2019

SENATE APPROPRIATIONS – HEALTH & HUMAN SERVICES

MINUTES

APPROPRIATIONS HEALTH CARE and HUMAN SERVICES
SENATE COMMITTEE 2019
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NORTH CAROLINA GENERAL ASSEMBLY

SENATE APPROPRIATIONS HEALTH and HUMAN SERVICES
2019 – 2020 SESSION

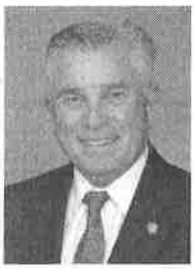
Sen. Dan Bishop
Chair

Sen. Joyce Krawiec
Chair

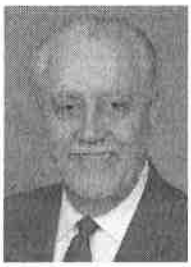
Sen. Jim Burgin

Sen. Ralph Hise

Sen. Don Davis



Sen. Jim Davis



Sen. Carl Ford

Sen. Valerie Foushee

Sen. Paul Lowe

Sen. Floyd McKissick

Sen. Jim Perry

Sen. Gladys Robinson

Sen. Terry Van Duyn

Senate Committee on Appropriations on Health and Human Services
Tuesday, February 26, 2019 at 8:30 AM
Room 643 of the Legislative Office Building

MINUTES

The Senate Committee on Appropriations on Health and Human Services met at 8:30 AM on February 26, 2019 in Room 643 of the Legislative Office Building. Seven Senate members were present along with some members of the House Committee on Appropriations on Health and Human Services.

Senator Joyce Krawiec, Chair, presided.

Jalen Anderson-John from Salemburg, Kalil Barnes from Salemburg, Daniella Bautista from Salemburg, Jordan Boddie-Kelly from New London, and Robert Douglas from Salemburg served as Senate Pages.

Sen. Krawiec welcomed everyone and introduced Mandy Cohen, Secretary of Health and Human Services (DHHS) who gave an overview of DHHS explaining their priorities and values. Ms. Cohen then introduced her Executive Team:

Susan Perry-Manning, Principal Deputy Secretary
Mark Benton, Deputy Secretary for Health Services
Sam Gibbs, Deputy Secretary for Technology and Operations
Kody Kinsley, Deputy Secretary for Behavioral Health and IDD
Tara Myers, Deputy Secretary for Human Services
Dave Richard, Deputy Secretary for NC Medicaid

Sen Krawiec recognized in the below order members of the DHHS Executive Team to give their presentations:

Dave Richard – NC Medicaid presentation
Kody Kinsley – Behavioral Health
Mark Benton – Rural Health
Tara Myers – Child Welfare and Aging/Adult Services
Susan Perry-Manning – Early Childhood

Questions from the members were responded to by: Secretary Cohen, Dave Richard, Kody Kinsley, and Mark Benton.

The meeting adjourned at 10:53 AM.

Senator Joyce Krawiec, Chair
Presiding

Debbie Lown, Committee Clerk

AGENDA
JOINT HOUSE AND SENATE APPROPRIATIONS COMMITTEES ON HEALTH AND HUMAN SERVICES

February 26, 2019 8:30 a.m.
Legislative Office Building - Room 643

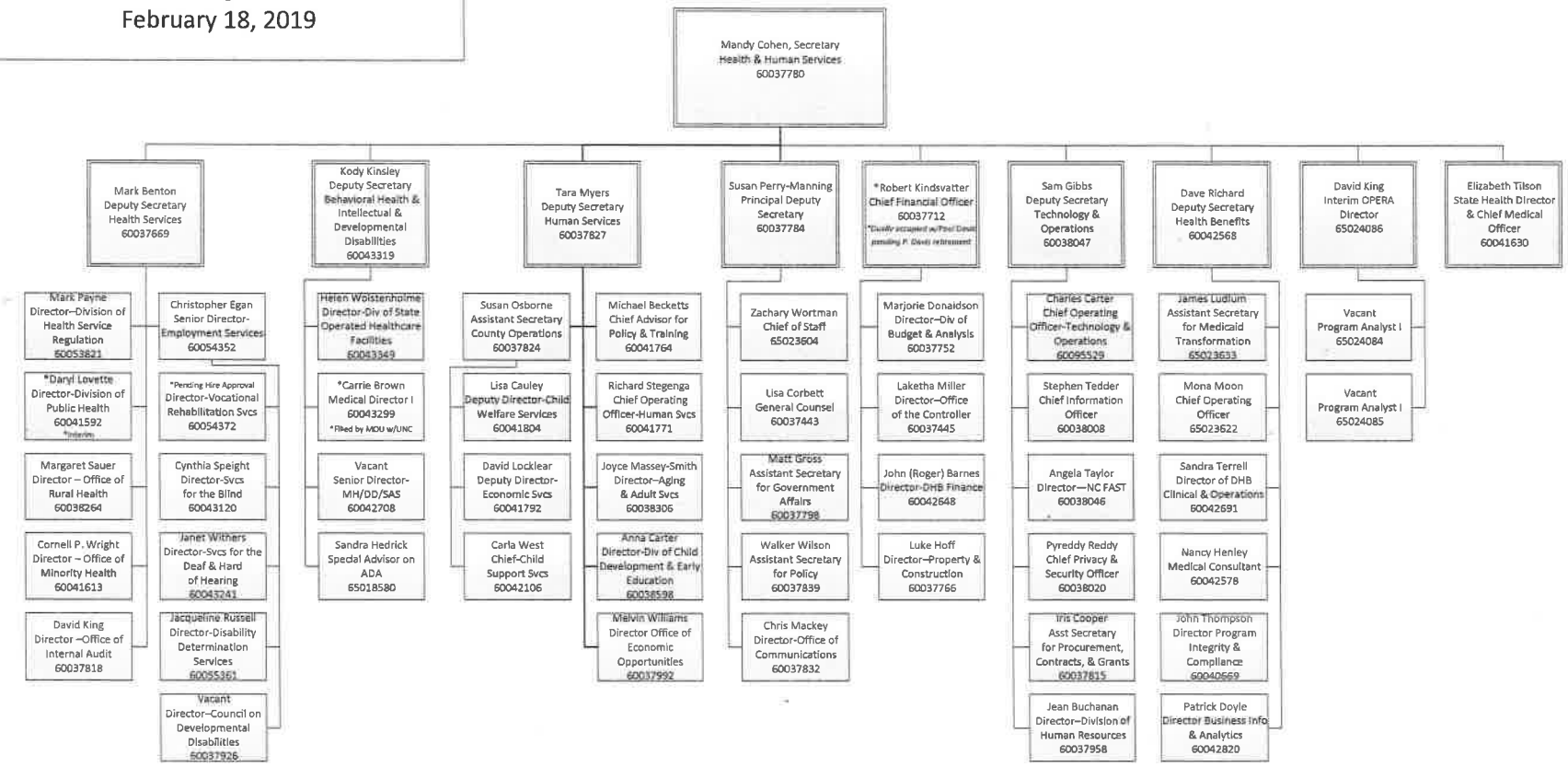
Committee Co-Chairs
Rep. Greg Murphy
Rep. Larry Potts
Rep. Donna White
Sen. Dan Bishop
Sen. Joyce Krawiec

Committee Vice Chairs
Rep. William Brisson
Rep. Josh Dobson
Rep. Donny Lambeth

Committee Members
Rep. Mary Belk
Rep. MaryAnn Black
Rep. Dana Bumgardner
Rep. Carla D. Cunningham
Rep. Jean Farmer-Butterfield
Rep. Verla Insko
Rep. Steve Jarvis
Rep. Raymond Smith, Jr.
Rep. Evelyn Terry
Sen. [illegible]n Burgin
Sen. [illegible]alph Hise
Sen. Paul Lowe
Sen. Floyd McKissick, Jr.
Sen. Jim Perry
Sen. Gladys Robinson
Sen. Terry Van Duyn

I.	**Welcome and Opening Remarks**	Sen. Krawiec, Presiding Co-Chair
II.	**Remarks to the Committee Introduction of Executive Team**	Mandy Cohen, Secretary of Health and Human Services
III.	**DHHS Report on Status/ Implementation of Significant Legislative Actions from FY 2017-18 and FY 2018-19**	Mandy Cohen, Secretary of Health and Human Services Susan Perry-Manning, Principal Deputy Secretary Mark Benton, Deputy Secretary for Health Services Sam Gibbs, Deputy Secretary for Technology and Operations Kody Kinsley, Deputy Secretary for Behavioral Health and IDD Tara Myers, Deputy Secretary for Human Services Dave Richard, Deputy Secretary for NC Medicaid
IV.	**Adjourn**	

DHHS Executive Organizational Chart
February 18, 2019



Joint Committee on Appropriations, Health and Human Services

Budget Item Update 2017-2019

February 26, 2019

Top priorities

1. Medicaid Transformation

2. Opioid Crisis

3. Early Childhood Action Plan

Medicaid Transformation

Goal: Build an innovative, coordinated, and whole-person center system of care that addresses both medical and non-medical drivers of health

- Integrate behavioral and physical health
- Promote quality and value
- Promote access to high quality care
- Comprehensively address key drivers that impact health

Opioid Crisis

Goal: Turn the tide on North Carolina's Opioid Crisis

- Where we are today
  - $45.5M federal grant dollars this year
  - Modest positive trends in the data
- Strategies going forward
  - Opioid Action Plan
  - 1115 waiver opioid strategy
- Role of Medicaid Expansion

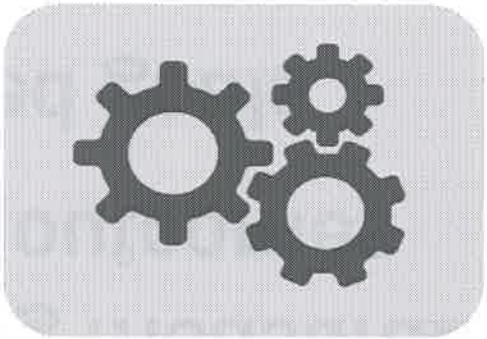
Early Childhood Action Plan

Goal: Ensure all NC children get a healthy start and develop to their full potential in safe and nurturing families, schools, and communities

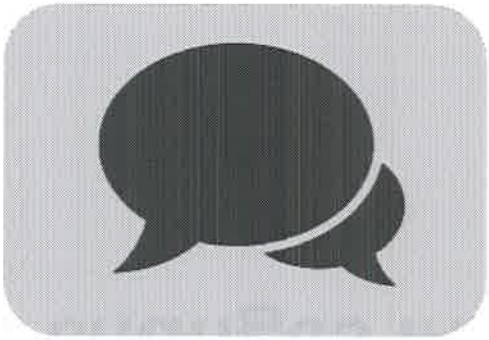
- Galvanize coordinated action across public and private stakeholders
- Focus on making measurable changes in early childhood outcomes
- 10 data-informed goals

DHHS Values

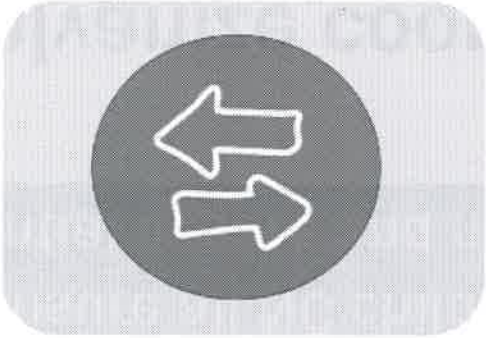
People-Focused



Teamwork



Proactive Communication



Transparency

Stewardship

Joy

DHHS Senior Leadership

• Susan Perry-Manning	Principal Deputy
• Mark Benton	Health Services
• Sam Gibbs	Technology and Operations
• Kody Kinsley	Behavioral Health and I/DD
• Tara Myers	Human Services
• Dave Richard	Medicaid

Personal Care Services Rate Increase

Background

- 38,000 Medicaid eligible people receive this state plan service
- Settings of care: In home, Adult Care Home (assisted living), Family Care Homes
- Growth of the program has slowed

Legislation

- Rate increases for SFY 18 & 19.
  - Hourly rate went from $13.88 to $15.52 on 8/1/2017
  - Hourly rate went from $15.52 to $15.60 on 1/1/2018

Update

- Expect implementation of Electronic Visit Verification (EVV) in 2020 as required by federal 21st Century Cures Act. States who have implemented EVV have observed a 5-10% decline in utilization.

Prepayment Claims Review Modifications

Background

- From 2012 – 2017, providers put on Prepayment Claims review reduced their billing approximately 82% of their average prior billings during the review period

Legislation

- Requires a provider to bill a minimum of 50% of average prior billings
- Extends prepayment review period from max of 12 months to up to 24 months
- Prohibits providers from withholding claims to avoid the claims review process

Update

- There is now only a 33% reduction in billing by providers when they are on Prepayment Claims Review
- Providers who pass Prepay Claims Review tend to only reduce their billing by 3%

Ambulance Transportation to Alternative Locations

Background

- Ambulance Transport to locations other than hospitals is not currently reimbursed by Medicaid

Legislation

- S.L. 2017-57, Section 11H.14A directed Medicaid to reimburse for Ambulance Transportation to Alternative Locations (i.e. crisis centers)

Update

- No State Plan Amendment needed for this change
- Policy has been developed and will be submitted for review by the Physician's Advisory Group (PAG) in April 2019
- Target implementation date is July 1, 2019

Nurse Home Visit Pilot Projects

Background

- Medicaid was directed to pilot voluntary home visiting programs for pregnant beneficiaries

Legislation

- Session Law 2018-5, Section 11H.3 directed Medicaid to implement the design outlined in its JLOC report entitled "Plan to Implement Coverage for Home Visits for Pregnant Women and Families with Young Children."

Update

- Pilots are in process in Johnston and Cleveland counties and are scheduled to conclude June 30, 2019
- A waiver was not required for the pilot programs
- Cleveland County has had 19 participants enroll since July 2018; Johnston County has had 1 participant enroll that met enrollment requirements

Graduate Medical Education Funding

Background

- S.L. 2015 – 241, as amended by S.L. 2015 – 264 implemented the prohibitions on reimbursement for Graduate Medical Education (GME) payments to teaching hospitals
- S.L. 2017 – 57 restored the funding to continue GME payments to teaching hospitals

Legislation

- Reinstated funding to maintain the graduate medical education add on to inpatient hospital DRG payment effective July 1

Update

- The add on graduate medical education payment is continuing to be paid as allowed under this legislation

Management Flexibility Reduction

Legislation

- The Department is directed to identify savings or reduce spending within their authority defined in G.S. 108A-54(e) to achieve a savings in appropriation of $15,000,000

Update

- The Department managed the Medicaid spending such that the program operated within the authorized budget and achieved the required savings

LME/MCO Solvency Range Calculation

Are there changes DHHS will be proposing to the solvency range calculation and what will be the impact?

- Consistent with the DHHS Solvency Report dated 12/11/18, we recommend:
  - Remove the Risk Reserve as part of the available cash calculation since this is restricted to pay providers only should the LME/MCO be non-compliant
  - Use the actual incurred but not reported (IBNR) with variance guidelines instead of a fixed calculation percentage
  - Allow for 30 to 45 days of cash in the solvency calculation

LME/MCO Solvency Range Calculation

How does the Department intend to work with the LME/MCOs to make sure that reinvestments identified by the LME/MCOs are consistent with the goals for behavioral health?

- The Department is refining its procedure for approving the reinvestment plans to ensure that they are consistent with the Department's overall goals

When will the Department begin developing corrective action plans with the LME/MCOs that have cash balances outside the solvency range?

- The Department will develop corrective action plans after three quarters of reporting

Medicaid Physician Upper Limit Payment Plan

Background

- SFY 2011 UNC and ECU Schools of Medicine Faculty physicians receive a UPL payment funded through Intergovernmental Transfers (IGT)
- S.L. 2014-100 Caps the number faculty physicians at the respective Schools of Medicine and excludes any services provided in Wake County as being eligible for the UPL payment
- S.L. 2018-5 increases the total cap by 60 physicians to be divided amongst both Schools of Medicine

Legislation

- Provides funding for increasing the number of allowable slots by 60 slots that are to be allocated between UNC and Brody Schools of Medicine

Update

- In collaboration with each of the medical schools, of the 60 additional slots, 45 will be assigned to UNC and 15 will be assigned to the Brody. The Division is in the process of updating the State Plan and seeking CMS approval.

Single Stream Funding

Background

- FY 18/19 Single Stream Funding (SSF) was $208M; a net reduction of $20.6M from FY 17/18.
- Law requires LME/MCOs maintain 2015 paid service levels at $274M
- Since 2015, LME/MCOs have used $216M to maintain service levels.
- In CY 2018, 97,442 people were served from single stream and federal grant funding, which is roughly 9% of the uninsured population.
- $2,042 is the average spent per uninsured person; conversely, $4,528 is the average spent per Medicaid beneficiary.

Legislation

- S.L 2018-5 made $36M cuts recurring, permanently reducing SSF to $278M; and made $71M cuts as non-recurring, to the $208M for FY 18/19.

Update

- DMH is developing a formula to allocate Non-Medicaid Funds to LME/MCOs that takes into account the perceived needs of the populations in the various catchment areas.

Opioid Spending

Background

- Federal government has awarded NC $77M through two grants; approx. $19.3M/year over 4 years
  - CURES/State Targeted Response (STR): $31M = $15.5M a year for two years, May 2017 – April 2019
  - State Opioid Response (SOR): $46M = $23M a year for two years, October 2018 – September 2020
- 60% of federal grants directly fund services through LME/MCOs and the remaining 40% fund contracts and services to promote adherence and access, such as purchasing medication, piloting access in EDs, and training providers in rural communities.
- In NC, an estimated 444,082 persons have an opioid use or heroin use disorder.

Update

- Federal grant spending is being used at a rate of roughly $2M per month; we anticipate expending the first year of the SOR grant 3 months ahead of schedule.
- The STR grant ends in April 2019 – funds allocated for services were expended 2 months ahead of schedule. Just over 10,000 people received treatment from this grant.
- Congress has renewed STR grant for another 2-year cycle but allocated amounts have not been provided.

Dix Beds

Background

- $38,249,750 funds for contracts to construct and/or renovate 199 new beds at 7 hospitals
- These types of capital construction projects are inherently complex and typically require months from the point of development and design to completion of the new behavioral health beds

Legislation

- SL 2015-241 required the Department to develop a plan to use up to $25 million to produce 150 new behavioral health inpatient beds
- S.L. 2016-94, Section 12F.4, the General Assembly established a reserve for the Dorothea Dix Land Proceeds to provide funding for expanding inpatient capacity in rural areas and to establish up to two new child facility-based crisis centers for a total of $20 million
- Continuing with SL 2017-57, Section 11F. 5, the sum of up to $17 million was appropriated to pay for any renovation or building costs associated with (i) the construction of new licensed inpatient behavioral health beds, (ii) the conversion of existing inpatient acute care beds into licensed inpatient behavioral health beds, or (iii) a combination of these options

Update

- As of February 22, 2019, all but the Cape Fear Valley contract has been executed
- The majority of the projects/construction are well underway but some have experienced delays for varied reasons including the contract process along with design and engineering challenges
- Cape Fear Valley's contract is delayed due to legislative changes
- Mission and Dix Crisis Intervention anticipate occupancy in March 2019
- Special provision language is needed to extend the time allowed to expend funds
- Several hospitals have flagged that there is no funding for the operation of new beds

The Wright School

Background

- Department operates the Wright School which provides residential treatment and special education services for children ages 6 to 12
- Submitted the Cost Analysis for Expansion of Wright School report to open-up two schools

Legislation

- Wright School Legislative Report (Session Law 2018-5, Section 11F.6)

Update

- One-time construction and start-up costs: $12.7M construction costs for each of 2 facilities and $625,000 for one time start-up costs per facility
- Total annual operating costs (less Medicaid and state savings): $3.2M per facility + $310,000 across facilities
  - Operating costs per facility: $4.5M annual costs per facility including staffing
  - Cross-program operating cost: $310,000 annually for cross-program staffing to ensure fidelity to the current Wright School program model
  - Medicaid and state cost savings: $29,288 per student or $1.3M per facility in reduced service utilization by students 1 year post Wright School programming

Community Health Centers

Background

- Community Health Centers, Rural Health Centers, Federally Qualified Health Centers and Free Clinics are key parts of NC's safety-net system
- 350+ such centers located in 97 counties
- A third of the clinics receive a Community Health Grant (CHG)
- 47% of patients seen in grant-funded clinics are uninsured

Legislation

- Increased annual grant funding to centers by $7.5M
- Directed DHHS to develop a method to collect/measure clinic outcomes

Update

- $14.6 million in grants to 113 clinics (65 counties)
- Leveraged existing federal reporting system, focusing on BMI, diabetes, high blood pressure & tobacco use. Outcome data collected quarterly.

Program Improvement Plan Achievements

Background

- The federal Child and Family Services Review resulted in a Program Improvement Plan (PIP designed to improve safety, permanency and well-being outcomes.

Legislation

- $9.1M was appropriated in response to the PIP to help build child welfare workforce capacity and expand services available to families.

Update

- Established 29 new positions for child fatality reviews and county technical assistance and monitoring. As a result:
  - Cleared a three-year backlog of 112 child fatality reviews.
  - Developed new county monitoring process and increased the number of onsite technical assistance visits.

- Funded additional intensive family preservation services to support children remaining safely in their homes.
  - Serving 1,000 families

- Established the Child Welfare Family Advisory Council to ensure that ongoing feedback from families in the child welfare system is used to improve services.

Social Services and Child Welfare Reform

Background

- NC Session Law 2017-41, Family-Child Protection and Accountability Act/Rylan's Law provides a comprehensive blueprint for reforming state's child welfare and social services systems.
- Required 1) a third-party review and recommendations for improvements; 2) a cross-sector Social Services Working Group (SSWG) to make recommendations for the state to implement regional supervision; 3) a proposed implementation plan by DHHS; 4) implementation of a memorandum of understanding (MOU) between DHHS and counties for social and child welfare service outcomes; 4) the creation of a wellness dashboard; 5) and the establishment of a Child Well-Being Transformation Council.

Legislation

- $200K (R) in 2017-18, $3.2 million (NR) in 2018-19 to develop reform plans for social reform and child welfare reform (for third party reviewer).

Update

- MOU implemented effective July 1, 2018. Refinements and county data validation process underway.
- Wellness dashboard prototype created - to be released after completion of data validation.
- The Center for Support of Families (CSF), the selected third-party reviewer, delivered preliminary reform plans on August 31, 2018. Final reform plans are due March 31, 2019.
- Social Services Working Group completed two reports with recommendations.
- DHHS submitted its proposed plan in response to both the CSF and SSWG plans to the NCGA last week.
- Child Well-Being Transformation Council established and has begun meeting.

Adult Guardianship Services

Background

- Increase of Social Services Block Grant (SSBG) federal receipts of $987,309, along with local match receipts, for county departments of social services to provide additional adult guardianship services.

Legislation

- S.L. 2018-5, Sec. 11L.1 – Changes to federal funding and how DHHS should allocate those

Update

- Additional SSBG funds were allocated to 58 counties based on their total number of guardianship wards and the growth of wards over the prior three years along with county poverty levels (weighted calculation of 50%).

Temporary Assistance for Facilities That Serve Special Assistance Recipients

Background

- Facilities receive temporary assistance of $34 per month for each resident who receives Special Assistance. Counties and the State each provide 50% of the funding. ($5 million nonrecurring in each year of the biennium).

Legislation

- SL 2016 – 94, Section 12C.7; Conference Report Item G-33; SL 2017-57, Item G-56

Update

- Total payments of $521,526 through January, 2019, have been made for 92% of the 18,008 recipients living in facilities

Home and Community Care Block Grant (HCCBG)

Background

- 57,915 individuals received one or more HCCBG-funded services in SFY 2018, 395 more than previous year
- 10,769 individuals on the Wait List statewide as of 2/19/2019

Legislation

- $150K of additional SSBG and $16.6K in local match in 2018-19 specifically for Congregate Nutrition; $850K in additional SSBG and $94.4K in local match to increase access to community based services and supports

Update

- 50,021 individuals have been served to date this year through HCCBG

Home and Community Care Block Grant (HCCBG)- Eastern Band of the Cherokee Indians

Background

- The Eastern Band of the Cherokee Indians (EBCI) plan for administering the Home And Community Care Block Grant

Legislation

- Required DHHS to develop plan for the Eastern Band of Cherokee Indians to administer the HCCBG for members residing within the Qualla Boundary

Update

- DHHS facilitated an agreement with EBCI that enable them to directly administer HCCBG funds.
- In consultation with the US Administration Community Living and in conjunction with representatives of the EBCI, the DHHS report to the General Assembly is pending final internal review and will be submitted shortly

Increase the Number of Children Served in NC Pre-K

Background

- ~62,000 income eligible children in NC today
- Only 29,791 children currently being served
- Wait lists are not an accurate representation of need
- Current average payment for a NC Pre K slot is $5,554
- This payment does not cover the full cost of NC Pre-K - ~$9,500- $10,000
- Significant growth in demand each year

Update

- Many counties have been limited from expanding due to low state rates and lack of local funding to support hiring qualified teachers and providing resources to support expanding capacity.

Smart Start - Dolly Parton Imagination Library (DPIL)

Background

- DPIL is an early literacy program that provides free books to children birth to five that is now available to families statewide with more than 200,000 children registered
- More than 1.5 million books distributed since 2017 expansion

Child Care Subsidy Market Rate Increases

Background

- 70,000 children are served monthly in child care subsidy
- 29,000 children are on the waiting list

Update

- Average monthly cost of subsidy has increased from $433 to $538.

Separate Star-Rated License/Birth through Two Legislative Report

Legislation

- Required a report be completed related to staff qualifications and turnover, educational outcomes and requirements for religious sponsored programs

Update

- Report was submitted on November 26th, 2018
- Five recommendations were included related to increasing minimum staff requirements for all teachers, providing enhanced subsidy for programs meeting higher levels of education, supporting developmental screenings and formative assessments, piloting a higher quality infant/toddler classroom project, and increasing standards for religious sponsored programs

Child Care Subsidy Recipient to Cooperate with Child Support Demonstration Project

Legislation

- Required DCDEE to work with DSS Child Support to develop a demonstration project related to requiring child care subsidy recipients to cooperate with child support services and report on the results

Update

- Findings from the demonstration project were:
  - 90% of the child care applications did not result in a referral to child support.
  - Of the total child care subsidy applications, only one percent resulted in an order for child support payments.
  - There will be significant costs when implementing the requirement, both in technology updates and the cost to local offices for the additional work placed on case workers

Senate Pages Attending

COMMITTEE: Approps: Health & H. Services **ROOM:** 643 LOB

DATE: 2-26 **TIME:** 8:30

PLEASE PRINT LEGIBLY....*or else!!!!!*

Page Name	Hometown	Sponsoring Senator
1. Jalen Anderson-John	Salemburg	B. Jackson
Kalil Barnes	"	"
3. Daniella Bautista	"	"
4. Jordan Boddie-Kelly	New London	Ford
5. Robert Douglas	Salemburg	B. Jackson
6.		
7.		
8.		

Notes: Present this form to either the Committee Clerk at the meeting or to the Sgt-at-Arms.

Phillip Edwards

Alicia Fleming

McKenna Matthews

House pages

Committee Sergeants at Arms

NAME OF COMMITTEE Joint Appropriations: Health & Human Svcs.

DATE: 02/26/2019 Room: 643 LOB

House Sgt-At Arms:

1. Name: Terry McCraw
2. Name: Jim Moran
3. Name: Thomas Terry
4. Name: Will Crocker
5. Name:

Senate Sgt-At Arms:

1. Name: Terry Barnhardt
2. Name: Chris Moore
3. Name:
4. Name:
5. Name:

Visitor Registration Sheet

SENATE Appropriations on HEALTH CARE and HUMAN SERVICES

2019-2020

February 26, 2019

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Alan Winstead	Coalition on Aging
Laura Hagman	Coalition on Aging
Paola Learoyd	Randolph Council on Aging
[illegible]	R. Council on Aging
MARTY BOCOCK	PRIME THERAPEUTICS
David Collins	Walkertek ST
Jim Hooker	INDEPENDENT CONS.

09-21-201

NAME OF MEETING: Health & Human Svcs.

DATE: 2/26/19

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Michelle Laws	NAMI-NC
Robin Huffman	NC Psychiatric Assoc
Elise Yost	NCGA staff
Ruth Ann Go	ECU MSN Student
Sarah McQuillan	Kairos Gov Affairs
Brian Perkins	Alliance Health
Sara Wilson	Alliance Health
Hugh Johnson	NCACC
Master Lee McConnell	Catrium Health
Andy Elle	NCRM
Amanda Donavon	KTS
Kara Weishaar	SA
Stefan Torres	NCMS
Taryn Dunn	DRNC
LT MCCrimmon	DHHS
Malasia Mcclendon	Senate Intern
Ken Melton	K.M.A.
Sarah Wolfe	NWC

NAME OF MEETING : HEALTH AND HUMAN SERVICES

DATE: 2/26/19

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Kay Castillo	NASW-NC
Valerie Arendt	NASW-NC
Susie Farrell	Fetzer Lee
Mesha Evans	DRNC
Susan Osborne	DHHS
Courtney Henry	CHK
John Nelson	The Arc of NC
Logan Martin	Skyline Strategies
Marilyn Avila	CHS
Julia Adams Schawrick	Oak City GR
Ashley Palmer	Parker Poe
JOE LAMIER	TRUEMAN
Tobe Hudson	NAFS

NAME OF MEETING : Health & Human Svcs.

DATE: 9/26/15

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Christian Campbell	Skyline Strategies
Dirk Gorham	Law Off of Dirk Gorham PLLC

Joint Committee on Appropriations on Health and Human Services
Thursday, February 28, 2019 at 8:30 AM
Room 643 of the Legislative Office Building

MINUTES

The Joint Committee on Appropriations on Health and Human Services met at 8:30 AM on February 28, 2019 in Room 643 of the Legislative Office Building. Twelve Senate members were present.

Senator Dan Bishop, Chair, presided.

Senator Bishop welcomed everyone and recognized the Senate Sergeants-at-Arms, Tom Burroughs and Linda Matthews. Tiffany Tevaris, Arianna Ragland, Jeffrey Roberton, and Anika Smith served as Senate pages. Dante January, Preston Lewis, Thomas Pueblo, and Braxton Agee served as House pages.

Mark Collins and Steve Owen of the Fiscal Research Division gave a presentation on Medicaid Transformation Overview and took questions from members.

A presentation on Medicaid Transformation Implementation was given by Secretary of Health and Human Services Mandy Cohen; Deputy Secretary for NC Medicaid Dave Richard; and Deputy Secretary for Technology and Operations Sam Gibbs. They also took questions from members.

The meeting adjourned at 9:49 AM.

Senator Dan Bishop, Chair
Presiding

John Wynne, Committee Clerk

AGENDA
JOINT HOUSE AND SENATE APPROPRIATIONS COMMITTEES ON HEALTH AND HUMAN SERVICES

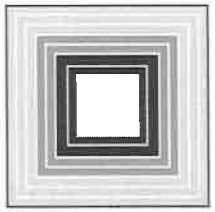
February 28, 2019 8:30 a.m.
Legislative Office Building - Room 643

Committee Co-Chairs
Rep. Greg Murphy
Rep. Larry Potts
Rep. Donna White
Sen. Dan Bishop
Sen. Joyce Krawiec

Committee Vice Chairs
Rep. William Brisson
Rep. Josh Dobson
Rep. Donny Lambeth

Committee Members
Rep. Mary Belk
Rep. MaryAnn Black
Rep. Dana Bumgardner
Rep. Carla D. Cunningham
Rep. Jean Farmer-Butterfield
Rep. Verla Insko
Rep. Steve Jarvis
Rep. Raymond Smith, Jr.
Rep. Evelyn Terry
Sen. Jim Burgin
Sen. Ralph Hise
Sen. Paul Lowe
Sen. Floyd McKissick, Jr.
Sen. Jim Perry
Sen. Gladys Robinson
Sen. Terry Van Duyn

I.	**Welcome and Opening Remarks**	Sen. Bishop, Presiding Co-Chair
II.	**Medicaid Transformation Overview**	Mark Collins, Fiscal Research
III.	**Medicaid Transformation Implementation**	Mandy Cohen, Secretary of Health and Human Services Dave Richard, Deputy Secretary for NC Medicaid Sam Gibbs, Deputy Secretary for Technology and Operations
IV.	**Adjourn**	



FISCAL RESEARCH DIVISION

A Staff Agency of the North Carolina General Assembly

Medicaid Transformation

Joint House and Senate Appropriations Committees on Health and Human Services

February 28, 2019

Overview

- What is transformation?
- Goals
- Structure and timeline
- Capitation rates
- Summary

Transformation of Delivery System

- Current system:
  - Fee-for-service (physical health): providers are reimbursed by Medicaid for each service provided to beneficiaries
    - Program is administered at the State level
  - Managed care for behavioral health: 7 regional LME/MCOs (local management entities/managed care organizations)
    - LME/MCOs are local government agencies
    - LME/MCOs are paid per-person rates ("capitated rates") to coordinate and pay for care
- Transformed system:
  - Prepaid Health Plans (PHPs) will be paid capitated rates to coordinate and pay for integrated physical and behavioral health for beneficiaries

Intent of Medicaid Transformation

- S.L. 2015-245, Section 1
  - *"… provide budget predictability for the taxpayers of this State while ensuring quality care to those in need."*
- Legislative goals from S.L. 2015-245:
  - *Ensure budget predictability through shared risk and accountability.*
  - *Ensure balanced quality, patient satisfaction, and financial measures.*
  - *Ensure efficient and cost-effective administrative systems and structures.*
  - *Ensure a sustainable delivery system.*

Role of the General Assembly

- S.L. 2015-245, Section 2
  - Define the goals of transformation and the structure of the delivery system
  - Monitor plans for transformation and implementation of transformation
  - Define eligibility for the programs, including which Medicaid populations will be covered by Prepaid Health Plans (PHPs)
  - Appropriate funds for Medicaid and NC Health Choice
  - Confirm the Director of the Division of Health Benefits (section establishing the Director takes effect Jan 1, 2021)

Structure of Managed Care

Types of PHPs:

1. Commercial Plans (CPs) – includes for-profit or non-profit commercial insurers
2. Provider-Led Entities (PLEs) – A majority of the entity's governing board must be made up of physicians, physician assistants, nurse practitioners, and psychologists who have experience treating NC Medicaid beneficiaries

- CPs and PLEs must be licensed by the Department of Insurance
- 4 statewide PHP contracts required (CPs or PLEs)
- Up to 12 regional contracts (PLEs only)
- CPs and PLEs will initially manage only *Standard Benefit Plans*

Standard Benefit Plan Populations

- Who will be in PHP Standard Benefit Plans?
  - Approximately 1.6 million of the 2.2 Medicaid and NC Health Choice beneficiaries
- Major Medicaid populations *not* in Standard Plans
  - Family planning
  - Dual eligible for whom coverage is limited to Medicare costs
  - Incarcerated
  - In specified Medicaid programs:
    - Community Alternatives Programs
    - Program of All-Inclusive Care for the Elderly (PACE)
  - Eligible for BH IDD Tailored Plans
    - Serious mental illness
    - Serious emotional disturbance
    - Serious substance use disorder
    - Intellectually and developmentally disabled
    - Traumatic brain injury

BH IDD Tailored Plans (S.L. 2018-48)

- BH IDD Tailored Plans will provide physical and behavioral healthcare for Medicaid beneficiaries with:
  - Serious mental illnesses,
  - Serious emotional disturbances,
  - Severe substance use disorders,
  - Intellectual or developmental disabilities, and
  - Traumatic brain injuries.
- For the first 4 years of Tailored Plans, 5 to 7 regional LME/MCOs will be contracted to operate the plans
- LME/MCOs must contract with a PHP that covers services under the Standard Benefit Plan
- After initial 4 years, Tailored Plan contracts will be subject to RFP

Timeline – Major Events

Date	Event
June 2016	NC DHHS submitted initial 1115 Waiver request to federal Centers for Medicare and Medicaid Services (CMS)
November 2017	NC DHHS submitted amended 1115 Waiver request to CMS
August 2018	DHHS released PHP RFP
October 2018	8 offerors responded to RFP (5 CPs and 3 PLEs)
October 2018	CMS approved the State's 1115 Waiver
February 2019	4 statewide CPs and 1 regional PLE (regions 3 and 5) awarded PHP contracts
November 2019	PHP Standard Plans will launch in Phase One regions (2 and 4)
February 2020	PHP Standard Plans will launch in the rest of the State
CY 2021	BH IDD Tailored Plans will launch

System Progression

	Mild/Moderate Behavioral Health Needs	Severe Behavioral Health Needs/IDD	PHP Carve-Out Populations
February 2019			
Physical Health	Medicaid fee-for-service (FFS)	Medicaid FFS	Medicaid FFS
Behavioral Health	LME/MCOs	LME/MCOs	LME/MCOs
February 2020			
Physical Health	PHP Standard Plans	Medicaid FFS	Medicaid FFS
Behavioral Health		LME/MCOs	LME/MCOs
February 2022			
Physical Health	PHP Standard Plans	LME/MCO Tailored Plans	Medicaid FFS
Behavioral Health			Not specified

Regions

	Location/ Largest City	# Counties in Region	Population	Average Median HH Income	# Medicaid/ NCHC	% Medicaid/ NCHC
Region 1 (Feb 2020)	West/ Asheville	19	997,100	$41,390	207,674	20.8%
Region 2 (Nov 2019)	Triad/ Greensboro	13	1,681,202	$43,451	369,975	22.0%
Region 3 (Feb 2020)	Charlotte Metro/ Charlotte	12	2,575,533	$50,911	505,301	19.6%
Region 4 (Nov 2019)	Triangle/ Raleigh	14	2,452,178	$49,844	420,957	17.2%
Region 5 (Feb 2020)	Southeast/ Fayetteville	15	1,509,253	$42,661	376,125	24.9%
Region 6 (Feb 2020)	Northeast/ Greenville	27	1,237,836	$42,787	300,446	24.3%

Sources: DHHS; Jan 2019 Medicaid enrollment report; U.S. Census Bureau

Draft Capitation Rate

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6
Aged, Blind, Disabled	$1,373.30	$1,356.05	$1,529.02	$1,415.53	$1,278.26	$1,158.50
New Born (<1 year)	$749.33	$707.22	$736.81	$660.06	$736.49	$563.56
Child (1-20 years)	$166.46	$148.78	$141.55	$141.70	$147.03	$136.74
Adult (21+ years)	$413.55	$437.60	$394.18	$385.86	$422.14	$373.97
Maternity Event Payment	$9,555.60	$9,760.42	$9,431.17	$8,857.91	$10,192.86	$8,844.00

Capitation rate-setting process:

- Actual claims experience
- Trending factors and program adjustments
- Managed care factors: Net savings in Year 1 = 8.4%
- Add-ons for: administration (4.9%); care management (3.3%); profit/underwriting (1.75%); and premium tax (2.01%)
- Population risk adjustments will be made, too (net $0)

Premium Tax and Hospital Assessments

- Legislative intent to apply the State's existing insurance premiums tax to PHPs *(S.L. 2018-49, Section 8)*
  - PHPs would get paid the additional amount needed for the tax in their capitation payments (paid with 2/3 federal dollars)
  - Tax collected would be exclusively State revenue
  - House Bill 114 would enact the tax
- Current hospital assessment structure will not work correctly once transformation begins
  - Legislative intent to modify the assessments during 2019 session *(S.L. 2018-49, Section 9)*

Division of Health Benefits

- S.L. 2015-245 established the Division of Health Benefits (DHB) and phases out the Division of Medical Assistance
- DHB responsible for implementing Medicaid transformation
- Establishment of the new division gave DHHS flexibility to pursue employees with the competencies needed to administer a Medicaid managed care delivery system
- In 2021, the Director of the Division of Health Benefits will be appointed by the Governor, subject to confirmation by the General Assembly

Key Takeaways

- Big change – There will likely be some disruption and some noise from beneficiaries, providers, and PHPs
- Should provide greater budget predictability but not necessarily savings relative to fee-for-service
- Integrates physical and behavioral healthcare
- More to do: PHP premium tax and hospital assessments
- Contracting with LME/MCOs for BH IDD Tailored Plans on the horizon
- Measuring success of transformation

QUESTIONS

Mark Collins – mark.collins@ncleg.net
Steve Owen – steve.owen@ncleg.net
919-733-4910

JOINT APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES

NC Medicaid Managed Care Update

Secretary Mandy Cohen, M.D.
Department of Health and Human Services

Feb. 28, 2019

Vision for NC Medicaid Managed Care

"Improving the health and well-being of North Carolinians through an innovative, whole-person centered and well-coordinated system of care that addresses both medical and non-medical drivers of health."

Prepaid Health Plans

Create single point of accountability for care and outcomes for Medicaid beneficiaries through two types of Plans

Standard Plans

- Beneficiaries benefit from integrated physical & behavioral health services
- "Primary care" behavioral health spend included in PHP capitation rate
- Phased implementation – Nov. 2019 & Feb. 2020

Tailored Plans

- Specialized managed care plans targeted toward populations with significant BH and I/DD needs
- Access to expanded service array
- Behavioral Health Homes
- Projected for July 2021

PHPs for NC Medicaid Managed Care

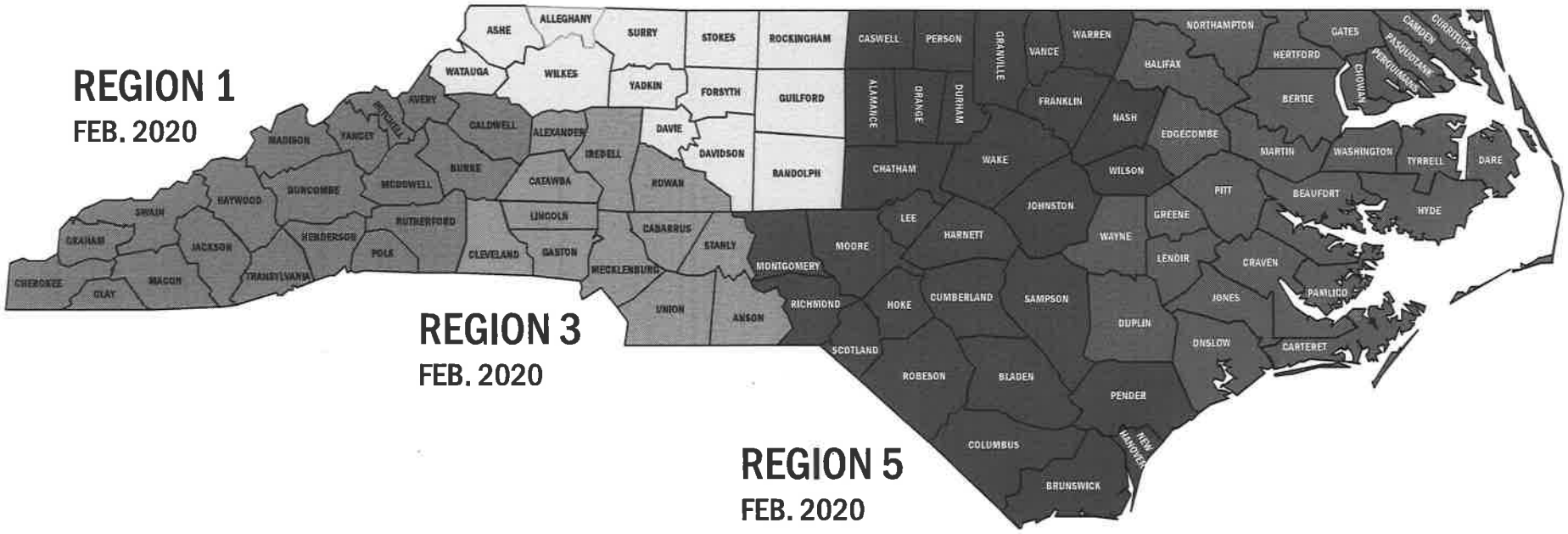
Statewide contracts

- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina, Inc.
- UnitedHealthcare of North Carolina, Inc.
- WellCare of North Carolina, Inc.

Regional contract – Regions 3 & 5

- Carolina Complete Health, Inc.

Managed Care Regions and Rollout Dates



Rollout Phase 1: Nov. 2019 – Regions 2 and 4

Rollout Phase 2: Feb. 2020 – Regions 1, 3, 5 and 6

With the transition to managed care, DHHS will ensure

- A person with a scheduled appointment will be seen by their provider
- A person's prescription will be filled by the pharmacist
- Calls made to call centers are answered promptly
- Individuals know their chosen or assigned PHP
- Individuals have timely access to information and are directed to the right resource
- A provider enrolled in Medicaid prior to Nov 1, will still be enrolled
- A provider is paid for care delivered to members
- PHPs have sufficient networks to ensure member choice

What beneficiaries can expect

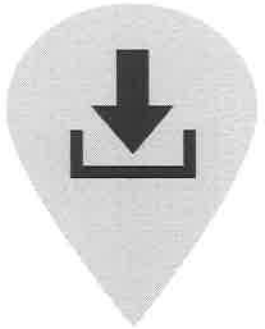
Understanding MC Impacts to Beneficiaries

What's New

1. Beneficiaries will be able to choose their own health care plan
2. Most, but not all, people will be in Medicaid Managed Care
3. An enrollment broker will assist with choice

What's Staying the Same

1. Eligibility rules will stay the same
2. Same health services/treatments/supplies will be covered
3. The beneficiary Medicaid Co-Pays, if any, will stay the same
4. Beneficiaries report changes to local DSS



Beneficiary Experience – Auto Assignment

Beneficiaries who don't choose a health plan will be assigned one automatically, consistent with the following components in this order:

1. Where the beneficiary lives.
2. Whether the beneficiary is a member of a special population (e.g. member of federally recognized tribes or BH I/DD Tailored Plan eligible).
3. If the beneficiary has a historic relationship with a particular PCP/AMH.
4. Plan assignments of other family members.
5. If the beneficiary has a historic relationship with a particular PHP in the previous twelve (12) months (e.g.,"churned" off/into Medicaid Managed Care).

Member Timeline– Phase 1

2019

Feb
- Initial letter sent to beneficiaries in 2 counties
- Address verification letter sent to remaining counties

March
- Flyers posted at DSS
- Address corrections to DSS

April
- 2nd letter to members
- Member Outreach activities

May
- Public Service Announcements
- PHP marketing materials

SOFT LAUNCH

June 3RD
- EB Call Center Open
- Welcome Packets mailed

July

Aug

- Open Enrollment Begins - July 15th

Sept

- Open Enrollment Ends - Sept 13th
- Members auto assigned to PHPs based on algorithm

Oct
- Member ID cards
- Member Handbooks

Day 1 - Regions 2 & 4

Nov 1ST Managed Care Launch- Phase 1

Dec
- Member feedback
- Evaluation of materials, process

Member Timeline– Phase 2

2019

June 3RD
- EB Call Center Open
- Outreach Activities

July
- Flyers posted at DSS
- Address corrections to DSS

Aug
- Letters to members
- Member Outreach activities

SOFT LAUNCH

Sept 2nd Enrollment Welcome Packets

Oct

Nov

Dec
- Open Enrollment Begins- Oct 14th
- Open Enrollment Ends- Dec 13th

2020

Jan
- Member ID cards
- Member Handbooks

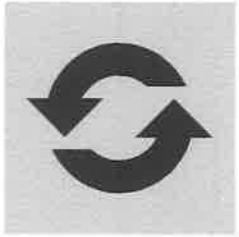
Day 1 - Regions 1, 3, 5 & 6

Feb 1st Managed Care Launch- Phase 2

March
- Member feedback
- Evaluation of materials, process

What counties can expect

Managed Care and DSS Workers

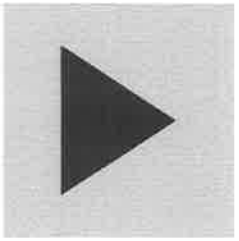


County DSS will CONTINUE:

- Processing Medicaid applications, changes of circumstance, and redeterminations.
- NEMT for FFS Beneficiaries
- Updating PCP for FFS Beneficiaries

County DSS will <u>not</u> be responsible for:

- Choice Counseling
- Enrolling Members in Plans
- NEMT for Managed Care Members (*unless contracted with PHP*)
- Updating PHP/PCP for Managed Care Beneficiaries



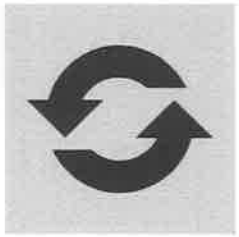
County DSS will START:

- Referring beneficiaries to the enrollment broker for PHP counseling & assignments.
- Referring beneficiaries to their Plan for PCP selection or changes

Managed Care Impacts on DSS

Staff Time	Operational
• Increased in-person/walk-in contacts • Increased telephone calls • Training time for all staff • Maintenance of scripts, information, updates • Participation in outreach events	• Non-Emergency Medical Transportation (NEMT) changes • Potential changes in agency layout/traffic flow • Potential fiscal impacts re: staff, NEMT vehicles, contracts • Potential additional phones/interview areas to connect beneficiaries to the EB

County Managers and County Commissioners

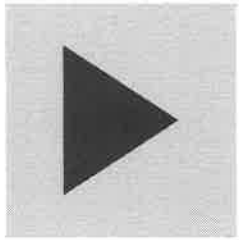


County Leadership:

- DHHS and Associations are engaged in joint planning
- Joint messaging, ongoing meetings
- Specific Training for Commissioners, Finance Officers, Managers

DHHS assist with evaluating financial impacts on:

- NEMT for Managed Care and FFS Members
- County Transportation system impacts
- Staff Time
- Additional Utilization Based Payments



County Involvement in policy recommendations:

- Tailored Plans Design (regions, governance)
- DSS Eligibility Processing
- Public Health Case Management programs

What providers can expect

Provider Experience in Managed Care

Addressing Administrative Burden:

- a centralized and streamlined provider enrollment and credentialing process;
- transparent, timely and fair payments for providers;
- a single statewide drug formulary that all PHPs will be required to utilize;
- same services covered in Medicaid managed care and fee-for-service (with exception of services carved out of Medicaid Managed Care)
- Department's definition of "medical necessity" used by PHPs when making coverage decisions; and
- providers offered some contracting "guardrails", standard PHP contract language

Managed Care Impacts on Providers

Contract/Payment

- Potential contract with multiple PHPs, CINs
- Opportunity to negotiate rates*
- Understanding contract terms, conditions, payment and reimbursement methodologies
- Network adequacy and out of networks standards
- AMH program/tiered payments

Information/Problem Solving

- Build relationships with health plans
- PHP provider assistance line
- Provider appeals procedures specified in PHP provider manual
- DHHS provider ombudsman to assist with problem solving
- Opportunities to provide feedback i.e. AMH TAG

* rate floors apply

Management, Oversight and Accountability

Transition to Managed Care is Complex

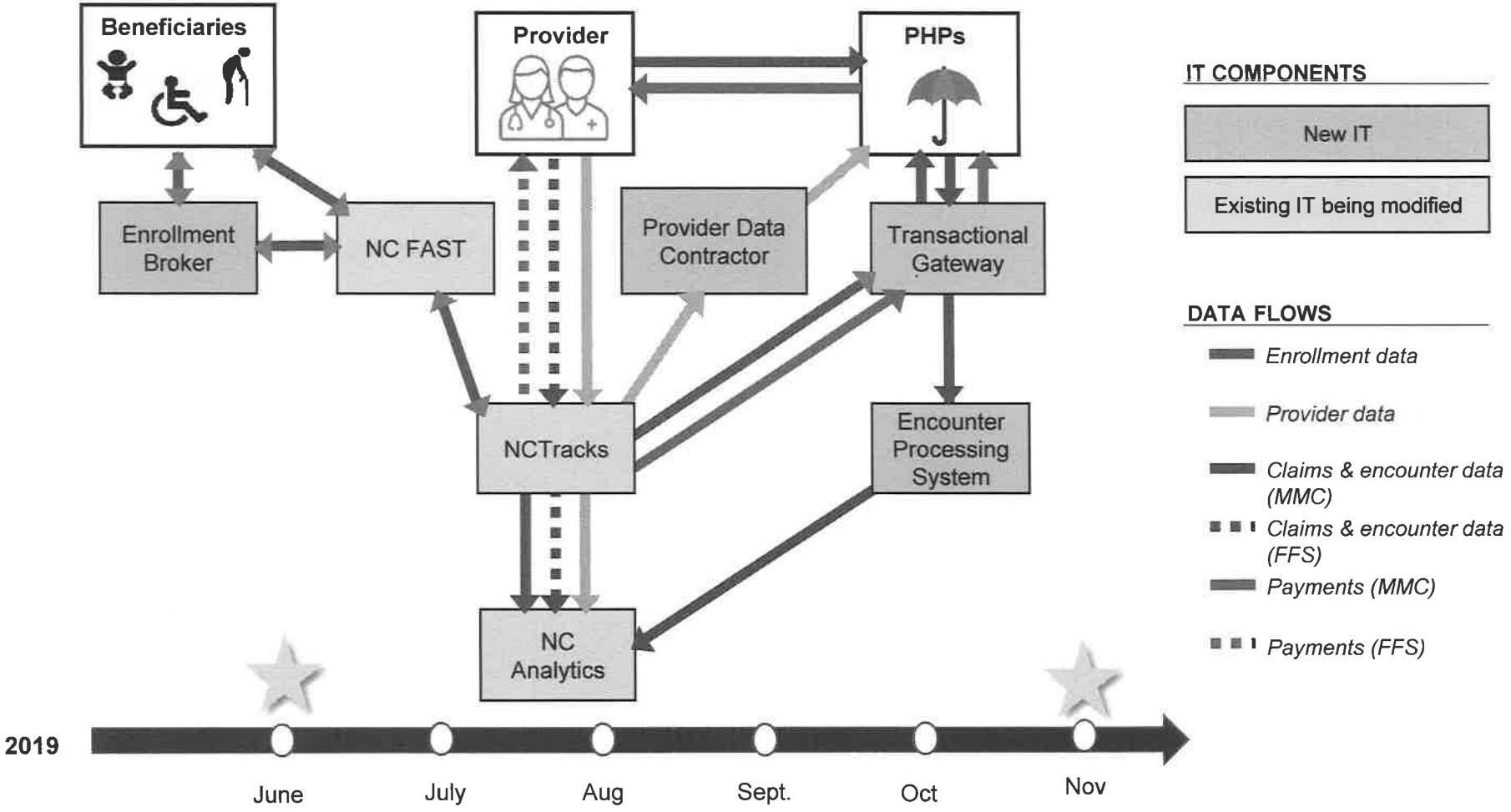
- There are 6 major technology/operational functions necessary in managed care.

Major Functions
1 Enrollment of beneficiaries into PHPs
2 Provider contracting support
3 Financial oversight and operations
4 Data management
5 Operational integration
6 PHP procurement and oversight

- DHHS has a robust strategy, oversight mechanisms and mitigation strategies to support transition from FFS to managed care

- Due to magnitude of effort and level of complexity issues will occur during the transition to managed care

Major Managed Care Systems



NAME OF MEETING: Joint Appropriations on Health and Human Services

DATE: February 28th, 8:30 AM Room 643

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Paul Coulton	Law Office of Paul Coulton
Jean Andersen	Cardinal Innov / State Govt / ITS
BEVERLY M MORRON	CARDINAL INNOVATIONS - Board Member & CHAIR CLA
Ed Thrudge	BB
STEVE HALL	DELOITTE
Padraig Gibbons	Connect C
John Cooper	Connect C
Melisha Evans	DRNC
LEE LILLEY	OFC OF GOV COOPER
Trish Richardson	NCNA - Nurse of the Day
Malasia McClendon	senate intern
DANIEL BAUM	TRUSTMARK SENIORS
Ben Popkin	Popkin Strategies
Lisa Riegel	AARP
Michelle Frazier	NP
CS Hollis	CS
Jeff Lorfer	Cplay
Rachel Blanton	PBL

NAME OF MEETING: Joint Appropriations on Health and Human Services

DATE: February 28th, 8:30 AM Room 643

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Tchernavia Montgomery	Cardinal Innovations Healthcare BOD
Jennifer Richards	cardinal innovations Healthcare BOD
DAN BRUMMITT	CARDINAL BOD
Trey Sutton	Cardinal Innovations HC
Hannah Nye	Vicon Strategies
Pearl Burris-Floyd	Partners BHM
[illegible]	Walk West
Karen Bentley	Bentley Consulting Group
Aaron Harding	Cardinal Innovations Healthcare
Allison Stewart	Cardinal

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DATE: February 28th, 8:30 AM Room 643

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Clay Bagget	ACMS
Ryan Blackledge	Cone Health
Lori Kroll	Novant Health
Ross Barnhardt	NP
Sandy Sands	NP
Pam Shipman	Monarch
Payton Shipman	
Kony Kuzu	NCRMA
Elizabeth Robinson	NCRMA
Andy Ellen	NCRMA
Dana Simpson	SA
Lara Weisland	SA
Sue Ann Forrest	NCMS
April Neumann	NWC
Marilyn Avila	CHS
Tiffany Gadney	NC Rural Center
Brenda Riley	NC [illegible] Center
Brett Altman	OSBM

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PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Dana Gillooly	OSBM
Sarah Grimsrud	OSBM
Dodie Reifer	Nelson Mullins
Doug Miskuw	PSG
Molly Wolfe	PPAB
Ric Brenton	CARDINAL INNOVATIONS HEALTHCARE
Reid Thornburg	CARDINAL INNOVATIONS
Elliot Clark	Cardinal Innovations
Devon Cornett	Cardinal BOD - Pronair Representative Developmental Disabilities Resources, Inc.
Ran Barnes	P-PS
Susie Fawell	FSP
Sarah Wolfe	MWC

Senate Committee on Appropriations on Health and Human Services
Wednesday, March 6, 2019 at 8:30 AM
Room 643 of the Legislative Office Building

MINUTES

The Senate Committee on Appropriations on Health and Human Services met at 8:30 AM on March 6, 2019 in Room 643 of the Legislative Office Building. Five senate members were present.

Senator Joyce Krawiec, Chair, presided.

Sen. Krawiec welcomed everyone and introduced the Senate and House Pages and the Sargent of Arms.

Division of Central Management Base Budget Overview
Denise Thomas from Fiscal Research was recognized to give this presentation. Questions from the members were responded to by: Denise Thomas, Rob Kindsvatter/CFO for DHHS, and Margie Donaldson also from DHHS.

DHHS Major IT Projects
Sam Gibbs/Dep. Secretary for Technology and Operations for DHHS was recognized to make this presentation. Questions from the members were responded to by Sam Gibbs.

Broughton Hospital Update
Due to the time, Sen. Krawiec asked that this presentation be moved to next week's calendar.

The meeting adjourned at 9:55 AM.

Senator Joyce Krawiec, Chair
Presiding

Debbie Lown, Committee Clerk

AGENDA
JOINT HOUSE AND SENATE APPROPRIATIONS COMMITTEES ON HEALTH AND HUMAN SERVICES

March 6, 2019 8:30 a.m.
Legislative Office Building - Room 643

Committee Co-Chairs
Rep. Greg Murphy
Rep. Larry Potts
Rep. Donna White
Sen. Dan Bishop
Sen. Joyce Krawiec

Committee Vice Chairs
Rep. William Brisson
Rep. Josh Dobson
Rep. Donny Lambeth

Committee Members
Rep. Mary Belk
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Rep. Evelyn Terry
Sen. Jim Burgin
Sen. Joseph Hise
Sen. Paul Lowe
Sen. Floyd McKissick, Jr.
Sen. Jim Perry
Sen. Gladys Robinson
Sen. Terry Van Duyn

I.	**Welcome and Opening Remarks**	Sen. Krawiec, Presiding Co-Chair
II.	**Division of Central Management Base Budget Overview**	Denise Thomas, Fiscal Research
III.	**DHHS Major IT Projects**	Sam Gibbs, Deputy Secretary for Technology and Operations
IV.	**Broughton Hospital Update**	Kody Kinsley, Deputy Secretary for Behavioral Health and IDD
V.	**Adjourn**	

FISCAL RESEARCH DIVISION

A Staff Agency of the North Carolina General Assembly

DHHS Division of Central Management and Support Base Budget Overview

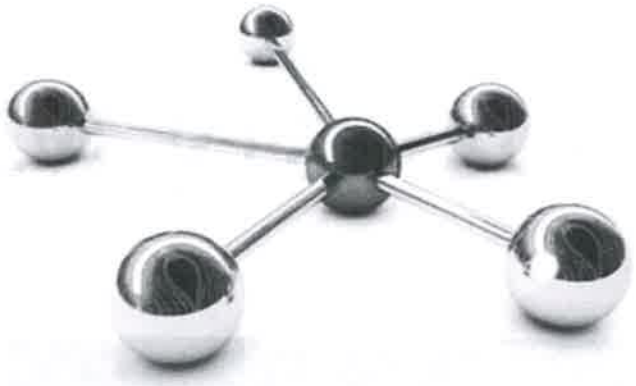
Joint House and Senate HHS Appropriations Committee

March 6, 2019

Division of Central Management and Support

Division mission

To direct operations and provide support services for the department's agencies and institutions to ensure that legislative and administrative policies are properly implemented



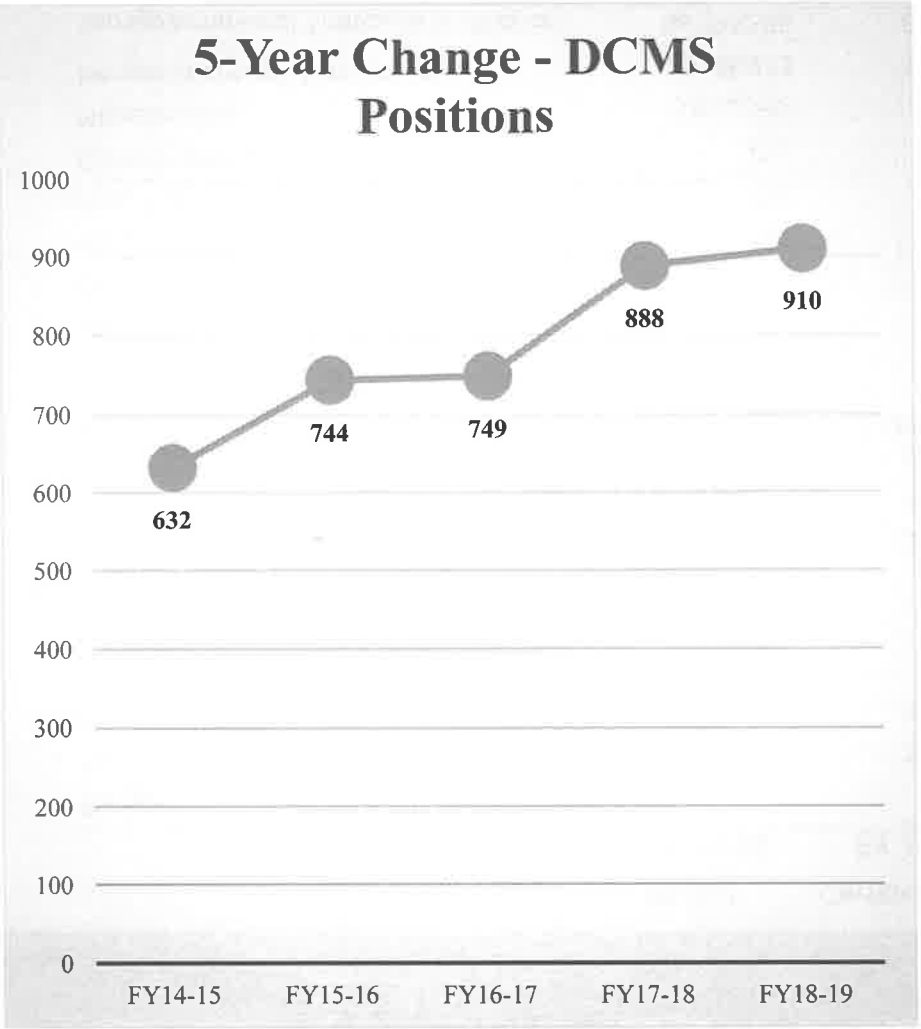
DHHS Administration

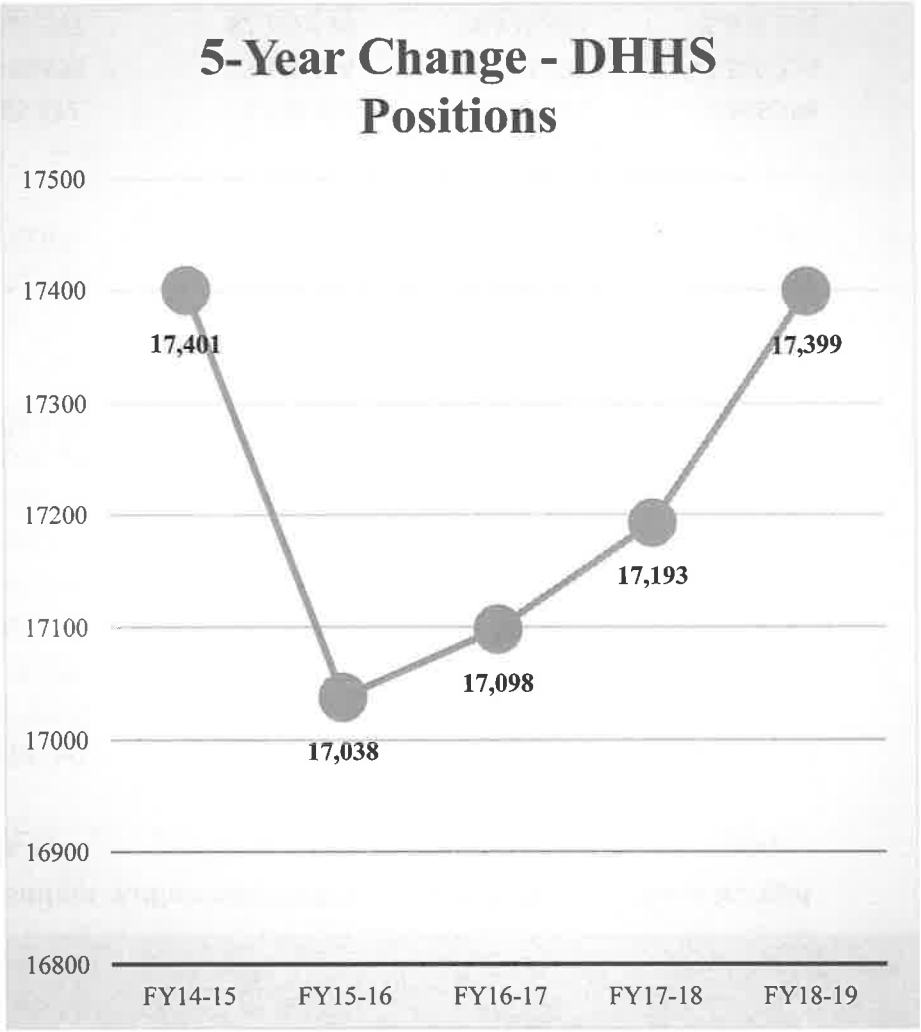
Office	Function
Office of the Secretary	Department's leadership
Budget and Analysis	Develops, modifies, and executes the DHHS operating budget.
Controller	Executes all DHHS accounting transactions in compliance with accounting and financial reporting policies and procedures
General Counsel	Provides legal advice and counsel to DHHS staff
Government Affairs	DHHS legislative liaison and constituent services
Information Technology	Plans, develops, and operates automated systems
NCTracks	Operates the Medicaid management information system with separate access portals for providers, recipients, and internal operations
Internal Audit	Conducts audits and investigations of DHHS operations, expenditures, and program performance
Communications	Media relations and public information requests
Privacy and Security	Safeguards DHHS information from unauthorized use, disclosure, modification, damage, or loss
Procurement and Contract Services	Oversees contract and procurement for the purchase of DHHS supplies, materials, equipment, and services
Property and Construction	Oversees the planning, design, budget, purchasing, and management activities related to the maintenance and construction of DHHS facilities
Office of Rural Health	Assists underserved communities to improve access to high quality, cost effective health care
Human Resources	Oversees all personnel recruitment, development, and retention activities

DCMS Position Changes by Unit/Fund

Fund Code	Fund Title	FY14-15	FY15-16	FY16-17	FY17-18	FY18-19	FY18-19 % CMS Positions	% Growth Over 5 Years
1119	Service Support - Administration	67.000	66.000	66.000	61.000	61.000	6.7%	-9%
1120	Service Support - Central Management	59.250	101.750	104.750	109.750	109.750	12.1%	85%
1121	Service Support - Controller's Office	257.000	245.000	245.000	217.000	217.000	23.9%	-16%
1122	DIRM - Information System Services	200.000	232.000	235.000	338.000	360.000	39.6%	80%
1124	NC Council on Developmental Disabilities	11.000	11.000	11.000	10.000	10.000	1.1%	-9%
1126	Central Regional Maintenance - Dix		108.000	108.000	99.000	99.000	10.9%	-8%
1127	Office of Program Evaluation, Reporting & Accountability	n/a	n/a	n/a	3.000	3.000	0.3%	
	Office of Rural Health	38.000	37.000	36.000	44.000	44.000	4.8%	19%
1910	Reserves and Transfers	0	-53.000	-57.000	6.000	6.000	0.7%	-111%
	Total	**632.25**	**743.75**	**748.75**	**887.75**	**909.75**	**100.0%**	**44%**

DCMS Position Growth

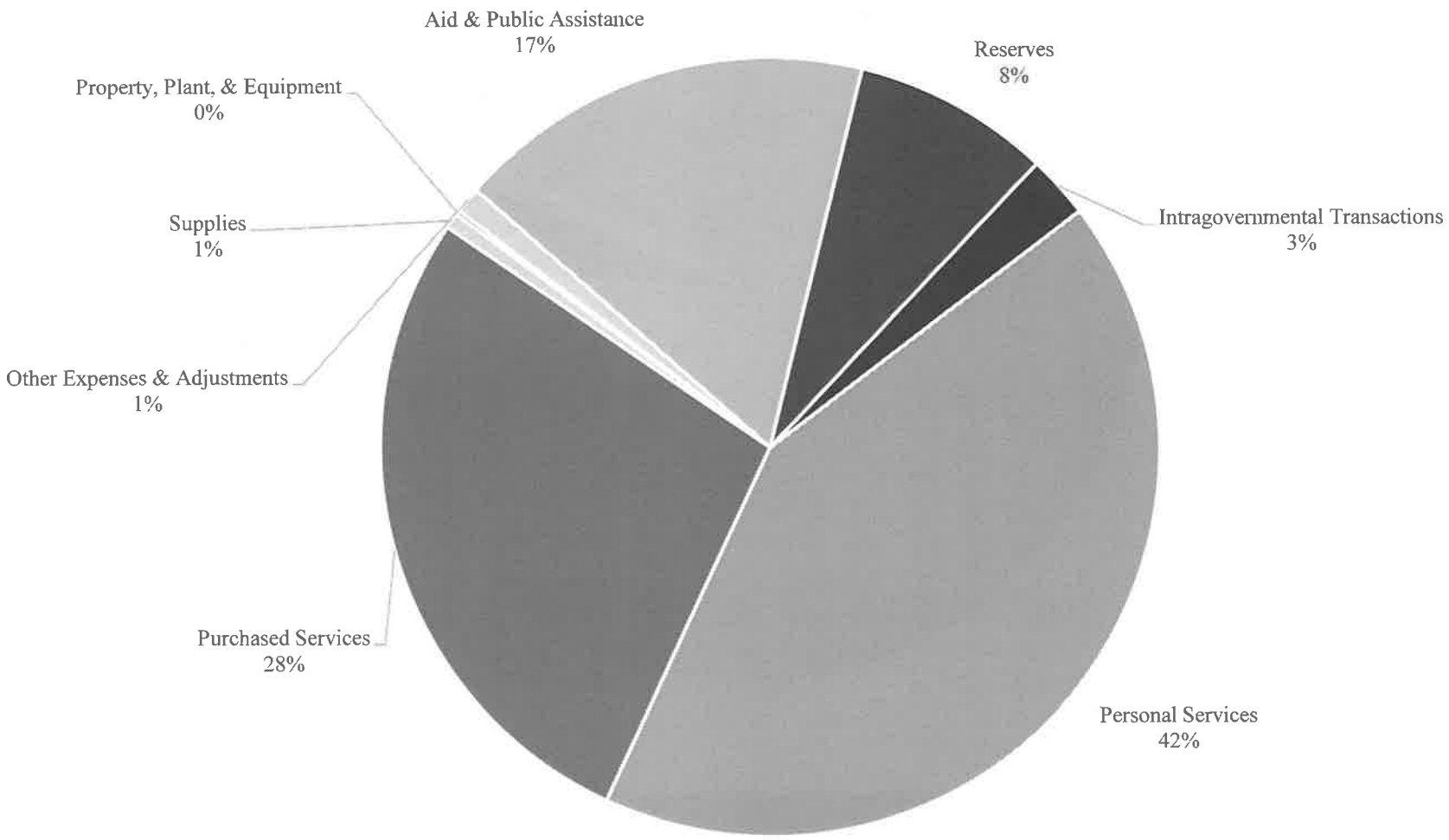




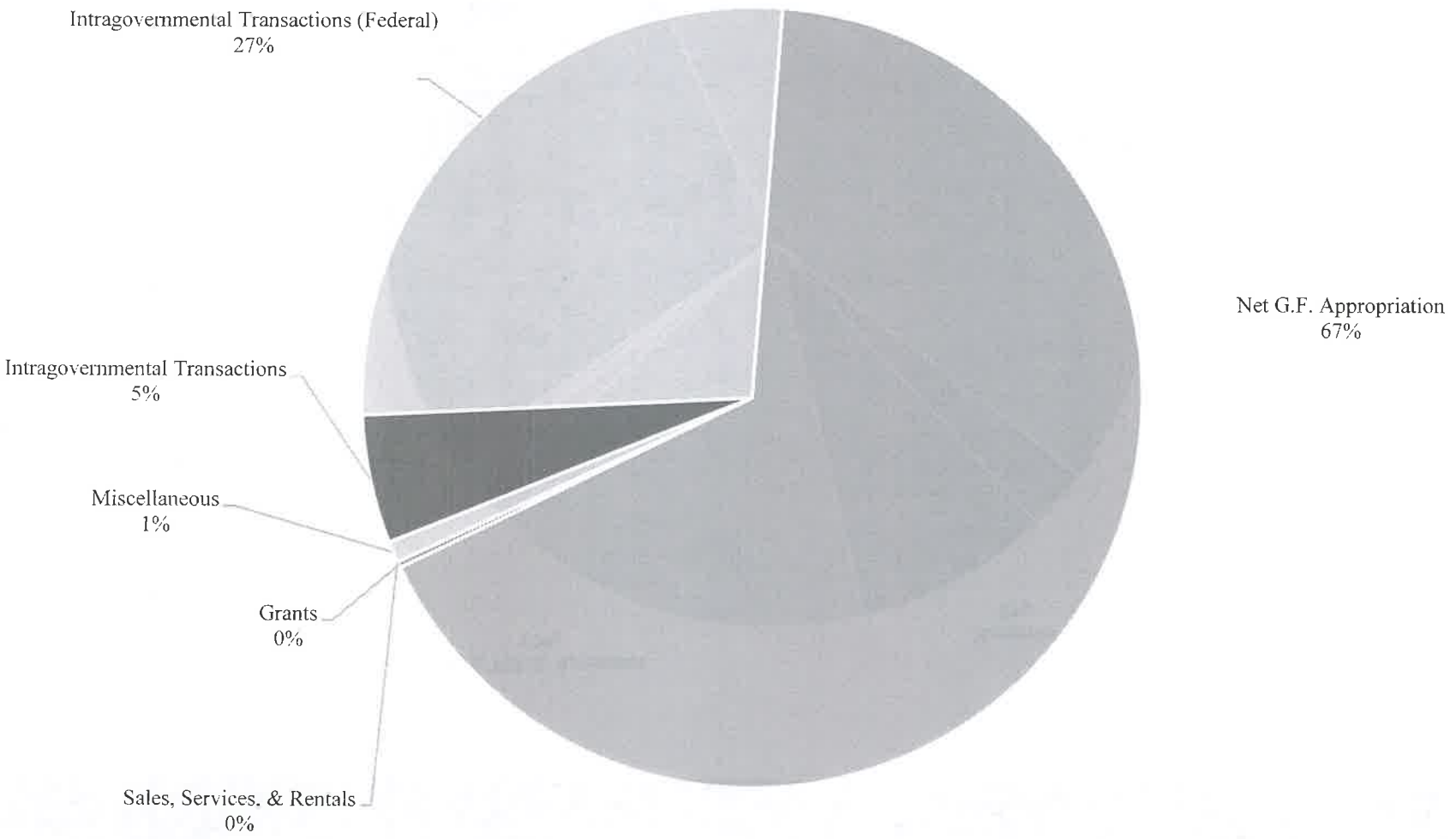
DCMS FY 2019-21 Budget Summary

	Actual FY 2017-18	Certified Budget FY 2018-19	Authorized Budget FY 2018-19	Base Budget FY 2019-20	Base Budget FY 2020-21
Requirements					
Personal Services	68,228,019	87,986,241	90,228,670	90,310,347	90,310,347
Purchased Services	53,469,274	61,919,976	59,265,076	58,901,658	58,901,658
Supplies	1,107,671	1,412,071	1,359,253	1,359,253	1,359,253
Property, Plant, & Equipment	2,702,536	933,432	393,405	393,405	393,405
Other Expenses & Adjustments	2,352,477	1,467,684	2,356,284	2,356,284	2,356,284
Aid & Public Assistance	40,047,980	37,226,702	39,179,384	37,208,023	37,208,023
Reserves	(44)	22,483,417	22,675,698	17,499,908	17,499,908
Intragovernmental Transactions	35,476,136	24,375,087	24,742,403	5,568,070	5,568,070
Total Requirements	**203,384,050**	**237,804,610**	**240,200,173**	**$ 213,596,948**	**$ 213,596,948**
Receipts					
Grants	543,310	722,285	737,461	737,461	737,461
Sales, Service, and Rentals	18,325	13,875	13,875	13,875	13,875
Fees, Licenses, & Fines	750	-	-	0	0
Contributions & Donations	250	-	-	0	0
Miscellaneous	3,042,596	1,565,232	2,545,498	2,545,498	2,545,498
Intragovernmental Transactions	23,185,232	17,388,696	15,568,336	15,568,336	15,568,336
Intragovernmental Transactions (Federal)	56,295,588	84,366,967	87,222,526	78,635,352	78,635,352
Total Receipts	**83,086,051**	**104,057,055**	**106,087,696**	**$ 97,500,522**	**$ 97,500,522**
General Fund Appropriation	**$ 120,297,999**	**$ 133,747,555**	**$ 134,112,477**	**$ 116,096,426**	**$ 116,096,426**
Total FTE	**927.00**	**908.75**	**966.00**	**962.00**	**962.00**

CMS FY 2019-20 Base Budget Requirements: $213,596,948



CMS FY 2019-20 Base Budget
Funding Sources: $213,596,948



DCMS FY 2019-21 Base Budget Adjustments

Increase/Decrease Detail		
	FY 2019-20	**FY 2020-21**
Partial Year Funding Annualized		
Transferred Positions	37,608	37,608
NR Items Removed		
State Retirement Contributions	(125,790)	(125,790)
NC Medication Assistance Program	(200,000)	(200,000)
NC Fast Enhancement	(250,000)	(250,000)
DHHS IT Application Expansion	(327,341)	(327,341)
Child Welfare Assist Program	(1,000,000)	(1,000,000)
Health Service Regulation Enterprise Solution	(3,294,028)	(3,294,028)
NC FAST Child Welfare and Other Development	(11,109,000)	(11,109,000)
Special Appropriations	(1,747,500)	(1,747,500)
Total All Changes	**(18,016,051)**	**(18,016,051)**

S.L. 2017-57: 2017 Appropriations Act

Significant Actions	FY 2017-18 ($)	FY 2018-19 ($)
Reduce DHHS miscellaneous contracts	(3,200,000)	(3,200,000)
Increase Community Health Grant funding	7,500,000	7,500,000
NC FAST Child Welfare and other development	8,900,000 NR	11,109,000 NR
	1,000,000	1,000,000
Health Information Exchange	3,000,000 NR	
Consolidated Office of Rural Health loan repayment programs		

Directed DHHS, in corporation with State Chief Information Officer, to coordinate State health information technology (HIT) policies and programs in a manner consistent with State and federal HIT goals

S.L. 2018-5 Significant Actions

Action	FY 2018-19
Funding for NCFAST and Child Welfare Assist IT initiatives	$ 936,806 $1,250,000 NR
Miscellaneous contracts and purchased services	($300,000)
Appropriated funds to the Department of Administration to develop and implement a contracting specialist training and certification program for DHHS staff	$166,000 $100,000 NR

Prohibited use of Division's salary reserve funds until a Director and staff are hired for the Office of Program Evaluation, Accountability, and Reporting

DHHS CONTRACTS

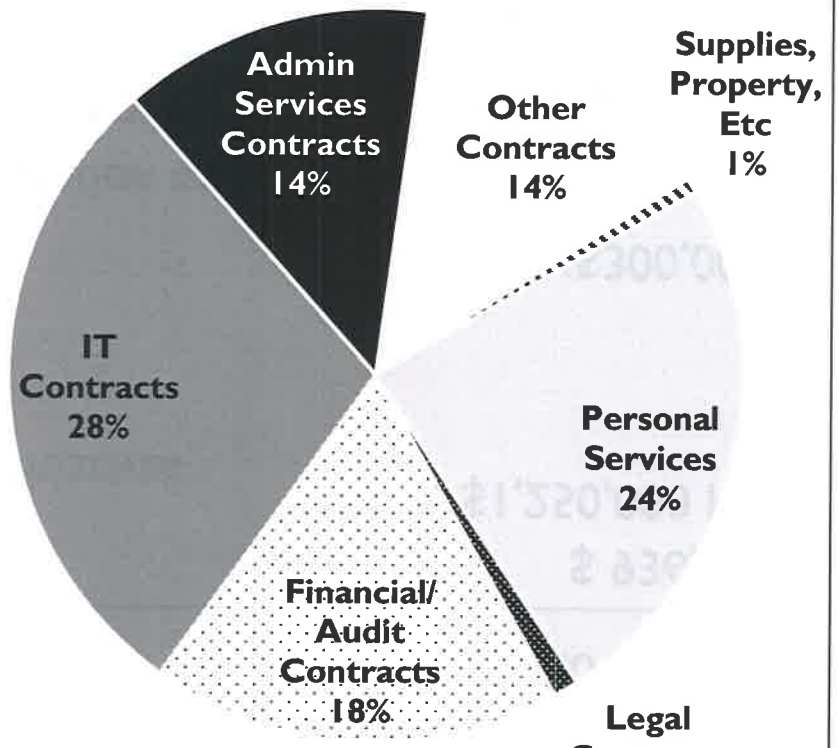
Total DHHS budget from all sources is over $20 billion

- $18 billion is budgeted for purchased services and aid & assistance
- Most of these funds will be disbursed through some type of contract agreement with:
  - nonprofits
  - individual service providers
  - colleges and universities
  - public agencies including county social services departments, local health departments, LME/MCOs, etc.

