

**AMERIHEALTH CARITAS NORTH CAROLINA, INC.  
GRANT AGREEMENT**

This Grant Agreement (the “Agreement”), dated as of the Effective Date (defined below), is made by and between **AmeriHealth Caritas North Carolina, Inc.**, a corporation organized under the laws of the State of North Carolina, (hereinafter referred to as (“ACNC”) and Gaston County (“Grantee”).

**1. GRANT FUNDS:**

ACNC shall make a one-time payment to Grantee in the amount of \$500,389.00 (“Grant Funds”) within thirty (30) calendar days of the Effective Date.

**2. USE OF GRANT FUNDS:**

ACNC and Grantee agree that the Grant Funds shall only be used for the following purposes:

Expansion of existing NFP nursing services through hiring and training of new staff.

**3. RECORD KEEPING AND RETENTION:**

Grantee shall submit timely, accurate and complete reports and/or data to ACNC as required to meet all ACNC, North Carolina Department of Health and Human Services (“DHHS”) and other regulatory reporting requirements and as set forth in Exhibit A hereto. Grantee shall provide timely responses to requests arising from ACNC, DHHS, or other applicable regulatory agencies for reports and/or modifications thereto and shall ensure that all such responses are timely, accurate and complete.

Grantee shall retain all financial records, supporting documents, statistical records, and all other records for a period of at least ten (10) years from date of submission of the final expenditure report under the Agreement, or for awards that are renewed quarterly or annually, from the date of the submission of the quarterly or annual financial report.

**4. INDEMNIFICATION:**

Grantee agrees to defend, indemnify and hold harmless ACNC and its officers, directors and employees from and against any and all claims, costs and liabilities (including the fees and expenses of counsel) as a result of a breach of this Agreement by Grantee, the negligent or willful misconduct of Grantee and/or Grantee’s employees, agents and representatives arising in connection with this Agreement. This section shall survive the termination or expiration of this Grant Agreement for any reason.

ACNC agrees to defend, indemnify and hold harmless Grantee and its officers, directors and employees from and against all claims, costs and liabilities (including the fees and expenses of counsel) as a result of ACNC’s breach of this Grant Agreement or the negligent or willful misconduct of ACNC and/or ACNC’s employees, agents and representatives in connection with

ACNC's performance under this Grant Agreement. This section shall survive the termination or expiration of this Agreement for any reason.

## **5. INSURANCE:**

Grantee shall maintain insurance coverage sufficient to cover the activities, risks, and potential omissions associated with use of the Grant Funds in accordance with generally-accepted industry standards and as required by law.

## **6. CONFIDENTIALITY:**

Each party shall maintain as confidential and shall not disclose to third parties financial, operating, proprietary or business information relating to the other party which is not otherwise public information. The payment rates in this Agreement are confidential and proprietary and shall not be disclosed by either party. However, nothing herein shall prohibit either party from making any disclosure or transmission of information to the extent that such disclosure or transmission is required by CMS or an applicable state regulatory agency, or is necessary or appropriate to enable the disclosing party to perform its obligations or enforce its rights under this Agreement, or is required by law or legal process. Should disclosure be required by law or legal process, the disclosing party shall immediately notify the other party of the disclosure.

## **7. TERM; TERMINATION:**

This Agreement will be effective on the Effective Date and shall remain in effect for one (1) year following final expenditure of funds, unless modified as expressly provided herein. Funds must be fully expended within 3 years from the Effective Date. Any Grant Funds that have not been used for, or committed to, the purposes set forth herein upon expiration and / or termination of this Agreement must be returned promptly to ACNC.

## **8. COMPLIANCE WITH LAWS:**

- 8.1 Grantee agrees and warrant that it will comply with all applicable laws, rules, and regulations in the performance of this Agreement, and said requirements are incorporated herein to the same extent as if set forth verbatim herein.
- 8.2 Grantee will not use Grant Funds to influence the outcome of any election for public office or to carry on any voter registration drive. Grantee acknowledge that ACNC has not earmarked Grant Funds to support lobbying activities or to otherwise support attempts to influence legislation. Activities will be conducted consistent with the lobbying rules and exceptions under Internal Revenue Code Section 4945 and related regulations.
- 8.3 Grantee shall comply with (i) Title VI of the Civil Rights Act of 1964 and the rules, regulations, and order; (ii) the Rehabilitation Act of 1973 and the rules, regulations, and orders thereunder; (iii) the Americans With Disabilities Act of 1990 and the rules, regulations, and orders thereunder; and (iv) any and all applicable laws, rules and regulations prohibiting discriminatory practices.

