HEMOPHILIA ASSISTANCE PROGRAM

State Authorization: G.S. 130A-124 and 10A NCAC 43F.1101

N. C. Department of Health and Human Services
Division of Public Health

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N. C. DHHS Confirmation Reports:
SFY 2008 audit confirmation reports for payments made to Counties, Area Programs, Boards of Education, Councils of Government, District Health Departments, DCD State Level Contractors and HRSA Bioterrorism Grant Subrecipients will be available by around late August to early September at the following web address: http://www.dhhs.state.nc.us/control/At this site, page down to “Letters/reports/forms for ALL Agencies” and click on “Audit Confirmation Reports (State Fiscal Year 2007-2008)”. Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from the DHHS are found at the same website except select “Non-Governmental Audit Confirmation Reports (State Fiscal Years 2006-2008)”.

Brief Description of Program:
To help with the cost of blood products and other services related to hemophilia or other congenital bleeding disorders. Transportation expenses incurred in obtaining treatment are also covered.

Each year funds are distributed through contracts to four medical centers to contribute to the cost of providing health related services to NC residents who are eligible for the hemophilia assistance care. The services include hospitalization, physician services, pharmaceuticals, dental care, transportation, and blood products. The funds are to offset cost of covered services at the contract facility only and during the term of the contract.

To be eligible for assistance under the Hemophilia Assistance Plan, an individual must:

- Be a North Carolina resident;
- Be diagnosed as having hemophilia or another congenital bleeding disorder; and
- Have an income at or below the federal poverty level; and
- Seek assistance care from one of the institutions receiving Hemophilia Assistance Plan funds.

Organizations Funded: [X] Private [ ] Local Government [ ] Both

Source of Funds: State X Federal ______