DHHS provided a list of approximately 2,600 contracts, excluding LME/MCO Medicaid

1,300 DHHS employees have purchasing or contract administration related duties

DHB FY19-21 Administrative Expenses



Contract Training and Certification Program for DHHS Personnel

- Due to concerns about DHHS contract performance, schedule delays, and budget overruns, starting with the 2015 appropriations bill the General Assembly began actions to initiate and implement a contract specialist training and certification program for DHHS management level personnel similar to the Certified Local Government Purchasing Program offered by the UNC School of Government

- S.L. 2018-5, Sec. 31.1(b) appropriated funds to the Department of Administration (DOA) to, in consultation with the UNC School of Government, develop and implement a contract training and certification program for DHHS ($100,000 NR, $166,000 R)

- DOA has hired the staff and is in the process of developing the course with input from DHHS
  - Anticipates enrolling the first class in May 2019

Office of Performance, Evaluation, Reporting, and Accountability (OPERA)

- S.L. 2015 – 241, Sec. 12A.3 established within DHHS the Office of Performance, Evaluation, Reporting, and Accountability to address the need data on the effectiveness of DHHS programs and service, particularly participant impact and outcomes.
  - To evaluate as directed by the Secretary, Governor, and as requested by the General Assembly
- Appropriated $250,000 R for FY 2015-16 and $500,000 R for FY 2016-17 for its operation
- DHHS established the Office and hired a director in July 2018.
- In January 2019, the OPERA director was appointed to another DCMS position
  - The DHHS Director of Internal Auditor has been temporarily reassigned as OPERA director
- The remaining OPERA positions are vacant

Office of Rural Health

Community Health Grant Program

Provides funds to safety-net health care providers including community health centers, rural health centers, free clinics, local health departments, school-based health centers, and federally qualified health centers.

Grants may be used for capital improvements and to provide direct patient care

S.L. 2017-57 increased base budget funding for the Community Health Grant Program from $7,500,000 to $15,000,000

State Loan Repayment Programs

S.L. 2017-57, Sec. 11A.9 combined the Physician Loan Repayment Program, the Psychiatric Loan Repayment Program, and the Loan Repayment Initiative at State Facilities in order to achieve efficient and effective management

Expanded the use of the program funds to include incentives to general surgeons practicing in Critical Access Hospitals across the State and loans to eligible providers living in NC who use telemedicine in rural and underserved areas

NC Medication Assistance Program

Provides prescription assistance services for indigent and uninsured persons

S.L. 2017-57 provided $200,000 NR expansion in each year of the biennium

DHHS Information Technology (IT) Projects

- DCMS receives funding for information technology projects across all DHHS divisions
- Major IT projects include:
  - NC TRACKS
  - NC FAST
  - Health Information Exchange (HIE)
  - Controlled Substance Reporting System (CSRS)
- Total General Fund appropriations to DCMS for IT projects since FY2015-16
  - $ 32.0 million recurring
  - $65.9 million nonrecurring

Office of Property and Construction

- DHHS operates 14 health care facilities and 2 vocational training facilities and its headquarters location on the campus of the former Dorothea Dix Hospital

  January 2019 DHHS Capital Improvement Projects Report listed approximately 100 construction, repair, and renovation projects, including the new Broughton Hospital

- July 2015, the State sold the Dix Hospital property to the City of Raleigh and entered a lease that requires DHHS to vacate the property by July 2025

- S. L. 2015-241, Sec. 31.10 required DHHS, in consultation with the Department of Administration, to develop a plan for relocating all DHHS administration personnel and resources on the Dorothea Dix Campus and in other property leased or owned by the State in the Greater Triangle Area to one site. Report the relocation plan to the Joint Legislative Oversight Committee and the Fiscal Research Division by October 1, 2016.

  DHHS reported that the project will require the construction of about 1,000,000 square feet of building space and parking decks and the relocation of approximately 4,300 employees

Questions

Denise Thomas – denise.Thomas@ncleg.net

919-733-4910

SAMPLE OF DHHS CONTRACTS

Joint House and Senate HHS Appropriations Committee

March 5, 2019

DHHS Contracts
March 5, 2019

Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
									Federal	State	Local	Other	Total	
Executed	14410	20338	Central Management and Support - DHHS Information Technology Division	Curam Software, Inc.	For-Profit	To purchase an automated case management system. This system will include functionality from existing legacy systems for in-scope program areas that are managed by multiple DHHS partner divisions, and other functionality as needed.	12/23/2008	12/22/2019	$ 7,524,476	$ 4,050,075	$ -	$ -	$ 11,574,551	$ 141,220,010
Executed	14410	23354	Central Management and Support - DHHS Information Technology Division	Accenture, L.L.C.	For-Profit	Contract with an Integrator for the Global Case Management plus Food and Nutrition Services project and the EIS Part 1 project under NC FAST. Other program functionality from in-scope program areas will be added as needed for individual projects.	08/30/2010	01/31/2019	$ 18,422,612	$ 6,709,201	$ -	$ -	$ 25,131,813	$ 230,900,633
Executed	14410	30736	Central Management and Support - DHHS Information Technology Division	Keane, Inc.	For-Profit	The Client Services Data Warehouse (CSDW) and the Customer Data Warehouse (CDW) stores information for reporting and other purposes.Data from the warehouse is used to produce State and Federal government reports for multiple DHHS divisions and programs.The reports generated are used to determine the status of or information about relevant Divisions' programs. The Division of Information Resource Management (DIRM) has developed a Request for Proposal (RFP) to request Vendor-supplied technical resources for providing CSDW-CDW maintenance and operations, client end user support, training, etc.	06/15/2015	09/14/2018	$ 39,699	$ -	$ -	$ -	$ 39,699	$ 5,031,819
Executed	14410	32103	Central Management and Support - Office of Secretary	Martha B. Knisley	Individual	The State of North Carolina entered into a settlement agreement with the United States Department of Justice in 2012,U.S. v. North Carolina, No. 5:12-cv-557(E.D.N.C. 2012).The purpose of this agreement was to make sure that persons with severe mental illness are able to live in their communities in the	01/08/2015	06/30/2019	$ -	$ 250,000	$ -	$ -	$ 250,000	$ 1,250,000
Executed	14410	32977	Central Management and Support - Office of Secretary	North Carolina Housing Finance Agency	Other State Agency	The purpose of this Memorandum of Agreement is to document the agreement of the parties to direct funds transferred from DHHS to HFA toward the design, development and implementation of a single state-wide rental assistance service system across programs and funding sources for supportive housing.	07/01/2015	06/30/2019	$ -	$ 701,000	$ -	$ -	$ 701,000	$ 916,316
Executed	14410	33032	Central Management and Support - Office of Rural Health	Stroudwater Associates	For-Profit	The purpose of these Flex Program funds is to improve financial and operational status of CAHs according to performance measures as defined by the Federal Office of Rural Health Policy. The Contractor will organize, manage and facilitate a Learning and Action Network (LAN) that will serve as a	11/01/2015	08/31/2018	$ 19,670	$ -	$ -	$ -	$ 19,670	$ 299,990
Executed	14410	33042	Central Management and Support - Office of Rural Health	North Carolina Hospital Foundation, Inc.	Non-Profit	The purpose of this contract is to: Provide technical assistance (TA) to the Division's Rural Hospital Program. TA should focus on quality improvement, financial and operational performance, and community collaboration with a primary emphasis on critical access hospitals (CAHs) and the communities	10/01/2015	08/31/2018	$ 15,273	$ -	$ -	$ -	$ 15,273	$ 275,810
Executed	14410	33087	Central Management and Support - Office of Rural Health	North Carolina Hospital Foundation, Inc.	Non-Profit	The purpose of these Flex Program funds is to improve the quality of care provided by CAHs, specifically the required measures (in effect as of 9/1/15) as outlined in the Medicare Beneficiary Quality Improvement Project (MBQIP). In addition, these funds will focus on care transitions for a select number of	11/01/2015	08/31/2018	$ 15,768	$ -	$ -	$ -	$ 15,768	$ 364,595
Executed	14410	33296	Central Management and Support - Office of Rural Health	H.C.A.S. of Florida, Inc. DBA Call 4 Health	For-Profit	This contract will support bilingual nurse triage services afterhours for five of NCFHP's contract sites.Each site will use a unique toll free number for their patients to access these services.	01/01/2016	03/31/2019	$ 2,308	$ -	$ -	$ -	$ 2,308	$ 10,000
Executed	14410	34098	Central Management and Support - Office of Rural Health	North Carolina Hospital Foundation, Inc.	Non-Profit	This grant will allow these hospitals to implement technology and/or systems to collect data and feedback necessary for improving both quality of patient care and operations. Specifically, this grant will allow:5 hospitals to participate in Value-Based Purchasing development activities26 hospitals to participate	06/01/2016	05/31/2019	$ 249,725	$ -	$ -	$ -	$ 249,725	$ 853,997
Executed	14410	34227	Central Management and Support - Office of Rural Health	NC Farmworkers Project, Inc.	Non-Profit	The North Carolina Farmworker Health Program (NCFHP) is a program within the Office of Rural Health that works to improve the health of migrant and seasonal farmworkers and their families by providing funding, training, and technical assistance to a statewide network of outreach and health care	07/01/2016	06/30/2020	$ 52,361	$ -	$ -	$ -	$ 52,361	$ 209,446
Executed	14410	34583	Central Management and Support - Office of Secretary	North Carolina Housing Finance Agency	Other State Agency	The purpose of this Contract is to create a more efficient and effective State Housing Administration system to allow individuals participating under TCLI to move successfully and quickly into housing, supporting the State in meeting its obligations under the Settlement Agreement described above. This contract	01/01/2016	06/30/2020	$ -	$ 6,000,000	$ -	$ -	$ 6,000,000	$ 21,094,000
Executed	14410	35997	Central Management and Support - DHHS Information Technology Division	North Carolina Department of Information Technology	Other State Agency	The purpose of this Request for Quote is to procure software maintenance and support for the Chancellor EDI transaction and clearinghouse software (hereinafter referenced to as ("Software"), and for the implementation of an Enhancement to the Software to activate existing functionality. This Software is	09/19/2017	09/18/2018	$ -	$ 4,133	$ -	$ -	$ 4,133	$ 24,795
Executed	14410	36061	Central Management and Support - Office of Rural Health	East Carolina University	University of North Carolina System	This contract increases access to basic and restorative dental services for migrant and seasonal farmworkers and their families.	07/01/2017	06/30/2019	$ 99,975	$ -	$ -	$ -	$ 99,975	$ 199,950
Executed	14410	36135	Central Management and Support - Office of Rural Health	Ashe Memorial Hospital, Inc.	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Assist seniors who do not enroll for Part D	08/01/2017	07/31/2018	$ -	$ 2,750	$ -	$ -	$ 2,750	$ 33,000
Executed	14410	36136	Central Management and Support - Office of Rural Health	Mission Health System Foundation, Inc.	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Macon, Cherokee,	08/01/2017	07/31/2018	$ -	$ 2,750	$ -	$ -	$ 2,750	$ 33,000
Executed	14410	36139	Central Management and Support - Office of Rural Health	Givens Estates	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Mitchell and	08/01/2017	07/31/2018	$ -	$ 1,667	$ -	$ -	$ 1,667	$ 20,000
Executed	14410	36140	Central Management and Support - Office of Rural Health	Henderson County Free Medical Clinic, Inc.	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Henderson and	08/01/2017	06/30/2018	$ -	$ 2,583	$ -	$ -	$ 2,583	$ 31,000
Executed	14410	36141	Central Management and Support - Office of Rural Health	Community Care Clinic of Rowan County	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Rowan County.	08/01/2017	07/31/2018	$ -	$ 2,750	$ -	$ -	$ 2,750	$ 33,000

DHHS Contracts
March 5, 2019

Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
									Federal	State	Local	Other	Total	
Executed	14410	36142	Central Management and Support - Office of Rural Health	Greater Hickory Cooperative Christian Ministry	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Catawba,	08/01/2017	07/31/2018	$ -	$ 2,333	$ -	$ -	$ 2,333	$ 28,000
Executed	14410	36143	Central Management and Support - Office of Rural Health	Wayne Health Foundation (WATCH), Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs.• Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes	08/01/2017	07/31/2018	$ -	$ 3,417	$ -	$ -	$ 3,417	$ 41,000
Executed	14410	36144	Central Management and Support - Office of Rural Health	County of Bladen, Bladen County Local Health Department	Local Government	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Bladen County.	08/01/2017	07/31/2018	$ -	$ 2,167	$ -	$ -	$ 2,167	$ 26,000
Executed	14410	36145	Central Management and Support - Office of Rural Health	Cape Fear Clinic, Inc.	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes New Hanover,	08/01/2017	07/31/2018	$ -	$ 2,750	$ -	$ -	$ 2,750	$ 33,000
Executed	14410	36146	Central Management and Support - Office of Rural Health	West Caldwell Health Council, Inc.	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Caldwell, Avery,	08/01/2017	07/31/2018	$ -	$ 2,333	$ -	$ -	$ 2,333	$ 28,000
Executed	14410	36147	Central Management and Support - Office of Rural Health	County of Cherokee	Local Government	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Cherokee, Clay	08/01/2017	07/31/2018	$ -	$ 1,833	$ -	$ -	$ 1,833	$ 22,000
Executed	14410	36148	Central Management and Support - Office of Rural Health	County of Rockingham, Rockingham County Local Health Department	Local Government	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Rockingham	08/01/2017	07/31/2018	$ -	$ 2,284	$ -	$ -	$ 2,284	$ 27,404
Executed	14410	36150	Central Management and Support - Office of Rural Health	Community Care Center of Forsyth County, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs.• Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes	08/01/2017	07/31/2018	$ -	$ 3,417	$ -	$ -	$ 3,417	$ 41,000
Executed	14410	36151	Central Management and Support - Office of Rural Health	Richmond County Human Services Department	Local Government	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Richmond County.	08/01/2017	07/31/2018	$ -	$ 2,583	$ -	$ -	$ 2,583	$ 31,000
Executed	14410	36152	Central Management and Support - Office of Rural Health	Blue Ridge Community Health Services, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Rutherford County.	08/01/2017	07/31/2018	$ -	$ 3,167	$ -	$ -	$ 3,167	$ 38,000
Executed	14410	36153	Central Management and Support - Office of Rural Health	Clay Comprehensive Health Services, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs.• Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes	08/01/2017	07/31/2018	$ -	$ 1,250	$ -	$ -	$ 1,250	$ 15,000
Executed	14410	36155	Central Management and Support - Office of Rural Health	Crisis Control Ministry, Inc	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage areas include Forsyth and Stokes	08/01/2017	07/31/2018	$ -	$ 2,750	$ -	$ -	$ 2,750	$ 33,000
Executed	14410	36157	Central Management and Support - Office of Rural Health	Community Care Clinic of Dare	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Dare County.	08/01/2017	07/31/2018	$ -	$ 2,333	$ -	$ -	$ 2,333	$ 28,000
Executed	14410	36158	Central Management and Support - Office of Rural Health	Surry County Health and Nutrition Center	Local Government	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Surry County.	08/01/2017	07/31/2018	$ -	$ 2,667	$ -	$ -	$ 2,667	$ 32,000
Executed	14410	36159	Central Management and Support - Office of Rural Health	The Hunger and Health Coalition, Inc.	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Watauga, Ashe	08/01/2017	07/31/2018	$ -	$ 2,650	$ -	$ -	$ 2,650	$ 31,800
Executed	14410	36161	Central Management and Support - Office of Rural Health	Hot Springs Health Program, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs.• Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes	08/01/2017	07/31/2018	$ -	$ 1,917	$ -	$ -	$ 1,917	$ 23,000
Executed	14410	36164	Central Management and Support - Office of Rural Health	Brunswick Senior Resources, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Brunswick County.	08/01/2017	07/31/2018	$ -	$ 1,917	$ -	$ -	$ 1,917	$ 23,000
Executed	14410	36166	Central Management and Support - NC Council on Developmental Disabilities	Universal Disability Advocates DBA Alliance of Disability Advocates	Non-Profit	The NC ADA Network project works in partnership with a statewide network of grassroots groups led by people with disabilities. These groups conduct projects and activities aimed at raising awareness of and increasing compliance with the Americans with Disabilities Act (ADA) in local	07/01/2017	09/15/2018	$ 20,000	$ -	$ -	$ 6,667	$ 26,667	$ 53,333
Executed	14410	36167	Central Management and Support - Office of Rural Health	Asheville Buncombe Community Christian Ministry	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Buncombe	08/01/2017	07/31/2018	$ -	$ 2,167	$ -	$ -	$ 2,167	$ 26,000
Executed	14410	36168	Central Management and Support - Office of Rural Health	Health Quest of Union County	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Union, Anson and	08/01/2017	07/31/2018	$ -	$ 2,667	$ -	$ -	$ 2,667	$ 32,000

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									Federal	State	Local	Other	Total	
Executed	14410	36169	Central Management and Support - Office of Rural Health	Hugh Chatham Memorial Hospital, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs.• Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes	08/01/2017	07/31/2018	$ -	$ 2,167	$ -	$ -	$ 2,167	$ 26,000
Executed	14410	36171	Central Management and Support - Office of Rural Health	Community Free Clinic	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Cabarrus County.	08/01/2017	07/31/2018	$ -	$ 3,250	$ -	$ -	$ 3,250	$ 39,000
Executed	14410	36172	Central Management and Support - Office of Rural Health	Columbus County Department of Aging	Local Government	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Columbus,	08/01/2017	07/31/2018	$ -	$ 1,917	$ -	$ -	$ 1,917	$ 23,000
Executed	14410	36174	Central Management and Support - Office of Rural Health	Gaston Family Health Services, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage areas include Gaston and Iredell	08/01/2017	07/31/2018	$ -	$ 4,083	$ -	$ -	$ 4,083	$ 49,000
Executed	14410	36176	Central Management and Support - Office of Rural Health	Roanoke Chowan Community Health Center, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs.• Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes	08/01/2017	07/31/2018	$ -	$ 2,500	$ -	$ -	$ 2,500	$ 30,000
Executed	14410	36178	Central Management and Support - Office of Rural Health	Cleveland County Health Department	Local Government	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Cleveland County.	08/01/2017	07/31/2018	$ -	$ 3,000	$ -	$ -	$ 3,000	$ 36,000
Executed	14410	36181	Central Management and Support - Office of Rural Health	Helping Hands Clinic, Inc.	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Caldwell County.	08/01/2017	07/31/2018	$ -	$ 3,667	$ -	$ -	$ 3,667	$ 44,000
Executed	14410	36183	Central Management and Support - Office of Rural Health	Urban Ministries of Wake County, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Wake County.	08/01/2017	07/31/2018	$ -	$ 3,333	$ -	$ -	$ 3,333	$ 40,000
Executed	14410	36184	Central Management and Support - Office of Rural Health	Southeastern Regional Medical Center	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage areas include Robeson, Bladen,	08/01/2017	07/31/2018	$ -	$ 4,500	$ -	$ -	$ 4,500	$ 54,000
Executed	14410	36185	Central Management and Support - Office of Rural Health	Albemarle Hospital Foundation, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs.• Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area(s) include	08/01/2017	07/31/2018	$ -	$ 3,583	$ -	$ -	$ 3,583	$ 43,000
Executed	14410	36186	Central Management and Support - Office of Rural Health	Mission Health System Foundation, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Buncombe	08/01/2017	07/31/2018	$ -	$ 3,500	$ -	$ -	$ 3,500	$ 42,000
Executed	14410	36187	Central Management and Support - Office of Rural Health	Scotland Community Health Clinic, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Scotland County.	08/01/2017	07/31/2018	$ -	$ 2,500	$ -	$ -	$ 2,500	$ 30,000
Executed	14410	36189	Central Management and Support - Office of Rural Health	Blue Ridge Community Health Services, Inc.	Non-Profit	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Haywood and	08/01/2017	07/31/2018	$ -	$ 2,750	$ -	$ -	$ 2,750	$ 33,000
Executed	14410	36191	Central Management and Support - Office of Rural Health	Martin-Tyrrell-Washington District Health Department	Local Government	The purpose of this grant is to: • Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Martin, Tyrrell and	08/01/2017	07/31/2018	$ -	$ 2,417	$ -	$ -	$ 2,417	$ 29,000
Executed	14410	36192	Central Management and Support - Office of Rural Health	Good Samaritan Clinic	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Burke County.	08/01/2017	07/31/2018	$ -	$ 2,750	$ -	$ -	$ 2,750	$ 33,000
Executed	14410	36193	Central Management and Support - Office of Rural Health	Harnett Health System Inc. DBA Betsy Johnson Regional Hospital	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage areas include Harnett,	08/01/2017	07/31/2018	$ -	$ 2,083	$ -	$ -	$ 2,083	$ 25,000
Executed	14410	36194	Central Management and Support - Office of Rural Health	Carolina Family Health Centers, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage areas include Wilson,	08/01/2017	07/31/2018	$ -	$ 2,833	$ -	$ -	$ 2,833	$ 34,000
Executed	14410	36195	Central Management and Support - Office of Rural Health	Mount Olive Family Medicine Center, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D. Coverage area includes Wayne, Sampson,	08/01/2017	07/31/2018	$ -	$ 2,208	$ -	$ -	$ 2,208	$ 26,500
Executed	14410	36196	Central Management and Support - Office of Rural Health	Rural Health Group, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage areas include Halifax,	08/01/2017	07/31/2018	$ -	$ 3,167	$ -	$ -	$ 3,167	$ 38,000
Executed	14410	36197	Central Management and Support - Office of Rural Health	Pender Adult Services, Inc.	Non-Profit	The purpose of this grant is to:• Help low-income citizens access free and low-cost drugs through manufacturer's prescription assistance programs. • Provide assistance in accessing programs (where available) to fill coverage gaps in Medicare Part D.Coverage area includes Pender County.	08/01/2017	07/31/2018	$ -	$ 1,917	$ -	$ -	$ 1,917	$ 23,000

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									Federal	State	Local	Other	Total	
Executed	14420	36848	Division of Child Development and Early Education	Burke County Smart Start, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,489,183	$ 567,208	$ -	$ -	$ 2,056,391	$ 2,056,391
Executed	14420	36849	Division of Child Development and Early Education	Cabarrus County Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,456,655	$ 564,318	$ -	$ -	$ 2,020,973	$ 2,020,973
Executed	14420	36850	Division of Child Development and Early Education	Caswell County Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 7,318	$ 27,133	$ -	$ 345,909	$ 380,360	$ 380,360
Executed	14420	36851	Division of Child Development and Early Education	Catawba County Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,493,996	$ 578,724	$ -	$ -	$ 2,072,720	$ 2,072,720
Executed	14420	36852	Division of Child Development and Early Education	Chatham County Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 25,167	$ 75,502	$ -	$ 1,208,030	$ 1,308,699	$ 1,308,699
Executed	14420	36853	Division of Child Development and Early Education	Children's Council of Watauga County, Inc	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school.The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 11,208	$ 34,471	$ -	$ 537,146	$ 582,825	$ 582,825
Executed	14420	36854	Division of Child Development and Early Education	Cleveland County Partnership for Children, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,493,103	$ 577,988	$ -	$ -	$ 2,071,091	$ 2,071,091
Executed	14420	36855	Division of Child Development and Early Education	Community Action Opportunities	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 4,867	$ 20,000	$ -	$ 223,344	$ 248,211	$ 248,211
Executed	14420	36856	Division of Child Development and Early Education	Down East Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 2,257,799	$ 874,686	$ -	$ -	$ 3,132,485	$ 3,132,485
Executed	14420	36857	Division of Child Development and Early Education	Durham Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,795,477	$ 692,675	$ -	$ -	$ 2,488,152	$ 2,488,152
Executed	14420	36858	Division of Child Development and Early Education	Franklin Granville Vance Smart Start, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 561,104	$ 217,375	$ -	$ -	$ 778,479	$ 778,479
Executed	14420	36859	Division of Child Development and Early Education	Guilford County Partnership for Children, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 3,265,784	$ 647,438	$ -	$ 7,309,012	$ 11,222,234	$ 11,222,234
Executed	14420	36860	Division of Child Development and Early Education	The Halifax-Warren Smart Start Partnership for Children, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 34,027	$ 100,653	$ -	$ 1,633,283	$ 1,767,963	$ 1,767,963
Executed	14420	36861	Division of Child Development and Early Education	Harnett County Partnership for Children, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 38,665	$ 115,330	$ -	$ 1,855,912	$ 2,009,907	$ 2,009,907
Executed	14420	36862	Division of Child Development and Early Education	Intermountain Children's Services, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 3,346	$ 20,000	$ -	$ 147,280	$ 170,626	$ 170,626
Executed	14420	36863	Division of Child Development and Early Education	Albemarle Alliance for Children and Families, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 8,035	$ 32,986	$ -	$ 377,000	$ 418,021	$ 418,021
Executed	14420	36864	Division of Child Development and Early Education	Iredell County Partnership for Young Children, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,311,040	$ 507,907	$ -	$ -	$ 1,818,947	$ 1,818,947
Executed	14420	36865	Division of Child Development and Early Education	Jones County Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 8,299	$ 29,565	$ -	$ 393,840	$ 431,704	$ 431,704
Executed	14420	36866	Division of Child Development and Early Education	Lee County Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 38,424	$ 76,849	$ -	$ 1,844,368	$ 1,959,641	$ 1,959,641
Executed	14420	36867	Division of Child Development and Early Education	Lenoir/Greene County Partnership For Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,180,044	$ 457,156	$ -	$ -	$ 1,637,200	$ 1,637,200

DHHS Contracts
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Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
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Executed	14420	36868	Division of Child Development and Early Education	Onslow County Partnership for Children, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 3,533,352	$ 1,105,462	$ -	$ -	$ 4,638,814	$ 4,638,814
Executed	14420	36869	Division of Child Development and Early Education	Orange County Partnership for Young Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,282,270	$ 496,760	$ -	$ -	$ 1,779,030	$ 1,779,030
Executed	14420	36870	Division of Child Development and Early Education	Partnership for Children of Cumberland County, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,699,963	$ 2,174,469	$ -	$ -	$ 3,874,432	$ 9,098,098
Executed	14420	36871	Division of Child Development and Early Education	Partnership for Children of Johnston County, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,509,915	$ -	$ -	$ -	$ 1,509,915	$ 2,094,866
Executed	14420	36872	Division of Child Development and Early Education	Partnership for Children of Lincoln/Gaston Counties, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 20,886	$ 62,657	$ -	$ 1,002,514	$ 1,086,057	$ 1,086,057
Executed	14420	36873	Division of Child Development and Early Education	Person County Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 12,706	$ 38,114	$ -	$ 609,845	$ 660,665	$ 660,665
Executed	14420	36874	Division of Child Development and Early Education	Randolph County Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,344,345	$ 519,940	$ -	$ -	$ 1,864,285	$ 1,864,285
Executed	14420	36875	Division of Child Development and Early Education	Region A Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 2,184,283	$ 787,927	$ -	$ -	$ 2,972,210	$ 2,972,210
Executed	14420	36876	Division of Child Development and Early Education	Robeson County Partnership for Children, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 3,359,479	$ 1,047,589	$ -	$ -	$ 4,407,068	$ 4,407,068
Executed	14420	36877	Division of Child Development and Early Education	Rockingham County Partnership for Children, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 25,801	$ 77,401	$ -	$ 1,238,421	$ 1,341,623	$ 1,341,623
Executed	14420	36878	Division of Child Development and Early Education	Sampson County Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,225,992	$ 473,664	$ -	$ -	$ 1,699,656	$ 1,699,656
Executed	14420	36879	Division of Child Development and Early Education	Smart Start of Brunswick County, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,267,264	$ 490,946	$ -	$ -	$ 1,758,210	$ 1,758,210
Executed	14420	36880	Division of Child Development and Early Education	Smart Start of Davidson County	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 35,291	$ 89,550	$ -	$ 1,693,991	$ 1,818,832	$ 1,818,832
Executed	14420	36881	Division of Child Development and Early Education	Smart Start of Forsyth County	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 836,868	$ 218,736	$ -	$ 2,807,163	$ 3,862,767	$ 3,862,767
Executed	14420	36882	Division of Child Development and Early Education	Smart Start of Transylvania County	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 13,638	$ 42,580	$ -	$ 652,969	$ 709,187	$ 709,187
Executed	14420	36883	Division of Child Development and Early Education	Smart Start Rowan, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school.The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,242,186	$ 481,231	$ -	$ -	$ 1,723,417	$ 1,723,417
Executed	14420	36884	Division of Child Development and Early Education	Stanly County Partnership for Children, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 1,330,229	$ 515,339	$ -	$ -	$ 1,845,568	$ 1,845,568
Executed	14420	36885	Division of Child Development and Early Education	Stokes Partnership for Children	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 18,785	$ 56,356	$ -	$ 901,695	$ 976,836	$ 976,836
Executed	14420	36886	Division of Child Development and Early Education	Surry County Early Childhood Partnership	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 23,978	$ 48,391	$ -	$ 1,161,395	$ 1,233,764	$ 1,233,764
Executed	14420	36887	Division of Child Development and Early Education	The Partnership for Children of Wayne County, Inc.	Non-Profit	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 2,384,108	$ 913,466	$ -	$ -	$ 3,297,574	$ 3,297,574

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									Federal	State	Local	Other	Total	
Executed	14420	36929	Division of Child Development and Early Education	Washington County Schools	Local Government	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school.The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 11,081	$ 25,615	$ -	$ 528,472	$ 565,168	$ 565,168
Executed	14420	36930	Division of Child Development and Early Education	Wilkes County Schools	Local Government	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school.The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 42,574	$ 127,719	$ -	$ 2,043,522	$ 2,213,815	$ 2,213,815
Executed	14420	36931	Division of Child Development and Early Education	Yadkin County Schools	Local Government	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school.The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 14,959	$ 43,878	$ -	$ 719,050	$ 777,887	$ 777,887
Executed	14420	36932	Division of Child Development and Early Education	Yancey County Schools	Local Government	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school. The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 4,414	$ -	$ -	$ -	$ 4,414	$ 225,117
Executed	14420	36936	Division of Child Development and Early Education	Child Care Services Association, Inc.	Non-Profit	The purpose of the Infant Toddler Quality Enhancement Project contract is to increase the availability of high quality infant and toddler care for families across North Carolina through the provision of specialized professional development and technical assistance for the early care and education	07/01/2018	06/30/2019	$ 1,878,920	$ -	$ -	$ -	$ 1,878,920	$ 1,878,920
Executed	14420	36937	Division of Child Development and Early Education	Child Care Services Association, Inc.	Non-Profit	The purpose of this contract is to improve early care and education services through the provision of salary supplements to educated teachers, directors, and family child care providers through the Child Care WAGE$ Project, thereby promoting the retention of educated professionals and consistency in	07/01/2018	06/30/2019	$ 195,483	$ 1,300,000	$ -	$ -	$ 1,495,483	$ 8,276,646
Executed	14420	36938	Division of Child Development and Early Education	Child Care Services Association, Inc.	Non-Profit	The purpose of this contract is to improve the education, compensation, and retention of North Carolina's early care and education (ECE) workforce through the provision of a scholarship program.T.E.A.C.H. Early Childhood® Scholarships, which include four components (scholarship, education,	07/01/2018	06/30/2019	$ 4,353,338	$ -	$ -	$ -	$ 4,353,338	$ 4,353,338
Executed	14420	36939	Division of Child Development and Early Education	Child Care Services Association, Inc.	Non-Profit	The purpose of the North Carolina Child Care Resource and Referral Core Services project is to provide the regional delivery of child care resource and referral core services (consumer education, professional development, technical assistance, data collection and analysis, and public education) to	07/01/2018	06/30/2019	$ 1,282,417	$ -	$ -	$ -	$ 1,282,417	$ 1,282,417
Executed	14420	36940	Division of Child Development and Early Education	Child Care Services Association, Inc.	Non-Profit	The purpose of the North Carolina Child Care Resource and Referral Council Management Project is to provide leadership to and management of the regionalized delivery of CCR&R Core services (professional development, technical assistance, consumer education, and data collection)	07/01/2018	06/30/2019	$ 241,175	$ -	$ -	$ -	$ 241,175	$ 241,175
Executed	14420	36941	Division of Child Development and Early Education	Southwestern Child Development Commission, Inc.	Non-Profit	The purpose of the North Carolina Child Care Resource and Referral (CCR&R) Core Services project is to provide the regional delivery of child care resource and referral core services (consumer education, professional development, technical assistance, data collection and analysis, and public	07/01/2018	06/30/2019	$ 1,250,583	$ -	$ -	$ -	$ 1,250,583	$ 1,250,583
Executed	14420	36942	Division of Child Development and Early Education	Southwestern Child Development Commission, Inc.	Non-Profit	The purpose of the North Carolina Child Care Resource and Referral Council Management Project is to (1) provide leadership to and management of the regionalized delivery of CCR&R Core services (professional development, technical assistance, consumer education, and data collection) and three	07/01/2018	06/30/2019	$ 342,547	$ -	$ -	$ -	$ 342,547	$ 342,547
Executed	14420	36943	Division of Child Development and Early Education	Child Care Resources Inc.	Non-Profit	The purpose of the Promoting Healthy Social Behaviors in Child Care Centers (HSB) Project contract is to promote the social, emotional, and behavioral health of children enrolled in licensed child care centers in North Carolina through the provision of specialized professional development and technical	07/01/2018	06/30/2019	$ 2,350,056	$ -	$ -	$ -	$ 2,350,056	$ 2,350,056
Executed	14420	36944	Division of Child Development and Early Education	Child Care Resources Inc.	Non-Profit	The purpose of the North Carolina Child Care Resource and Referral Core Services project is to provide the regional delivery of child care resource and referral core services (consumer education, professional development, technical assistance, data collection and analysis, and public education) to	07/01/2018	06/30/2019	$ 1,312,774	$ -	$ -	$ -	$ 1,312,774	$ 1,312,774
Executed	14420	36945	Division of Child Development and Early Education	Child Care Resources Inc.	Non-Profit	The purpose of the North Carolina Child Care Resource and Referral Council Management Project is to provide leadership to and management of the regionalized delivery of CCR&R Core services (professional development, technical assistance, consumer education, and data collection) and three	07/01/2018	06/30/2019	$ 296,484	$ -	$ -	$ -	$ 296,484	$ 296,484
Executed	14420	36946	Division of Child Development and Early Education	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of the North Carolina Child Care Health and Safety Resource Center contract is to promote healthy and safe indoor and outdoor environments for children in early care and education settings by disseminating and providing access to child care health expertise.	07/01/2018	06/30/2019	$ 496,231	$ -	$ -	$ -	$ 496,231	$ 496,231
Executed	14420	36949	Division of Child Development and Early Education	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of this contract is to provide a legislatively mandated evaluation of the North Carolina Prekindergarten Program.	07/01/2018	06/30/2019	$ 867,709	$ 425,000	$ -	$ 350,000	$ 1,642,709	$ 1,642,709
Executed	14420	36950	Division of Child Development and Early Education	Charlotte-Mecklenburg Board of Education	Local Government	The purpose of this contract is to provide high quality pre-kindergarten services to ensure that eligible at-risk four-year old children have the opportunity to succeed in kindergarten and throughout school.The children shall be prepared academically in the five developmental domains listed below	07/01/2018	06/30/2019	$ 254,652	$ 760,104	$ -	$ -	$ 1,014,756	$ 13,238,896
Executed	14420	37084	Division of Child Development and Early Education	The University of North Carolina at Charlotte	University of North Carolina System	The purpose of this contract is togather information from key stakeholders regarding a proposed salary scale and togaininsight into opportunities and challenges for its use in the early education field.	03/01/2018	10/31/2018	$ 54,897	$ -	$ -	$ -	$ 54,897	$ 54,897
Executed	14420	37456	Division of Child Development and Early Education	The University of North Carolina at Greensboro	University of North Carolina System	The purpose of this contract is to provide statewide Environment Rating Scale assessments in child care centers and family child care homes attempting to earn a higher star rating.	09/01/2018	08/31/2019	$ 3,113,983	$ -	$ -	$ 460,496	$ 3,574,479	$ 3,574,479
Executed	14420	37458	Division of Child Development and Early Education	The Salvation Army	Non-Profit	The purpose of this contract is to increase access to early care and education services for young children ages 0-5 experiencing homelessness through direct outreach to families, provider education, and creation of a sustainability plan for embedding this work in North Carolina's existing Child Care Resource	09/01/2018	08/31/2019	$ 198,528	$ -	$ -	$ -	$ 198,528	$ 198,528

DHHS Contracts
March 5, 2019

Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
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Executed	14420	37464	Division of Child Development and Early Education	The University of North Carolina at Greensboro	University of North Carolina System	The purpose of this contract is to address the need for more advanced professional development for Infant-Toddler Specialists and other staff who provide support to infants and toddlers and their families.	08/01/2018	07/31/2019	$ 42,824	$ -	$ -	$ -	$ 42,824	$ 42,824
Executed	14420	37775	Division of Child Development and Early Education	Duke University	Private In-State University/Duke	The purpose of this contract is to build a trauma-informed professional development framework for infant/toddler teachers and their administrators, as well as for the technical assistance specialists who support them.	09/01/2018	08/31/2019	$ 189,412	$ -	$ -	$ -	$ 189,412	$ 189,412
Executed	14420	37840	Division of Child Development and Early Education	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of this contract is to provide consultation, training, and technical support,as well as to conduct assessments in all areas of health and safety for infants and toddlers in child care to care facilities licensed to care for infants and toddlers.	09/01/2018	08/31/2019	$ 298,742	$ -	$ -	$ -	$ 298,742	$ 298,742
Executed	14420	37841	Division of Child Development and Early Education	Child Care Services Association, Inc.	Non-Profit	The purpose of this contract is to improve early care and education services through the provision of salary supplements to educated infant-toddler teachers.	09/28/2018	09/27/2019	$ 3,129,909	$ -	$ -	$ -	$ 3,129,909	$ 3,129,909
Executed	14420	37949	Division of Child Development and Early Education	The North Carolina Partnership for Children, Inc. (NCPC)	Non-Profit	The purpose of this contract is to improve health and nutrition practices in child care facilities for children birth to age three.	09/28/2018	09/27/2019	$ 704,586	$ -	$ -	$ -	$ 704,586	$ 704,586
Executed	14420	37950	Division of Child Development and Early Education	Child Care Services Association, Inc.	Non-Profit	The purpose of this contract is to pilot a new technical assistance delivery model that focuses on coaching, mentoring, and consultation to improve the quality of infant and toddler care settings.	09/28/2018	09/27/2019	$ 679,228	$ -	$ -	$ -	$ 679,228	$ 679,228
In-Process	14420	37954	Division of Child Development and Early Education	Child Care Services Association, Inc.	Non-Profit	The purpose of this contract is to conduct a county specific workforce study for child care centers and a regionally specific study for family child care homes to inform better recruitment and retention practices statewide.	02/15/2019	08/15/2020	$ 117,060	$ -	$ -	$ -	$ 117,060	$ 390,990
Executed	14420	38303	Division of Child Development and Early Education	Alamance Partnership for Children	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C - 52, funding will be used to sponsor a Mobile Library Project and update APC office and training spaces.	07/01/2018	06/30/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000
Executed	14420	38314	Division of Child Development and Early Education	The North Carolina Partnership for Children, Inc. (NCPC)	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C50, funding is provided for the Reach Out and Read Program.	07/01/2018	06/30/2019	$ -	$ 250,000	$ -	$ -	$ 250,000	$ 250,000
Executed	14420	38319	Division of Child Development and Early Education	Wilkes Community Partnership For Children	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C-53, provides funding to Wilkes Community Partnership to for a mobile produce market.	07/01/2018	06/30/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000
Executed	14420	38324	Division of Child Development and Early Education	Alliance for Children	Non-Profit	As provided for in the Conference Committee Report, S.L. 2018-5, Item #C - 51, funding is provided to promote social-emotional health through Early Childhood Education teacher training and a pilot birth to five play program for children and caregivers/parents.	07/01/2018	06/30/2019	$ -	$ 25,000	$ -	$ -	$ 25,000	$ 25,000
Executed	14420	38340	Division of Child Development and Early Education	Transylvania County for the Early Childhood Initiative	Local Government County	As provided for in the Conference Committee Report S.L. 2018-5, Item #C-61, funding is provided for planning and developing community activities focused on early learning.	07/01/2018	06/30/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000
In-Process	14420	38458	Division of Child Development and Early Education	The North Carolina Partnership for Children, Inc. (NCPC)	Non-Profit	This project will use the Smart Start infrastructure of early childhood partners to implement up to eight local community planning initiatives to improve and promote family engagement across systems including training, technical assistance and coaching.The local initiatives will be supported to: (1) enhance	02/15/2019	01/31/2020	$ 187,500	$ -	$ -	$ -	$ 187,500	$ 450,000
In-Process	14420	38559	Division of Child Development and Early Education	Durham Partnership for Children	Non-Profit	The purpose of this contract is to coach other contractors in developing/implementing a single portal universal enrollment process over an estimated 6-9 months.	02/15/2019	01/31/2020	$ 4,167	$ -	$ -	$ -	$ 4,167	$ 10,000
In-Process	14420	38571	Division of Child Development and Early Education	Onslow County Partnership for Children, Inc.	Non-Profit	The purpose of this contract is to coach other contractors in developing/implementing a single portal universal enrollment process over an estimated 6-9 months.	02/15/2019	01/31/2020	$ 4,167	$ -	$ -	$ -	$ 4,167	$ 10,000
In-Process	14420	38577	Division of Child Development and Early Education	Wake County SmartStart	Non-Profit	The purpose of this contract is to coach other contractors in developing/implementing a single portal universal enrollment process over an estimated 6-9 months.	02/15/2019	01/31/2020	$ 4,167	$ -	$ -	$ -	$ 4,167	$ 10,000
In-Process	14420	38579	Division of Child Development and Early Education	North Carolina Early Childhood Foundation Inc.	Non-Profit	The purpose of this contract is to develop NC's statewide B-5 early childhood strategic plan by (1) Building on existing efforts to ensure continuity across initiatives and to avoid duplication of work; (2) Engaging stakeholders across systems to co-create and share ownership of the plan; and (3) Leveraging	02/15/2019	01/31/2020	$ 90,754	$ -	$ -	$ -	$ 90,754	$ 217,810
Draft	14420	38599	Division of Child Development and Early Education	Child Trends Incorporated	Non-Profit	(see Janice Fain)	02/15/2019	12/30/2019	$ 7,424	$ -	$ -	$ -	$ 7,424	$ 16,332
In-Process	14420	38625	Division of Child Development and Early Education	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of this contract is to complete a statewide B-5 NA to inform DCDEE of ongoing needs for planning to strengthen the early childhood system. The findings from this assessment will be used to develop a required statewide strategic plan.	02/15/2019	01/31/2020	$ 218,723	$ -	$ -	$ -	$ 218,723	$ 524,935
Executed	14430	16153	Division of Public Health	Solutran, Inc.	For-Profit	Provide banking services for WIC Food Instruments and Farmers Markets checks. Five-year contract period requested.	02/01/2008	01/31/2019	$ 634,200	$ -	$ -	$ -	$ 634,200	$ 11,286,763

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Executed	14430	28273	Division of Public Health	Ramsell Corporation	For-Profit	The purpose of this contract is to provide the services of a Pharmacy Benefit Manager (PBM) to coordinate benefits for the NC HIV specific State Pharmaceutical Assistance Program (SPAP). SPAP serves clients enrolled in the NC AIDS Drug Assistance Program (ADAP) and a Medicare Prescription	01/30/2014	03/31/2020	$ 4,434,667	$ 2,217,285	$ -	$ -	$ 6,651,952	$ 29,966,436
Executed	14430	30581	Division of Public Health	Walgreen Co.	For-Profit	The purpose of this RFP is to acquire the services of a dispensing pharmacy contractor to provide medications and related pharmaceutical services to enrolled ADAP clients in a timely and appropriate manner.	01/01/2015	12/31/2019	$ 1,490,303	$ 1,009,697	$ -	$ -	$ 2,500,000	$ 12,323,700
Executed	14430	30951	Division of Public Health	Alere Wellbeing, Inc.	For-Profit	RFP # 30-DPH-30951-15 - The purpose of this contract is to provide to all North Carolinians evidence-based comprehensive tobacco-use cessation services named "QuitlineNC", available via a toll-free tobacco-use telephone service integrated with optional web-based tobacco treatment and/or a texting	06/01/2015	05/31/2019	$ 337,381	$ 1,250,000	$ -	$ 2,667,000	$ 4,254,381	$ 13,195,692
Executed	14430	32736	Division of Public Health	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of this contract is to provide expansion of North Carolina's existing HAI prevention capacity by addressing gaps in infection control assessment and training, prevention guidance targeted to all healthcare facilities, and more robust healthcare readiness for high consequence disease	04/01/2016	10/31/2018	$ 226,325	$ -	$ -	$ -	$ 226,325	$ 1,484,373
Executed	14430	33213	Division of Public Health	Nurse-Family Partnership	Non-Profit	This contract shall provide the mechanisms and means by which NFP NSO will support the implementation of the NC NFP program, and how the NC NFP program will support the implementation of NFP State-wide with fidelity to the NFP model elements.	02/23/2016	09/30/2018	$ 9,365	$ 9,365	$ -	$ -	$ 18,730	$ 210,836
Executed	14430	33791	Division of Public Health	Solutran, Inc.	For-Profit	The purpose of this RFP and any resulting contract award is to acquire the services of a qualified Vendor to provide Electronic Benefit Transfer (EBT) processing for the Supplemental Nutrition Program for Women, Infants, and Children (WIC) for the State of North Carolina	10/06/2016	10/05/2022	$ 1,087,902	$ -	$ -	$ -	$ 1,087,902	$ 8,236,195
Executed	14430	34486	Division of Public Health	The University of North Carolina at Chapel Hill	University of North Carolina System	UNC Department of Emergency Medicine Carolina Center for ealth Health Informatics (CCHI)shall assist IVPB with surveillance and descriptive epidemiology projects using NC DETECT emergency department visit data, support data analyses and surveillance, and assist with training and	12/01/2016	07/31/2019	$ 265,306	$ -	$ -	$ -	$ 265,306	$ 661,500
Executed	14430	34668	Division of Public Health	Colyar Technology Solutions, Inc.	For-Profit	To upgrade the current NC Cares ASP software to the latest version of the software, .NET. NC Cares is the system utilized to administer the Child and Adult Care Food Program (CACFP).	09/28/2016	09/27/2020	$ 132,624	$ -	$ -	$ -	$ 132,624	$ 971,326
Executed	14430	35268	Division of Public Health	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of this Contract is to maintain NC DETECT to allow public health officials to collect, evaluate, and interpret public health data in near to real time for public health safety, to provide a data feed to the National Syndromic Surveillance Program (NSSP) at CDC, and to maintain a disaster recovery NC	07/01/2017	06/30/2019	$ 325,774	$ -	$ -	$ -	$ 325,774	$ 1,508,486
Executed	14430	35622	Division of Public Health	The Western North Carolina Community Health Services, Inc.	Non-Profit	This Contract assures every eligible HIV/AIDS client has access to the same level of basic housing services in HIV Care and Prevention Network Region 1 by mandating eligible Housing Opportunities for Persons with AIDS (HOPWA) services.	10/01/2017	09/30/2018	$ 121,106	$ -	$ -	$ -	$ 121,106	$ 484,425
Executed	14430	35623	Division of Public Health	AIDS Leadership Foothills-Area Alliance, Inc.	Non-Profit	This Contract assures every eligible HIV/AIDS client has access to the same level of basic housing services in HIV Care and Prevention Network Region 2 by mandating eligible Housing Opportunities for Persons with AIDS (HOPWA) services.	10/01/2017	09/30/2018	$ 21,057	$ -	$ -	$ -	$ 21,057	$ 84,229
Executed	14430	35624	Division of Public Health	Positive Wellness Alliance	Non-Profit	This Contract assures every eligible HIV/AIDS client has access to the same level of basic housing services in HIV Care and Prevention Network Region 3 by mandating eligible Housing Opportunities for Persons with AIDS (HOPWA) services.	10/01/2017	09/30/2018	$ 105,008	$ -	$ -	$ -	$ 105,008	$ 420,034
Executed	14430	35625	Division of Public Health	Central Carolina Health Network	Non-Profit	This Contract assures every eligible HIV/AIDS client has access to the same level of basic housing services in HIV Care and Prevention Network Region 4 by mandating eligible Housing Opportunities for Persons with AIDS (HOPWA) services.	10/01/2017	09/30/2018	$ 10,768	$ -	$ -	$ -	$ 10,768	$ 43,072
Executed	14430	35626	Division of Public Health	Duke University	Private In-State University/Duke	This Contract assures every eligible HIV/AIDS client has access to the same level of basic housing services in HIV Care and Prevention Network Region 6 by mandating eligible Housing Opportunities for Persons with AIDS (HOPWA) services.	10/01/2017	09/30/2018	$ 23,720	$ -	$ -	$ -	$ 23,720	$ 94,878
Executed	14430	35627	Division of Public Health	Duke University	Private In-State University/Duke	This Contract assures every eligible HIV/AIDS client has access to the same level of basic housing services in HIV Care and Prevention Network Region 7 by mandating eligible Housing Opportunities for Persons with AIDS (HOPWA) services.	10/01/2017	09/30/2018	$ 52,562	$ -	$ -	$ -	$ 52,562	$ 210,250
Executed	14430	35628	Division of Public Health	Carolina Family Health Centers, Inc.	Non-Profit	This Contract assures every eligible HIV/AIDS client has access to the same level of basic housing services in HIV Care and Prevention Network Region 8 by mandating eligible Housing Opportunities for Persons with AIDS (HOPWA) services.	10/01/2017	09/30/2018	$ 41,127	$ -	$ -	$ -	$ 41,127	$ 164,508
Executed	14430	35629	Division of Public Health	Housing Authority of the City of Greenville, North Carolina	Local Government	This Contract assures every eligible HIV/AIDS client has access to the same level of basic housing services in HIV Care and Prevention Network Region 10 by mandating eligible Housing Opportunities for Persons with AIDS (HOPWA) services.	10/01/2017	09/30/2018	$ 52,853	$ -	$ -	$ -	$ 52,853	$ 211,413
Executed	14430	35951	Division of Public Health	Sustainable Sandhills	Non-Profit	The purpose of this contract is to plan and implement evidence-based adaptations to reach communities vulnerable to heat-related illness. This contract will support the development and implementation of a plan to reduce heat-related illness in the Sandhills region counties of Bladen, Montgomery,	09/01/2017	08/31/2018	$ 1,012	$ -	$ -	$ -	$ 1,012	$ 6,072
Executed	14430	36006	Division of Public Health	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of this contract is to provide regional coordination of activities and training support for representatives of the thirteen-state South to Southwest Injury Prevention Network.	08/01/2017	07/31/2018	$ 6,250	$ -	$ -	$ -	$ 6,250	$ 75,000
Executed	14430	36007	Division of Public Health	The University of North Carolina at Asheville	University of North Carolina System	The purpose of this contract is to increase awareness of evidence-based falls prevention screening and programs to reach older adults and adults with disabilities who are at risk for falls by promoting an existing centralized hub/resource center.	08/01/2017	07/31/2018	$ 833	$ -	$ -	$ -	$ 833	$ 10,000

DHHS Contracts
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Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
									Federal	State	Local	Other	Total	
Draft	14430	38576	Division of Public Health	The Women's Center Inc.	Non-Profit	The Adolescent Pregnancy Prevention Program (APPP) invests in the future of North Carolina by ensuring that young people across the state have the tools to make healthy, responsible decisions. It provides essential education, supports academic achievement, encourages parent/teen communication,	06/01/2019	05/31/2020	$ -	$ 6,250	$ -	$ 2,083	$ 8,333	$ 100,000
In-Process	14430	38578	Division of Public Health	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of this contract is to reduce morbidity and mortality from heart disease, stroke and diabetes.This is accomplished by working with clinical specialists at healthcare practices to implement evidenced-based and best practices for clinical care of hypertension and hyperlipidemia, which are major	04/01/2019	06/29/2019	$ 43,103	$ -	$ -	$ -	$ 43,103	$ 43,103
Draft	14430	38592	Division of Public Health	YWCA of Asheville and Western North Carolina, Inc.	Non-Profit	To provide Adolescent Parenting Program services to 15-25 pregnant or parenting teens who reside within the Contractor's catchment area, are 19 years of age or younger at time of enrollment, and enrolled in school or an equivalent program.	06/01/2019	05/31/2020	$ 6,500	$ -	$ -	$ 2,167	$ 8,667	$ 104,000
Draft	14430	38593	Division of Public Health	North Carolina Department of Health and Human Services, Division of Mental Health, Developmental Disabilities,	DHHS	Provides information, referrals & advocacy for women who are pregnant or parenting and using substances, statewide. Provides outreach & education regarding perinatal substance use.	06/01/2019	05/31/2020	$ -	$ 3,882	$ -	$ -	$ 3,882	$ 46,589
Draft	14430	38596	Division of Public Health	The Charlotte-Mecklenburg Hospital Authority DBA Atrium Health	Local Government	The purpose of the contract is to provide statewide poison surveillance, outreach, education, triage, treatment, and case management services. Additionally, this contract shall fund a public awareness campaign to notify North Carolinians of the free medical services that Atrium Health provides	06/01/2019	05/31/2020	$ -	$ 154,817	$ -	$ -	$ 154,817	$ 1,857,800
Draft	14430	38608	Division of Public Health	Rockingham County Partnership for Children, Inc.	Non-Profit	To provide Adolescent Parenting Program services to 15-25 pregnant or parenting teens who reside within the Contractor's catchment area, are 19 years of age or younger at time of enrollment, and enrolled in school or an equivalent program.	06/01/2019	05/31/2020	$ 6,500	$ -	$ -	$ 2,167	$ 8,667	$ 104,000
In-Process	14430	38609	Division of Public Health	East Carolina University	University of North Carolina System	The primary purpose of this contract is to complete a best practice framework and evaluation metric for the appropriate use of analgesics in dentistry.	06/01/2019	08/31/2019	$ -	$ 3,803	$ -	$ -	$ 3,803	$ 11,408
Draft	14430	38621	Division of Public Health	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of this contract is to provide the Women's Health Branch, local health departments, and other medical providers the needed clinical expertise in managing family planning, maternal health, and sickle cell protocols, policies and guidelines regarding family planning, maternal health, and sickle	06/01/2019	05/31/2020	$ 4,216	$ 2,200	$ -	$ -	$ 6,417	$ 77,000
Draft	14430	38627	Division of Public Health	Young Women's Christian Association of High Point N.C., Incorporated	Non-Profit	The Adolescent Parenting Program (APP) is a secondary prevention program (i.e., prevention of second or higher order pregnancies) that provides four year annually renewable grant awards to projects to provide services for pregnant or parenting teens throughout North Carolina.APP is administered by Teen	06/01/2019	05/31/2020	$ 5,000	$ 1,500	$ -	$ 2,167	$ 8,667	$ 104,000
Draft	14430	38635	Division of Public Health	Children's Home Society of North Carolina, Inc.	Non-Profit	The Adolescent Pregnancy Prevention Program (APPP) invests in the future of North Carolina by ensuring that young people across the state have the tools to make healthy, responsible decisions. It provides essential education, supports academic achievement, encourages parent/teen communication,	06/01/2019	05/31/2020	$ 6,250	$ -	$ -	$ 2,083	$ 8,333	$ 100,000
Draft	14430	38636	Division of Public Health	Children's Home Society of North Carolina, Inc.	Non-Profit	The Adolescent Pregnancy Prevention Program (APPP) invests in the future of North Carolina by ensuring that young people across the state have the tools to make healthy, responsible decisions. It provides essential education, supports academic achievement, encourages parent/teen communication,	06/01/2019	05/31/2020	$ 6,250	$ -	$ -	$ 2,083	$ 8,333	$ 100,000
Draft	14430	38637	Division of Public Health	Children's Home Society of North Carolina, Inc.	Non-Profit	The Adolescent Pregnancy Prevention Program (APPP) invests in the future of North Carolina by ensuring that young people across the state have the tools to make healthy, responsible decisions. It provides essential education, supports academic achievement, encourages parent/teen communication,	06/01/2019	05/31/2020	$ 6,250	$ -	$ -	$ 2,083	$ 8,333	$ 100,000
Draft	14430	38638	Division of Public Health	Children's Home Society of North Carolina, Inc.	Non-Profit	The Adolescent Pregnancy Prevention Program (APPP) invests in the future of North Carolina by ensuring that young people across the state have the tools to make healthy, responsible decisions. It provides essential education, supports academic achievement, encourages parent/teen communication,	06/01/2019	05/31/2020	$ 6,250	$ -	$ -	$ 2,083	$ 8,333	$ 100,000
Draft	14430	38654	Division of Public Health	University Health Systems of Eastern Carolina Foundation, Inc. DBA Vidant Health Foundation	Non-Profit	Pursuant to Senate Bill SL 2017-57, the North Carolina Department of Health and Human Services, Division of Public Health, Women's Health Branch is administering the Perinatal and Neonatal Outreach Coordinator project to improve maternal and neonatal outcomes in the state. This project will work to	06/01/2019	05/31/2020	$ 17,782	$ -	$ -	$ -	$ 17,782	$ 213,388
Draft	14430	38656	Division of Public Health	The University of North Carolina at Chapel Hill	University of North Carolina System	Pursuant to SL 2017-57, the North Carolina Department of Health and Human Services, Division of Public Health, Women's Health Branch is administering the Perinatal and Neonatal Outreach Coordinator project to improve maternal and neonatal outcomes in the state. This project will work to improve the	06/01/2019	05/31/2020	$ 18,333	$ -	$ -	$ -	$ 18,333	$ 220,000
Draft	14430	38667	Division of Public Health	The Moses H. Cone Memorial Hospital Operating Corporation DBA Cone Health	Non-Profit	The purpose of this contract is to provide cardiovascular screening services through NC WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Project NC WISEWOMAN Project) to NC BCCCP eligible women. These services shall ultimately reduce the mortality rate	04/01/2019	09/29/2019	$ 9,025	$ -	$ -	$ -	$ 9,025	$ 18,050
Draft	14430	38673	Division of Public Health	Piedmont Health Services and Sickle Cell Agency	Non-Profit	The purpose of this Request For Applications (RFA) is to identify and award funds to eligible organizations that demonstrate the capacity to provide care coordination, education, and genetic/ sickle cell trait counseling services to individuals and their families with sickle cell disease, sickle cell trait or related	06/01/2019	05/31/2020	$ 8,333	$ 81,145	$ -	$ -	$ 89,478	$ 1,073,738
Draft	14430	38675	Division of Public Health	Exchange Club's Family Center in Alamance County	Non-Profit	To provide Adolescent Parenting Program services to 15-25 pregnant or parenting teens who reside within the Contractor's catchment area, are 19 years of age or younger at time of enrollment, and enrolled in school or an equivalent program.	06/01/2019	05/31/2020	$ 6,250	$ -	$ -	$ 2,083	$ 8,333	$ 100,000
Draft	14430	38676	Division of Public Health	Council on Adolescents of Catawba County, Inc.	Non-Profit	The Adolescent Pregnancy Prevention Program (APPP) invests in the future of North Carolina by ensuring that young people across the state have the tools to make healthy, responsible decisions. It provides essential education, supports academic achievement, encourages parent/teen communication,	06/01/2019	05/31/2020	$ 6,250	$ -	$ -	$ 2,083	$ 8,333	$ 100,000
Draft	14430	38677	Division of Public Health	Planned Parenthood South Atlantic	Non-Profit	The Adolescent Pregnancy Prevention Program (APPP) invests in the future of North Carolina by ensuring that young people across the state have the tools to make healthy, responsible decisions. It provides essential education, supports academic achievement, encourages parent/teen communication,	06/01/2019	05/31/2020	$ 6,250	$ -	$ -	$ 2,083	$ 8,333	$ 100,000

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Draft	14430	38684	Division of Public Health	Young Women's Christian Association of High Point N.C., Incorporated	Non-Profit	The purpose of this contract is to implement a minority infant mortality reduction program that focuses on improving the overall health of minority women, reducing minority infant morbidity and mortality, and supporting families and communities.	06/01/2019	05/31/2020	$ -	$ 6,583	$ -	$ -	$ 6,583	$ 79,000
Executed	14440	26113	Division of Social Services	Policy Studies, Inc.	For-Profit	the purpose of the contract is for the operation of the State Directory of New Hires and the North Carolina Employer Data Base. The objective is for tracking/location non custodial parnets and collecting support payments.	01/01/2013	06/30/2019	$ 237,471	$ 122,330	$ -	$ -	$ 359,801	$ 2,338,700
Draft	14440	30062	Division of Social Services	Laboratory Corporation of America Holdings	For-Profit	The purpose of the Genetic Testing Request for Proposal(s) is to procure the services of a qualified vendor to provide statewide genetic testing for the Child Support Services Program.Genetic testing is used when paternity is at issue for the establishment of paternity and child support obligations.	07/01/2014	12/31/2018	$ 184,800	$ 95,200	$ -	$ -	$ 280,000	$ 2,520,000
Executed	14440	30597	Division of Social Services	Systems and Methods, Inc.	For-Profit	System & Methods, Inc. is the vendor to receipt child support payments for NC for this contract.	01/01/2016	12/31/2019	$ 1,129,405	$ 581,815	$ -	$ -	$ 1,711,220	$ 10,267,320
Executed	14440	32165	Division of Social Services	TALX Corporation, The Work Number	For-Profit	The purpose of this contract is to provide workers with the resource needed to verify client statements of employment and income with real-time evidence, manage resources and provide an elevated level of effective and efficient service delivery.	01/01/2017	06/30/2019	$ 839,486	$ -	$ 736,127	$ -	$ 1,575,613	$ 2,911,613
Executed	14440	32968	Division of Social Services	US Department of Homeland Security	Federal Agency	Verification of citizenship, immigration status of applicants applying for public assistance benefits.	10/01/2015	09/30/2018	$ 1,650	$ 4,950	$ -	$ -	$ 6,600	$ 112,323
Executed	14440	33677	Division of Social Services	E-Funds Corporation	For-Profit	DSS needs to release a RFP to procure a vendor to process various DHHS program benefits via Electronic Benefit Transfer (EBT) and direct deposit.The programs include SNAP (DSS), TANF (DSS), Refugee Assistance (DSS), State/County Special Assistance (DAAS), Child Care (DCDEE), and WIC	07/01/2018	06/30/2023	$ 2,156,882	$ -	$ -	$ -	$ 2,156,882	$ 10,784,414
Executed	14440	35677	Division of Social Services	Catholic Charities Diocese of Charlotte	Non-Profit	Provide 145 refugee children, their parents and school personnel in the Mecklenburg County Schools specialized services to overcome barriers while adjusting to American school systems for achieving academic success.	07/01/2017	09/30/2018	$ 45,192	$ -	$ -	$ -	$ 45,192	$ 260,444
Executed	14440	35913	Division of Social Services	Benefits Data Trust	Non-Profit	The North Carolina Food and Nutrition Services (FNS) Outreach program targets individuals potentially eligible for FNS to raise awareness of the nutritional benefits of FNS, describe eligibility rules and process for applying and to assist with eligibility pre-screening and application completion.The	12/01/2017	09/30/2018	$ 370,910	$ 370,910	$ -	$ -	$ 741,820	$ 741,820
Executed	14440	35960	Division of Social Services	North Carolina Department of Health and Human Services, Division of Public Health	DHHS	This contract with the State Center for Health Statistics, NC Vital Records, allows the contractor to receive automated requests and provide to the NC Division of Child Support Services certified birth certificates and affidavits of paternity.	07/01/2017	06/30/2020	$ 102,168	$ 52,632	$ -	$ -	$ 154,800	$ 464,400
Executed	14440	36105	Division of Social Services	Senior Resources of Guilford	Non-Profit	To prepare and support refugee senior citizens residing in Guilford County for naturalization and citizenship.	09/30/2017	09/29/2018	$ 11,215	$ -	$ -	$ -	$ 11,215	$ 48,600
Executed	14440	36113	Division of Social Services	County of Mecklenburg	Local Government	To provide 40 refugee senior citizens residing in Mecklenburg County with culturally and linguistically appropriate core social and support services.	09/30/2017	09/29/2018	$ 12,150	$ -	$ -	$ -	$ 12,150	$ 48,600
Executed	14440	36128	Division of Social Services	The Council on Aging of Buncombe County, Inc.	Non-Profit	The North Carolina Food and Nutrition Services (FNS) Outreach program targets individuals potentially eligible for FNS to raise awareness ofFood and Nutrition Services Program benefits, eligibility requirements and application procedures to an estimated 4,300 potentially eligible low-income individuals	10/01/2017	09/30/2018	$ 7,414	$ -	$ -	$ 7,414	$ 14,828	$ 59,314
Executed	14440	36138	Division of Social Services	North Carolina Community College System	North Carolina Community College	The purpose of the FNS E&T program in North Carolina is to provide employment and training assistance to FNS participants. The North Carolina Community College System Special Projects Coordinator will monitor, support, supervise and provide guidance to identified colleges and their appropriate	10/01/2017	09/30/2018	$ 300,940	$ -	$ -	$ -	$ 300,940	$ 928,262
Executed	14440	36165	Division of Social Services	Food Bank of the Albemarle	Non-Profit	The North Carolina Food and Nutrition Services (FNS) Outreach program targets individuals potentially eligible for FNS to raise awareness of the nutritional benefits of FNS, describe eligibility rules and process for applying and to assist with eligibility prescreening and application completion.The	10/01/2017	09/30/2018	$ 11,844	$ -	$ -	$ 11,844	$ 23,688	$ 94,751
Executed	14440	36175	Division of Social Services	Interfaith Refugee Ministry, Inc.	Non-Profit	To provide culturally and linguistically appropriate specialized school impact services to 98 refugee children and their parents in Craven County.	10/01/2017	09/30/2018	$ 104,248	$ -	$ -	$ -	$ 104,248	$ 104,248
Executed	14440	36177	Division of Social Services	North Carolina Administrative Office of the Courts	Other State Agency	The Access and Visitation (AV) program provides grants to states to establish and administer programs to support and facilitate noncustodial parents' access to and visitation of their children.	10/01/2017	09/30/2018	$ 88,443	$ -	$ -	$ 9,531	$ 97,974	$ 388,199
Executed	14440	36179	Division of Social Services	Lutheran Family Services in the Carolinas, Inc.	Non-Profit	The purpose of this contract is to assist 200 newly-arrived refugee children and parents in Wake, Orange and Durham Counties in improving student academic performance and social adjustment in American schools and to create opportunities for full participation of parents in their child's educational	10/01/2017	09/30/2018	$ 3,446	$ -	$ -	$ -	$ 3,446	$ 63,446
Executed	14440	36180	Division of Social Services	New Arrivals Institute, Inc.	Non-Profit	The purpose of this contract is to assist 150 entrants residing in Guilford County with transitioning into a new environment, adjusting to cultural differences in the US and supporting refugee students and their parents in achieving success interacting with American schools.These services will be	10/01/2017	09/30/2018	$ 90,574	$ -	$ -	$ -	$ 90,574	$ 90,574
Executed	14440	36198	Division of Social Services	MANNA Food Bank, Inc.	Non-Profit	The North Carolina Food and Nutrition Services (FNS) Outreach program targets individuals potentially eligible for FNS to raise awareness of the nutritional benefits of FNS, describe eligibility rules and process for applying and to assist with eligibility prescreening and application completion.The	10/01/2017	09/30/2018	$ 20,759	$ -	$ -	$ 20,764	$ 41,523	$ 166,094

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Executed	14440	36215	Division of Social Services	Food Bank of Central & Eastern North Carolina, Inc	Non-Profit	The North Carolina Food and Nutrition Services (FNS) Outreach program targets individuals potentially eligible for FNS to raise awareness of the nutritional benefits of FNS, describe eligibility rules and process for applying and to assist with eligibility prescreening and application completion.The	10/01/2017	09/30/2018	$ 36,294	$ -	$ -	$ 36,304	$ 72,598	$ 290,393
Executed	14440	36217	Division of Social Services	North Carolina State University	University of North Carolina System	The North Carolina Food and Nutrition Services (FNS) Outreach program targets individuals potentially eligible for FNS to raise awareness of the nutritional benefits of FNS, describe eligibility rules and process for applying and to assist with eligibility prescreening and application completion.The	10/01/2017	09/30/2018	$ 55,577	$ -	$ -	$ 55,577	$ 111,154	$ 444,614
Executed	14440	36219	Division of Social Services	NC Cooperative Extension, Surry County Center	Local Government	To improve the likelihood that 900+ Supplemental Nutrition Assistance Program (SNAP) recipients or those who meet the general low-income standard (i.e. > 50 percent of persons have household incomes of < 185 percent of the Federal Poverty Guidelines) residing in Surry County will make	10/01/2017	09/30/2018	$ 5,838	$ -	$ -	$ -	$ 5,838	$ 23,353
Executed	14440	36220	Division of Social Services	Second Harvest Food Bank of Northwest NC	Non-Profit	To improve the likelihood that 17,294 Supplemental Nutrition Assistance Program (SNAP) recipients or those who meet the general low-income standard (i.e. > 50 percent of persons have household incomes of < 185 percent of the Federal Poverty Guidelines) residing in Alamance, Alexander,	10/01/2017	09/30/2018	$ 33,164	$ -	$ -	$ -	$ 33,164	$ 132,656
Executed	14440	36222	Division of Social Services	YWCA of Asheville and Western North Carolina, Inc.	Non-Profit	The purpose of this contract is to target 765 Food and Nutrition Services (FNS) Program participants and low-income individuals eligible to receive FNS benefits or other means-tested Federal assistance program benefits, and individuals residing in communities with a significant low-income population to	10/01/2017	09/30/2018	$ 18,288	$ -	$ -	$ -	$ 18,288	$ 73,150
Executed	14440	36223	Division of Social Services	Alice Aycock Poe Center for Health Education	Non-Profit	The purpose of this contract is to target 1,385,080 Food and Nutrition Services (FNS) Program participants and low-income individuals eligible to receive FNS benefits or other means-tested Federal assistance program benefits, and individuals residing in communities with a significant low-income population to	10/01/2017	09/30/2018	$ 266,485	$ -	$ -	$ -	$ 266,485	$ 1,065,942
Executed	14440	36241	Division of Social Services	The University of North Carolina at Greensboro	University of North Carolina System	The purpose of this contract is to improve the likelihood that 13,445 Supplemental Nutrition Assistance Program (SNAP) recipients or those who meet the general low-income standard (i.e. > 50 percent of persons have household incomes of < 185 percent of the Federal Poverty Guidelines)	10/01/2017	09/30/2018	$ 169,144	$ -	$ -	$ -	$ 169,144	$ 676,578
Executed	14440	36242	Division of Social Services	The University of North Carolina at Chapel Hill	University of North Carolina System	The purpose of this contract is to target 99,021 Food and Nutrition Services (FNS) Program participants and low-income individuals eligible to receive FNS benefits or other means-tested Federal assistance program benefits, and individuals residing in communities with a significant low-income population to	10/01/2017	09/30/2018	$ 359,622	$ -	$ -	$ -	$ 359,622	$ 1,438,489
Executed	14440	36243	Division of Social Services	North Carolina State University	University of North Carolina System	The purpose of this contract is to target 276,395 Food and Nutrition Services (FNS) Program participants and low-income individuals eligible to receive FNS benefits or other means-tested Federal assistance program benefits, and individuals residing in communities with a significant low-income population to	10/01/2017	09/30/2018	$ 552,434	$ -	$ -	$ -	$ 552,434	$ 2,209,735
Executed	14440	36244	Division of Social Services	East Carolina University	University of North Carolina System	The purpose of this contract is to improve the likelihood that a total of 21,584 Supplemental Nutrition Assistance Program (SNAP) recipients or those who meet the general low-income standard (i.e. > 50 percent of persons have household incomes of < 185 percent of the Federal Poverty Guidelines)	10/01/2017	09/30/2018	$ 189,509	$ -	$ -	$ -	$ 189,509	$ 758,041
Executed	14440	36245	Division of Social Services	County of Durham, Durham County Local Health Department	Local Government	The purpose of this contract is to target 40,928 Food and Nutrition Services (FNS) Program participants and low-income individuals eligible to receive FNS benefits or other means-tested Federal assistance program benefits, and individuals residing in communities with a significant low-income population to	10/01/2017	09/30/2018	$ 208,100	$ -	$ -	$ -	$ 208,100	$ 832,399
Executed	14440	36246	Division of Social Services	Down East Partnership for Children	Non-Profit	The purpose of this contract is to target 4,425 Food and Nutrition Services (FNS) Program participants and low-income individuals eligible to receive FNS benefits or other means-tested Federal assistance program benefits, and individuals residing in communities with a significant low-income population to	10/01/2017	09/30/2018	$ 59,097	$ -	$ -	$ -	$ 59,097	$ 236,389
Executed	14440	36249	Division of Social Services	North Carolina Agricultural and Technical State University	University of North Carolina System	The purpose of this contract is to target 8,320 Food and Nutrition Services (FNS) Program recipients or those who meet the general and low-income standard (i.e. > 50 percent of persons have household incomes of < 185 percent of the Federal Poverty Guidelines)residing in Alamance, Alexander,	10/01/2017	09/30/2018	$ 365,553	$ -	$ -	$ -	$ 365,553	$ 1,462,212
Executed	14440	36253	Division of Social Services	County of Pitt, Pitt County Department of Social Services	Local Government	The purpose of the North Carolina FNS E&T program in Pitt County is to provide employment and training assistance to 150 FNS participants. It is the ultimate goal that this employment and training assistance will lead to obtained employment at a livable wage which will lead participants to self-sufficiency.	10/01/2017	09/30/2018	$ 70,394	$ -	$ 51,678	$ 18,715	$ 140,787	$ 563,147
Executed	14440	36254	Division of Social Services	Orange County Department of Social Services	Local Government	The purpose of the North Carolina FNS E&T program in Orange County is to provideemployment and training assistance to 300 FNS participants. It is the ultimate goal that this employment and trainingassistance will lead to obtained employment at a livable wage which willlead participants to self-sufficiency.	10/01/2017	09/30/2018	$ 143,727	$ -	$ 131,540	$ 12,188	$ 287,454	$ 1,182,316
Executed	14440	36255	Division of Social Services	Cherokee County Department of Social Services	Local Government	The purpose of the North Carolina FNS E&T program in Cherokee County is to provide employment and training assistance to 20 FNS participants. It is the ultimate goal that this employment and training assistance will lead to obtained employment at a livable wage which will lead participants to self-	10/01/2017	09/30/2018	$ 4,927	$ -	$ 4,927	$ -	$ 9,855	$ 39,418
Executed	14440	36257	Division of Social Services	Food Bank of the Albemarle	Non-Profit	SESSION LAW 2017-57 COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS. The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a) Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ 492,792	$ -	$ -	$ 73,919	$ 566,711	$ 1,133,422
Executed	14440	36258	Division of Social Services	Food Bank of Central & Eastern North Carolina, Inc	Non-Profit	SESSION LAW 2017-57 COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS. The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a) Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ 492,792	$ -	$ -	$ 73,919	$ 566,711	$ 1,133,422
Executed	14440	36268	Division of Social Services	Chatham County Department of Social Services	Local Government	The purpose of the North Carolina FNS E&T program in Chatham County is to provide employment and training assistance to 100 FNS participants. It is the ultimate goal that this employment and training assistance will lead to obtained employment at a livable wage which will lead participants to self-	10/01/2017	09/30/2018	$ 2,917	$ -	$ 3,750	$ (833)	$ 5,833	$ 30,000
Executed	14440	36271	Division of Social Services	County of Durham, Durham County Department of Social Services	Local Government	The purpose of the North Carolina FNS E&T program in Durham County is to provide employment and training assistance to 300 FNS participants. It is the ultimate goal that this employment and training assistance will lead to obtained employment at a livable wage which will lead participants to self-	10/01/2017	09/30/2018	$ 14,562	$ -	$ 14,562	$ -	$ 29,123	$ 116,492

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									Federal	State	Local	Other	Total	
Executed	14440	36277	Division of Social Services	MANNA Food Bank, Inc.	Non-Profit	SESSION LAW 2017-57 COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS. The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a) Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ 492,792	$ -	$ -	$ 73,919	$ 566,711	$ 1,133,422
Executed	14440	36278	Division of Social Services	Action Pathways, Inc.	Non-Profit	SESSION LAW 2017-57 COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS. The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a) Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ 492,792	$ -	$ -	$ 73,919	$ 566,711	$ 1,133,422
Executed	14440	36282	Division of Social Services	Second Harvest Food Bank of Metrolina	Non-Profit	SESSION LAW 2017-57 COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS. The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a) Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ 492,792	$ -	$ -	$ 73,919	$ 566,711	$ 1,133,422
Executed	14440	36283	Division of Social Services	Second Harvest Food Bank of Northwest NC	Non-Profit	SESSION LAW 2017-57 COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS. The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a) Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ 492,792	$ -	$ -	$ 73,919	$ 566,711	$ 1,133,422
Executed	14440	36284	Division of Social Services	North Carolina Association of Feeding America Food Banks	Non-Profit	SESSION LAW 2017-57 COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS. The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a) Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ 29,569	$ -	$ -	$ 4,500	$ 34,069	$ 68,138
Executed	14440	36288	Division of Social Services	Wilson County Department of Social Services	Local Government	The purpose of the North Carolina FNS E&T program in Wilson County is to provide employment and training assistance to 100 FNS participants. It is the ultimate goal that this employment and training assistance will lead to obtained employment at a livable wage which will lead participants to self-	10/01/2017	09/30/2018	$ 50,100	$ -	$ 26,674	$ -	$ 76,774	$ 290,853
Executed	14440	36335	Division of Social Services	North Carolina Department of Health and Human Services, Division of Public Health	DHHS	To ensure that health problems of newly arrived refugees that could pose a threat to public health or interfere with the effective resettlement of refugees are promptly identified and treated.	10/01/2017	09/30/2018	$ 123,210	$ -	$ -	$ -	$ 123,210	$ 492,842
Executed	14440	36366	Division of Social Services	Carolina Refugee Resettlement Agency, Inc.	Non-Profit	To provide culturally and linguistically appropriate specialized health promotion services to 50 refugee residing in Mecklenburg County.	10/01/2017	07/31/2018	$ 3,094	$ -	$ -	$ -	$ 3,094	$ 30,942
Executed	14440	36368	Division of Social Services	Mecklenburg County Department of Social Services	Local Government	The purpose of the FNS E&T program in North Carolina is to provide employment and training assistance to 1280 FNS participants in Mecklenburg County. It is the ultimate goal that this employment and training assistance will lead to obtained employment at a livable wage which will lead participants to	10/01/2017	09/30/2018	$ 268,153	$ -	$ 14,844	$ 253,309	$ 536,307	$ 2,145,226
Executed	14440	36378	Division of Social Services	The University of North Carolina at Chapel Hill	University of North Carolina System	To streamline health promotion activities into refugee resettlement processes from arrival to self-sufficiency, as well as coordinate and support community-based outreach, education, and orientation around health and mental health services assisting 50 providers and 175 refugees residing in Wake, Durham	10/01/2017	07/31/2018	$ 9,406	$ -	$ -	$ -	$ 9,406	$ 94,058
Executed	14440	36507	Division of Social Services	The Eastern Band of Cherokee Indians	Federal Indian Tribe	The purpose of this Agreement is to memorialize the mutual understanding of the Parties with respect to NC DHHS' funding obligations to the Tribe related to its assumption of the services enumerated above, including implementation of NCGS 108A-67(c) as revised by Session Law 2015-241, Section	07/01/2017	06/30/2019	$ 244,740	$ 537,191	$ -	$ -	$ 781,931	$ 1,563,862
Executed	14440	36515	Division of Social Services	County of Buncombe, Buncombe County Department of Social Services	Local Government	The purpose of the FNS E&T program in North Carolina is to provide employment and training assistance to 468 FNS participants in Buncombe County. It is the ultimate goal that this employment and training assistance will lead to obtained employment at a livable wage which will lead participants to	10/01/2017	09/30/2018	$ 52,222	$ -	$ 6,250	$ 45,972	$ 104,444	$ 377,480
Executed	14440	36520	Division of Social Services	Lincoln County	Local Government County	The purpose of the FNS E&T program in North Carolina is to provide employment and training assistance to 10 FNS participants in Lincoln County. It is the ultimate goal that this employment and training assistance will lead to obtained employment at a livable wage which will lead participants to self-	01/01/2018	09/30/2018	$ 26,063	$ -	$ 800	$ -	$ 26,863	$ 80,589
Executed	14440	36525	Division of Social Services	The University of North Carolina at Chapel Hill, School of Government	Non-Profit	The School of Government shall convene and facilitate the Social Service Regional Supervision and Collaboration Working Group (SSWG) as required by S.L. 2017-41. (1)The School of Government shall assist the Working Group as follows: a. Convene and facilitate meetings.b. Provide necessary	07/01/2017	06/30/2019	$ -	$ 42,003	$ -	$ -	$ 42,003	$ 128,442
Executed	14440	36531	Division of Social Services	County of New Hanover	Local Government	The purpose of the FNS E&T program in North Carolina is to provide employment and training assistance to 100 FNS participants in New Hanover County. It is the ultimate goal that this employment and training assistance will lead to obtained employment at a livable wage which will lead participants to	01/01/2018	09/30/2018	$ 857	$ -	$ 857	$ -	$ 1,715	$ 5,144
Executed	14440	36572	Division of Social Services	Boys Club of Wake County Inc dba Boys & Girls Club	Non-Profit	SESSION LAW 2017-57COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS.The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a)Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ -	$ 2,750,000	$ -	$ -	$ 2,750,000	$ 5,500,000
Executed	14440	36594	Division of Social Services	North Carolina Department of Administration, Commission of Indian Affairs	Other State Agency	This is a renewal of the contract as initially provided for in the Conference Committee Report for S.L. 2016- 94,Item # 30, Child Welfare Native American Services, the recipient hereby intends to: Provides funding for the establishment of a grant program for which North Carolina State-recognized	07/01/2017	06/30/2019	$ -	$ 60,000	$ -	$ -	$ 60,000	$ 120,000
Executed	14440	36597	Division of Social Services	Big Brothers Big Sisters of the Triangle	Non-Profit	Conference Committee Report for S.L. S.L. 2017-57, Item #G-7, provides funding to Big Brothers Big Sisters to continue providing mentors for children across the state, and; focus on positive youth development, addressing the overall health, academic performance, and social skills of each child.	07/01/2017	06/30/2019	$ -	$ 350,000	$ -	$ -	$ 350,000	$ 700,000
Executed	14440	36627	Division of Social Services	Caring for Children, Inc.	Non-Profit	S.L 2017-57, Item G-61 appropriated $500,000 non-recurring dollars for each of the 2017-19 biennium for continued support of the Angels Watch Program, a foster care program for children ages 0-10 who are not in the custody of the Department of Social Services and whose families are temporarily unable to	07/01/2017	06/30/2019	$ -	$ 250,000	$ -	$ -	$ 250,000	$ 500,000
Executed	14440	36968	Division of Social Services	North Carolina Department of Commerce	Other State Agency	This contract is to provide automated interception of Unemployment Compensation Benefits of Child Support obligors. These deductions, along with those required to be deducted and withheld through legal processes defined in the State Law 462 (e) of the Social Security Act,shall be remitted to	07/01/2018	06/30/2019	$ 39,600	$ 20,400	$ -	$ -	$ 60,000	$ 60,000

