Hertford County						
	Family & Youth Services, Inc.	See Durham County						
	Metropolitan Counseling Services, Inc.	See Hertford County						
	Resolutions For Care Network, Inc.	See Hertford County						
	Roanoke Valley Special Services	P.O. Box 443	Garysburg	27831	252-536-0700	252-536-0702	Bernice Lee	lellearl@earthlink.net
	Women, Children and Family Counseling Services	See Hertford County						
ONSLOW	Abundant Life Community Outreach	1508 Gum Branch Rd	Jacksonville	28540	910-346-2356	910-455-6529	Ben McNair	
	Care Management Services	See New Hanover County						
	New Hanover Community Health Center	See New Hanover County						
	Real Care Inc.	See Lenoir County						
Orange	Centre for New Hope, LLC	See Durham County						
	Community Health Enhancement & Empowerment Resources	See Alamance County						
	Divine Interventions, LLC (DI)	See Durham County						
	Family & Youth Services, Inc.	See Durham County						
	Hashem Healthcare Services, Inc.	See Durham County						
	Health Core Resources, Inc.	See Wake County						
	Infants, Children, Adults, Adolescents/Juveniles, LLC (ICAAJ)	See Durham County						
	More Than A Conqueror Ministries, Inc.	See Durham County						
	New Outlook Inc....Second Chance, Inc.	See Durham County						
	Pathways For Success, LLC	See Wake County						
	Unlimited Alternatives	See Durham County						
	Wisdom Healthcare Solutions, Inc.	See Durham County						
PAMLICO	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
PASQUOTANK	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Resolutions For Care Network, Inc.	See Hertford County						

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
PENDER	B.R.I.D.G.E.S. of Wilmington, LLC	See New Hanover County						
	Care Management Services	See New Hanover County						
	Life Transitions Inc.	See New Hanover County						
	New Hanover Community Health Center	See New Hanover County						
PERQUIMANS	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
PERSON	Assisting Generations & Promoting Excellence (AGAPE)	See Vance County						
	Centre for New Hope, LLC	See Durham County						
	Divine Interventions, LLC (DI)	See Durham County						
	Hashem Healthcare Services, Inc.	See Durham County						
	Infinite Horizon, Inc.	See Granville County						
	More Than A Conqueror Ministries, Inc.	See Durham County						
	Unlimited Alternatives	See Durham County						
	Wisdom Healthcare Solutions, Inc.	See Durham County						
PITT	Abundance Life Health Care Services, Inc.	See Lenoir County						
	AN & FC Barnes Health Services, Inc.	See Wilson County						
	Caring Hearts Healthcare, Inc.	See Edgecombe County						
	CTIL, Inc.	625 Lyndale Court Mail: P.O. Box 31033	Greenville	27858	252-347-7814	252-764-2845	Shameeka Newton	acaringsocialworker@yahoo.com
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Enriched Health Services	240-B SW Greenville Blvd	Greenville	27834	252-215-1187	252-215-1186	Isaac Blount	iblount@enrichedinc.com
	Higher Heights Developmental Center, LLC	See Beaufort County						
	Love Ministries Church, Inc.	1610 Farmville Blvd	Greenville	27834	252-321-1703	252-321-2362	Jacques Thigpen	loveministrieschurch@netzero.net
	Oasis Health Care Services	P.O. Box 214	Farmville	27828	252-753-7815	252-753-8787	Calvin Ellison	success.dynamics.cdc@gmail.com
	Pitt County AIDS Services Organization (PiCASO)	P.O. Box 8685	Greenville	27835	252-830-1660	252-757-0654	Tarisha Hardison	thardison@picaso.org
	Resolutions For Care Network, Inc.	See Hertford County						
POLK	Western NC AIDS Project	See Buncombe County						
RANDOLPH	Home Health Services of Randolph Hospital	PO Box 1048	Asheboro	27204	336-629-8896	336-328-3593	Cindy McBane	cmcbane@randolphhospital.org
	Triad Health Project	See Guilford County						
RICHMOND	Better Home Health Care	See Cumberland County						
	Gateway Health Care Associates, LLC	See Robeson County						
	Glory First Family Care Services, LLC	See Scotland County						
	New Beginningz Inc.	See Hoke County						
	Unique Health Solutions, Inc.	See Moore County						
ROBESON	Better Home Health Care, Inc.	See Cumberland County						
	Borderbelt AIDS Resources Team, Inc. (BART)	PO Box 945 3147 W. 5th Street	Lumberton	28359 28358	910-739-6167	910-739-6169	Brenda Hunt	brenda.hunt@yahoo.com
	Carolina Eastern Health Services, Inc.	See Cumberland County						
	Gateway Health Care Associates, LLC	PO Box 355 406 Blaine Street	Maxton Pembroke	28364 28372	910-775-9083	910-775-9125	Theresa Lowery	tlowery_mai@yahoo.com
	Glory First Family Care Services, LLC	See Scotland County						
	Home Caregivers, Inc.	See Cumberland County						
	New Beginningz Inc.	See Hoke County						
	Partners In Health Management of Cumberland County, Inc.	See Cumberland County						
	Robeson County Health Dept.	460 Country Club Rd.	Lumberton	28360	910-671-3200	910-671-3484	Jennifer Clark	jennifer.clark@hth.co.robeson.nc.us
	Robeson Health Care Corp.	306 North Pine Street	Lumberton	28358	910-739-3651	910-739-5798	Al Bishop	al_bishop@rhcc1.com
	Trust The Process, Inc.	See Cumberland County						
ROCKNGHAM	Home Care Providers/Continuous Care	See Alamance County						
	R & A Home Care Services, Inc.	See Guilford County						
	Serenity 's Haven, Inc	See Forsyth County						
	Triad Health Project	See Guilford County						
ROWAN	Atlantic Coast Home Care	See Mecklenburg County						
	Grace –N-Mercy For "U"	See Cabarrus County						
	Metro Integrated Alliance	See Cabarrus County						
	Rowan Regional Home Health and Hospice	720 Grove St	Salisbury	28144	704-637-0606	704-637-9901	Stacey Cuevas	scuevas@rowan.org