## 9. MISCELLANEOUS

- 9.1 ACNC's disbursement of the Grant Funds pursuant to the terms of this Agreement shall constitute complete satisfaction of ACNC's obligations under this Agreement. Grantee's obligations under this Agreement will be continuous and survive expiration or termination of this Agreement as expressly provided in this Agreement or otherwise required by law or intended by their nature.
- 9.2 Nothing contained herein shall intend or be construed to make any other entity an intended or unintended third-party beneficiary to this Agreement.
- 9.3 It is understood that Grantee is an independent contractor and in no way is Grantee to be considered an employee, agent, or representative of ACNC. This Agreement shall not create, nor be deemed or construed to create any relationship between ACNC and Grantee other than that of independent contractors, contracting with each other solely for the purpose of performing this Agreement and each party shall be liable solely for their own activities and neither ACNC nor Provider shall be liable to any third party for the activities of the other party to this Agreement.
- 9.4 This Agreement shall not be assigned, subcontracted, or delegated by Grantee without the express written consent of ACNC.
- 9.5 No alterations or modifications of the terms of this Agreement shall be valid unless such alterations or modifications are incorporated into the Agreement through a written amendment, signed by both parties hereto, and attached to this Agreement.
- 9.6 This Agreement shall be deemed to have been made and shall be construed and interpreted in accordance with the laws of the State of North Carolina.
- 9.7 This Agreement and its exhibits, appendices, schedules, addenda or other attachments constitute the entire understanding and agreement between the parties concerning the subject matter hereof.
- 9.8 Written notices to be given hereunder shall be sent by U.S. Mail or facsimile. All notices called for hereunder shall be effective upon receipt.

If to Grantee:

With a copy to:

If to AmeriHealth Caritas North Carolina, Inc.:

8041 Arco Corporate Drive  
Raleigh, NC 27617  
**Attention:** Medical Director

With a copy to:General Counsel  
AmeriHealth Caritas  
200 Stevens Drive  
Philadelphia, PA 19113

- 9.9 Both parties agree that there shall be no discrimination in the performance of this Agreement against any patient or other person as the result of that individual's race, color, religion, gender, sexual orientation, handicap, age, national origin, source of payment, or any other basis prohibited by law.
- 9.10 Neither party shall advertise or publish the fact that the parties have entered into this Agreement or otherwise use the other's name or trademarks in any advertisement or other publicity without prior written consent, which consent is subject to revocation at any time upon notice.
- 9.11 Except as may be prohibited by applicable law or regulation, this Agreement and any amendment may be signed in counterparts, by facsimile, PDF, or other electronic means, each of which will be deemed an original and all of which when taken together will constitute one agreement. Facsimile and electronic signatures will be binding for all purposes. [SIGNATURES ON FOLLOWING PAGE; REMAINDER OF PAGE INTENTIONALLYBLANK]

IN WITNESS WHEREOF, and intending to be legally bound hereby, the parties hereto, each by its officers duly authorized, hereby affix their hands as of the date written below.

<p>Print Name</p> <p>Signature</p> <p>Title</p> <p>Address</p> <p>Tax ID Number</p> <p>Date</p>	<p><b>AmeriHealth Caritas North Carolina, Inc.</b></p> <p>Name</p> <p>Signature</p> <p>Title</p> <p>Date</p> <p><b>Effective Date of Agreement:</b> _____ [To be completed by AmeriHealth Caritas North Carolina, Inc.]</p>
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## EXHIBIT A

### REPORTING

Grantee will submit reports to ACNC which include the following:

Interim reports: 6 months after receipt of grant funds and every 12 months thereafter until all Grant Funds are expended

1. Financial activities: expenditure of funds compared to approved project budget
2. Project activities: update on number of clients served and services provided
3. Client success story: at least one story about how the services funded through this agreement positively impacted a client's life. Please do not include any identifiable client information.