DHHS Contracts
March 5, 2019

Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
									Federal	State	Local	Other	Total	
Executed	14450	36063	Division of Services for the Blind	Cumberland Residential and Employment Services and Training, Inc.	Non-Profit	The purpose of this contract is to provide Community Rehabilitation Program (CRP) services in the form of Supported Employment Extended Services for visually impaired and blind consumers with most significant disabilities to maintain gainful employment.	09/01/2017	08/31/2018	$ -	$ 1,136	$ -	$ -	$ 1,136	$ 6,816
Executed	14450	36372	Division of Services for the Blind	Johnston County Industries, Inc.	Non-Profit	The purpose of this contract is to provide Pre-Employment Transition Services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and/or instruction in self-advocacy.	10/15/2017	10/14/2018	$ 7,979	$ 76	$ -	$ -	$ 8,054	$ 32,217
Executed	14450	36436	Division of Services for the Blind	Johnston County Industries, Inc.	Non-Profit	The purpose of this contract is to provide Pre-Employment Transition Services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and/or instruction in self-advocacy.	10/15/2017	10/14/2018	$ 21,433	$ 151	$ -	$ -	$ 21,584	$ 86,334
Executed	14450	36509	Division of Services for the Blind	Haywood Vocational Opportunities, Inc.	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy..	01/01/2018	12/31/2018	$ 7,232	$ -	$ -	$ -	$ 7,232	$ 14,465
Executed	14450	36538	Division of Services for the Blind	Chapel Hill-Carrboro Public School Foundation	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy.	01/01/2018	12/31/2018	$ 58,812	$ -	$ -	$ -	$ 58,812	$ 117,625
Executed	14450	36539	Division of Services for the Blind	The Arc of North Carolina, Inc.	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy..	01/01/2018	12/31/2018	$ 17,350	$ -	$ -	$ -	$ 17,350	$ 34,700
Executed	14450	36540	Division of Services for the Blind	Industrial Opportunities, Inc.	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy..	01/01/2018	12/31/2018	$ 6,578	$ -	$ -	$ -	$ 6,578	$ 13,155
Executed	14450	36542	Division of Services for the Blind	OE Enterprises, Incorporated	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy.	01/01/2018	12/31/2018	$ 16,688	$ -	$ -	$ -	$ 16,688	$ 33,375
Executed	14450	36618	Division of Services for the Blind	OE Enterprises, Incorporated	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy.	01/01/2018	12/31/2018	$ 16,688	$ -	$ -	$ -	$ 16,688	$ 33,375
Executed	14450	37168	Division of Services for the Blind	National Federation of the Blind, Inc. DBA Blind Federation of America	Non-Profit	The purpose of this contract is to provide no cost, electronic newspaper and weather services for eligible blind and visually impaired residents of North Carolina so they may stay up to date on the news happening in their communities and the world around them allowing them to fully participate in	07/01/2018	06/30/2021	$ -	$ 75,000	$ -	$ -	$ 75,000	$ 225,000
Executed	14450	37362	Division of Services for the Blind	OE Enterprises, Incorporated	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment.	07/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306
Executed	14450	37364	Division of Services for the Blind	Haywood Vocational Opportunities, Inc.	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment.	07/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306
Executed	14450	37365	Division of Services for the Blind	Diversified Opportunities, Inc.	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment. .	09/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306
Executed	14450	37367	Division of Services for the Blind	Irene Wortham Center, Inc.	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment.	07/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306
Executed	14450	37368	Division of Services for the Blind	Johnston County Industries, Inc.	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment.	09/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306
Executed	14450	37369	Division of Services for the Blind	Cumberland Residential and Employment Services and Training, Inc.	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment.	09/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306
Executed	14450	37373	Division of Services for the Blind	Easter Seals UCP North Carolina & Virginia, Inc.	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment.	07/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306
Executed	14450	37374	Division of Services for the Blind	Liberty Corner Enterprises, Inc.	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment.	10/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306
Executed	14450	37375	Division of Services for the Blind	Community Workforce Solutions, Inc	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment.	07/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306
Executed	14450	37683	Division of Services for the Blind	LIFESPAN Incorporated	Non-Profit	The purpose of this contract is to provide Supported Employment Extended Services for visually impaired and blind consumers tomaintain gainful employment.	09/01/2018	06/30/2019	$ -	$ 3,306	$ -	$ -	$ 3,306	$ 3,306

Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
									Federal	State	Local	Other	Total	
Executed	14450	37986	Division of Services for the Blind	Johnston County Industries, Inc.	Non-Profit	The purpose of this contract is to provide Pre-Employment Transition Services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options, and /or instruction in self-advocacy.	10/15/2018	06/30/2019	$ 64,080	$ -	$ -	$ -	$ 64,080	$ 64,080
Executed	14450	38033	Division of Services for the Deaf and Hard of Hearing	North Carolina Department of Health and Human Services, Division of Vocational Rehabilitation Services	DHHS	Provide training to DSDHH Equipment Distribution Service (EDS) consumers in order to allow communication access through the approved speech impaired equipment provided by the EDS program.	07/01/2018	06/30/2019	$ -	$ -	$ -	$ 3,000	$ 3,000	$ 3,000
Executed	14450	38060	Division of Services for the Blind	Industrial Opportunities, Inc.	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on post-secondary training options and/or instruction in self-advocacy.	01/01/2019	12/31/2019	$ 11,858	$ -	$ -	$ -	$ 11,858	$ 23,716
In-Process	14450	38069	Division of Services for the Blind	The Arc of North Carolina, Inc.	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including jobexploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy..	01/01/2019	12/31/2019	$ 12,600	$ -	$ -	$ -	$ 12,600	$ 25,200
Executed	14450	38070	Division of Services for the Blind	Haywood Vocational Opportunities, Inc.	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including jobexploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy..	01/01/2019	12/31/2019	$ 23,375	$ -	$ -	$ -	$ 23,375	$ 46,750
Executed	14450	38071	Division of Services for the Blind	OE Enterprises, Incorporated	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including jobexploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy..	01/01/2019	12/31/2019	$ 46,515	$ -	$ -	$ -	$ 46,515	$ 93,030
Executed	14450	38331	Division of Services for the Blind	LIFESPAN Incorporated	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including job exploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondarytraining options and or instruction in self-advocacy.	02/01/2019	01/31/2020	$ 15,375	$ -	$ -	$ -	$ 15,375	$ 36,900
In-Process	14450	38602	Division of Services for the Blind	Richmond Community Support Center, Inc.	Non-Profit	The purpose of this contract is to provide pre-employment transition services (PETS) to students with disabilities including jobexploration counseling, workplace readiness training, work-based learning experiences, counseling on postsecondary training options and or instruction in self-advocacy.	03/15/2019	03/15/2020	$ 31,267	$ -	$ -	$ -	$ 31,267	$ 93,800
Executed	14460	26832	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Morneau Shepell BDA Limited	For-Profit	The purpose of this contract is to operate North Carolina's Problem Gambling Helpline.The Helpline, through an advertised, statewide toll‑free telephone number will provide for assistance with gambling problems and include the following services below: 1.Statewide, 24-hour per day toll-free	09/01/2012	08/31/2018	$ -	$ 88,667	$ -	$ -	$ 88,667	$ 3,092,024
Executed	14460	32401	Division of State Operated Healthcare Facilities	North Carolina Department of Health and Human Services, Division of State Operated Healthcare Facilities, Broughton	DHHS	Julian F. Keith Alcohol and DrugAbuse Treatment Center, through this Interdepartmental Memorandum of Agreement, will receive laboratory services from Broughton Hospital Laboratory.	07/01/2015	06/30/2019	$ -	$ -	$ -	$ 132,000	$ 132,000	$ 528,000
Executed	14460	32402	Division of State Operated Healthcare Facilities	North Carolina Department of Health and Human Services, Division of State Operated Healthcare Facilities, Black	DHHS	The purpose of this contract is for Black Mountain Neuro Medical Treatment Center to provide x-ray services to Julian F. Keith ADATC clients during scheduled visits with the on-site x-ray technician.	07/01/2015	06/30/2019	$ -	$ -	$ -	$ 3,540	$ 3,540	$ 14,160
Executed	14460	33757	Division of State Operated Healthcare Facilities	Duke University Health System, Inc.	Private In-State University/Duke	This is a contract to provide moonlighter psychiatry services for Central Regional Hospital.	11/01/2016	06/30/2019	$ -	$ 615,060	$ -	$ -	$ 615,060	$ 1,334,021
Executed	14460	33897	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	North Carolina State University	University of North Carolina System	Normal0falsefalsefalseEN-USX-NONEX-NONE This contract allows for the management of a web-based system for gathering and reporting outcome and performance data on behalf of mental health and substance abuse consumers in North Carolina's public system of services. The NC-	07/01/2016	06/30/2019	$ 375,999	$ -	$ -	$ -	$ 375,999	$ 1,283,653
Executed	14460	34009	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Pathology and Laboratory Medicine in the School of Medicine	University of North Carolina System	On some of occasions the cause of death of a patient is unknown. When that happens, or if specifically requested by the Medical Examiner, another clinician or law enforcement, an autopsy is needed.This contract is to provide for services from UNC for these services.	07/01/2016	06/30/2019	$ -	$ 27,500	$ -	$ -	$ 27,500	$ 82,500
Executed	14460	34219	Division of State Operated Healthcare Facilities	Duke University	Private In-State University/Duke	The Division desires to have medical students provide supervised psychiatric care to the patients at Central Regional Hospital ("CRH"). Because of other affiliations, this care is available at the cost of fifty percent (50%) of direct travel costs for the medical students.	07/01/2016	06/30/2019	$ -	$ 1,739	$ -	$ -	$ 1,739	$ 5,218
Executed	14460	34269	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Psychiatry in the School of Medicine	University of North Carolina System	Contract is with Universty of North Carolina to provide contractual psychiatrists in order to meet standards of care as defined by law and regulatory agencies.	07/01/2016	06/30/2019	$ -	$ 152,736	$ -	$ -	$ 152,736	$ 445,693
Executed	14460	34357	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Psychiatry in the School of Medicine	University of North Carolina System	Central Regional Hospital operates a Residency Training program which requires a qualified experienced Clinical Professor to provide leadership to the trainees and the UNC has the capability to recruit and provide this professor.	07/01/2016	06/30/2019	$ -	$ 194,462	$ -	$ -	$ 194,462	$ 567,453
Executed	14460	34451	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Psychiatry in the School of Medicine	University of North Carolina System	Current staffing does not provide psychiatry coverage to meet the needs of child and adolescent outpatients. Vacant Psychiatrists' positions must be covered by contractual psychiatrists in order to meet standards of care as defined by the Joint Commission.	08/01/2016	06/30/2019	$ -	$ 256,129	$ -	$ -	$ 256,129	$ 747,402
Executed	14460	34458	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Psychiatry in the School of Medicine	University of North Carolina System	To provide administrative responsibility for the Residency Training Program.	08/01/2016	06/30/2019	$ -	$ 795,799	$ -	$ -	$ 795,799	$ 2,367,987
Executed	14460	34492	Division of State Operated Healthcare Facilities	Duke University Health System, Inc.	Private In-State University/Duke	To provide trained child and adolescent psychiatrists (post graduates and medical trainees) to Central Regional Hospital for additional medical training and learning opportunities. The medical trainees will provide patient care and help to fill gaps in staffing shortages.	07/01/2016	06/30/2019	$ -	$ 336,120	$ -	$ -	$ 336,120	$ 979,278

Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
									Federal	State	Local	Other	Total	
Executed	14460	34591	Division of State Operated Healthcare Facilities	Duke University Health System, Inc.	Private In-State University/Duke	To provide staffing to oversee administrative responsibility for the Joint Residency Training program.	07/01/2016	06/30/2019	$ -	$ 769,763	$ -	$ -	$ 769,763	$ 2,413,145
Executed	14460	34594	Division of State Operated Healthcare Facilities	Duke University Health System, Inc.	Private In-State University/Duke	The Hospital needs trained geriatric psychiatrists to take care of patients. The Hospital also experiences problems staffing certain shifts.	07/01/2016	06/30/2019	$ -	$ 25,237	$ -	$ -	$ 25,237	$ 73,527
Executed	14460	34595	Division of State Operated Healthcare Facilities	Duke University	Private In-State University/Duke	Hospital management needs to provide economical quality education services to its clinical staff.	07/01/2016	06/30/2019	$ -	$ 8,750	$ -	$ -	$ 8,750	$ 24,457
Executed	14460	34611	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill	University of North Carolina System	Central Regional Hospital does not have the staff to provide a variety of required services necessary to provide adequate neuro-psychological services including evaluation of neuro-psychological status and intervention needs to the children served.	07/01/2016	06/30/2019	$ -	$ 17,891	$ -	$ -	$ 17,891	$ 46,163
Executed	14460	34612	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill	University of North Carolina System	Whitaker School does not have the staff to provide a variety of required services necessary to provide adequate treatment to the children served	07/01/2016	06/30/2019	$ -	$ 33,134	$ -	$ -	$ 33,134	$ 84,327
In-Process	14460	34613	Division of State Operated Healthcare Facilities	Town of Butner	Local Government	To provide law enforcement and fire protection services at Central Regional Hospital annex ("CRH"),R.J. Blackley Alcohol and Drug Abuse Treatment Center ("ADATC"), and Murdoch Developmental Center ("Murdoch") (collectively, the "DHHS Facilities"), all in or in the vicinity of Butner, North	07/01/2016	06/30/2019	$ -	$ 754,858	$ -	$ -	$ 754,858	$ 2,264,574
Executed	14460	34731	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	North Carolina Department of Health and Human Services, Division of Public Health	DHHS	This is an intradepartmental memorandum of agreement between the Division of Mental Health, Developmental Disabilities and Substance Abuse Services and the Division of Public Health to provide HIV early intervention services to individuals who are participating in treatment for a substance use disorder.The	10/01/2016	06/30/2019	$ 965,949	$ -	$ -	$ -	$ 965,949	$ 2,656,360
Executed	14460	35460	Division of State Operated Healthcare Facilities	Granville Health System	Local Government	Provide general anesthesia services to residents and selected outpatients of Murdoch Developmental Center.	07/01/2017	06/30/2019	$ -	$ 1,000	$ -	$ -	$ 1,000	$ 2,000
Executed	14460	35461	Division of State Operated Healthcare Facilities	Granville Health System	Local Government	This contract assures medical advisement for dental services under general anesthesia to the individuals who reside at the center. Medical advisement services by a physician with hospital admitting privileges are required prior to any general anesthesia procedure	07/01/2017	06/30/2019	$ -	$ 2,250	$ -	$ -	$ 2,250	$ 4,500
Executed	14460	35462	Division of State Operated Healthcare Facilities	Granville Health System	Local Government	To provide interpretation of electrocardiograms and for the provisions of specialized imaging procedures for the men, women, and children who reside at Murdoch Developmental Centers.	07/01/2017	06/30/2019	$ -	$ 60,000	$ -	$ -	$ 60,000	$ 120,000
Executed	14460	35473	Division of State Operated Healthcare Facilities	Raleigh Emergency Surgical, Inc.	For-Profit	To provide general surgery physicians services through performance of examinations and diagnostics.	07/01/2017	06/30/2019	$ -	$ 60,000	$ -	$ -	$ 60,000	$ 120,000
Executed	14460	35558	Division of State Operated Healthcare Facilities	Raleigh Medical Group, PA	For-Profit	Provision of Gastroenterological Services which are beyond the scope of practice for Murdoch Developmental Center	07/01/2017	06/30/2019	$ -	$ 20,600	$ -	$ -	$ 20,600	$ 41,200
Executed	14460	35567	Division of State Operated Healthcare Facilities	Triangle Medical Professionals, PLLC	For-Profit	This contract will provide General Medicine and Surgical service needs for Murdoch Center Clients	07/01/2017	06/30/2019	$ -	$ 58,000	$ -	$ -	$ 58,000	$ 116,000
Executed	14460	35569	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Psychiatry in the School of Medicine	University of North Carolina System	The contract with UNC-Chapel Hill Department of Psychiatry will provide Psychiatric services including Phychiatric evaluations and treatment	07/01/2017	06/30/2019	$ -	$ 277,095	$ -	$ -	$ 277,095	$ 454,215
Executed	14460	35705	Division of State Operated Healthcare Facilities	Hanger Prosthetics and Orthotics East, Inc.	For-Profit	Hanger Prosthetics & Orthotics East, Inc. shall provide certified prosthetic and orthotic services to the people at MDC.	07/01/2017	06/30/2019	$ -	$ 15,000	$ -	$ -	$ 15,000	$ 30,000
Executed	14460	35925	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Psychiatry in the School of Medicine	University of North Carolina System	There is a high number of referrals for forensic evaluations. Central Regional Hospital is presently unable to increase the number of permanent full time positions enough to meet the demand.	07/01/2017	06/30/2019	$ -	$ 12,892	$ -	$ -	$ 12,892	$ 25,784
Executed	14460	35991	Division of State Operated Healthcare Facilities	Private Diagnostic Clinic PLLC	For-Profit	To provide anesthesia services for patients in electroconvulsive therapy.	07/01/2017	06/30/2019	$ -	$ 199,843	$ -	$ -	$ 199,843	$ 393,865
Executed	14460	35992	Division of State Operated Healthcare Facilities	Private Diagnostic Clinic PLLC	For-Profit	Central Regional Hospital (CRH) patients that require neuropsychological, behavioral, or violence risk assessments will receive these services through this contract.	07/01/2017	06/30/2019	$ -	$ 77,250	$ -	$ -	$ 77,250	$ 152,250
Executed	14460	35993	Division of State Operated Healthcare Facilities	Private Diagnostic Clinic PLLC	For-Profit	Some patients require neurology evaluation and treatment for mental health problems. A neurologist is needed to perform these services.	07/01/2017	06/30/2019	$ -	$ 24,718	$ -	$ -	$ 24,718	$ 48,716
Executed	14460	35994	Division of State Operated Healthcare Facilities	Private Diagnostic Clinic PLLC	For-Profit	It is the responsibility of the Division to provide reasonable and adequate medical care. A portion of patient population requires EEG diagnostics with a neurologist. This contract provides a neurologist to read all EEG performed at the Division.	07/01/2017	06/30/2019	$ -	$ 13,596	$ -	$ -	$ 13,596	$ 26,796

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									Federal	State	Local	Other	Total	
Executed	14460	36005	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Emergency Medicine in the School of Medicine	University of North Carolina System	Wright School intends to contract with the UNC CH Department of Emergency Medicine in the School of Medicine to obtain child psychiatric services for Wright School for fiscal year 17-18, Direct medical services (psychiatric services for children in residential mental health treatment) will be provided for	08/01/2017	06/30/2019	$ -	$ 22,412	$ -	$ -	$ 22,412	$ 44,824
Executed	14460	36021	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Recovery Communities of North Carolina, Inc.	Non-Profit	This contract will increase the availability of, and access to, recovery support services for individuals pursuing their recovery.RCNC will provide assistance and "mentoring" to other communities and groups, including the four recently funded recovery community centers that were awarded funds in FY16, and will	07/01/2017	07/31/2018	$ 676,747	$ -	$ -	$ -	$ 676,747	$ 676,747
Executed	14460	36027	Division of State Operated Healthcare Facilities	Triangle Therapy, Inc.	For-Profit	The purpose of the contract is to obtain pediatric occupational therapyservices for 2017 - 2018 for children ages 6 to 13 who have been admitted to Wright School, a stateoperated residential mental health treatment center. Services include assessment, direct intervention, and progressmonitoring of children	08/01/2017	06/30/2019	$ -	$ 7,800	$ -	$ -	$ 7,800	$ 15,600
Executed	14460	36043	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Charles A. Cannon, Jr. Memorial Hospital, Inc.	Non-Profit	The purpose of this Request for Applications (RFA) is to expand psychiatric and substance use inpatient care capacity in community hospitals, which are located in rural counties and/or their adjoining counties and which currently have limited inpatient capacity, by constructing new beds or renovating and	07/01/2017	06/30/2020	$ -	$ 2,167,826	$ -	$ -	$ 2,167,826	$ 6,503,478
Executed	14460	36085	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Psychiatry in the School of Medicine	University of North Carolina System	The University of North Carolina and the Clinical Research Unit at Dix (Central Regional Hospital) conduct research activities in conjunction with providing adult outpatient psychiatric services for patients and their families. Outpatient psychiatric services are provided to patients in conjunction with evaluations for	07/01/2017	06/30/2019	$ -	$ 692,172	$ -	$ -	$ 692,172	$ 1,364,184
Executed	14460	36092	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Psychiatry in the School of Medicine	University of North Carolina System	Central Regional Hospital provides the primary outpatient child training experience for UNC child fellows. There are few children and adolescent psychiatrists qualified and willing to provide a quality training experience for child and adolescent fellows and other trainees.	07/01/2017	06/30/2019	$ -	$ 184,413	$ -	$ -	$ 184,413	$ 363,455
Draft	14460	36124	Division of State Operated Healthcare Facilities	Neurology Associates	For-Profit	Broughton Hospital contracts with Neurologists to perform necessary neurological consultation and care on-site.Neurological consultation, care and EEG readings are key components in providing quality patient care for certain situations.	07/01/2017	06/30/2020	$ -	$ 35,000	$ -	$ -	$ 35,000	$ 105,000
Draft	14460	36154	Division of State Operated Healthcare Facilities	Blue Ridge Pathology Services	For-Profit	Broughton Hospital contracts for pathology services as required by the College of American Pathology, Joint Commission and CMS to provide oversight requirements for the high complexity Clinical Lab with provision of Pathology services. This service is a key component in providing quality patient care.	07/01/2017	06/30/2020	$ -	$ 72,000	$ -	$ -	$ 72,000	$ 216,000
Executed	14460	36182	Division of State Operated Healthcare Facilities	Frye Regional Medical Center, Inc.	For-Profit	Broughton Hospital does not have the equipment or staff to perform various diagnostic studies and treatments needed to benefit our patients.Frye Regional Medical Center will provide inpatient and outpatient medical and diagnostic services to Broughton Hospital patients.	09/01/2017	08/31/2018	$ -	$ 18,400	$ -	$ -	$ 18,400	$ 70,000
Executed	14460	36260	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	DLP Maria Parham Medical Center, LLC	For-Profit	The purpose of this Request for Applications (RFA) is to expand psychiatric and substance use inpatient care capacity in community hospitals, which are located in rural counties and/or their adjoining counties and which currently have limited inpatient capacity, by constructing new beds or renovating and	04/11/2018	07/10/2022	$ -	$ 2,525,875	$ -	$ -	$ 2,525,875	$ 10,103,500
Executed	14460	36310	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	The University of North Carolina at Greensboro	University of North Carolina System	This contract will support the North Carolina Preventing Underage Drinking Initiative (NC-PUDI) in its efforts to prevent underage alcohol consumption and the resulting social, health, and economic consequences in the State of North Carolina. The contract will support continued utilization and further	10/01/2017	09/30/2018	$ 90,000	$ -	$ -	$ -	$ 90,000	$ 360,000
Executed	14460	36328	Division of State Operated Healthcare Facilities	Ruth Roseboro	Individual	This contract is necessary to provide a facilitator for the enactment of Advanced Care Directives that will allow the hospital to meet CMS and The Joint Commission standards.Without this contract we would jeopardize CMS certification and The Joint Commission accreditation.	09/01/2017	06/30/2020	$ -	$ 1,000	$ -	$ -	$ 1,000	$ 3,000
Executed	14460	36373	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Addiction Recovery Medical Services, PLLC	For-Profit	The purpose of this contract is to address the state's heroin and prescription drug use epidemic among the offender population including people under probation or parole/post-release supervision who have an Opioid Use Disorder, as well as identified pre-release offenders incarcerated at Black	09/01/2017	08/31/2018	$ 42,667	$ -	$ -	$ 41,667	$ 84,333	$ 506,000
Executed	14460	36381	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	ATS of North Carolina, LLC DBA Mountain Health Solutions - North Wilkesboro	For-Profit	The purpose of this contract is to address the state's heroine and prescription drug use epidemic among the offender population including people under probation or parole/post-release supervision who have an Opioid Use Disorder, as well as identified pre-release offenders incarcerated at Black	09/01/2017	08/31/2018	$ 42,667	$ -	$ -	$ -	$ 42,667	$ 256,000
In-Process	14460	36382	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Southeastern Regional Medical Center	Non-Profit	The purpose of this Request for Applications (RFA) is to expand psychiatric and substance use inpatient care capacity in community hospitals, which are located in rural counties and/or their adjoining counties and which currently have limited inpatient capacity, by constructing new beds or renovating and	11/01/2017	10/31/2020	$ -	$ 464,338	$ -	$ -	$ 464,338	$ 1,393,014
Executed	14460	36437	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Autism Society of North Carolina, Inc.	Non-Profit	There are over 65,000 individuals with ASD spectrum disorder in North Carolina who have lifelong needs. Autism is everywhere - in every county, community, and school district in our state. The prevalence of ASD continues to remain high (see chart below) and the current rate of prevalence is 1 of	07/01/2017	06/30/2019	$ 2,466,392	$ 404,029	$ -	$ -	$ 2,870,421	$ 5,740,842
Executed	14460	36442	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Oxford House, Inc.	Non-Profit	SESSION LAW 2017-57COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS.The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a)Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ -	$ 177,405	$ -	$ -	$ 177,405	$ 354,810
Executed	14460	36443	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Special Olympics of North Carolina	Non-Profit	SESSION LAW 2017-57COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS.The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a)Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ -	$ 25,000	$ -	$ -	$ 25,000	$ 50,000
Executed	14460	36449	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Residential Services	Non-Profit	SESSION LAW 2017-57COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS.The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a)Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ -	$ 216,131	$ -	$ -	$ 216,131	$ 432,262
Executed	14460	36450	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	The Arc of North Carolina, Inc.	Non-Profit	SESSION LAW 2017-57COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS.The Department shall continue administering a competitive grants process for nonprofit funding. SECTION 11A.14.(a)Of the funds appropriated in this act to the Department of Health and Human Services,	07/01/2017	06/30/2019	$ 271,074	$ -	$ -	$ -	$ 271,074	$ 542,148

DHHS Contracts
March 5, 2019

Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
									Federal	State	Local	Other	Total	
Executed	14460	37882	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Public Health Authority of Cabarrus County	Local Government	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000
Draft	14460	37890	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Morneau Shepell BDA Limited	For-Profit	Extend the contract to provide a statewide problem gambling program that includes a 24-hour helpline, referral and treatment services, and outreach and prevention services.	09/01/2018	03/01/2019	$ -	$ 625,000	$ -	$ -	$ 625,000	$ 625,000
Executed	14460	37909	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Fayetteville Area Health Education Foundation, Inc	Non-Profit	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 107,261	$ -	$ -	$ 107,261	$ 107,261
Executed	14460	37920	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Bakersville Community Medical Clinic, Incorporated	Non-Profit	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000
Executed	14460	37944	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	The University of North Carolina at Greensboro	University of North Carolina System	This contract will support the North Carolina Preventing Underage Drinking Initiative (NC-PUDI) in its efforts to prevent underage alcohol consumption and the resulting social, health, and economic consequences in the State of North Carolina. The contract will support continued utilization and further	10/01/2018	09/30/2019	$ 270,000	$ -	$ -	$ -	$ 270,000	$ 360,000
Executed	14460	37951	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	County of Johnston, Johnston County Local Health Department	Local Government	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 56,517	$ -	$ -	$ 56,517	$ 56,517
Executed	14460	37965	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Metropolitan Community Health Services, Inc.	Non-Profit	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000
Executed	14460	37967	Division of State Operated Healthcare Facilities	Vanguard Professional Staffing, Inc.	For-Profit	This stands for contract 36069 Amd 1, to extend termination date and add funding for FY 2019.Patients at Central Regional Hospital require social wok services. Social workers are required for discharge planning and direct patient care services. We experience vacancies in social work and cannot find the	07/01/2018	06/30/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000
Executed	14460	37968	Division of State Operated Healthcare Facilities	Foot and Ankle Associates of NC	For-Profit	This is to take place as the amendment 1 to contract 36077 to extend the contract term date and add funding for FY 19.Central Regional Hospital does not have a state allocated position for podiatry. The Hospital uses contractual services to fulfill this obligation.	07/01/2018	06/30/2019	$ -	$ 60,000	$ -	$ -	$ 60,000	$ 60,000
Executed	14460	37969	Division of State Operated Healthcare Facilities	Consolidated Staffing Inc.	For-Profit	This is to represent contract 36051 Amd 1, extending the termination date and adding funding for FY 19. This contract with Consolidated Medical Staffing is to provide supplemental professionals with various clinical and medical skills to support the staffing shortage at Central Regional Hospital.	07/01/2018	06/30/2019	$ -	$ 450,000	$ -	$ -	$ 450,000	$ 450,000
Executed	14460	37971	Division of State Operated Healthcare Facilities	Private Diagnostic Clinic PLLC	For-Profit	This is to stand for contract 34777 Amd 2, to provide medical moonlighter services for Central Regional Hospital extending the contract end date and add funding for FY 2019.	07/01/2018	06/30/2019	$ -	$ 210,000	$ -	$ -	$ 210,000	$ 210,000
Executed	14460	37972	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Triangle Literacy Council	Non-Profit	To provide support for literacy programming that addresses a spectrum of individuals and families, particularly youth involved with the juvenile justice system and in need of mental health and substance use services.	07/01/2018	06/30/2019	$ -	$ 100,000	$ -	$ -	$ 100,000	$ 100,000
Executed	14460	37975	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Brain Injury Association of North Carolina	Non-Profit	This contract is funded through the Administration for Community Living(ACL) Traumatic Brain Injury (TBI) Grant Program for TBI infrastructurebuilding in NC. The focus of the grant is to build partnerships betweenprimary health and behavioral health in relation to traumatic braininjury (TBI) as well as to	07/01/2018	05/31/2019	$ 140,000	$ -	$ -	$ -	$ 140,000	$ 140,000
Executed	14460	37978	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	University of North Carolina System General Administration	University of North Carolina System	America's campuses are in the midst of a substance use epidemic that shows no sign of abating. A nationally representative survey by the National Center on Addiction and Substance Abuse at Columbia University (CASA) revealed that while the proportion of college students who drank decreased from 70 to	07/01/2018	06/30/2019	$ 750,000	$ -	$ -	$ -	$ 750,000	$ 750,000
Draft	14460	37983	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Cumberland County Hospital System, Inc. dba Cape Fear Valley Healthcare System	Non-Profit	The purpose and scope of this contract is theagreement between the Parties for development of new behavioral healthinpatient beds at Betsy Johnson Hospital, which is owned by Harnett HealthSystem, Inc., and managed by Contractor, and related efforts byContractor, as authorized by the General	07/01/2018	06/30/2021	$ -	$ 1,333,333	$ -	$ -	$ 1,333,333	$ 4,000,000
Executed	14460	37991	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	The Center for Child and Family Health, Inc.	Non-Profit	The primary objective of one of these programs was to expand and improve Veteran peer-to-peer engagement in order to increase connections to VA and community resources. This program, Veteran Support Specialist (VSS) Training Program, aimed to develop and deliver self-paced, modularized	09/01/2018	08/31/2019	$ 65,100	$ -	$ -	$ -	$ 65,100	$ 65,100
Executed	14460	37996	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	The C.W. Williams Community Health Center, Inc.	Non-Profit	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000
Executed	14460	38000	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Appalachian Mountain Community Health Centers	Non-Profit	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000
In-Process	14460	38002	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill	University of North Carolina System	Wright School does not have staff with the required professional licenses needed to provide the variety of neuro-psychological and speech-language assessment, intervention, and evaluation services necessary to meet the special needs of children and youth in residential mental health treatment.	11/01/2018	06/30/2019	$ -	$ 8,500	$ -	$ -	$ 8,500	$ 8,500
Executed	14460	38006	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Lumbee Tribe of North Carolina	State Indian Tribe	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000

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									Federal	State	Local	Other	Total	
Executed	14460	38007	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Appalachian District (Alleghany-Ashe-Watauga) Local Health Department	Local Government	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000
Executed	14460	38008	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Scotland County Health Department	Local Government	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 27,364	$ -	$ -	$ 27,364	$ 27,364
Executed	14460	38009	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Wayne County Health Department	Local Government	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000
Executed	14460	38010	Division of State Operated Healthcare Facilities	The University of North Carolina at Chapel Hill for its Department of Radiology in the School of Medicine	University of North Carolina System	To provide diagnostic radiology services for the patient/ residential populations and customers of the Division of State Operated Healthcare Facilities	08/15/2018	08/14/2019	$ -	$ 150,079	$ -	$ -	$ 150,079	$ 150,079
Executed	14460	38028	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Addiction Recovery Medical Services, PLLC	For-Profit	The purpose of this contract is to address the state's heroin and prescription drug use epidemic among the offender population including people under probation or parole/post-release supervision who have an Opioid Use Disorder, as well as identified pre-release offenders incarcerated at Black	09/01/2018	08/31/2019	$ 326,019	$ -	$ -	$ 208,333	$ 534,352	$ 641,223
Executed	14460	38029	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	ATS of North Carolina, LLC DBA Mountain Health Solutions - North Wilkesboro	For-Profit	The purpose of this contract is to address the state's heroin and prescription drug use epidemic among the offender population including people under probation or parole/post-release supervision who have an Opioid Use Disorder, as well as identified pre-release offenders incarcerated at Black	09/01/2018	08/31/2019	$ 346,853	$ -	$ -	$ -	$ 346,853	$ 416,223
Executed	14460	38030	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	JBS International, Inc.	For-Profit	Federal Synar requirements (42 U.S.C. 300x-26) require all states and jurisdictions to implement activities that meet Synar regulations to reduce youth access to tobacco. Specifically, all states and jurisdictions must: enact laws that prohibit the sale or delivery of tobacco products to minors under the	09/10/2018	06/30/2019	$ 288,000	$ -	$ -	$ -	$ 288,000	$ 288,000
Executed	14460	38068	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	The Center for Child and Family Health, Inc.	Non-Profit	CCFH will assist DHHS build a trauma informed system of care for children and youth with SED. A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children,	07/01/2018	06/30/2019	$ 150,000	$ -	$ -	$ -	$ 150,000	$ 150,000
Executed	14460	38113	Division of State Operated Healthcare Facilities	The Charlotte-Mecklenburg Hospital Authority dba Atrium Health DBA Carolinas Medical Center	Local Government	This is a contract to provide forensic psychiatric services to Broughton Hospital.	01/01/2019	12/31/2019	$ -	$ 138,955	$ -	$ -	$ 138,955	$ 277,910
Executed	14460	38114	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	L.I.N.C., Inc.	Non-Profit	The purpose of this initiative is to implement the actions outlined in the NC DHHS Opioid Action Plan. Activities include: •Fund certified peer-support specialists or North Carolina certified peer-support training. •Connect justice system-involved people to harm reduction, treatment,	07/01/2018	06/30/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000
In-Process	14460	38173	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	The University of North Carolina at Chapel Hill for its Department of Psychiatry in the School of Medicine	University of North Carolina System	Provide a formal program to train addiction medicine fellows (typically physicians with at least three years of post-graduate training) in clinically settings that include a medically supervised detoxification unit, inpatient pain service, outpatient pain clinic and an opioid treatment program to increase	07/01/2018	06/30/2019	$ 250,820	$ -	$ -	$ -	$ 250,820	$ 250,820
Draft	14460	38207	Division of State Operated Healthcare Facilities	Bolter Counseling & Consulting, PLLC	For-Profit	To establish a contract to provide on site Motivational Interviewing training for Julian F. Keith Alcohol and Drug Abuse Treatment Center.The contract price is inclusive of all travel, accommodations, per diem and training cost.	09/06/2018	06/30/2019	$ -	$ -	$ -	$ 3,550	$ 3,550	$ 3,550
Executed	14460	38209	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Samaritan Colony, Inc.	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C-204, funding is provided to Samaritan Colony, Inc.	07/01/2018	06/20/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000
Executed	14460	38210	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	The Arc of Union/Cabarrus, Inc.	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C-205, funding is provided to The Arc of Union/Cabarrus, Inc.	07/01/2018	06/30/2019	$ -	$ 25,000	$ -	$ -	$ 25,000	$ 25,000
Executed	14460	38212	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Reality Ministries, Inc.	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C-209, funding is provided to Reality Ministries, Inc.	07/01/2018	06/30/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000
Executed	14460	38269	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	ReNu Life Extended	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C - 176.It provides funding to ReNu Life Traumatic Brain Injury Services.	07/01/2018	06/30/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000
Executed	14460	38327	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Bridge to Recovery, Inc.	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C206, funding is awarded to The Bridge To Recover to provide intensive intervention substance abuse services to 120 indigent and low-income individuals.	07/01/2018	06/30/2019	$ -	$ 300,000	$ -	$ -	$ 300,000	$ 300,000
Executed	14460	38345	Division of State Operated Healthcare Facilities	Reggie Moore	Individual	To provide primary Spanish translator services to Broughton Hospital's Spanish speaking patients.	01/01/2019	12/31/2019	$ -	$ 4,500	$ -	$ -	$ 4,500	$ 9,000
Draft	14460	38349	Division of State Operated Healthcare Facilities	Dr. Robert M. Currin, DO, PA	For-Profit	Optometry professionals who can provide regular, recurring services to the persons at Murdoch in a timely fashion.	12/10/2018	06/30/2019	$ -	$ 8,500	$ -	$ -	$ 8,500	$ 8,500
Executed	14460	38354	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Triangle Down Syndrome Network of Raleigh	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C - 175, funding is provided to print and translate handbook and program materials, purchase a company vehicle and provide Down Syndrome Conference support to parents and educators.	07/01/2018	06/30/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000

DHHS Contracts
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Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
									Federal	State	Local	Other	Total	
Executed	14460	38358	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Association for Persons in Supported Employment North Carolina Chapter	Non-Profit	FUNDS FOR EVIDENCE-BASED SUPPORTED EMPLOYMENT SERVICES FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS, INTELLECTUAL DISABILITIES, OR DEVELOPMENTAL DISABILITIES SECTION 11F.7. Of the funds appropriated in this act to the Department of Health and Human	10/01/2018	06/30/2019	$ -	$ 125,000	$ -	$ -	$ 125,000	$ 125,000
Executed	14460	38359	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	GiGi's Playhouse of Charlotte	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C - 181, funding will provide individuals with Down Syndrome ages birth through adulthood with therapeutic and educational programs.	07/01/2018	06/30/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000
Executed	14460	38362	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Holy Angles, Inc	Non-Profit	As provided for in the Conference Committee Report S.L. 2018-5, Item #C - 208, funding is provided to Holy Angels for people with intellectual and developmental disabilities.	07/01/2018	06/30/2019	$ -	$ 500,000	$ -	$ -	$ 500,000	$ 500,000
Executed	14460	38370	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Linden Lodge Foundation	Non-Profit	As provided for in the Conference Committee Report S.L. 2018 - 5, Item #C - 179, funding is provided to support the recovery of people with serious and persistent mental illness.	07/01/2018	06/30/2019	$ -	$ 10,000	$ -	$ -	$ 10,000	$ 10,000
In-Process	14460	38380	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	North Carolina Department of Public Safety, Division of Adult Correction	Other State Agency	Pilot Prison Re-entry-based MAT ProgramsConsistent with the DPS vision for reentry, the agency has designated correctional facilities to focus on reentry and transition.Personnel at these facilities are building relationships with Local Reentry Councils to provide pre-release planning for incarcerated individuals	01/01/2019	12/31/2020	$ 132,891	$ -	$ -	$ -	$ 132,891	$ 531,562
Executed	14460	38392	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Cleveland Psychosocial Services, Inc.	Non-Profit	As provided for in S.L. 2018-97, Section 3.12, funding is provided to support a state required Electronic Health Records System.	07/01/2018	06/30/2019	$ -	$ 25,000	$ -	$ -	$ 25,000	$ 25,000
Executed	14460	38439	Division of State Operated Healthcare Facilities	Soliant Physician Staffing LLC	For-Profit	This is Amd 1 to contract # 37026 which is the contract to provide temporary physicians when Central Regional has medical staffing shortage.	10/01/2018	03/31/2019	$ -	$ 150,000	$ -	$ -	$ 150,000	$ 150,000
Executed	14460	38453	Division of State Operated Healthcare Facilities	Staff Care, Inc	For-Profit	This is Amd 1 of contract # 37023, this contract provides temporary Psychiatrists and Physician Assistants during staff shortages and will help meet the need of our 370+ patients.	10/01/2018	03/31/2019	$ -	$ 250,000	$ -	$ -	$ 250,000	$ 250,000
Draft	14460	38462	Division of State Operated Healthcare Facilities	LocumTenens.com LLC	For-Profit	This is Amd 2 to contract 37022; this contract is to provide temporary physicians to support medical staffing shortfalls.	10/01/2018	03/31/2019	$ -	$ 364,460	$ -	$ -	$ 364,460	$ 364,460
Executed	14460	38522	Division of State Operated Healthcare Facilities	North Carolina Department of Health and Human Services, Division of State Operated Healthcare Facilities, Cherry	DHHS	To procure Pharmacy Services for Walter B. Jones Center from Cherry Hospital, as a cost-effective means to provide pharmacy services within the Division of State Operated Healthcare Facilities health system.	02/01/2019	01/31/2020	$ -	$ 280,862	$ -	$ -	$ 280,862	$ 280,862
Executed	14460	38562	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Guilford County Department of Health and Human Services	Local Government	As provided for in the Conference Committee Report S.L. 2018 - 5, Item #C - 91, funding is provided to developed a collaborative effort for rapid response teams to address mortality from opioid overdoses.	07/01/2018	06/30/2019	$ -	$ 50,000	$ -	$ -	$ 50,000	$ 50,000
Draft	14460	38581	Division of State Operated Healthcare Facilities	Charles Wiggins, OD	Individual	To provide optometric services for patients at Cherry Hospital. Cherry Hospital does not have an optometrist on staff and must enter into available contractual services to fulfill patient optometric needs. Compliance with Joint Commission and CMS standards and conditions require physical medical care	07/01/2019	06/30/2020	$ -	$ 25,000	$ -	$ -	$ 25,000	$ 25,000
Draft	14460	38585	Division of State Operated Healthcare Facilities	Wayne Memorial Hospital, Inc.	Non-Profit	To provide inpatient/outpatient medical services for patients at Cherry Hospital.	07/01/2019	06/30/2020	$ -	$ 600,000	$ -	$ -	$ 600,000	$ 600,000
Draft	14460	38603	Division of State Operated Healthcare Facilities	The Epilepsey Institute of NC	For-Profit	This contract ensures specialized neurology services are provided for the patients of Cherry Hospital as ordered by Hospital providers. Cherry Hospital does not have a neurologist on staff to provide these medical services to our patients. Compliance with Joint Commission and CMS standards and	07/01/2019	06/30/2020	$ -	$ 65,000	$ -	$ -	$ 65,000	$ 65,000
Draft	14460	38614	Division of State Operated Healthcare Facilities	Soliant Physician Staffing LLC	For-Profit	To provide qualified, temporary physicians for direct patient care during staffing shortages and vacancies.All services will be provided with Federal/State, Joint Commission, Centers of Medicare/Medicaid Services (CMS) Standards, as well as State/Federal Standards.	02/06/2019	04/05/2019	$ -	$ 192,400	$ -	$ -	$ 192,400	$ 192,400
Draft	14460	38626	Division of State Operated Healthcare Facilities	Eastern Area Health Education Center, Inc.	Non-Profit	This contract shall cover training for O'Berry NMT Center staff during FY 2019-2020.	07/01/2019	06/30/2020	$ -	$ 17,500	$ -	$ -	$ 17,500	$ 17,500
Executed	14460	38658	Division of Mental Health, Developmental Disabilities and Substance Abuse Services	Moore County EMS/Public Safety	Local Government County	As provided for in the Conference Committee Report S.L. 2018-5, Item #C - 182, funding is provided to purchase naloxone for use by first responders to administer to persons experiencing an opioid overdose to reverse its life-threatening effects.	07/01/2018	06/30/2019	$ -	$ 10,000	$ -	$ -	$ 10,000	$ 10,000
Executed	14470	32762	Division of Health Service Regulation	The University of North Carolina at Chapel Hill for its Department of Emergency Medicine in the School of Medicine	University of North Carolina System	The purpose of this contract is to collect complete and validate data for 100% of the Emergency Medical Services (EMS) events within North Carolina.The collection and validation of this data is to describe EMS services within the state, measure performance, adequately identify needs, train EMS	07/01/2015	06/30/2019	$ -	$ 465,000	$ -	$ -	$ 465,000	$ 2,804,195
Executed	14470	34757	Division of Health Service Regulation	The Charlotte-Mecklenburg Hospital Authority DBA Carolinas Medical Center	Local Government	Federal funding will be used to support select healthcare facilities with the clinical and structural capabilities required to appropriately respond to a high-consequence pathogen event. The goal of this contract is to establish an informal network of healthcare centers capable of identifying, triaging,	08/15/2017	05/17/2020	$ 166,667	$ -	$ -	$ -	$ 166,667	$ 500,000
Executed	14470	34768	Division of Health Service Regulation	Mission Health System Foundation, Inc.	Non-Profit	Federal funding will be used to support select healthcare facilities with the clinical and structural capabilities required to appropriately respond to a high-consequence pathogen event. The goal of this contract is to establish an informal network of healthcare centers capable of identifying, triaging,	11/01/2016	05/17/2020	$ 125,000	$ -	$ -	$ -	$ 125,000	$ 500,000

DHHS Contracts
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Contract Status	Budget Code	DHHS Contract #	Division/Office	Contractor	Type of Contractor	Brief Description of Contract (including goods/services purchased)	Contract Start Date	Contract End Date	SFY 2018-19 Contract Funding ($)					Contract Total Amount ($)
									Federal	State	Local	Other	Total	
Executed	14470	34771	Division of Health Service Regulation	North Carolina Baptist Hospital	Non-Profit	Federal funding will be used to support select healthcare facilities with the clinical and structural capabilities required to appropriately respond to a high-consequence pathogen event. The goal of this contract is to establish an informal network of healthcare centers capable of identifying, triaging,	08/01/2018	05/17/2020	$ 250,000	$ -	$ -	$ -	$ 250,000	$ 500,000
Executed	14470	34772	Division of Health Service Regulation	Duke University Health System, Inc.	Private In-State University/Duke	Federal funding will be used to support select healthcare facilities with the clinical and structural capabilities required to appropriately respond to a high-consequence pathogen event. The goal of this contract is to establish an informal network of healthcare centers capable of identifying, triaging,	08/01/2018	05/17/2020	$ 250,000	$ -	$ -	$ -	$ 250,000	$ 500,000
Executed	14470	34791	Division of Health Service Regulation	University of North Carolina Hospitals	Other State Agency	Federal funding will be used to support select healthcare facilities with the clinical and structural capabilities required to appropriately respond to a high-consequence pathogen event. The goal of this contract is to establish an informal network of healthcare centers capable of identifying, triaging,	11/01/2016	05/17/2020	$ 125,000	$ -	$ -	$ -	$ 125,000	$ 500,000
Executed	14470	34793	Division of Health Service Regulation	WakeMed	Non-Profit	Federal funding will be used to support select healthcare facilities with the clinical and structural capabilities required to appropriately respond to a high-consequence pathogen event. The goal of this contract is to establish an informal network of healthcare centers capable of identifying, triaging,	11/01/2016	05/17/2020	$ 125,000	$ -	$ -	$ -	$ 125,000	$ 500,000
Executed	14470	34795	Division of Health Service Regulation	New Hanover Regional Medical Center	Local Government	Federal funding will be used to support select healthcare facilities with the clinical and structural capabilities required to appropriately respond to a high-consequence pathogen event. The goal of this contract is to establish an informal network of healthcare centers capable of identifying, triaging,	11/01/2016	05/17/2020	$ 125,000	$ -	$ -	$ -	$ 125,000	$ 500,000
Executed	14470	34796	Division of Health Service Regulation	Pitt County Memorial Hospital, Incorporated DBA Vidant Medical Center	Non-Profit	Federal funding will be used to support select healthcare facilities with the clinical and structural capabilities required to appropriately respond to a high-consequence pathogen event. The goal of this contract is to establish an informal network of healthcare centers capable of identifying, triaging,	11/01/2016	05/17/2020	$ 125,000	$ -	$ -	$ -	$ 125,000	$ 500,000
Executed	14470	35680	Division of Health Service Regulation	Wake Forest University Health Sciences	Private In-State University	The purpose of the contract is to provide a physician to provide medical oversight to the Office of Emergency Medical Services and all 100 emergency medical services systems including the Eastern Band of the Cherokee Indians.	07/01/2017	06/30/2019	$ -	$ 54,000	$ -	$ -	$ 54,000	$ 128,000
Executed	14470	35939	Division of Health Service Regulation	Liberty Commons Nursing and Rehabilitation Center of Wake County, LLC	For-Profit	The goal of the NC Culture Change Coalition enhancement grant program is to improve the quality of life for residents in certified nursing homes through promoting positive environmental and cultural changes within these homes. The objective of the program is the development and implementation of funded	08/15/2017	08/14/2018	$ -	$ -	$ -	$ 20,217	$ 20,217	$ 20,217
Executed	14470	35956	Division of Health Service Regulation	North Carolina Department of Agriculture and Consumer Services	Other State Agency	The purpose of the project is to maintain and enhance as requested by the Division Geographic Information Systems capabilities for the Division of Health Service Regulation, Office of Emergency Medical Services for use in planning, response and recover efforts related to natural and man-made disasters.	07/01/2017	06/30/2019	$ 29,982	$ -	$ -	$ -	$ 29,982	$ 59,964
Executed	14470	35975	Division of Health Service Regulation	Southeastern Regional Medical Center	Non-Profit	The goal of the NC Culture Change Coalition enhancement grant program is to improve the quality of life for residents in certified nursing homes through promoting positive environmental and cultural changes within these homes. The objective of the program is the development and implementation of funded	07/15/2017	07/14/2018	$ -	$ -	$ -	$ 23,116	$ 23,116	$ 23,116
Executed	14470	36216	Division of Health Service Regulation	East Carolina Rehab and Wellness LLC	For-Profit	The goal of the NC Culture Change Coalition enhancement grant program is to improve the quality of life for residents in certified nursing homes through promoting positive environmental and cultural changes within these homes. The objective of the program is the development and implementation of funded	10/01/2017	09/30/2018	$ -	$ -	$ -	$ 25,495	$ 25,495	$ 25,495
Executed	14470	36264	Division of Health Service Regulation	The University of North Carolina at Chapel Hill	University of North Carolina System	Support Hospital discharge, Ambulatory Surgical database, and Emergency discharge databases by purchasing data.	07/01/2017	06/30/2019	$ -	$ 57,584	$ -	$ -	$ 57,584	$ 109,933
Executed	14470	36344	Division of Health Service Regulation	Countryside Manor Inc.	For-Profit	The goal of the NC Culture Change Coalition enhancement grant program is to improve the quality of life for residents in certified nursing homes through promoting positive environmental and cultural changes within these homes. The objective of the program is the development and implementation of funded	01/01/2018	12/31/2018	$ -	$ -	$ -	$ 27,461	$ 27,461	$ 27,461
Executed	14470	36358	Division of Health Service Regulation	North Carolina Department of Public Safety, Emergency Management Division	Other State Agency	The purpose of the contract is to maintain the current TERMS system for training and exercises. In addition, TERMS will be enhanced to include ESAR-VHP capabilitiesfor the Division of Health Service Regulation, Office ofEmergency Medical Services for use in planning, response, and recovery	09/15/2017	06/30/2019	$ 70,000	$ -	$ -	$ -	$ 70,000	$ 140,000
Draft	14470	36399	Division of Health Service Regulation	The University of North Carolina at Chapel Hill for its Department of Emergency Medicine in the School of Medicine	University of North Carolina System	The purpose of this contract is to oversee the operations and improvements to the Continuum program.This program is the primary tool for the NC Office of EMS to train, monitor, and track all EMS personnel, institutions, and agencies across the state.Continuum is the combination of the Credentialing and	07/01/2017	08/30/2018	$ 28,973	$ 307,500	$ -	$ -	$ 336,473	$ 672,945
Executed	14470	36478	Division of Health Service Regulation	County of Wake, Wake County Emergency Medical Services (EMS)	Local Government	Provide funds to assist with the implementation of a community paramedicine pilot program as required by N.C. General Statute.	11/01/2017	06/30/2019	$ -	$ 70,000	$ -	$ -	$ 70,000	$ 140,000
Executed	14470	36544	Division of Health Service Regulation	County of McDowell, McDowell County Emergency Medical Services (EMS)	Local Government	Provide funds to assist with the implementation of a community paramedicine pilot program as required by N.C. General Statute.	11/01/2017	06/30/2019	$ -	$ 70,000	$ -	$ -	$ 70,000	$ 140,000
Executed	14470	36545	Division of Health Service Regulation	New Hanover Regional Medical Center	Local Government	Provide funds to assist with the implementation of a community paramedicine pilot program as required by N.C. General Statute.	11/01/2017	06/30/2019	$ -	$ 210,000	$ -	$ -	$ 210,000	$ 420,000
Executed	14470	36638	Division of Health Service Regulation	Clay County HealthCare, LLC	For-Profit	The goal of the NC Culture Change Coalition enhancement grant program is to improve the quality of life for residents in certified nursing homes through promoting positive environmental and cultural changes within these homes. The objective of the program is the development and implementation of funded	12/15/2017	12/14/2018	$ -	$ -	$ -	$ 41,024	$ 41,024	$ 41,024
Executed	14470	36693	Division of Health Service Regulation	Second Wind Dreams, Inc.	Non-Profit	To provide hands-on training and help staff develop a personal view of what dementia may be like, Second Wind Dreams (SWD) will provide the patented Virtual Dementia Tour (VDT) to skilled nursing homes throughout North Carolina.The VDT is a comprehensive training program that uses patented	03/19/2018	03/18/2020	$ -	$ -	$ -	$ 729,583	$ 729,583	$ 1,479,261

DHHS OFFICE OF RURAL HEALTH

SFY 2018-19 Comm y Health Grant Awards

Grantee Name	Organization Type	County Based	Award Year	Comments
Open Door Clinic of Alamance County	Free Clinic	Alamance	1	supports salaries of LCSW, CMA, and Provider
County of Alexander	Health Department	Alexander	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Appalachian District Health Department	Health Department	Alleghany	3	supports 1.0 FTE RN/Case Manager and 0.5 FTE Behavioral Health Provider to integrate behavioral health into primary care
Appalachian District Health Department	Health Department	Alleghany	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Metropolitan Community Health Services, Inc. (AGAPE)	FQHC (and FQHC look-alike)	Beaufort	1	supports the purchase of 1 x-ray & 1 digital radiology machine for Washington site and 1 digital radiology machine for Williamston site
County of Beaufort, Beaufort County Health Department	Health Department	Beaufort	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Bladen Healthcare LLC dba Cape Fear Valley	Hospital (CAH)	Bladen	1	supports salaries of staff at new primary care clinic in White Lake, NC
New Hope Clinic, Inc.	Free Clinic	Brunswick	2	supports salary and fringe benefits for staff, as well as rent and EMR subscription services
Mountain Area Health Education Center	AHEC Program	Buncombe	1	supports staff salaries, travel, supplies, staff development, and needed equipment
Appalachian Mountain Community Health Centers	FQHC (and FQHC look-alike)	Buncombe	2	supports staffing to provide primary care, behavioral and substance abuse treatment in Western NC in Buncombe, Haywood, Jackson, Macon and Graham counties
Appalachian Mountain Community Health Centers	FQHC (and FQHC look-alike)	Buncombe	1	supports salaries and fringe benefits for medical staff as well as travel to develop and implement the Assertive Community Treatment Team (ACCT+). ACCT+ is a primary care modelwhich embeds a family nurse practitioner and a care manager in an existing ACCT for individuals with severe mental illness
Mission Health System Foundation, Inc.	Hospital (CAH)	Buncombe	2	supports a regional asthma disease management program in western NC through a School Based Health Center
YMCA of Western North Carolina, Inc.	Other	Buncombe	3	supports salary of YMCA staff as well as medical supplies, patient education materials, and travel for the Taking Control of Type 2 and Diabetes Prevention Programs
Good Samaritan Clinic, Inc.	Free Clinic	Burke	3	supports salaries, supplies, and travel to continue operating a satellite clinic in eastern Burke County

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SFY 2018-19 Community Health Grant Awards

Grantee Name	Organization Type	County Based	Award Year	Comments
Good Samaritan Clinic, Inc.	Free Clinic	Burke	1	supports salaries/fringe of staff and the purchase of dental equipment
Cabarrus Rowan Community Health Centers, Inc.	FQHC (and FQHC look-alike)	Cabarrus	1	supports salaries for a medical provider, an interpreter and a care coordinator
Community Free Clinic	Free Clinic	Cabarrus	1	supports salaries and fringe benefits for nurse practitioner, program coordinator and additional clinical support staff, along with support for medical supplies and medications
Helping Hands Clinic, Inc.	Free Clinic	Caldwell	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Caldwell County Health Department	Health Department	Caldwell	1	supports staff salaries, medical and office supplies, medical equipment, patient education materials, travel and marketing/community awareness
Caswell Family Medicine Center	FQHC (and FQHC look-alike)	Caswell	1	supports Salary of a physician
Greater Hickory Cooperative Christian Ministries Medical Ministries	Free Clinic	Catawba	3	supports dental staff salaries and other operating costs to expand dental care access to the adult populations of Catawba and Alexander counties
County of Cherokee	Health Department	Cherokee	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
County of Clay, Clay County Local Health Department	Health Department	Clay	2	supports FNP, Case Manager, Dentist,Dental Hygienist, Dental Assistant, general medical supplies for primary care and dental services
Clay Comprehensive Health Services, Inc. dba Chatuge Family Practice	Rural Health Center/Clinic	Clay	1	supports staff salary and fringe, office supplies, patient education materials, staff development, travel, and office equipment
Cleveland County Health Department	Health Department	Cleveland	1	supports maternal and child health services in Cleveland County through 1,120 Primary Care encounters
MERCI Clinic, Inc.	Free Clinic	Craven	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
The Care Clinic	Free Clinic	Cumberland	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
County of Cumberland, Cumberland County Health Department	Health Department	Cumberland	2	supports one midlevel and operating costs to provide comprehensive primary care to adult health patients in Cumberland Co
County of Cumberland, Cumberland County Health Department	Health Department	Cumberland	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Cumberland HealthNet	Other	Cumberland	2	supports salaries, supplies, and various operating costs for the adult health clinic located at the health department

DHHS OFFICE OF RURAL HEALTH

SFY 2018-19 Comm y Health Grant Awards

Grantee Name	Organization Type	County Based	Award Year	Comments
Community Care Clinic of Dare	Free Clinic	Dare	3	supports a contracted medical director, medical provider, support staff and rent
County of Dare, Dare County Department of Health and Human Services	Health Department	Dare	1	supports salaries for a public health nurse, a contracted Obstetrician/Gynecologist and the purchase of two laptop computers
Davidson Medical Ministries Clinic, Inc.	Free and Charitable Clinic	Davidson	3	supports salaries for a midlevel provider, care manager, panel manager, certtified medical assistant, and additional clinical support staff at the Lexington clinic to expand integrated care at the site
Davidson Medical Ministries Clinic, Inc.	Free and Charitable Clinic	Davidson	3	supports medical and pharmacy services through salaries for a mid-level provider, a pharmacist, a behavioral health therapist and additional clinical staff at the Thomasville location
Goshen Medical Center, Inc.	FQHC (and FQHC look-alike)	Duplin	3	supports salaries, medical supplies, and fuel for a clinic and two mobile units in Hoke County that will provide primary care and dental care services.
County of Duplin, Duplin County Health Services	Health Department	Duplin	1	supports salary and fringe for a Family Nurse Practitioner, a Registered Nurse and a Prescription Assistance Program Clerk
Samaritan Health Center, Inc.	Free Clinic	Durham	1	supports primary care encouters, office and medical supplies, marketing and community awareness needs, and bookkeeping and payroll services
Samaritan Health Center, Inc.	Free Clinic	Durham	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Duke University Health System, Inc. for Senior PharmAssist	Hospital (non CAH)	Durham	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Lincoln Community Health Center, Inc.	FQHC (and FQHC look-alike)	Durham	1	supports salaries for a medical assistant, a social worker and a nurse practitioner
Community Care Center of Forsyth County, Inc.	Free Clinic	Forsyth	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Wake Forest University Health Sciences (DEAC)	Hospital (non CAH)	Forsyth	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
School Health Alliance for Forsyth County	School Based Health Center	Forsyth	1	supports salary and fringe benefits for a nurse practitioner and licensed mental health provider at the mobile clinic
Community Care Clinic of Franklin, Inc.	Free Clinic	Franklin	3	supports staffing, supplies, and operating expenses
Gaston Family Health Services, Inc.	FQHC (and FQHC look-alike)	Gaston	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients

DHHS OFFICE OF RURAL HEALTH
SFY 2018-19 Community Health Grant Awards

Grantee Name	Organization Type	County Based	Award Year	Comments
Advocates for Healthy Citizens dba HealthNet Gaston	Other	Gaston	2	supports a PA, medical assistant, and clinical care manager
Granville-Vance District Health Department	Health Department	Granville	3	Continues salary for a medical director, registered nurse, physician extender, nutritionist and multiple clinical support staff, along with facility and operating expenses to support Medication Assisted Treatment for Opioid Use Disorder
Granville-Vance District Health Department	Health Department	Granville	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Greene County Health Care, Inc.	FQHC (and FQHC look-alike)	Greene	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Mustard Seed Community Health	Free Clinic	Guilford	3	supports salaries and fringe benefits, supplies, and facility expenses to provide primary care and behavioral health services in east Greensboro, NC
Guilford County Department of Health and Human Services	Health Department	Guilford	1	supports salary/fringe for Physician Extender, telephone and internet, general medical and office supplies, travel and staff development, and marketing for community awareness
Guilford Adult Health, Inc.	Free and Charitable Clinic	Guilford	3	supports dental services to adults through staffing and supplies for oral health services
Triad Adult & Pediatric Medicine, Inc.	FQHC (and FQHC look-alike)	Guilford	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Rural Health Group, Inc.	FQHC (and FQHC look-alike)	Halifax	2	supports salaries and fringe benefits for a family practitioner, LPN, RN, Case Manager, and Intake Coordinator
Campbell University, Inc.	Free Clinic	Harnett	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Henderson County Free Medical Clinic, Inc. dba The Free Clinics	Free Clinic	Henderson	2	supports salary and fringe benefits for an Executive Director, Clinical Services Director, Assistant Director, RN Case Managers, Pharmacist and contracted Behavioral Health Specialist and Occupational Therapist to continue to support the Bridges to Health Program
Hyde County Health Department	Health Department	Hyde	1	supports increased access to care through telemedicine
Health Reach Community Clinic, Inc.	Free Clinic	Iredell	1	supports salaries and benefits of medical staff
County of Jackson, Jackson County Department of Public Health	Health Department	Jackson	1	supports maternity medical care services through support of contracted salaries, supplies, equipment, travel, and marketing funds

DHHS OFFICE OF RURAL HEALTH

SFY 2018-19 Comm y Health Grant Awards

Grantee Name	Organization Type	County Based	Award Year	Comments
Johnston County Local Health Department	Health Department	Johnston	2	supports 1 social worker and 1 patient navigator as well as operational & transportation costs to provide behavioral health case management
Macon County Health Department	Health Department	Macon	2	supports contracted staff salaries to continue integration of behavioral health and primary care services in Macon County
Care Ring, Inc.	Free Clinic	Mecklenburg	1	supports a midlevel medical provider and health coach
Lake Norman Community Health Clinic	Free Clinic	Mecklenburg	2	supports medical providers and medical support staff
Shelter Health Services, Inc.	Free Clinic	Mecklenburg	1	supports salaries and benefits of mid-level provider, 2 medical assistants, and 1 RN to provide services to homeless women and children
Charlotte Community Health Clinic, Inc.	FQHC (and FQHC look-alike)	Mecklenburg	1	supports salaries for medical staff, supplies, patient education materials, staff development and marketing materials to increase community awareness
Bakersville Community Medical Clinic, Inc.	FQHC (and FQHC look-alike)	Mitchell	1	supports salaries for two community health workers, two behavioral health providers and a primary care provider to focus on SDoH
County of Montgomery, Montgomery County Health Department	Health Department	Montgomery	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
FirstHealth of the Carolinas, Inc.	Hospital (non CAH)	Montgomery	2	supports salaries for health education coaches for the telehealth program in adult clinics
FirstHealth of the Carolinas, Inc.	Hospital (non CAH)	Montgomery	1	supports salaries and other operating expenses to combat childhood obesity in Richmond & Moore counties through the ARCHES program
Moore Free and Charitable Care Clinic, Inc.	Free Clinic	Moore	2	supports a physician extender, 2 nurses, pharmacy assistant, & enrollment manager
Moore Free and Charitable Care Clinic, Inc.	Free Clinic	Moore	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Cape Fear Clinic, Inc.	Free Clinic	New Hanover	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Coastal Horizons Center, Inc.	School Based Health Center	New Hanover	2	supports salary and fringe benefits for a primary care provider, mental health provider, clinical coordinator, and referral coordinator
Coastal Horizons Center, Inc.	School Based Health Center	New Hanover	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients

DHHS OFFICE OF RURAL HEALTH

SFY 2018-19 Community Health Grant Awards

Grantee Name	Organization Type	County Based	Award Year	Comments
Onslow Community Outreach, Inc.	Free Clinic	Onslow	1	supports 1.2 FTEs for dental and medical assistant positions, office and dental supplies, utilities, building maintenance, community awareness ads, security personnel services, and support for an annual audit
Onslow Community Outreach, Inc.	Free Clinic	Onslow	3	supports medical and office staff salaries, travel, supplies, operating expenses, and HVAC unit
Piedmont Health Services, Inc.	FQHC (and FQHC look-alike)	Orange	3	supports primary care & dental care at the Carrboro Community Health Center, along with a provider and medical assistant at a clinic for migrant workers
Piedmont Health Services, Inc.	FQHC (and FQHC look-alike)	Orange	2	supports partnership with UNC Dept of Family Med to sustain Family Medicine Residency Program in Caswell Co. Specifically supports salary for a care manager and support the UNC Family Medicine residency program through a per visit payment model
Piedmont Health Services, Inc.	FQHC (and FQHC look-alike)	Orange	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Orange County	Health Department	Orange	1	supports salaried and temporary staff, operating expenses, and medical supplies to transportation pilot program and nutrition services voucher program
The University of North Carolina - Chapel Hill Office of Sponsored Research	Hospital (non CAH)	Orange	3	supports salaries, medical supplies, & other operational costs for access to primary and preventive care services for vulnerable patient populations and a range of behavioral health services in Orange Co.
Albemarle Hospital Foundation, Inc.	Free Clinic	Pasquotank	2	supports salaries for FNP, 2 nurses, and LPN
Medical Resource Center for Randolph County, Inc. (MERCE Family Healthcare)	FQHC (and FQHC look-alike)	Randolph	1	supports 1.0 FTE medical provider, staff development, and marketing for community awareness
Robeson County Department of Public Health	Health Department	Robeson	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Free Clinic of Rockingham County, Inc.	Free Clinic	Rockingham	2	supports staffing, medical and office supplies, travel, and medication and transportation vouchers to support the Bridges to Health program
UNC Rockingham Health Care, Inc.	School Based Health Center	Rockingham	3	supports 1 RN and operating expenses at the school-based health center
Community Care Clinic of Rowan County	Free Clinic	Rowan	1	increases clinic days, continued care coordination, and increased referrals for uninsured Rowan Co adults

DHHS OFFICE OF RURAL HEALTH

SFY 2018-19 Comm y Health Grant Awards

Grantee Name	Organization Type	County Based	Award Year	Comments
County of Rowan, Rowan County Health Department	Health Department	Rowan	1	supports dental cart, dental equipment, supplies and staff development.
County of Sampson, Sampson County Local Health Department	Health Department	Sampson	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Scotland Community Health Clinic, Inc.	Free Clinic	Scotland	2	supports medical staff salaries and operating expenses to provide free care and medicine to the uninsured adult population in Scotland County
County of Stanly, Stanly County Health Department	Health Department	Stanly	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Surry County Health & Nutrition Center	Health Department	Surry	1	supports RN and provider salaries in adult primary care clinic
Swain County Caring Corner	Free Clinic	Swain	1	supports office and medical supplies, medications not provided by Americares, telephone/internet services, installation and monthly fee for pharmacy software DataScan, lung and radiology screenings, liability insurance and malpractice insurance to cover the organization and volunteer providers
Alliance Medical Ministry, Inc.	Free Clinic	Wake	2	supports staffing, medical supplies, and patient education materials
Shepherd's Care Medical Clinic	Free Clinic	Wake	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Urban Ministries of Wake County, Inc.	Free Clinic	Wake	2	supports IT support staffing, document management services, and fees to connect to EMR and HIE
Urban Ministries of Wake County, Inc.	Free Clinic	Wake	1	supports medical staff salaries and fringe benefits
County of Wake, Wake County Human Services	Health Department	Wake	1	supports dental services to children in Wake County through salaries, medical and dental supplies
Martin-Tyrrell-Washington District Health Department	Health Department	Washington	1	supports a pediatric primary care clinic to serve all three counties
High Country Community Health	FQHC (and FQHC look-alike)	Watauga	1	supports staff salaries, training and education, and supplies
C.C. Clinic, Inc. of Watauga County	Free Clinic	Watauga	1	supports staff salaries at its existing clinic and a satellite location
Appalachian Regional Healthcare System, Inc.	Hospital (non CAH)	Watauga	1	supports medical staff salaries for two safety net programs - Appalachian Healthcare Project for uninsured in Avery and Watauga counties and Latino Health Program
The Hunger and Health Coalition, Inc.	Free and Charitable Clinic	Watauga	3	supports funding for 1 pharmacy tech & 2 part-time pharmacists as well as connection to EMR

DHHS OFFICE OF RURAL HEALTH

SFY 2018-19 Community Health Grant Awards

Grantee Name	Organization Type	County Based	Award Year	Comments
Wayne Health Foundation, Inc. (WATCH)	Free Clinic	Wayne	3	supports a provider and support staff salaries
Wayne Health Foundation, Inc. (WATCH)	Free Clinic	Wayne	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Mt. Olive Family Medicine Center, Inc.	Rural Health Center/Clinic	Wayne	1	supports salary and fringe benefits for three support staff working in the concussion clinic and chronic care management as well as a Quality Control Manager
Wayne Initiative for School Health (WISH)	School Based Health Center	Wayne	3	supports staffing, telephone services, supplies, patient education materials, postage, staff development and marketing
Wayne Initiative for School Health (WISH)	School Based Health Center	Wayne	1	supports medical and office equipment, NP and RN salaries, medical and office supplies, patient education materials, and staff development
Wilkes County Local Health Department	Health Department	Wilkes	2	supports salary and fringe benefits for a social worker, RN, a care manager supervisor, and clerical staff
Wilkes County Local Health Department	Health Department	Wilkes	1	supports medical staff salaries to expand direct primary and preventive care services
Carolina Family Health Centers, Inc.	FQHC (and FQHC look-alike)	Wilson	3	supports salaries of RN Appropriate Care/Appropriate Place transitional care team and operating expenses at three health sites in Wilson, Edgecombe, and Nash counties
Carolina Family Health Centers, Inc.	FQHC (and FQHC look-alike)	Wilson	2	supports salaries, supplies, and telephone/internet services for the new primary care delivery site adjacent to the ED in the local hospital, Wilson Medical Center
Wilson County Health Department	Health Department	Wilson	1	provides $100 per encounter for Primary Care services to uninsured and underinsured patients
Grace Clinic of Yadkin Valley	Free Clinic	Yadkin	1	supports staff salaries, medical and office supplies

As of January 31, 2019, Community Health Grantees have expended $7,379,892 of the $14,587,473 allocated to the Community Health Grant Program.

JOINT APPROPRIATIONS COMMITTEE ON
HEALTH AND HUMAN SERVICES

DHHS Major IT Projects

Sam Gibbs

Department of Health and Human Services

March 6, 2019

NCTracks Operations

Multi-payer claims payment system supporting NC Medicaid and the Divisions of Public Health, Mental Health/Developmental Disabilities/Substance Abuse Services and Office of Rural Health

- Provides payments to 90,000+ providers rendering services to over 2 million beneficiaries

- Claims processing
  - Medical, behavioral health, dental, pharmacy and related claims for services rendered
  - 249 Million claims processed SFY18 for state share amount - $3.8B
  - 98.69% of processed claims for SFY18 were paid in 30 days or less

What is NC FAST?

North Carolina Families Accessing Services through Technology

- Enterprise software solution that delivers state benefits and services at the county level for all 100 NC local departments of social services
- Program made up of multiple projects implementing benefits and services within a single system
- Determines eligibility for economic benefits and Medicaid
- Replaces 20 legacy systems upon full transition
- Shares client data across all benefitting programs
- Federal rules built into the system
- Implementation began in 2012; six new programs and functions have been completed and seven are in-process

NC FAST Projects

Completed Projects

- **March 2013:** Global Case Management and Food and Nutrition Services
- **November 2014:** Medicaid, Work First, Special Assistance, and Refugee Assistance
- **June 2016:** Federally-Facilitated Marketplace Interoperability
- **December 2017:** Subsidized Child Care Assistance, Crisis Intervention and Low Income Energy Assistance
- **April 2018:** New Medicare Card
- **January 2019:** Enterprise Program Integrity

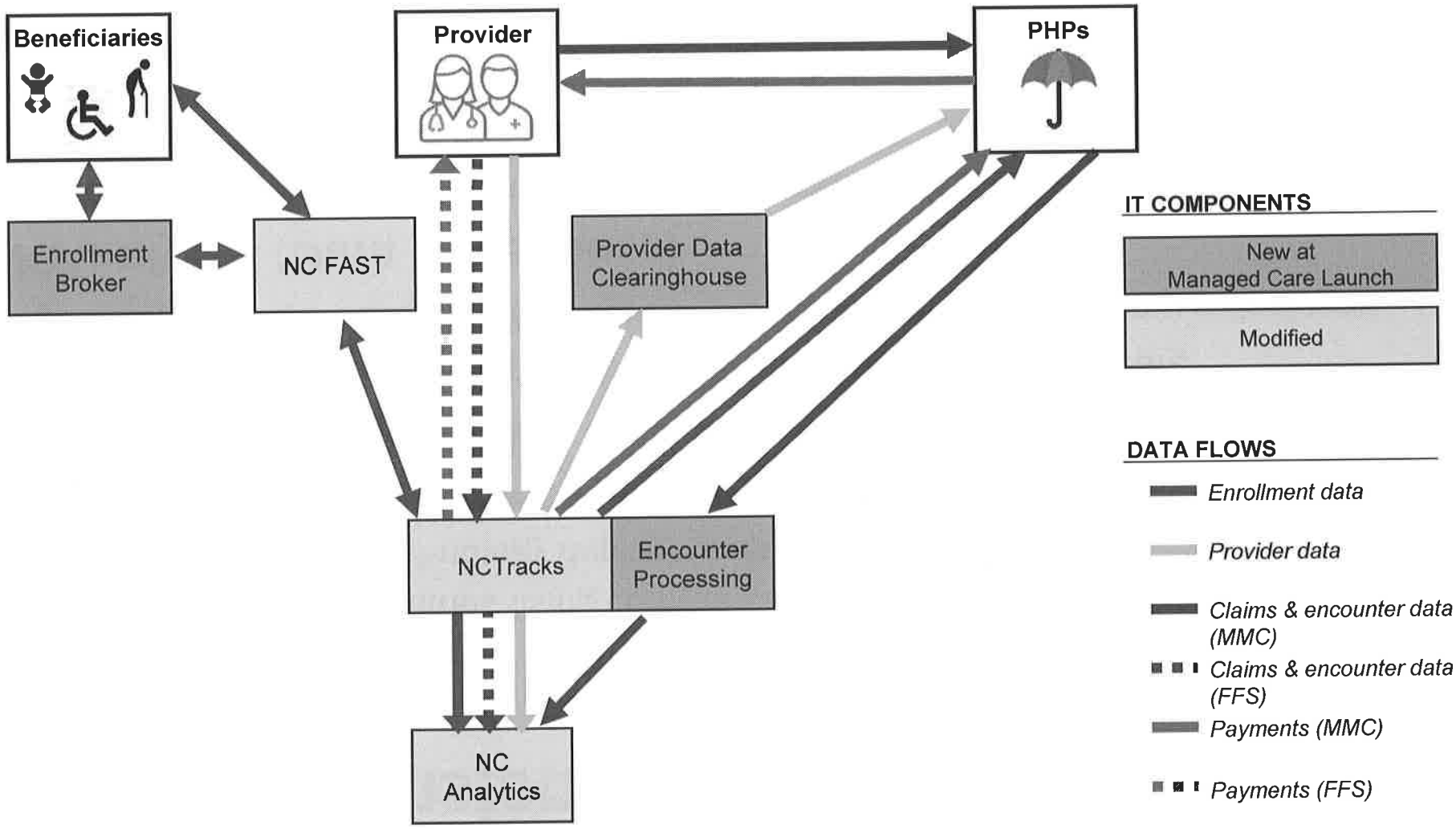
Dates represent full implementation to all 100 counties.

In-Process Projects

- Child Welfare Services
- Eastern Band of Cherokee Indians
  - Development complete; go-live date TBD
- Medicaid Self Service and Reporting Redesign
- Document Management System Enhancement
- Medicaid Transformation Managed Care Changes
- Medicaid Transformation Improved Beneficiary Experience
- Architecture & Infrastructure (A&I) Migration to Cloud

Note: Adult Services has not been initiated at this time

Medicaid Transformation Technology



Medicaid Transformation

Approach

- Leverage existing production systems
- Implement new capabilities using commercially, configurable solutions
- Prioritize and stage technology deployments
- Ensure systems are adequately tested prior to launch

NCTracks modifications

- Working on system enhancements required to support managed care
- Modifications are being implemented to meet the aggressive delivery milestones

NCAnalytics (Data Warehouse)

- Modifications are being implemented to accommodate the move from a dedicated Fee-For-Service model to a Managed Care model
- Implementing processes to store and analyze new sources of data from Prepaid Health Plans (PHPs) and new business partners to support Healthy Opportunities
- Developing enhanced data analysis and reporting capabilities

Medicaid Eligibility (NC FAST)

- Determines eligibility for a variety of economic benefits and Medicaid
- Integrate with Managed Care Enrollment Broker

Controlled Substances Reporting System (CSRS)

CSRS tracks dispensed controlled substances and enables a comprehensive patient history information to be available to healthcare professionals.

- System Implementation & Usage
  - June 2017: CSRS development began
  - May 2018: Request for Quote awarded to Appriss Health System
  - September 2018:
    - CSRS Go-Live
    - Migrated 40,000 users to CSRS
  - February 2019: Registered 5,000 additional users
- Interstate Data Sharing Status
  - 25 participating states (includes all surrounding states), the Military Health System, Washington DC, and Puerto Rico
- Major Pharmacy Integrations
  - CVS, Walmart, Kroger, Walgreens
- Major Prescriber Electronic Health Record Integrations
  - UNC Health System, New Hanover Regional Medical Center, Mission Health System, Inc., WakeMed

JOINT APPROPRIATIONS COMMITTEE ON
HEALTH AND HUMAN SERVICES

Broughton Hospital

Kody Kinsley
Department of Health and Human Services

March 6, 2019

Construction Timeline

- **April 2, 2012** - Notice to Proceed issued to Archer Western Contractors (AWC)
- **September 19, 2014** - Original Project Complete date
- **April 2012 to April 2017** - DHHS Property & Construction Office engaged in multiple actions to attempt to keep AWC on schedule
- **April 20, 2017** - DHHS declared AWC in default and made demand for Travelers to take over completion of the project
- **June 16, 2017** – In lieu of default, DHHS executed Takeover Agreement with Travelers who maintained AWC as their Completing Contractor
- **June 27, 2017 to February 11, 2019** – The Travelers/AWC forecast for Certificate of Compliance/Project Complete has been extended 29 times
- **February 19 - 28, 2019** – State Construction Office (SCO) Final Inspection
- **March 15, 2019** – SCO Final Acceptance
- **April 15, 2019** – Certificate of Compliance/Project Complete

Remaining Construction Activities

- Project Completion
  - Complete punch list items
  - Closeout documents
  - DHHS to consider other options for completing the project if Travelers/AWC fails to complete it
- Post Construction/Acceptance
  - Post construction, there are several physical plant updates required for patient safety and regulation compliance – such as pharmacy and dental clinical modifications, and medical and supportive equipment installation.