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
	Serenity 's Haven, Inc	See Forsyth County						
	This Is A New Day (T.I.A.N.D.)	See Mecklenburg County						
	Trust The Process, Inc.	102 South Long Street	East Spencer	28039	704-638-9940		Ricky Lyon	trustthe1process@yahoo.com
RUTHERFORD	Western NC AIDS Project	See Buncombe County						
SAMPSON	Better Home Health Care, Inc.	See Cumberland County						
	Care Management Services	See New Hanover County						
	Carolina Eastern Health Services, Inc.	See Cumberland County						
	Community Alternative Housing, Inc.	See Cumberland County						
	Community Service Network, Inc.	See Harnett County						
	Migrant Benevolent Association	P.O. Box 6 515 Boone Street	Salemburg	28385 28382	910-525-3655	910-525-3855	Sharon Murray	sharonmurray@intrstar.net
	Partners In Health Management of Cumberland County, Inc.	See Cumberland County						
	Tri-County Community Health Center	See Harnett County						
	Trust The Process, Inc.	See Cumberland County						
SCOTLAND	Better Home Health Care, Inc.	See Cumberland County						
	Borderbelt AIDS Resources Team (BART)	See Robeson County						
	Gateway Health Care Associates, LLC	See Robeson County						
	Glory First Family Care Services, LLC	1112 Atkinson Street	Laurinburg	28353	910-277-2563	910-277-2564	Glori Davis	gloryfirstfamily@bellsouth.net
	New Beginningz Inc.	See Hoke County						
	Unique Health Solutions, Inc.	See Moore County						
STANLY	Atlantic Coast Home Care	See Mecklenburg County						
	Stanly County Health Dept.	1000 N. 1st St.	Albemarle	28001	704-982-9171	704-982-8354	Becky McKeon	bmckeon@co.stanly.nc.us
	This Is A New Day (T.I.A.N.D.)	See Mecklenburg County						
STOKES	AIDS Care Services, Inc	See Forsyth County						
	Insight Human Services, Inc.	See Forsyth County						
	R.I.C.H. Community Development Corporation, Inc.	See Forsyth County						
	Serenity 's Haven, Inc	See Forsyth County						
SURRY	AIDS Care Services, Inc	See Forsyth County						
	R.I.C.H. Community Development Corporation, Inc.	See Forsyth County						
SWAIN	PRN Nursing and Home Care Services	See Jackson County						
TRANSYLVANIA	Western NC AIDS Project	See Buncombe County						
TYRRELL	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Martin-Tyrrell-Washington District Health Dept.	See Washington County						
UNION	Alternative Care Solutions, Inc.	See Mecklenburg County						
	Atlantic Coast Home Care	See Mecklenburg County						
	Bradley-Reid Corporation	See Mecklenburg County						
	Eve's Home Care Services	See Mecklenburg County						
	Life's Focus Home Health and Case Management	See Mecklenburg County						
	Living Water CDC, Inc.	See Gaston County						
	Metro Integrated Alliance	See Cabarrus County						
	Professional Care Home Health Services, LLC	See Mecklenburg County						
	Quality Home Care Services, Inc.	See Mecklenburg County						
	R.A.I.N.	See Mecklenburg County						
	Rescare	See Mecklenburg County						
	Resources Unlimited, Inc.	1390 Walkup Ave., Ste 1	Monroe	28110	704-282-0352	704-521-5428	Donald Etheridge	donald.etheridge@cms.k12.nc.us
	This Is A New Day (T.I.A.N.D.)	See Mecklenburg County						
	Upper Group, Inc. Zone Free	P.O. Box 1114	Wingate	28174	704-237-7119	704-226-9988	Lewis Taylor	lewis.taylor48@yahoo.com
VANCE	A Time 4 Miracles, Inc.	See Granville County						
	Assisting Generations and Promoting Excellence (AGAPE)	See Wake County						
	Community Resource Solutions	See Granville County						
	Family & Youth Services, Inc.	See Durham County						
	Global Health Care Resources, Inc.	See Wake County						
	Hashem Healthcare Services, Inc.	See Durham County						