Annual reports: 12 months after receipt of grant funds and every 12 months thereafter until all grant funds are expended

1. Items included under 'Interim Reports'
2. Health care quality & outcomes measure results including:
  - a. Total number of clients enrolled in Nurse-Family Partnership services at point in time (PIT)
    - i. The total caseload in your program at the reporting timeframe. Reports will be collected at 6 months and every 12 months thereafter until grant funds are expended. Total caseload for team and total caseload for AmeriHealth funded NHV.
  - b. Total number of clients enrolled in Medicaid (PIT)
    - i. The total number of clients enrolled in Medicaid services upon initial intake and enrollment of client into the program.
  - c. Total number of completed client visits (PIT)
    - i. The total number of completed client visits in the reporting time frame. Client visits can be telehealth or home visits. Reports will be collected at 6 months and every 12 months thereafter until grant funds are expended. Total completed visits for team and total completed visits for AmeriHealth funded NHV.
  - a. Total number of referrals (PIT)
    - ii. The total number of referrals your program received in the reporting timeframe. Reports will be collected at 6 months and every 12 months thereafter until grant funds are expended.
  - b. Number of Premature births
    - iii. Gestational age and weight at birth are measures of infant health, with birth before 37 weeks gestation considered preterm. Reduction of preterm births is considered the best way to reduce infant illness, disability, and death. The NFP objective is a Preterm birth rate of 11.4% or less.
  - c. Low birthweight
    - iv. Birth weight is used as an indicator of infant health, with the occurrence of infant death and/or disability highly correlated with low birth weight (less

than 2,500 grams/5.5 lbs.). The NFP objective is a Low Birth Weight (LBW) rate of 7.8% or less

- d. Breastfeeding initiation and continuation at 6 and 12 months
  - v. Breast milk is considered the ideal form of infant nutrition, with the practice of breastfeeding demonstrating wide-ranging benefits for infants' general health, immune systems, and development. NFP's objectives are that 81.9% or more infants have ever received breast milk, 60.6% or more infants are receiving breast milk at 6 months, and 34.1% or more infants are receiving breast milk at 12 months.
- e. Childhood immunizations at 6, 12, and 24 months
  - vi. Up-to-date immunization of children is a significant preventive health measure, which reduces the number of infections from vaccine-preventable diseases. The NFP objective states the completion rates for all recommended immunizations are 90% or greater by the time the child is two years of age.
- f. Subsequent pregnancies at 6, 12, and 24 months
  - vii. The NFP focuses on helping clients achieve life course developmental goals through the planning of future pregnancies, as well as many other areas. The timing and number of subsequent pregnancies has important implications for a client's ability to stay in school, find work, and/or find appropriate childcare. The NFP objective is the rate of subsequent pregnancies within two years following birth of infant is 25% or less.
- g. Workforce participation over time for clients who were 18 years and older at intake
  - viii. Participation in the workforce is an area that is tracked as an indicator of the client's life course development. Client's workforce participation will be reviewed at intake, 6 months, 12 months, and 24 months for clients who were at least 18 years of age at intake
- h. Year 3, total number of program graduates
  - ix. The total number of clients who completed the program and graduated after the child turns 24 months.
- i. Year 3, total number of families served
  - x. The total number of families that received Nurse-Family Partnership services. A client is served if they have had a completed or attempted home visit or a virtual call.

## EXHIBIT B

### SCOPE OF WORK

Grantee will utilize the funds provided by ACNC to implement the following projects and/or programming listed below. Material changes to the Scope of Work should be communicated in writing to ACNC at least 90 days prior to any changes taking effect. ACNC must approve all material changes in Scope of Work.