Transition Activities

- Transition and Move In
  - Projected to begin April 15, 2019
  - Select staff will begin to occupy parts of the building almost immediately
  - Comprehensive employee training, technology and equipment installation, patient care unit and department set up, emergency drills, mock operations must occur
  - Physical relocation of patients and staff anticipated early September 2019

Senate Pages Attending

COMMITTEE: J.A. - Health & Hum. Services **ROOM:** 643 LOB

DATE: 3-6 **TIME:** 8:30 am

PLEASE PRINT LEGIBLY....*or else!!!!!*

Page Name	Hometown	Sponsoring Senator
1. Tony Massenberg	Willard	Rabon
2. Sheray Parker	Kannapolis	Newton
3. Kennedy Young	Asheville	Van Duyn
4.		
5.		
6.		
7.		
8.		

Pages: Present this form to either the Committee Clerk at the meeting or to the Sgt-at-Arms.

House Pages
Assignments
Tuesday, March 05, 2019
Session: 2:00 PM

Committee	Room	Time	Staff	Comments	Member
Appropriations, Health and Human Services	643	8:30 AM	Mary Doms		Speaker Tim Moore
			Charleen Chavez Jimenez		Rep. D. Craig Horn

Committee Sergeants at Arms

NAME OF COMMITTEE Joint Appropriations, Health & Human Services

DATE: 03/06/2019 Room: 643 LOB

House Sgt-At Arms:

1. Name: Terry McCraw
2. Name: Jim Moran
3. Name: Thomas Terry
4. Name: Dean Marshbourne
5. Name:

Senate Sgt-At Arms:

1. Name: Jim Hamilton
2. Name: John Enloe
3. Name:
4. Name:
5. Name:

Joint Appropriations, Health and Human Services

March 6, 2019 – Room 643 LOB – 8:30 AM

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Josh Lanier	CCH
Michelle Frazier	NP
Padraig Gibbons	Connect C
Tommy Sauls	MWC
John Devere	AWC
Ed Finlayson	BSP
Jonathan Koppelow	DHHS
Mayasia McClendon	Senate Intern
[illegible]	MWC
Michelle Lewis	NAMI NC
[illegible]	Law Office of [illegible]
April Boyd	[illegible]
ANTHONY SEVERONI	SUNOVION
Hannah Nye	Vista Strategies

Joint Appropriations, Health and Human Services

March 6, 2019 – Room 643 LOB – 8:30 AM

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Richard Simpson	North Carolina Medical Society
[illegible]	NCMS
Chandler Spaulding	SA
Amanda Donaca	KTS
Dr. Gardner Colyer	PPAB
Sarah McQuillan	KGFANC
[illegible]	[illegible]
Sue Ann Forrest	NCMS
Whitney Green	NCMS
Sean Johnson	NCMS
Beth Payment	NCMS
Kimberly May	NCMS
Dan Olson	NCMS
Lacy Hobgood MD	NCMS
Ke'Asia Craig	NCMS
Leah Rawls	NCHA
[illegible]	CSS
[illegible]	CLA
Hannah Nye	DHHS

Joint Appropriations, Health and Human Services

March 6, 2019 – Room 643 LOB – 8:30 AM

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Kara Weishaar	SA
Christine Craig	Wake Med
Ann ER	NCPA
D. Jackson	WakeMed
Kony King	NCRTA
Elizabeth Robinson	NCPA
Rain Lawhorn	BPS
Tom Stahlschmidt	ALG

Joint Committee on Appropriations on Health and Human Services
Wednesday, March 13, 2019 at 8:30 AM
Room 643 of the Legislative Office Building

MINUTES

The Joint Committee on Appropriations on Health and Human Services met at 8:30 AM on March 13, 2019 in Room 643 of the Legislative Office Building. Twelve Senate members were present.

Senator Dan Bishop, Chair, presided.

Shefali Pai, sponsored by Sen. Searcy, served as a Senate page.

A presentation on the governor's proposed Health and Human Services Budget was delivered by Erin Matteson, Assistant State Budget Officer for Budget Development of the Office of State Budget and Management (OSBM); Kevin Rich, OSBM Budget Development Analyst; and Brett Altman, OSBM Budget Development Analyst.

A presentation on a potential Department of Health and Human Services relocation from Dix Campus was delivered by Mark Bondo, OSBM Budget Analyst.

The meeting adjourned at 9:44 AM.

Senator Dan Bishop, Chair
Presiding

John Wynne, Committee Clerk

AGENDA
JOINT HOUSE AND SENATE APPROPRIATIONS COMMITTEES ON HEALTH AND HUMAN SERVICES

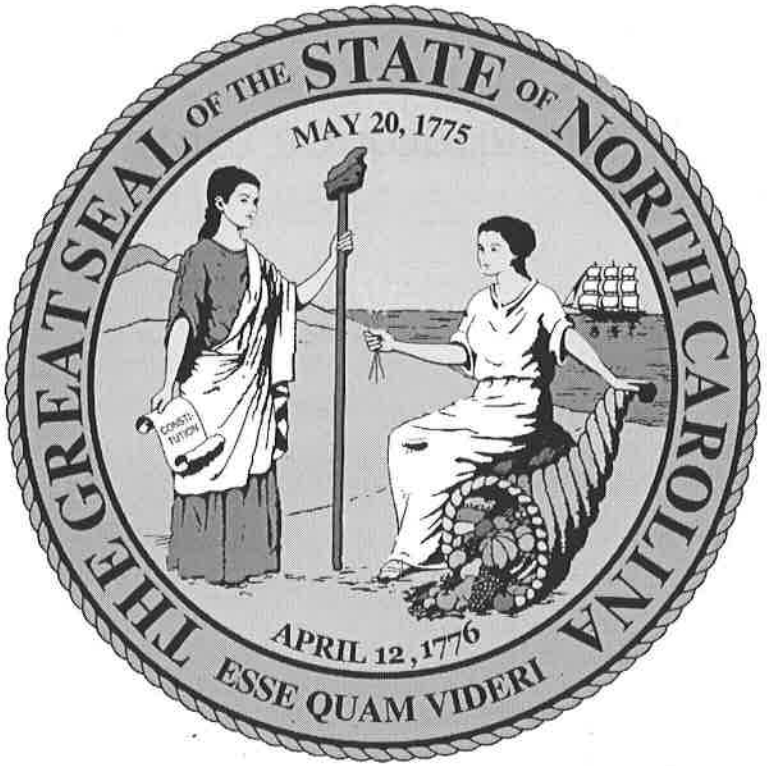
March 13, 2019 8:30 a.m.
Legislative Office Building - Room 643

Committee Co-Chairs
Rep. Greg Murphy
Rep. Larry Potts
Rep. Donna White
Sen. Dan Bishop
Sen. Joyce Krawiec

Committee Vice Chairs
Rep. William Brisson
Rep. Josh Dobson
Rep. Donny Lambeth

Committee Members
Rep. Mary Belk
Rep. MaryAnn Black
Rep. Dana Bumgardner
Rep. Carla D. Cunningham
Rep. Jean Farmer-Butterfield
Rep. Verla Insko
Rep. Steve Jarvis
Rep. Raymond Smith, Jr.
Rep. Evelyn Terry
[illegible]im Burgin
[illegible]alph Hise
[illegible]aul Lowe
Sen. Floyd McKissick, Jr.
Sen. Jim Perry
Sen. Gladys Robinson
Sen. Terry Van Duyn

I.	**Welcome and Opening Remarks**	Sen. Bishop, Presiding Co-Chair
II.	**Governor's Health and Human Services Budget**	Erin Matteson, Assistant State Budget Officer for Budget Development, Office of State Budget and Management (OSBM) Kevin Rich, OSBM Budget Development Analyst Brett Altman, OSBM Budget Development Analyst
III.	**DHHS Relocation from Dix Campus**	Mark Bondo, OSBM Budget Analyst
IV.	**Adjourn**	
V		



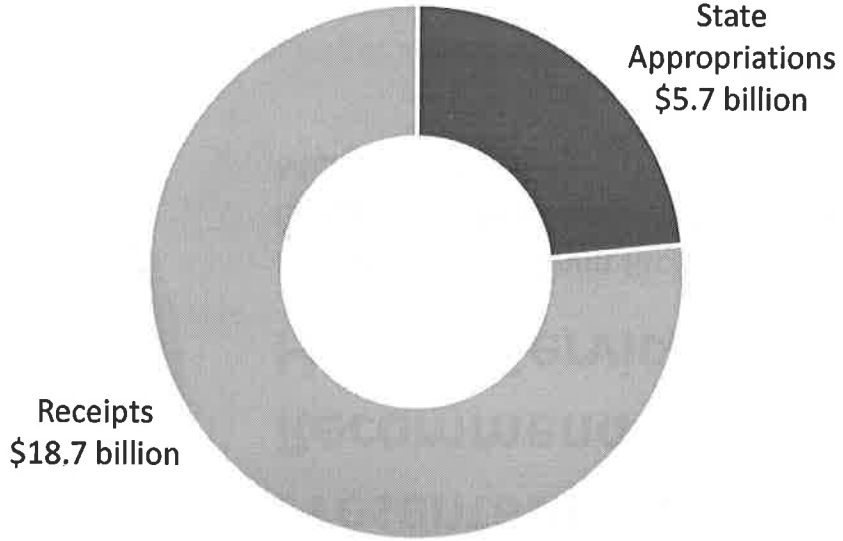
FY 2019-21
Presentation of Governor Roy Cooper's Recommended Budget for Health and Human Services

Erin Matteson, Kevin Rich, Brett Altman
Office of State Budget and Management
March 13, 2019

INVESTMENTS *for a* Determined North Carolina

DHHS: Budget Overview

DHHS Total Recommended Budget for FY 2019-20
$24.4 billion



State appropriations of $5.7 billion leverage federal and other receipts totaling $18.7 billion, for a total DHHS budget of $24.4 billion in FY 2019-20.

Presentation will focus on state appropriations funding.

Base Budget Adjustments: Major Drivers

	FY 2019-20	FY 2020-21
Adjustments for Non-Recurring Appropriations	$108,374,732	$108,374,732
Adjustments to Annualize Prior Year Appropriations, Intergovernmental Transfers and Other Technical Adjustments	$15,460,582	$24,871,838
Total Adjustments in Base Budget	$123,835,314	$133,246,570

Non-recurring appropriations made in the 2017-19 biennium are the biggest driver of change in the 2019-21 base budget.

- Net impact of removing one-time expansions and restoring one-time reductions: $108M; $94.5M is the restoration of enhanced federal medical assistance percentage (FMAP) funding for the Children's Health Insurance Program (CHIP)

- Net impact of adjustments to fully annualize previous appropriations, reconcile transfers, allow for documented lease adjustments and other technical adjustments: $15.5M in 2019-20 and $24.9M in 2020-21

Recommended General Fund Appropriations for DHHS FY 2019-21

	FY 2019-20	FY 2020-21
FY 2018-19 Authorized Budget	$5,356,546,239	$5,356,546,239
Base Budget Adjustments (Recurring, Nonrecurring, Technical)	$123,835,314	$133,246,570
Base Budget	$5,480,381,553	$5,489,792,809
Recommended Expansions/Reductions	$206,962,401	$532,281,716
Total Recommended Budget, Net General Fund Appropriations	$5,687,343,954	$6,022,074,525

Recommended General Fund Appropriations by DHHS Division

Division	Budget Code	FY 2019-20	FY 2019-20 FTE	FY 2020-21	FY 2020-21 FTE
Central Administration	14410	$140,189,457	973.00	$128,024,328	978.00
Aging & Adult Services	14411	$46,090,696	77.00	$45,188,109	77.00
Child Development & Early Education	14420	$257,707,591	336.00	$262,111,346	336.00
Public Health	14430	$156,950,343	1,951.88	$157,697,111	1,951.88
Social Services	14440	$199,284,911	415.00	$198,550,948	415.00
Health Benefits	14447	$4,062,350,708	472.50	$4,390,904,158	472.50
Blind, Deaf & Hard of Hearing	14450	$8,845,968	334.51	$8,943,448	334.51
Mental Health	14460	$755,032,827	11,324.78	$769,849,793	11,384.78
Health Services Regulation	14470	$19,515,137	578.50	$20,028,073	578.50
Vocational Rehabilitation	14480	$41,376,316	991.25	$40,777,211	991.25
TOTAL DHHS		**$5,687,343,954**	**17,454.42**	**$6,022,074,525**	**17,519.42**

STATEWIDE INITIATIVES

Salary & Benefit Increases for all State Employees

- Provides greater of $500 or 1.5% in both years
- Gives additional $500 in FY 2019-20 to:
  1) Law Enforcement Officers
  2) DPS and DHHS employees working in state-facilities
- Fully-funds retirement systems
- Increase employer-paid health insurance premium by 4%
- Provides a 2% nonrecurring retiree cost of living adjustment (COLA)

Data Analytics Position within all Agencies

- Assist agencies in decision-making though cost benefit analysis, policy evaluation, performance monitoring

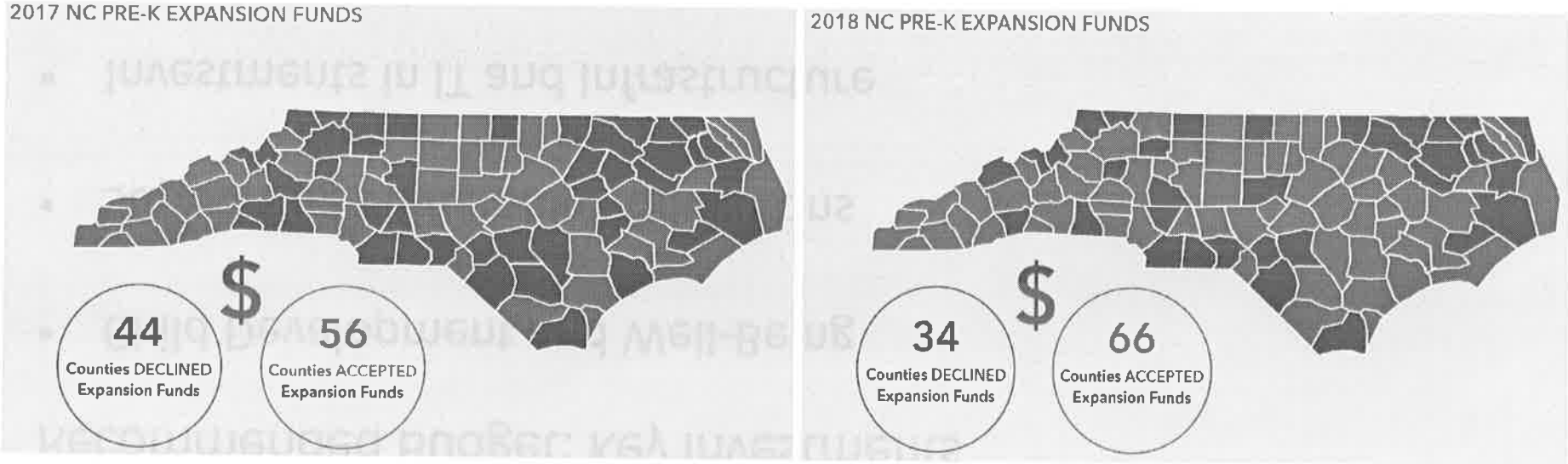
Recommended Budget: Key Investments

- Child Development and Well-Being
- Supporting Vulnerable Populations
- Investments in IT and Infrastructure
- Medicaid Transformation
- Medicaid Expansion

Child Development and Well-Being

Child Development & Early Education

- Building NC Pre-K Capacity (Lottery Receipts)
  - Increases the average NC Pre-K reimbursement rate by 8%
  - Increases administrative support by 2%



Source: Barnett, W. Steven, (2018). *Barriers to Expansion of NC Pre-K: Problems and Potential Solutions*. Rutgers Graduate School of Education, The National Institute for Early Education Research. http://nieer.org/wp-content/uploads/2019/01/NIEER_North_Carolina_2019.pdf

Child Development and Well-Being

Child Development & Early Education

- Includes $15M recurring and $5M non-recurring for the Smart Start program to expand services that prepare children for success
- Adds approximately 2,300 subsidized child care slots for children from low-income working families

Child Welfare

- Expands evidence-based family preservation services to prevent the unnecessary removal of children from their families
- Improves child welfare training and accountability by investing in 11 FTE to assist counties and a child welfare web-based training subscription for state and county use

Supporting Vulnerable Populations

Office of Healthy Opportunities

- Establishes the Office of Healthy Opportunities to improve the health and well-being of citizens by impacting both medical and non-medical drivers of health

Supporting Local Food Banks

- $1M to assist food banks with the increased demand from recent hurricanes and other natural disasters that have impacted NC

Substance Abuse and Mental Health Treatment

- Funds 11 FTE to improve substance abuse and mental health treatment services across the state

Supporting Vulnerable Populations

Helping People with Disabilities Live and Work in their Communities

- Invests $1M in state-of-the-art adaptive equipment and assistive technologies to help those with disabilities live, work and be educated in their communities
- Provides funds to assist individuals who are blind and/or have other disabilities to return to work

Supporting Aging and Adult Services

- Continues non-recurring funding for the Home and Community Care Block Grant
- Adds almost $900,000 for Adult Protective Services from the Social Services Block Grant

Investments in IT and Infrastructure

NC FAST

- Modernizes and improves the security and integrity of NC FAST as well as continues the development of child services case management
- Also provides the necessary operations and maintenance for the continued support of NC FAST

Updating Critical Public Health Services

- Ensures the Office of the Chief Medical Examiner can manage growing investigation caseloads by providing additional investigators
- Improves the State Laboratory of Public Health by providing $500,000 to replace and upgrade equipment
- Provides $500,000 recurring to operate and maintain the Medical Examiner Information System

Investments in State-Operated Facilities

- Includes $8.8M in FY 2020-21 for 60 new FTE and operational support at the New Broughton Hospital to serve additional patients
- Provides $1M to upgrade and replace obsolete automated medication dispensing carts in eight state-operated healthcare facilities

Medicaid Transformation

The Governor's Recommended Budget funds the needs of Medicaid Transformation over the biennium.

- Includes the Department's timing of transition to Managed Care beginning November 1, 2019
- Covers both Medicaid and Health Choice

Changes to the forecasting process:

- Overhauled this year as we transition to Managed Care – transitioned from using traditional Program Aid Categories (e.g. Aged, Disabled) to Managed Care Categories (e.g. Adult, Children)

- The Department contracted with Mercer Consulting to determine capitation rates based on FY 2016-17 data and preliminary FY 2017-18 data

- Timing: Used preliminary draft capitation rates, Department is planning to finalize rates and submit to CMS at the end of May

Medicaid Transformation

Forecast Highlights

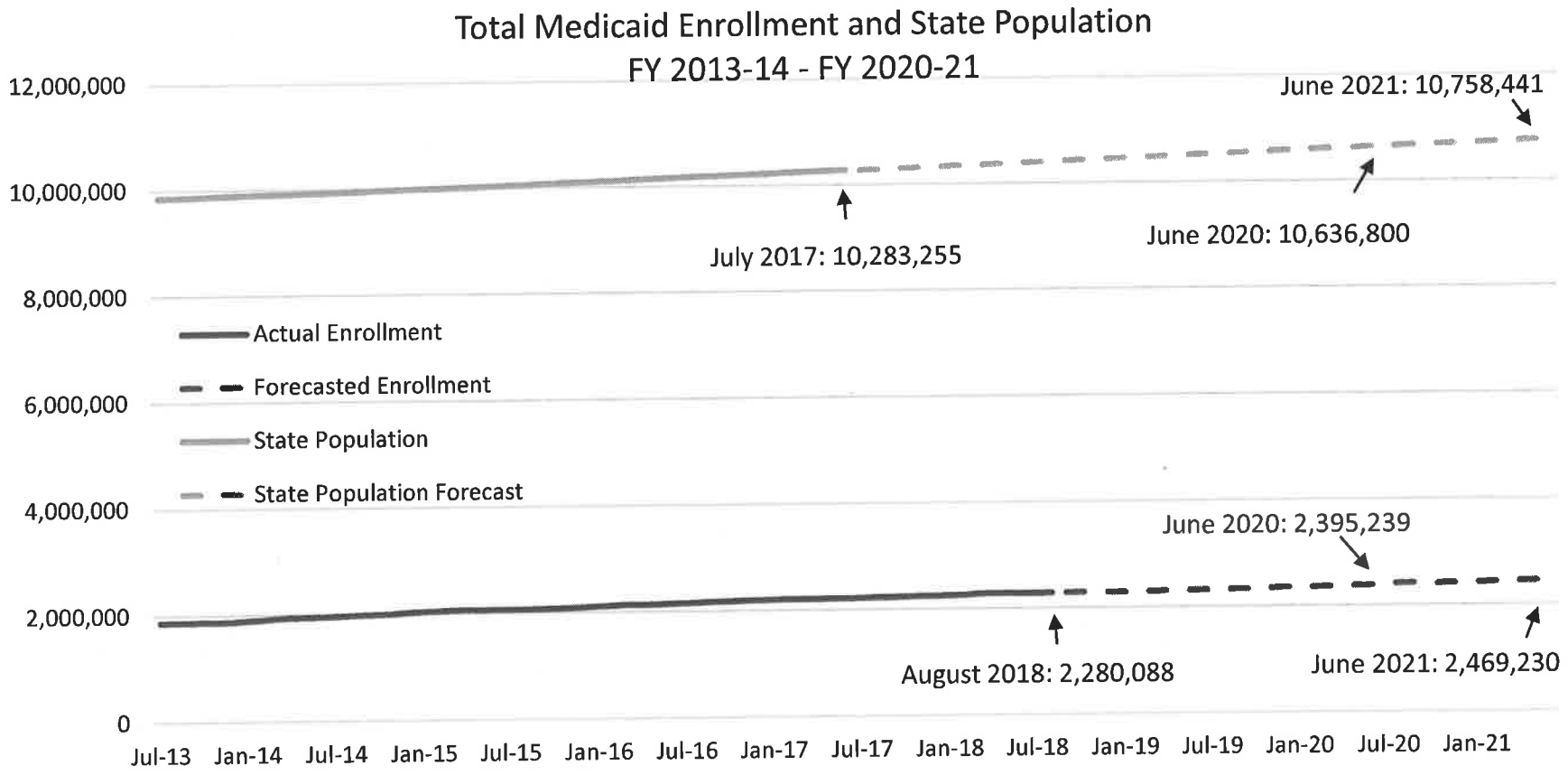
- Assumes a 2.7% and 2.8% total enrollment growth for FY 2019-20 and FY 2020-21 respectively. However, Family Planning drives much of the growth; excluding this group produces 0.3% overall enrollment growth in FY 2019-20 and 0.5% enrollment growth in FY 2020-21

- Federal Medical Assistance Percentage (FMAP) decreased 0.13%, leading to the state needing $11M and $15M more in state appropriations in FY 2019-20 and FY 2020-21 respectively

- Enhanced FMAP for the Children's Health Insurance Program (CHIP) population is phased out

- Includes recommended rate increases to Physicians, Dental, and Non-Emergency Medical Transportation that help ensure critical services continue to be provided ($63M in both years)

Medicaid Transformation



Source: DHB Enrollment data and forecasts; State population estimates through 2017 and projections from 2018-2021; OSBM added linear interpolations between July 1 point in time estimates.

Medicaid Rebase

	State Appropriations	
	FY 2019-20	**FY 2020-21**
2018-19 Authorized Budget	$3,829,406,274	$3,829,406,274
Budget Need (Based on Forecast)	$4,006,395,737	$4,208,422,134
Increment of Change	**$176,989,463**	**$379,015,860**
Appropriations in Base Budget	$95,169,925	$95,177,108
Additional Appropriations Recommended in Expansion/Change Budget	$81,819,538	$283,838,752

Appropriations in Base Budget Include:

- Removal of Non-Recurring Decrease = $47,505,417 in each year
- Fund Restructuring (Move Health Choice) = $46,993,726 in each year

Provides funds for changes to enrollment, utilization, costs, rates and services associated with Medicaid program.

Medicaid Transformation

The Governor's Recommended Budget recommends leveraging the Medicaid Transformation Fund to fund both claims runout and some important needs of Medicaid Transformation over the biennium.

- General Assembly authorized up to $60M from the Transformation Fund in FY 2018-19; DHHS anticipates using approximately $34M
- Fee For Service Claims Runout: $161.6M need over the biennium; total of $271.8M needed through FY 2024-25
- Governor recommends authorizing $107M over the biennium for recurring and non-recurring needs including an enrollment broker, ombudsman, centralized credentialing system, and other items to achieve CMS compliance

Prepaid Health Plan Premium Tax

The Governor's Recommended Budget recommends extending the 1.9% premium tax on commercial insurance to Prepaid Health Plans (PHPs).

	State Appropriations	
	FY 2019-20	**FY 2020-21**
PHP Insurance Tax Revenues	$13,200,000	$201,500,000
PHP Insurance Tax Revenues from Medicaid Expansion	$3,300,000	$74,900,000

The Governor recommends defining Prepaid Health Plans to include capitation paid as part of Tailored Plans. Utilization based payments (such as Maternity payments) would also be included when defining capitation payments.

Medicaid Expansion

Expands Medicaid eligibility to cover 626,000 additional individuals and secure North Carolina's share of federal resources. The non-federal share of expansion costs is provided through premium taxes on PHP's and hospital assessments.

Medicaid Expansion Costs	FY 2019-20	FY 2020-21
Total Requirements	$2,130,667,375	$4,170,592,840
Federal Receipts	$1,911,626,921	$3,739,283,734
Nonfederal Receipts	$215,740,453	$356,409,107
State Appropriation	$3,300,000	$74,900,000
New Net Revenue from 1.9% Premium Tax	$3,300,000	$74,900,000

	State Appropriations	
	FY 2019-20	FY 2020-21
Medicaid Existing Eligibility Increase	$15,749,240	$34,055,191
Medicaid Coverage Gap Savings	($30,700,000)	($69,300,000)

Other Items

The Governor's Recommended Budget also includes:

- Expanded Developmental Disability Innovations Waiver Slots
- Graduate Medical Education Payments fully covered by Hospital Assessments
- More Services to Fight the Opioid Crisis
- Several items to bring us into compliance with CMS, including the Consolidated Independent Assessment Entity, Electronic Vendor Verification System, and Medicaid Management Information System (MMIS) Multi-Factor Authentication

Review of the Governor's Recommended Budget Book

See Health and Human Services Tab
Page 117

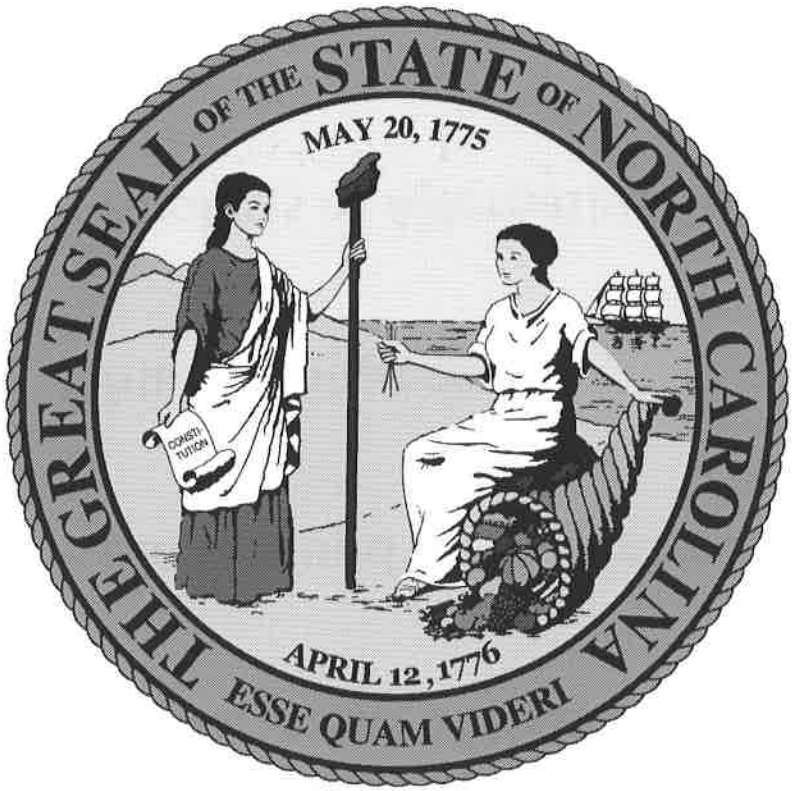
Questions

For additional information and
a complete inventory of all budget recommendations, please refer to:

Investments for a Determined North Carolina
Governor Roy Cooper's Recommended Budget 2019-21

and/or

www.osbm.nc.gov



INVESTMENTS *for a* Determined North Carolina

Relocation of the Department of Health and Human Services

Governor Roy Cooper's FY 2019-21 Budget Recommendations

Mark Bondo and Will Johnson
Office of State Budget and Management
March 13, 2019

Table of Contents

- **Overview of Governor's Recommended Budget for Relocation of the Department of Health and Human Services (DHHS)**
- **Background for Recommendation**
- **Budget Impacts**
- **Analysis of Alternative Solutions**

Governor's Recommended Budget Regarding DHHS Relocation

- Move all personnel off of Dorothea Dix Campus to Blue Ridge Road Site

- Funded via General Fund Appropriation and Limited Obligation Bonds
  - $10 million General Funds for Planning (Capital Improvements Project Reserve)
  - $240 million Limited Obligation Bonds for Construction (DHHS Complex)
  - $17.7 million Limited Obligation Bonds (relocation of DPS and DOA facilities)

- Managed by Department of Administration
  - Recommended expanded Special Projects Team at the State Construction Office

- Allowance to Consider a Public Private Partnership

Background

- Dorothea Dix campus sold to City of Raleigh – July 2015

- City agreed to lease back DHHS portions of property for two time periods:
  - 2025 (1,906 Full Time Equivalent Positions - FTE)
  - 2040 (393 FTE)

- DHHS employees also in leased, State-owned, & Governor Morehead Campus space in Wake County:
  - 2,735 FTE

Blue Ridge Road Site

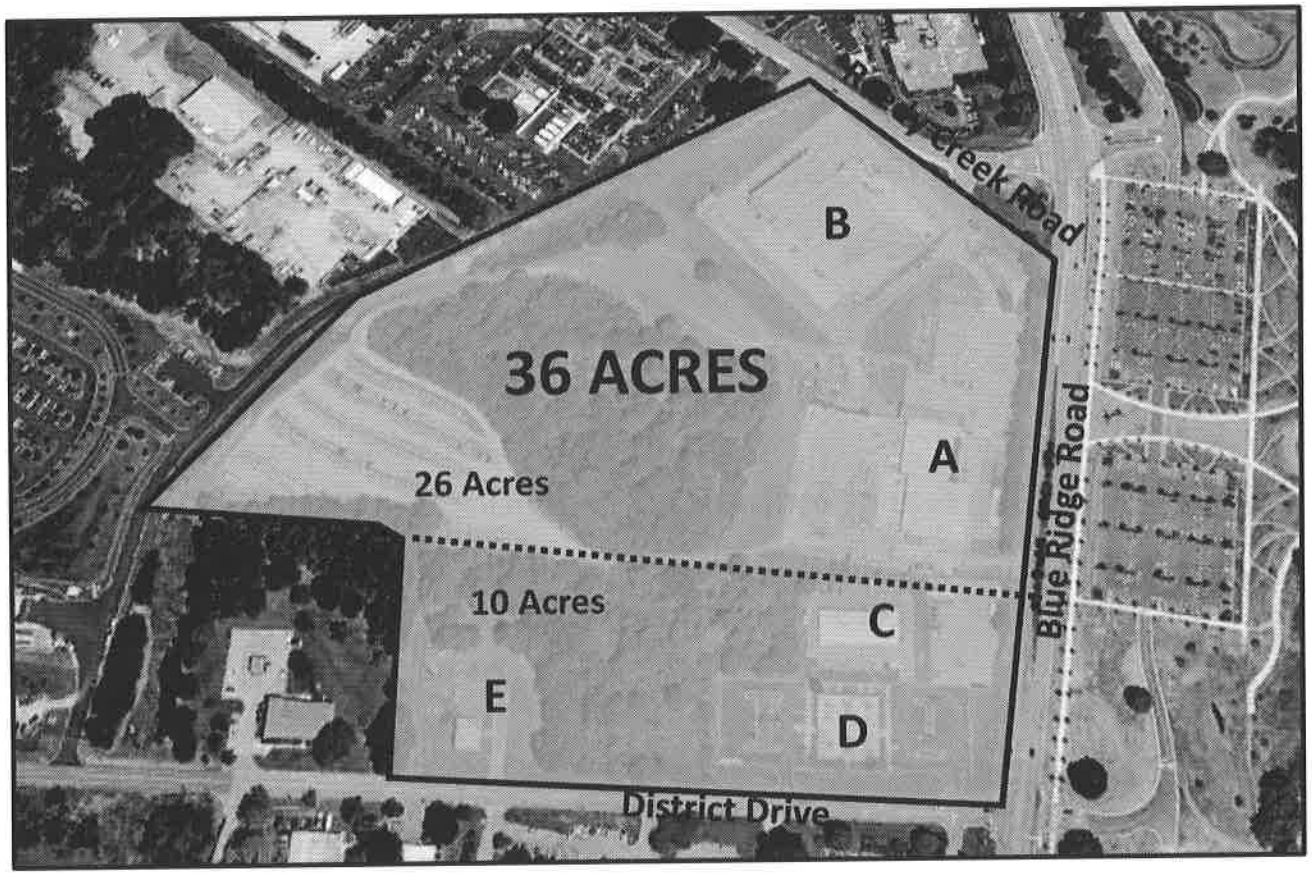
A-Motor Fleet Management Facility

B-Textbook Warehouse/Mail Service Center

C-Troop C Motor Vehicles Garage

D-Troop C Headquarters

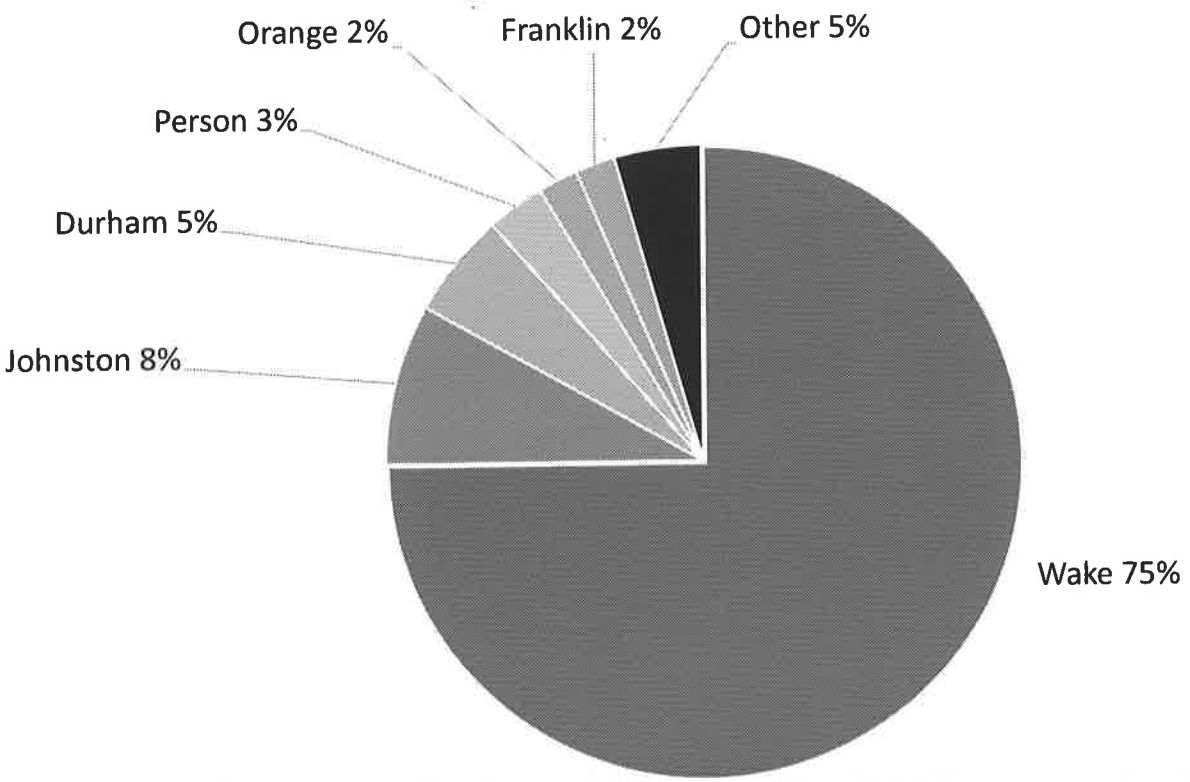
E-Motor Vehicles Emergency Communications



Rationale for Blue Ridge Road Site

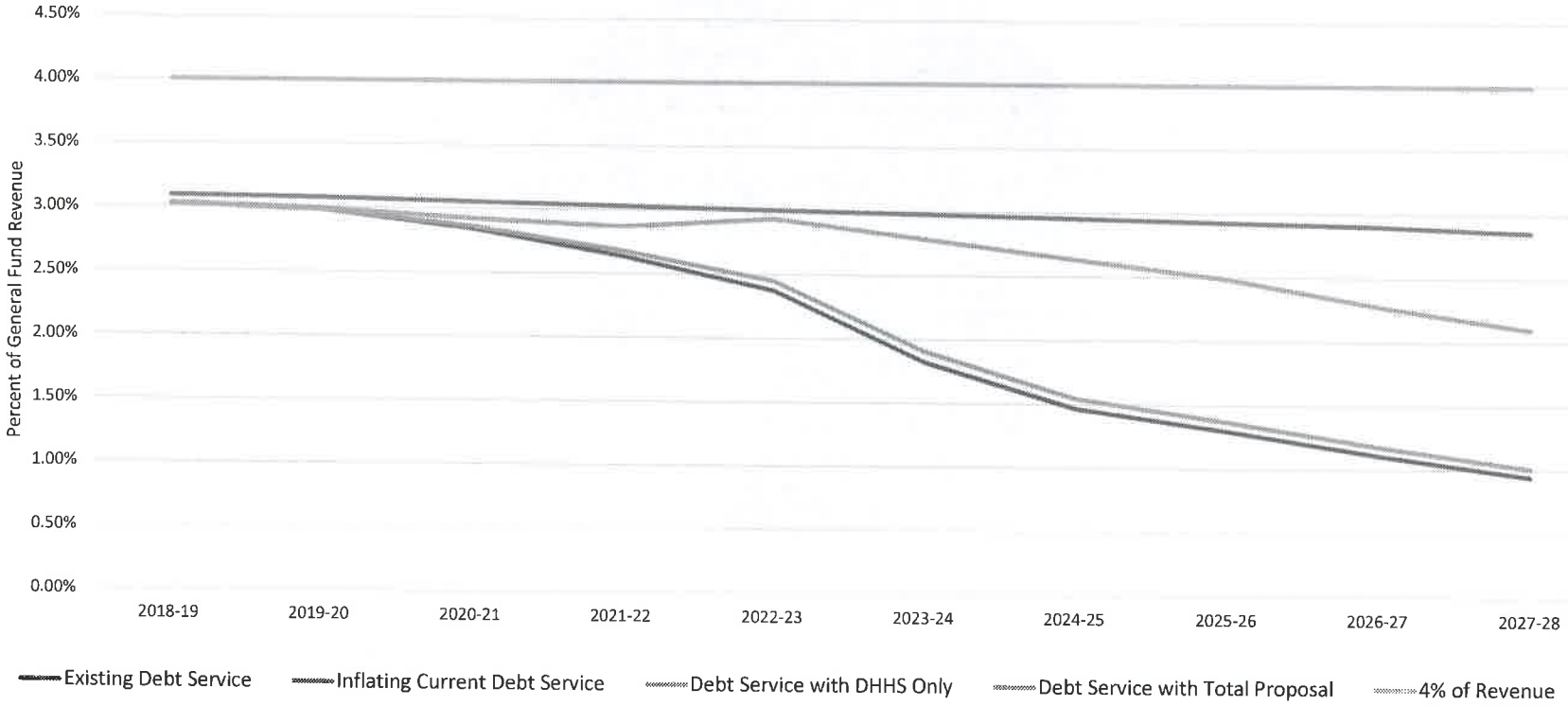
- Proximity to other State facilities:
  - DHHS Public Health Laboratory/Office of the Chief Medical Examiner
  - Department of Public Safety Emergency Management and National Guard
  - Department of Agriculture and Consumer Services Consolidated Laboratory
  - Department of Natural and Cultural Resources Art Museum
- Maintain a presence close to State Capital
- Need to keep DHHS Dix Campus located employees together, with options for future movement of staff from other leased space in Wake County
- Consistent with most recent State Capital Master Plan for Blue Ridge Road

Rationale for Blue Ridge Site: Where Staff Live



Note: County percentages are based on zip codes of homes of DHHS employees working in Greater Triangle Area.

Budget Impacts: Debt Service



Assumptions: 5.75% Interest Rate, 20-year Term, Issued Based on Project Needs

Alternative Solutions

- Why not lease property?
  - Given the requirements for a successful project, any lease would likely be considered a capital lease and be counted as a "debt like arrangement" against the State.

- Why not another location?
  - All additional State owned sites considered for the DHHS relocation project were not available since other State agencies and universities need the sites to meet future mission critical needs.

Contacts

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919-807-4786
mark.bondo@osbm.nc.gov

VISITOR REGISTRATION SHEET

HHS

Name of Committee

Date 3/13/19

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
LATIF KAID	STATE CONSTRUCTION OFFICE
Victor Stephenson	State Construction Office
Brian Perkins	Alliance HealthCare
Padraig L. Wong	ConnectC
Rob Black	Red Wolf Communications
MARK EDWARDS	NC DOA
	NWC
	NCAFP
Alisa Nance	NCAFP
Ben Popkin	Popkin Strategies
Ken Melton	K.M.A.

VISITOR REGISTRATION SHEET

HHS

Name of Committee

Date 3/13/19

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Josh Lanier	CSHY
Dana Faulk	FL
Will Johnson	OSBM
George Smith	STHL
Jimmy Parker	STHL
Pam Shipman	Monarch
Ashley Ellis	P. Whitaker
Fred Bone	Bone Assoc.
Elizabeth Graf	Walkwest
Leffery	CSY
Drew Ball	Environmental NC

VISITOR REGISTRATION SHEET

H&S

Name of Committee

Date 3/13/19

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Sarah McCullan	KCANC
Abby Gac	OSBM
Dana Gillooly	OSBM
ADAM BRUEGGEMANN	OSBM
Ryan Blackburn	Core Health
Sue Ann Forrest	NCMS
Bradon Robinson	NCRMA
Sarah Grimsrud	OSBM
[illegible]	[illegible]
Kristin Walker	OSBM

Kevin Lee Anderson 0.2871

VISITOR REGISTRATION SHEET

HHS
Name of Committee

Date 3/13/19

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Chip Boyle	ACNS
[illegible]	NCHA
[illegible]	[illegible]
LT McCrimmon	DHHS

Senate Pages Attending

COMMITTEE: J.A. Health & Human Services ROOM: 643

DATE: 3-13 TIME: 8:30

PLEASE PRINT LEGIBLY....*or else!!!!!*

Page Name	Hometown	Sponsoring Senator
1. Shefali Pai	Apex	Searcy
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Pages: Present this form to either the Committee Clerk at the meeting or to the Sgt-at-Arms.

Feb. 22nd

Annual Meeting

Dec. 21-22

Agenda 2nd Day

Sat. Lunch 12:30

APPROPRIATIONS HEALTH CARE and HUMAN SERVICES
SENATE COMMITTEE 2019
Membership List

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Raleigh, NC 27603

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NORTH CAROLINA GENERAL ASSEMBLY

SENATE APPROPRIATIONS HEALTH and HUMAN SERVICES
2019 – 2020 SESSION

Sen. Dan Bishop
Chair

Sen. Joyce Krawiec
Chair

Sen. Jim Burgin

Sen. Ralph Hise

Sen. Paul Lowe

Sen. Floyd McKissick

Sen. Jim Perry

Sen. Gladys Robinson

Sen. Paul Lowe
Sen. Terry Van Duyn

Senate Committee on Appropriations on Health and Human Services
Tuesday, March 19, 2019 at 8:30 AM
Room 643 of the Legislative Office Building

MINUTES

The Senate Committee on Appropriations on Health and Human Services met at 8:30 AM on March 19, 2019 in Room 643 of the Legislative Office Building. Eight members were present.

Senator Joyce Krawiec, Chair, presided.

Sen. Krawiec welcomed everyone and acknowledged the Sergeant of Arms and pages. Sarah Neer from Edenton and Noah Purgason from Stoneville served as pages.

Division of Social Services Overview and Base Budget Review
Sen. Krawiec introduced Deborah Landry from Fiscal Research Division to present this review. Questions from the members were responded to by Ms. Landry and Susan Perry-Manning, Principal Deputy Secretary for the Department of Health and Human Services (DHHS).

NC FAST Child Welfare Case Management System
Sen. Krawiec introduce Susan Perry-Manning for the presentation. Sen. Krawiec opened the floor for comments. The people recognized were as follows: Heather Skeens, Guilford County, 2nd VP of the Association and Kristy Preston, from Surry County.

Sen. Krawiec announced to the committee that due to time, if more time was needed for questions, they may be heard at the beginning of tomorrows (March 20, 2019) meeting. Sen. Krawiec made a strong comment regarding her concern for the welfare of our children. She showed a stack of complaints and reports from one county for one month against NC FAST. The stack was approximately seven inches high. Questions from the members were responded to by Susan Perry-Manning.

The meeting adjourned at 9:50 AM.

Senator Joyce Krawiec, Chair
Presiding

Debbie Lown, Committee Clerk

AGENDA
JOINT HOUSE AND SENATE APPROPRIATIONS COMMITTEES ON HEALTH AND HUMAN SERVICES

March 19, 2019 8:30 a.m.
Legislative Office Building - Room 643

Committee Co-Chairs
Rep. Greg Murphy
Rep. Larry Potts
Rep. Donna White
Sen. Dan Bishop
Sen. Joyce Krawiec

Committee Vice Chairs
Rep. William Brisson
Rep. Josh Dobson
Rep. Donny Lambeth

Committee Members
Rep. Mary Belk
Rep. MaryAnn Black
Rep. Dana Bumgardner
Rep. Carla D. Cunningham
Rep. Jean Farmer-Butterfield
Rep. Verla Insko
Rep. Steve Jarvis
Rep. Raymond Smith, Jr.
Rep. Evelyn Terry
Sen. [illegible] Burgin
Sen. [illegible]alph Hise
Sen. Paul Lowe
Sen. Floyd McKissick, Jr.
Sen. Jim Perry
Sen. Gladys Robinson
Sen. Terry Van Duyn

I.	**Welcome and Opening Remarks**	Sen. Krawiec, Presiding Co-Chair
II.	**Division of Social Services Overview and Base Budget Review**	Deborah Landry, Fiscal Research Division
III.	**NC FAST Child Welfare Case Management System**	Susan Perry-Manning, Principal Deputy Secretary, Department of Health and Human Services Sam Gibbs, Deputy Secretary Technology & Operations, DHHS Susan Osborne, Assistant Secretary County Operations, DHHS
IV.	**Adjourn**	

FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

Division Social Services

Joint House and Senate Appropriations Committees on Health and Human Services

March 19, 2019

DSS Base Budget

Account Title	Actual 2017-18	Certified 2018-19	Authorized 2018-19	Incr/Decr 2019-20	Total 2019-20	Incr/Decr 2020-21	Total 2020-21
PERSONAL SERVICES	$26,913,506	$30,711,593	$29,489,382	($440,515)	$29,048,867	($440,515)	$29,048,867
PURCHASED SERVICES	$23,459,648	$25,514,040	$25,162,973	$6,132,553	$31,295,526	$6,133,845	$31,296,818
SUPPLIES	$166,578	$225,772	$214,141	($2,417)	$211,724	($2,417)	$211,724
PROPERTY,PLANT & EQUIPMENT	$292,867	$307,381	$293,908	$0	$293,908	$0	$293,908
OTHER EXPENSES AND ADJUSTMENTS	$2,455,968	$3,180,839	$2,767,391	($152)	$2,767,239	($152)	$2,767,239
AID AND PUBLIC ASSISTANCE	$1,848,373,588	$1,829,942,663	$1,854,452,912	($11,083,829)	$1,843,369,083	($11,083,829)	$1,843,369,083
RESERVES	($7)	$6,299,072	$4,936,008	($3,506,320)	$1,429,688	($3,506,320)	$1,429,688
INTRA-GOVERNMENTAL TRANSFERS	$13,555,495	$1,280,847	$1,530,847	$0	$1,530,847	$0	$1,530,847
Total Requirements	$1,915,217,644	$1,897,462,207	$1,918,847,562	($8,900,680)	$1,909,946,882	($8,899,388)	$1,909,948,174
GRANTS	$753,612,627	$722,688,818	$743,418,857	($3,899,808)	$739,519,049	($3,899,680)	$739,519,177
FEES,LICENSES & FINES	$0	$0	$0	$0	$0	$0	$0
MISCELLANEOUS	$7,016,756	$8,433,766	$8,021,070	$0	$8,021,070	$0	$8,021,070
INTRAGOVERNMENTAL TRANSACTION	$15,917,283	$8,458,045	$8,458,045	$0	$8,458,045	$0	$8,458,045
FEDERAL FUNDS	$944,043,786	$952,381,915	$954,104,744	$5,713,370	$959,818,114	$5,714,132	$959,818,876
Total Receipts	$1,720,590,452	$1,691,962,544	$1,714,002,716	$1,813,562	$1,715,816,278	$1,814,452	$1,715,817,168
Net Appropriation	$194,627,191	$205,499,663	$204,844,846	($10,714,242)	$194,130,604	($10,713,840)	$194,131,006
FTE							
531212	4.000	4.000	4.000	0.000	4.000	0.000	4.000
531213	417.000	419.000	395.000	0.000	395.000	0.000	395.000
531222	2.000	2.000	2.000	0.000	2.000	0.000	2.000
531223	3.000	2.000	3.000	0.000	3.000	0.000	3.000
Total FTE	426.000	427.000	404.000	0.000	404.000	0.000	404.000

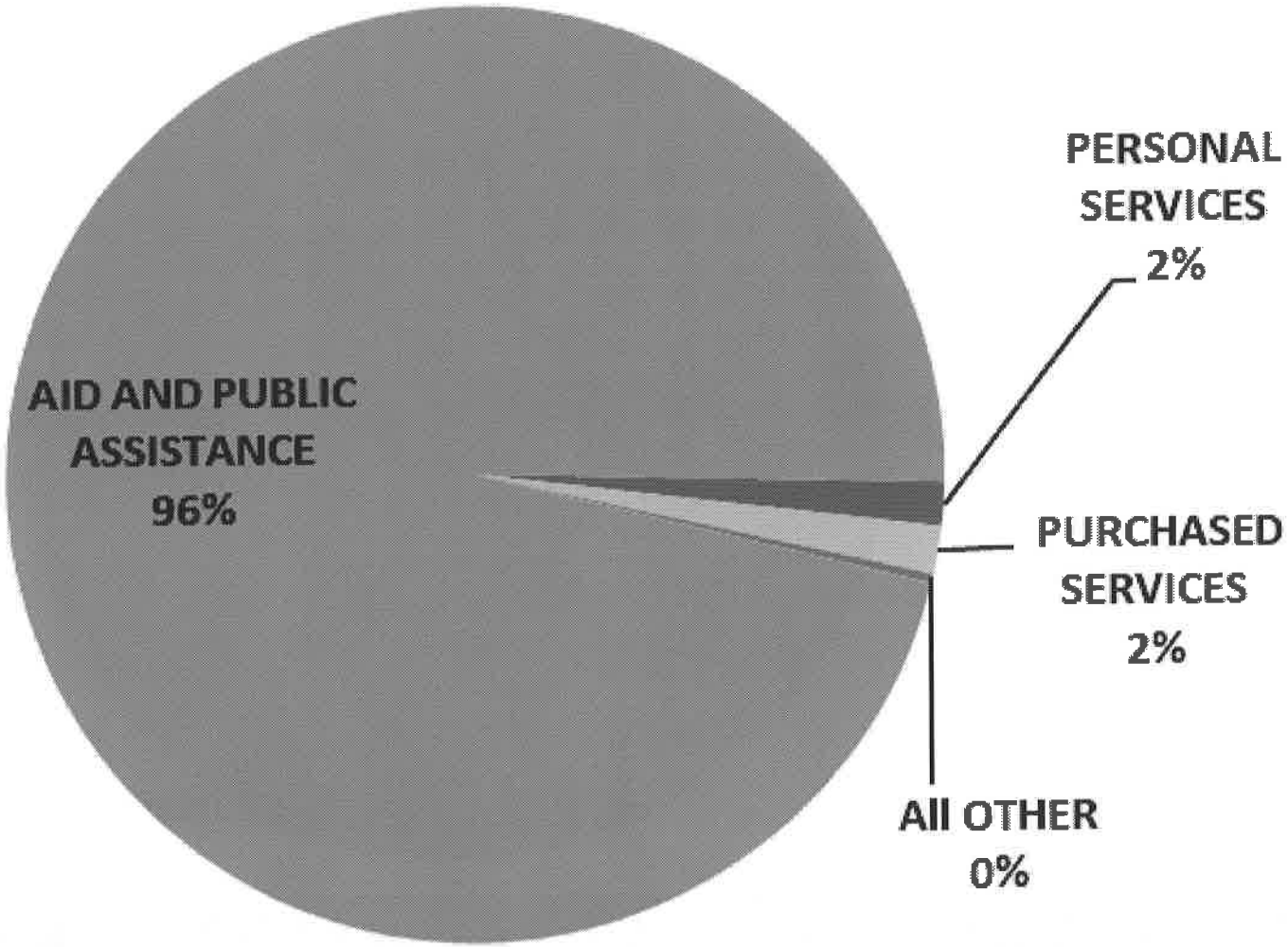
Increase/Decrease Detail

	FY 2019-20	FY 2020-21
NR Items Removed		
State Retirement Contributions	($26,625)	($26,625)
Temp Assist for Facilities that Serve SA	($5,000,000)	($5,000,000)
Temp Assist for Facilities that Serve SA	$1,100,000	$1,100,000
Child Welfare Workers for Local DSS One-time Swap Out (TANF)	$348,558	$348,558
TANF Technical Budget Adjustments - all federal receipts	$0	$0
Supportive Employment Opportunities	($300,000)	($300,000)
FNS Outreach for Medicaid Dual Eligible	($420,000)	($420,000)
Eckerd Kids and Caring for Children's Angels Watch	($500,000)	($500,000)
Child Welfare Program Improvement Plan	($330,521)	($330,521)

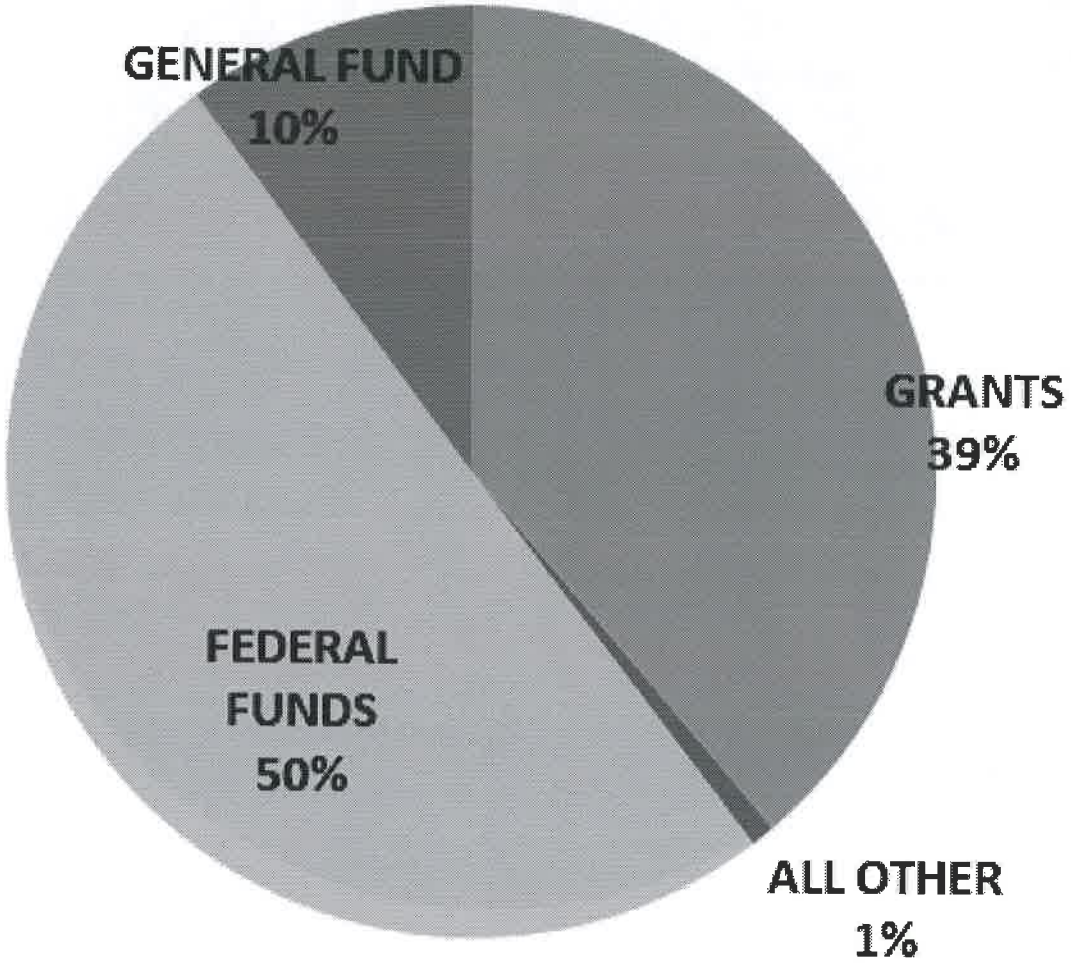
Increase/Decrease Detail

	FY 2019-20	FY 2020-21
NR Items Removed		
Family/Child Protection & Accountability Act Reserve	($3,229,695)	($3,229,695)
Permanency Innovation Fund	($750,000)	($750,000)
Direct Appropriations	($1,345,000)	($1,345,000)
Partial Year Funding Annualized		
Annualization of Hearings & Appeals - positions sent to Division of Health Benefits	($261,523)	($261,523)
Other		
DSS 2019-21 Lease Increases	$564	$966
Total	($10,714,242)	($10,713,840)

DSS Base Budget Expenditures FY 2019-21



DSS Base Budget Funding Sources FY 2019-21



Grants are county funds or provider match. County funds account for $737 million and 38.6% of the total funding.

2017-2018 Significant Budget Actions

S.L. 2017-57, Appropriations Act of 2017

	FY 2017-18		FY 2018-19	
Child Welfare Federal Program Improvement Plan	$8,730,446	R	$9,146,696 $330,521	R NR
Family/Child Protection & Accountability Act Reserve	$161,439	NR	$3,229,695	NR
Temporary Assistance for Facilities that Serve Special Assistance Recipients	$5,000,000	NR	$5,000,000	NR

2018-2019 Significant Budget Actions

S.L. 2018-5: Appropriations Act of 2018

	FY 2018-19	
Low Income Energy Assistance Program	$8,563,229	R
Crisis Intervention Program	$8,563,229	R
Adult Guardianship	$1,316,412	R

All funding listed above are from federal block grant funds.

Significant Legislative Actions

S.L. 2017-57: Appropriations Act of 2017

Sec. 11L.1.k, Social Services Block Grant

Provided $3 million nonrecurring funding in each year of the biennium to assist counties in the implementation of the Child Welfare case management system in NC FAST.

Significant Legislative Actions

S.L. 2017-41: Rylan's Law/Family/Child Protect. & Acc. Act.

Requires a plan for regional supervision of county departments of social services. DHHS cannot implement the plan without an act of the General Assembly.

Requires a contract with a third party to develop a plan to reform the State supervision and accountability for the social services system and to make recommendations regarding a child welfare reform plan.

Requires written agreements, corrective action, and state intervention with social services departments.

Establishes a child well-being transformation council to improve coordination, collaboration, and communication among child-serving agencies.

Significant Legislative Actions

S.L. 2017-41: Rylan's Law/Family/Child Protect. & Acc. Act.

Establishes a pilot program to help youth in substitute care obtain drivers licenses.

Establishes a pilot program to authorize a waiver of the employment requirement for foster parents with children receiving intensive alternative family treatment.

Reduces the time a parent has to appeal from a termination of parental rights order.

Reduces the time for foster care licensure approval.

Requires child protective service observation before physical custody of a child may be returned to a parent, guardian, custodian, or caretaker from whom the child was removed.

Administration

- Federally Authorized, State Supervised, County Administered.
- Division of Social Services (DSS) oversees federally and State authorized human services programs.
- Supported by federal, State and county funds.
- Division of Social Services and the Social Services Commission establishes policy and oversees compliance.
- County boards of social services and commissioners determine local priorities and supplement funding.
- Counties directly administer programs.

Programs and Services

Food and Nutrition Services (FNS)

- Federal food assistance program that provides benefits to low-income people that they can use to buy food.
- Entitlement program, so all eligible individuals and households can receive assistance.
- Monthly allotments of FNS benefits are issued via Electronic Benefit Transfer cards (EBT cards). Households use these benefits to buy eligible food in authorized retail food stores.

Food and Nutrition Services (FNS)

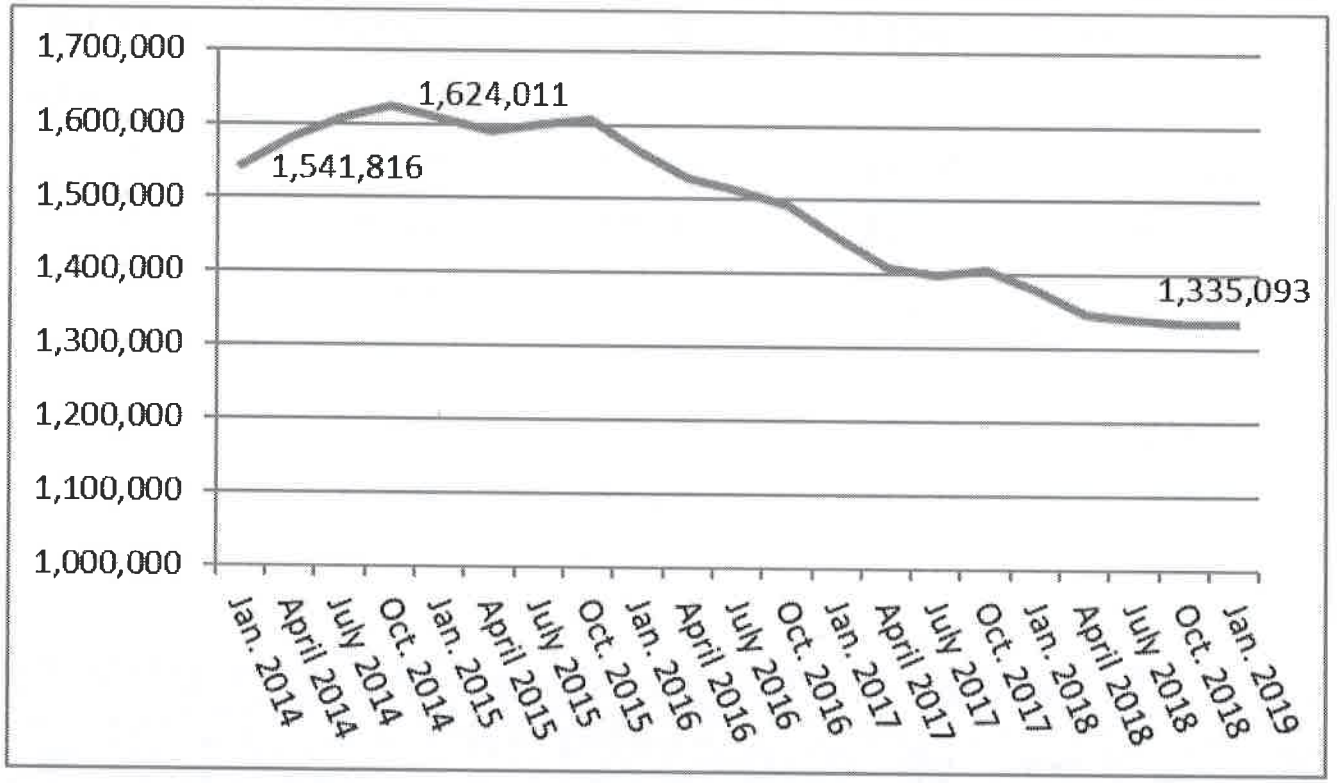
Maximum Monthly Income and Allotment effective October 1, 2016

FNS UNIT SIZE	200% MAX. GROSS INCOME LIMIT	130% MAX. GROSS INCOME LIMIT	MAXIMUM ALLOWABLE NET INCOME	MAXIMUM BENEFIT ALLOTMENT
1	$2,024	$1,316	$1,012	$192
2	$2,744	$1,784	$1,372	$353
3	$3,464	$2,252	$1,732	$505
4	$4,184	$2,720	$2,092	$642
5	$4,904	$3,188	$2,452	$762
6	$5,624	$3,656	$2,812	$914
7	$6,344	$4,124	$3,172	$1,011
8	$7,064	$4,592	$3,532	$1,155
Each Additional Member	(+) $720	(+) $468	(+) $360	(+) $ 144

Source: Food and Nutrition Services Manual, FNS 285 Determining Benefit Levels, viewed 03/09/2019

Food and Nutrition Services (FNS)

Individuals Served January 2014-January 2019



Federal Fiscal Year 2018 (October 2017-September 2018) Data:

- Average monthly households served: 656,788
- Average benefit issued per household: $237
- Total benefit issuance in North Carolina: $1.87 billion

Source: https://www2.ncdhhs.gov/dss/stats/fsp.htm, FNS Cases and Participants.xlsx; https://www.fns.usda.gov/pd/supplemental-nutrition-assistance-program-snap

Disaster Food and Nutrition Services (D-FNS)

Non-FNS program recipients may be eligible for D-FNS if they experienced disaster related expenses.

Eligibility is based on available income / resources and documented statement of food loss.

D-FNS implemented in 34 counties:

223,293 applications 205,608 households (92%) approved

Average benefit per household was $411

Supplemental benefits were issued for qualified FNS recipients.

67 counties, including the 35 D-FNS counties, issued replacement FNS benefits to recipients who suffered a food loss.

Total amount of D-FNS, FNS Replacements, and FNS Supplements issued: $126.9 million (Federal Funds).

Work First Family Assistance

Work First is North Carolina's Temporary Assistance for the Needy Families (TANF) program. This program helps parents support themselves and their families by offering short-term training and other services to increase the chances of employment.

States have flexibility in setting eligibility and payments for programs funded with TANF Block Grant Funds. North Carolina current eligibility criteria is set in G.S. 108A-27.01. Current income and payment standards:

Assistance Unit	Need Standard	Max Benefit Payment
1	$362	$181
2	$472	$236
3	$544	$272
4	$594	$297

Work First Family Assistance

January 2019

13,027 Cases

24,029 Participants

Average number of individuals per case: 1.8

Percentage of caseload that is child only: 81%

Average payment for all cases: $199

Child Support Services

Responsible for the collection of child support money from non-custodial parents

- Assist in locating absent parents.
- Establish paternity of the child.
- Petition the court for child support orders.
- Collect and disburse child support payments.

Child Support Services

Child Support Services is locally operated. There are 100 Child Support Offices. Counties have placed their Child Support Services offices under the authority of various local agencies:

- 75 under the authority of County DSS
- 9 under the authority of the County Manager
- 16 under contract with private companies

Regardless of who operates the local Child Support Services office, the same regulations, laws, and state policies apply.

Child Support Services

Fiscal Year 2018

CASES

401,750 cases at the end of the reporting period.

COLLECTIONS

$691,016,512 million collected.

COURT ORDERS

86.93% of cases currently have a court order for child support compared to 86.28% FY 2017.

PATERNITY

Paternity was established for 299,512 children born out of wedlock.

Source: https://www2.ncdhhs.gov/dss/cse/statistics.htm. viewed 03/09/2019

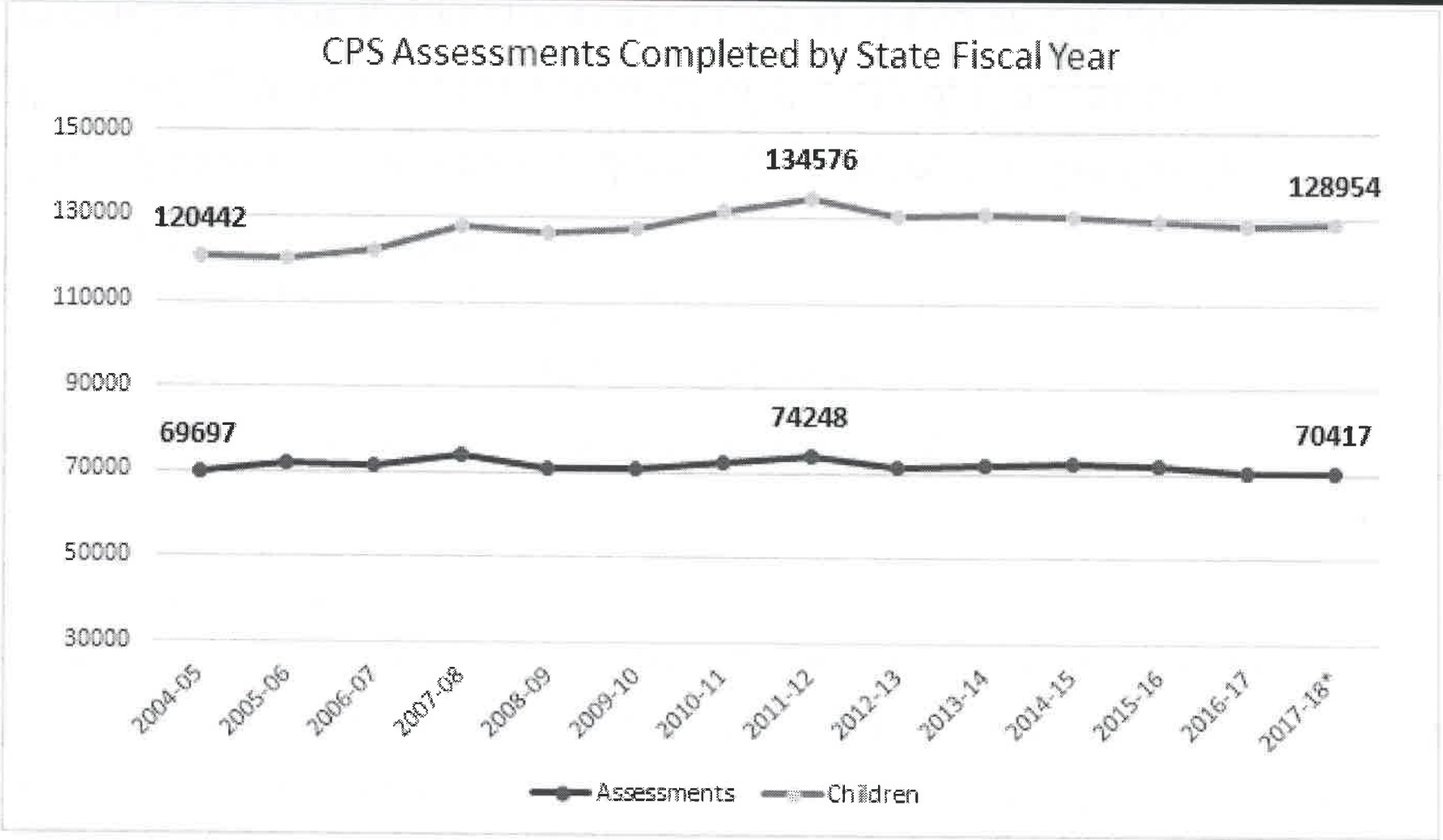
Child Protective Services

Child Protective Services (CPS) helps prevent further harm to children from abuse, exploitation or neglect by a parent or caretaker. CPS workers in county departments of social services (DSS) accomplish this through:

- Assessing suspected cases of abuse and neglect.
- Assisting the family in diagnosing the problem.
- Providing in-home counseling and supportive services to help children stay at home with their families.
- Coordinating community and agency services for the family.
- Petitioning the court for removal of the child, if necessary.
- Providing public information about child abuse and neglect.

Source: NC DHHS Open Window, http://dhhsopenwindow.nc.gov/

Child Protective Services



Source: Child Welfare Data Team, North Carolina Division of Social Services. Data retrieved from NCDHHS Client Services Data Warehouse Central Registry table on 3/14/2019.

Foster Care Services

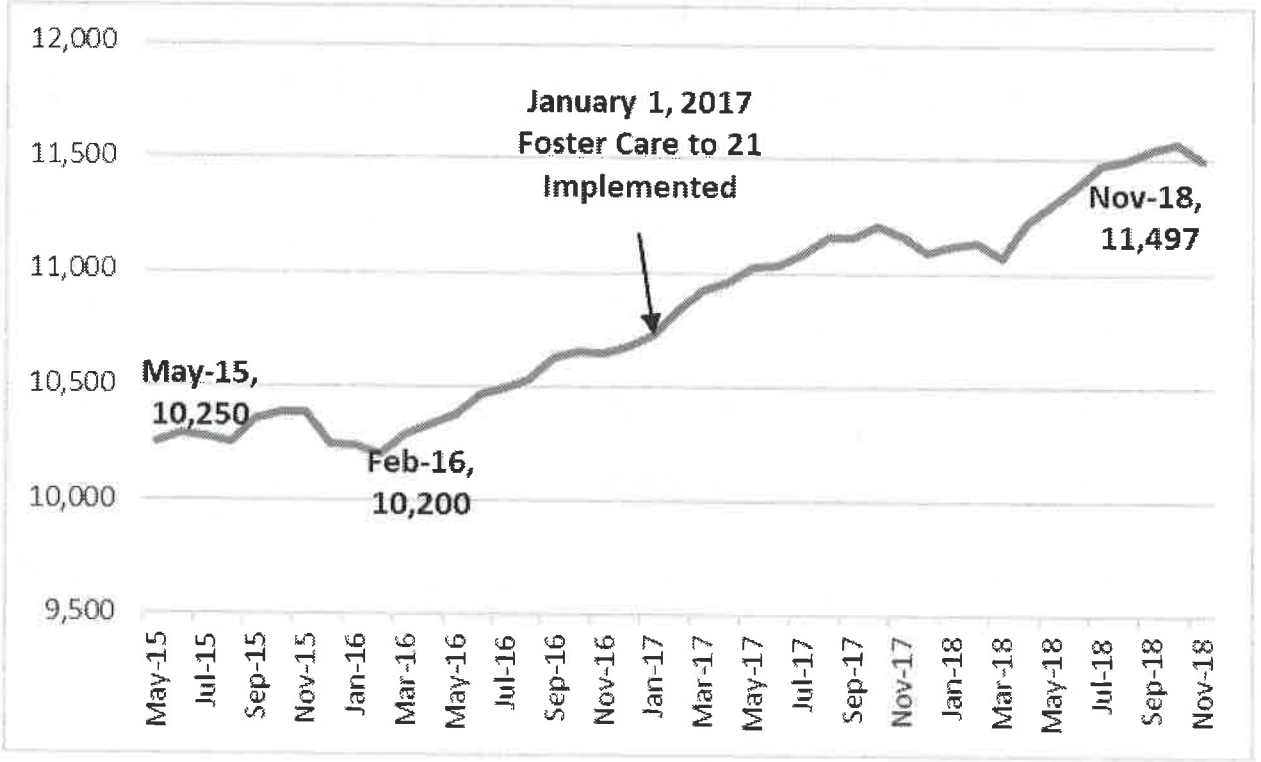
Foster Care services provide temporary care for infants, children and adolescents who have been removed from their own homes because their families cannot or will not provide protection or care for them adequately. Foster Care Services are designed to strengthen, preserve, and/or reunite families after children have come into agency legal custody or placement responsibility. Foster Care Services:

- Help families strengthen their parenting abilities.
- Help children with health, educational, mental health and developmental needs.
- Help young adults who are aging out or have already aged out of the foster care system.

Source: NC DHHS Open Window, http://dhhsopenwindow.nc.gov/

Foster Care Growth

The number of children in Foster Care fluctuates. There is a current upward trend in the number of children in Foster Care.



Source: Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., Vaughn, J.S., Guest, S., Rose, R.A., Malley, K.M.D. and Gwaltney, A.Y.(2019). Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina (v3.2). Retrieved 03/09/2019, from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: http://ssw.unc.edu/ma/

Adoption Services

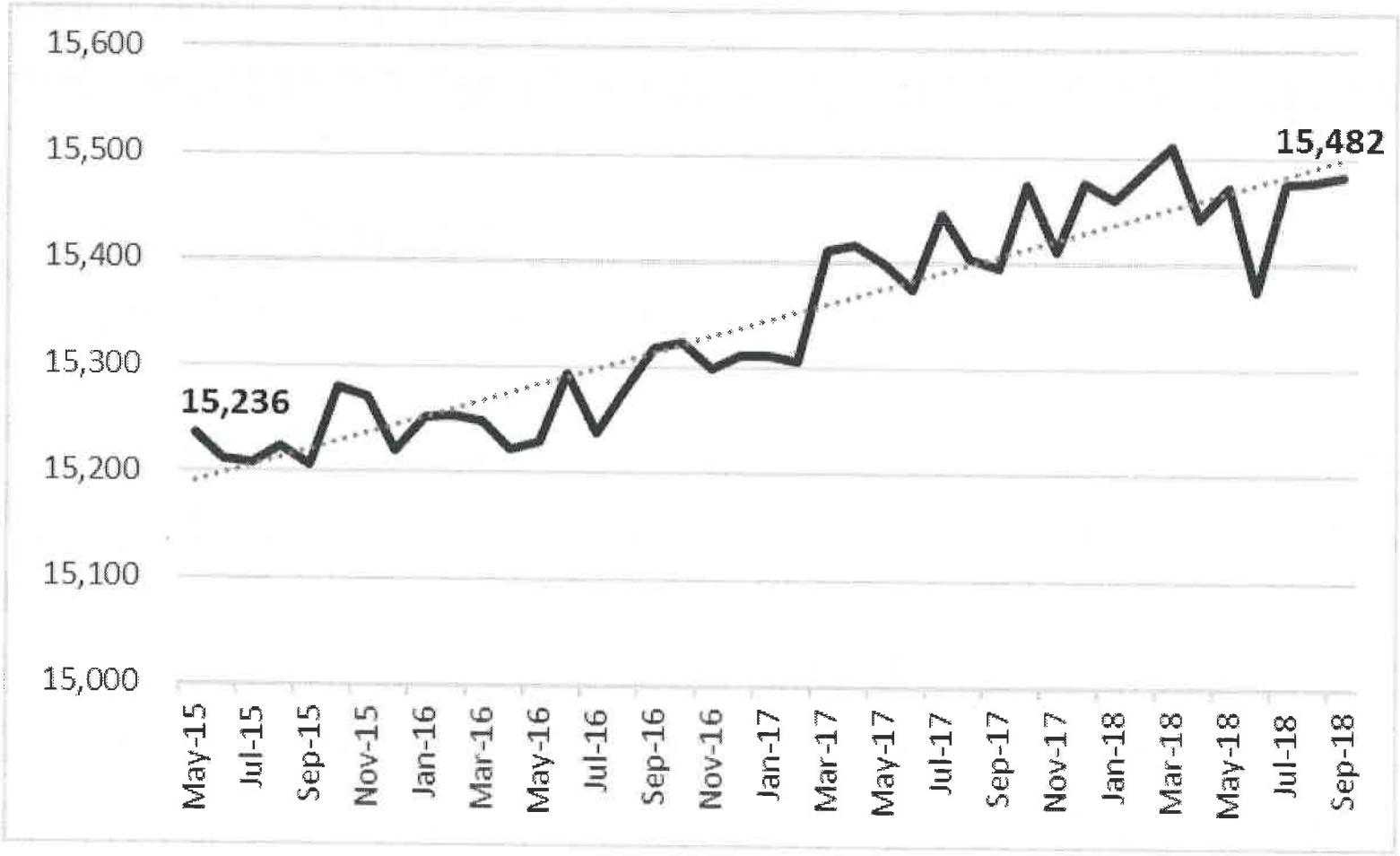
Adoption Services help children whose birth parents cannot care for them to become part of a new family. County departments of social services and private child-placing agencies provide these services, including:

- Recruiting, assessing and selecting adoptive homes.
- Casework services for adoptive families to help sustain the placement.
- Help finalizing the legal adoption.
- Post-adoption services.

These services benefit children in the foster care system and the families who adopt them.

Source: NC DHHS Open Window, http://dhhsopenwindow.nc.gov/

Adoption Assistance



Source: Division of Social Services, FC-AA_byCo_2018_09_SFY2020proj.slxs

Other Programs

Low-Income Energy Assistance Program (LIEAP)

- Federally funded
- Provides for a one-time vendor payment to help eligible households pay their heating bills.
- households containing an elderly person age 60 and above or a person with a disability are prioritized for services.

Refugee Public Assistance and Social Services

- Federally funded
- Social Services provides short-term transitional assistance to help refugees become self-sufficient such as help finding employment and transportation, skill certification, and learning English.
- Refugee Assistance Program is a short-term transitional program that helps refugees and other eligible recipients become economically self-sufficient.

Family First Prevention Services Act

Bipartisan Budget Act of 2018 (H.R. 1892) was signed February 9, 2018, and included the Family First Prevention Services Act.

Family First Prevention Services Act

States Have the **Option** to Use Title IV-E to Prevent Children's Entry into Foster Care

Allows the use of Title IV-E funds for the following services to prevent the placement of children and youth into the foster care system.

- In-home parent skill-based programs.
- Mental health services and substance abuse prevention and treatment services.

Title IV-E funds can only be used in this capacity for 12 months for children who are "candidates for foster care" and for pregnant or parenting foster youth. Children and youth under the guardianship of a kin caregiver are also eligible for these funds.