HIV Case Management Provider Agencies by County

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
	Infinite Horizon, Inc.	See Granville County						
	Kingdom Healthcare, Inc.	See Franklin County						
	More Than A Conqueror Ministries, Inc.	See Durham County						
	Northern Outreach Clinic	511 Ruin Creek Road, Suite 203	Henderson	27536	252-436-1562	252-430-0056	Dr Michelle Ogle	
	Professional Group Living, LLC	See Wake County						
	Specialized Treatment And Affiliated Resources	See Wake County						
	Wisdom Healthcare Solutions, Inc.	See Durham County						
WAKE	A Time 4 Miracles, Inc.	See Granville County						
	Assisting Generations and Promoting Excellence (AGAPE)	5293 Capital Blvd	Raleigh	27616	888-876-1239	888-876-1238	Tarsha Bullock	tmb.agape@yahoo.com
	Basic Education Resource Treatment Center (BERT-C)	733 W. Johnson Street	Raleigh	27605	919-834-4345	919-834-4460	Mary Ray	cooleyray2@aol.com
	Carolina Eastern Health Services, Inc.	See Cumberland County						
	Centre for New Hope, LLC	See Durham County						
	Community Resource Solutions	See Granville County						
	Cottage Health Care Services	3200 Wake Forest Road, Suite 200	Raleigh	27609	919-847-3023	919-847-3062	Obiorah Nwakwelu	mmadiye@hotmail.com
	Divine Interventions, LLC (DI)	See Durham County						
	Global Health Care Resources, Inc.	8396 Six Forks Rd, Suite 104	Raleigh	27615	919-848-9099	919-848-9099	Godwin Beluonwu	beluonwu@yahoo.com
	Hashem Healthcare Services, Inc.	See Durham County						
	Health Core Resources, Inc.	1100 Navaho Dr. Suite 128	Raleigh	27609	919-872-1178	919-872-1170	Ijeoma Nwaeze	inwaeze@hcresources.com
	H.O.P.E Foundations, LLC	3712 Benson Drive, Suite 102	Raleigh	27609	919-713-0267	919-713-0268	Jennifer Snipes	jsnipes@hopefoundations.com
	Kingdom Healthcare, Inc.	See Franklin County						
	Life Skills, Inc.	204 N. Person Street	Raleigh	27601	919-833-2544	919-833-0145	Cynthia Johnson-Wats	cjw721@earthlink.net
	More Than A Conqueror Ministries, Inc.	See Durham County						
	M.Q. A. Support Services, LLC.	812 New Bern Avenue	Raleigh	27601	919-833-7310	919-439-0215	Denise Levine	mqa.css@gmail.com
	Pathways For Success, LLC	4201 Dinwiddie Court	Raleigh	27604	919-773-0670		Anita Byrd	abyrd@naca.com
	Professional Group Living, LLC	4084-4086 Barrett Drive	Raleigh	27609	919-785-9669	919-785-9661	Llewellyn Hicks	llewellynhicks@yahoo.com
	R & A Personal Care Services	3948 Browning Place, Suite 347	Raleigh	27609	919-787-6833	919-787-6899	Rueben Bowens	Rnapcs1@bellsouth.net
	Specialized Treatment And Affiliated Resources	121 East Gannon Avenue, Suite B Mail: P.O. Box 281 Rolesville 27571	Zebulon	27597	919-365-9096	919-365-9097	Sharon Moore	staarsinc@bellsouth.net