1. Implement and administer the NFP Program for first-time, low-income mothers and families along with their Children with model fidelity. Except, NFPx model enhanced approved sites who have the ability to enroll multiparous (multiples) women and late registrants.
  - a. Maintain a contract for program implementation with the National Service Office of Nurse-Family Partnership (NSO-NFP).
  - b. Maintain resource and referral systems, including primary health care, mental health services, employment assistance, childcare, alcohol, or other drug treatment, and both formal and informal support services, that are kept current and made accessible to the team of Nurse Home Visitors.
  - c. Continue to maintain an active Community Advisory Board (CAB) that is diverse (representative of health and human services and child-serving and maternal-serving agencies and providers) and not limited to health and human service professionals, including parents who have participated in the NFP program.
2. Maintain staff as required by the NFP Home Visiting model solely devoted to the NFP Program.
  - a. The number of staff members shall be commensurate with the number of first-time, low-income mothers as funded for. Nurse Home Visitors (NHV) shall carry a caseload of 21-25 clients at any given time.
  - b. NHV's and the Nurse Supervisor (NS) hired for implementation of the NFP Program shall meet the minimum education, background, and experience required by the NSO-NFP. Any exceptions to the required education, background, or experience will require approval from the NSO-NFP. Minimum requirements in North Carolina for all NHV's include a bachelor's degree in nursing and a current North Carolina Registered Nurse license. In addition, the NS must hold a Master's degree in nursing (or a related human services degree).
  - c. All newly hired NFP Program staff members must complete the program model orientation within 60 days of their hire date.
  - d. All program staff hired within the term of this Agreement must complete the required NFP education sessions with the NSO-NFP within three months of their hiring date. Education sessions include an introduction to the theory base of the program model and model fidelity, research findings, client-centered principles, and therapeutic relationships.
  - e. All NFP Program staff shall participate in ongoing education (annual all-state NFP Community of Practice meeting). NFP Program staff will receive coaching from the

NSO-NFP to continue to increase competency and to support fidelity. The education, consultation, and coaching continues as long as the organization is operating the NFP Program.

- f. All NFP Program staff shall participate in regular, ongoing technical assistance with the NSO-NFP through a combination of communications and materials that are in person, by telephone, online, and in written form.

Enroll and maintain first-time, low-income mothers and families in the NFP Program. Ideally clients are enrolled early in the second trimester (14-16 weeks gestation); however, all clients must be enrolled by the 28<sup>th</sup> week of gestation. Except, NFPx model enhanced approved sites who have the ability to enroll multiparous (multips) women and late registrants (after 28 weeks gestation).

- a. Provide home visits to enrolled clients per NFP guidelines and with the prescribed frequency and duration as required by the NSO-NFP model elements.
- b. Utilize telehealth visits and alternative visit schedules as engagement strategies as needed to retain clients in the program.

2. Provide home visiting services for 21-25 new at-risk families through the hiring of one new Nurse Home Visitor.

## EXHIBIT C

### BUDGET

Grantee will utilize these funds from ACNC under the attached budget to implement the projects and/or programming described in Exhibit B. Material changes to the budget should be communicated to ACNC at least 90 days prior to any changes taking effect. ACNC must approve all material changes in Budget.

#### **Gaston County NFP**

	<b>7/1/2025</b>	<b>7/1/2026</b>	<b>7/1/2027</b>	<b>Total</b>
<b>Staffing</b>				
NHVs - headcount	1.00	1.00	1.00	1.00
NHVs - FTEs	1.00	1.00	1.00	1.00
<b>TOTAL</b>	<b>2.00</b>	<b>2.00</b>	<b>2.00</b>	2.00
<b>Funding</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Expenses</b>				
Personnel	115,200	118,656	122,216	356,072
Additional Personnel	-	-	-	-
Indirect	-	-	-	-
<b>Total Personnel</b>	<b>115,200</b>	<b>118,656</b>	<b>122,216</b>	<b>356,072</b>
Programmatic before indirect	18,774	18,335	18,373	55,481
Indirect	-	-	-	-
<b>Total Programmatic</b>	<b>18,774</b>	<b>18,335</b>	<b>18,373</b>	<b>55,481</b>
One-time and Start-up Expenses before indirect	19,061	67	69	19,197
Indirect	-	-	-	-
<b>Total One-time and Start-up Expenses</b>	<b>19,061</b>	<b>67</b>	<b>69</b>	<b>19,197</b>
<b>TOTAL</b>	<b>\$ 153,035</b>	<b>\$ 137,058</b>	<b>\$ 140,657</b>	<b>\$ 430,750</b>
Supplemental before indirect	13,707	16,207	17,207	47,121
Indirect	-	-	-	-
Staff Replacement	-	11,591	10,927	22,518
Indirect	-	-	-	-
<b>Total</b>	<b>13,707</b>	<b>27,798</b>	<b>28,134</b>	<b>69,639</b>
<b>Total Expenses</b>	<b>\$ 166,742</b>	<b>\$ 164,856</b>	<b>\$ 168,792</b>	<b>\$ 500,389</b>