States must demonstrate maintenance of effort of state foster care prevention spending at the same level as their 2014 spending.

Source: NCSL; http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx

Family First Prevention Services Act

Focus on Family Foster Care: Major Reforms to Congregate, Residential and Group Care

- A reimbursement-eligible family foster home must have 6 or fewer children, and a reimbursement-eligible child care institution as having 25 or fewer youth.
- Federal payments for placements that are not foster homes or qualified residential treatment programs are limited of two weeks . This rule takes effect Oct. 1, 2019.

Source: NCSL: http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx

Family First Prevention Services Act

An exception to this rule is made under the following circumstances:

- Juvenile justice system (states may not incarcerate more juveniles under this provision).
- Prenatal, postpartum, or parenting support for teen moms.
- A supervised setting for children 18 or older.
- High-quality residential activities for youth that have been victims of trafficking or are at risk of it.

Source: NCSL; http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx

Family First Prevention Services Act

States may **delay** the implementation of the changes to congregate, residential and group care part of the legislation for **two years**, but if they choose to do so they delay funding for prevention services for the same length of time.

The Department of Health and Human Services has notified the Administration for Children and Families that North Carolina will delay implementation until October 1, 2021.

Source: NCSL ; http://www.ncsl.org/research/human-services/family-first-prevention-services-act-ffpsa.aspx

Questions?

Deborah Landry, Fiscal Analyst
Fiscal Research Division
Room 619, LOB
919-733-4910
www.ncleg.net/fiscalresearch/

JOINT APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES

NC FAST Project 4
Child Welfare System

Susan Perry-Manning
Department of Health and Human Services

March 19, 2019

What is Our Child Welfare System Responsible For?

- All child welfare agencies in the U.S. have four core mandates from federal laws and regulations:
  - Respond to reports of child maltreatment.
  - Serve families in their homes and help them overcome difficulties and keep their children safe.
  - Provide alternative, safe living environments when children cannot be maintained safely in their homes.
  - Provide a safe, permanent home for children as quickly as possible.

Children in Our Child Welfare System

- 133,538 children were the subjects of 154,481 assessments for abuse and neglect in SFY 2018.
  - 41% are children ages birth to five.
- 21% (32,079) of assessments resulted in a maltreatment finding.
- Over the past four years, the number one reason for the neglect or abuse by the primary caretaker was substance abuse both alcohol and/or drugs, drugs being the largest factor.
- NC had 10,721 children ages birth through 17 years-old in foster care in SFY 2018.

How Are We Doing Protecting Children?

- NC's state-supervised, county-administered child welfare system (one of 9 in the country) has been the subject of federal and third-party reviews.
- Findings show that the state is not consistently protecting children's immediate safety or ongoing harm.
  - 2015 Federal Child and Family Services Review (CFSR) assessed NC's child welfare system and found that NC failed to meet all 14 performance measures.

    "Case review results identified concerns in both foster care and in-home cases related to premature case closures when safety concerns were present...The case review also revealed that cases were closed without addressing the presenting problem and the reason for agency involvement."
  - 2018 Center for the Support of Families review found that:

    "Children and families in North Carolina who come to the attention of the child welfare system through a report of maltreatment are not consistently receiving a response that ensures the immediate safety of children and protects them from risk of future harm."

    "Children...are not being consistently served and supported in a way that ensures child health, safety, and protects against future risk of harm."

NC FAST Project 4 (P4) Child Welfare System: How Did We Get Here?

The 2015 Federal Child and Family Services Review (CFSR) highlighted the need for a statewide child welfare data system:

- Counties don't have access to families' histories in order to make critical safety decisions.

  "The challenges with the statewide information system can result in incomplete historical assessment information on individual cases for county staff working with families."

- The state can't monitor if children are safe and getting what they need in all 100 counties.

  "The lack of a statewide case management information system that allows the state to track child placement episodes across counties affects the state's ability to readily identify the status of children, including re-entry, placement history, and placement goals... and compromises the effectiveness of the state's continuous quality improvement efforts."

How Did We Get Here? *(continued)*

- The state began consideration of a child welfare data system in 2005 and at that time conducted a full procurement to assess available options.
- The decision to create a child welfare data system for North Carolina by building a new component of NC FAST was made in 2015.
- In 2015, the DSS Directors Association voted to endorse use of NC FAST for child welfare system after looking at several other systems.
- In September 2015, a workgroup that included state and county Child Welfare staff developed business requirements (what the system needed to do and how it needed to perform).
- In February 2016, development of the NC FAST Project Child Welfare system began.

NC FAST P4 Child Welfare System Core Functions

- **Child Protective Services**
  - Intake: Social work process of receiving a report of suspected Child Abuse/Neglect.
  - CPS Assessment: Social work process to determine if children are being cared for in a manner that meets the minimal level of care required by law.
- **In-Home Services**
  - Social work case management services to address substantiated child abuse and neglect when child is able to safely reside in their home.
- **Permanency Planning *(Foster Care)***
  - Social work and legal/court case management services to address child abuse and neglect that presents a safety risk to children requiring removal from their home.
- **Adoption Services**
  - Social Work and Legal processes to ensure children served by Permanency Planning have a permanent legal caretaker, including determining adoption assistance eligibility.
- **Foster Care Financials**
  - Federal and State reimbursements to counties for the cost of care of children as eligibility law and rule allows.
- **Foster Care Licensure**
  - Licensing to ensure that all providers of Foster Care services have met administrative rules applicable for that type of care, renewed every two years.

What Has Happened since P4 Rolled Out?

- The first version of P4 rolled out to 5 counties in August 2017.
- The original rollout schedule planned for a staged roll in with all counties using the full functionality by September 2018.
- Based on initial feedback from 5 pilot counties, DHHS leadership delayed planned rollout and instead extended pilot effort to additional 6 counties in March 2018.
- During March to May 2018, DHHS leadership required an in-depth analysis of P4 functionality, which found that the 2015 business requirements created for what the system needed to do and how it needed to perform were significantly inadequate.
- In March 2018, DHHS leadership made the decision to pause rollout and worked with pilot counties and IBM on intensive redesign process, beginning with redesign of Intake and Assessment functionality.
    - Pushed IBM for improvements and managed cost of pause and redesign within existing DHHS budget.

Where Are We Now?

- The redesigned Intake and Assessment Functionality has been deployed to the 11 pilot counties and 23 additional counties.

- DHHS has continued to work with IBM and the 11 pilot counties on the redesign of all other system functionality beyond Intake and Assessment.

- The redesigned functionality for In-Home, Permanency Planning and Foster Care Financials has not yet been deployed to any counties but is in testing.

Where are We Now?

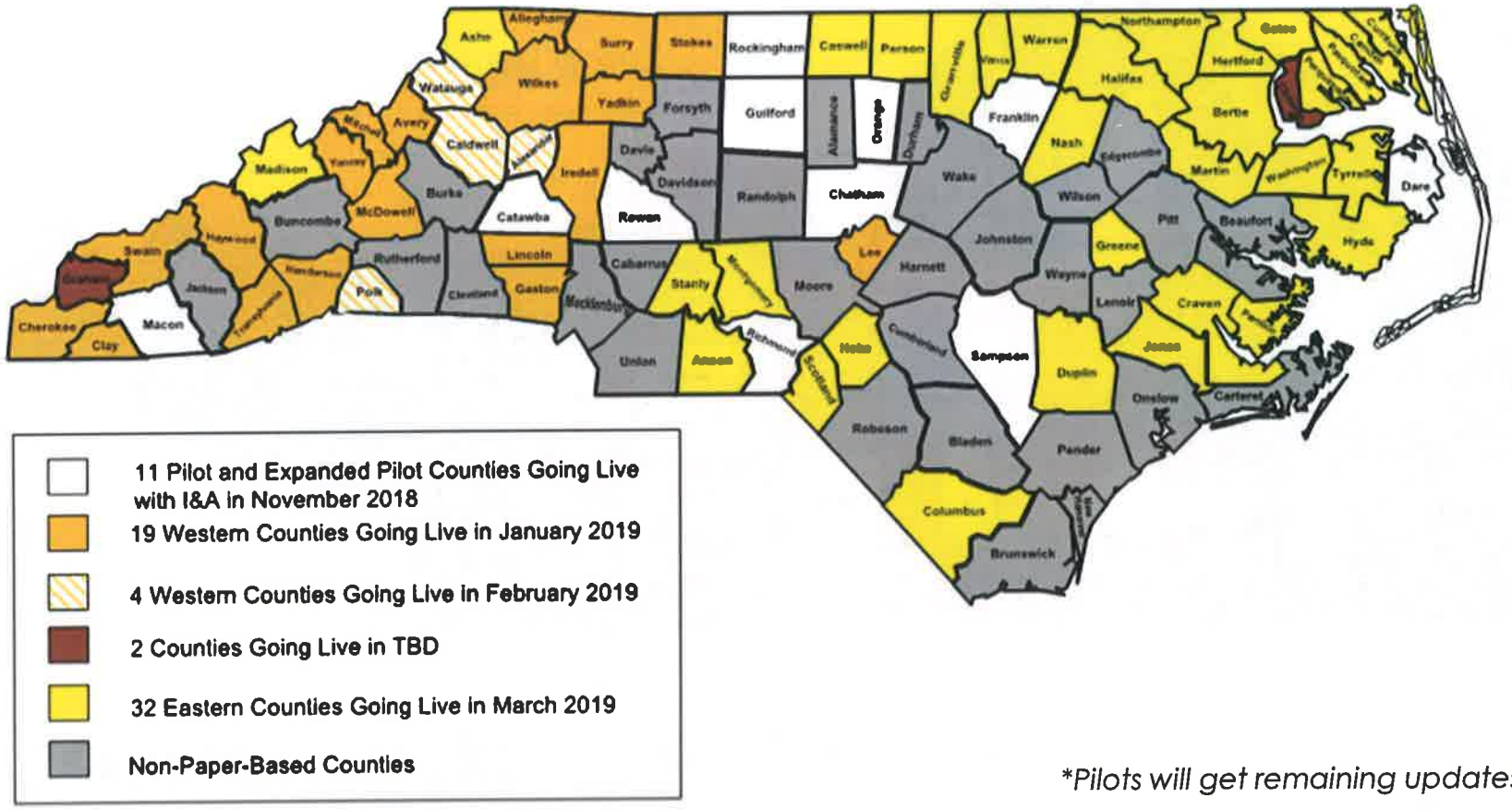
Function	11 Pilots	Additional Counties
Intake	✓	✓ 23 Counties*
Assessment	✓	✓ 23 Counties*
In-home	✓	
Permanency Planning	✓	
Adoption	✓	
Foster Care Financials	✓	
Foster Care Licensure	✓	
ICPC	✓	

*23 Counties began using Intake and Assessment in January and February

Paper Based Counties – Intake & Assessment Only

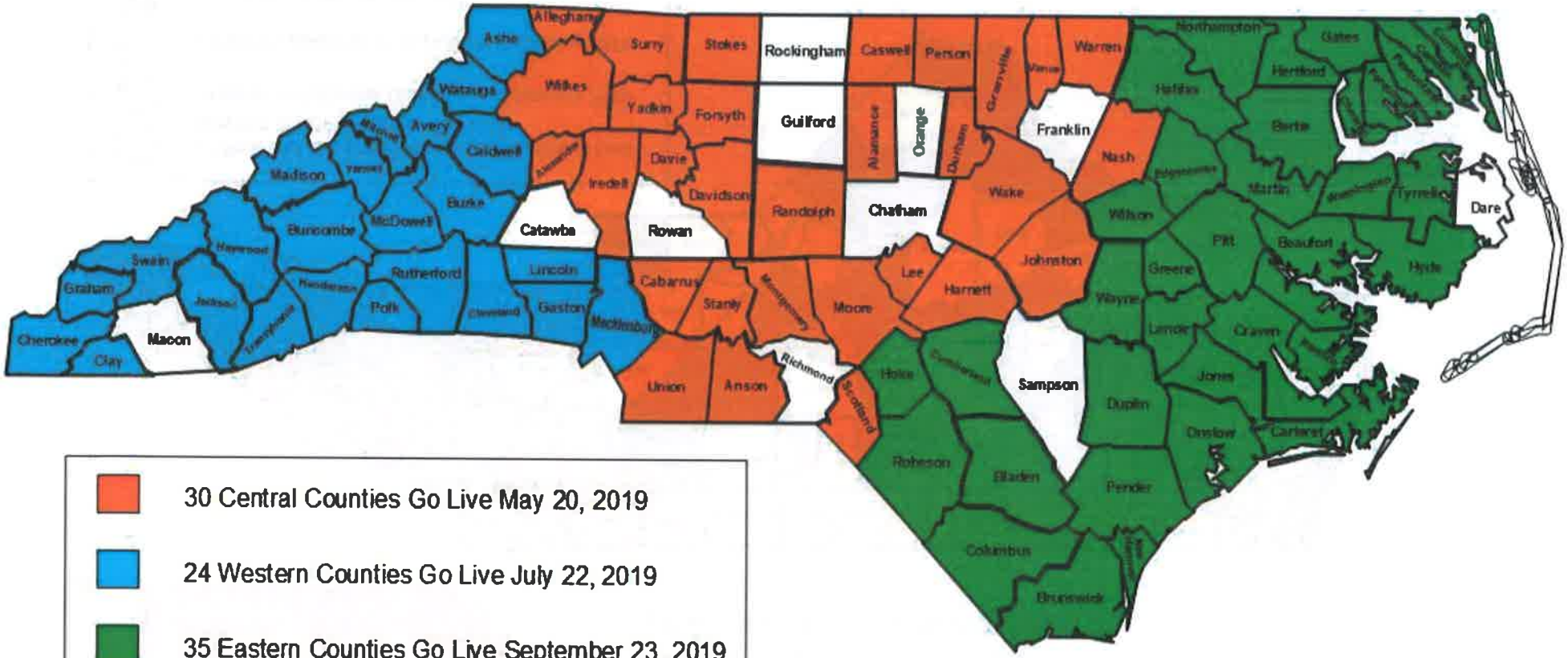
What does *Paper Based County* mean and what functionality will they Go-Live with first?

- *Paper Based* Counties do not have their own case management or document management software
- These counties will initially go-live with Intake and Assessment **only** and will continue to manage all remaining work (In-Home, Permanency Planning, Adoption, LINKS, licensure) via their legacy processes until their next go-live.



**Pilots will get remaining updates in April 2019*

All Counties – Ongoing Functionality



**Pilots will get remaining updates in April 2019*

What Has Influenced Rollout Schedule?

- **Rollout timeline for NC FAST is driven by current state-appropriated budget and existing federal law and policy, including:**
  - Federal Program Improvement Plan (PIP) goals that explicitly identify NC FAST as solution to the lack of available, reliable child welfare data.
  - Federal Comprehensive Child Welfare Information System (CCWIS) regulations 45 CFR § 1355.50 – 1355.59 that we are subject to based on the federal funding we have drawn down for the NC FAST P4 Child Welfare System.
  - Federal CMS 42 CFR § 1007.19 - Federal Financial Participation (FFP) and Centers for Medicare and Medicaid Services (CMS) Office of Management and Budget (OMB) Circular A-87 Cost Allocation Exception that we are subject to based on the federal funding we have drawn down for the NC FAST P4 Child Welfare System.
  - Federal Advance Planning Documentation Title 45 Subtitle A Part 95 Subpart F § 95.635 *Disallowance of Federal financial participation for automated systems:* regulation allow CMS and ACF to seek disallowance for the entire title IV-E/IV-B expenditures to date.
- **Rollout timeline has been delayed and adjusted numerous times based on feedback, individual county needs, and other factors (Hurricane Florence).**

Current Rollout Based on Budget and Federal Obligations

- Additional paper-based counties are scheduled to begin *with Intake and Assessment only* end of March 2019.

- The NC FAST P4 full functionality deployment is currently scheduled to be completed statewide in October 2019.

- DHHS leadership has continued to closely monitor development of remaining functionality to determine if schedule needs to be adjusted/slowed to allow for additional development.

Considerations for Next Steps

- In December 2018, The Social Services Working Group (SSWG) report made the following recommendation, which was endorsed by the North Carolina Association of County Directors of Social Services in February 2019:
  - *Recommendation 4.a: The legislature and DHHS should immediately **reexamine the plan** to use NC FAST for the aspects of the child-welfare and aging-and-adult-services programs that require case-management functionality.*
- Currently proposed legislation would indefinitely suspend future rollout of any P4 functionality to additional counties beyond the original 11 counties and rollback use of intake and assessment functionality for any additional counties added after January 1, 2019.
- DSS Directors are generally in favor of suspension of rollout and rollback recommendation.
- DHHS has not begun any development for an aging and adult services case management system and has suspended any plans to begin development.

Current Expenditures To Date and Remaining SFY 18/19

- **The current expenditures to date for Child Welfare are $92M of which $42M is state and $50M is federal.**
- **Remaining Planned expenditures are $11M of which $5M is state and 6M is federal.**

	P4 Expenditures through 1/31/19	Remaining SFY 18/19
State Employees	$ 5,964,904.38	$ 706,592
Contractors/Temporaries	$ 85,819,002.56	$ 9,778,408
Software	$ 922,336.00	
Travel	$ 41,383.04	$ 500,000
Total	$ 92,747,625.98	$ 10,985,000
Federal	$ 50,422,950.64	$ 5,654,836
State	$ 42,324,675.34	$ 5,330,164

Budget for Child Welfare

- **Planned current Child Welfare budget for SFY 19/20 is:**

	SFY 19/20
State Employees	$ 1,227,618
Contracts/Temporaries	$ 9,467,854
Software	$ 2,539,695
Travel	$ 988,048
Total	$ 14,223,215
Federal	$ 7,065,699
State	$ 7,157,516

- **In addition, 19/20 overall NC FAST budget includes $10,220,089 to move to 24x7 availability – of which $2,433,459 is state and $7,786,630 is federal.**

Cost and Other Impacts To Slowing the Rollout

ASSUMPTIONS:

- DHHS would continue the rollout of intake and assessment only to the remaining paper-based counties and then suspend all other rollouts for one year.
- DHHS would continue to make improvements to intake and assessment and deploy to pilot counties and all other counties using intake and assessment.
- DHHS would continue to make improvements to all other P4 functionality and deploy to pilot counties.
- All rollout/implementation efforts would be completed by June 30, 2021.

COSTS/IMPACTS:

- Each additional month of slowed rollout costs approximately $1.5M in State funds to extend contracted resources.
- Additional time would allow for further development and more training and onsite readiness support.

Cost and Other Impacts to Suspend

ASSUMPTIONS:

- 11 pilot counties continue to use P4.
- 23 counties currently using Intake and Assessment will stop using it and go back to a fully paper-based system.
- DHHS will continue to develop system, and deploy improvements to 11 pilot counties.

COSTS/IMPACTS:

- An indefinite suspension of P4 rollout could trigger payback if federal partners determine NC is not planning to continue rollout within a timeframe they deem acceptable.
- NC will be out of compliance with Federal Performance Improvement Plan (PIP) requirements, which could result in $750,000 penalty if plan is not amended immediately.
- Resuming rollout after suspension will require an additional $2.1M in State funds for rehiring and retraining contractors.
- Converting the 23 counties that are currently only using Intake and Assessment will require $24,000 in State funds and also require counties to do manual conversions.
- Once rollout resumes, it will cost an additional $3.8M in State funds to re-implement Intake and Assessment for the 23 paper-based counties.

Cost and Other Impacts to Discontinue

- A decision to discontinue the use of P4 Child Welfare may result in federal penalties/paybacks of approximately $52M.
- If NC discontinues use of P4, we will need to rely on old child welfare legacy systems that have reached end of life and will need to be replaced.
- Costs for procuring and implementing a new system are not known at this time, but will likely match or exceed expenditures on P4.
- Moving to a new system will take multiple years for procurement, development, and deployment.
- Until state level child welfare data is available, the state will not be able to adequately demonstrate or know if children are consistently being protected from immediate safety or ongoing harm or meet federal performance indicators.

Finding Solutions

- DHHS is committed to working with the General Assembly and DSS Directors to find a workable solution, given the current realities.

- DHHS is committed to prioritizing the important reform work needed to improve our child welfare system so that it protects the safety, security and well-being of children.

- Our shared goal is that all children get a healthy start and develop to their full potential in safe and nurturing families, schools and communities.

Senate Pages Attending

COMMITTEE: J.A. on Health & Hum. Serv. **ROOM:** 643

DATE: 3-19 **TIME:** 8:30

PLEASE PRINT LEGIBLY....*or else!!!!!*

Page Name	Hometown	Sponsoring Senator
1. Sarah Neer	Edenton	Smith
2. Noah Purgason	Stoneville	Berger
3.		
4.		
5.		
6.		
7.		
8.		

Notes: Present this form to either the Committee Clerk at the meeting or to the Sgt-at-Arms.

NCGA

NORTH CAROLINA GENERAL ASSEMBLY

Joint Appropriations,

Health and Human Services

March 19, 2019

Room 643, LOB

8:30 AM

House Sergeant at Arms:

REX FOSTER

TERRY MCCRAW

JIM MORAN

Senate Sergeant at Arms:

EDDIE BROUGHTON

JIM HAMILTON

Joint Appropriations, Health and Human Services

March 19, 2019 – Room 643 LOB – 8:30 AM

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Joe Arbona	NCVA, CA, WTRY & ATW
JASON HOLMES	NUCOR STEEL
MICHAEL KUJAN	PROGRESS RAIL
Fred Bone	Bone Assoc.
Zane Stilwell	TSG
Ashley Parker	Parker Law
Ken Melton	K. M A.
Leah Bovens	NCHA
Ben Popkin	Popkin Strategies

Joint Appropriations, Health and Human Services

March 19, 2019 – Room 643 LOB – 8:30 AM

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Nancy Coleman	Orange County
Crystal Mitchell	Orange Co DSS
Steve Metcalf	DSS Directors –
Kay Castillo	NASW NC
Wes Stowman	Pender DSS
Kristy Preston	Surry DSS
Kim Harrell	Yadkin Co. DSS
Heather Skeens	Guilford DSS
Felissa Ferrell	Rockingham Co HHS
Malasia McClendon	senate Intern
Spencer Kan	NCACDSS
Michelle Lewis	NAMI NC
Josh Lucas	CSH
Padraig Gibbons	Connect C
CS Hollis	CSH
	PAHL
Carl Hollowell	Aberdeen & Rockfish RR
Michelle Hollowell	Railway Assoc. of NC

Joint Appropriations, Health and Human Services

March 19, 2019 – Room 643 LOB – 8:30 AM

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Michelle Frazier	NP
John Bode	B&H
Kara Weisenhorn	SA
[illegible] Johnson	NCAEC
Kory Kiger	NCRMA
Elizabeth Robinson	NCRMA
Annie Jarrell	FL
Sarah McMillan	KCANC
Sallie James	Governor's Office
Dana Gillooly	OSBM
Chip Baggett	NCMS
Marilyn Amidon	CHS
Sarah Grimsrud	OSBM
B Young	OSA
[illegible]	NCMS
Andy Ellen	NCMS
ASIA Skyers	Senate Intern

Joint Appropriations, Health and Human Services

March 19, 2019 – Room 643 LOB – 8:30 AM

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Dodie Reifer	Nelson Mullins
Suzanne Bradley	SEANC
Matt Dr. McConnell	Atrium Health
Rob Lamm	PLA
Christine Craig	Wake Med
John Hartzell	NFB

Senate Committee on Appropriations on Health and Human Services
Thursday, March 21, 2019 at 8:30 AM
Room 643 of the Legislative Office Building

MINUTES

The Senate Committee on Appropriations on Health and Human Services met at 8:30 AM on March 21, 2019 in Room 643 of the Legislative Office Building. Five members were present.

Senator Joyce Krawiec, Chair, presided.

Sen. Krawiec welcomed everyone and acknowledged the Sergeant of Arms and pages. Harrison Burnette from Shelby and Wyatt Sullivan from Raleigh served as pages.

Division of Aging and Adult Services Overview and Base Budget Review
Sen. Krawiec introduced Jessica T. Meed from Fiscal Research Division to present this review. Questions from the members were responded to by Ms. Meed, Joyce Massey Smith, Director of Aging and Adult Services for the Department of Health and Human Services (DHHS), and Deborah Landry from Fiscal Research.

Adult Protective Services and Guardianship
Sen. Krawiec introduced Tara Myers, Deputy Secretary Human Services, DHHS. Questions from the members were responded to by Ms. Myers, Steve Owen from Fiscal Research, and Joyce Massey Smith from DHHS.

The meeting adjourned at 9:39 AM.

Senator Joyce Krawiec, Chair
Presiding

Debbie Lown, Committee Clerk

AGENDA
JOINT HOUSE AND SENATE APPROPRIATIONS COMMITTEES ON HEALTH AND HUMAN SERVICES

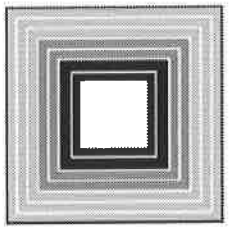
March 21, 2019 8:30 a.m.
Legislative Office Building - Room 643

Committee Co-Chairs
Rep. Greg Murphy
Rep. Larry Potts
Rep. Donna White
Sen. Dan Bishop
Sen. Joyce Krawiec

Committee Vice Chairs
Rep. William Brisson
Rep. Josh Dobson
Rep. Donny Lambeth

Committee Members
Rep. Mary Belk
Rep. MaryAnn Black
Rep. Dana Bumgardner
Rep. Carla D. Cunningham
Rep. Jean Farmer-Butterfield
Rep. Verla Insko
Rep. Steve Jarvis
Rep. Raymond Smith, Jr.
Rep. Evelyn Terry
[illegible]n Burgin
[illegible]alph Hise
Sen. Paul Lowe
Sen. Floyd McKissick, Jr.
Sen. Jim Perry
Sen. Gladys Robinson
Sen. Terry Van Duyn

I.	**Welcome and Opening Remarks**	Sen. Krawiec, Presiding Co-Chair
II.	**Division of Aging and Adult Services Overview and Base Budget Review**	Jessica T. Meed, Fiscal Research Division
III.	**Adult Protective Services and Guardianship**	Tara Myers, Deputy Secretary Human Services, Department of Health and Human Services
IV.	**Adjourn**	



FISCAL RESEARCH DIVISION

A Staff Agency of the North Carolina General Assembly

Division of Aging and Adult Services

Joint House and Senate Appropriations Committees on Health and Human Services

March 21, 2019

Jessica T. Meed

Topics

- Background
- Overview
- Budget
- Significant Legislative Actions
- Programs and Services
- Questions

Background

- Over the next two decades, the 65 and over population is projected to increase from 1.6 to 2.6 million.

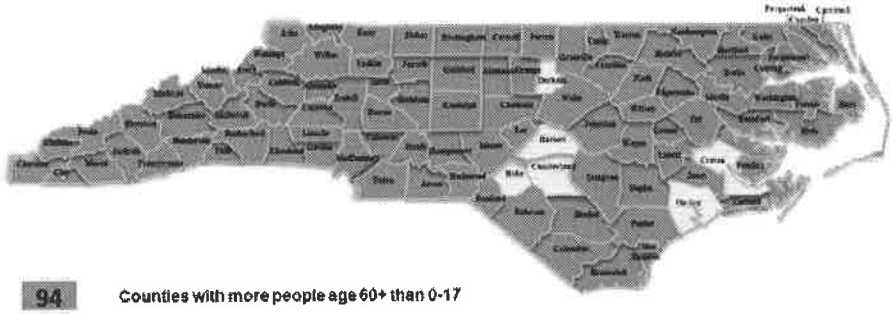
- Projections also anticipate a 111% growth in the population of individuals 85 and over.

78 Counties with more people age 60+ than 0-17

22 Counties with more people age 0-17 than 60+

Source: NC State Office of State Budget and Management/ facts-figures, Certified county estimates and projections, 2017, 2037

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES JAN, 2018



94 Counties with more people age 60+ than 0-17

6 Counties with more people age 0-17 than 60+

Source: NC State Office of State Budget and Management/ facts-figures, Certified county estimates and projections, 2017, 2037

NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES JAN, 2018

DHHS State Aging Profile

Division of Aging and Adult Services (DAAS)

- Provides/supervises services for the elderly and for disabled adults.
- Programs:
  - Home and Community Care Block Grant (HCCBG)
  - Long Term Care (LTC) Ombudsman Program
  - State/County Special Assistance
  - Adult Protective Services and Guardianship
  - Targeted & Key Rental Assistance
  - Caregiver Support

Division of Aging and Adult Services (DAAS)

- Supported by federal, State, and county funds.
- Some programs budgets are split between Division of Aging and Adult Services and Division of Social Services.
- County boards of social services and commissioners responsible for delivery of many services.

Recommended DAAS Base Budget

14411-DHHS - Aging and Adult Services

	2017-18	2018-19	2018-19	2017-18	2017-18	2018-19	2018-19
PERSONAL SERVICES	$5,452,529	$6,547,041	$6,486,433	$0	$6,486,433	$0	$6,486,433
PURCHASED SERVICES	$2,007,718	$1,953,564	$1,953,290	$0	$1,953,290	$0	$1,953,290
SUPPLIES	$30,491	$34,234	$35,212	$0	$35,212	$0	$35,212
PROPERTY, PLANT & EQUIPMENT	$34,120	$55,383	$53,042	$0	$53,042	$0	$53,042
OTHER EXPENSES & ADJUSTMENTS	$167,800	$58,235	$163,178	$0	$163,178	$0	$163,178
AID & PUBLIC ASSISTANCE	$101,733,369	$101,794,474	$108,632,369	($2,207,432)	$106,424,937	($2,207,432)	$106,424,937
RESERVES	($1)	$89,369	$61,985	($6,005)	$55,980	($6,005)	$55,980
INTRAGOVERNMENTAL TRANSACTIONS	$778,902	$150,812	$150,812	$0	$150,812	$0	$150,812
Total Requirements	**$110,204,927**	**$110,683,112**	**$117,536,321**	**($2,213,437)**	**$115,322,884**	**($2,213,437)**	**$115,322,884**
Receipts							
GRANTS	$9,805,095	$10,048,725	$10,446,872	($107,728)	$10,339,144	($107,728)	$10,339,144
SALES, SERVICE, & RENTALS	$0	$100	$100	$0	$100	$0	$100
FEES, LICENSES, & FINES	$26,657	$45,000	$40,000	$0	$40,000	$0	$40,000
CONTRIBUTIONS & DONATIONS	$85,600	$90,000	$90,000	$0	$90,000	$0	$90,000
MISCELLANEOUS	$150,582	$44,929	$150,072	$0	$150,072	$0	$150,072
INTRAGOVERNMENTAL TRANSACTIONS	$382,857	$0	$0	$0	$0	$0	$0
INTRAGOVERNMENTAL TRANSACTIONS (Federal)	$53,428,002	$53,282,205	$59,668,120	$0	$59,668,120	$0	$59,668,120
Total Receipts	$63,878,793	$63,510,959	$70,395,164	($107,728)	$70,287,436	($107,728)	$70,287,436
Net Appropriation	**$46,326,134**	**$47,172,153**	**$47,141,157**	**($2,105,709)**	**$45,035,448**	**($2,105,709)**	**$45,035,448**

FTE

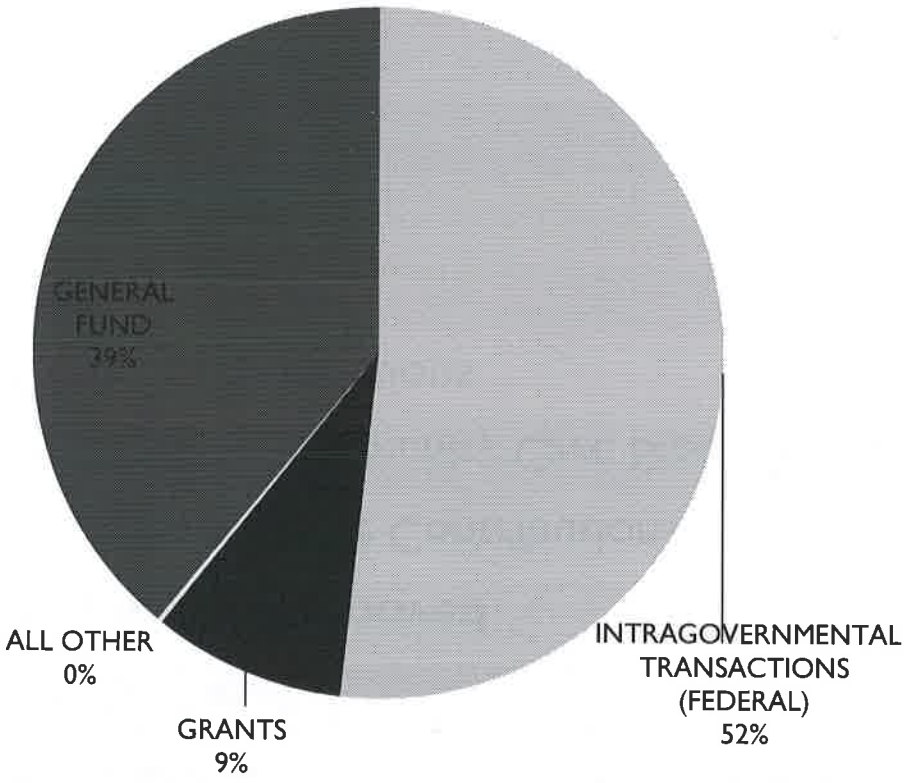
Acct Code	Account Title	Actual 2017-18	Certified 2018-19	Authorized 2018-19	Incr/Decr 2017-18	Total 2017-18	Incr/Decr 2018-19	Total 2018-19
531211	SPA-REG SALARIES-APPRO	15.700	15.700	15.700	0.000	15.700	0.000	15.700
531212	SPA-REG SALARIES-RECPT	11.300	12.300	12.300	0.000	12.300	0.000	12.300
531213	SPA-REG SALARIES-UNDESIG	47.000	47.000	47.000	0.000	47.000	0.000	47.000
531222	SPA TIME LIMITED SAL-REC	2.000	2.000	2.000	0.000	2.000	0.000	2.000
531223	SPA TIME LIMITED SAL-UNDE	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Total FTE		**76.000**	**77.000**	**77.000**	**0.000**	**77.000**	**0.000**	**77.000**

Increase/Decrease Detail

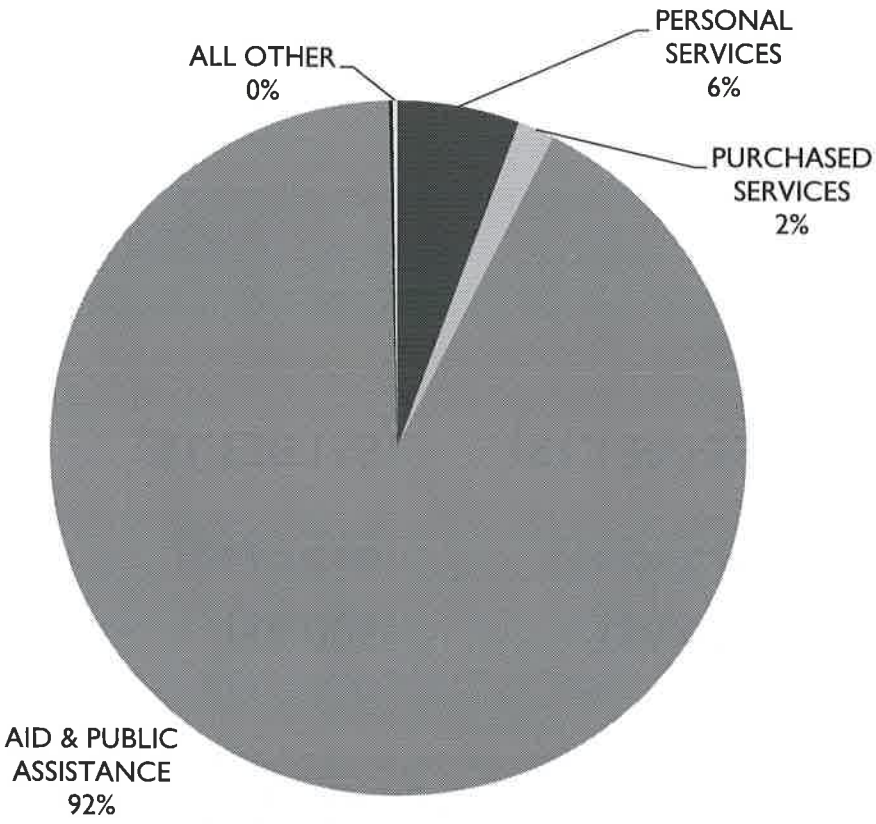
	FY 2019-20	FY 2020-21
NR Items Removed		
State Retirement Contributions	($6,005)	($6,005)
Home and Community Care Block Grant	($969,549)	($969,549)
Direct Appropriations	($1,130,155)	($1,130,155)
Total	**($2,105,709)**	**($2,105,709)**

DAAS FY 2019-21 Base Budget Expenditures and Funding Sources

Funding Sources



Expenditures



2017-2018 Significant Budget Actions

S.L. 2017-57, Appropriations Act of 2017

	FY 2017-18		FY 2018-19	
Home and Community Care Block Grant	$969,549	NR	$969,549	NR
Guardianship Contract – Budgets $605,101 of Social Services Block Grant and provides a 15% increase in rate paid to providers of corporate guardianship services.				

2018-2019 Significant Budget Actions

S.L. 2018-5: Appropriations Act of 2018

	FY 2018-19	
Home and Community Care Block Grant (HCCBG) - Congregate Nutrition Expansion	$166,667	R
HCCBG Expansion – Community Based Services and Supports	$944,444	R
Adult Protective Services and Guardianship - Social Work Planner/ Evaluator	$81,758	R

Funding listed above is budgeted from federal block grant funds and a 10% local match for HCCBG items.

Significant Legislative Actions

S.L. 2017-57: Appropriations Act of 2017,

Sec. 11D.1, State-County Special Assistance, Sets the FY 2017-19 biennial State-County Special Assistance rates for adult care home residents at $1,182 per month per resident and at $1,515 per month per resident for special care units.

Sec. 11D.1A, Authorizes the Secretary of DHHS to waive the 15% cap on the number of Special Assistance in-home payments.

Sec. 11D.3, Recommendation to appoint a Subcommittee on Aging.

Significant Legislative Actions

S.L. 2018-5: Appropriations Act of 2018,

Sec. 11D.1, Plan for Allowing the Eastern Band of Cherokee Indians to Assume Responsibility for Administering the Home and Community Care Block Grant.

Programs and Services

Area Agencies on Aging

- Area Agencies on Aging (AAAs) are offices established through the Older Americans Act that facilitate and support programs addressing the needs of older adults in a defined geographic region.
- North Carolina has 16 AAAs located within regional Councils of Government.
- Function in five basic areas:
  - Advocacy,
  - Planning,
  - Program and resource development,
  - Information brokerage,
  - Funds administration quality assurance.
- AAAs contract with and monitor nearly 350 HCCBG community service providers.

Source: DHHS, Aging in North Carolina, Presentation to the Joint Legislative Committee on Health and Human Services – Aging Subcommittee, November 17, 2017

Home and Community Care Block Grant

- General Assembly established Home and Community Care Block Grant (HCCBG) in 1992.
- Combines federal Older Americans Act, federal Social Services Block Grant, and State Appropriations.
- Counties receive an allocation based on an intrastate funding formula. Counties are required to provide 10% of HCCBG funds.
- Locally controlled, Boards of County Commissioners:
  - Determine services to be provided.
  - Establish funding level for each service.
  - Identify community service providers for each service.

Source: Home and Community Care Block Grant Procedures Manual for Community Service Providers

Home and Community Care Block Grant: Available Services

- Congregate Nutrition
- Home Delivered Meals
- Information and Options Counseling
- Transportation
- Care Management
- Skilled Home (Health) Care
- Overnight Respite
- Adult Day Care
- Adult Day Health Care
- Housing and Home Improvement
- Health Screening
- Mental Health Counseling
- Health Promotion/Disease Prevention
- Senior Center Operations
- Senior Companion
- Institutional Respite Care
- Group Respite
- Volunteer Program Development
- In-Home Aide (levels I-IV)

Home and Community Care Block Grant: Eligibility

- Individuals eligible for HCCBG services include persons 60 years of age and older.
- Unpaid primary caregivers may also be eligible for some services.
- Generally eligibility is based on the functional needs of the individual (ADL and IADL).
  - ADL– Activities of Daily Living refer to such self-care activities as eating, bathing, dressing, toileting, ambulating, and transferring into or out of a chair or bed.
  - IADL – Instrumental Activities of Daily Living include such tasks as preparing meals, shopping, managing medications, paying bills, using a telephone, doing housework, etc.

Source: https://www.ncdhhs.gov/daas-monitoring-service-standards

Home and Community Care Block Grant

	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Total Served	62,835	61,406	59,558	59,729	57,520	57,915	57,915
Waiting List	7,109	7,653	9,148	9,675	10,303	10,605	10,605
Requirements	$63,906,275	$61,757,384	$62,385,593	$63,389,725	$63,065,595	$64,000,806	$69,230,359
Federal	$23,919,280	$25,623,522	$23,840,595	$23,946,092	$23,800,852	$24,623,508	$29,353,400
Local Match	$6,097,020	$5,713,876	$6,114,841	$6,128,381	$6,077,346	$6,140,086	$6,639,747
Program Income	$2,146,075	$1,857,400	$ 1,683,236	$1,745,000	$1,704,856	$1,745,992	$1,745,992
General Fund	$31,744,430	$31,597,827	$ 30,405,454	$31,482,541	$31,482,541	$31,491,220	$31,491,220

- Between FY 2016-17 and FY 2017-18, almost 400 more individuals were served through the HCCBG, however the wait list also increased by over 300.
- Top 4 Services: In-Home Aide, Home Delivered Meals, Congregate Nutrition, and Transportation.

Source: Division of Aging and Adult Services. Note: waitlists are point in time estimate.

Caregiver Support

- NC's Alzheimer's Strategic Plan.
- Project C.A.R.E. (Caregiver Alternative to Running on Empty) -state funded, dementia specific support program for individuals who directly care for loved ones with Alzheimer's disease or related dementias.
- Family Caregiver Support:
  - A caregiver providing care for an older adult age 60 or older or providing care for a person with Alzheimer's disease or related brain disorder.
  - A caregiver (who is not the birth or adoptive parent), age 55 or older, raising a related child age 18 and under or an adult with a disability.

Key Rental Assistance Program

- In coordination with the North Carolina Housing Finance Administration.
- Individuals must be disabled and have income below 50% of area median income with a minimum gross income of $300/month.
- Participants pay no more than 25-30% of income toward rent; Key assistance pays difference between that amount and the payment standard.

FY 2019-21 Base Budget	
Requirements	$6,976,189
Receipts	$74,607
General Fund	$6,901,582

DHHS, JOINT LEGISLATIVE COMMITTEE ON HEALTH AND HUMAN SERVICES –AGING SUBCOMMITTEE | NOV. 17, 2017; FY 2018-19 BD-307

Long Term Care Ombudsman

- Long Term Care (LTC) Ombudsmen assist residents of long term care facilities in exercising their rights and attempt to resolve grievances between residents, families, and facilities.
- LTC Ombudsman Program for FY 2018:
  - Number of complaints: 4,350
  - % of complaints handled to complainants satisfaction: 61%
  - Consultations to individuals: 5,785
  - Consultations to facilities: 2,747
  - Training sessions to LTC staff: 313

FY 2019-21 Base Budget	
Requirements	$4,188,308
Receipts	$2,765,749
General Fund	$1,089,195

DAAS;https://files.nc.gov/ncdhhs/2017-Ombudsman-AnnualReport.PDF

Special Assistance (SA)

Total budget for program FY 2018-19 Certified Budget:

- *$0.7 million for administration in Division of Aging and Adult Services.*
- *$129.2 million in Division of Social Services.*
- Serves low-income adults who need or are at risk of needing a residential facility.
- Two programs administered by local governments:
  - Special Assistance (SA).
  - Special Assistance In-Home Program for Adults (SA/IH).
- Funding split 50/50 between state and county.

FY 2019-21 Base Budget	
Requirements	$730,200
Receipts	$404,507
General Fund	$325,693

SA: Comparing the Programs

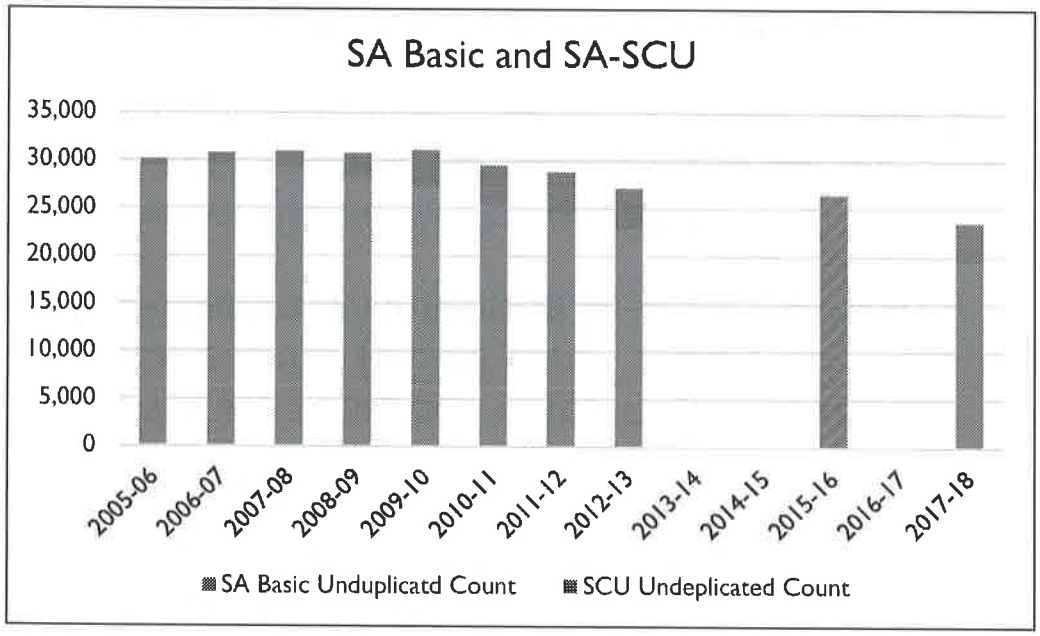
Special Assistance (SA)

- Cash supplement to help pay for room and board in residential facilities.
- Higher rate for recipients in special care units (SCU) for Alzheimer/dementia.
- Federally authorized - State entitlement (Optional State Supplement).
- Recipients automatically Medicaid eligible.
- Income ≤ maximum supplement rate.

Special Assistance In-Home (SA/IH)

- Cash supplement to individuals at risk of entering a residential facility.
- One rate for all recipients.
- State and county funded.
- Must first qualify for Medicaid.
- Income ≤ 100% Federal Poverty Level.

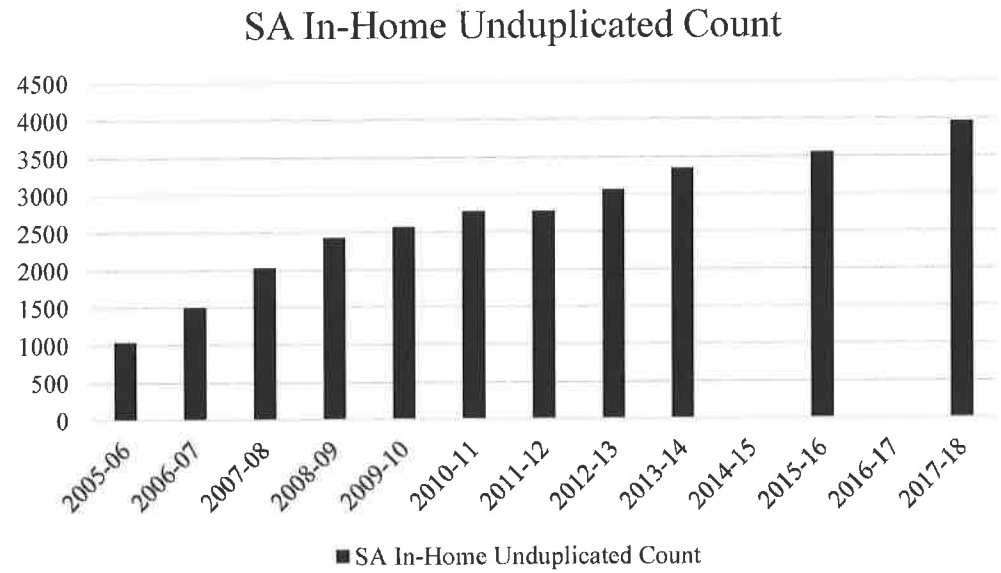
SA: Trends in Number of Recipients



- Decrease in total number of Adult Care Facility residents receiving SA.
- Increase in the number of SCU.
- Correlates with:
  - Increase focus on community-based services.
  - Decrease in eligibility thresholds relative to inflation.

* Note 1: All cases converted to NC FAST 12/14 and one-third back to Legacy System until 3/15 - reliable numbers unavailable.
**Note 2: Combined Basic and SCU (used available NC FAST reports).
***Note 3: The source for data was the monthly NC FAST "SA_and_SA-IH_Case_Summary_Details" report. Data is not available for parts of FY 2017.
North Carolina Department of Health and Human Services, *Plan for Long-Term Solution for Adequate Reimbursement to Facilities Serving Recipients of State-County Special Assistance (NCDHHS 2017), 15; DHHS communications*

SA/IH: Trends in Number of Recipients



- Increase in number of recipients of SA/IH.
- Correlates with:
  - Preference for community-based services.
  - Expansion of SA/IH Program.

* Note 1: All cases converted to NC FAST 12/14 and one-third back to Legacy System until 3/15 - reliable numbers unavailable.
**Note 2: Combined Basic and SCU (used available NC FAST reports).
***Note 3:The source for data was the monthly NC FAST "SA_and_SA-IH_Case_Summary_Details" report. Data is not available for parts of FY 2017.
North Carolina Department of Health and Human Services, *Plan for Long-Term Solution for Adequate Reimbursement to Facilities Serving Recipients of State-County Special Assistance (NCDHHS 2017), 15*

Adult Protective Services and Guardianship

Total budget for program in FY 2018-19 Certified Budget:

- ***$5.2 million in Division of Aging and Adult Services***
- ***$39.1 million in Division of Social Services***
- *Adult Protective Services*: Receives and evaluates reports to determine whether disabled adults are in need of protective services.
- Guardianship Services: Provided to individuals who are alleged to be incompetent or adjudicated incompetent by the court.
- SL 2018-5 adds 1 state FTE to support work of county staff.

FY 2019-21 Base Budget	
Requirements	$5,204,573
Receipts	$4,660,359
General Fund	$544,214

https://www.ncdhhs.gov/assistance/adult-services/adult-protective-services
https://www.ncdhhs.gov/assistance/guardianship/guardianship-alternatives-to-guardianship

Questions

Fiscal Research Division
919-733-4910

Jessica T. Meed– Jessica.Meed@ncleg.net
Health and Human Services

JOINT APPROPRIATIONS COMMITTEE
ON HEALTH AND HUMAN SERVICES

Adult Guardianship and Protective Services

Tara Myers
Department of Health and Human Services

March 21, 2019

Adult Protective Services (APS)

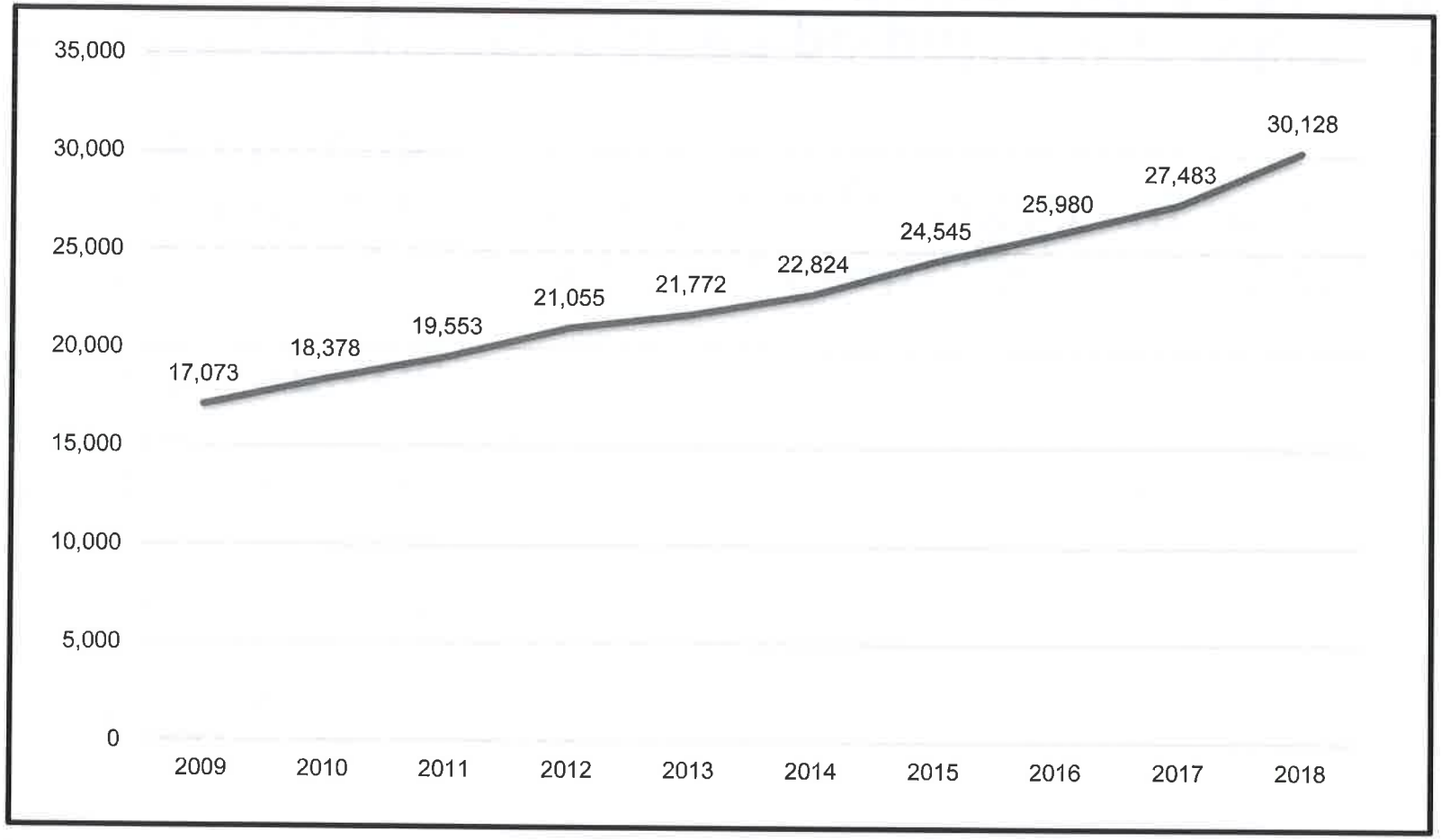
Provides for protection of vulnerable adults through NCGS, Article 6, 108A

- County DSS social workers:
  - Receive reports of alleged abuse, neglect, and/or exploitation of vulnerable adults age 18 and over
  - Evaluate reports with face-to-face visits with the individual, contacts and with others knowledgeable of the situation
  - Provide or arrange protective services (home/community based or residential settings)

Adults Reported as Mistreated SFY 2017-18

- 64% self-neglect
- 24% caretaker neglect
- 4% caretaker abuse
- 73% age 60 or older
- 86% lived in community settings, while 14% lived in long-term care settings, shelters, or other institutions
- Most frequently named perpetrator is adult child, followed by spouse, non-relative caregivers, and other relatives

Adult Protective Services Reports (2009-2018)



✓ Source: NC DAAS APS Annual Survey 2018

Trends and Issues in APS

- Research shows incidents of maltreatment are under-reported – some studies suggest that less than 1 in 24 cases are reported
- Many adults are afraid to report – concerned about losing their family support or being moved from their home
- Working with adults to accept protective services is a challenge for local staff as many fear losing their independence
- Work within Division of Aging and Adult Services to include inter-county collaboration and focus on service delivery barriers

Adult Guardianship

If an adult is determined incompetent by the clerk of superior court and family members or a corporation chartered to provide guardianship services is not available, then the county DSS Director is appointed guardian

Adults need guardians when:

- Limitations such as cognitive impairments, intellectual and developmental disabilities, traumatic brain injuries, physical illness, substance use issues, or serious and persistent mental illness prevent them from being able to make and communicate decisions regarding their person and finances

When the DSS Director is guardian:

- DSS social workers ensure that housing, medical treatments, community services and supports are provided or arranged for individuals they serve

Public Guardianship

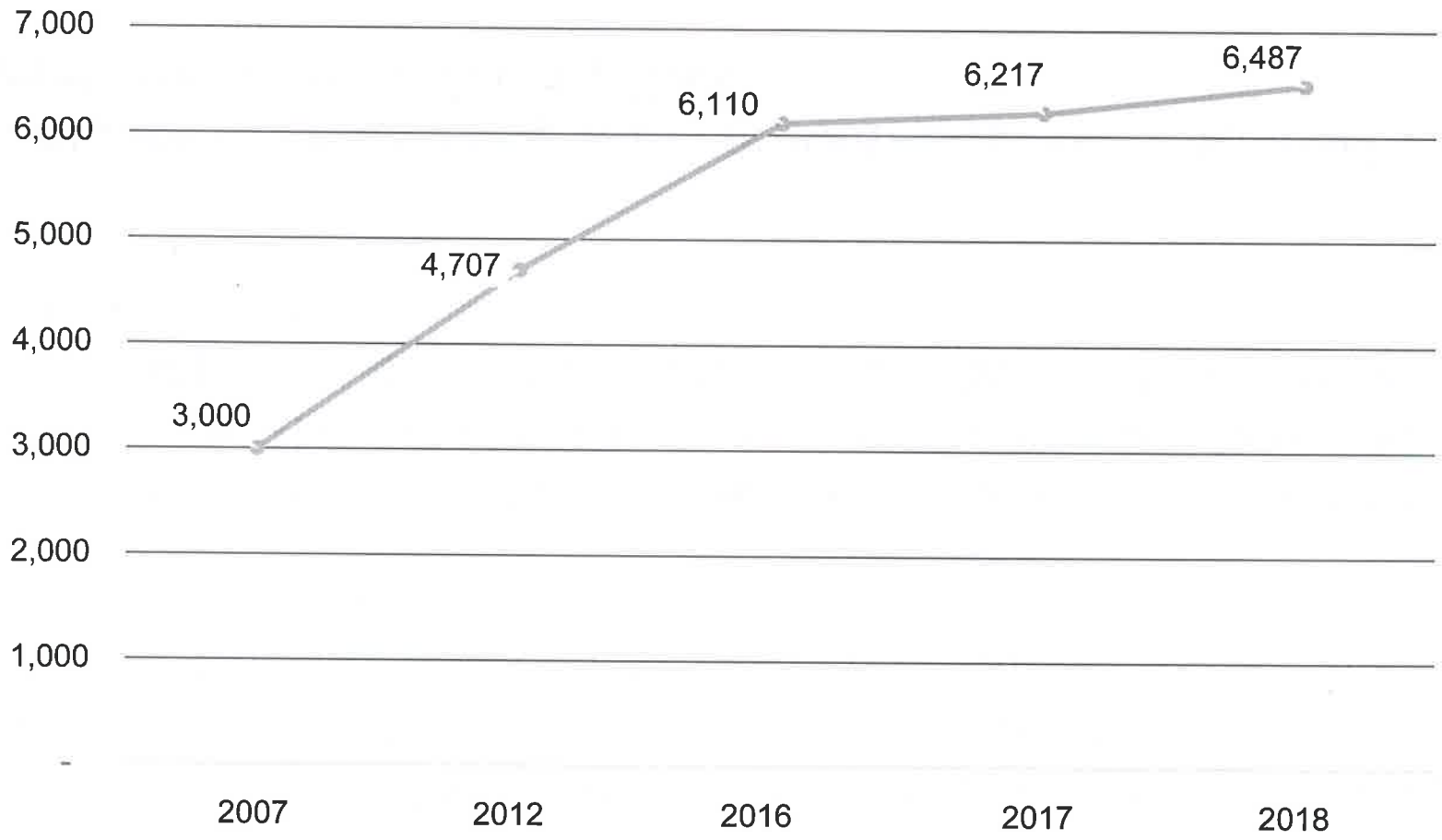
- As a result of legislation in 2013, the mental health system was removed as a disinterested public agent guardian (DPAG), along with health departments and county aging programs

- Adults under guardianship in those programs were transferred to County DSS as the only DPAG. To lessen the impact, DAAS entered into contracts with corporations to serve 1,365 individuals on a temporary basis

- The practice of contracting with corporations has continued due to growing pressures on County DSS

- Recommend DHHS be directed to conduct a feasibility study for transferring cases from DHHS to counties

Growth in Adult Public Guardianship Services (2007-2018)



Does not include adults served through contracts with county DSSs
Source: Division of Aging and Adult Services Guardianship Database

Trends and Issues in Public Guardianship

- DSS serving more younger adults with serious mental illness and substance use issues
- DSS using county dollars to provide for unmet services needs such as housing, out of home placement, food, and medications
- Growing national, state and local concern that guardianship is used inappropriately in cases where mental illness and substance use are involved and less restrictive alternatives such as supported decision making, representative payees, or advance directives are available
- The public often doesn't understand the purpose of guardianship and its benefits and pitfalls
- Barriers to inter-agency movement of clients and information sharing

Coordinated Efforts Directed Towards Adult Protective Services (APS) and Guardianship

- Envisioning Sessions
- Recommendations from the Social Services Regional Supervision and Collaboration Working Group (SSWG)
- Training on signs and symptoms of maltreatment
- Community education and outreach

Senate Pages Attending

COMMITTEE: J.A. on Health & H. Serv. **ROOM:** 0423

DATE: 3/21 **TIME:** 8:30

PLEASE PRINT LEGIBLY....*or else!!!!!*

Page Name	Hometown	Sponsoring Senator
1. Harrison Burnette	Shelby	T. Alexander
Wyatt Sullivan	Raleigh	Sanderson
3.		
4.		
5.		
6.		
7.		
8.		

es: Present this form to either the Committee Clerk at the meeting or to the Sgt-at-Arms.

NCGA

NORTH CAROLINA GENERAL ASSEMBLY

Joint Committee on Appropriations
Health and Human Services

March 21, 2019

Room 643 LOB

8:30 AM

Senate Sergeant at Arms:

Terry Edmondson

Chris Moore

House Sergeant at Arms:

Terry McCraw

James Moran

~~**Russell Salisbury**~~

RGK Foster

Joint Committee On Appropriations Health and Human Services

March 21, 2019 – Room 643 LOB – 8:30 AM

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
Robin Currie RLA	
Sarah McQuillan	KGANC
Kay Kiger	NCMA
Elizabeth Robinson	NCMA
Andy Ellen	NCBA
Kara Weisbaar	SA
B [illegible]	[illegible]
Doug Mistrot	PSG
Ken Wright	NC DOR

Joint Committee On Appropriations Health and Human Services

March 21, 2019 – Room 643 LOB – 8:30 AM

PLEASE SIGN IN BELOW

NAME	FIRM OR AGENCY
John Nash	The Arc of NC
[illegible]	NAMI
Jodi Lance	CSH
Mary Bu[illegible]	NC COA
Ken McHan	KMA
[illegible] Perkins	Parkinson Fund
Ken Barnes	BPE

Senate Committee on Appropriations on Health and Human Services
Wednesday, March 27, 2019 at 8:30 AM
Room 643 of the Legislative Office Building

MINUTES

The Senate Committee on Appropriations on Health and Human Services met at 8:30 AM on March 27, 2019 in Room 643 of the Legislative Office Building. Five Senate members were present.

Senator Joyce Krawiec, Chair, presided.

Sen. Krawiec welcomed everyone and acknowledged the Sergeant of Arms. John Hollowell from Raleigh served as page.

Division of Health Service Regulation

Sen. Krawiec introduced Jessica T. Meed from the Fiscal Research Division to present this review. Questions from the members were responded to by Ms. Meed and Mark Payne, the Director for the Division of Health Service Regulation.

Division Mental Health Developmental Disabilities and Substance Abuse Services – Administration and Community Services Program and Base Budget Overview

Sen. Krawiec introduced Steve Owen from the Fiscal Research Division and Kody Kinsley, the Deputy Secretary Behavioral Health and Intellectual and Developmental Disabilities. Mr. Kinsley and Mr. Owen tag teamed the presentation. Questions from the members were responded to by: Mr. Owen, Mr. Kinsley, Dave Richard the Dep. Secretary for NC Medicaid, and Deborah Landry from the Fiscal Research Division.

The meeting adjourned at 9:55 AM.

Senator Joyce Krawiec, Chair
Presiding

Debbie Lown, Committee Clerk

AGENDA
JOINT HOUSE AND SENATE APPROPRIATIONS COMMITTEES ON HEALTH AND HUMAN SERVICES

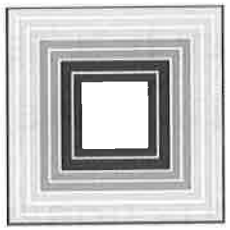
March 27, 2019 8:30 a.m.
Legislative Office Building - Room 643

Committee Co-Chairs
Rep. Greg Murphy
Rep. Larry Potts
Rep. Donna White
Sen. Dan Bishop
Sen. Joyce Krawiec

Committee Vice Chairs
Rep. William Brisson
Rep. Josh Dobson
Rep. Donny Lambeth

Committee Members
Rep. Mary Belk
Rep. MaryAnn Black
Rep. Dana Bumgardner
Rep. Carla D. Cunningham
Rep. Jean Farmer-Butterfield
Rep. Verla Insko
Rep. Steve Jarvis
Rep. Raymond Smith, Jr.
Rep. Evelyn Terry
Sen. [illegible]n Burgin
Sen. [illegible]lph Hise
Sen. [illegible]aul Lowe
Sen. Floyd McKissick, Jr.
Sen. Jim Perry
Sen. Gladys Robinson
Sen. Terry Van Duyn

I.	**Welcome and Opening Remarks**	Sen. Krawiec, Presiding Co-Chair
II.	**Division of Health Service Regulation**	Jessica T. Meed, Fiscal Research Division
III.	**Division Mental Health Developmental Disabilities and Substance Abuse Services – Administration and Community Services Program and Base Budget Overview**	Steve Owen, Fiscal Research Division Kody Kinsley, Deputy Secretary Behavioral Health & Intellectual & Developmental Disabilities
IV.	**Adjourn**	



FISCAL RESEARCH DIVISION

A Staff Agency of the North Carolina General Assembly

Division of Health Service Regulation Base Budget 2019–2021 Fiscal Biennium

Joint House and Senate Appropriations Committees on Health and Human Services

March 27, 2019

Health Service Regulation (DHSR)

- Establish and enforce the regulation of facilities.
- Major functions:
  - Health care facilities planning - Certificates of Need.
  - Licensure and regulation of construction and operation of health care facilities.
  - Radiation Protection.
  - Establish curricula and competency testing of Nurse Aides and Medication Aides, maintain Nurse Aide Registry.
  - Foster statewide emergency medical services (EMS).

DHSR: Recommended Base Budget

14470-DHHS - Health Services Regulation	Actual 2017-18	Certified 2018-19	Authorized 2018-19	Incr/Decr 2019-20	Total 2019-20	Incr/Decr 2020-21	Total 2020-21
PERSONAL SERVICES	$43,351,142	$50,363,840	$50,588,926	$0	$50,588,926	$0	$50,588,926
PURCHASED SERVICES	$7,393,550	$6,391,786	$6,189,182	$0	$6,189,182	$0	$6,189,182
SUPPLIES	$236,498	$272,682	$262,192	$0	$262,192	$0	$262,192
PROPERTY, PLANT & EQUIPMENT	$703,450	$597,897	$426,507	($19,050)	$407,457	($19,050)	$407,457
OTHER EXPENSES & ADJUSTMENTS	$1,524,096	$1,356,626	$1,344,527	$0	$1,344,527	$0	$1,344,527
AID & PUBLIC ASSISTANCE	$5,167,854	$10,229,800	$10,229,800	($350,000)	$9,879,800	($350,000)	$9,879,800
RESERVES	($1)	$1,320,471	$1,320,471	($49,267)	$1,271,204	($49,267)	$1,271,204
INTRAGOVERNMENTAL TRANSACTIONS	$3,542,645	$1,553,217	$1,553,217	$0	$1,553,217	$0	$1,553,217
Total Requirements	**$61,919,234**	**$72,086,319**	**$71,914,822**	**($418,317)**	**$71,496,505**	**($418,317)**	**$71,496,505**
Receipts							
GRANTS	$701,349	$933,450	$933,450	$0	$933,450	$0	$933,450
SALES, SERVICE, & RENTALS	$515,128	$485,889	$485,889	$0	$485,889	$0	$485,889
FEES, LICENSES, & FINES	$11,628,759	$12,443,038	$12,449,142	$0	$12,449,142	$0	$12,449,142
MISCELLANEOUS	$1,557,613	$1,280,304	$1,337,033	$0	$1,337,033	$0	$1,337,033
INTRAGOVERNMENTAL TRANSACTIONS	$1,635,821	$1,489,559	$1,508,665	$0	$1,508,665	$0	$1,508,665
INTRAGOVERNMENTAL TRANSACTIONS (Federal Funds)	$27,976,490	$36,044,102	$35,933,140	($8,870)	$35,924,270	($8,870)	$35,924,270
Total Receipts	**$44,015,159**	**$52,676,342**	**$52,647,319**	**($8,870)**	**$52,638,449**	**($8,870)**	**$52,638,449**
Net Appropriation	**$17,904,076**	**$19,409,977**	**$19,267,503**	**($409,447)**	**$18,858,056**	**($409,447)**	**$18,858,056**
FTE							

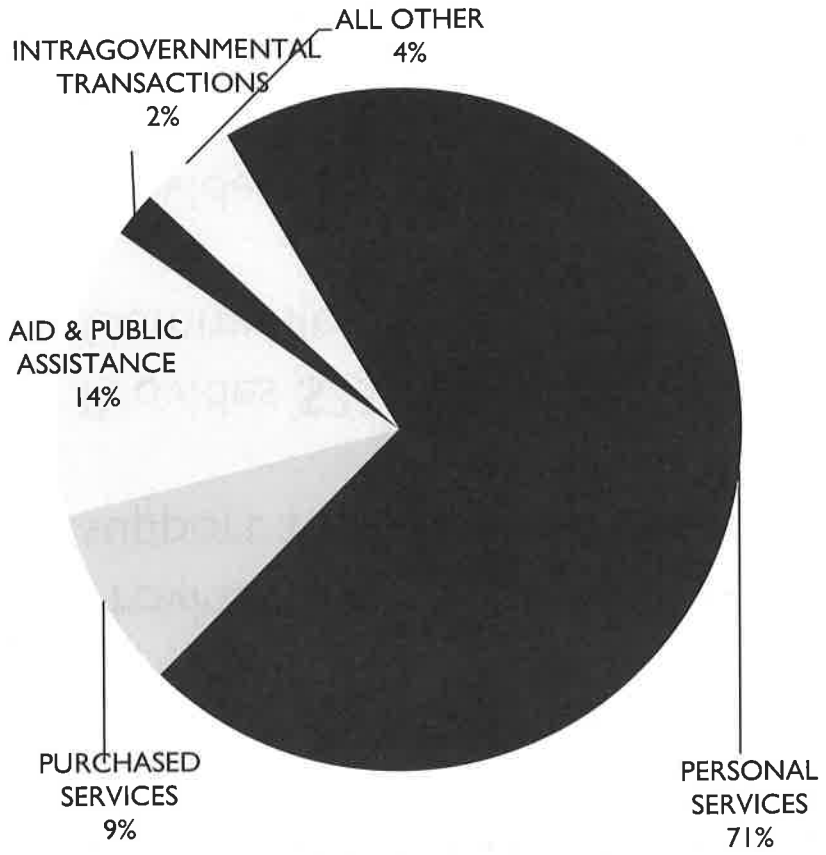
Account Code	Account Title	Actual 2017-18	Certified 2018-19	Authorized 2018-19	Incr/Decr 2019-20	Total 2019-20	Incr/Decr 2020-21	Total 2020-21
531211	SPA-REG SALARIES-APPRO	28.250	30.250	28.250	0.000	28.250	0.000	28.250
531212	SPA-REG SALARIES-RECPT	72.250	71.250	71.250	0.000	71.250	0.000	71.250
531213	SPA-REG SALARIES-UNDESIG	473.000	464.000	468.000	0.000	468.000	0.000	468.000
531222	SPA TIME LIMITED SAL-REC	8.000	11.000	9.000	0.000	9.000	0.000	9.000
531223	SPA TIME LIMITED SAL-UNDE	2.000	2.000	2.000	0.000	2.000	0.000	2.000
Total FTE		583.500	578.500	578.500	0.000	578.500	0.000	578.500

DHSR Base Budget
Explanation of Changes

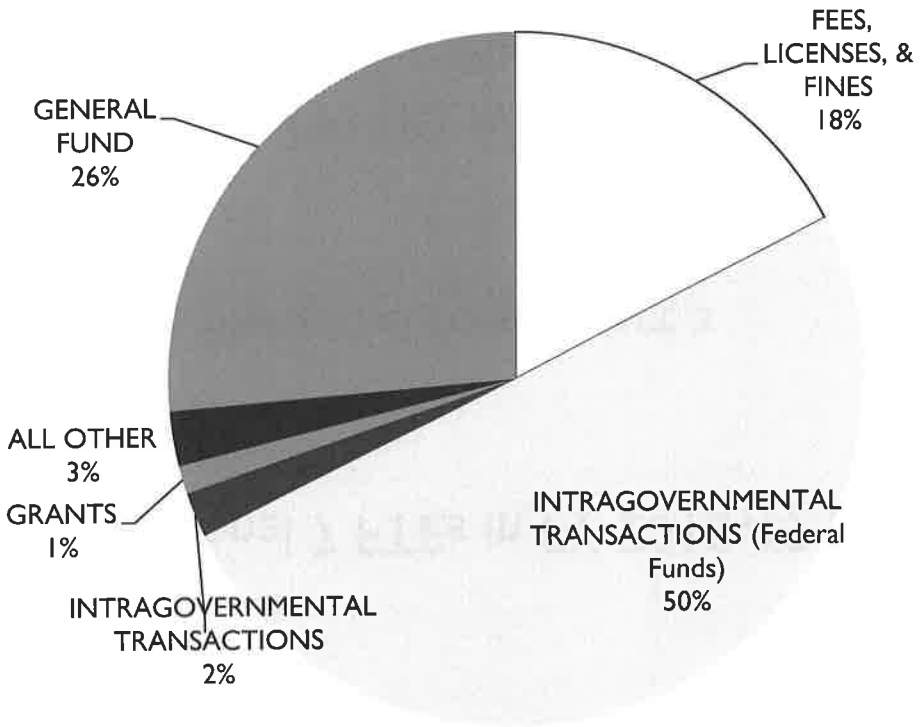
	FY 2019-20	FY 2020-21
NR Items Removed		
Adult and Acute Care Inspections – new FTE startup	($10,180)	($10,180)
State Retirement Contributions-One-time retiree cost-of-living adjustment	($49,267)	($49,267)
Community Paramedicine Pilot Project	($350,000)	($350,000)
Total for NR Items	**($409,447)**	**($409,447)**
TOTAL	**($409,447)**	**($409,447)**

DHSR Base Budget Expenditures and Funding Sources

Expenditures



Funding Sources



DHSR Base Budget
2017-2019 Significant Budget Actions

- S.L. 2017-57, Appropriations Act of 2017:
  - Provides 7 FTEs in FY 2017-18 and an additional 7 FTEs in FY 2018-19 to support adult and acute and home care inspections.
  - Provides $350,000 (NR) in each year of the biennium to support a Community Paramedicine Pilot Project.
  - Provides $119,927 (R) in FY 2017-18 and $128,493 (R) in FY 2018-19 for ongoing support of the Automated Background Check Management System used by long term care providers to perform background checks on non-licensed staff.
- S.L. 2018-5, Appropriations Act of 2018 :
  - Eliminated 5 positions in the Construction Section that had been vacant for over 1 year.

DHSR Base Budget
2017-2019 Significant Provisions

- S.L. 2017-57, Appropriations Act of 2017,
  - Continues paramedicine pilot program aimed at expanding the role of paramedics thus enhancing community-based initiatives that provide appropriate alternatives to emergency rooms.

  - Prohibits DHSR, with certain exceptions, from issuing any licenses for special care units, as defined in G.S. 131D-4.6 and G.S. 131E-114, from July 1, 2017 to June 30, 2019.

Health Care Facilities Planning

- **Healthcare Planning and Certificates of Need** - staffs the North Carolina State Health Coordinating Council in development of the annual State Medical Facilities Plan (SMFP).
  - Projects need for health care facilities and equipment.
- **N.C. Medical Care Commission:**
  - Establishes rules regarding the regulation and licensing or certification, as applicable, of most health care facilities.
  - Establishes rules regarding the regulation and licensing or certification of home care agencies, home health agencies, nursing pools, and emergency medical services personnel.
  - Facilitates issuance of tax-exempt financing for construction and equipment for nonprofit and public construction.
- **Construction Section** - performs construction plan reviews and inspections of healthcare facilities and jails.

https://www2.ncdhhs.gov/dhsr/whatwedo.htm#hpcon
https://www2.ncdhhs.gov/dhsr/ncmcc/index.html, accessed 26 March 2019

Licensure and Certification

- **Mental Health Licensure and Certification Section** - licenses, surveys operation of, and investigates complaints regarding facilities providing treatment for individuals with intellectual and developmental disabilities, individuals with mental illness, and individuals with substance abuse issues.
- **Nursing Home Licensure and Certification Section** – licenses and regulates nursing homes by conducting routine surveys and complaint investigations for compliance with State regulation and Medicare certification requirements.
- **Acute and Home Care Licensure and Certification Section** – licenses, surveys, and investigates complaints of State licensed and Medicare certified providers.
- **Adult Care Licensure Section**:
  - licenses, surveys, and collaborates with county DSS offices in their monitoring and investigating complaints related to family and adult care homes.
  - Certifies adult care home administrators.
- **Complaint Intake** -receives consumer complaints about providers regulated by DHSR, receives provider self-reports of incidents in their facilities. Triages reports for investigation by the appropriate licensure section or county DSS office.

https://www2.ncdhhs.gov/dhsr, accessed 26 March 2019

Radiation Protection Section

- Licenses and inspects radioactive material producers, handlers, users, and x-ray and mammography equipment.
- Conducts radiation monitoring and administers regulatory programs for protection from the harmful effects of radiation for occupational workers, the public, and the environment.
- Provides technical assistance to other agencies and the public.
- Staffs Radiation Protection Commission with responsibility for adopting rules relative to radioactive materials.
- Authorized by the US Nuclear Regulatory Commission to license and regulate certain byproduct materials (radioisotopes), source materials (uranium and thorium), and certain quantities of special nuclear materials.
- Administers US Environmental Protection Agency Radon Program grant.
- Emergency response to incidents involving radioactive materials.

Source: NC DHHS

Health Care Personnel Education and Credentialing

- Evaluates and approves nurse aide education programs offered in the state.
- Facilitates competency testing programs:
  - Nurse Aide I
  - Medication Aide
  - Geriatric Aide
  - Home Care Aide
- Maintains registries:
  - Nurse Aide Registry
  - Medication Aide Registry
- Receives & investigates complaints/reports against unlicensed health care workers.

Source: NC DHHS

Office of Emergency Medical Services

- Licenses EMS agencies, permits vehicles, and tests and credentials EMTs and Paramedics.
- Provides technical assistance, services, and regulatory oversight to all local EMS systems in North Carolina.
- Establishes, maintains, and coordinates state-wide emergency medical response.
- Works in conjunction with Division of Public Safety - Emergency Management.

Source: NC DHHS

Questions?