	Touching Lives Center, Inc	616 Tucker Street	Raleigh	27603	919-247-9414	919-833-5500	Carl Speller	touchinglivesinc@bellsouth.net
	Unlimited Alternatives	See Durham County						
	Wholistic Health-Integration of Services for Humanity (WH-ISH Inc.)	See Durham County						
	Wisdom Healthcare Solutions, Inc.	See Durham County						
WARREN	A Time 4 Miracles, Inc.	See Granville County						
	Assisting Generations and Promoting Excellence (AGAPE)	See Vance County						
	Community Resource Solutions	See Granville County						
	Family & Youth Services, Inc.	See Durham County						
	Infinite Horizon, Inc.	See Granville County						
	Northern Outreach Clinic	See Vance County						
	Specialized Treatment And Affiliated Resources	See Wake County						
WASHINGTON	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Faith Home Care	See Hertford County						
	Martin-Tyrrell-Washington District Health Dept.	198 NC Hwy 45 N	Plymouth	27962	252-791-3125	252-793-1644	Billie Patrick	billie.patrick@ncmail.net
	Women, Children and Family Counseling Services	See Hertford County						
WATAUGA	AIDS Leadership Foothill Area Alliance (ALFA)	See Catawba County						
WAYNE	Carolina Eastern Health Services, Inc.	See Cumberland County						
	Community Links, Inc.	P.O. Box 1772	Goldsboro	27530	919-580-0776	919-221-6874	Bobbie Jones	bibija@aol.com
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Oasis Health Care Services	See Pitt County						
	Professional Group Living, LLC	See Wake County						
	Real Care Inc.	See Lenoir County						
	Tri-County Community Health Center	See Harnett County						

County	Agency	Addr1	City	Zip	Phone1	Fax1	ContactName1	Contact E-mail1
WILKES	AIDS Leadership Foothills Area Alliance (ALFA)	See Catawba County						
	Fairgrove Primary Health	See Caldwell County						
WILSON	AN & FC Barnes Health Services	PO Box 984 504 E. Green St., Suite 210	Wilson	27894-0984 27893	252-399-7522	252-399-0882	Demita Edmundson	barneshealthservices@embarqmail.com
	Better Days Ahead. Inc.	See Nash County						
	Caring Hearts Healthcare, Inc.	See Edgecombe County						
	East Carolina HIV/AIDS Partnership (ECHAP)	See Nash County						
	Kingdom Healthcare, Inc.	See Franklin County						
	New Sources, Inc.	See Nash County						
	O.I.C. of Wilson	PO Box 547	Wilson	27894	252-291-0038	252-291-8004	Grady N. Smith	gsmith@oicwilson.com
	Oasis Health Care Services	See Pitt County						
	Project Momentum, Inc.	See Edgecombe County						
	St. Mary's Home Care Services	See Nash County						
	We Care Health Services	See Nash County						
YADKIN	AIDS Care Services, Inc	See Forsyth County						
	Positive Wellness Alliance	See Davidson County						
	Serenity 's Haven, Inc	See Forsyth County						
YANCEY	Western NC AIDS Project	See Buncombe County						

2008-2009
HOPWA PROJECT SPONSORS

HOPWA CONSORTIA	COUNTIES SERVED	ADDRESS & E-mail	OFFICE PHONE & FAX
Central Carolina Health Network Kent Gammon	Alamance-Caswell-Davidson-Guilford-Randolph-Rockingham-Montgomery-Stanly	600 Green Valley Road, Suite 307 Greensboro, NC 27408 kent@cchnetwork.org	(336) 292-0665 (336) 292-6427
Coastal Carolina HIV Care Consortium Althea Denkins	Onslow-Pender-New Hanover-Brunswick-Duplin-Columbus	805 N. 4th Street, Suite F Wilmington, NC 28401 coastaladmin@hotmail.com	(910) 763-4800 (910) 763-4900 (fax)
Dogwood Consortium Sandra Smith	Bladen-Cumberland-Harnett-Hoke-Moore-Richmond-Robeson-Sampson-Scotland	460 Country Club Road Lumberton, NC 28360 sandra.smith@hth.co.robeson.nc.us	(910) 737-5010 (910) 737-5011 (fax)
East Carolina HIV AIDS Partnership Jo Ann Wolfe	Beaufort- Bertie-Camden-Carteret-Chowan-Craven-Currituck-Dare-Edgecombe-Gates-Greene-Halifax-Hertford-Hyde-Jones-Lenoir-Martin-Nash-Northampton-Pamlico-Pasquotank-Perquimans-Pitt-Tyrrell-Wayne-Washington-Wilson	201 N. Winstead Avenue, Suite A Rocky Mount, NC 27804 joann.echap@earthlink.net	(252) 443-6223 ext. 24 (252) 977-2018 (fax)
Northwest Care Consortium Rich Wooldredge	Alexander-Allegany-Ashe-Burke-Caldwell-Catawba-Davidson-Davie-Forsyth-Stokes-Surry-Watauga-Wilkes-Yadkin-Iredell-Lincoln-Rowan	301 N. Main Street, Suite 1700 Winston Salem, NC 27101 nwcc@uforsyth.org	(336) 721-9332 (336) 724-1045 (fax)
Piedmont HIV Health Care Consortium Beth Stringfield	Chatham-Durham-Granville-Lee-Orange-Person-Vance-Warren	331 W. Main Street Durham, NC 27701 Beth.Stringfield@piedmontconsortium.org	(919) 682-3998 ext. 223 (919) 682-3873 (fax)
Western NC HIV/AIDS Consortium Glenda Scofield	Cherokee-Clay-Graham-Macon-Swain-Jackson-Madison-Yancey-McDowell-Polk-Rutherford-Avery-Mitchell-Transylvania-Haywood-Henderson-Buncombe-Cleveland	50 S. French Broad Ave. Suite 204 Asheville, NC 28801 scofield@buncombe.main.nc.us	(828) 252-8817 (828) 252-9275 (fax)
HOPWA FAMILY CARE HOME	**COUNTIES SERVED**	**ADDRESS & E-mail**	**OFFICE PHONE & FAX**
AIDS Care Services, Inc. Christine Jolly	Forsyth	PO Box 21373 1100 W. First Street Winston Salem, NC 27120 ACSExec@bellsouth.net	(336) 722-6909 (336) 725-8142 (fax)
Alliance of AIDS Services Carolina Jacquelyn Clymore	Orange	PO Box 12583 324 S. Harrington Street Raleigh, NC 27605-2583 jacquelyn.clymore@aas-c.org	(919) 834-2437 ext. 11 (919) 834-3404 (fax)