Jessica T. Meed, Fiscal Analyst
Fiscal Research Division
Room 619, LOB
919-733-4910
www.ncleg.net/fiscalresearch/

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Administration and Community Services

March 27, 2019

Discussion Guide

1. Division Overview
2. Behavioral Health Continuum
3. NC Behavioral Health System Structure
4. NC Behavioral Health Strategic Plan
5. Trends in Uninsured, Utilization and Performance
6. Budget Summary
7. Prior Year's Legislative Actions

People

Public System	Received Behavioral Health Services CY 2018
2.2 million people have Medicaid	**285,000** Medicaid beneficiaries
1 million people are uninsured	**97,000** uninsured

10 million residents, 2.2 million have Medicaid, 1 million uninsured, 6.8 million have private insurance

Prevalence

- **1 in 20** people are living with a **serious mental illness**
- **1 in 20** people are living with an **opioid use or heroin** use disorder (**2nd highest death rate in the nation from opioid misuse as of CY 2017)**
- **Over 1400** people died by **suicide** in CY2017. **Five per week were Veterans**.
- **1 in 58** children has **autism spectrum disorder**
- There are **128,000 adults and children** in NC with an **Intellectual Developmental Disability**
  - **Only 12,738** have a slot on the Innovations waiver
- **Nearly 80,000** people sustained a **traumatic brain injury** last year
- Over **16,000 kids** in **foster care**
- **25,000** people were **re-entered society** from prison last year – 44% of jail inmates and 31% of prisoners have a history of mental health treatment
- **9,000** people **experiencing homelessness**; over **800 are veterans**

**Various documented sources*

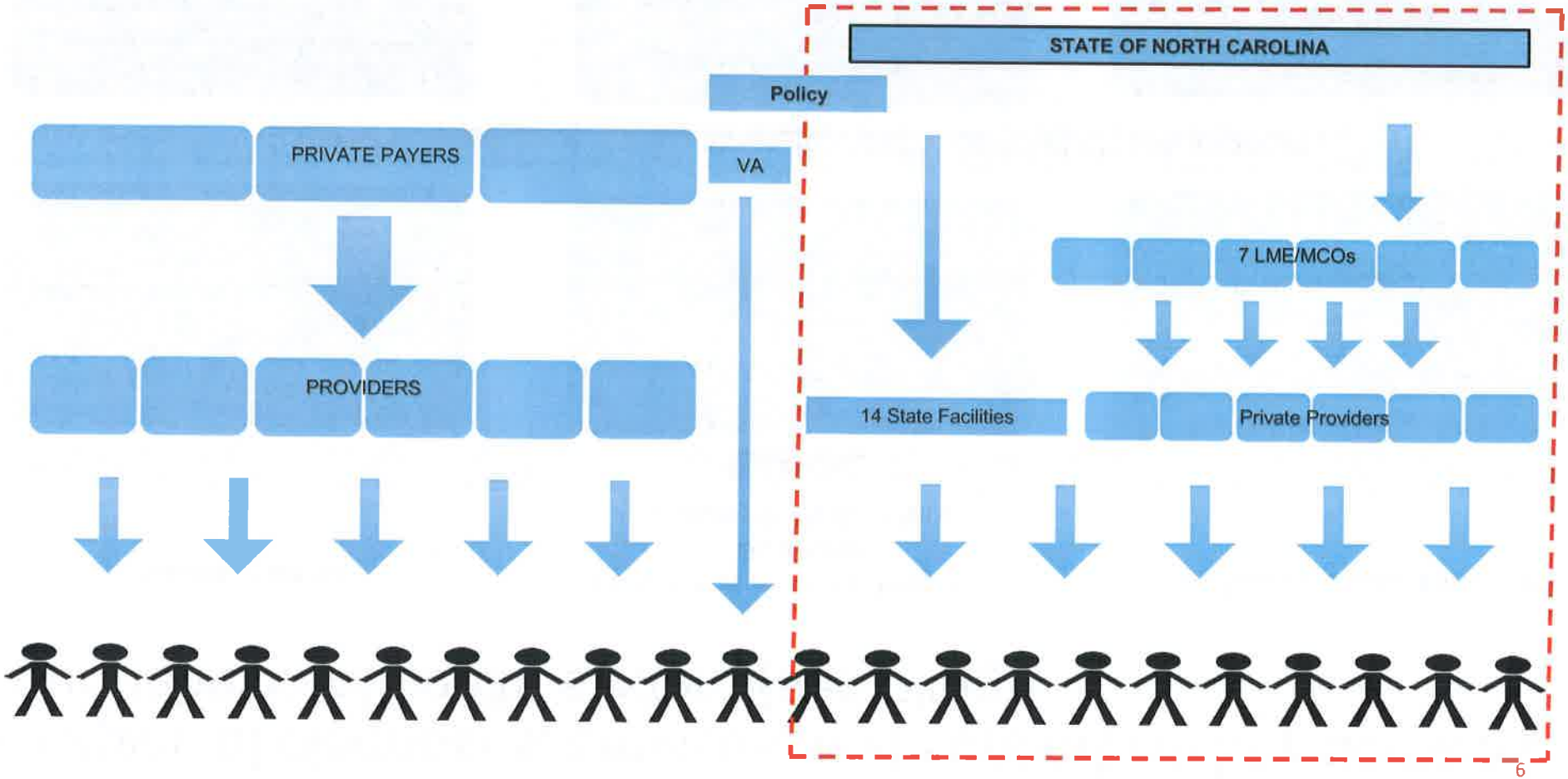
Behavioral health conditions, like physical health, vary in complexities and do treatment strategies, locations, and cost.

Mild	Moderate	Severe
Mental Health Condition		
Condition: Mild Depression	Condition: Moderate Depression	Condition: Severe Depression
Treatment: Medication treatment and brief counseling by primary care provider	Treatment: Medication treatment by a psychiatrist and weekly individual counseling	Treatment: Inpatient psychiatric hospitalization followed by outpatient day programming
Cost: Individual able to work with minimal disruption to productivity or family responsibilities	Cost: Individual maintains employment, but misses days of work and not always able to meet family responsibilities	Cost: Individual unable to maintain employment or meet family responsibilities for several months
Physical Health Condition		
Condition: Mild Diabetes	Condition: Moderate Diabetes	Condition: Severe Diabetes
Treatment: Medication treatment and nutritional counseling by primary care provider	Treatment: Insulin treatment by an endocrinologist and ongoing counseling with a nutritionist	Treatment: Inpatient medical hospitalization followed by home health and physical therapy
Cost: Individual able to work with minimal disruption to productivity or family responsibilities	Cost: Individual maintains employment, but misses days of work and not always able to meet family responsibilities	Cost: Individual unable to maintain employment or meet family responsibilities for several months

Examples of diagnoses, services, and supports in key domains of our behavioral health system (sampling).

Mental Health	Intellectual and Developmental Disability, Traumatic Brain Injury	Substance Use Disorder
Diagnosis		
- Mild Depression -Major Depression Disorder -Bipolar Disorder -Post traumatic stress disorder -Serious Emotional Disorder -Serious Mental Illness -Psychotic Disorders	-Autism Spectrum Disorder -Fetal alcohol syndrome -Developmental Disability -Down Syndrome -Fragile X -Traumatic Brain Injury with Behavioral	-Opioid or heroin use disorder -Alcohol use disorder, DWI -Cocaine use - Benzodiazepine use disorder - Polysubstance use disorder - Problem Gambling -Tobacco use, underage smoking
Treatment: No stigma, evidenced-based, high quality, community based, accessible		
-Outpatient Therapy -Supportive Employment -Intensive outpatient -Peer supports -In-patient residential treatment programs -Inpatient hospitalization	-Innovations Waiver -Natural supports, respite -Supportive employment -Intermediate care facility -Traumatic Brain Injury Demonstration Waiver -Home and Community Based Care	-Prevention -Medication assisted treatment -Intensive outpatient -Intensive residential treatment -Medical detox

Continuum: The state sets policy, manages health-care finance for the public system, and providers direct security-net care.



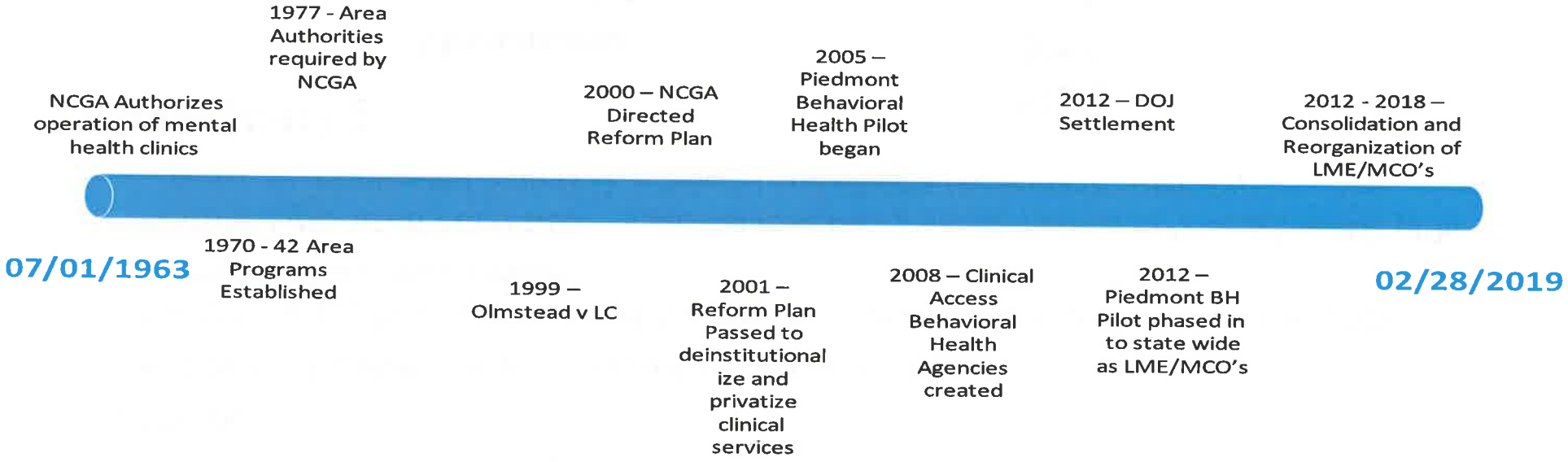
Organizational Overview

- Mental Health, Developmental Disabilities and Substance Abuse Services
  - *Administrative – general admin and reserves/transfers*
  - *Community Behavioral Health Services – single stream, prevention, community MH,SA,DD and crisis services*
  - *State Operated Facilities – inpatient (892 beds), neuro-medical (577 beds), ADATC (196 beds), developmental centers (1,195 beds) and schools (42 resident capacity)*
- State Staffing

	FTE's
Administration	208.0
Community Services	27.0
State Operated Facilities	11,078.8

Behavioral Health System History

Evolution of State System

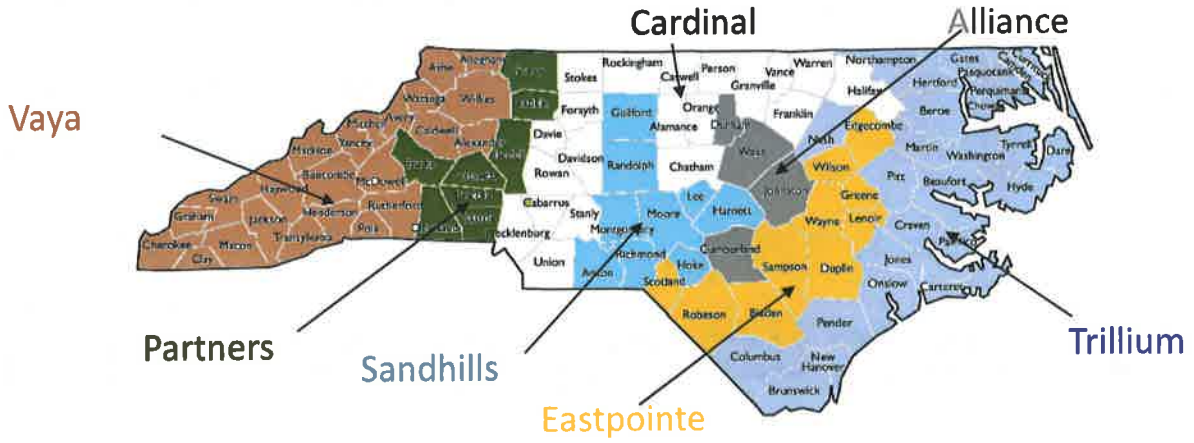


The state funded behavioral health system has evolved from a collaboration with counties to offer services to overseeing and coordinating agreements to manage the services for populations covered under either an at-risk capitation agreement or an annual allotment

https://www.ncleg.gov/documentsites/committees/JLOCHHS-MHSub/Meeting%20Folder/September%2010,%202012/HISTORY%20OF%20NORTH%20CAROLINAS%20BEHAVIORAL%20HEALTH%20DELIVERY%20SYSTEM-J.%20Paul%20-%20Attach.%20No.%203.pdf

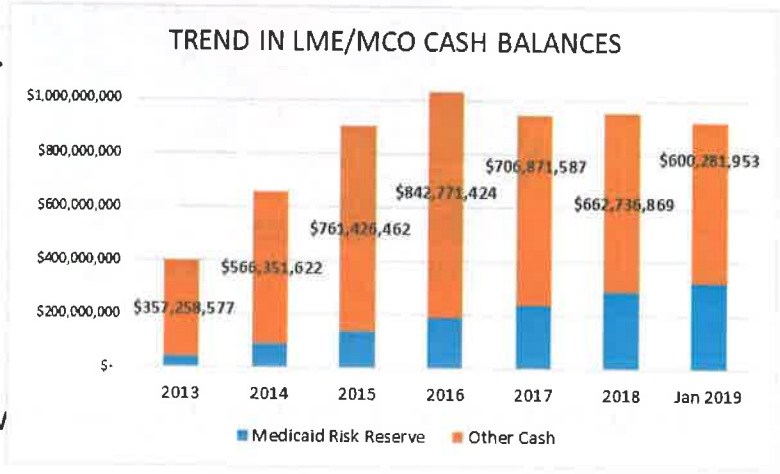
NC Behavioral Health System Structure

- 7 Local Management Entity/Managed Care Organizations currently manage the services for the State's covered populations across the State
- LME/MCO's manage services for both the uninsured and Medicaid



NC Behavioral Health System Structure

- LME/MCO's are funded by State, Local, Federal and Medicaid receipts.
- Medicaid represents 84% of the total funding LME/MCO's receive.
- Any surplus from Medicaid is the property of the LME/MCO and CMS prohibits the State from directing hov



- In FY 2018-19 the General Assembly found that a viable system is critical to meet the needs of the covered populations. The budget recognized the need for and established a range of acceptable cash balances that represented solvency standards – ***shift the conversation from cash balances to performance and outcome measures***.

LME/MCO Solvency

SL 2018-5 Section 11F.10

- Incurred but unreported claims
- Net Operating Liabilities
- Catastrophic or Extraordinary Items
- 24 Months Mandated Intergovernmental Transfers
- 24 Month Forecasted Net Operating Loss
- 36 Month Reinvestment Plans

First Quarterly Report Findings

- Alliance - **within range**
- Cardinal – over upper range
- Eastpointe – over upper range
- Partners – **within range**
- Sandhills – **within range**
- Trillium – under lower range
- Vaya – under lower range

Corrective action plans in process for LME/MCO 5% over or under ranges

Strategy: Vision, Mission, and Goals

In February 2017, the Department issued a behavioral health strategic plan, identifying two broad areas for strengthening the system: (1) integration and (2) access.

Vision for Behavioral Health in North Carolina: *North Carolinians will have access to integrated behavioral, developmental, and physical health services across their lifespan. We will increase the quality and capacity of services and supports in partnership with providers, clients, family members, and communities to promote hope and resilience and achieve wellness and recovery.*

The strategic plan grounds our efforts in data and key indicators of performance across our system.

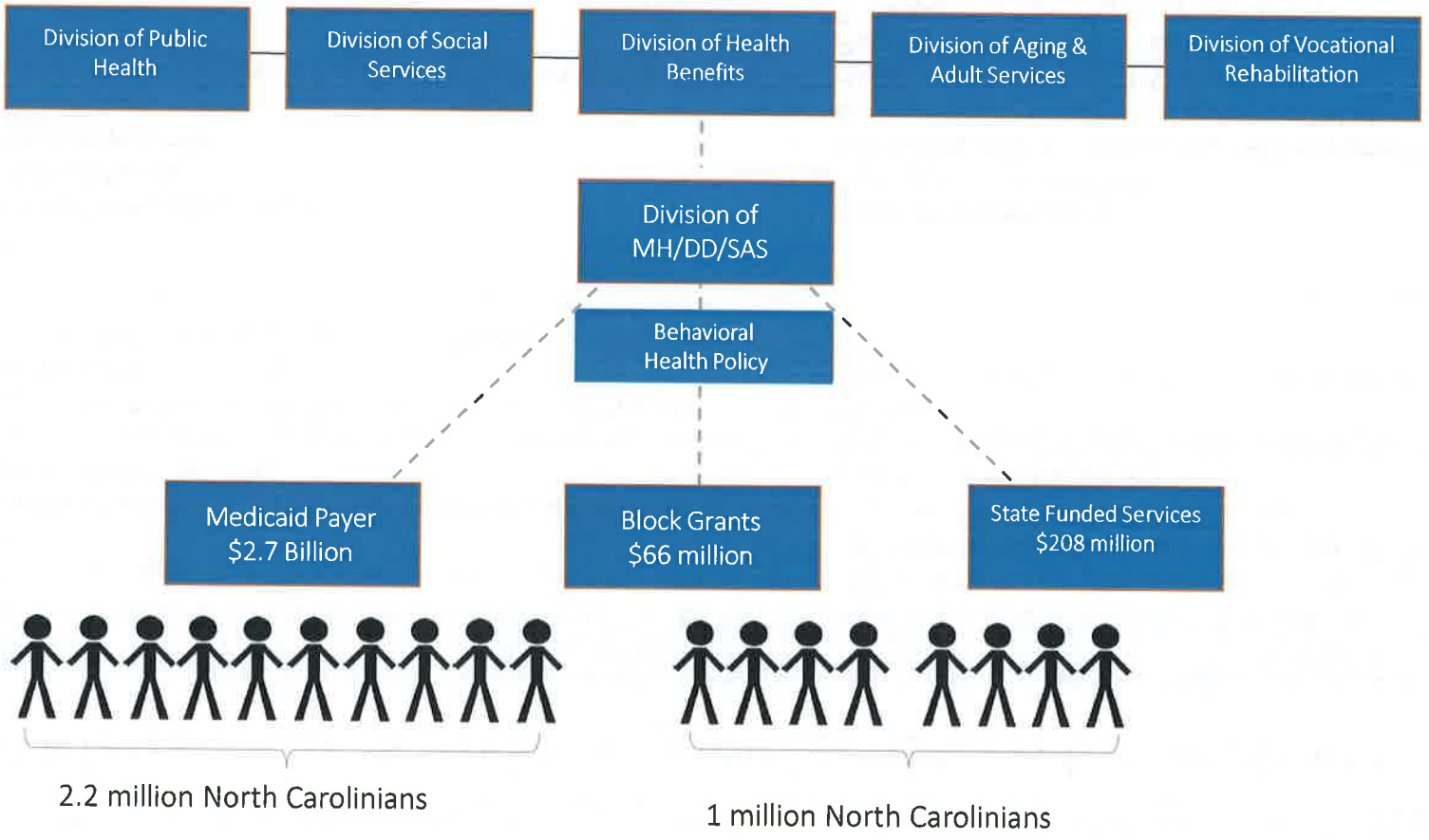
DMH/DD/SAS Mission: *Through the lens of behavioral health, we aim to lead with our ideas to identify gaps, invest in promising interventions, and efficiently scale a system that promotes health and wellness for all North Carolinians across all payers, providers, and points of care.*

1. Access: Increase overall access to high-quality behavioral health services and IDD supports; right-care, right-time, and right-setting.
2. Integration: Integrate behavioral healthcare into routine primary care
3. Transformation: Radically realign the behavioral healthcare system to maximize access and integration of services
4. Operational excellence: Strive for operational excellence and continuous improvement in our internal operations and regulatory functions.
5. Maximize impact: Advance policies and narratives that reinforce the Division as competent thought leaders and service-oriented partners

Key system gaps and initiatives were outlined in the Behavioral Health Strategic Plan – work is underway implementing these efforts.

	Gaps	Initiatives
ACCESS	• Coverage gap – one million people in NC have no routine access to care; • Geographic imbalance to services, providers and inpatient beds • Emergency room "boarding" • Service-array imbalance or lack of evidence to services provided • Workforce - variations in provider capacities, training, and skills. • Service navigation and supports • Opioid treatment, especially in rural communities	• 1115 waiver as part of transformation – SUD amendment • Telehealth and telepsychiatry policy; UNC ECHO • Home and Community Based Services • Community collaboratives • Behavioral Health Crisis Referral System (BH-CRSys) • Peer Support • Step-down services; respite; pre/post inpatient care
INTEGRATION	• Physical and Behavioral Health • Continuum of Service • Criminal Justice System • Schools Services • Social Determinants of Health (healthy food, safe housing, transportation, etc.)	• Medicaid transformation • Transitions focused team • Jail-based MAT; ED-Induction; Jail Diversion/Re-Entry • School based interventions, training, CALM • Healthy Opportunities: NC Care 360 • Routine Screening of Children and Adults • Transitions to Community Living (TCLI) • Awareness, training • Robust communication between providers

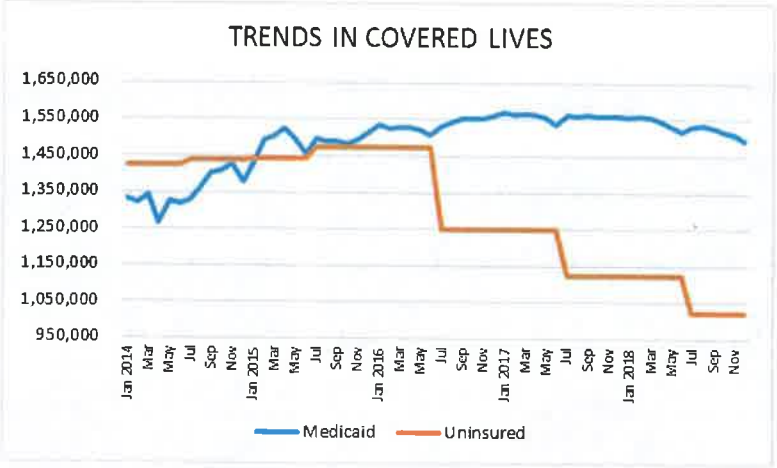
DMH/DD/SAS works collaboratively across divisions to create well-informed-policy that drives whole-person wellness.



DMH/DD/SAS works closely with external stakeholders to make sure state-wide policy is informed by on-the-ground needs.

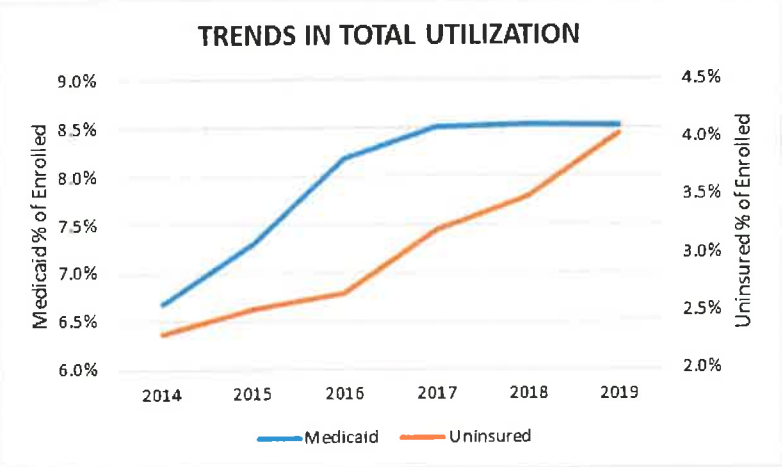
Trends in Uninsured Population

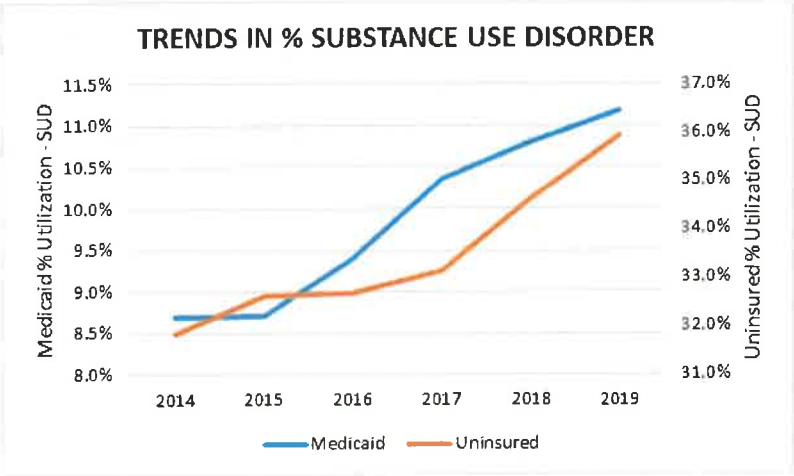
The declines in the uninsured population don't translate into an expectation of less services funded; because non-Medicaid funding is a fixed annual allotment with the requirement to provide

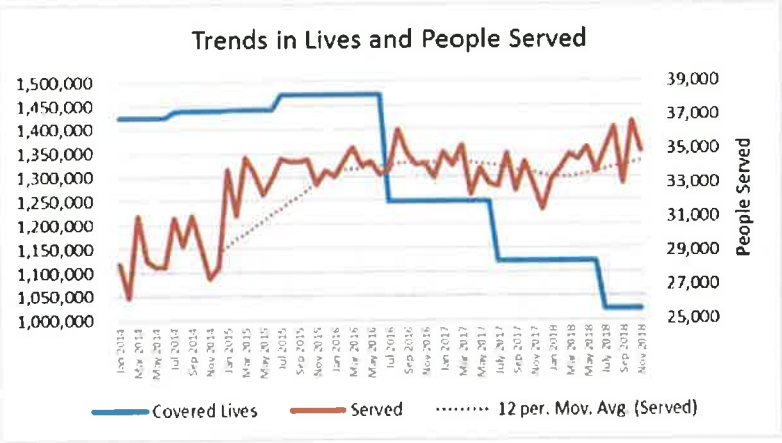


core services within available resources. There is always unmet need or the service that are provided are to those with the most need, which do not change with changes in the State's uninsured population.

Utilization and Performance Measures

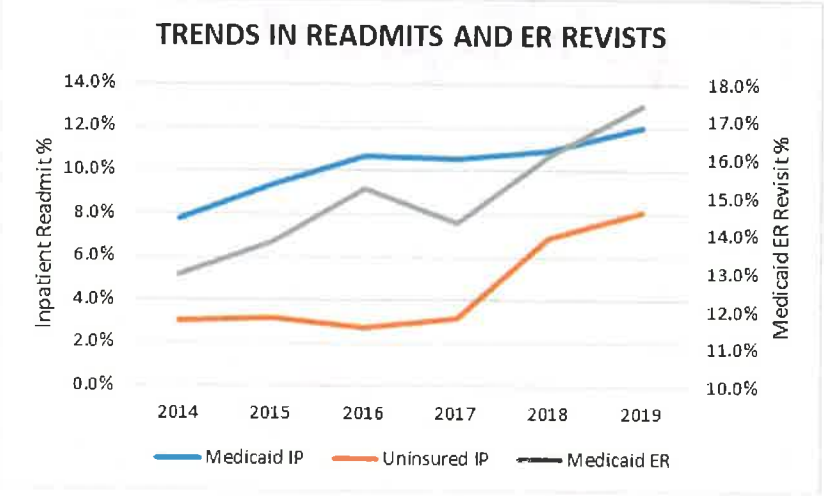


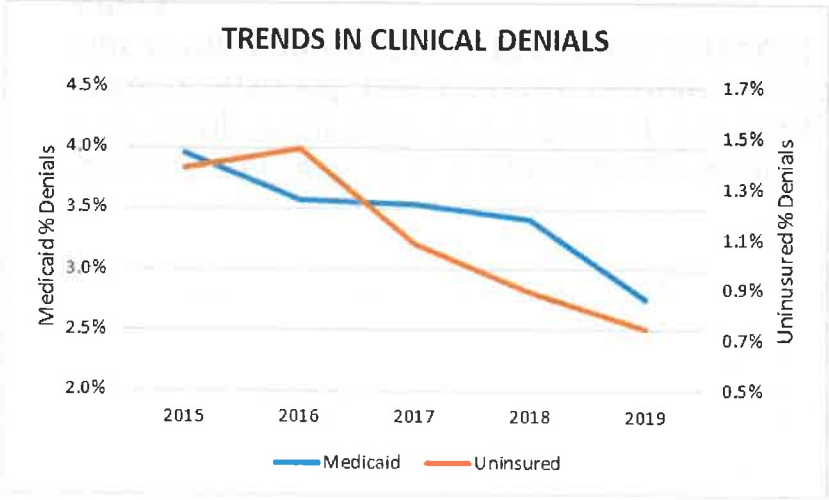




- Growth in the % of uninsured population accessing services is a function of declining total uninsured, the absolute people served has remained relatively the same in recent years.
- Both Medicaid and Uninsured utilization is increasingly represented by individuals with a substance use disorder.

Utilization and Performance Measures





- One measure of a systems effectiveness or access is the % of people admitted to inpatient services or using an hospital emergency room that return within 30 days
- These measures have been consistently increasing for Medicaid and beginning in 2017 the uninsured readmissions have increased dramatically

Untreated behavioral health needs often put pressure on other community resources and government services.

- **Employment:** Untreated mental illness or untreated substance use disorder challenge individuals ability to maintain gainful employment. A failed on-the-job drug test often results in the loss of a job and therefore loss of health insurance. Without insurance to cover chronic treatment for substance use disorder – individuals in these situations struggle to regain employment.
- **Homelessness:** Untreated serious mental illness and other behavioral health needs often prevent individuals from working and maintaining functional housing. Even with housing, some individuals present behaviors that can disrupt their community and threaten housing. **About 25% of those experiencing homelessness have a serious mental illness compared to 5% in the general population**.
- **Criminal Justice**: Untreated mental illness and substance use disorder drive individuals to behaviors that often disrupt community in ways ranging from small disruptions to violating public nuisance laws and more serious crimes such as theft or harm to others. As such – these individuals often find themselves in jail or prison with high rates of recidivism. **44% of jail inmates have a previously diagnosed mental illness – whereas only 18.5% of the population at large has a mental illness in a given year.**
- **School**: The educational system is the primary community and provider of care for school-aged-children. Behavioral health or developmental disabilities are often first screened and addressed in the school system. Early interventions are key to successful learning and long-term life success.
- **Family systems:** Mental illness and intellectual and developmental disabilities impact families in a variety of ways. Parents struggling with substance use disorder often become engaged with the social service system and without treatment, loss of custody of children. Families without adequate supports suffer trauma driving increased behavioral health needs for other members and future generations.
- **Death: People with severe mental illness die up to 25 years earlier than the general population.**

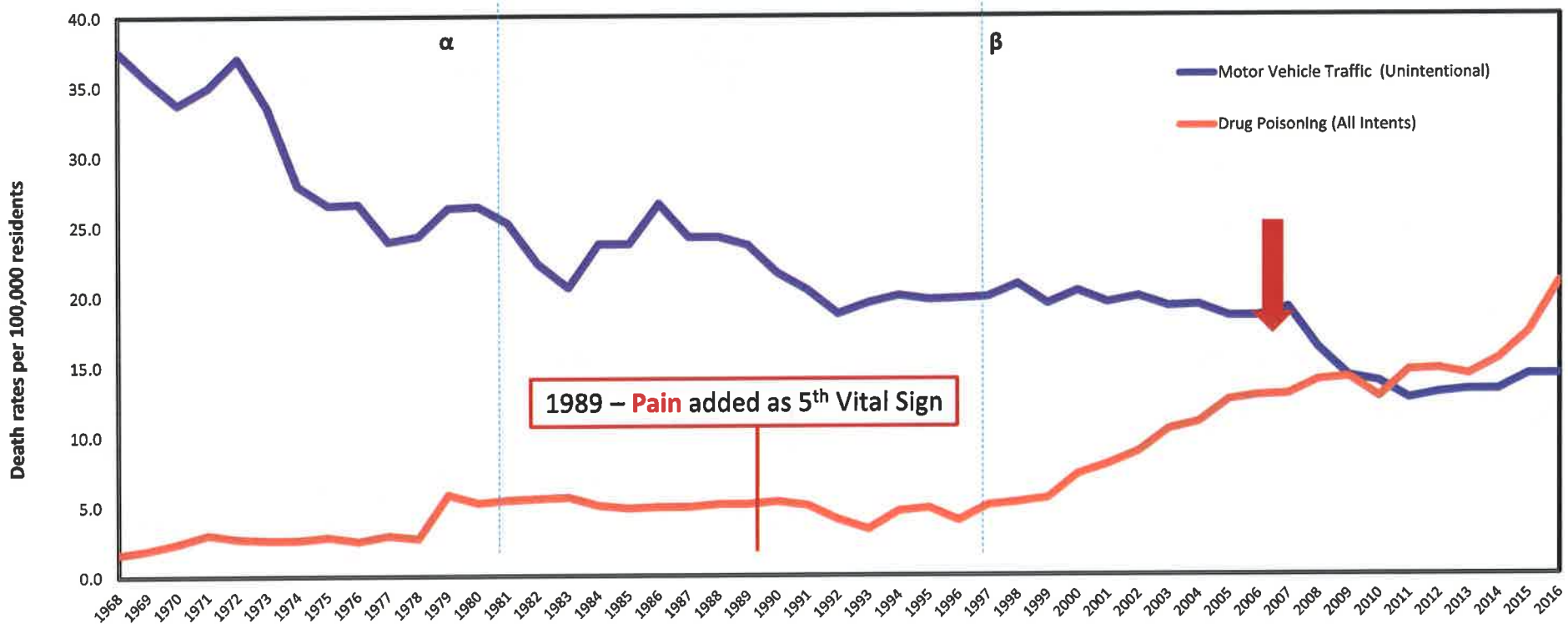
Deep Dive: North Carolina's Opioid Action Plan

1. Coordinate the state's infrastructure to tackle opioid crisis.
2. Reduce the oversupply of prescription opioids.
3. Reduce diversion of prescription drugs and flow of illicit drugs.
4. Increase community awareness and prevention.
5. Make naloxone widely available.
6. Expand treatment and recovery systems of care.
7. Measure effectiveness of these strategies based on results.

- **1 in 20** people are living with an **opioid use or heroin** use disorder – about 450,000 people.
- **North Carolina has 2nd highest death rate in the nation from opioid misuse as of CY 2017**

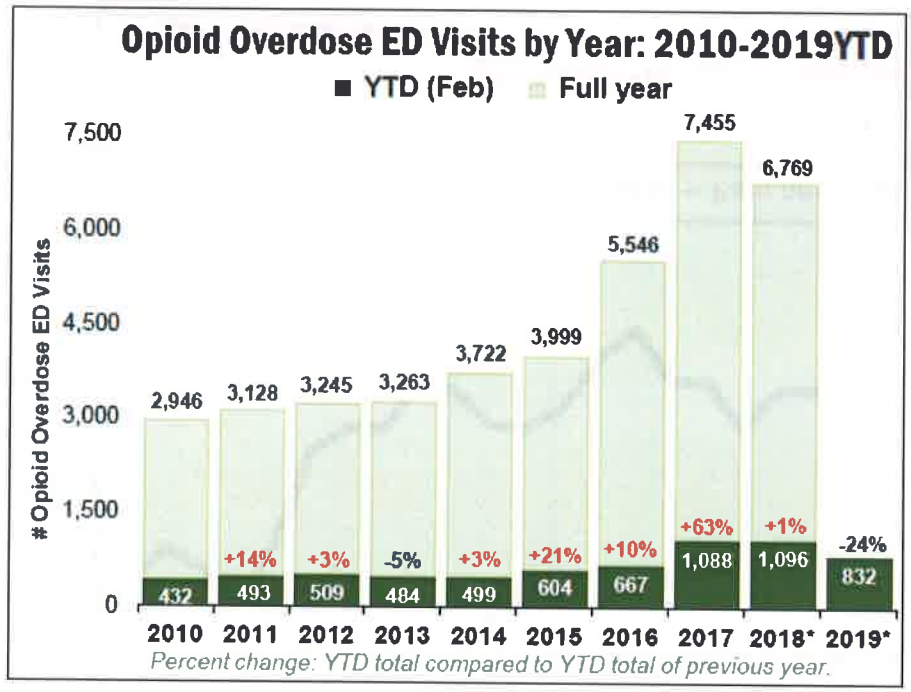
- https://www.ncdhhs.gov/about/department-initiatives/opioid-epidemic/north-carolinas-opioid-action-plan

Poisoning death rates are higher than traffic crash death rates in North Carolina



α - Transition from ICD-8 to ICD-9
β – Transition from ICD-9 to ICD-10
Technical Notes: Rates are per 100,000 residents, age-adjusted to the 2000 U.S. Standard Population
Source: Death files, 1968-2016, CDC WONDER
Analysis by Injury Epidemiology and Surveillance Unit

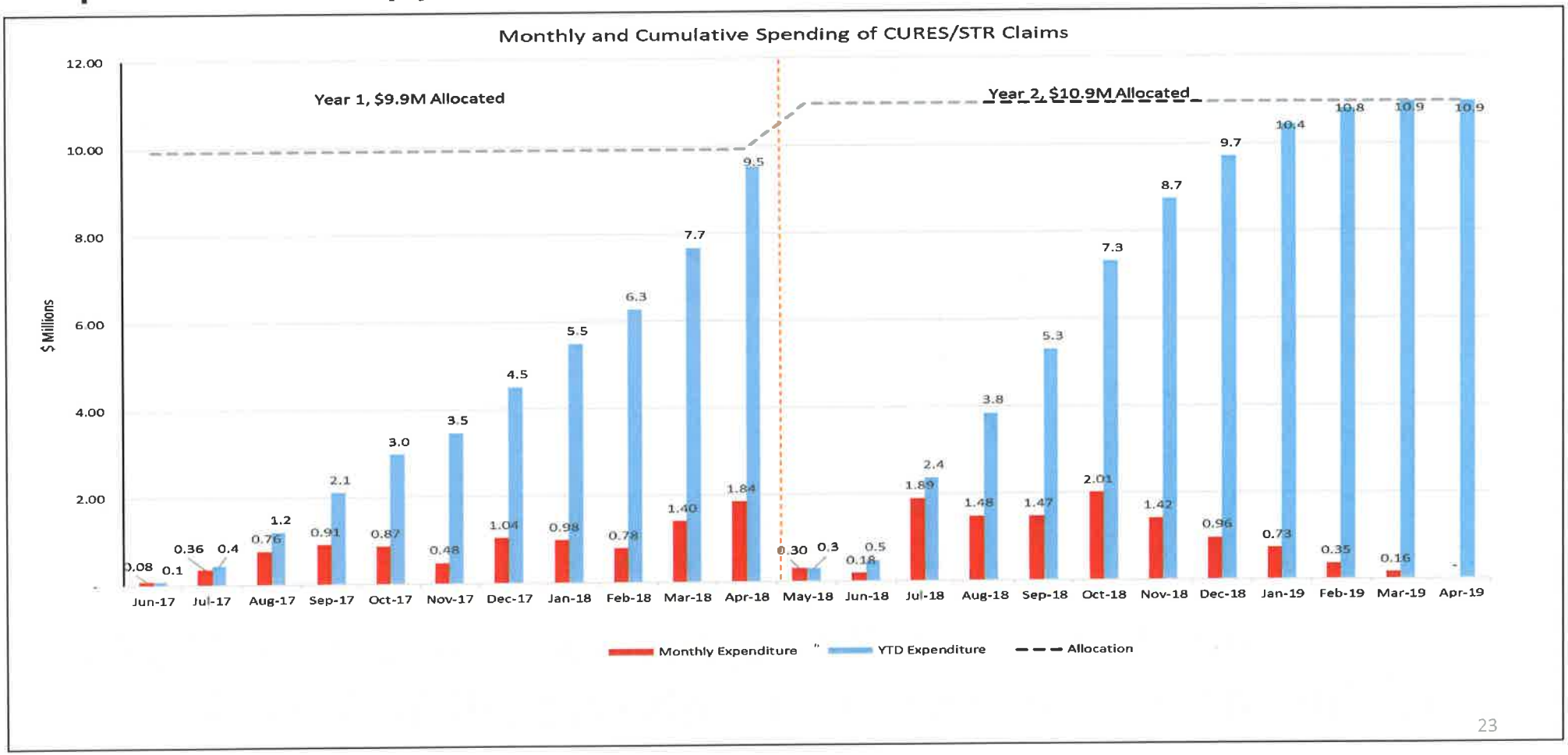
Opioid Overdose Emergency Department Visits: 2010-2019 year to date, as of February 2019 – nearly half are uninsured.



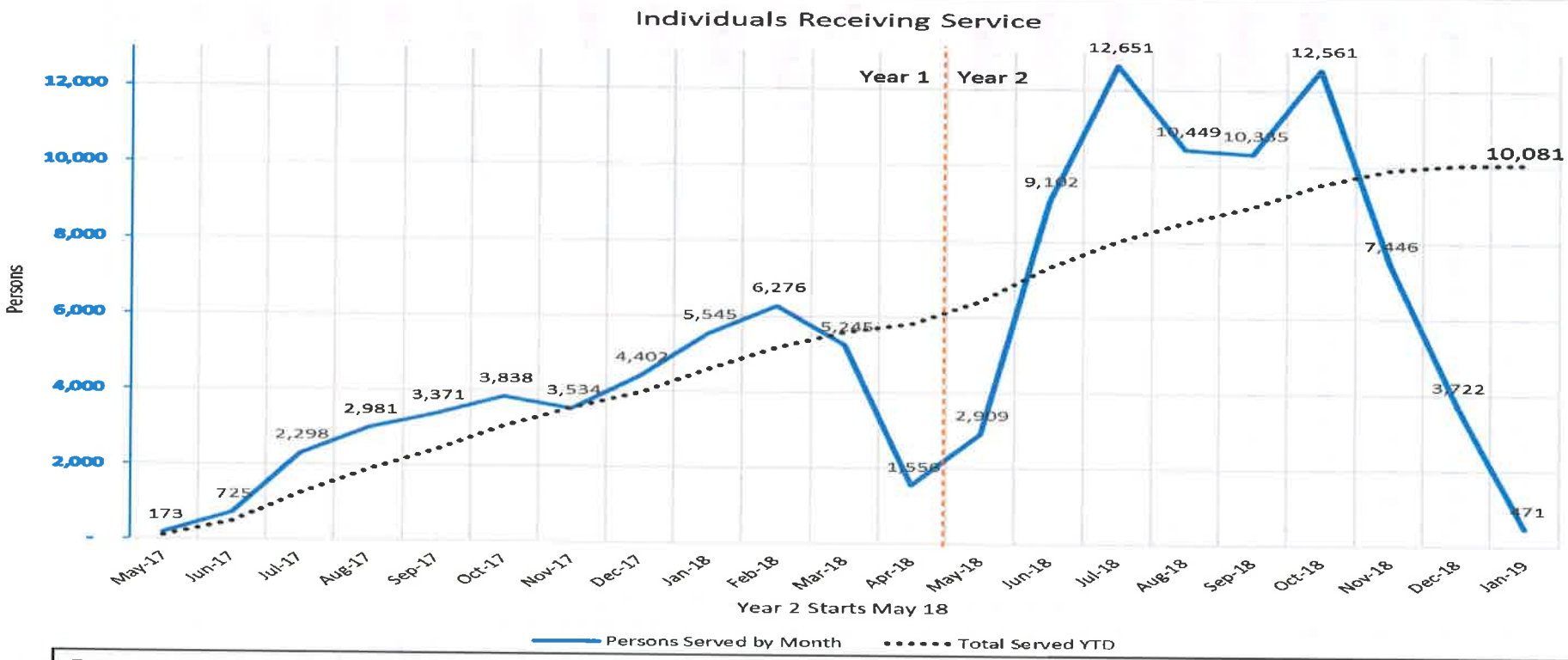
Insurance Coverage: 2019 YTD	
Private insurance	14%
Medicaid or Medicare	29%
Uninsured/Self-pay	46%
Other/Unknown	11%

Data Source: The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT), 2010-2019;
*2018-2019 data are provisional and subject to change; Data as of February 2019
Analysis by Injury Epidemiology and Surveillance Unit

The 2 year CURES/STR federal funding has been quickly expended to support treatment.

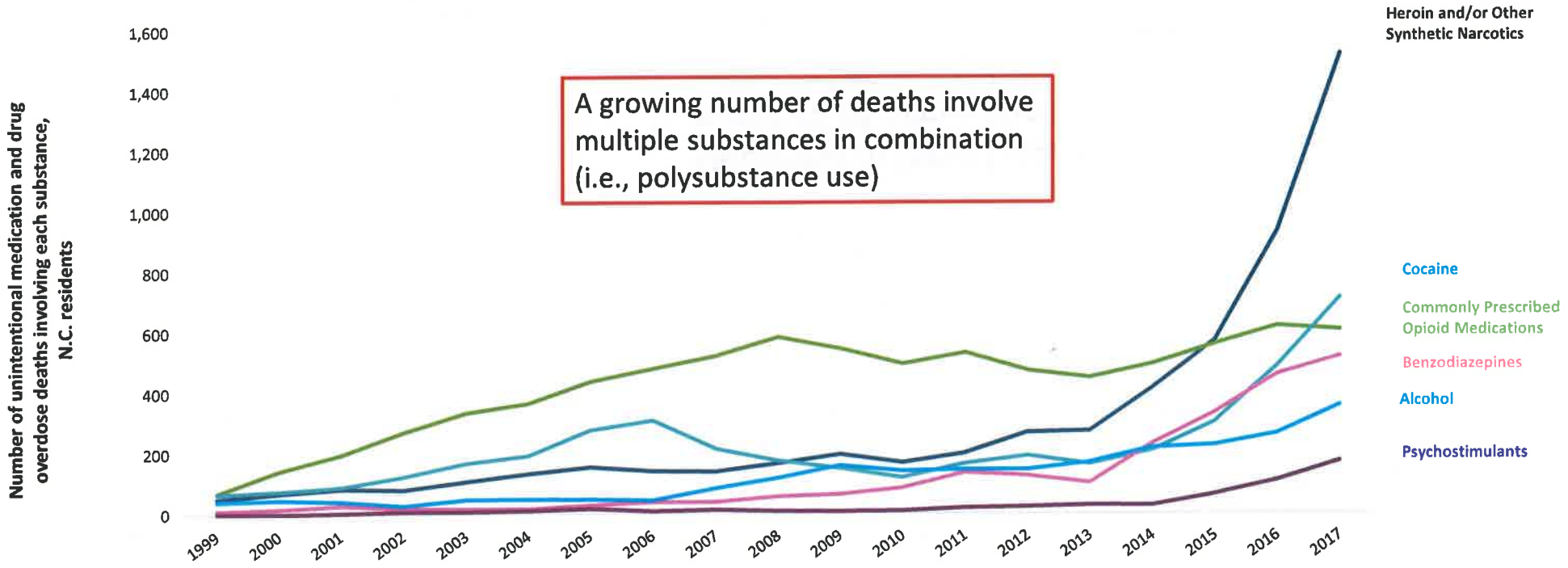


The 2 year CURES/STR federal provided services to 10,081 individuals – many of whom will require ongoing care.



Between May 1, 2017 and April 30, 2018, 33,234 individuals with an opioid use disorder received publicly-funded (Medicaid, state, federal) treatment services. Of these, 10,081 individuals received services through Cures/STR funds. 2,279 of these individuals received services in Year 1 and Year 2 of the Cures/STR grant.

Broader: Unintentional overdose deaths involving illicit opioids* have drastically increased since 2013



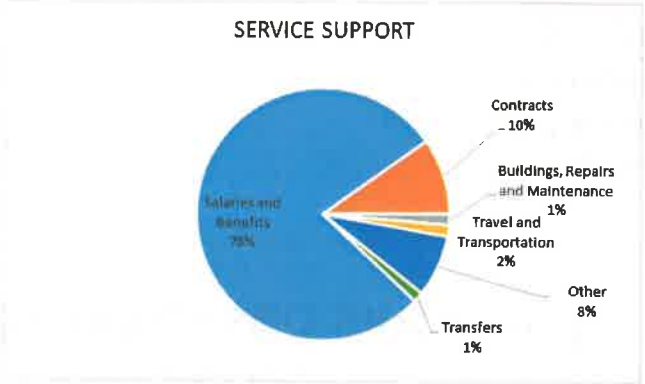
*Heroin and/or Other Synthetic Narcotics (mainly illicitly manufactured fentanyl and fentanyl analogues)

Technical Notes: These counts are not mutually exclusive; If the death involved multiple substances it can be counted on multiple lines; Unintentional medication, drug, alcohol poisoning: X40-X45 with any mention of specific T-codes by drug type; limited to N.C. residents

Source: Deaths-N.C. State Center for Health Statistics, Vital Statistics, 1999-2017
Analysis by Injury Epidemiology and Surveillance Unit

Administrative Budget Overview

ADMINISTRATION		Actual 2017-18	Certified 2018-19	Authorized 2018-19	Inc\Dec 2019-20	Total 2019-20	Inc\Dec 2020-21	Total 2020-21
1110	Service Support	$ 23,619,378	$ 26,385,167	$ 26,447,502	$ (550,000)	$ 25,897,502	$ (550,000)	$ 25,897,502
1910	Reserves and Transfers	25,437,667	23,885,556	23,885,556	(10,604,732)	13,280,824	(10,604,732)	13,280,824
1991	Reserve - Indirect Cost	-	-	-	-	-	-	-
1993	Prior Year - Refunds and Carry Forwards	247,629	-	-	-	-	-	-
Total Requirements		**$ 49,304,674**	**$ 50,270,723**	**$ 50,333,058**	**$ (11,154,732)**	**$ 39,178,326**	**$ (11,154,732)**	**$ 39,178,326**
1110	Service Support	$ 7,485,733	$ 8,087,053	$ 8,131,778	$ -	$ 8,131,778	$ -	$ 8,131,778
1810	Revenue - Clearing Account	(1,437,490)	-	-	-	-	-	-
1910	Reserves and Transfers	14,535,169	-	-	-	-	-	-
1991	Reserve - Indirect Cost	462,871	-	-	-	-	-	-
1992	Prior Year - Earned Revenue	563,878	-	-	-	-	-	-
1993	Prior Year - Refunds and Carry Forwards	498,051	-	-	-	-	-	-
Total Receipts		**$ 22,108,213**	**$ 8,087,053**	**$ 8,131,778**	**$ -**	**$ 8,131,778**	**$ -**	**$ 8,131,778**
Net Appropriation		**$ 27,196,461**	**$ 42,183,670**	**$ 42,201,280**	**$ (11,154,732)**	**$ 31,046,548**	**$ (11,154,732)**	**$ 31,046,548**



Decrease in base budget reflects removal of non-recurring items in prior years budget for state retirement contributions, facilities and special funds

Community Services Budget Overview

COMMUNITY SERVICES		Actual 2017-18	Certified 2018-19	Authorized 2018-19	Inc\Dec 2019-20	Total 2019-20	Inc\Dec 2020-21	Total 2020-21
1160	MH/DD/SA Workforce Development	$ 1,399,301	$ 1,470,837	$ 1,470,837	$ -	$ 1,470,837	$ -	$ 1,470,837
1262	Enforce Underage Drinking Laws	372,843	360,000	360,000	-	360,000	-	360,000
1271	General SA Prevention - Quality Improvement	7,022,173	9,312,034	8,948,341	-	8,948,341	-	8,948,341
1332	Targeted Substance Abuse Prevention	682,545	352,692	352,692	-	352,692	-	352,692
1422	Community Services - Single Stream Funding	364,357,339	242,959,093	228,033,936	71,189,458	299,223,394	71,189,458	299,223,394
1442	Community Substance Abuse Services - Child	2,330,495	3,986,024	3,218,544	-	3,218,544	-	3,218,544
1443	Community Services - Riddle Center - FIPP	1,913,010	2,173,738	2,185,797	-	2,185,797	-	2,185,797
1444	Community Mental Health Services - Child	10,492,198	10,351,088	9,455,371	-	9,455,371	-	9,455,371
1445	Community Developmental Disability Services - Child	5,581,686	155,034	155,034	(50,000)	105,034	(50,000)	105,034
1451	Community Services - Traumatic Brain Injury	1,100,202	1,156,202	3,170,070	(550,000)	2,620,070	(550,000)	2,620,070
1452	Path Homelessness	855,145	1,379,000	1,379,000	-	1,379,000	-	1,379,000
1461	Community Mental Health Services - Adult	11,897,661	19,518,859	19,320,686	(35,000)	19,285,686	(35,000)	19,285,686
1462	Community Developmental Disability Services - Adult	5,331,530	2,782,743	6,294,768	(625,000)	5,669,768	(625,000)	5,669,768
1463	Community Substance Abuse Services - Adult	60,913,125	81,970,050	86,725,122	(6,440,000)	80,285,122	(6,440,000)	80,285,122
1464	Community Crisis Services	44,219,917	44,146,644	44,516,644	(1,400,000)	43,116,644	(1,400,000)	43,116,644
Total Requirements		**$ 518,469,168**	**$ 422,074,038**	**$ 415,586,842**	**$ 62,089,458**	**$ 477,676,300**	**$ 62,089,458**	**$ 477,676,300**
1160	MH/DD/SA Workforce Development	$ 1,324,584	$ 1,265,692	$ 1,265,692	$ -	$ 1,265,692	$ -	$ 1,265,692
1262	Enforce Underage Drinking Laws	372,843	360,000	360,000	-	360,000	-	360,000
1271	General SA Prevention - Quality Improvement	6,694,581	8,749,311	8,482,532	-	8,482,532	-	8,482,532
1332	Targeted Substance Abuse Prevention	813,805	337,692	337,692	-	337,692	-	337,692
1422	Community Services - Single Stream Funding	66,213,836	262,728	262,728	-	262,728	-	262,728
1442	Community Substance Abuse Services - Child	2,330,495	3,986,024	3,218,544	-	3,218,544	-	3,218,544
1443	Community Services - Riddle Center - FIPP	305,704	2,188,889	2,200,948	-	2,200,948	-	2,200,948
1444	Community Mental Health Services - Child	7,957,727	8,172,679	7,500,891	-	7,500,891	-	7,500,891
1445	Community Developmental Disability Services - Child	6,003,949	-	-	-	-	-	-
1451	Community Services - Traumatic Brain Injury	240,977	246,984	246,984	-	246,984	-	246,984
1452	Path Homelessness	855,145	1,379,000	1,379,000	-	1,379,000	-	1,379,000
1461	Community Mental Health Services - Adult	9,026,791	18,761,088	18,776,922	-	18,776,922	-	18,776,922
1462	Community Developmental Disability Services - Adult	3,539,673	1,599,589	4,286,742	-	4,286,742	-	4,286,742
1463	Community Substance Abuse Services - Adult	56,157,103	35,852,338	36,065,951	-	36,065,951	-	36,065,951
1464	Community Crisis Services	1,813,107	1,395,000	1,395,000	-	1,395,000	-	1,395,000
Total Receipts		**$ 163,650,319**	**$ 84,557,014**	**$ 85,779,626**	**$ -**	**$ 85,779,626**	**$ -**	**$ 85,779,626**
Net Appropriation		**$ 354,818,849**	**$ 337,517,024**	**$ 329,807,216**	**$ 62,089,458**	**$ 391,896,674**	**$ 62,089,458**	**$ 391,896,674**

The most significant action in the base budget was the restoration of the non-recurring single stream reduction

Community Services Budget Overview

§ 122C-2. Policy.

The policy of the State is to assist individuals with needs for mental health, developmental disabilities, and substance abuse services in ways consistent with the dignity, rights, and responsibilities of all North Carolina citizens. Within available resources it is the obligation of State and local government to provide mental health, developmental disabilities, and substance abuse services through a delivery system designed to meet the needs of clients in the least restrictive, therapeutically most appropriate setting available and to maximize their quality of life. It is further the obligation of State and local government to provide community-based services when such services are appropriate, unopposed by the affected individuals, and can be reasonably accommodated within available resources and taking into account the needs of other persons for mental health, developmental disabilities, and substance abuse services.

State and local governments shall develop and maintain a unified system of services centered in area authorities or county programs. The public service system will strive to provide a continuum of services for clients while considering the availability of services in the private sector. Within available resources, State and local government shall ensure that the following core services are available:

(1) Screening, assessment, and referral.

(2) Emergency services.

(3) Service coordination.

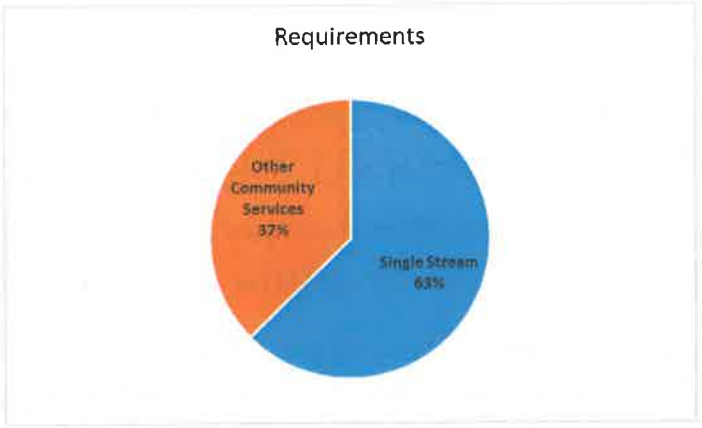
(4) Consultation, prevention, and education.

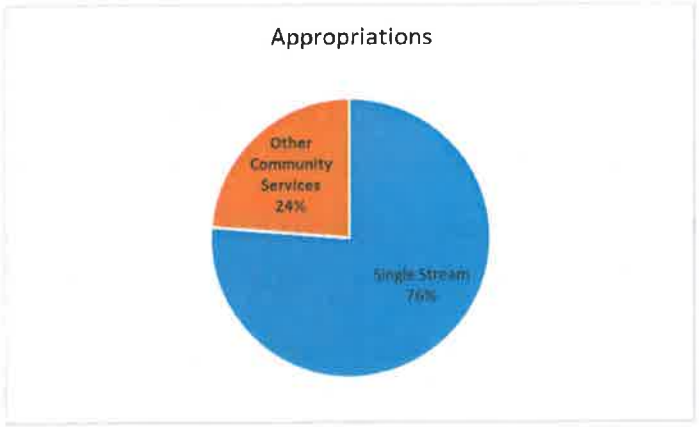
Within available resources, the State shall provide funding to support services to targeted populations, except that the State and counties shall provide matching funds for entitlement program services as required by law.

As used in this Chapter, the phrase "within available resources" means State funds appropriated and non-State funds and other resources appropriated, allocated or otherwise made available for mental health, developmental disabilities, and substance abuse services.

The furnishing of services to implement the policy of this section requires the cooperation and financial assistance of counties, the State, and the federal government. (1977, c. 568, s. 1; 1979, c. 358, s. 1; 1983, c. 383, s. 1; 1985, c. 589, s. 2; c. 771; 1989, c. 625, s. 2; 2001-437, s. 1.1.)

Community Services Budget Overview





- The largest item is the $299 million of funding to the LME/MCO's for single stream services, which reflects a $71 million restoration of a non-recurring reduction in FY 2018-19
- Core Services – screening, assessment, emergency, triage, prevention, education and consultation

Prior Year's Legislative Actions

- 2017-57 Single Stream 11F.2 – *recurring and non-recurring reductions, with a requirement to continue utilization at the same level as FY 2014-15*
- 2017-57 BH Strategic Plan Additions 11F.6 – *changes to the requirement in SL 2016-94 to develop a behavioral health strategic plan that identified a lead agency, developed a statewide needs assessment, established specific measurable outcomes and a specific solvency standard*
- 2017-57 MH/SA Central Assessment and Navigation 11F.7 – *pilot in New Hanover county to assess and navigate people to appropriate community based services to reduce hospital ER utilization*
- 2017-57 TBI Funding 11F.8 – *to assist families in accessing the continuum of care, educational programs and support residential programs designed to support people with TBI*

Prior Year's Legislative Actions

- 2018-5 Single Stream Funding 11F.1 – *Increased single stream recurring and non-recurring reductions; 12/1/18 DHHS can modify distribution; maintain single stream utilization at FY 2014-15 – TROSA, Wilkes County Crisis – HISTORICALLY WHERE DHHS BUDGET BALANCED*
- 2018-5 LME/MCO Solvency 11F.10 – *Viable state funded system critical to meet needs of population and achieve desired outcomes. Short and intermediate term standards to provide a uniform analysis of each LME/MCO's financial position and provide a mechanism for ongoing assessment of viability. Quarterly review, with corrective action plans required.*

QUESTIONS AND DISCUSSION

- Kody Kinsley, *Division of Mental Health, Developmental Disabilities and Substance Abuse Services*
- Steve Owen, *Fiscal Research Division*

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

FISCAL RESEARCH DIVISION
A Staff Agency of the North Carolina General Assembly

Senate Pages Attending

COMMITTEE: J.A. on Health & Human Serv. ROOM: 643

DATE: 3-27 TIME: 8:30

PLEASE PRINT LEGIBLY....*or else!!!!!*

Page Name	Hometown	Sponsoring Senator
1. John Hollowell	Raleigh	J. Davis
3.		
4.		
5.		
6.		
7.		
8.		

Pages: Present this form to either the Committee Clerk at the meeting or to the Sgt-at-Arms.

JOINT APPROPRIATIONS COMMITTEE
ON
HEALTH AND HUMAN SERVICES
March 27, 2019
8:30 am

House Sergeant-at-Arms

Will Crocker

~~Terry McCraw~~

Jim Moran

Thomas Terry

Senate Sergeant-at-Arms

Michael Caviness

Hal Roach

VISITOR SIGN-IN SHEET

JOINT APPROPRIATIONS COMMITTEE

ON

HEALTH AND HUMAN SERVICES

March 27, 2019

8:30 am

Dustin McTeale	Policy Analyst
Molly McCurdy	NCDS
Lisa Ward	NCDS
Ashley Northcutt	ECU NCDS
JORDAN T. BRUNSON	ECU-NCDS
Ian R. Stewart	UNC-NCDS
Kelli Sawyers	BPS
Asa Styers	Senate intern
Doug Miskewicz	PSG
Allison Stewart	Cardinal
Lindsey Dowling	TSS
Christine Craig	WakeMed

VISITOR SIGN-IN SHEET

JOINT APPROPRIATIONS COMMITTEE
ON
HEALTH AND HUMAN SERVICES
March 27, 2019
8:30 am

Kara Weishaar	SA
Sarah McQuillan	KCAMC
Marissa Turner	TSS
Brian Pickrell	Alliance Health
Jud Bo[illegible]	Bo[illegible] Assn.
ANTHONY HARMS	DHSR
Chuck Lewis	DHSR
Lisa Haire	DMH/DD/SAS
Karen Burkes	DMH/DD/SAS

Senate Committee on Appropriations on Health and Human Services
Tuesday, May 28, 2019 at 3:00 PM
Room 421 of the Legislative Office Building

MINUTES

The Senate Committee on Appropriations on Health and Human Services met at 3:00 PM on May 28, 2019 in Room 421 of the Legislative Office Building. Eight members were present.

Senator Joyce Krawiec, Chair, presided.

Karson Van Seeyec from Pinehurst, Ryan Dix from High Point, Cameron Helein from Cornelius, Hunter Martin from Nashville, and Colin Williams from Goldsboro served as pages.

Sen. Krawiec welcomed everyone and gave the floor to the Health and Human Services Committee Staff. The presentations were as follows:

Senate Rules for Committee Procedure
Deborah Landry, Fiscal Research

2019 Appropriations Act Proposed Health and Human Services Budget
Proposed Committee Report:
Jessica Meed, Fiscal Research Division
Denise Thomas, Fiscal Research Division
Deborah Landry, Fiscal Research Division
Mark Collins, Fiscal Research Division

Proposed Special Provisions:
Joyce Jones, Legislative Drafting Division
Lisa Wilks, Legislative Drafting Division
Amy Jo Johnson, Legislative Drafting Division
Jared Simmons, Legislative Drafting Division

Questions from the members were answered by Sen. Krawiec and Joyce Jones.

The meeting adjourned at 3:45 PM.

Senator Joyce Krawiec, Chair
Presiding

Debbie Lown, Committee Clerk

AGENDA
SENATE APPROPRIATIONS
COMMITTEE ON HEALTH AND HUMAN SERVICES

May 28, 2019 3:00 p.m.
Legislative Office Building - Room 421

Committee Co-Chairs
Sen. Dan Bishop
Sen. Joyce Krawiec

Committee Members
Sen. Jim Burgin
Sen. Ralph Hise
Sen. Paul Lowe
Sen. Floyd McKissick, Jr.
Sen. Jim Perry
Sen. Gladys Robinson
Sen. Terry Van Duyn

I.	**Welcome and Opening Remarks**	Sen. Krawiec, Presiding Co-Chair
II.	**Senate Rules for Committee Procedure**	Deborah Landry, Fiscal Research Division
III.	**2019 Appropriations Act Proposed Health and Human Services Budget:**	
	Proposed Committee Report	Jessica Meed, Fiscal Research Division Denise Thomas, Fiscal Research Division Deborah Landry, Fiscal Research Division Mark Collins, Fiscal Research Division Steve Owen, Fiscal Research Division
	Proposed Special Provisions	Joyce Jones, Legislative Drafting Division Lisa Wilks, Legislative Drafting Division Amy Jo Johnson, Legislative Drafting Division Jared Simmons, Legislative Drafting Division
IV.	**Adjourn**	

Senate Appropriations/Base Budget Committee

Rules for Considering Amendments

If amendments are offered, then the following rules must be met in order to make the amendment eligible for consideration:

1. Money can only be transferred among items within the same subcommittee section.

2. Amendments where money is being transferred among items within a subcommittee must clearly identify the items/programs that are being increased and decreased.

3. Nonrecurring reductions cannot be made to fund recurring additions.

4. Amendments that spend reversions are not allowed.

5. Amendments that increase or create new management flexibility reserves are not allowed.

6. Amendments that increase spending in the subcommittee budgets are not allowed.

7. Amendments are not allowed where funding for an item comes from statewide reserves.

8. Amendments that adjust funds from reserves related to compensation or pay increases, retirement contributions, or health plan contributions are not allowed.

9. Amendments that spend funds from the unappropriated balance are not allowed.

10. Amendments that address finance portions of the bill will be heard in the Finance Committee, not in the meeting of Full Appropriations.

11. Amendments must be in writing, the original signed, with 100 copies available for distribution.

12. To be considered, a proposed amendment must have been logged in by the committee clerk in room 643 by 10:00 a.m. on Wednesday, May 29, 2019.

Health and Human Services Section C

Aging and Adult Services
Budget Code 14411

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$115,322,884	$115,322,884
Receipts	$70,287,436	$70,287,436
Net Appropriation	$45,035,448	$45,035,448
Legislative Changes		
Requirements	$1,174,134	$1,279,344
Receipts	$107,728	$107,728
Net Appropriation	$1,066,406	$1,171,616
Revised Budget		
Requirements	$116,497,018	$116,602,228
Receipts	$70,395,164	$70,395,164
Net Appropriation	$46,101,854	$46,207,064

General Fund FTE

Base Budget	77.000	77.000
Legislative Changes	-	-
Revised Budget	77.000	77.000

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Aging and Adult Services										
Budget Code 14411		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	2,493,141	1,771,411	721,730	-	-	-	2,493,141	1,771,411	721,730
1160	Prof. Development/Capacity Building	218,806	218,806	-	-	-	-	218,806	218,806	-
1167	Emergency Shelter	4,918,420	4,918,420	-	-	-	-	4,918,420	4,918,420	-
1260	Access Outreach - Aging Adults	2,396,152	1,058,597	1,337,555	-	-	-	2,396,152	1,058,597	1,337,555
1270	Qual. Improv./Wellness/Health Promotion	885,753	817,699	68,054	-	-	-	885,753	817,699	68,054
1370	Senior Nutrition/Fan Programs	12,136,734	11,717,281	419,453	-	-	-	12,136,734	11,717,281	419,453
1410	Case Management and Counseling	82,828	60,544	22,284	-	-	-	82,828	60,544	22,284
1451	Community Based Services and Supports	66,483,153	35,074,667	31,408,486	1,077,277	107,728	969,549	67,560,430	35,182,395	32,378,035
1452	Alzheimer's/Dementia Support Services	6,214,072	4,058,183	2,155,889	-	-	-	6,214,072	4,058,183	2,155,889
1453	At-Risk Case Management	89,449	56,157	33,292	-	-	-	89,449	56,157	33,292
1454	Key Program	6,976,189	74,607	6,901,582	-	-	-	6,976,189	74,607	6,901,582
1480	Senior Community/Employment Serv.	2,287,561	2,279,540	8,021	-	-	-	2,287,561	2,279,540	8,021
1510	Adult Protective Services & Guardianship	5,204,573	4,660,359	544,214	-	-	-	5,204,573	4,660,359	544,214
1550	Long Term Care - Ombudsman Services	4,188,308	3,099,113	1,089,195	-	-	-	4,188,308	3,099,113	1,089,195
1570	State/County Special Assistance Admin.	730,200	404,507	325,693	-	-	-	730,200	404,507	325,693
1910	Reserves and Transfers	-	-	-	-	-	-	-	-	-
1991	Indirect Cost - Reserve	17,545	17,545	-	-	-	-	17,545	17,545	-
Reserve for Salaries and Benefits										
N/A	Compensation Increase Reserve	-	-	-	63,516	-	63,516	63,516	-	63,516
N/A	State Retirement Contributions	-	-	-	24,158	-	24,158	24,158	-	24,158
N/A	State Health Plan	-	-	-	8,176	-	8,176	8,176	-	8,176
N/A	Short-Term Disability	-	-	-	1,007	-	1,007	1,007	-	1,007
Total		**$115,322,884**	**$70,287,436**	**$45,035,448**	**$1,174,134**	**$107,728**	**$1,066,406**	**$116,497,018**	**$70,395,164**	**$46,101,854**

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Aging and Adult Services										
Budget Code 14411		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	2,493,141	1,771,411	721,730	-	-	-	2,493,141	1,771,411	721,730
1160	Prof. Development/Capacity Building	218,806	218,806	-	-	-	-	218,806	218,806	-
1167	Emergency Shelter	4,918,420	4,918,420	-	-	-	-	4,918,420	4,918,420	-
1260	Access Outreach - Aging Adults	2,396,152	1,058,597	1,337,555	-	-	-	2,396,152	1,058,597	1,337,555
1270	Qual. Improv./Wellness/Health Promotion	885,753	817,699	68,054	-	-	-	885,753	817,699	68,054
1370	Senior Nutrition/Fan Programs	12,136,734	11,717,281	419,453	-	-	-	12,136,734	11,717,281	419,453
1410	Case Management and Counseling	82,828	60,544	22,284	-	-	-	82,828	60,544	22,284
1451	Community Based Services and Supports	66,483,153	35,074,667	31,408,486	1,077,277	107,728	969,549	67,560,430	35,182,395	32,378,035
1452	Alzheimer's/Dementia Support Services	6,214,072	4,058,183	2,155,889	-	-	-	6,214,072	4,058,183	2,155,889
1453	At-Risk Case Management	89,449	56,157	33,292	-	-	-	89,449	56,157	33,292
1454	Key Program	6,976,189	74,607	6,901,582	-	-	-	6,976,189	74,607	6,901,582
1480	Senior Community/Employment Serv.	2,287,561	2,279,540	8,021	-	-	-	2,287,561	2,279,540	8,021
1510	Adult Protective Services & Guardianship	5,204,573	4,660,359	544,214	-	-	-	5,204,573	4,660,359	544,214
1550	Long Term Care - Ombudsman Services	4,188,308	3,099,113	1,089,195	-	-	-	4,188,308	3,099,113	1,089,195
1570	State/County Special Assistance Admin.	730,200	404,507	325,693	-	-	-	730,200	404,507	325,693
1910	Reserves and Transfers	-	-	-	-	-	-	-	-	-
1991	Indirect Cost - Reserve	17,545	17,545	-	-	-	-	17,545	17,545	-
Reserve for Salaries and Benefits										
N/A	Compensation Increase Reserve	-	-	-	127,032	-	127,032	127,032	-	127,032
N/A	State Retirement Contributions	-	-	-	57,376	-	57,376	57,376	-	57,376
N/A	State Health Plan	-	-	-	16,652	-	16,652	16,652	-	16,652
N/A	Short-Term Disability	-	-	-	1,007	-	1,007	1,007	-	1,007
Total		**$115,322,884**	**$70,287,436**	**$45,035,448**	**$1,279,344**	**$107,728**	**$1,171,616**	**$116,602,228**	**$70,395,164**	**$46,207,064**

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Aging and Adult Services					
Budget Code 14411		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	15.000	-	-	15.000
1160	Prof. Development/Capacity Building	-	-	-	-
1167	Emergency Shelter	3.000	-	-	3.000
1260	Access Outreach - Aging Adults	3.000	-	-	3.000
1270	Qual. Improv./Wellness/Health Promotion	1.000	-	-	1.000
1370	Senior Nutrition/Fan Programs	-	-	-	-
1410	Case Management and Counseling	1.000	-	-	1.000
1451	Community Based Services and Supports	9.000	-	-	9.000
1452	Alzheimer's/Dementia Support Services	4.000	-	-	4.000
1453	At-Risk Case Management	1.000	-	-	1.000
1454	Key Program	11.000	-	-	11.000
1480	Senior Community/Employment Serv.	1.000	-	-	1.000
1510	Adult Protective Services & Guardianship	15.000	-	-	15.000
1550	Long Term Care - Ombudsman Services	5.000	-	-	5.000
1570	State/County Special Assistance Admin.	8.000	-	-	8.000
1910	Reserves and Transfers	-	-	-	-
1991	Indirect Cost - Reserve	-	-	-	-
Total FTE		**77.000**	**-**	**-**	**77.000**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
2019 Legislative Session

Aging and Adult Services					
Budget Code 14411		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	15.000	-	-	15.000
1160	Prof. Development/Capacity Building	-	-	-	-
1167	Emergency Shelter	3.000	-	-	3.000
1260	Access Outreach - Aging Adults	3.000	-	-	3.000
1270	Qual. Improv./Wellness/Health Promotion	1.000	-	-	1.000
1370	Senior Nutrition/Fan Programs	-	-	-	-
1410	Case Management and Counseling	1.000	-	-	1.000
1451	Community Based Services and Supports	9.000	-	-	9.000
1452	Alzheimer's/Dementia Support Services	4.000	-	-	4.000
1453	At-Risk Case Management	1.000	-	-	1.000
1454	Key Program	11.000	-	-	11.000
1480	Senior Community/Employment Serv.	1.000	-	-	1.000
1510	Adult Protective Services & Guardianship	15.000	-	-	15.000
1550	Long Term Care - Ombudsman Services	5.000	-	-	5.000
1570	State/County Special Assistance Admin.	8.000	-	-	8.000
1910	Reserves and Transfers	-	-	-	-
1991	Indirect Cost - Reserve	-	-	-	-
Total FTE		**77.000**	**-**	**-**	**77.000**

14411-Aging and Adult Services

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	**$ 115,322,884**	**$ 115,322,884**
Less: Receipts	**$ 70,287,436**	**$ 70,287,436**
Net Appropriation	**$ 45,035,448**	**$ 45,035,448**
FTE	**77.000**	**77.000**

Legislative Changes

Reserve for Salaries and Benefits

1 Compensation Increase Reserve Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.	Requirements	$ 63,516R	$ 127,032R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 63,516	$ 127,032
	FTE	-	-
2 State Retirement Contributions Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.	Requirements	$ 24,158R	$ 57,376R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 24,158	$ 57,376
	FTE	-	-
3 State Health Plan Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.	Requirements	$ 8,176R	$ 16,652R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 8,176	$ 16,652
	FTE	-	-
4 Short-Term Disability Provides additional funding to pay short-term disability benefits under SL 2018-52.	Requirements	$ 1,007R	$ 1,007R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 1,007	$ 1,007
	FTE	-	-
Service Support **Fund Code: 1110**	Requirements	$ 2,493,141	$ 2,493,141
	Less: Receipts	$ 1,771,411	$ 1,771,411
	Net Appropriation	$ 721,730	$ 721,730
	FTE	15.000	15.000
5 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Service Support Revised Budget	Requirements	$ 2,493,141	$ 2,493,141
	Less: Receipts	$ 1,771,411	$ 1,771,411
	Net Appropriation	$ **721,730**	$ **721,730**
	FTE	15.000	15.000
Professional Development and Capacity Building **Fund Code: 1160**	Requirements	$ 218,806	$ 218,806
	Less: Receipts	$ 218,806	$ 218,806
	Net Appropriation	$ 0	$ 0
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
6 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Professional Development and Capacity Building Revised Budget	Requirements	$ 218,806	$ 218,806
	Less: Receipts	$ 218,806	$ 218,806
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Emergency Shelter Fund Code: 1167	Requirements	$ 4,918,420	$ 4,918,420
	Less: Receipts	$ 4,918,420	$ 4,918,420
	Net Appropriation	$ 0	$ 0
	FTE	3.000	3.000
7 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Emergency Shelter Revised Budget	Requirements	$ 4,918,420	$ 4,918,420
	Less: Receipts	$ 4,918,420	$ 4,918,420
	Net Appropriation	$ **0**	$ **0**
	FTE	3.000	3.000
Access Outreach- Aging Adults Fund Code: 1260	Requirements	$ 2,396,152	$ 2,396,152
	Less: Receipts	$ 1,058,597	$ 1,058,597
	Net Appropriation	$ 1,337,555	$ 1,337,555
	FTE	3.000	3.000
8 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Access Outreach- Aging Adults Revised Budget	Requirements	$ 2,396,152	$ 2,396,152
	Less: Receipts	$ 1,058,597	$ 1,058,597
	Net Appropriation	$ **1,337,555**	$ **1,337,555**
	FTE	3.000	3.000
Quality Improvement - Wellness and Health Promotion Fund Code: 1270	Requirements	$ 885,753	$ 885,753
	Less: Receipts	$ 817,699	$ 817,699
	Net Appropriation	$ 68,054	$ 68,054
	FTE	1.000	1.000
9 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Quality Improvement - Wellness and Health Promotion Revised Budget	Requirements	$ 885,753	$ 885,753
	Less: Receipts	$ 817,699	$ 817,699
	Net Appropriation	$ **68,054**	$ **68,054**
	FTE	1.000	1.000
Home and Community Care Block Grant **Fund Code: 1370, 1451**	Requirements	$ 78,619,887	$ 78,619,887
	Less: Receipts	$ 46,791,948	$ 46,791,948
	Net Appropriation	$ 31,827,939	$ 31,827,939
	FTE	9.000	9.000
10 Home and Community Care Block Grant (HCCBG) Expansion **Fund Code: 1451** Restores funds to the HCCBG, which provides in-home and community-based services in support of older adults and their unpaid primary caregivers.	Requirements	$ 1,077,277NR	$ 1,077,277NR
	Less: Receipts	$ 107,728NR	$ 107,728NR
	Net Appropriation	$ 969,549	$ 969,549
	FTE	-	-
Home and Community Care Block Grant Revised Budget	Requirements	$ 79,697,164	$ 79,697,164
	Less: Receipts	$ 46,899,676	$ 46,899,676
	Net Appropriation	$ **32,797,488**	$ **32,797,488**
	FTE	9.000	9.000
Case Management and Counseling **Fund Code: 1410**	Requirements	$ 82,828	$ 82,828
	Less: Receipts	$ 60,544	$ 60,544
	Net Appropriation	$ 22,284	$ 22,284
	FTE	1.000	1.000
11 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Case Management and Counseling Revised Budget	Requirements	$ 82,828	$ 82,828
	Less: Receipts	$ 60,544	$ 60,544
	Net Appropriation	$ **22,284**	$ **22,284**
	FTE	1.000	1.000
Alzheimer's and Dementia Support **Fund Code: 1452**	Requirements	$ 6,214,072	$ 6,214,072
	Less: Receipts	$ 4,058,183	$ 4,058,183
	Net Appropriation	$ 2,155,889	$ 2,155,889
	FTE	4.000	4.000
12 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Alzheimer's and Dementia Support Revised Budget	Requirements	$ 6,214,072	$ 6,214,072
	Less: Receipts	$ 4,058,183	$ 4,058,183
	Net Appropriation	$ **2,155,889**	$ **2,155,889**
	FTE	4.000	4.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
At Risk Case Management	Requirements	$ 89,449	$ 89,449
Fund Code: 1453	Less: Receipts	$ 56,157	$ 56,157
	Net Appropriation	$ 33,292	$ 33,292
	FTE	1.000	1.000
13 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
At Risk Case Management Revised Budget	Requirements	$ 89,449	$ 89,449
	Less: Receipts	$ 56,157	$ 56,157
	Net Appropriation	$ **33,292**	$ **33,292**
	FTE	1.000	1.000
Key Program	Requirements	$ 6,976,189	$ 6,976,189
Fund Code: 1454	Less: Receipts	$ 74,607	$ 74,607
	Net Appropriation	$ 6,901,582	$ 6,901,582
	FTE	11.000	11.000
14 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Key Program Revised Budget	Requirements	$ 6,976,189	$ 6,976,189
	Less: Receipts	$ 74,607	$ 74,607
	Net Appropriation	$ **6,901,582**	$ **6,901,582**
	FTE	11.000	11.000
Senior Community Services Employment Services	Requirements	$ 2,287,561	$ 2,287,561
Fund Code: 1480	Less: Receipts	$ 2,279,540	$ 2,279,540
	Net Appropriation	$ 8,021	$ 8,021
	FTE	1.000	1.000
15 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Senior Community Services Employment Services Revised Budget	Requirements	$ 2,287,561	$ 2,287,561
	Less: Receipts	$ 2,279,540	$ 2,279,540
	Net Appropriation	$ **8,021**	$ **8,021**
	FTE	1.000	1.000
Adult Protective Services and Guardianship	Requirements	$ 5,204,573	$ 5,204,573
Fund Code: 1510	Less: Receipts	$ 4,660,359	$ 4,660,359
	Net Appropriation	$ 544,214	$ 544,214
	FTE	15.000	15.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
16 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Adult Protective Services and Guardianship Revised Budget	Requirements	$ 5,204,573	$ 5,204,573
	Less: Receipts	$ 4,660,359	$ 4,660,359
	Net Appropriation	$ **544,214**	$ **544,214**
	FTE	15.000	15.000
Long Term Care - Ombudsman Services Fund Code: 1550	Requirements	$ 4,188,308	$ 4,188,308
	Less: Receipts	$ 3,099,113	$ 3,099,113
	Net Appropriation	$ 1,089,195	$ 1,089,195
	FTE	5.000	5.000
17 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Long Term Care - Ombudsman Services Revised Budget	Requirements	$ 4,188,308	$ 4,188,308
	Less: Receipts	$ 3,099,113	$ 3,099,113
	Net Appropriation	$ **1,089,195**	$ **1,089,195**
	FTE	5.000	5.000
State/County Special Assistance Administration Fund Code: 1570	Requirements	$ 730,200	$ 730,200
	Less: Receipts	$ 404,507	$ 404,507
	Net Appropriation	$ 325,693	$ 325,693
	FTE	8.000	8.000
18 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
State/County Special Assistance Administration Revised Budget	Requirements	$ 730,200	$ 730,200
	Less: Receipts	$ 404,507	$ 404,507
	Net Appropriation	$ **325,693**	$ **325,693**
	FTE	8.000	8.000
Reserves and Transfers Fund Code: 1910	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
19 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Reserves and Transfers Revised Budget	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Indirect Cost Reserve	Requirements	$ 17,545	$ 17,545
Fund Code: 1991	Less: Receipts	$ 17,545	$ 17,545
	Net Appropriation	$ 0	$ 0
	FTE	-	-
20 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Indirect Cost Reserve Revised Budget	Requirements	$ 17,545	$ 17,545
	Less: Receipts	$ 17,545	$ 17,545
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Total Legislative Changes			
	Requirements	$ **1,174,134**	$ **1,279,344**
	Less: Receipts	$ **107,728**	$ **107,728**
	Net Appropriation	$ **1,066,406**	$ **1,171,616**
	FTE	-	-
	Recurring	$ **96,857**	$ **202,067**
	Nonrecurring	$ **969,549**	$ **969,549**
	Net Appropriation	$ **1,066,406**	$ **1,171,616**
	FTE	-	-
Revised Budget			
Revised Requirements		$ **116,497,018**	$ **116,602,228**
Revised Receipts		$ **70,395,164**	$ **70,395,164**
Revised Net Appropriation		$ **46,101,854**	$ **46,207,064**
Revised FTE		**77.000**	**77.000**

Central Management and Support
Budget Code 14410

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$213,596,948	$213,596,948
Receipts	$97,500,522	$97,500,522
Net Appropriation	$116,096,426	$116,096,426
Legislative Changes		
Requirements	$44,489,134	$46,807,491
Receipts	$14,992,380	$22,852,015
Net Appropriation	$29,496,754	$23,955,476
Revised Budget		
Requirements	$258,086,082	$260,404,439
Receipts	$112,492,902	$120,352,537
Net Appropriation	$145,593,180	$140,051,902

General Fund FTE

Base Budget	962.000	962.000
Legislative Changes	(3.000)	(3.000)
Revised Budget	959.000	959.000

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Central Management and Support										
Budget Code 14410		**Base Budget**			**Legislative Changes**			**Revised Budget**		
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**
1119	Service Support - Administration	7,533,009	2,326,127	5,206,882	-	-	-	7,533,009	2,326,127	5,206,882
1120	Service Support - Central Management	23,756,035	3,937,912	19,818,123	-	-	-	23,756,035	3,937,912	19,818,123
1121	Service Support - Controller's Office	19,396,375	8,980,621	10,415,754	-	-	-	19,396,375	8,980,621	10,415,754
1122	DIRM - Information System Services	94,376,431	59,149,579	35,226,852	38,968,218	15,130,182	23,838,036	133,344,649	74,279,761	59,064,888
1124	NC Council on Developmental Disabilities	3,188,263	3,105,710	82,553	-	-	-	3,188,263	3,105,710	82,553
1126	Central Regional Maintenance - Dix	11,305,852	2,978,612	8,327,240	(287,854)	(287,854)	-	11,017,998	2,690,758	8,327,240
1127	Prog Eval, Report, & Accountability	547,436	86,226	461,210	(547,436)	(86,226)	(461,210)	-	-	-
1129	Rural Health Services Administration	1,050,625	283,151	767,474	-	-	-	1,050,625	283,151	767,474
1162	Rural Health Recruitment and Retention	4,623,251	2,955,277	1,667,974	3,500,000	-	3,500,000	8,123,251	2,955,277	5,167,974
1168	Telemedicine	1,833,137	-	1,833,137	500,000	-	500,000	2,333,137	-	2,333,137
1169	Rural Health Infrastructure	21,436,200	2,572,954	18,863,246	-	-	-	21,436,200	2,572,954	18,863,246
1374	Low Income Drug and Medical Assistance	5,932,876	3,787,940	2,144,936	200,000	-	200,000	6,132,876	3,787,940	2,344,936
1910	Reserves and Transfers	17,655,570	6,374,525	11,281,045	197,488	236,278	(38,790)	17,853,058	6,610,803	11,242,255
1991	Indirect Cost - Reserve	587,890	587,890	-	-	-	-	587,890	587,890	-
1992	Prior Year - Earned Revenue	373,998	373,998	-	-	-	-	373,998	373,998	-
Reserve for Salaries and Benefits										
N/A	Compensation Increase Reserve	-	-	-	1,295,346	-	1,295,346	1,295,346	-	1,295,346
N/A	State Retirement Contributions	-	-	-	492,683	-	492,683	492,683	-	492,683
N/A	State Health Plan	-	-	-	150,161	-	150,161	150,161	-	150,161
N/A	Short-Term Disability	-	-	-	20,528	-	20,528	20,528	-	20,528
Total		**$213,596,948**	**$97,500,522**	**$116,096,426**	**$44,489,134**	**$14,992,380**	**$29,496,754**	**$258,086,082**	**$112,492,902**	**$145,593,180**

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Central Management and Support										
Budget Code 14410		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1119	Service Support - Administration	7,533,009	2,326,127	5,206,882	-	-	-	7,533,009	2,326,127	5,206,882
1120	Service Support - Central Management	23,756,035	3,937,912	19,818,123	-	-	-	23,756,035	3,937,912	19,818,123
1121	Service Support - Controller's Office	19,396,375	8,980,621	10,415,754	-	-	-	19,396,375	8,980,621	10,415,754
1122	DIRM - Information System Services	94,376,431	59,149,579	35,226,852	42,158,113	22,989,817	19,168,296	136,534,544	82,139,396	54,395,148
1124	NC Council on Developmental Disabilities	3,188,263	3,105,710	82,553	-	-	-	3,188,263	3,105,710	82,553
1126	Central Regional Maintenance - Dix	11,305,852	2,978,612	8,327,240	(287,854)	(287,854)	-	11,017,998	2,690,758	8,327,240
1127	Prog Eval, Report, & Accountability	547,436	86,226	461,210	(547,436)	(86,226)	(461,210)	-	-	-
1129	Rural Health Services Administration	1,050,625	283,151	767,474	-	-	-	1,050,625	283,151	767,474
1162	Rural Health Recruitment and Retention	4,623,251	2,955,277	1,667,974	1,000,000	-	1,000,000	5,623,251	2,955,277	2,667,974
1168	Telemedicine	1,833,137	-	1,833,137	-	-	-	1,833,137	-	1,833,137
1169	Rural Health Infrastructure	21,436,200	2,572,954	18,863,246	-	-	-	21,436,200	2,572,954	18,863,246
1374	Low Income Drug and Medical Assistance	5,932,876	3,787,940	2,144,936	200,000	-	200,000	6,132,876	3,787,940	2,344,936
1910	Reserves and Transfers	17,655,570	6,374,525	11,281,045	197,488	236,278	(38,790)	17,853,058	6,610,803	11,242,255
1991	Indirect Cost - Reserve	587,890	587,890	-	-	-	-	587,890	587,890	-
1992	Prior Year - Earned Revenue	373,998	373,998	-	-	-	-	373,998	373,998	-
Reserve for Salaries and Benefits										
N/A	Compensation Increase Reserve	-	-	-	2,590,692	-	2,590,692	2,590,692	-	2,590,692
N/A	State Retirement Contributions	-	-	-	1,170,123	-	1,170,123	1,170,123	-	1,170,123
N/A	State Health Plan	-	-	-	305,837	-	305,837	305,837	-	305,837
N/A	Short-Term Disability	-	-	-	20,528	-	20,528	20,528	-	20,528
Total		**$213,596,948**	**$97,500,522**	**$116,096,426**	**$46,807,491**	**$22,852,015**	**$23,955,476**	**$260,404,439**	**$120,352,537**	**$140,051,902**

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Central Management and Support					
Budget Code 14410		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1119	Service Support - Administration	67.000	-	-	67.000
1120	Service Support - Central Management	107.500	-	-	107.500
1121	Service Support - Controller's Office	212.000	-	-	212.000
1122	DIRM - Information System Services	413.000	-	-	413.000
1124	NC Council on Developmental Disabilities	10.000	-	-	10.000
1126	Central Regional Maintenance - Dix	103.000	-	-	103.000
1127	Prog Eval, Report, & Accountability	3.000	(3.000)	-	-
1129	Rural Health Services Administration	9.000	-	-	9.000
1162	Rural Health Recruitment and Retention	5.000	-	-	5.000
1168	Telemedicine	-	-	-	-
1169	Rural Health Infrastructure	24.500	-	-	24.500
1374	Low Income Drug and Medical Assistance	8.000	-	-	8.000
1910	Reserves and Transfers	-	-	-	-
1991	Indirect Cost - Reserve	-	-	-	-
1992	Prior Year - Earned Revenue	-	-	-	-
Total FTE		**962.000**	**(3.000)**	**-**	**959.000**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
2019 Legislative Session

Central Management and Support					
Budget Code 14410		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1119	Service Support - Administration	67.000	-	-	67.000
1120	Service Support - Central Management	107.500	-	-	107.500
1121	Service Support - Controller's Office	212.000	-	-	212.000
1122	DIRM - Information System Services	413.000	-	-	413.000
1124	NC Council on Developmental Disabilities	10.000	-	-	10.000
1126	Central Regional Maintenance - Dix	103.000	-	-	103.000
1127	Prog Eval, Report, & Accountability	3.000	(3.000)	-	-
1129	Rural Health Services Administration	9.000	-	-	9.000
1162	Rural Health Recruitment and Retention	5.000	-	-	5.000
1168	Telemedicine	-	-	-	-
1169	Rural Health Infrastructure	24.500	-	-	24.500
1374	Low Income Drug and Medical Assistance	8.000	-	-	8.000
1910	Reserves and Transfers	-	-	-	-
1991	Indirect Cost - Reserve	-	-	-	-
1992	Prior Year - Earned Revenue	-	-	-	-
Total FTE		**962.000**	**(3.000)**	**-**	**959.000**

14410-Central Management and Support

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	$ 213,596,948	$ 213,596,948
Less: Receipts	$ 97,500,522	$ 97,500,522
Net Appropriation	$ 116,096,426	$ 116,096,426
FTE	962.000	962.000

Legislative Changes

Reserve for Salaries and Benefits

21 Compensation Increase Reserve

Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.