Community Alternative Housing, Inc. Leonard Hedgepeth Nick Nichols	Moore-Cumberland	PO Box 1721 4620 Murchinson Road Fayetteville, NC 28302 lhedgepeth@ralminc.net nick@ralminc.net	(910) 486-8989 (910) 484-6033 (fax)
HOPWA TENANT-BASED	**COUNTIES SERVED**	**ADDRESS & E-mail**	**OFFICE PHONE & FAX**
Community Service Network, Inc Harold I. Hunter	Harnett	600 S. Magnolia Avenue, Suite 105 Dunn, NC 28334 hihunter@communityservicenet.org	(910) 892-8128 (910) 892-8136 (fax)
Housing Authority of the City of Greenville Michael Best Zina Ham	Pitt	PO Box 1426 1103 Broad Street Greenville, NC 27835 michael@ghanc.net zina@ghanc.net	(252) 329-4000 ext. 5123 (252) 329-4026 (fax)
Sandhills Comm Action Program, Inc. Nezzie M. Smith	Moore-Richmond-Montgomery	PO Box 937 103 Saunders Street Carthage, NC 28327 nezziesmith@nc.rr.com	(910) 947-5675 ext. 26 (910) 947-5514 (fax)
Western NC Community Health Services Carlos Gomez	Buncombe	PO Box 338 10 Ridgelawn Road Asheville, NC 28806 cgomez@wnnchs.org	(828) 255-4870 (828) 285-9831 (fax)

RYAN WHITE PART B PROJECTS IN NORTH CAROLINA
April 28, 2009

HIV CARE CONSORTIA:

CONSORTIUM	CONTACT	COUNTIES SERVED
Coastal Carolina HIV Care Consortium PO Box 2065 Wilmington, NC 28402 805 North 4th Street, Suite F Wilmington, NC 28401	**Althea Denkins** 910-763-4800 910-763-4900 (Fax) coastaladmin@hotmail.com	Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender
Dogwood Consortium Robeson County Health Department 460 Country Club Road Lumberton, NC 28360	**Sandra Smith** 910-737-5010 910-737-5011 (Fax) sandra.smith@hth.co.robeson.nc.us	Bladen, Cumberland, Harnett, Hoke, Moore, Richmond, Robeson, Sampson, Scotland
Central Carolina Health Network 600 Green Valley Road, Suite 307 Greensboro, NC 27408	**Kent Gammon** 336-292-0665 336-292-6427 (Fax) kent@cchnetwork.org	Alamance, Caswell, Guilford, Montgomery, Randolph, Rockingham, Stanly
Northwest Care Consortium 301 North Main St., Suite 1700 Winston-Salem, NC 27101	**Rich Wooldredge** 336-721-9332 336-724-1045 (Fax) NWCC@uwforsyth.org	Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Davidson, Davie, Forsyth, Iredell, Lincoln, Rowan Stokes, Surry, Watauga, Wilkes, Yadkin
East Carolina HIV/AIDS Partnership, Inc. P.O. Box 8427/27804-1427 201 N. Winstead Ave. Suite A Rocky Mount, NC 27804	**Jo Ann Wolfe** 252-443-6223, Ext. 24 866-656-6223 (Toll Free) 252-977-2018 (Fax) joann.echap@earthlink.net	Beaufort, Bertie, Camden, Carteret, Chowan, Craven, Currituck, Dare, Edgecombe, Gates, Greene, Halifax, Hertford, Hyde, Jones, Lenoir, Martin, Nash, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Washington, Wayne, Wilson
Piedmont HIV Health Care Consortium 5th Floor, 331 West Main Street Durham, NC 27701-3232	**Marc Kolman** 919-682-3998 Ext. 223 919-682-3873 (Fax) Marc.kolman@PiedmontConsortium.org	Chatham, Durham, Franklin, Granville, Johnston, Lee, Orange, Person, Vance, Warren, Wake
Western NC HIV/AIDS Consortium 50 French Broad Ave., Suite 204 Asheville, NC 28801-3251	**Glenda Scofield** 828-252-8817 (888-301-5053) 828-252-9275 (Fax) scofield@buncombe.main.nc.us	Avery, Buncombe, Cherokee, Clay, Cleveland, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk,Rutherford, Swain, Transylvania, Yancey

HIV PRIMARY MEDICAL and DENTAL CARE PROJECTS:

ORGANIZATION	CONTACT	MEDICAL/ DENTAL	COUNTIES SERVED
AIDS Leadership Foothills-Area Alliance 1120 Fairgrove Church Road, SE, Ste.28 Hickory, NC 28602-9630	**Mandy Chilton** 828-322-1447 828-322-8795 (Fax) alfacms@charter.net	Both	Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Watauga, Wilkes
Cleveland County Health Department 315 East Grover Street Shelby, NC 28150-3998	**Kim Crane** 704-484-5111 704-484-5220 (Fax) kim.crane@clevelandcounty.com	Both	Cleveland
Hertford County Public Health Authority PO Box 694, Ahoskie, NC 27910 828 Academy St. South Ahoskie, NC 27910	**Diane McLawhorn** 252-862-4054 / 332-6650 252-332-6654 (Fax) diane.mclawhorn@ncmail.net	Both	Bertie, Beaufort, Camden, Chowan, Currituck, Dare, Edgecombe, Gates, Halifax, Hertford, Hyde, Martin, Northampton, Pamlico, Pasquotank, Perquimans, Tyrell, Warren, Washington
New Hanover Regional Medical Center Zimmer Center, NHRMC 2131 S. 17th Street Wilmington, NC 28402	**Susan O'Brien** 910-342-3122 910-342-3146 (Fax) sobrien@nhrmc.org	Both	Bladen, Brunswick, Columbus, Duplin, New Hanover, Onslow, Pender
Piedmont Consortium/ Duke Satellite ID Clinic c/o Piedmont Consortium 5th floor, 331 West Main Street Durham, NC 27701	**Marc Kolman** 919-682-3998 919-682-3873 (Fax) Marc.Kolman@piedmontconsortium.org	Both	Franklin, Granville, Vance, Warren

HIV PRIMARY MEDICAL and DENTAL CARE PROJECTS (Continued):

ORGANIZATION	CONTACT	MEDICAL/ DENTAL	COUNTIES SERVED
Robeson County Health Department 460 Country Club Road Lumberton, NC 28358	**Tilda McMillan** 910-671-3255 910-737-4096 (Fax) tilda.mcmillan@hth.co.robeson.nc.us	Medical	Robeson
Rural Health Group, Inc. P.O. Box 640 Roanoke Rapids, NC 27870	**Netha Taylor** 252-536-5827 252-536-5444 (Fax) netha.taylor@rhgnc.org	Medical	Northampton
Southern Regional AHEC 1601 Owen Drive Fayetteville, NC 28304	**Yvonne Early** 910-678-7287 or 910-484-4297 Ext. 34 910-678-7274 (Fax) yvonne.early@sr-ahec.org	Both	Bladen, Cumberland, Moore, Hoke, Harnett, Richmond, Robeson, Sampson, Scotland
Tri-County Community Health Center P.O. Box 227 Newton Grove, NC 28366	**Michael L. McDuffie** 910-567-7020 910-567-5678 (Fax) mmcduffie@TCCHC.com	Both	Sampson, Eastern Cumberland
UNC School of Medicine Campus Box 7030 Bioinformatics Bldg., 4th Floor Chapel Hill, NC 27599-7030	**Byrd Quinlivan** Assistant Professor of Medicine and Director Infectious Diseases Clinic 919-966-2536 919-966-6714 (Fax) ebq@med.unc.edu	Medical	Alamance, Caswell, Chatham, Craven, Cumberland, Duplin, Durham, Franklin, Granville, Guilford, Harnett, Hoke, Johnston, Lee, Montgomery, Moore, Orange, Person, Randolph, Richmond, Robeson, Rockingham, Sampson, Scotland, Vance, Warren, Wake
Wake County Human Services PO Box 14049 Raleigh, NC 27620-4040	**Karen Best** 919-212-9575 919-250-4429 (Fax) karen.best@co.wake.nc.us	Both	Wake
Wake Forest University Health Sciences Section on Infectious Diseases Medical Center Boulevard Winston-Salem, NC 27157	**Aimee Wilkin** 336-716-8978 336-716-3825 (Fax) awilkin@wfubmc.edu	Both	Forsyth, Davie, Davidson, Iredell, Rowan, Stokes, Surry, Yadkin, and in the city of High Point in Guilford County
Western NC Community Health Service P.O. Box 338 (zip code 28802) 10 Ridgelawn Road Asheville, NC 28806-4429	**Carlos Gomez** 828-285-0622 828-285-9831 (Fax) cgomez@wncchs.org	Dental	Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey

LEGAL PROJECT:

ORGANIZATION	CONTACT	COUNTIES SERVED
Duke University Legal Services AIDS Legal Assistance Project Duke School of Law Box 90360 Durham, NC 27708	**Carolyn McAllaster** 919-613-7036 919-613-7262 (Fax) mcallaster@law.duke.edu	Statewide with major focus in central North Carolina

PREVENTION FOR POSITIVES PROJECTS:

ORGANIZATION	CONTACT	COUNTIES SERVED
The Alliance of AIDS Services-Carolina PO Box 12583 Raleigh, NC 27605-1847	**Jacquelyn Clymore** 919-834-2437 919-834-3404 (Fax) jacquelyn.clymore@co.wake.nc.us	Wake, Durham, Orange
AIDS Care Service, Inc. PO Box 21373 Winston Salem, NC 27120-1373	**Christine Jolly** 336-722-6909 336-722-6494 (Fax) CJolly@aidscareservice.org	Forsyth, Guilford, Davidson, Davie, Yadkin, Surry, Stokes
Duke University c/o Sponsored Programs PO Box 104135 Durham, NC 27708	**Dagney S. Jochem** 919-684-3211 919- 681-8790 (Fax) joche001@mc.duke.edu	New Hanover, Robeson, Orange, Durham, Forsyth, Sampson
Fayetteville Area Health Education Foundation, Inc. (SR-AHEC) 1601 B Owen Drive Fayetteville, NC 28304-3425	**Yvonne Early** 910-678-7287 or 910-484-4297 Ext. 34 910-678-7274 (Fax) Yvonne.Early@sr-ahec.org	Cumberland
Maria Parham Medical Center **Northern Outreach Clinic** 511 Ruin Creek Road, Ste 203 Henderson, NC 27536	**Michelle Collins-Ogle, MD** 252-436-1522 252-430-0056 (Fax) mickeyog@hotmail.com	Vance, Granville, Warren, Halifax
Mecklenburg Health Department PO Box 34486 Charlotte, NC 28211	**Susan Uzzell, Fiscal Administrator** 704-336-4785 704-319-9478 (Fax) Susan.Uzzell@mecklenburgcountync.gov **Luis Cruz, Program Administrator** 704-432-5238 704-227-0296 (Fax) Luis.Cruz@mecklenburgcountync.gov	Mecklenburg
RAIN, Inc. 501 North Tryon Street 4th Floor Charlotte, NC 28202-2200	**Reverend Deborah Warren, President &CEO** 704-372-7246 704-372-7418 (Fax) d.warren@carolinarain.org	Mecklenburg
Western North Carolina AIDS Consortium 50 S. French Broad Avenue, # 204 Asheville, NC 28801-3271	**Glenda Scofield** 828-252-8817 828-252-9275 (Fax) scofield@buncombe.main.nc.us	Avery, Buncombe, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey, Alexander, Alleghany, Ashe, Burke, Caldwell, Catawba, Davidson, Davie, Forsyth, Stokes, Surry, Watauga, Wilkes, Yadkin