Requirements	$ 1,295,346R	$ 2,590,692R
Less: Receipts	$ -	$ -
Net Appropriation	$ 1,295,346	$ 2,590,692
FTE	-	-

22 State Retirement Contributions

Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.

Requirements	$ 492,683R	$ 1,170,123R
Less: Receipts	$ -	$ -
Net Appropriation	$ 492,683	$ 1,170,123
FTE	-	-

23 State Health Plan

Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.

Requirements	$ 150,161R	$ 305,837R
Less: Receipts	$ -	$ -
Net Appropriation	$ 150,161	$ 305,837
FTE	-	-

24 Short-Term Disability

Provides additional funding to pay short-term disability benefits under SL 2018-52.

Requirements	$ 20,528R	$ 20,528R
Less: Receipts	$ -	$ -
Net Appropriation	$ 20,528	$ 20,528
FTE	-	-

Central Management and Support
Fund Code: 1119, 1120, 1121, 1124, 1126, 1127

Requirements	$ 65,726,970	$ 65,726,970
Less: Receipts	$ 21,415,208	$ 21,415,208
Net Appropriation	$ 44,311,762	$ 44,311,762
FTE	502.500	502.500

25 Office of Program Evaluation, Reporting, and Accountability
Fund Code: 1127

Eliminates funding for the Office of Program Evaluation, Reporting, and Accountability (OPERA). The Office is eliminated effective July 1, 2019 and Part 31A of Chapter 143B is repealed.

Requirements	$ (547,436)R	$ (547,436)R
Less: Receipts	$ (86,226)R	$ (86,226)R
Net Appropriation	$ (461,210)	$ (461,210)
FTE	(3.000)	(3.000)

26 Central Regional Maintenance
Fund Code: 1126

Decreases federal Child Care and Development Fund block grant receipts for the Department of Health and Human Services (DHHS) central regional maintenance.

Requirements	$ (287,854)R	$ (287,854)R
Less: Receipts	$ (287,854)R	$ (287,854)R
Net Appropriation	$ -	$ -
FTE	-	-

Central Management and Support Revised Budget

Requirements	$ 64,891,680	$ 64,891,680
Less: Receipts	$ 21,041,128	$ 21,041,128
Net Appropriation	$ **43,850,552**	$ **43,850,552**
FTE	499.500	499.500

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Information Technology **Fund Code: 1122, 1123**	Requirements	$ 94,376,431	$ 94,376,431
	Less: Receipts	$ 59,149,579	$ 59,149,579
	Net Appropriation	$ 35,226,852	$ 35,226,852
	FTE	413.000	413.000
27 NC FAST Operations and Maintenance **Fund Code: 1122** Provides funding to support ongoing operations of NC FAST. NC FAST is an information technology system used to support the operations of county departments of social services.	Requirements	$ 18,513,372R 3,421,202NR	$ 24,296,661R 9,737,500NR
	Less: Receipts	$ 12,767,200R 2,362,982NR	$ 16,358,186R 6,631,631NR
	Net Appropriation	$ 6,804,392	$ 11,044,344
	FTE	-	-
28 NC FAST Child Welfare Case Management **Fund Code: 1122** Provides funding for changes and updates needed in NC FAST to comply with Rylan's Law, the federal Family First Prevention Services Act and new federal requirements for Child Welfare Information Systems.	Requirements	$ 7,153,444NR	$ 4,021,556NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 7,153,444	$ 4,021,556
	FTE	-	-
29 NC FAST 24/7 Access **Fund Code: 1122** Provides funding to support infrastructure requirements for 24 hours a day, 7 days a week access to NC FAST, including migration to a cloud based solution.	Requirements	$ 2,433,459NR	$ 2,470,443NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 2,433,459	$ 2,470,443
	FTE	-	-
30 NC FAST Document Management **Fund Code: 1122** Provides funding to implement a document management solution in NC FAST that will allow State and federal Program Integrity staff and the county departments of social services the ability to share and provide data in a timely manner.	Requirements	$ -	$ 1,631,953NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ 1,631,953
	FTE	-	-
31 NC FAST **Fund Code: 1122** Budgets the transfer from Central Management and Supports General Fund (14410-1900) and federal receipts to support hardware and software purchases, the independent verification and validation contract, and other infrastructure and administrative costs.	Requirements	$ 7,446,741NR	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 7,446,741	$ -
	FTE	-	-
Information Technology Revised Budget	Requirements	$ 133,344,649	$ 136,534,544
	Less: Receipts	$ 74,279,761	$ 82,139,396
	Net Appropriation	$ **59,064,888**	$ **54,395,148**
	FTE	413.000	413.000
Rural Health and Medically Underserved **Fund Code: 1129, 1162, 1168, 1169, 1374**	Requirements	$ 34,876,089	$ 34,876,089
	Less: Receipts	$ 9,599,322	$ 9,599,322
	Net Appropriation	$ 25,276,767	$ 25,276,767
	FTE	46.500	46.500
32 NC Medication Assistance Program **Fund Code: 1374** Provides funds for additional prescription assistance services for indigent and uninsured persons. The revised net appropriation for low-income drug and medical assistance is $2.3 million in each year of the biennium.	Requirements	$ 200,000NR	$ 200,000NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 200,000	$ 200,000
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
33 Rural Health Loan Assistance Repayment Program **Fund Code: 1162** Provides funding for loan repayment incentives to recruit doctors, dentists, nurse practitioners, and certified nurse midwives to rural areas. The revised net appropriation for rural health recruitment and retention is $4.2 million in FY 2019-20 and $2.7 million in FY 2020-21.	Requirements	$ 3,500,000NR	$ 1,000,000NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 3,500,000	$ 1,000,000
	FTE	-	-
34 Telehealth Pilot Project **Fund Code: 1168** Provides funding for a telehealth pilot project in Robeson County.	Requirements	$ 500,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 500,000	$ -
	FTE	-	-
Rural Health and Medically Underserved Revised Budget	Requirements	$ 39,076,089	$ 36,076,089
	Less: Receipts	$ 9,599,322	$ 9,599,322
	Net Appropriation	$ **29,476,767**	$ **26,476,767**
	FTE	46.500	46.500
Reserves, Transfers, Prior Year Revenue and Adjustments **Fund Code: 1910, 1991, 1992**	Requirements	$ 18,617,458	$ 18,617,458
	Less: Receipts	$ 7,336,413	$ 7,336,413
	Net Appropriation	$ 11,281,045	$ 11,281,045
	FTE	-	-
35 Salary Reserve Adjustment **Fund Code: 1910** Adjusts the Division of Central Management and Support Services' salary reserve to restore funds that were transferred from OPERA on a temporary basis to the Department of Military and Veterans Affairs. DHHS erroneously omitted restoration of the funds to the FY 2019-21 OPERA base.	Requirements	$ (38,790)R	$ (38,790)R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ (38,790)	$ (38,790)
	FTE	-	-
36 Social Services Block Grant (SSBG) **Fund Code: 1910** Provides federal SSBG funds for legislative increases for receipt-supported positions.	Requirements	$ 236,278R	$ 236,278R
	Less: Receipts	$ 236,278R	$ 236,278R
	Net Appropriation	$ -	$ -
	FTE	-	-
Reserves, Transfers, Prior Year Revenue and Adjustments Revised Budget	Requirements	$ 18,814,946	$ 18,814,946
	Less: Receipts	$ 7,572,691	$ 7,572,691
	Net Appropriation	$ **11,242,255**	$ **11,242,255**
	FTE	-	-
Divisionwide			
37 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-

Total Legislative Changes			
	Requirements	$ 44,489,134	$ 46,807,491
	Less: Receipts	$ 14,992,380	$ 22,852,015
	Net Appropriation	$ 29,496,754	$ 23,955,476
	FTE	(3.000)	(3.000)
	Recurring	$ 7,204,890	$ 11,525,655
	Nonrecurring	$ 22,291,864	$ 12,429,821
	Net Appropriation	$ 29,496,754	$ 23,955,476
	FTE	(3.000)	(3.000)
Revised Budget			
Revised Requirements		$ 258,086,082	$ 260,404,439
Revised Receipts		$ 112,492,902	$ 120,352,537
Revised Net Appropriation		$ 145,593,180	$ 140,051,902
Revised FTE		959.000	959.000

24410-Central Management - Special Fund

	FY 2019-20	FY 2020-21
Recommended Base Budget		
Requirements	$ 1,875,403	$ 1,875,403
Receipts	$ 1,875,406	$ 1,875,406
Net Appropriation from (Increase to) Fund Balance	$ (3)	$ (3)
FTE	68.000	68.000

Legislative Changes

DIRM - IT NC FAST
Fund Code: 2411

		FY 2019-20	FY 2020-21
38 Child Welfare Case Management **Fund Code: 2411** Budgets the transfer from Central Management and Support's General Fund (14410-1122) and federal receipts to support changes and updates needed in NC FAST to comply with Rylan's Law, the federal Family First Prevention Services Act, and new federal requirements for Child Welfare Information Systems.	Requirements	$ 14,305,205NR	$ 8,033,743NR
	Less: Receipts	$ 14,305,205NR	$ 8,033,743NR
	Net Change	$ -	$ -
	FTE	-	-
39 NC FAST 24/7 Access Budgets the transfer from Central Management and Support's General Fund (14410-1122) and federal receipts to support infrastructure requirements for 24 hours a day, 7 days a week access to NC FAST, including migration to a cloud based solution.	Requirements	$ 10,220,089NR	$ 10,375,422NR
	Less: Receipts	$ 10,220,089NR	$ 10,375,422NR
	Net Change	$ -	$ -
	FTE	-	-
40 NC FAST Document Management **Fund Code: 2411** Budgets the transfer from Central Management and Support's General Fund (14410-1122) and federal receipts to implement a document management solution in NC FAST that will allow State and federal Program Integrity staff and the county departments of social services the ability to share and provide data in a timely manner.	Requirements	$ -	$ 6,853,909NR
	Less: Receipts	$ -	$ 6,853,909NR
	Net Change	$ -	$ -
	FTE	-	-
41 NC FAST **Fund Code: 2411** Budgets the transfer from Central Management and Support's General Fund (14410-1122) and federal receipts to support hardware and software purchases, the independent verification and validation contract, and other infrastructure and administrative costs.	Requirements	$ 31,274,970NR	$ -
	Less: Receipts	$ 31,274,970NR	$ -
	Net Change	$ -	$ -
	FTE	-	-

Total Legislative Changes			
	Requirements	$ 55,800,264	$ 25,263,074
	Less: Receipts	$ 55,800,264	$ 25,263,074
	Net Change	$ -	$ -
	FTE	-	-
Revised Budget			
Revised Requirements		$ 57,675,667	$ 27,138,477
Revised Receipts		$ 57,675,670	$ 27,138,480
Revised Net Appropriation from (Increase to) Fund Balance		$ (3)	$ (3)
Revised FTE		68.000	68.000
Fund Balance Availability Statement			
Estimated Beginning Fund Balance		24,256,925	24,256,928
Less: Net Appropriation from (Increase to) Fund Balance		$ (3)	$ (3)
Estimated Year-End Fund Balance		$ 24,256,928	$ 24,256,931

Child Development and Early Education
Budget Code 14420

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$793,277,135	$802,627,135
Receipts	$555,637,868	$555,637,868
Net Appropriation	$237,639,267	$246,989,267
Legislative Changes		
Requirements	$7,751,869	$7,835,471
Receipts	$13,474,838	$22,674,838
Net Appropriation	($5,722,969)	($14,839,367)
Revised Budget		
Requirements	$801,029,004	$810,462,606
Receipts	$569,112,706	$578,312,706
Net Appropriation	$231,916,298	$232,149,900

General Fund FTE

Base Budget	336.000	336.000
Legislative Changes	-	-
Revised Budget	336.000	336.000

Summary of General Fund Appropriations
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Child Development and Early Education											
Budget Code 14420		**Base Budget**			**Legislative Changes**			**Revised Budget**			
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	
1110	Service Support	4,688,372	2,797,438	1,890,934	-	-	-	4,688,372	2,797,438	1,890,934	
1151	Child Care - Regulation	15,901,328	15,900,825	503	-	-	-	15,901,328	15,900,825	503	
1152	DHHS - Criminal Record Checks	2,453,852	1,733,421	720,431	-	-	-	2,453,852	1,733,421	720,431	
1161	Child Care - Capacity Building	40,806,666	40,799,801	6,865	-	-	-	40,806,666	40,799,801	6,865	
1162	Smart Start Child Care Related Activities	52,371,075	-	52,371,075	1,400,000	-	1,400,000	53,771,075	-	53,771,075	
1271	Smart Start Family Support Activities	25,434,178	-	25,434,178	300,000	-	300,000	25,734,178	-	25,734,178	
1272	Child Care - Rated License	2,870,615	2,870,615	-	-	-	-	2,870,615	2,870,615	-	
1330	Pre-Kindergarten Program	172,832,185	141,152,110	31,680,075	1,700,000	4,100,000	(2,400,000)	174,532,185	145,252,110	29,280,075	
1380	Subsidized Child Care	399,446,267	343,119,261	56,327,006	3,223,930	8,623,930	(5,400,000)	402,670,197	351,743,191	50,927,006	
1381	Smart Start Subsidized Child Care	70,680,616	7,000,000	63,680,616	392,654	392,654	-	71,073,270	7,392,654	63,680,616	
14A0	Smart Start Health Related Activities	5,527,584	-	5,527,584	300,000	-	300,000	5,827,584	-	5,827,584	
1910	Reserves and Transfers	-	-	-	-	-	-	-	-	-	
1991	Indirect Reserve	264,397	264,397	-	-	-	-	264,397	264,397	-	
Divisionwide											
N/A	Administration	-	-	-	358,254	358,254	-	358,254	358,254	-	
Reserve for Salaries and Benefits											
N/A	State Retirement Contributions	-	-	-	18,852	-	18,852	18,852	-	18,852	
N/A	State Health Plan	-	-	-	7,828	-	7,828	7,828	-	7,828	
N/A	Short-Term Disability	-	-	-	786	-	786	786	-	786	
N/A	Compensation Increase Reserve	-	-	-	49,565	-	49,565	49,565	-	49,565	
Total		**$793,277,135**	**$555,637,868**	**$237,639,267**	**$7,751,869**	**$13,474,838**	**($5,722,969)**	**$801,029,004**	**$569,112,706**	**$231,916,298**	

Summary of General Fund Appropriations
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Child Development and Early Education										
Budget Code 14420		**Base Budget**			**Legislative Changes**			**Revised Budget**		
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**
1110	Service Support	4,688,372	2,797,438	1,890,934	-	-	-	4,688,372	2,797,438	1,890,934
1151	Child Care - Regulation	15,901,328	15,900,825	503	-	-	-	15,901,328	15,900,825	503
1152	DHHS - Criminal Record Checks	2,453,852	1,733,421	720,431	-	-	-	2,453,852	1,733,421	720,431
1161	Child Care - Capacity Building	40,806,666	40,799,801	6,865	-	-	-	40,806,666	40,799,801	6,865
1162	Smart Start Child Care Related Activities	52,371,075	-	52,371,075	1,400,000	-	1,400,000	53,771,075	-	53,771,075
1271	Smart Start Family Support Activities	25,434,178	-	25,434,178	300,000	-	300,000	25,734,178	-	25,734,178
1272	Child Care - Rated License	2,870,615	2,870,615	-	-	-	-	2,870,615	2,870,615	-
1330	Pre-Kindergarten Program	182,182,185	141,152,110	41,030,075	1,700,000	6,100,000	(4,400,000)	183,882,185	147,252,110	36,630,075
1380	Subsidized Child Care	399,446,267	343,119,261	56,327,006	3,223,930	15,823,930	(12,600,000)	402,670,197	358,943,191	43,727,006
1381	Smart Start Subsidized Child Care	70,680,616	7,000,000	63,680,616	392,654	392,654	-	71,073,270	7,392,654	63,680,616
14A0	Smart Start Health Related Activities	5,527,584	-	5,527,584	300,000	-	300,000	5,827,584	-	5,827,584
1910	Reserves and Transfers	-	-	-	-	-	-	-	-	-
1991	Indirect Reserve	264,397	264,397	-	-	-	-	264,397	264,397	-
Divisionwide										
N/A	Administration	-	-	-	358,254	358,254	-	358,254	358,254	-
Reserve for Salaries and Benefits										
N/A	State Retirement Contributions	-	-	-	44,774	-	44,774	44,774	-	44,774
N/A	State Health Plan	-	-	-	15,943	-	15,943	15,943	-	15,943
N/A	Short-Term Disability	-	-	-	786	-	786	786	-	786
N/A	Compensation Increase Reserve	-	-	-	99,130	-	99,130	99,130	-	99,130
Total		**$802,627,135**	**$555,637,868**	**$246,989,267**	**$7,835,471**	**$22,674,838**	**($14,839,367)**	**$810,462,606**	**$578,312,706**	**$232,149,900**

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Child Development and Early Education					
Budget Code 14420		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	39.000	-	-	39.000
1151	Child Care - Regulation	219.000	-	-	219.000
1152	DHHS - Criminal Record Checks	20.000	-	-	20.000
1161	Child Care - Capacity Building	19.000	-	-	19.000
1162	Smart Start Child Care Related Activities	-	-	-	-
1271	Smart Start Family Support Activities	-	-	-	-
1272	Child Care - Rated License	-	-	-	-
1330	Pre-Kindergarten Program	8.000	-	-	8.000
1380	Subsidized Child Care	31.000	-	-	31.000
1381	Smart Start Subsidized Child Care	-	-	-	-
14A0	Smart Start Health Related Activities	-	-	-	-
1910	Reserves and Transfers	-	-	-	-
1991	Indirect Reserve	-	-	-	-
Total FTE		**336.000**	-	-	**336.000**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
2019 Legislative Session

Child Development and Early Education					
Budget Code 14420		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	39.000	-	-	39.000
1151	Child Care - Regulation	219.000	-	-	219.000
1152	DHHS - Criminal Record Checks	20.000	-	-	20.000
1161	Child Care - Capacity Building	19.000	-	-	19.000
1162	Smart Start Child Care Related Activities	-	-	-	-
1271	Smart Start Family Support Activities	-	-	-	-
1272	Child Care - Rated License	-	-	-	-
1330	Pre-Kindergarten Program	8.000	-	-	8.000
1380	Subsidized Child Care	31.000	-	-	31.000
1381	Smart Start Subsidized Child Care	-	-	-	-
14A0	Smart Start Health Related Activities	-	-	-	-
1910	Reserves and Transfers	-	-	-	-
1991	Indirect Reserve	-	-	-	-
Total FTE		**336.000**	-	-	**336.000**

14420-Child Development and Early Education

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	$ 793,277,135	$ 802,627,135
Less: Receipts	$ 555,637,868	$ 555,637,868
Net Appropriation	$ 237,639,267	$ 246,989,267
FTE	336.000	336.000

Legislative Changes

Reserve for Salaries and Benefits

42 Compensation Increase Reserve

Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.

Requirements	$ 49,565R	$ 99,130R
Less: Receipts	$ -	$ -
Net Appropriation	$ 49,565	$ 99,130
FTE	-	-

43 State Retirement Contributions

Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.

Requirements	$ 18,852R	$ 44,774R
Less: Receipts	$ -	$ -
Net Appropriation	$ 18,852	$ 44,774
FTE	-	-

44 State Health Plan

Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.

Requirements	$ 7,828R	$ 15,943R
Less: Receipts	$ -	$ -
Net Appropriation	$ 7,828	$ 15,943
FTE	-	-

45 Short-Term Disability

Provides additional funding to pay short-term disability benefits under SL 2018-52.

Requirements	$ 786R	$ 786R
Less: Receipts	$ -	$ -
Net Appropriation	$ 786	$ 786
FTE	-	-

Service Support
Fund Code: 1110

Requirements	$ 4,688,372	$ 4,688,372
Less: Receipts	$ 2,797,438	$ 2,797,438
Net Appropriation	$ 1,890,934	$ 1,890,934
FTE	39.000	39.000

46 No direct change

Requirements	$ -	$ -
Less: Receipts	$ -	$ -
Net Appropriation	$ -	$ -
FTE	-	-

Service Support Revised Budget

Requirements	$ 4,688,372	$ 4,688,372
Less: Receipts	$ 2,797,438	$ 2,797,438
Net Appropriation	$ **1,890,934**	$ **1,890,934**
FTE	39.000	39.000

Child Care - Regulation
Fund Code: 1151

Requirements	$ 15,901,328	$ 15,901,328
Less: Receipts	$ 15,900,825	$ 15,900,825
Net Appropriation	$ 503	$ 503
FTE	219.000	219.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
47 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Child Care - Regulation Revised Budget	Requirements	$ 15,901,328	$ 15,901,328
	Less: Receipts	$ 15,900,825	$ 15,900,825
	Net Appropriation	$ **503**	$ **503**
	FTE	219.000	219.000
DHHS Criminal Records Checks **Fund Code: 1152**	Requirements	$ 2,453,852	$ 2,453,852
	Less: Receipts	$ 1,733,421	$ 1,733,421
	Net Appropriation	$ 720,431	$ 720,431
	FTE	20.000	20.000
48 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
DHHS Criminal Records Checks Revised Budget	Requirements	$ 2,453,852	$ 2,453,852
	Less: Receipts	$ 1,733,421	$ 1,733,421
	Net Appropriation	$ **720,431**	$ **720,431**
	FTE	20.000	20.000
Child Care - Capacity Building **Fund Code: 1161**	Requirements	$ 40,806,666	$ 40,806,666
	Less: Receipts	$ 40,799,801	$ 40,799,801
	Net Appropriation	$ 6,865	$ 6,865
	FTE	19.000	19.000
49 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Child Care - Capacity Building Revised Budget	Requirements	$ 40,806,666	$ 40,806,666
	Less: Receipts	$ 40,799,801	$ 40,799,801
	Net Appropriation	$ **6,865**	$ **6,865**
	FTE	19.000	19.000
Smart Start **Fund Code: 1162, 1271, 1381, 14A0**	Requirements	$ 154,013,453	$ 154,013,453
	Less: Receipts	$ 7,000,000	$ 7,000,000
	Net Appropriation	$ 147,013,453	$ 147,013,453
	FTE	-	-
50 Smart Start Child Care Related Activities **Fund Code: 1162** Provides additional funding for Smart Start child care related activities. Total requirements for this purpose are $52.8 million in each year of the biennium.	Requirements	$ 1,400,000NR	$ 1,400,000NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 1,400,000	$ 1,400,000
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20		FY 2020-21
51 Smart Start Family Support Activities **Fund Code: 1271** Provides additional funding for Smart Start family support activities. The total requirements for this purpose are $25.7 million in each year of the biennium.	Requirements	$ 300,000 NR	$	300,000 NR
	Less: Receipts	$ -	$	-
	Net Appropriation	$ 300,000	$	300,000
	FTE	-		-
52 Smart Start Subsidy **Fund Code: 1381** Provides additional Child Care and Development Fund (CCDF) block grant funding for Smart Start Subsidy.	Requirements	$ 392,654 R	$	392,654 R
	Less: Receipts	$ 392,654 R	$	392,654 R
	Net Appropriation	$ -	$	-
	FTE	-		-
53 Smart Start Health Related Activities **Fund Code: 14A0** Provides additional funding for Smart Start health related activities. The total requirements for this purpose are $5.8 million in each year of the biennium.	Requirements	$ 300,000 NR	$	300,000 NR
	Less: Receipts	$ -	$	-
	Net Appropriation	$ 300,000	$	300,000
	FTE	-		-
Smart Start Revised Budget	Requirements	$ 156,406,107	$	156,406,107
	Less: Receipts	$ 7,392,654	$	7,392,654
	Net Appropriation	$ **149,013,453**	$	**149,013,453**
	FTE	-		-
Child Care- Rated License **Fund Code: 1272**	Requirements	$ 2,870,615	$	2,870,615
	Less: Receipts	$ 2,870,615	$	2,870,615
	Net Appropriation	$ 0	$	0
	FTE	-		-
54 No direct change	Requirements	$ -	$	-
	Less: Receipts	$ -	$	-
	Net Appropriation	$ -	$	-
	FTE	-		-
Child Care- Rated License Revised Budget	Requirements	$ 2,870,615	$	2,870,615
	Less: Receipts	$ 2,870,615	$	2,870,615
	Net Appropriation	$ **0**	$	**0**
	FTE	-		-
Pre-Kindergarten Program **Fund Code: 1330**	Requirements	$ 172,832,185	$	182,182,185
	Less: Receipts	$ 141,152,110	$	141,152,110
	Net Appropriation	$ 31,680,075	$	41,030,075
	FTE	8.000		8.000
55 NC Pre-K TANF Funds **Fund Code: 1330** Replaces net General Fund appropriations with federal Temporary Assistance for Needy Families (TANF) block grant funds. This adjustment does not reduce funding for NC Pre-K and the total requirements for NC Pre-K remain unchanged.	Requirements	$ -	$	-
	Less: Receipts	$ 4,100,000 R	$	6,100,000 R
	Net Appropriation	$ (4,100,000)	$	(6,100,000)
	FTE	-		-
56 NC Pre-K Rate Increase **Fund Code: 1330** Provides funding to increase NC Pre-K rates for child care centers by 2% for FY 2019-20.	Requirements	$ 1,700,000 R	$	1,700,000 R
	Less: Receipts	$ -	$	-
	Net Appropriation	$ 1,700,000	$	1,700,000
	FTE	-		-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Pre-Kindergarten Program Revised Budget	Requirements	$ 174,532,185	$ 183,882,185
	Less: Receipts	$ 145,252,110	$ 147,252,110
	Net Appropriation	$ **29,280,075**	$ **36,630,075**
	FTE	8.000	8.000
Subsidized Child Care **Fund Code: 1380**	Requirements	$ 399,446,267	$ 399,446,267
	Less: Receipts	$ 343,119,261	$ 343,119,261
	Net Appropriation	$ 56,327,006	$ 56,327,006
	FTE	31.000	31.000
57 Child Care Subsidy **Fund Code: 1380** Provides additional CCDF block grant federal funds for the Child Care Subsidy program.	Requirements	$ 10,252,944R	$ 17,642,319R
	Less: Receipts	$ 10,252,944R	$ 17,642,319R
	Net Appropriation	$ -	$ -
	FTE	-	-
58 Quality and Availability Initiatives **Fund Code: 1380** Adjusts funding from the federal CCDF block grant is adjusted to meet the minimum federally required amounts to be set-aside for quality activities.	Requirements	$ (565,189)R	$ (565,189)R
	Less: Receipts	$ (565,189)R	$ (565,189)R
	Net Appropriation	$ -	$ -
	FTE	-	-
59 Child Care Subsidy - TANF Contingency Funds **Fund Code: 1380** Provides additional federal TANF Contingency block grant funding for the Child Care Subsidy program.	Requirements	$ 8,403,518R	$ 8,403,518R
	Less: Receipts	$ 8,403,518R	$ 8,403,518R
	Net Appropriation	$ -	$ -
	FTE	-	-
60 Child Care Subsidy - TANF Funds **Fund Code: 1380** Reduces federal TANF block grant funding for the Child Care Subsidy program due to reduced availability.	Requirements	$ (14,867,343)R	$ (22,256,718)R
	Less: Receipts	$ (14,867,343)R	$ (22,256,718)R
	Net Appropriation	$ -	$ -
	FTE	-	-
61 Child Care Subsidy - TANF Funds **Fund Code: 1380** Replaces net General Fund appropriations with federal TANF block grant funds. This adjustment does not reduce funding for Subsidized Child Care and the total requirements for the Child Care Subsidy program remain unchanged.	Requirements	$ -	$ -
	Less: Receipts	$ 5,400,000NR	$ 12,600,000NR
	Net Appropriation	$ (5,400,000)	$ (12,600,000)
	FTE	-	-
Subsidized Child Care Revised Budget	Requirements	$ 402,670,197	$ 402,670,197
	Less: Receipts	$ 351,743,191	$ 358,943,191
	Net Appropriation	$ **50,927,006**	$ **43,727,006**
	FTE	31.000	31.000
Divisionwide			
62 Administration Provides additional CCDF funding for administration, including funding for a lease agreement due to the move of the Division off of Dix campus.	Requirements	$ 358,254R	$ 358,254R
	Less: Receipts	$ 358,254R	$ 358,254R
	Net Appropriation	$ -	$ -
	FTE	-	-

Total Legislative Changes			
	Requirements	$ 7,751,869	$ 7,835,471
	Less: Receipts	$ 13,474,838	$ 22,674,838
	Net Appropriation	$ (5,722,969)	$ (14,839,367)
	FTE	-	-
	Recurring	$ (2,322,969)	$ (4,239,367)
	Nonrecurring	$ (3,400,000)	$ (10,600,000)
	Net Appropriation	$ (5,722,969)	$ (14,839,367)
	FTE	-	-
Revised Budget			
Revised Requirements		$ 801,029,004	$ 810,462,606
Revised Receipts		$ 569,112,706	$ 578,312,706
Revised Net Appropriation		$ 231,916,298	$ 232,149,900
Revised FTE		336.000	336.000

Health Benefits (Medicaid and Health Choice)
Budget Code 14445

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$14,875,059,304	$14,875,069,384
Receipts	$10,950,483,105	$10,950,486,002
Net Appropriation	$3,924,576,199	$3,924,583,382
Legislative Changes		
Requirements	$559,710,246	$868,531,918
Receipts	$529,966,301	$655,272,014
Net Appropriation	$29,743,945	$213,259,904
Revised Budget		
Requirements	$15,434,769,550	$15,743,601,302
Receipts	$11,480,449,406	$11,605,758,016
Net Appropriation	$3,954,320,144	$4,137,843,286

General Fund FTE

Base Budget	470.500	470.500
Legislative Changes	-	-
Revised Budget	470.500	470.500

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Health Benefits (Medicaid and Health Choice)											
Budget Code 14445		**Base Budget**			**Legislative Changes**			**Revised Budget**			
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	
1101	Medical Assistance Administration	158,718,087	112,231,123	46,486,964	-	-	-	158,718,087	112,231,123	46,486,964	
1103	Health Information Technology	35,190,044	34,663,462	526,582	-	-	-	35,190,044	34,663,462	526,582	
1310	Medical Assistance Payments	13,033,591,008	8,737,636,069	4,295,954,939	39,384,289	30,614,089	8,770,200	13,072,975,297	8,768,250,158	4,304,725,139	
1311	Community Care North Carolina	214,509,663	146,251,532	68,258,131	-	-	-	214,509,663	146,251,532	68,258,131	
1320	Medical Assistance Cost Settlements	301,798,914	277,539,891	24,259,023	-	-	-	301,798,914	277,539,891	24,259,023	
1330	Payment Adjustments	(63,621,846)	(44,471,369)	(19,150,477)	-	-	-	(63,621,846)	(44,471,369)	(19,150,477)	
1331	Rebates	(1,310,122,748)	(886,067,314)	(424,055,434)	-	-	-	(1,310,122,748)	(886,067,314)	(424,055,434)	
1337	Consolidated Supplemental Payments	2,296,728,756	2,411,380,438	(114,651,682)	-	-	-	2,296,728,756	2,411,380,438	(114,651,682)	
1360	Health Choice Claims Payments	203,909,885	158,615,239	45,294,646	-	-	-	203,909,885	158,615,239	45,294,646	
1361	Community Care North Carolina	7,699,041	5,917,190	1,781,851	-	-	-	7,699,041	5,917,190	1,781,851	
1363	Health Choice Cost Settlements	(2,647,470)	(2,630,578)	(16,892)	-	-	-	(2,647,470)	(2,630,578)	(16,892)	
1364	Health Choice Payment Adjustments	(232,847)	(165,468)	(67,379)	-	-	-	(232,847)	(165,468)	(67,379)	
1365	Health Choice Rebate	(461,183)	(417,110)	(44,073)	-	-	-	(461,183)	(417,110)	(44,073)	
1910	Reserves and Transfers	-	-	-	224,025,517	226,066,747	(2,041,230)	224,025,517	226,066,747	(2,041,230)	
Division Wide											
N/A	Medicaid Rebase	-	-	-	341,101,027	303,781,370	37,319,657	341,101,027	303,781,370	37,319,657	
N/A	Management Flexibility Reduction	-	-	-	(45,495,905)	(30,495,905)	(15,000,000)	(45,495,905)	(30,495,905)	(15,000,000)	
Reserve for Salaries and Benefits											
N/A	State Retirement Contributions	-	-	-	174,862	-	174,862	174,862	-	174,862	
N/A	State Health Plan	-	-	-	53,430	-	53,430	53,430	-	53,430	
N/A	Short-Term Disability	-	-	-	7,286	-	7,286	7,286	-	7,286	
N/A	Compensation Increase Reserve	-	-	-	459,740	-	459,740	459,740	-	459,740	
Total		**$14,875,059,304**	**$10,950,483,105**	**$3,924,576,199**	**$559,710,246**	**$529,966,301**	**$29,743,945**	**$15,434,769,550**	**$11,480,449,406**	**$3,954,320,144**	

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Health Benefits (Medicaid and Health Choice)											
Budget Code 14445		**Base Budget**			**Legislative Changes**			**Revised Budget**			
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	
1101	Medical Assistance Administration	158,728,167	112,234,020	46,494,147	-	-	-	158,728,167	112,234,020	46,494,147	
1103	Health Information Technology	35,190,044	34,663,462	526,582	-	-	-	35,190,044	34,663,462	526,582	
1310	Medical Assistance Payments	13,033,591,008	8,737,636,069	4,295,954,939	56,834,698	38,594,298	18,240,400	13,090,425,706	8,776,230,367	4,314,195,339	
1311	Community Care North Carolina	214,509,663	146,251,532	68,258,131	-	-	-	214,509,663	146,251,532	68,258,131	
1320	Medical Assistance Cost Settlements	301,798,914	277,539,891	24,259,023	-	-	-	301,798,914	277,539,891	24,259,023	
1330	Payment Adjustments	(63,621,846)	(44,471,369)	(19,150,477)	-	-	-	(63,621,846)	(44,471,369)	(19,150,477)	
1331	Rebates	(1,310,122,748)	(886,067,314)	(424,055,434)	-	-	-	(1,310,122,748)	(886,067,314)	(424,055,434)	
1337	Consolidated Supplemental Payments	2,296,728,756	2,411,380,438	(114,651,682)	-	-	-	2,296,728,756	2,411,380,438	(114,651,682)	
1360	Health Choice Claims Payments	203,909,885	158,615,239	45,294,646	-	-	-	203,909,885	158,615,239	45,294,646	
1361	Community Care North Carolina	7,699,041	5,917,190	1,781,851	-	-	-	7,699,041	5,917,190	1,781,851	
1363	Health Choice Cost Settlements	(2,647,470)	(2,630,578)	(16,892)	-	-	-	(2,647,470)	(2,630,578)	(16,892)	
1364	Health Choice Payment Adjustments	(232,847)	(165,468)	(67,379)	-	-	-	(232,847)	(165,468)	(67,379)	
1365	Health Choice Rebate	(461,183)	(417,110)	(44,073)	-	-	-	(461,183)	(417,110)	(44,073)	
1910	Reserves and Transfers	-	-	-	155,737,008	158,260,968	(2,523,960)	155,737,008	158,260,968	(2,523,960)	
Division Wide											
N/A	Medicaid Rebase	-	-	-	675,260,212	471,627,349	203,632,863	675,260,212	471,627,349	203,632,863	
N/A	Management Flexibility Reduction	-	-	-	(20,750,884)	(13,210,601)	(7,540,283)	(20,750,884)	(13,210,601)	(7,540,283)	
Reserve for Salaries and Benefits											
N/A	State Retirement Contributions	-	-	-	415,296	-	415,296	415,296	-	415,296	
N/A	State Health Plan	-	-	-	108,822	-	108,822	108,822	-	108,822	
N/A	Short-Term Disability	-	-	-	7,286	-	7,286	7,286	-	7,286	
N/A	Compensation Increase Reserve	-	-	-	919,480	-	919,480	919,480	-	919,480	
Total		**$14,875,069,384**	**$10,950,486,002**	**$3,924,583,382**	**$868,531,918**	**$655,272,014**	**$213,259,904**	**$15,743,601,302**	**$11,605,758,016**	**$4,137,843,286**	

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Health Benefits (Medicaid and Health Choice)					
Budget Code 14445		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1101	Medical Assistance Administration	459.500	-	-	459.500
1103	Health Information Technology	11.000	-	-	11.000
1310	Medical Assistance Payments	-	-	-	-
1311	Community Care North Carolina	-	-	-	-
1320	Medical Assistance Cost Settlements	-	-	-	-
1330	Payment Adjustments	-	-	-	-
1331	Rebates	-	-	-	-
1337	Consolidated Supplemental Payments	-	-	-	-
1360	Health Choice Claims Payments	-	-	-	-
1361	Community Care North Carolina	-	-	-	-
1363	Health Choice Cost Settlements	-	-	-	-
1364	Health Choice Payment Adjustments	-	-	-	-
1365	Health Choice Rebate	-	-	-	-
1910	Reserves and Transfers	-	-	-	-
Total FTE		**470.500**	-	-	**470.500**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
2019 Legislative Session

Health Benefits (Medicaid and Health Choice)					
Budget Code 14445		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1101	Medical Assistance Administration	459.500	-	-	459.500
1103	Health Information Technology	11.000	-	-	11.000
1310	Medical Assistance Payments	-	-	-	-
1311	Community Care North Carolina	-	-	-	-
1320	Medical Assistance Cost Settlements	-	-	-	-
1330	Payment Adjustments	-	-	-	-
1331	Rebates	-	-	-	-
1337	Consolidated Supplemental Payments	-	-	-	-
1360	Health Choice Claims Payments	-	-	-	-
1361	Community Care North Carolina	-	-	-	-
1363	Health Choice Cost Settlements	-	-	-	-
1364	Health Choice Payment Adjustments	-	-	-	-
1365	Health Choice Rebate	-	-	-	-
1910	Reserves and Transfers	-	-	-	-
Total FTE		**470.500**	-	-	**470.500**

14445-Health Benefits (Medicaid and Health Choice)

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	$ 14,875,059,304	$ 14,875,069,384
Less: Receipts	$ 10,950,483,105	$ 10,950,486,002
Net Appropriation	$ 3,924,576,199	$ 3,924,583,382
FTE	470.500	470.500

Legislative Changes

Reserve for Salaries and Benefits

63 Compensation Increase Reserve

Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.

Requirements	$ 459,740R	$ 919,480R
Less: Receipts	$ -	$ -
Net Appropriation	$ 459,740	$ 919,480
FTE	-	-

64 State Retirement Contributions

Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.

Requirements	$ 174,862R	$ 415,296R
Less: Receipts	$ -	$ -
Net Appropriation	$ 174,862	$ 415,296
FTE	-	-

65 State Health Plan

Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.

Requirements	$ 53,430R	$ 108,822R
Less: Receipts	$ -	$ -
Net Appropriation	$ 53,430	$ 108,822
FTE	-	-

66 Short-Term Disability

Provides additional funding to pay short-term disability benefits under SL 2018-52.

Requirements	$ 7,286R	$ 7,286R
Less: Receipts	$ -	$ -
Net Appropriation	$ 7,286	$ 7,286
FTE	-	-

Medical Assistance Administration
Fund Code: 1101

Requirements	$ 158,718,087	$ 158,728,167
Less: Receipts	$ 112,231,123	$ 112,234,020
Net Appropriation	$ 46,486,964	$ 46,494,147
FTE	459.500	459.500

67 No direct change

Requirements	$ -	$ -
Less: Receipts	$ -	$ -
Net Appropriation	$ -	$ -
FTE	-	-

Medical Assistance Administration Revised Budget

Requirements	$ 158,718,087	$ 158,728,167
Less: Receipts	$ 112,231,123	$ 112,234,020
Net Appropriation	$ **46,486,964**	$ **46,494,147**
FTE	459.500	459.500

Contracts and Agreements
Fund Code: 1102

Requirements	$ -	$ -
Less: Receipts	$ -	$ -
Net Appropriation	$ -	$ -
FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
68 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Contracts and Agreements Revised Budget	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Health Information Technology **Fund Code: 1103**	Requirements	$ 35,190,044	$ 35,190,044
	Less: Receipts	$ 34,663,462	$ 34,663,462
	Net Appropriation	$ 526,582	$ 526,582
	FTE	11.000	11.000
69 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Health Information Technology Revised Budget	Requirements	$ 35,190,044	$ 35,190,044
	Less: Receipts	$ 34,663,462	$ 34,663,462
	Net Appropriation	$ **526,582**	$ **526,582**
	FTE	11.000	11.000
Medical Assistance Payments **Fund Code: 1310**	Requirements	$ 13,033,591,008	$ 13,033,591,008
	Less: Receipts	$ 8,737,636,069	$ 8,737,636,069
	Net Appropriation	$ 4,295,954,939	$ 4,295,954,939
	FTE	-	-
70 New Innovations Waiver Slots **Fund Code: 1310** Provides funding for 1,000 additional individuals with intellectual and developmental disabilities to access services through the State's Medicaid Innovations Waiver. The added waiver slots are effective January 1, 2020.	Requirements	$ 33,000,000R	$ 66,000,000R
	Less: Receipts	$ 22,129,800R	$ 44,259,600R
	Net Appropriation	$ 10,870,200	$ 21,740,400
	FTE	-	-
71 Electronic Visit Verification System **Fund Code: 1310** Provides funds to support an Electronic Visit Verification system to confirm visits with Medicaid beneficiaries receiving Personal Care Services or other home- and community-based care, as required by federal law.	Requirements	$ 1,500,000R 6,500,000NR	$ 3,000,000R
	Less: Receipts	$ 750,000R 5,850,000NR	$ 1,500,000R
	Net Appropriation	$ 1,400,000	$ 1,500,000
	FTE	-	-
72 Increase in Medicaid Copayments **Fund Code: 1310** Increases copayments for Medicaid beneficiaries to $4 effective November 1, 2019, and adjusts Medicaid payments to providers to account for the $1-2 increase in the copayments.	Requirements	$ (10,615,711)R	$ (15,165,302)R
	Less: Receipts	$ (7,115,711)R	$ (10,165,302)R
	Net Appropriation	$ (3,500,000)	$ (5,000,000)
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
73 Tribal Option **Fund Code: 1310** Budgets funds for DHHS to contract with an Indian Managed Care Entity or Indian Health Care Provider to provide services to beneficiaries who are members of federally recognized tribes. Services provided are eligible for 100% federal funding.	Requirements	$ 3,000,000R 6,000,000NR	$ 3,000,000R
	Less: Receipts	$ 3,000,000R 6,000,000NR	$ 3,000,000R
	Net Appropriation	$ -	$ -
	FTE	-	-
Medical Assistance Payments Revised Budget	Requirements	$ 13,072,975,297	$ 13,090,425,706
	Less: Receipts	$ 8,768,250,158	$ 8,776,230,367
	Net Appropriation	$ **4,304,725,139**	$ **4,314,195,339**
	FTE	-	-
Health Choice Medical Assistance Payments **Fund Code: 1360**	Requirements	$ 203,909,885	$ 203,909,885
	Less: Receipts	$ 158,615,239	$ 158,615,239
	Net Appropriation	$ 45,294,646	$ 45,294,646
	FTE	-	-
74 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Health Choice Medical Assistance Payments Revised Budget	Requirements	$ 203,909,885	$ 203,909,885
	Less: Receipts	$ 158,615,239	$ 158,615,239
	Net Appropriation	$ **45,294,646**	$ **45,294,646**
	FTE	-	-
Community Care of North Carolina **Fund Code: 1311, 1361**	Requirements	$ 222,208,704	$ 222,208,704
	Less: Receipts	$ 152,168,722	$ 152,168,722
	Net Appropriation	$ 70,039,982	$ 70,039,982
	FTE	-	-
75 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Community Care of North Carolina Revised Budget	Requirements	$ 222,208,704	$ 222,208,704
	Less: Receipts	$ 152,168,722	$ 152,168,722
	Net Appropriation	$ **70,039,982**	$ **70,039,982**
	FTE	-	-
Medical Assistance Cost Settlements **Fund Code: 1320, 1363**	Requirements	$ 299,151,444	$ 299,151,444
	Less: Receipts	$ 274,909,313	$ 274,909,313
	Net Appropriation	$ 24,242,131	$ 24,242,131
	FTE	-	-
76 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Medical Assistance Cost Settlements Revised Budget	Requirements	$ 299,151,444	$ 299,151,444
	Less: Receipts	$ 274,909,313	$ 274,909,313
	Net Appropriation	$ **24,242,131**	$ **24,242,131**
	FTE	-	-
Program Integrity **Fund Code: 1330, 1364**	Requirements	$ (63,854,693)	$ (63,854,693)
	Less: Receipts	$ (44,636,837)	$ (44,636,837)
	Net Appropriation	$ (19,217,856)	$ (19,217,856)
	FTE	-	-
77 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Program Integrity Revised Budget	Requirements	$ (63,854,693)	$ (63,854,693)
	Less: Receipts	$ (44,636,837)	$ (44,636,837)
	Net Appropriation	$ **(19,217,856)**	$ **(19,217,856)**
	FTE	-	-
Rebates **Fund Code: 1331, 1365**	Requirements	$ (1,310,583,931)	$ (1,310,583,931)
	Less: Receipts	$ (886,484,424)	$ (886,484,424)
	Net Appropriation	$ (424,099,507)	$ (424,099,507)
	FTE	-	-
78 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Rebates Revised Budget	Requirements	$ (1,310,583,931)	$ (1,310,583,931)
	Less: Receipts	$ (886,484,424)	$ (886,484,424)
	Net Appropriation	$ **(424,099,507)**	$ **(424,099,507)**
	FTE	-	-
Consolidated Supplemental Payments **Fund Code: 1337**	Requirements	$ 2,296,728,756	$ 2,296,728,756
	Less: Receipts	$ 2,411,380,438	$ 2,411,380,438
	Net Appropriation	$ (114,651,682)	$ (114,651,682)
	FTE	-	-
79 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Consolidated Supplemental Payments Revised Budget	Requirements	$ 2,296,728,756	$ 2,296,728,756
	Less: Receipts	$ 2,411,380,438	$ 2,411,380,438
	Net Appropriation	$ **(114,651,682)**	$ **(114,651,682)**
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Reserves and Transfers **Fund Code: 1910**	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
80 Medicaid Transformation Program Design **Fund Code: 1910** Provides funding for a contract to support development of Medicaid Transformation program design and documentation of program requirements. The State share of costs will be funded with transfers from the Medicaid Transformation Fund.	Requirements	$ 14,000,000NR	$ 14,000,000NR
	Less: Receipts	$ 14,000,000NR	$ 14,000,000NR
	Net Appropriation	$ -	$ -
	FTE	-	-
81 Medicaid Transformation Enrollment Broker **Fund Code: 1910** Provides funds for nonrecurring costs in the enrollment broker contract, which supports beneficiary enrollment into Prepaid Health Plans (PHPs). The State share of expenses is supported with transfers from the Medicaid Transformation Fund.	Requirements	$ 9,000,000NR	$ -
	Less: Receipts	$ 9,000,000NR	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
82 NC FAST Upgrades for Transformation **Fund Code: 1910** Provides funding to make changes to NC FAST that will support and enhance beneficiary enrollment in managed care. The State share of funding is supported with transfers from the Medicaid Transformation Fund.	Requirements	$ 63,860,799NR	$ 29,141,453NR
	Less: Receipts	$ 63,860,799NR	$ 29,141,453NR
	Net Appropriation	$ -	$ -
	FTE	-	-
83 Medicaid Transformation Data Management **Fund Code: 1910** Provides funding for nonrecurring data management costs, including a data management consulting contract, modifications to NCAnalytics, enterprise service tools, an encounters processing system, and data management modules. The State share of the funding will be transferred from the Medicaid Transformation Fund.	Requirements	$ 15,500,000NR	$ -
	Less: Receipts	$ 15,500,000NR	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
84 Medicaid Transformation Program Integrity Needs **Fund Code: 1910** Supports changes to NCTracks needed for managed care and a contract management system for Medicaid Transformation contracts. The State share of funding will be transferred from the Medicaid Transformation Fund.	Requirements	$ 11,500,000NR	$ -
	Less: Receipts	$ 11,500,000NR	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
85 Medicaid Transformation Technical and Operational Integration **Fund Code: 1910** Provides funds for nonrecurring costs of managed care projects, including a formal readiness review plan for PHPs, PHP readiness assessments, and systems integration consulting and services. The State share of costs will be transferred from the Medicaid Transformation Fund.	Requirements	$ 22,694,956NR	$ 7,894,028NR
	Less: Receipts	$ 22,694,956NR	$ 7,894,028NR
	Net Appropriation	$ -	$ -
	FTE	-	-
86 Medicaid Transformation Recurring Projects **Fund Code: 1910** Provides funds for qualified recurring Medicaid Transformation contracts, information technology projects, and administrative costs.	Requirements	$ 96,393,142R	$ 147,393,142R
	Less: Receipts	$ 67,775,487R	$ 107,225,487R
	Net Appropriation	$ 28,617,655	$ 40,167,655
	FTE	-	-
87 Medicaid Transformation Administrative Reduction Reserve **Fund Code: 1910** Requires DHHS to reduce administrative costs across the department as the State moves Medicaid administrative functions to PHPs in managed care.	Requirements	$ (30,658,885)R	$ (42,691,615)R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ (30,658,885)	$ (42,691,615)
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
88 Medicaid Transformation Year One Administrative Costs Fund Code: 1910 Provides one year of funding for added administrative expenses in FY 2019-20 needed to assist with the transition to managed care. Funding will be transferred from the Medicaid Transformation Fund.	Requirements	$ 21,735,505NR	$ -
	Less: Receipts	$ 21,735,505NR	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Reserves and Transfers Revised Budget	Requirements	$ 224,025,517	$ 155,737,008
	Less: Receipts	$ 226,066,747	$ 158,260,968
	Net Appropriation	$ **(2,041,230)**	$ **(2,523,960)**
	FTE	-	-
Division Wide			
89 Medicaid Rebase Provides funding for projected changes in Medicaid enrollment, enrollment mix, utilization, prices, and federal match rate, as well as funding for Prepaid Health Plans in managed care.	Requirements	$ 341,101,027R	$ 675,260,212R
	Less: Receipts	$ 232,059,897R 71,721,473NR	$ 456,524,522R 15,102,827NR
	Net Appropriation	$ 37,319,657	$ 203,632,863
	FTE	-	-
90 Management Flexibility Reduction Reduces funding for the Division of Health Benefits in anticipation of savings or reduced spending identified within the authority granted in G.S. 108A-54 that allows the Secretary of DHHS to administer and operate the Medicaid and NC Health Choice programs within budgeted resources.	Requirements	$ (45,495,905)NR	$ (5,000,000)R (15,750,884)NR
	Less: Receipts	$ (30,495,905)NR	$ (2,500,000)R (10,710,601)NR
	Net Appropriation	$ (15,000,000)	$ (7,540,283)
	FTE	-	-
Total Legislative Changes			
	Requirements	$ **559,710,246**	$ **868,531,918**
	Less: Receipts	$ **529,966,301**	$ **655,272,014**
	Net Appropriation	$ **29,743,945**	$ **213,259,904**
	FTE	-	-
	Recurring	$ **115,815,418**	$ **233,403,014**
	Nonrecurring	$ **(86,071,473)**	$ **(20,143,110)**
	Net Appropriation	$ **29,743,945**	$ **213,259,904**
	FTE	-	-
Revised Budget			
Revised Requirements		$ **15,434,769,550**	$ **15,743,601,302**
Revised Receipts		$ **11,480,449,406**	$ **11,605,758,016**
Revised Net Appropriation		$ **3,954,320,144**	$ **4,137,843,286**
Revised FTE		**470.500**	**470.500**

244XX-Medicaid Transformation Fund

		FY 2019-20	FY 2020-21
Recommended Base Budget			
Requirements		$ -	$ -
Receipts		$ -	$ -
Net Appropriation from (Increase to) Fund Balance		$ -	$ -
FTE		-	-

Legislative Changes

Availability
Fund Code: 2aaa

91 Medicaid Transformation Fund Availability **Fund Code: 2aaa** Budgets receipts from the Medicaid Transformation Reserve in the State General Fund. The funds support fee-for-service claims runout and approved Medicaid Transformation administrative expenses in each year of the biennium.	Requirements	$ -	$ -
	Less: Receipts	$ 210,000,000NR	$ 22,344,037NR
	Net Change	$ (210,000,000)	$ (22,344,037)
	FTE	-	-

Fee-for-Service Claims Runout
Fund Code: 2bbb

92 Claims Runout **Fund Code: 2bbb** Provides funds for the runout of Medicaid and NC Health Choice fee-for-service claims associated with beneficiaries who have moved to managed care.	Requirements	$ 472,737,114NR	$ 36,357,946NR
	Less: Receipts	$ 322,490,104NR	$ 24,997,457NR
	Net Change	$ 150,247,010	$ 11,360,489
	FTE	-	-

Medicaid Transformation Administration
Fund Code: 2ccc

93 Medicaid Transformation Expenses in Health Benefits **Fund Code: 2ccc** Transfers funds to the Division of Health Benefits for administrative costs related to Medicaid Transformation.	Requirements	$ 49,016,452NR	$ 10,983,548NR
	Less: Receipts	$ -	$ -
	Net Change	$ 49,016,452	$ 10,983,548
	FTE	-	-

Total Legislative Changes			
	Requirements	**$ 521,753,566**	**$ 47,341,494**
	Less: Receipts	**$ 532,490,104**	**$ 47,341,494**
	Net Change	**$ (10,736,538)**	**$ -**
	FTE	-	-

Revised Budget		
Revised Requirements	**$ 521,753,566**	**$ 47,341,494**
Revised Receipts	**$ 532,490,104**	**$ 47,341,494**
Revised Net Appropriation from (Increase to) Fund Balance	**$ (10,736,538)**	**$ -**
Revised FTE	-	-

Fund Balance Availability Statement		
Estimated Beginning Fund Balance		**10,736,538**
Less: Net Appropriation from (Increase to) Fund Balance	**$ (10,736,538)**	**$ -**
Estimated Year-End Fund Balance	**$ 10,736,538**	**$ 10,736,538**

Health Service Regulation
Budget Code 14470

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$71,496,505	$71,496,505
Receipts	$52,638,449	$52,638,449
Net Appropriation	$18,858,056	$18,858,056
Legislative Changes		
Requirements	$812,884	$1,619,930
Receipts	-	-
Net Appropriation	$812,884	$1,619,930
Revised Budget		
Requirements	$72,309,389	$73,116,435
Receipts	$52,638,449	$52,638,449
Net Appropriation	$19,670,940	$20,477,986

General Fund FTE

Base Budget	578.500	578.500
Legislative Changes	-	-
Revised Budget	578.500	578.500

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Health Service Regulation										
Budget Code 14470		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	4,927,462	3,327,818	1,599,644	-	-	-	4,927,462	3,327,818	1,599,644
1151	Acute/ Home Care Licensure & Cert.	4,992,857	4,346,216	646,641	-	-	-	4,992,857	4,346,216	646,641
1152	Nursing Home/ Adult Care Lic. & Cert.	18,533,342	12,767,104	5,766,238	-	-	-	18,533,342	12,767,104	5,766,238
1153	Construction	6,273,672	4,893,088	1,380,584	-	-	-	6,273,672	4,893,088	1,380,584
1154	Health Care Personnel Registry	4,876,043	3,767,125	1,108,918	-	-	-	4,876,043	3,767,125	1,108,918
1155	Jails & Detention Centers Inspections	175,153	-	175,153	-	-	-	175,153	-	175,153
1156	Regulatory - Mental Health Lic. & Cert.	7,064,795	4,716,720	2,348,075	-	-	-	7,064,795	4,716,720	2,348,075
1157	Radiation Protection	5,181,706	5,181,706	-	-	-	-	5,181,706	5,181,706	-
1161	Prep. - Statewide Health Planning	2,490,987	2,616	2,488,371	-	-	-	2,490,987	2,616	2,488,371
1162	Prep. - Hospital Preparedness	11,719,063	11,719,063	-	-	-	-	11,719,063	11,719,063	-
1163	Prep. - Local Emergency Medical Services	3,990,221	645,789	3,344,432	70,000	-	70,000	4,060,221	645,789	3,414,432
1991	Indirect Reserve	1,271,204	1,271,204	-	-	-	-	1,271,204	1,271,204	-
Reserve for Salaries and Benefits										
N/A	Compensation Increase Reserve	-	-	-	488,420	-	488,420	488,420	-	488,420
N/A	State Retirement Contributions	-	-	-	185,770	-	185,770	185,770	-	185,770
N/A	State Health Plan	-	-	-	60,954	-	60,954	60,954	-	60,954
N/A	Short-Term Disability	-	-	-	7,740	-	7,740	7,740	-	7,740
Total		**$71,496,505**	**$52,638,449**	**$18,858,056**	**$812,884**	-	**$812,884**	**$72,309,389**	**$52,638,449**	**$19,670,940**

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Health Service Regulation										
Budget Code 14470		**Base Budget**			**Legislative Changes**			**Revised Budget**		
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**
1110	Service Support	4,927,462	3,327,818	1,599,644	-	-	-	4,927,462	3,327,818	1,599,644
1151	Acute/ Home Care Licensure & Cert.	4,992,857	4,346,216	646,641	-	-	-	4,992,857	4,346,216	646,641
1152	Nursing Home/ Adult Care Lic. & Cert.	18,533,342	12,767,104	5,766,238	-	-	-	18,533,342	12,767,104	5,766,238
1153	Construction	6,273,672	4,893,088	1,380,584	-	-	-	6,273,672	4,893,088	1,380,584
1154	Health Care Personnel Registry	4,876,043	3,767,125	1,108,918	-	-	-	4,876,043	3,767,125	1,108,918
1155	Jails & Detention Centers Inspections	175,153	-	175,153	-	-	-	175,153	-	175,153
1156	Regulatory - Mental Health Lic. & Cert.	7,064,795	4,716,720	2,348,075	-	-	-	7,064,795	4,716,720	2,348,075
1157	Radiation Protection	5,181,706	5,181,706	-	-	-	-	5,181,706	5,181,706	-
1161	Prep. - Statewide Health Planning	2,490,987	2,616	2,488,371	-	-	-	2,490,987	2,616	2,488,371
1162	Prep. - Hospital Preparedness	11,719,063	11,719,063	-	-	-	-	11,719,063	11,719,063	-
1163	Prep. - Local Emergency Medical Services	3,990,221	645,789	3,344,432	70,000	-	70,000	4,060,221	645,789	3,414,432
1991	Indirect Reserve	1,271,204	1,271,204	-	-	-	-	1,271,204	1,271,204	-
Reserve for Salaries and Benefits										
N/A	Compensation Increase Reserve	-	-	-	976,840	-	976,840	976,840	-	976,840
N/A	State Retirement Contributions	-	-	-	441,204	-	441,204	441,204	-	441,204
N/A	State Health Plan	-	-	-	124,146	-	124,146	124,146	-	124,146
N/A	Short-Term Disability	-	-	-	7,740	-	7,740	7,740	-	7,740
Total		**$71,496,505**	**$52,638,449**	**$18,858,056**	**$1,619,930**	-	**$1,619,930**	**$73,116,435**	**$52,638,449**	**$20,477,986**

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Health Service Regulation					
Budget Code 14470		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	30.000	-	-	30.000
1151	Acute/ Home Care Licensure & Cert.	54.000	-	-	54.000
1152	Nursing Home/ Adult Care Lic. & Cert.	207.000	-	-	207.000
1153	Construction	50.000	-	-	50.000
1154	Health Care Personnel Registry	50.000	-	-	50.000
1155	Jails & Detention Centers Inspections	2.000	-	-	2.000
1156	Regulatory - Mental Health Lic. & Cert.	75.000	-	-	75.000
1157	Radiation Protection	48.500	-	-	48.500
1161	Prep. - Statewide Health Planning	21.000	-	-	21.000
1162	Prep. - Hospital Preparedness	9.000	-	-	9.000
1163	Prep. - Local Emergency Medical Services	32.000	-	-	32.000
1991	Indirect Reserve	-	-	-	-
Total FTE		**578.500**	**-**	**-**	**578.500**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
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Health Service Regulation					
Budget Code 14470		Base	Legislative Changes		Revised
Fund Code	Fund Name	Total Requirements	Net Appropriation	Receipts	Total Requirements
1110	Service Support	30.000	-	-	30.000
1151	Acute/ Home Care Licensure & Cert.	54.000	-	-	54.000
1152	Nursing Home/ Adult Care Lic. & Cert.	207.000	-	-	207.000
1153	Construction	50.000	-	-	50.000
1154	Health Care Personnel Registry	50.000	-	-	50.000
1155	Jails & Detention Centers Inspections	2.000	-	-	2.000
1156	Regulatory - Mental Health Lic. & Cert.	75.000	-	-	75.000
1157	Radiation Protection	48.500	-	-	48.500
1161	Prep. - Statewide Health Planning	21.000	-	-	21.000
1162	Prep. - Hospital Preparedness	9.000	-	-	9.000
1163	Prep. - Local Emergency Medical Services	32.000	-	-	32.000
1991	Indirect Reserve	-	-	-	-
Total FTE		578.500	-	-	578.500

14470-Health Service Regulation

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	$ 71,496,505	$ 71,496,505
Less: Receipts	$ 52,638,449	$ 52,638,449
Net Appropriation	$ 18,858,056	$ 18,858,056
FTE	578.500	578.500

Legislative Changes

Reserve for Salaries and Benefits

94 Compensation Increase Reserve

Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.

Requirements	$ 488,420R	$ 976,840R
Less: Receipts	$ -	$ -
Net Appropriation	$ 488,420	$ 976,840
FTE	-	-

95 State Retirement Contributions

Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.

Requirements	$ 185,770R	$ 441,204R
Less: Receipts	$ -	$ -
Net Appropriation	$ 185,770	$ 441,204
FTE	-	-

96 State Health Plan

Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.

Requirements	$ 60,954R	$ 124,146R
Less: Receipts	$ -	$ -
Net Appropriation	$ 60,954	$ 124,146
FTE	-	-

97 Short-Term Disability

Provides additional funding to pay short-term disability benefits under SL 2018-52.

Requirements	$ 7,740R	$ 7,740R
Less: Receipts	$ -	$ -
Net Appropriation	$ 7,740	$ 7,740
FTE	-	-

Service Support
Fund Code: 1110

Requirements	$ 4,927,462	$ 4,927,462
Less: Receipts	$ 3,327,818	$ 3,327,818
Net Appropriation	$ 1,599,644	$ 1,599,644
FTE	30.000	30.000

98 No direct change

Requirements	$ -	$ -
Less: Receipts	$ -	$ -
Net Appropriation	$ -	$ -
FTE	-	-

Service Support Revised Budget

Requirements	$ 4,927,462	$ 4,927,462
Less: Receipts	$ 3,327,818	$ 3,327,818
Net Appropriation	$ **1,599,644**	$ **1,599,644**
FTE	30.000	30.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Acute and Home Care Licensure and Certification Fund Code: 1151	Requirements	$ 4,992,857	$ 4,992,857
	Less: Receipts	$ 4,346,216	$ 4,346,216
	Net Appropriation	$ 646,641	$ 646,641
	FTE	54.000	54.000
99 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Acute and Home Care Licensure and Certification Revised Budget	Requirements	$ 4,992,857	$ 4,992,857
	Less: Receipts	$ 4,346,216	$ 4,346,216
	Net Appropriation	$ **646,641**	$ **646,641**
	FTE	54.000	54.000
Nursing Home and Adult Care Licensure and Certification Fund Code: 1152	Requirements	$ 18,533,342	$ 18,533,342
	Less: Receipts	$ 12,767,104	$ 12,767,104
	Net Appropriation	$ 5,766,238	$ 5,766,238
	FTE	207.000	207.000
100 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Nursing Home and Adult Care Licensure and Certification Revised Budget	Requirements	$ 18,533,342	$ 18,533,342
	Less: Receipts	$ 12,767,104	$ 12,767,104
	Net Appropriation	$ **5,766,238**	$ **5,766,238**
	FTE	207.000	207.000
Construction Fund Code: 1153	Requirements	$ 6,273,672	$ 6,273,672
	Less: Receipts	$ 4,893,088	$ 4,893,088
	Net Appropriation	$ 1,380,584	$ 1,380,584
	FTE	50.000	50.000
101 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Construction Revised Budget	Requirements	$ 6,273,672	$ 6,273,672
	Less: Receipts	$ 4,893,088	$ 4,893,088
	Net Appropriation	$ **1,380,584**	$ **1,380,584**
	FTE	50.000	50.000
Health Care Personnel Registry Fund Code: 1154	Requirements	$ 4,876,043	$ 4,876,043
	Less: Receipts	$ 3,767,125	$ 3,767,125
	Net Appropriation	$ 1,108,918	$ 1,108,918
	FTE	50.000	50.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
102 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Health Care Personnel Registry Revised Budget	Requirements	$ 4,876,043	$ 4,876,043
	Less: Receipts	$ 3,767,125	$ 3,767,125
	Net Appropriation	$ **1,108,918**	$ **1,108,918**
	FTE	50.000	50.000
Jails and Detention Centers Inspection Fund Code: 1155	Requirements	$ 175,153	$ 175,153
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 175,153	$ 175,153
	FTE	2.000	2.000
103 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Jails and Detention Centers Inspection Revised Budget	Requirements	$ 175,153	$ 175,153
	Less: Receipts	$ -	$ -
	Net Appropriation	$ **175,153**	$ **175,153**
	FTE	2.000	2.000
Mental Health Licensure and Certification Fund Code: 1156	Requirements	$ 7,064,795	$ 7,064,795
	Less: Receipts	$ 4,716,720	$ 4,716,720
	Net Appropriation	$ 2,348,075	$ 2,348,075
	FTE	75.000	75.000
104 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Mental Health Licensure and Certification Revised Budget	Requirements	$ 7,064,795	$ 7,064,795
	Less: Receipts	$ 4,716,720	$ 4,716,720
	Net Appropriation	$ **2,348,075**	$ **2,348,075**
	FTE	75.000	75.000
Radiation Protection Fund Code: 1157	Requirements	$ 5,181,706	$ 5,181,706
	Less: Receipts	$ 5,181,706	$ 5,181,706
	Net Appropriation	$ 0	$ 0
	FTE	48.500	48.500
105 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20		FY 2020-21
Radiation Protection Revised Budget	Requirements	$ 5,181,706	$	5,181,706
	Less: Receipts	$ 5,181,706	$	5,181,706
	Net Appropriation	$ **0**	$	**0**
	FTE	48.500		48.500
Statewide Health Planning **Fund Code: 1161**	Requirements	$ 2,490,987	$	2,490,987
	Less: Receipts	$ 2,616	$	2,616
	Net Appropriation	$ 2,488,371	$	2,488,371
	FTE	21.000		21.000
106 No direct change	Requirements	$ -	$	-
	Less: Receipts	$ -	$	-
	Net Appropriation	$ -	$	-
	FTE	-		-
Statewide Health Planning Revised Budget	Requirements	$ 2,490,987	$	2,490,987
	Less: Receipts	$ 2,616	$	2,616
	Net Appropriation	$ **2,488,371**	$	**2,488,371**
	FTE	21.000		21.000
Local Emergency Medical Services **Fund Code: 1163**	Requirements	$ 3,990,221	$	3,990,221
	Less: Receipts	$ 645,789	$	645,789
	Net Appropriation	$ 3,344,432	$	3,344,432
	FTE	32.000		32.000
107 Community Paramedicine Pilot Project **Fund Code: 1163** Provides funds to continue the McDowell County Emergency Medical Services pilot program, which allows paramedics to divert persons to community-based initiatives designed to avoid non-emergency use of hospital emergency departments. The net appropriation for the Community Paramedicine Pilot Project is $70,000 in each year of the biennium.	Requirements	$ 70,000NR	$	70,000NR
	Less: Receipts	$ -	$	-
	Net Appropriation	$ 70,000	$	70,000
	FTE	-		-
Local Emergency Medical Services Revised Budget	Requirements	$ 4,060,221	$	4,060,221
	Less: Receipts	$ 645,789	$	645,789
	Net Appropriation	$ **3,414,432**	$	**3,414,432**
	FTE	32.000		32.000

Total Legislative Changes			
	Requirements	$ 812,884	$ 1,619,930
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 812,884	$ 1,619,930
	FTE	-	-
	Recurring	$ 742,884	$ 1,549,930
	Nonrecurring	$ 70,000	$ 70,000
	Net Appropriation	$ 812,884	$ 1,619,930
	FTE	-	-
Revised Budget			
Revised Requirements		$ 72,309,389	$ 73,116,435
Revised Receipts		$ 52,638,449	$ 52,638,449
Revised Net Appropriation		$ 19,670,940	$ 20,477,986
Revised FTE		578.500	578.500

Mental Hlth/Dev. Disabl./Subs. Abuse Serv.
Budget Code 14460

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$1,532,807,958	$1,532,807,958
Receipts	$790,690,151	$790,690,151
Net Appropriation	$742,117,807	$742,117,807
Legislative Changes		
Requirements	$4,768,631	$18,356,728
Receipts	$896,269	$160,268
Net Appropriation	$3,872,362	$18,196,460
Revised Budget		
Requirements	$1,537,576,589	$1,551,164,686
Receipts	$791,586,420	$790,850,419
Net Appropriation	$745,990,169	$760,314,267

General Fund FTE

Base Budget	11,313.780	11,313.780
Legislative Changes	-	-
Revised Budget	11,313.780	11,313.780

Summary of General Fund Appropriations
Fiscal Year 2019-20
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Mental Hlth/Dev. Disabl./Subs. Abuse Serv.										
Budget Code 14460		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	25,897,502	8,131,778	17,765,724	-	-	-	25,897,502	8,131,778	17,765,724
1160	MH/DD/SA Workforce Development	1,470,837	1,265,692	205,145	-	-	-	1,470,837	1,265,692	205,145
1262	Enforce Underage Drinking Laws	360,000	360,000	-	-	-	-	360,000	360,000	-
1271	Gen SA Prevention - Quality Improvement	8,948,341	8,482,532	465,809	-	-	-	8,948,341	8,482,532	465,809
1332	Targeted Substance Abuse Prevention	352,692	337,692	15,000	-	-	-	352,692	337,692	15,000
1422	Community Services-Single Stream Fundin	299,223,394	262,728	298,960,666	(15,000,000)	-	(15,000,000)	284,223,394	262,728	283,960,666
1442	Comm. Substance Abuse Services-Child	3,218,544	3,218,544	-	-	-	-	3,218,544	3,218,544	-
1443	Community Services - Riddle Center	2,185,797	2,200,948	(15,151)	-	-	-	2,185,797	2,200,948	(15,151)
1444	Community Mental Health Services - Child	9,455,371	7,500,891	1,954,480	661,042	661,042	-	10,116,413	8,161,933	1,954,480
1445	Developmental Disability Services - Child	105,034	-	105,034	-	-	-	105,034	-	105,034
1451	Comm. Services - Traumatic Brain Injury	2,620,070	246,984	2,373,086	300,000	-	300,000	2,920,070	246,984	2,673,086
1452	Path Homelessness	1,379,000	1,379,000	-	-	-	-	1,379,000	1,379,000	-
1461	Community Mental Health Services - Adult	19,285,686	18,776,922	508,764	(344,903)	(344,903)	-	18,940,783	18,432,019	508,764
1462	Developmental Disability Services-Adult	5,669,768	4,286,742	1,383,026	-	-	-	5,669,768	4,286,742	1,383,026
1463	Comm. Substance Abuse Services - Adult	80,285,122	36,065,951	44,219,171	-	-	-	80,285,122	36,065,951	44,219,171
1464	Community Crisis Services	43,116,644	1,395,000	41,721,644	(40,000)	(40,000)	-	43,076,644	1,355,000	41,721,644
1543	Whitaker School	5,409,755	5,394,604	15,151	-	-	-	5,409,755	5,394,604	15,151
1546	Wright School - Child	3,334,809	510	3,334,299	-	-	-	3,334,809	510	3,334,299
1561	Broughton Hospital - Adult	165,669,841	71,574,107	94,095,734	-	-	-	165,669,841	71,574,107	94,095,734
1562	Cherry Hospital - Adult	163,149,821	74,571,435	88,578,386	-	-	-	163,149,821	74,571,435	88,578,386
1563	Central Regional Hospital - Adult	220,461,204	100,235,022	120,226,182	-	-	-	220,461,204	100,235,022	120,226,182
1565	Caswell Developmental Center - Adult	97,689,961	96,840,810	849,151	-	-	-	97,689,961	96,840,810	849,151
1566	Murdoch Developmental Center - Adult	115,091,491	112,069,092	3,022,399	-	-	-	115,091,491	112,069,092	3,022,399
1567	J Iverson Riddle Developmental Ctr - Adul	67,752,343	66,087,867	1,664,476	-	-	-	67,752,343	66,087,867	1,664,476
156A	Longleaf Neuro-Med Treatment Ctr - Adult	39,714,747	34,740,731	4,974,016	-	-	-	39,714,747	34,740,731	4,974,016
156B	Black Mountain Neuro-Med Trtmt Ctr-Adlt	32,195,241	30,293,395	1,901,846	-	-	-	32,195,241	30,293,395	1,901,846
156C	O'Berry Neuro-Med Treatment Ctr - Adult	55,530,216	55,017,271	512,945	-	-	-	55,530,216	55,017,271	512,945
156D	Julian F Keith ADATC - Adult	17,703,009	17,703,008	1	-	-	-	17,703,009	17,703,008	1
156E	RJ Blackley ADATC - Adult	16,888,547	16,888,547	-	-	-	-	16,888,547	16,888,547	-
156F	Walter B Jones ADATC - Adult	15,362,347	15,362,348	(1)	-	-	-	15,362,347	15,362,348	(1)

Summary of General Fund Appropriations
Fiscal Year 2019-20
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Mental Hlth/Dev. Disabl./Subs. Abuse Serv.										
Budget Code 14460		**Base Budget**			**Legislative Changes**			**Revised Budget**		
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**
1910	Reserves and Transfers	13,280,824	-	13,280,824	9,650,000	1,100,000	8,550,000	22,930,824	1,100,000	21,830,824
Reserve for Salaries and Benefits										
N/A	Compensation Increase Reserve	-	-	-	6,427,128	-	6,427,128	6,427,128	-	6,427,128
N/A	State Retirement Contributions	-	-	-	2,444,116	-	2,444,116	2,444,116	-	2,444,116
N/A	State Health Plan	-	-	-	1,008,018	-	1,008,018	1,008,018	-	1,008,018
N/A	Short-Term Disability	-	-	-	101,838	-	101,838	101,838	-	101,838
N/A	Compensation Increase Reserve - State Ag	-	-	-	41,262	-	41,262	41,262	-	41,262
Divisionwide										
N/A	Substance Abuse Trtmt - Adults & Children	-	-	-	(1,175,652)	(1,175,652)	-	(1,175,652)	(1,175,652)	-
N/A	Substance Abuse Prevention	-	-	-	112,040	112,040	-	112,040	112,040	-
N/A	Substance Abuse IV Drug	-	-	-	(1,368,808)	(1,368,808)	-	(1,368,808)	(1,368,808)	-
N/A	Adult and Child Mental Health Services	-	-	-	1,952,550	1,952,550	-	1,952,550	1,952,550	-
Total		**$1,532,807,958**	**$790,690,151**	**$742,117,807**	**$4,768,631**	**$896,269**	**$3,872,362**	**$1,537,576,589**	**$791,586,420**	**$745,990,169**

Summary of General Fund Appropriations
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Mental Hlth/Dev. Disabl./Subs. Abuse Serv.										
Budget Code 14460		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	25,897,502	8,131,778	17,765,724	-	-	-	25,897,502	8,131,778	17,765,724
1160	MH/DD/SA Workforce Development	1,470,837	1,265,692	205,145	-	-	-	1,470,837	1,265,692	205,145
1262	Enforce Underage Drinking Laws	360,000	360,000	-	-	-	-	360,000	360,000	-
1271	Gen SA Prevention - Quality Improvement	8,948,341	8,482,532	465,809	-	-	-	8,948,341	8,482,532	465,809
1332	Targeted Substance Abuse Prevention	352,692	337,692	15,000	-	-	-	352,692	337,692	15,000
1422	Community Services-Single Stream Fundin	299,223,394	262,728	298,960,666	(15,000,000)	-	(15,000,000)	284,223,394	262,728	283,960,666
1442	Comm. Substance Abuse Services-Child	3,218,544	3,218,544	-	-	-	-	3,218,544	3,218,544	-
1443	Community Services - Riddle Center	2,185,797	2,200,948	(15,151)	-	-	-	2,185,797	2,200,948	(15,151)
1444	Community Mental Health Services - Child	9,455,371	7,500,891	1,954,480	661,042	661,042	-	10,116,413	8,161,933	1,954,480
1445	Developmental Disability Services - Child	105,034	-	105,034	-	-	-	105,034	-	105,034
1451	Comm. Services - Traumatic Brain Injury	2,620,070	246,984	2,373,086	-	-	-	2,620,070	246,984	2,373,086
1452	Path Homelessness	1,379,000	1,379,000	-	-	-	-	1,379,000	1,379,000	-
1461	Community Mental Health Services - Adult	19,285,686	18,776,922	508,764	(344,903)	(344,903)	-	18,940,783	18,432,019	508,764
1462	Developmental Disability Services-Adult	5,669,768	4,286,742	1,383,026	-	-	-	5,669,768	4,286,742	1,383,026
1463	Comm. Substance Abuse Services - Adult	80,285,122	36,065,951	44,219,171	-	-	-	80,285,122	36,065,951	44,219,171
1464	Community Crisis Services	43,116,644	1,395,000	41,721,644	(40,000)	(40,000)	-	43,076,644	1,355,000	41,721,644
1543	Whitaker School	5,409,755	5,394,604	15,151	-	-	-	5,409,755	5,394,604	15,151
1546	Wright School - Child	3,334,809	510	3,334,299	-	-	-	3,334,809	510	3,334,299
1561	Broughton Hospital - Adult	165,669,841	71,574,107	94,095,734	5,264,000	364,000	4,900,000	170,933,841	71,938,107	98,995,734
1562	Cherry Hospital - Adult	163,149,821	74,571,435	88,578,386	-	-	-	163,149,821	74,571,435	88,578,386
1563	Central Regional Hospital - Adult	220,461,204	100,235,022	120,226,182	-	-	-	220,461,204	100,235,022	120,226,182
1565	Caswell Developmental Center - Adult	97,689,961	96,840,810	849,151	-	-	-	97,689,961	96,840,810	849,151
1566	Murdoch Developmental Center - Adult	115,091,491	112,069,092	3,022,399	-	-	-	115,091,491	112,069,092	3,022,399
1567	J Iverson Riddle Developmental Ctr - Adul	67,752,343	66,087,867	1,664,476	-	-	-	67,752,343	66,087,867	1,664,476
156A	Longleaf Neuro-Med Treatment Ctr - Adult	39,714,747	34,740,731	4,974,016	-	-	-	39,714,747	34,740,731	4,974,016
156B	Black Mountain Neuro-Med Trtmt Ctr-Adlt	32,195,241	30,293,395	1,901,846	-	-	-	32,195,241	30,293,395	1,901,846
156C	O'Berry Neuro-Med Treatment Ctr - Adult	55,530,216	55,017,271	512,945	-	-	-	55,530,216	55,017,271	512,945
156D	Julian F Keith ADATC - Adult	17,703,009	17,703,008	1	-	-	-	17,703,009	17,703,008	1
156E	RJ Blackley ADATC - Adult	16,888,547	16,888,547	-	-	-	-	16,888,547	16,888,547	-
156F	Walter B Jones ADATC - Adult	15,362,347	15,362,348	(1)	-	-	-	15,362,347	15,362,348	(1)

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Mental Hlth/Dev. Disabl./Subs. Abuse Serv.										
Budget Code 14460		**Base Budget**			**Legislative Changes**			**Revised Budget**		
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**
1910	Reserves and Transfers	13,280,824	-	13,280,824	7,400,000	-	7,400,000	20,680,824	-	20,680,824
Reserve for Salaries and Benefits										
N/A	Compensation Increase Reserve	-	-	-	12,854,256	-	12,854,256	12,854,256	-	12,854,256
N/A	State Retirement Contributions	-	-	-	5,804,776	-	5,804,776	5,804,776	-	5,804,776
N/A	State Health Plan	-	-	-	2,053,066	-	2,053,066	2,053,066	-	2,053,066
N/A	Short-Term Disability	-	-	-	101,838	-	101,838	101,838	-	101,838
N/A	Compensation Increase Reserve - State Ag	-	-	-	82,524	-	82,524	82,524	-	82,524
Divisionwide										
N/A	Substance Abuse Trtmt - Adults & Children	-	-	-	(1,175,653)	(1,175,653)	-	(1,175,653)	(1,175,653)	-
N/A	Substance Abuse Prevention	-	-	-	112,040	112,040	-	112,040	112,040	-
N/A	Substance Abuse IV Drug	-	-	-	(1,368,808)	(1,368,808)	-	(1,368,808)	(1,368,808)	-
N/A	Adult and Child Mental Health Services	-	-	-	1,952,550	1,952,550	-	1,952,550	1,952,550	-
Total		**$1,532,807,958**	**$790,690,151**	**$742,117,807**	**$18,356,728**	**$160,268**	**$18,196,460**	**$1,551,164,686**	**$790,850,419**	**$760,314,267**

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Mental Hlth/Dev. Disabl./Subs. Abuse Serv.					
Budget Code 14460		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	208.000	-	-	208.000
1160	MH/DD/SA Workforce Development	-	-	-	-
1262	Enforce Underage Drinking Laws	-	-	-	-
1271	Gen SA Prevention - Quality Improvement	-	-	-	-
1332	Targeted Substance Abuse Prevention	-	-	-	-
1422	Community Services-Single Stream Funding	-	-	-	-
1442	Comm. Substance Abuse Services-Child	-	-	-	-
1443	Community Services - Riddle Center	26.000	-	-	26.000
1444	Community Mental Health Services - Child	1.000	-	-	1.000
1445	Developmental Disability Services - Child	-	-	-	-
1451	Comm. Services - Traumatic Brain Injury	-	-	-	-
1452	Path Homelessness	-	-	-	-
1461	Community Mental Health Services - Adult	-	-	-	-
1462	Developmental Disability Services-Adult	-	-	-	-
1463	Comm. Substance Abuse Services - Adult	-	-	-	-
1464	Community Crisis Services	-	-	-	-
1543	Whitaker School	71.000	-	-	71.000
1546	Wright School - Child	40.700	-	-	40.700
1561	Broughton Hospital - Adult	1,439.500	-	-	1,439.500
1562	Cherry Hospital - Adult	1,351.100	-	-	1,351.100
1563	Central Regional Hospital - Adult	1,860.040	-	-	1,860.040
1565	Caswell Developmental Center - Adult	1,406.000	-	-	1,406.000
1566	Murdoch Developmental Center - Adult	1,687.510	-	-	1,687.510
1567	J Iverson Riddle Developmental Ctr - Adult	948.750	-	-	948.750
156A	Longleaf Neuro-Med Treatment Ctr - Adult	520.800	-	-	520.800
156B	Black Mountain Neuro-Med Trtmt Ctr-Adlt	469.000	-	-	469.000
156C	O'Berry Neuro-Med Treatment Ctr - Adult	770.000	-	-	770.000
156D	Julian F Keith ADATC - Adult	196.880	-	-	196.880
156E	RJ Blackley ADATC - Adult	156.000	-	-	156.000
156F	Walter B Jones ADATC - Adult	161.500	-	-	161.500
1910	Reserves and Transfers	-	-	-	-
Total FTE		**11,313.780**	**-**	**-**	**11,313.780**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
2019 Legislative Session

Mental Hlth/Dev. Disabl./Subs. Abuse Serv.					
Budget Code 14460		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	208.000	-	-	208.000
1160	MH/DD/SA Workforce Development	-	-	-	-
1262	Enforce Underage Drinking Laws	-	-	-	-
1271	Gen SA Prevention - Quality Improvement	-	-	-	-
1332	Targeted Substance Abuse Prevention	-	-	-	-
1422	Community Services-Single Stream Funding	-	-	-	-
1442	Comm. Substance Abuse Services-Child	-	-	-	-
1443	Community Services - Riddle Center	26.000	-	-	26.000
1444	Community Mental Health Services - Child	1.000	-	-	1.000
1445	Developmental Disability Services - Child	-	-	-	-
1451	Comm. Services - Traumatic Brain Injury	-	-	-	-
1452	Path Homelessness	-	-	-	-
1461	Community Mental Health Services - Adult	-	-	-	-
1462	Developmental Disability Services-Adult	-	-	-	-
1463	Comm. Substance Abuse Services - Adult	-	-	-	-
1464	Community Crisis Services	-	-	-	-
1543	Whitaker School	71.000	-	-	71.000
1546	Wright School - Child	40.700	-	-	40.700
1561	Broughton Hospital - Adult	1,439.500	-	-	1,439.500
1562	Cherry Hospital - Adult	1,351.100	-	-	1,351.100
1563	Central Regional Hospital - Adult	1,860.040	-	-	1,860.040
1565	Caswell Developmental Center - Adult	1,406.000	-	-	1,406.000
1566	Murdoch Developmental Center - Adult	1,687.510	-	-	1,687.510
1567	J Iverson Riddle Developmental Ctr - Adult	948.750	-	-	948.750
156A	Longleaf Neuro-Med Treatment Ctr - Adult	520.800	-	-	520.800
156B	Black Mountain Neuro-Med Trtmt Ctr-Adlt	469.000	-	-	469.000
156C	O'Berry Neuro-Med Treatment Ctr - Adult	770.000	-	-	770.000
156D	Julian F Keith ADATC - Adult	196.880	-	-	196.880
156E	RJ Blackley ADATC - Adult	156.000	-	-	156.000
156F	Walter B Jones ADATC - Adult	161.500	-	-	161.500
1910	Reserves and Transfers	-	-	-	-
Total FTE		**11,313.780**	-	-	**11,313.780**

14460-Mental Hlth/Dev. Disabl./Subs. Abuse Serv.

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	$ 1,532,807,958	$ 1,532,807,958
Less: Receipts	$ 790,690,151	$ 790,690,151
Net Appropriation	$ 742,117,807	$ 742,117,807
FTE	11,313.780	11,313.780

Legislative Changes

Reserve for Salaries and Benefits

108 Compensation Increase Reserve

Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.

Requirements	$ 6,427,128R	$ 12,854,256R
Less: Receipts	$ -	$ -
Net Appropriation	$ 6,427,128	$ 12,854,256
FTE	-	-

109 Compensation Increase Reserve - State Agency Teachers

Provides funding to implement a revised teacher salary schedule.

Requirements	$ 41,262R	$ 82,524R
Less: Receipts	$ -	$ -
Net Appropriation	$ 41,262	$ 82,524
FTE	-	-

110 State Retirement Contributions

Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.

Requirements	$ 2,444,116R	$ 5,804,776R
Less: Receipts	$ -	$ -
Net Appropriation	$ 2,444,116	$ 5,804,776
FTE	-	-

111 State Health Plan

Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.

Requirements	$ 1,008,018R	$ 2,053,066R
Less: Receipts	$ -	$ -
Net Appropriation	$ 1,008,018	$ 2,053,066
FTE	-	-

112 Short-Term Disability

Provides additional funding to pay short-term disability benefits under SL 2018-52.

Requirements	$ 101,838R	$ 101,838R
Less: Receipts	$ -	$ -
Net Appropriation	$ 101,838	$ 101,838
FTE	-	-

MH/DD/SA Workforce Development
Fund Code: 1160

Requirements	$ 1,470,837	$ 1,470,837
Less: Receipts	$ 1,265,692	$ 1,265,692
Net Appropriation	$ 205,145	$ 205,145
FTE	-	-

113 No direct change

Requirements	$ -	$ -
Less: Receipts	$ -	$ -
Net Appropriation	$ -	$ -
FTE	-	-

MH/DD/SA Workforce Development Revised Budget

Requirements	$ 1,470,837	$ 1,470,837
Less: Receipts	$ 1,265,692	$ 1,265,692
Net Appropriation	$ 205,145	$ 205,145
FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Enforce Underage Drinking Laws	Requirements	$ 360,000	$ 360,000
Fund Code: 1262	Less: Receipts	$ 360,000	$ 360,000
	Net Appropriation	$ 0	$ 0
	FTE	-	-
114 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Enforce Underage Drinking Laws Revised Budget	Requirements	$ 360,000	$ 360,000
	Less: Receipts	$ 360,000	$ 360,000
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
General Prevention - Quality Improvement	Requirements	$ 8,948,341	$ 8,948,341
Fund Code: 1271	Less: Receipts	$ 8,482,532	$ 8,482,532
	Net Appropriation	$ 465,809	$ 465,809
	FTE	-	-
115 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
General Prevention - Quality Improvement Revised Budget	Requirements	$ 8,948,341	$ 8,948,341
	Less: Receipts	$ 8,482,532	$ 8,482,532
	Net Appropriation	$ **465,809**	$ **465,809**
	FTE	-	-
Single Stream Funding	Requirements	$ 299,223,394	$ 299,223,394
Fund Code: 1422	Less: Receipts	$ 262,728	$ 262,728
	Net Appropriation	$ 298,960,666	$ 298,960,666
	FTE	-	-
116 Single Stream Funding	Requirements	$ (15,000,000)R	$ (15,000,000)R
Fund Code: 1422	Less: Receipts	$ -	$ -
Reduces funding for single stream services on a recurring basis beginning July 1, 2019. LME/MCO's will be required to continue service spending at the same level as in FY 2014-15.	Net Appropriation	$ (15,000,000)	$ (15,000,000)
	FTE	-	-
Single Stream Funding Revised Budget	Requirements	$ 284,223,394	$ 284,223,394
	Less: Receipts	$ 262,728	$ 262,728
	Net Appropriation	$ **283,960,666**	$ **283,960,666**
	FTE	-	-
Riddle Center	Requirements	$ 2,185,797	$ 2,185,797
Fund Code: 1443	Less: Receipts	$ 2,200,948	$ 2,200,948
	Net Appropriation	$ (15,151)	$ (15,151)
	FTE	26.000	26.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
117 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Riddle Center Revised Budget	Requirements	$ 2,185,797	$ 2,185,797
	Less: Receipts	$ 2,200,948	$ 2,200,948
	Net Appropriation	$ **(15,151)**	$ **(15,151)**
	FTE	26.000	26.000
Community Mental Health Services - Child **Fund Code: 1444**	Requirements	$ 9,455,371	$ 9,455,371
	Less: Receipts	$ 7,500,891	$ 7,500,891
	Net Appropriation	$ 1,954,480	$ 1,954,480
	FTE	1.000	1.000
118 Children's Mental Health Services **Fund Code: 1444** Increases federal Mental Health Block Grant (MHBG) receipts for mental health services to children that treat, and support North Carolina children and adolescents with mental illness and families due to increased availability.	Requirements	$ 661,042R	$ 661,042R
	Less: Receipts	$ 661,042R	$ 661,042R
	Net Appropriation	$ -	$ -
	FTE	-	-
Community Mental Health Services - Child Revised Budget	Requirements	$ 10,116,413	$ 10,116,413
	Less: Receipts	$ 8,161,933	$ 8,161,933
	Net Appropriation	$ **1,954,480**	$ **1,954,480**
	FTE	1.000	1.000
Community Developmental Disability Services - Child **Fund Code: 1445**	Requirements	$ 105,034	$ 105,034
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 105,034	$ 105,034
	FTE	-	-
119 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Community Developmental Disability Services - Child Revised Budget	Requirements	$ 105,034	$ 105,034
	Less: Receipts	$ -	$ -
	Net Appropriation	$ **105,034**	$ **105,034**
	FTE	-	-
Traumatic Brain Injury **Fund Code: 1451**	Requirements	$ 2,620,070	$ 2,620,070
	Less: Receipts	$ 246,984	$ 246,984
	Net Appropriation	$ 2,373,086	$ 2,373,086
	FTE	-	-
120 Traumatic Brain Injury Pilot **Fund Code: 1451** Provides funds to continue the adult and pediatric traumatic brain injury pilot program established in S.L. 2017-57, Sec. 11F.9.	Requirements	$ 300,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 300,000	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Traumatic Brain Injury Revised Budget	Requirements	$ 2,920,070	$ 2,620,070
	Less: Receipts	$ 246,984	$ 246,984
	Net Appropriation	$ **2,673,086**	$ **2,373,086**
	FTE	-	-
Path Homelessness **Fund Code: 1452**	Requirements	$ 1,379,000	$ 1,379,000
	Less: Receipts	$ 1,379,000	$ 1,379,000
	Net Appropriation	$ 0	$ 0
	FTE	-	-
121 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Path Homelessness Revised Budget	Requirements	$ 1,379,000	$ 1,379,000
	Less: Receipts	$ 1,379,000	$ 1,379,000
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Community Mental Health Services - Adult **Fund Code: 1461**	Requirements	$ 19,285,686	$ 19,285,686
	Less: Receipts	$ 18,776,922	$ 18,776,922
	Net Appropriation	$ 508,764	$ 508,764
	FTE	-	-
122 First Psychotic Symptom Treatment **Fund Code: 1461** Adjusts funding for first psychotic symptom treatment that addresses needs of individuals with early serious mental illness through the federal MHBG due to changes in total availability.	Requirements	$ (344,903)R	$ (344,903)R
	Less: Receipts	$ (344,903)R	$ (344,903)R
	Net Appropriation	$ -	$ -
	FTE	-	-
Community Mental Health Services - Adult Revised Budget	Requirements	$ 18,940,783	$ 18,940,783
	Less: Receipts	$ 18,432,019	$ 18,432,019
	Net Appropriation	$ **508,764**	$ **508,764**
	FTE	-	-
Community Developmental Disability Services - Adult **Fund Code: 1462**	Requirements	$ 5,669,768	$ 5,669,768
	Less: Receipts	$ 4,286,742	$ 4,286,742
	Net Appropriation	$ 1,383,026	$ 1,383,026
	FTE	-	-
123 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Community Developmental Disability Services - Adult Revised Budget	Requirements	$ 5,669,768	$ 5,669,768
	Less: Receipts	$ 4,286,742	$ 4,286,742
	Net Appropriation	$ **1,383,026**	$ **1,383,026**
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Community Substance Abuse Services - Adult **Fund Code: 1463**	Requirements	$ 80,285,122	$ 80,285,122
	Less: Receipts	$ 36,065,951	$ 36,065,951
	Net Appropriation	$ 44,219,171	$ 44,219,171
	FTE	-	-
124 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Community Substance Abuse Services - Adult Revised Budget	Requirements	$ 80,285,122	$ 80,285,122
	Less: Receipts	$ 36,065,951	$ 36,065,951
	Net Appropriation	$ **44,219,171**	$ **44,219,171**
	FTE	-	-
Community Crisis Services **Fund Code: 1464**	Requirements	$ 43,116,644	$ 43,116,644
	Less: Receipts	$ 1,395,000	$ 1,395,000
	Net Appropriation	$ 41,721,644	$ 41,721,644
	FTE	-	-
125 Crisis Solutions Initiative and Community Paramedic Mobile Crisis Management **Fund Code: 1464** Adjusts federal Substance Abuse Block Grant (SABG) funding for crisis solutions initiative and community paramedic mobile crisis management to support local agencies to divert Emergency Department transports to alternative appropriate settings based on availability.	Requirements	$ (40,000)R	$ (40,000)R
	Less: Receipts	$ (40,000)R	$ (40,000)R
	Net Appropriation	$ -	$ -
	FTE	-	-
Community Crisis Services Revised Budget	Requirements	$ 43,076,644	$ 43,076,644
	Less: Receipts	$ 1,355,000	$ 1,355,000
	Net Appropriation	$ **41,721,644**	$ **41,721,644**
	FTE	-	-
Whitaker School **Fund Code: 1543**	Requirements	$ 5,409,755	$ 5,409,755
	Less: Receipts	$ 5,394,604	$ 5,394,604
	Net Appropriation	$ 15,151	$ 15,151
	FTE	71.000	71.000
126 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Whitaker School Revised Budget	Requirements	$ 5,409,755	$ 5,409,755
	Less: Receipts	$ 5,394,604	$ 5,394,604
	Net Appropriation	$ **15,151**	$ **15,151**
	FTE	71.000	71.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Wright School - Child	Requirements	$ 3,334,809	$ 3,334,809
Fund Code: 1546	Less: Receipts	$ 510	$ 510
	Net Appropriation	$ 3,334,299	$ 3,334,299
	FTE	40.700	40.700
127 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Wright School - Child Revised Budget	Requirements	$ 3,334,809	$ 3,334,809
	Less: Receipts	$ 510	$ 510
	Net Appropriation	$ **3,334,299**	$ **3,334,299**
	FTE	40.700	40.700
Broughton Hospital	Requirements	$ 165,669,841	$ 165,669,841
Fund Code: 1561	Less: Receipts	$ 71,574,107	$ 71,574,107
	Net Appropriation	$ 94,095,734	$ 94,095,734
	FTE	1,439.500	1,439.500
128 New Broughton Hospital Staffing and Operating Cost	Requirements	$ -	$ 5,264,000R
Fund Code: 1561	Less: Receipts	$ -	$ 364,000R
Provides funding for new staffing and operational support, including utilities, maintenance costs and other physical plant operating costs to open new Psychiatric Intensive Care Unit beds in the new Broughton Hospital.	Net Appropriation	$ -	$ 4,900,000
	FTE	-	-
Broughton Hospital Revised Budget	Requirements	$ 165,669,841	$ 170,933,841
	Less: Receipts	$ 71,574,107	$ 71,938,107
	Net Appropriation	$ **94,095,734**	$ **98,995,734**
	FTE	1,439.500	1,439.500
Cherry Hospital	Requirements	$ 163,149,821	$ 163,149,821
Fund Code: 1562	Less: Receipts	$ 74,571,435	$ 74,571,435
	Net Appropriation	$ 88,578,386	$ 88,578,386
	FTE	1,351.100	1,351.100
129 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Cherry Hospital Revised Budget	Requirements	$ 163,149,821	$ 163,149,821
	Less: Receipts	$ 74,571,435	$ 74,571,435
	Net Appropriation	$ **88,578,386**	$ **88,578,386**
	FTE	1,351.100	1,351.100
Central Regional Hospital	Requirements	$ 220,461,204	$ 220,461,204
Fund Code: 1563	Less: Receipts	$ 100,235,022	$ 100,235,022
	Net Appropriation	$ 120,226,182	$ 120,226,182
	FTE	1,860.040	1,860.040

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
130 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Central Regional Hospital Revised Budget	Requirements	$ 220,461,204	$ 220,461,204
	Less: Receipts	$ 100,235,022	$ 100,235,022
	Net Appropriation	$ **120,226,182**	$ **120,226,182**
	FTE	1,860.040	1,860.040
Caswell Developmental Center Fund Code: 1565	Requirements	$ 97,689,961	$ 97,689,961
	Less: Receipts	$ 96,840,810	$ 96,840,810
	Net Appropriation	$ 849,151	$ 849,151
	FTE	1,406.000	1,406.000
131 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Caswell Developmental Center Revised Budget	Requirements	$ 97,689,961	$ 97,689,961
	Less: Receipts	$ 96,840,810	$ 96,840,810
	Net Appropriation	$ **849,151**	$ **849,151**
	FTE	1,406.000	1,406.000
Murdoch Developmental Center Fund Code: 1566	Requirements	$ 115,091,491	$ 115,091,491
	Less: Receipts	$ 112,069,092	$ 112,069,092
	Net Appropriation	$ 3,022,399	$ 3,022,399
	FTE	1,687.510	1,687.510
132 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Murdoch Developmental Center Revised Budget	Requirements	$ 115,091,491	$ 115,091,491
	Less: Receipts	$ 112,069,092	$ 112,069,092
	Net Appropriation	$ **3,022,399**	$ **3,022,399**
	FTE	1,687.510	1,687.510
J. Iverson Developmental Center Fund Code: 1567	Requirements	$ 67,752,343	$ 67,752,343
	Less: Receipts	$ 66,087,867	$ 66,087,867
	Net Appropriation	$ 1,664,476	$ 1,664,476
	FTE	948.750	948.750
133 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
J. Iverson Developmental Center Revised Budget	Requirements	$ 67,752,343	$ 67,752,343
	Less: Receipts	$ 66,087,867	$ 66,087,867
	Net Appropriation	$ **1,664,476**	$ **1,664,476**
	FTE	948.750	948.750
Longleaf Neuro-Medical Treatment Center Fund Code: 156A	Requirements	$ 39,714,747	$ 39,714,747
	Less: Receipts	$ 34,740,731	$ 34,740,731
	Net Appropriation	$ 4,974,016	$ 4,974,016
	FTE	520.800	520.800
134 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Longleaf Neuro-Medical Treatment Center Revised Budget	Requirements	$ 39,714,747	$ 39,714,747
	Less: Receipts	$ 34,740,731	$ 34,740,731
	Net Appropriation	$ **4,974,016**	$ **4,974,016**
	FTE	520.800	520.800
Black Mountain Neuro-Medical Treatment Center Fund Code: 156B	Requirements	$ 32,195,241	$ 32,195,241
	Less: Receipts	$ 30,293,395	$ 30,293,395
	Net Appropriation	$ 1,901,846	$ 1,901,846
	FTE	469.000	469.000
135 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Black Mountain Neuro-Medical Treatment Center Revised Budget	Requirements	$ 32,195,241	$ 32,195,241
	Less: Receipts	$ 30,293,395	$ 30,293,395
	Net Appropriation	$ **1,901,846**	$ **1,901,846**
	FTE	469.000	469.000
O'Berry Neuro-Medical Treatment Center Fund Code: 156C	Requirements	$ 55,530,216	$ 55,530,216
	Less: Receipts	$ 55,017,271	$ 55,017,271
	Net Appropriation	$ 512,945	$ 512,945
	FTE	770.000	770.000
136 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
O'Berry Neuro-Medical Treatment Center Revised Budget	Requirements	$ 55,530,216	$ 55,530,216
	Less: Receipts	$ 55,017,271	$ 55,017,271
	Net Appropriation	$ **512,945**	$ **512,945**
	FTE	770.000	770.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Julian F. Keith ADATC	Requirements	$ 17,703,009	$ 17,703,009
Fund Code: 156D	Less: Receipts	$ 17,703,008	$ 17,703,008
	Net Appropriation	$ 1	$ 1
	FTE	196.880	196.880
137 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Julian F. Keith ADATC Revised Budget	Requirements	$ 17,703,009	$ 17,703,009
	Less: Receipts	$ 17,703,008	$ 17,703,008
	Net Appropriation	$ 1	$ 1
	FTE	196.880	196.880
R. J. Blackley ADATC	Requirements	$ 16,888,547	$ 16,888,547
Fund Code: 156E	Less: Receipts	$ 16,888,547	$ 16,888,547
	Net Appropriation	$ 0	$ 0
	FTE	156.000	156.000
138 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
R. J. Blackley ADATC Revised Budget	Requirements	$ 16,888,547	$ 16,888,547
	Less: Receipts	$ 16,888,547	$ 16,888,547
	Net Appropriation	$ 0	$ 0
	FTE	156.000	156.000
Walter B. Jones ADATC	Requirements	$ 15,362,347	$ 15,362,347
Fund Code: 156F	Less: Receipts	$ 15,362,348	$ 15,362,348
	Net Appropriation	$ (1)	$ (1)
	FTE	161.500	161.500
139 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Walter B. Jones ADATC Revised Budget	Requirements	$ 15,362,347	$ 15,362,347
	Less: Receipts	$ 15,362,348	$ 15,362,348
	Net Appropriation	$ (1)	$ (1)
	FTE	161.500	161.500
Reserves and Transfers	Requirements	$ 13,280,824	$ 13,280,824
Fund Code: 1910	Less: Receipts	$ -	$ -
	Net Appropriation	$ 13,280,824	$ 13,280,824
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
140 Christ Centered Recovery Program **Fund Code: 1910** Provides a directed grant for Christ Centered Recovery Program in Morganton.	Requirements	$ -	$ 100,000NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ 100,000
	FTE	-	-
141 Holy Angels **Fund Code: 1910** Provides funding for Holy Angels of Gaston County to provide services to people with intellectual and developmental disabilities.	Requirements	$ 500,000NR	$ 500,000R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 500,000	$ 500,000
	FTE	-	-
142 Substance Abuse Services **Fund Code: 1910** Provides additional funding to increase substance use treatment and recovery options; and to help prevent and reduce prescription opioid misuse.	Requirements	$ 5,000,000NR	$ 5,000,000NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 5,000,000	$ 5,000,000
	FTE	-	-
143 Medication Cart Replacement **Fund Code: 1910** Provides funding to upgrade and replace obsolete automated medication dispensing carts across 8 state operated health care facilities.	Requirements	$ 1,000,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 1,000,000	$ -
	FTE	-	-
144 First Step Farm of Western North Carolina **Fund Code: 1910** Provides a directed grant to support First Step Farm of Western North Carolina in Candler.	Requirements	$ 250,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 250,000	$ -
	FTE	-	-
145 Group Homes **Fund Code: 1910** Provides funding to group homes for temporary, short-term financial assistance in the form of monthly payments on behalf of residents meeting specified criteria.	Requirements	$ 1,800,000NR	$ 1,800,000NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 1,800,000	$ 1,800,000
	FTE	-	-
146 The Samaritan Colony **Fund Code: 1910** Provides funding for completion of construction of beds at a Residential Treatment Center for Women at The Samaritan Colony in Rockingham, North Carolina. Funding provided from a transfer from the Dorothea Dix Hospital Property Fund.	Requirements	$ 500,000NR	$ -
	Less: Receipts	$ 500,000NR	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
147 The Bridge to Recovery **Fund Code: 1910** Provides funding for The Bridge to Recovery in Monroe, North Carolina to provide treatment and recovery services to individuals with substance use disorders. Funding provided from a transfer from the Dorothea Dix Hospital Property Fund.	Requirements	$ 600,000NR	$ -
	Less: Receipts	$ 600,000NR	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Reserves and Transfers Revised Budget	Requirements	$ 22,930,824	$ 20,680,824
	Less: Receipts	$ 1,100,000	$ -
	Net Appropriation	$ **21,830,824**	$ **20,680,824**
	FTE	-	-
Divisionwide			
148 Substance Abuse Trtmt - Adults & Children Adjusts funding for treatment services and recovery support through the federal Substance Abuse Prevention and Treatment Block Grant (SAPTBG) based on availability.	Requirements	$ (1,175,652)R	$ (1,175,653)R
	Less: Receipts	$ (1,175,652)R	$ (1,175,653)R
	Net Appropriation	$ -	$ -
	FTE	-	-
149 Substance Abuse Prevention Adjusts funding substance abuse prevention services under the federal SAPTBG based on availability.	Requirements	$ 112,040R	$ 112,040R
	Less: Receipts	$ 112,040R	$ 112,040R
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
150 Substance Abuse IV Drug	Requirements	$ (1,368,808)R	$ (1,368,808)R
Adjusts funding for treatment services for people injecting drugs.	Less: Receipts	$ (1,368,808)R	$ (1,368,808)R
	Net Appropriation	$ -	$ -
	FTE	-	-
151 Adult and Child Mental Health Services	Requirements	$ 1,952,550R	$ 1,952,550R
Adjusts federal MHBG funding for mental health services for adults and children based on changes in total availability.	Less: Receipts	$ 1,952,550R	$ 1,952,550R
	Net Appropriation	$ -	$ -
	FTE	-	-
Total Legislative Changes			
	Requirements	$ **4,768,631**	$ **18,356,728**
	Less: Receipts	$ **896,269**	$ **160,268**
	Net Appropriation	$ **3,872,362**	$ **18,196,460**
	FTE	-	-
	Recurring	$ **(4,977,638)**	$ **11,296,460**
	Nonrecurring	$ **8,850,000**	$ **6,900,000**
	Net Appropriation	$ **3,872,362**	$ **18,196,460**
	FTE	-	-
Revised Budget			
Revised Requirements		$ **1,537,576,589**	$ **1,551,164,686**
Revised Receipts		$ **791,586,420**	$ **790,850,419**
Revised Net Appropriation		$ **745,990,169**	$ **760,314,267**
Revised FTE		**11,313.780**	**11,313.780**

24460-DMH/DD/SAS - Special

		FY 2019-20	FY 2020-21
Recommended Base Budget			
Requirements		$ 11,089,571	$ 11,089,571
Receipts		$ 11,087,423	$ 11,087,423
Net Appropriation from (Increase to) Fund Balance		$ 2,148	$ 2,148
FTE		1.000	1.000

Legislative Changes

DHHS - DMH/DD/SAS - Special
Fund Code: 2296

152 The Samaritan Colony **Fund Code: 2296** Provides funds to the Department of Health and Human Services, Budget Code 14460 to be transferred to The Samaritan Colony in Rockingham, North Carolina for the completion of construction of beds at a Residential Treatment Center for Women.	Requirements	$ 500,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Change	$ 500,000	$ -
	FTE	-	-
153 The Bridge to Recovery **Fund Code: 2296** Provides funds to the Department of Health and Human Services, Budget Code 14460 to be transferred to The Bridge to Recovery in Monroe, North Carolina for treatment and recovery services to individuals with substance use disorders.	Requirements	$ 600,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Change	$ 600,000	$ -
	FTE	-	-
Total Legislative Changes			
	Requirements	$ 1,100,000	$ -
	Less: Receipts	$ -	$ -
	Net Change	$ 1,100,000	$ -
	FTE	-	-
Revised Budget			
Revised Requirements		$ 12,189,571	$ 11,089,571
Revised Receipts		$ 11,087,423	$ 11,087,423
Revised Net Appropriation from (Increase to) Fund Balance		$ 1,102,148	$ 2,148
Revised FTE		1.000	1.000
Fund Balance Availability Statement			
Estimated Beginning Fund Balance		28,221,674	27,119,526
Less: Net Appropriation from (Increase to) Fund Balance		$ 1,102,148	$ 2,148
Estimated Year-End Fund Balance		$ 27,119,526	$ 27,117,378

Public Health
Budget Code 14430

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$898,572,342	$898,273,086
Receipts	$744,471,330	$744,127,621
Net Appropriation	$154,101,012	$154,145,465
Legislative Changes		
Requirements	$311,243	$2,109,698
Receipts	($3,477,161)	($3,718,649)
Net Appropriation	$3,788,404	$5,828,347
Revised Budget		
Requirements	$898,883,585	$900,382,784
Receipts	$740,994,169	$740,408,972
Net Appropriation	$157,889,416	$159,973,812

General Fund FTE

Base Budget	1,947.880	1,947.880
Legislative Changes	12.000	12.000
Revised Budget	1,959.880	1,959.880

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Public Health										
Budget Code 14430		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	20,929,818	11,612,645	9,317,173	-	-	-	20,929,818	11,612,645	9,317,173
1151	Forensic Tests for Alcohol	4,995,952	4,995,951	1	-	-	-	4,995,952	4,995,951	1
1152	Asbestos & Lead - Hazard Management	2,108,324	1,795,045	313,279	-	-	-	2,108,324	1,795,045	313,279
1153	Environmental Health Regulation	8,981,185	5,424,413	3,556,772	-	-	-	8,981,185	5,424,413	3,556,772
1161	Public Health - Capacity Building	15,050,208	1,801,743	13,248,465	(512,332)	(512,332)	-	14,537,876	1,289,411	13,248,465
1171	State Center for Health Statistics	5,260,106	2,277,545	2,982,561	(24,786)	(24,786)	-	5,235,320	2,252,759	2,982,561
1172	Office of Chief Medical Examiner	13,986,144	3,132,451	10,853,693	736,573	-	736,573	14,722,717	3,132,451	11,590,266
1173	Vital Records	4,547,486	3,329,401	1,218,085	-	-	-	4,547,486	3,329,401	1,218,085
1174	Public Health - Lab	33,874,177	27,888,881	5,985,296	(199,646)	(199,646)	-	33,674,531	27,689,235	5,985,296
1175	Public Health - Surveillance	11,070,776	8,849,758	2,221,018	(20,778)	(20,778)	-	11,049,998	8,828,980	2,221,018
1261	Public Health - Promotion	7,958,081	7,107,938	850,143	(514,977)	(514,977)	-	7,443,104	6,592,961	850,143
1262	Health Disparities	3,172,517	37,048	3,135,469	-	-	-	3,172,517	37,048	3,135,469
1264	Public Health - Preparedness & Response	11,196,339	9,128,554	2,067,785	-	-	-	11,196,339	9,128,554	2,067,785
126C	Access Outreach - Chronic Disease	3,520,830	2,727,453	793,377	-	-	-	3,520,830	2,727,453	793,377
1271	Children and Adult Health Prevention	35,344,652	26,681,562	8,663,090	-	-	-	35,344,652	26,681,562	8,663,090
1272	Child and Adult Nutrition Services	126,767,361	126,766,823	538	-	-	-	126,767,361	126,766,823	538
1311	HIV/STD Prevention Activities	22,541,429	18,325,779	4,215,650	(8,171)	(8,171)	-	22,533,258	18,317,608	4,215,650
1312	Medical Evaluation and Risk Assessment	1,382,484	741,893	640,591	-	-	-	1,382,484	741,893	640,591
1313	Wisewoman	1,144,959	1,144,959	-	-	-	-	1,144,959	1,144,959	-
1320	Breast and Cervical Cancer Control	4,502,055	2,894,605	1,607,450	-	-	-	4,502,055	2,894,605	1,607,450
1331	Immunization	14,433,317	13,300,626	1,132,691	-	-	-	14,433,317	13,300,626	1,132,691
1332	Children's Health Services	27,703,728	9,421,185	18,282,543	250,000	250,000	-	27,953,728	9,671,185	18,282,543
1370	Refugee Health Assessment	428,915	428,915	-	-	-	-	428,915	428,915	-
13A1	Maternal and Infant Health	51,706,333	36,489,317	15,217,016	1,300,000	(400,000)	1,700,000	53,006,333	36,089,317	16,917,016
13A2	Women, Infants and Children (WIC)	294,672,598	294,279,746	392,852	-	-	-	294,672,598	294,279,746	392,852
13B0	Oral Health Preventive Services	5,069,159	1,992,428	3,076,731	(301,809)	(301,809)	-	4,767,350	1,690,619	3,076,731
1421	Sickle Cell Adult Treatment	1,401,162	337,667	1,063,495	-	-	-	1,401,162	337,667	1,063,495
1441	Early Intervention	71,824,175	48,423,637	23,400,538	-	-	-	71,824,175	48,423,637	23,400,538
1460	Communicable Disease (HIV/AIDS and TB)	85,610,363	68,361,315	17,249,048	241,488	241,488	-	85,851,851	68,602,803	17,249,048
14A0	Sickle Cell Support - Children	2,984,360	368,698	2,615,662	-	-	-	2,984,360	368,698	2,615,662

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Public Health										
Budget Code 14430		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1991	Federal Indirect Reserve	4,403,349	4,403,349	-	-	-	-	4,403,349	4,403,349	-
Divisionwide										
N/A	Nurse-Family Partnership	-	-	-	-	400,000	(400,000)	-	400,000	(400,000)
N/A	Women and Children's Health Services	-	-	-	(2,139,221)	(2,139,221)	-	(2,139,221)	(2,139,221)	-
N/A	Preventive Health Services	-	-	-	(246,929)	(246,929)	-	(246,929)	(246,929)	-
Reserve for Salaries and Benefits										
N/A	State Retirement Contributions	-	-	-	437,002	-	437,002	437,002	-	437,002
N/A	State Health Plan	-	-	-	147,671	-	147,671	147,671	-	147,671
N/A	Short-Term Disability	-	-	-	18,208	-	18,208	18,208	-	18,208
N/A	Compensation Increase Reserve	-	-	-	1,148,950	-	1,148,950	1,148,950	-	1,148,950
Total		**$898,572,342**	**$744,471,330**	**$154,101,012**	**$311,243**	**($3,477,161)**	**$3,788,404**	**$898,883,585**	**$740,994,169**	**$157,889,416**

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Public Health											
Budget Code 14430		Base Budget			Legislative Changes			Revised Budget			
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	
1110	Service Support	20,984,240	11,639,499	9,344,741	-	-	-	20,984,240	11,639,499	9,344,741	
1151	Forensic Tests for Alcohol	4,995,952	4,995,951	1	-	-	-	4,995,952	4,995,951	1	
1152	Asbestos & Lead - Hazard Management	2,108,324	1,795,045	313,279	-	-	-	2,108,324	1,795,045	313,279	
1153	Environmental Health Regulation	8,981,185	5,424,413	3,556,772	-	-	-	8,981,185	5,424,413	3,556,772	
1161	Public Health - Capacity Building	15,050,208	1,801,743	13,248,465	(512,332)	(512,332)	-	14,537,876	1,289,411	13,248,465	
1171	State Center for Health Statistics	5,260,178	2,277,565	2,982,613	(24,786)	(24,786)	-	5,235,392	2,252,779	2,982,613	
1172	Office of Chief Medical Examiner	13,986,144	3,132,451	10,853,693	873,593	-	873,593	14,859,737	3,132,451	11,727,286	
1173	Vital Records	4,547,486	3,329,401	1,218,085	-	-	-	4,547,486	3,329,401	1,218,085	
1174	Public Health - Lab	33,874,177	27,888,881	5,985,296	(199,646)	(199,646)	-	33,674,531	27,689,235	5,985,296	
1175	Public Health - Surveillance	11,070,776	8,849,758	2,221,018	(20,778)	(20,778)	-	11,049,998	8,828,980	2,221,018	
1261	Public Health - Promotion	7,958,081	7,107,938	850,143	(514,977)	(514,977)	-	7,443,104	6,592,961	850,143	
1262	Health Disparities	3,172,517	37,048	3,135,469	-	-	-	3,172,517	37,048	3,135,469	
1264	Public Health - Preparedness & Response	11,197,267	9,129,482	2,067,785	-	-	-	11,197,267	9,129,482	2,067,785	
126C	Access Outreach - Chronic Disease	3,520,830	2,727,453	793,377	-	-	-	3,520,830	2,727,453	793,377	
1271	Children and Adult Health Prevention	35,344,652	26,681,562	8,663,090	-	-	-	35,344,652	26,681,562	8,663,090	
1272	Child and Adult Nutrition Services	126,767,361	126,766,823	538	-	-	-	126,767,361	126,766,823	538	
1311	HIV/STD Prevention Activities	22,550,966	18,333,558	4,217,408	(8,171)	(8,171)	-	22,542,795	18,325,387	4,217,408	
1312	Medical Evaluation and Risk Assessment	1,382,484	741,893	640,591	-	-	-	1,382,484	741,893	640,591	
1313	Wisewoman	1,144,959	1,144,959	-	-	-	-	1,144,959	1,144,959	-	
1320	Breast and Cervical Cancer Control	4,502,055	2,894,605	1,607,450	-	-	-	4,502,055	2,894,605	1,607,450	
1331	Immunization	14,433,317	13,300,626	1,132,691	-	-	-	14,433,317	13,300,626	1,132,691	
1332	Children's Health Services	27,703,728	9,421,185	18,282,543	250,000	250,000	-	27,953,728	9,671,185	18,282,543	
1370	Refugee Health Assessment	428,915	428,915	-	-	-	-	428,915	428,915	-	
13A1	Maternal and Infant Health	51,706,333	36,489,317	15,217,016	1,300,000	(400,000)	1,700,000	53,006,333	36,089,317	16,917,016	
13A2	Women, Infants and Children (WIC)	294,292,008	293,899,156	392,852	-	-	-	294,292,008	293,899,156	392,852	
13B0	Oral Health Preventive Services	5,069,159	1,992,428	3,076,731	(301,809)	(301,809)	-	4,767,350	1,690,619	3,076,731	
1421	Sickle Cell Adult Treatment	1,401,162	337,667	1,063,495	-	-	-	1,401,162	337,667	1,063,495	
1441	Early Intervention	71,838,610	48,423,637	23,414,973	-	-	-	71,838,610	48,423,637	23,414,973	
1460	Communicable Disease (HIV/AIDS and TB)	85,612,303	68,362,615	17,249,688	-	-	-	85,612,303	68,362,615	17,249,688	
14A0	Sickle Cell Support - Children	2,984,360	368,698	2,615,662	-	-	-	2,984,360	368,698	2,615,662	

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Public Health										
Budget Code 14430		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1991	Federal Indirect Reserve	4,403,349	4,403,349	-	-	-	-	4,403,349	4,403,349	-
Divisionwide										
N/A	Nurse-Family Partnership	-	-	-	-	400,000	(400,000)	-	400,000	(400,000)
N/A	Women and Children's Health Services	-	-	-	(2,139,221)	(2,139,221)	-	(2,139,221)	(2,139,221)	-
N/A	Preventive Health Services	-	-	-	(246,929)	(246,929)	-	(246,929)	(246,929)	-
Reserve for Salaries and Benefits										
N/A	State Retirement Contributions	-	-	-	1,037,879	-	1,037,879	1,037,879	-	1,037,879
N/A	State Health Plan	-	-	-	300,767	-	300,767	300,767	-	300,767
N/A	Short-Term Disability	-	-	-	18,208	-	18,208	18,208	-	18,208
N/A	Compensation Increase Reserve	-	-	-	2,297,900	-	2,297,900	2,297,900	-	2,297,900
Total		**$898,273,086**	**$744,127,621**	**$154,145,465**	**$2,109,698**	**($3,718,649)**	**$5,828,347**	**$900,382,784**	**$740,408,972**	**$159,973,812**

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Public Health					
Budget Code 14430		Base	Legislative Changes		Revised
Fund Code	Fund Name	Total Requirements	Net Appropriation	Receipts	Total Requirements
1110	Service Support	117.000	-	-	117.000
1151	Forensic Tests for Alcohol	32.000	-	-	32.000
1152	Asbestos & Lead - Hazard Management	23.000	-	-	23.000
1153	Environmental Health Regulation	60.000	-	-	60.000
1161	Public Health - Capacity Building	24.500	-	-	24.500
1171	State Center for Health Statistics	52.500	-	-	52.500
1172	Office of Chief Medical Examiner	62.500	12.000	-	74.500
1173	Vital Records	68.000	-	-	68.000
1174	Public Health - Lab	217.000	-	-	217.000
1175	Public Health - Surveillance	48.000	-	-	48.000
1261	Public Health - Promotion	4.000	-	-	4.000
1262	Health Disparities	4.000	-	-	4.000
1264	Public Health - Preparedness & Response	37.000	-	-	37.000
126C	Access Outreach - Chronic Disease	12.000	-	-	12.000
1271	Children and Adult Health Prevention	57.750	-	-	57.750
1272	Child and Adult Nutrition Services	34.000	-	-	34.000
1311	HIV/STD Prevention Activities	114.000	-	-	114.000
1312	Medical Evaluation and Risk Assessment	12.000	-	-	12.000
1313	Wisewoman	5.005	-	-	5.005
1320	Breast and Cervical Cancer Control	9.905	-	-	9.905
1331	Immunization	45.000	-	-	45.000
1332	Children's Health Services	42.990	-	-	42.990
1370	Refugee Health Assessment	1.000	-	-	1.000
13A1	Maternal and Infant Health	39.000	-	-	39.000
13A2	Women, Infants and Children (WIC)	47.000	-	-	47.000
13B0	Oral Health Preventive Services	41.000	-	-	41.000
1421	Sickle Cell Adult Treatment	3.000	-	-	3.000
1441	Early Intervention	677.730	-	-	677.730
1460	Communicable Disease (HIV/AIDS and TB)	48.000	-	-	48.000
14A0	Sickle Cell Support - Children	9.000	-	-	9.000
1991	Federal Indirect Reserve	-	-	-	-
Total FTE		**1,947.880**	**12.000**	**-**	**1,959.880**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
2019 Legislative Session

Public Health					
Budget Code 14430		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	117.000	-	-	117.000
1151	Forensic Tests for Alcohol	32.000	-	-	32.000
1152	Asbestos & Lead - Hazard Management	23.000	-	-	23.000
1153	Environmental Health Regulation	60.000	-	-	60.000
1161	Public Health - Capacity Building	24.500	-	-	24.500
1171	State Center for Health Statistics	52.500	-	-	52.500
1172	Office of Chief Medical Examiner	62.500	12.000	-	74.500
1173	Vital Records	68.000	-	-	68.000
1174	Public Health - Lab	217.000	-	-	217.000
1175	Public Health - Surveillance	48.000	-	-	48.000
1261	Public Health - Promotion	4.000	-	-	4.000
1262	Health Disparities	4.000	-	-	4.000
1264	Public Health - Preparedness & Response	37.000	-	-	37.000
126C	Access Outreach - Chronic Disease	12.000	-	-	12.000
1271	Children and Adult Health Prevention	57.750	-	-	57.750
1272	Child and Adult Nutrition Services	34.000	-	-	34.000
1311	HIV/STD Prevention Activities	114.000	-	-	114.000
1312	Medical Evaluation and Risk Assessment	12.000	-	-	12.000
1313	Wisewoman	5.005	-	-	5.005
1320	Breast and Cervical Cancer Control	9.905	-	-	9.905
1331	Immunization	45.000	-	-	45.000
1332	Children's Health Services	42.990	-	-	42.990
1370	Refugee Health Assessment	1.000	-	-	1.000
13A1	Maternal and Infant Health	39.000	-	-	39.000
13A2	Women, Infants and Children (WIC)	47.000	-	-	47.000
13B0	Oral Health Preventive Services	41.000	-	-	41.000
1421	Sickle Cell Adult Treatment	3.000	-	-	3.000
1441	Early Intervention	677.730	-	-	677.730
1460	Communicable Disease (HIV/AIDS and TB)	48.000	-	-	48.000
14A0	Sickle Cell Support - Children	9.000	-	-	9.000
1991	Federal Indirect Reserve	-	-	-	-
Total FTE		**1,947.880**	**12.000**	**-**	**1,959.880**

14430-Public Health

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	**$ 898,572,342**	**$ 898,273,086**
Less: Receipts	**$ 744,471,330**	**$ 744,127,621**
Net Appropriation	**$ 154,101,012**	**$ 154,145,465**
FTE	**1,947.880**	**1,947.880**

Legislative Changes

Reserve for Salaries and Benefits

154 Compensation Increase Reserve

Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.

Requirements	$ 1,148,950R	$ 2,297,900R
Less: Receipts	$ -	$ -
Net Appropriation	$ 1,148,950	$ 2,297,900
FTE	-	-

155 State Retirement Contributions

Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.

Requirements	$ 437,002R	$ 1,037,879R
Less: Receipts	$ -	$ -
Net Appropriation	$ 437,002	$ 1,037,879
FTE	-	-

156 State Health Plan

Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.

Requirements	$ 147,671R	$ 300,767R
Less: Receipts	$ -	$ -
Net Appropriation	$ 147,671	$ 300,767
FTE	-	-

157 Short-Term Disability

Provides additional funding to pay short-term disability benefits under SL 2018-52.

Requirements	$ 18,208R	$ 18,208R
Less: Receipts	$ -	$ -
Net Appropriation	$ 18,208	$ 18,208
FTE	-	-

Service Support
Fund Code: 1110

Requirements	$ 20,929,818	$ 20,984,240
Less: Receipts	$ 11,612,645	$ 11,639,499
Net Appropriation	$ 9,317,173	$ 9,344,741
FTE	117.000	117.000

158 No direct change

Requirements	$ -	$ -
Less: Receipts	$ -	$ -
Net Appropriation	$ -	$ -
FTE	-	-

Service Support Revised Budget

Requirements	$ 20,929,818	$ 20,984,240
Less: Receipts	$ 11,612,645	$ 11,639,499
Net Appropriation	$ **9,317,173**	$ **9,344,741**
FTE	117.000	117.000

Disease/Injury Prevention and Control
Fund Code: 1151, 1261, 1262, 126C, 1271, 1311, 1312, 13B0, 1421, 1460

Requirements	$ 170,996,629	$ 171,008,106
Less: Receipts	$ 131,309,034	$ 131,318,113
Net Appropriation	$ 39,687,595	$ 39,689,993
FTE	327.750	327.750

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
159 HIV Testing **Fund Code: 1460** Provides federal Substance Abuse Prevention and Treatment Block Grant receipts for HIV testing of individuals receiving substance abuse treatment.	Requirements	$ 241,488NR	$ -
	Less: Receipts	$ 241,488NR	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
160 Oral Health Prevention Services **Fund Code: 13B0** Adjusts federal Preventive Health Services Block Grant (PHSBG) receipts due to a reduction in the State's block grant award.	Requirements	$ (301,809)R	$ (301,809)R
	Less: Receipts	$ (301,809)R	$ (301,809)R
	Net Appropriation	$ -	$ -
	FTE	-	-
161 HIV/STD Prevention and Community Planning **Fund Code: 1311** Adjusts federal PHSBG receipts due to a reduction in the State's block grant award.	Requirements	$ (8,171)R	$ (8,171)R
	Less: Receipts	$ (8,171)R	$ (8,171)R
	Net Appropriation	$ -	$ -
	FTE	-	-
162 Physical Activity and Prevention **Fund Code: 1261** Adjusts federal PHSBG receipts due to a reduction in the State's block grant award.	Requirements	$ (514,977)R	$ (514,977)R
	Less: Receipts	$ (514,977)R	$ (514,977)R
	Net Appropriation	$ -	$ -
	FTE	-	-
Disease/Injury Prevention and Control Revised Budget	Requirements	$ 170,413,160	$ 170,183,149
	Less: Receipts	$ 130,725,565	$ 130,493,156
	Net Appropriation	$ **39,687,595**	$ **39,689,993**
	FTE	327.750	327.750
Environmental Health **Fund Code: 1152, 1153**	Requirements	$ 11,089,509	$ 11,089,509
	Less: Receipts	$ 7,219,458	$ 7,219,458
	Net Appropriation	$ 3,870,051	$ 3,870,051
	FTE	83.000	83.000
163 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Environmental Health Revised Budget	Requirements	$ 11,089,509	$ 11,089,509
	Less: Receipts	$ 7,219,458	$ 7,219,458
	Net Appropriation	$ **3,870,051**	$ **3,870,051**
	FTE	83.000	83.000
Public Health - Capacity Building **Fund Code: 1161**	Requirements	$ 15,050,208	$ 15,050,208
	Less: Receipts	$ 1,801,743	$ 1,801,743
	Net Appropriation	$ 13,248,465	$ 13,248,465
	FTE	24.500	24.500
164 Performance Improvement/Accountability **Fund Code: 1161** Adjusts federal PHSBG receipts due to a reduction in the State's block grant award.	Requirements	$ (512,332)R	$ (512,332)R
	Less: Receipts	$ (512,332)R	$ (512,332)R
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Public Health - Capacity Building Revised Budget	Requirements	$ 14,537,876	$ 14,537,876
	Less: Receipts	$ 1,289,411	$ 1,289,411
	Net Appropriation	$ **13,248,465**	$ **13,248,465**
	FTE	24.500	24.500
State Center for Health Statistics **Fund Code: 1171**	Requirements	$ 5,260,106	$ 5,260,178
	Less: Receipts	$ 2,277,545	$ 2,277,565
	Net Appropriation	$ 2,982,561	$ 2,982,613
	FTE	52.500	52.500
165 Health Statistics **Fund Code: 1171** Adjusts federal PHSBG receipts.	Requirements	$ (24,786)R	$ (24,786)NR
	Less: Receipts	$ (24,786)R	$ (24,786)NR
	Net Appropriation	$ -	$ -
	FTE	-	-
State Center for Health Statistics Revised Budget	Requirements	$ 5,235,320	$ 5,235,392
	Less: Receipts	$ 2,252,759	$ 2,252,779
	Net Appropriation	$ **2,982,561**	$ **2,982,613**
	FTE	52.500	52.500
Office of Chief Medical Examiner **Fund Code: 1172**	Requirements	$ 13,986,144	$ 13,986,144
	Less: Receipts	$ 3,132,451	$ 3,132,451
	Net Appropriation	$ 10,853,693	$ 10,853,693
	FTE	62.500	62.500
166 Medicolegal Death Investigators **Fund Code: 1172** Provides funding to establish positions, 3 Medicolegal Death Investigators and 1 Administrative Specialist II, to assist with the increased death investigation workload in 31 counties in the central region of the State.	Requirements	$ 290,593R 8,750NR	$ 290,593R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 299,343	$ 290,593
	FTE	4.000	4.000
167 Receipt-Supported OCME Positions **Fund Code: 1172** Provides funds to replace expiring federal grant funds used to support 8 Medico-legal Death Investigators. The federal grant expires on September 30, 2019. General funds are provided to support these positions effective October 1, 2019.	Requirements	$ 437,230R	$ 583,000R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 437,230	$ 583,000
	FTE	8.000	8.000
Office of Chief Medical Examiner Revised Budget	Requirements	$ 14,722,717	$ 14,859,737
	Less: Receipts	$ 3,132,451	$ 3,132,451
	Net Appropriation	$ **11,590,266**	$ **11,727,286**
	FTE	74.500	74.500
Vital Records **Fund Code: 1173**	Requirements	$ 4,547,486	$ 4,547,486
	Less: Receipts	$ 3,329,401	$ 3,329,401
	Net Appropriation	$ 1,218,085	$ 1,218,085
	FTE	68.000	68.000
168 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Vital Records Revised Budget	Requirements	$ 4,547,486	$ 4,547,486
	Less: Receipts	$ 3,329,401	$ 3,329,401
	Net Appropriation	$ **1,218,085**	$ **1,218,085**
	FTE	68.000	68.000
State Laboratory for Public Health **Fund Code: 1174**	Requirements	$ 33,874,177	$ 33,874,177
	Less: Receipts	$ 27,888,881	$ 27,888,881
	Net Appropriation	$ 5,985,296	$ 5,985,296
	FTE	217.000	217.000
169 Laboratory Services **Fund Code: 1174** Adjusts federal PHSBG receipts due to a reduction in the State's block grant award.	Requirements	$ (199,646)R	$ (199,646)NR
	Less: Receipts	$ (199,646)R	$ (199,646)NR
	Net Appropriation	$ -	$ -
	FTE	-	-
State Laboratory for Public Health Revised Budget	Requirements	$ 33,674,531	$ 33,674,531
	Less: Receipts	$ 27,689,235	$ 27,689,235
	Net Appropriation	$ **5,985,296**	$ **5,985,296**
	FTE	217.000	217.000
Public Health Surveillance **Fund Code: 1175**	Requirements	$ 11,070,776	$ 11,070,776
	Less: Receipts	$ 8,849,758	$ 8,849,758
	Net Appropriation	$ 2,221,018	$ 2,221,018
	FTE	48.000	48.000
170 Injury/Violence Prevention **Fund Code: 1175** Adjusts federal PHSBG receipts.	Requirements	$ (20,778)R	$ (20,778)R
	Less: Receipts	$ (20,778)R	$ (20,778)R
	Net Appropriation	$ -	$ -
	FTE	-	-
Public Health Surveillance Revised Budget	Requirements	$ 11,049,998	$ 11,049,998
	Less: Receipts	$ 8,828,980	$ 8,828,980
	Net Appropriation	$ **2,221,018**	$ **2,221,018**
	FTE	48.000	48.000
Public Health Preparedness and Response **Fund Code: 1264**	Requirements	$ 11,196,339	$ 11,197,267
	Less: Receipts	$ 9,128,554	$ 9,129,482
	Net Appropriation	$ 2,067,785	$ 2,067,785
	FTE	37.000	37.000
171 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Public Health Preparedness and Response Revised Budget	Requirements	$ 11,196,339	$ 11,197,267
	Less: Receipts	$ 9,128,554	$ 9,129,482
	Net Appropriation	$ **2,067,785**	$ **2,067,785**
	FTE	37.000	37.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Women's and Children's Health **Fund Code: 1272, 1313, 1320, 1331, 1332, 13A1, 13A2, 1441, 14A0**	Requirements	$ 595,738,886	$ 595,372,731
	Less: Receipts	$ 533,089,596	$ 532,709,006
	Net Appropriation	$ 62,649,290	$ 62,663,725
	FTE	909.630	909.630
172 Mountain Area Pregnancy Services **Fund Code: 13A1** Provides a directed grant to Mountain Area Pregnancy Services to provide care to women experiencing a crisis pregnancy.	Requirements	$ 100,000NR	$ 100,000NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 100,000	$ 100,000
	FTE	-	-
173 Carolina Pregnancy Care Fellowship (CPCF) **Fund Code: 13A1** Replaces federal Maternal Child Health Block Grant (MCHBG) funds with net General Fund appropriation. This adjustment does not impact net recurring funding for CPCF and the total requirements for CPCF remain unchanged.	Requirements	$ -	$ -
	Less: Receipts	$ (400,000)R	$ (400,000)R
	Net Appropriation	$ 400,000	$ 400,000
	FTE	-	-
174 Human Coalition **Fund Code: 13A1** Provides funds to the Human Coalition for a Statewide expansion of the Continuum of Care Pilot Project. The project provides care coordination and medical support to women experiencing crisis pregnancies.	Requirements	$ 1,200,000NR	$ 1,200,000NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 1,200,000	$ 1,200,000
	FTE	-	-
175 Teen Pregnancy Prevention **Fund Code: 1332** Provides additional funds for teen pregnancy prevention initiatives, funds are from federal Temporary Assistance for Needy Families Block Grant receipts.	Requirements	$ 250,000R	$ 250,000R
	Less: Receipts	$ 250,000R	$ 250,000R
	Net Appropriation	$ -	$ -
	FTE	-	-
Women's and Children's Health Revised Budget	Requirements	$ 597,288,886	$ 596,922,731
	Less: Receipts	$ 532,939,596	$ 532,559,006
	Net Appropriation	$ **64,349,290**	$ **64,363,725**
	FTE	909.630	909.630
Refugee Health Assessment **Fund Code: 1370**	Requirements	$ 428,915	$ 428,915
	Less: Receipts	$ 428,915	$ 428,915
	Net Appropriation	$ 0	$ 0
	FTE	1.000	1.000
176 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Refugee Health Assessment Revised Budget	Requirements	$ 428,915	$ 428,915
	Less: Receipts	$ 428,915	$ 428,915
	Net Appropriation	$ **0**	$ **0**
	FTE	1.000	1.000
Divisionwide			
177 Nurse-Family Partnership Replaces net General Fund appropriation with federal MCHBG funds. This adjustment does not reduce funding for Nurse-Family Partnership. The revised total requirements for Nurse-Family Partnership are $3.45 million in FY 2019-20 and $3.45 million in FY 2020-21.	Requirements	$ -	$ -
	Less: Receipts	$ 400,000R	$ 400,000R
	Net Appropriation	$ (400,000)	$ (400,000)
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
178 Women and Children's Health Services	Requirements	$ (2,139,221)R	$ (2,139,221)R
Reduces funds for Women's and Children's Health Services due to a decrease in federal MCHBG receipts.	Less: Receipts	$ (2,139,221)R	$ (2,139,221)R
	Net Appropriation	$ -	$ -
	FTE	-	-
179 Preventive Health Services	Requirements	$ (246,929)R	$ (246,929)R
Adjusts federal PHSBG receipts for the Division of Public Health due to a reduction in the State's block grant award.	Less: Receipts	$ (246,929)R	$ (246,929)R
	Net Appropriation	$ -	$ -
	FTE	-	-
Total Legislative Changes			
	Requirements	$ **311,243**	$ **2,109,698**
	Less: Receipts	$ **(3,477,161)**	$ **(3,718,649)**
	Net Appropriation	$ **3,788,404**	$ **5,828,347**
	FTE	**12.000**	**12.000**
	Recurring	$ **2,479,654**	$ **4,528,347**
	Nonrecurring	$ **1,308,750**	$ **1,300,000**
	Net Appropriation	$ **3,788,404**	$ **5,828,347**
	FTE	**12.000**	**12.000**
Revised Budget			
Revised Requirements		$ **898,883,585**	$ **900,382,784**
Revised Receipts		$ **740,994,169**	$ **740,408,972**
Revised Net Appropriation		$ **157,889,416**	$ **159,973,812**
Revised FTE		**1,959.880**	**1,959.880**

Services for the Blind/Deaf/Hard of Hearing
Budget Code 14450

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$46,281,875	$46,299,143
Receipts	$37,728,332	$37,745,044
Net Appropriation	$8,553,543	$8,554,099
Legislative Changes		
Requirements	$926,417	$1,067,883
Receipts	$626,324	$626,324
Net Appropriation	$300,093	$441,559
Revised Budget		
Requirements	$47,208,292	$47,367,026
Receipts	$38,354,656	$38,371,368
Net Appropriation	$8,853,636	$8,995,658

General Fund FTE

Base Budget	334.510	334.510
Legislative Changes	-	-
Revised Budget	334.510	334.510

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Services for the Blind/Deaf/Hard of Hearing										
Budget Code 14450		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	2,580,420	1,968,366	612,054	-	-	-	2,580,420	1,968,366	612,054
1261	Acc. & Outreach Deaf Community/Loc. Age	3,410,572	3,410,572	-	-	-	-	3,410,572	3,410,572	-
1410	Deaf & Hard of Hearing - Client Services	12,068,189	12,068,189	-	-	-	-	12,068,189	12,068,189	-
1420	Medical Eye Care Services	2,609,116	-	2,609,116	-	-	-	2,609,116	-	2,609,116
1451	Ind. Living Services - Chore/Adj. Serv.	6,119,287	4,768,248	1,351,039	-	-	-	6,119,287	4,768,248	1,351,039
1452	Ind. Living Rehabilitation Services	1,670,211	984,887	685,324	-	-	-	1,670,211	984,887	685,324
1481	Vocational Rehabilitation - Employment	16,536,573	13,240,563	3,296,010	795,837	626,324	169,513	17,332,410	13,866,887	3,465,523
1482	Small Business Employment Services	933,820	933,820	-	-	-	-	933,820	933,820	-
1991	Federal Indirect Reserve	353,687	353,687	-	-	-	-	353,687	353,687	-
Reserve for Salaries and Benefits										
N/A	State Retirement Contributions	-	-	-	31,234	-	31,234	31,234	-	31,234
N/A	State Health Plan	-	-	-	12,931	-	12,931	12,931	-	12,931
N/A	Short-Term Disability	-	-	-	1,301	-	1,301	1,301	-	1,301
N/A	Compensation Increase Reserve - State Ag	-	-	-	2,996	-	2,996	2,996	-	2,996
N/A	Compensation Increase Reserve	-	-	-	82,118	-	82,118	82,118	-	82,118
Total		**$46,281,875**	**$37,728,332**	**$8,553,543**	**$926,417**	**$626,324**	**$300,093**	**$47,208,292**	**$38,354,656**	**$8,853,636**

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Services for the Blind/Deaf/Hard of Hearing											
Budget Code 14450		**Base Budget**			**Legislative Changes**			**Revised Budget**			
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	
1110	Service Support	2,581,243	1,969,189	612,054	-	-	-	2,581,243	1,969,189	612,054	
1261	Acc. & Outreach Deaf Community/Loc. Age	3,420,869	3,420,869	-	-	-	-	3,420,869	3,420,869	-	
1410	Deaf & Hard of Hearing - Client Services	12,070,056	12,070,056	-	-	-	-	12,070,056	12,070,056	-	
1420	Medical Eye Care Services	2,609,116	-	2,609,116	-	-	-	2,609,116	-	2,609,116	
1451	Ind. Living Services - Chore/Adj. Serv.	6,119,287	4,768,248	1,351,039	-	-	-	6,119,287	4,768,248	1,351,039	
1452	Ind. Living Rehabilitation Services	1,670,211	984,887	685,324	-	-	-	1,670,211	984,887	685,324	
1481	Vocational Rehabilitation - Employment	16,539,187	13,242,621	3,296,566	795,837	626,324	169,513	17,335,024	13,868,945	3,466,079	
1482	Small Business Employment Services	935,487	935,487	-	-	-	-	935,487	935,487	-	
1991	Federal Indirect Reserve	353,687	353,687	-	-	-	-	353,687	353,687	-	
Reserve for Salaries and Benefits											
N/A	State Retirement Contributions	-	-	-	74,180	-	74,180	74,180	-	74,180	
N/A	State Health Plan	-	-	-	26,337	-	26,337	26,337	-	26,337	
N/A	Short-Term Disability	-	-	-	1,301	-	1,301	1,301	-	1,301	
N/A	Compensation Increase Reserve - State Ag	-	-	-	5,992	-	5,992	5,992	-	5,992	
N/A	Compensation Increase Reserve	-	-	-	164,236	-	164,236	164,236	-	164,236	
Total		**$46,299,143**	**$37,745,044**	**$8,554,099**	**$1,067,883**	**$626,324**	**$441,559**	**$47,367,026**	**$38,371,368**	**$8,995,658**	

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Services for the Blind/Deaf/Hard of Hearing					
Budget Code 14450		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	21.000	-	-	21.000
1261	Acc. & Outreach Deaf Community/Loc. Agency	41.000	-	-	41.000
1410	Deaf & Hard of Hearing - Client Services	30.000	-	-	30.000
1420	Medical Eye Care Services	7.000	-	-	7.000
1451	Ind. Living Services - Chore/Adj. Serv.	69.000	-	-	69.000
1452	Ind. Living Rehabilitation Services	15.000	-	-	15.000
1481	Vocational Rehabilitation - Employment	140.510	-	-	140.510
1482	Small Business Employment Services	11.000	-	-	11.000
1991	Federal Indirect Reserve	-	-	-	-
Total FTE		**334.510**	-	-	**334.510**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
2019 Legislative Session

Services for the Blind/Deaf/Hard of Hearing					
Budget Code 14450		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	21.000	-	-	21.000
1261	Acc. & Outreach Deaf Community/Loc. Agency	41.000	-	-	41.000
1410	Deaf & Hard of Hearing - Client Services	30.000	-	-	30.000
1420	Medical Eye Care Services	7.000	-	-	7.000
1451	Ind. Living Services - Chore/Adj. Serv.	69.000	-	-	69.000
1452	Ind. Living Rehabilitation Services	15.000	-	-	15.000
1481	Vocational Rehabilitation - Employment	140.510	-	-	140.510
1482	Small Business Employment Services	11.000	-	-	11.000
1991	Federal Indirect Reserve	-	-	-	-
Total FTE		**334.510**	-	-	**334.510**

14450-Services for the Blind/Deaf/Hard of Hearing

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	$ 46,281,875	$ 46,299,143
Less: Receipts	$ 37,728,332	$ 37,745,044
Net Appropriation	$ 8,553,543	$ 8,554,099
FTE	334.510	334.510

Legislative Changes

Reserve for Salaries and Benefits

180 Compensation Increase Reserve

Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.

Requirements	$ 82,118R	$ 164,236R
Less: Receipts	$ -	$ -
Net Appropriation	$ 82,118	$ 164,236
FTE	-	-

181 Compensation Increase Reserve - State Agency Teachers

Provides funding to implement a revised teacher salary schedule.

Requirements	$ 2,996R	$ 5,992R
Less: Receipts	$ -	$ -
Net Appropriation	$ 2,996	$ 5,992
FTE	-	-

182 State Retirement Contributions

Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.

Requirements	$ 31,234R	$ 74,180R
Less: Receipts	$ -	$ -
Net Appropriation	$ 31,234	$ 74,180
FTE	-	-

183 State Health Plan

Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.

Requirements	$ 12,931R	$ 26,337R
Less: Receipts	$ -	$ -
Net Appropriation	$ 12,931	$ 26,337
FTE	-	-

184 Short-Term Disability

Provides additional funding to pay short-term disability benefits under SL 2018-52.

Requirements	$ 1,301R	$ 1,301R
Less: Receipts	$ -	$ -
Net Appropriation	$ 1,301	$ 1,301
FTE	-	-

Service Support
Fund Code: 1110

Requirements	$ 2,580,420	$ 2,581,243
Less: Receipts	$ 1,968,366	$ 1,969,189
Net Appropriation	$ 612,054	$ 612,054
FTE	21.000	21.000

185 No direct change

Requirements	$ -	$ -
Less: Receipts	$ -	$ -
Net Appropriation	$ -	$ -
FTE	-	-

Service Support Revised Budget

Requirements	$ 2,580,420	$ 2,581,243
Less: Receipts	$ 1,968,366	$ 1,969,189
Net Appropriation	$ **612,054**	$ **612,054**
FTE	21.000	21.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Access and Outreach	Requirements	$ 3,410,572	$ 3,420,869
Fund Code: 1261	Less: Receipts	$ 3,410,572	$ 3,420,869
	Net Appropriation	$ 0	$ 0
	FTE	41.000	41.000
186 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Access and Outreach Revised Budget	Requirements	$ 3,410,572	$ 3,420,869
	Less: Receipts	$ 3,410,572	$ 3,420,869
	Net Appropriation	$ **0**	$ **0**
	FTE	41.000	41.000
Deaf and Hard of Hearing Services/Support	Requirements	$ 12,068,189	$ 12,070,056
Fund Code: 1410	Less: Receipts	$ 12,068,189	$ 12,070,056
	Net Appropriation	$ 0	$ 0
	FTE	30.000	30.000
187 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Deaf and Hard of Hearing Services/Support Revised Budget	Requirements	$ 12,068,189	$ 12,070,056
	Less: Receipts	$ 12,068,189	$ 12,070,056
	Net Appropriation	$ **0**	$ **0**
	FTE	30.000	30.000
Medical Eye Care Services	Requirements	$ 2,609,116	$ 2,609,116
Fund Code: 1420	Less: Receipts	$ -	$ -
	Net Appropriation	$ 2,609,116	$ 2,609,116
	FTE	7.000	7.000
188 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Medical Eye Care Services Revised Budget	Requirements	$ 2,609,116	$ 2,609,116
	Less: Receipts	$ -	$ -
	Net Appropriation	$ **2,609,116**	$ **2,609,116**
	FTE	7.000	7.000
Blind Services/Support	Requirements	$ 7,789,498	$ 7,789,498
Fund Code: 1451, 1452	Less: Receipts	$ 5,753,135	$ 5,753,135
	Net Appropriation	$ 2,036,363	$ 2,036,363
	FTE	84.000	84.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
189 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Blind Services/Support Revised Budget	Requirements	$ 7,789,498	$ 7,789,498
	Less: Receipts	$ 5,753,135	$ 5,753,135
	Net Appropriation	$ **2,036,363**	$ **2,036,363**
	FTE	84.000	84.000
Vocational/Employment Services **Fund Code: 1481, 1482**	Requirements	$ 17,470,393	$ 17,474,674
	Less: Receipts	$ 14,174,383	$ 14,178,108
	Net Appropriation	$ 3,296,010	$ 3,296,566
	FTE	151.510	151.510
190 Vocational Rehabilitation **Fund Code: 1481** Provides State matching funds for the federal Basic Support Vocational Rehabilitation grant to support jobs and training for individuals who are blind, deaf/blind, or visually impaired.	Requirements	$ 795,837R	$ 795,837R
	Less: Receipts	$ 626,324R	$ 626,324R
	Net Appropriation	$ 169,513	$ 169,513
	FTE	-	-
Vocational/Employment Services Revised Budget	Requirements	$ 18,266,230	$ 18,270,511
	Less: Receipts	$ 14,800,707	$ 14,804,432
	Net Appropriation	$ **3,465,523**	$ **3,466,079**
	FTE	151.510	151.510
Federal Indirect Reserve **Fund Code: 1991**	Requirements	$ 353,687	$ 353,687
	Less: Receipts	$ 353,687	$ 353,687
	Net Appropriation	$ 0	$ 0
	FTE	-	-
191 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Federal Indirect Reserve Revised Budget	Requirements	$ 353,687	$ 353,687
	Less: Receipts	$ 353,687	$ 353,687
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Division-wide			

Total Legislative Changes			
	Requirements	$ 926,417	$ 1,067,883
	Less: Receipts	$ 626,324	$ 626,324
	Net Appropriation	$ 300,093	$ 441,559
	FTE	-	-
	Recurring	$ 300,093	$ 441,559
	Nonrecurring	$ -	$ -
	Net Appropriation	$ 300,093	$ 441,559
	FTE	-	-
Revised Budget			
Revised Requirements		$ 47,208,292	$ 47,367,026
Revised Receipts		$ 38,354,656	$ 38,371,368
Revised Net Appropriation		$ 8,853,636	$ 8,995,658
Revised FTE		334.510	334.510

Social Services
Budget Code 14440

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$1,909,946,882	$1,909,948,174
Receipts	$1,715,816,278	$1,715,817,168
Net Appropriation	$194,130,604	$194,131,006
Legislative Changes		
Requirements	$930,926	$22,985,946
Receipts	($5,800,849)	$7,717,855
Net Appropriation	$6,731,775	$15,268,091
Revised Budget		
Requirements	$1,910,877,808	$1,932,934,120
Receipts	$1,710,015,429	$1,723,535,023
Net Appropriation	$200,862,379	$209,399,097

General Fund FTE

Base Budget	404.000	404.000
Legislative Changes	5.000	5.000
Revised Budget	409.000	409.000

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Social Services

Budget Code 14440		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	15,421,773	9,942,863	5,478,910	35,000	8,750	26,250	15,456,773	9,951,613	5,505,160
1121	Eastern Band of Cherokee Indians Admin. F	781,931	244,740	537,191	-	-	-	781,931	244,740	537,191
1160	Child Welfare Training	11,285,801	8,302,027	2,983,774	-	-	-	11,285,801	8,302,027	2,983,774
1261	Food and Nutrition Education	8,593,423	8,593,423	-	-	-	-	8,593,423	8,593,423	-
1331	Family Preservation and Support	40,162,688	31,667,385	8,495,303	1,418,000	418,000	1,000,000	41,580,688	32,085,385	9,495,303
1371	Child Support Enforcement	149,380,528	148,914,298	466,230	-	-	-	149,380,528	148,914,298	466,230
1372	Food and Nutrition Services	185,997,819	184,545,121	1,452,698	840,000	420,000	420,000	186,837,819	184,965,121	1,872,698
1373	Low Income Energy Assist. Program	79,562,926	79,557,926	5,000	(5,306,712)	(5,306,712)	-	74,256,214	74,251,214	5,000
1374	Refugee Medical Assistance	63,979	63,979	-	-	-	-	63,979	63,979	-
1376	Medicaid Eligibility	310,839,816	310,483,490	356,326	-	-	-	310,839,816	310,483,490	356,326
1381	Refugee Cash and Social Services	5,766,408	5,766,408	-	-	-	-	5,766,408	5,766,408	-
1382	Work First Family Assistance	77,774,726	77,126,401	648,325	(4,172,901)	(4,172,901)	-	73,601,825	72,953,500	648,325
1383	Subsidized Child Care Administration	29,906,990	29,906,990	-	29,527	29,527	-	29,936,517	29,936,517	-
1384	Employment Benefits	19,837,921	19,837,921	-	4,478,980	4,478,980	-	24,316,901	24,316,901	-
1411	Case Management and Counseling	26,387,814	26,387,814	-	-	-	-	26,387,814	26,387,814	-
1430	Child Protective Services	202,261,781	181,390,214	20,871,567	750,000	-	750,000	203,011,781	181,390,214	21,621,567
1451	Adult Home and Community Based Service	37,880,183	36,062,750	1,817,433	-	-	-	37,880,183	36,062,750	1,817,433
1453	Adult At Risk Case Management	10,085,041	9,210,041	875,000	-	-	-	10,085,041	9,210,041	875,000
1481	Work First Employment Services	29,604,069	29,196,087	407,982	-	-	-	29,604,069	29,196,087	407,982
1482	Food Nutrition Employment/Training	3,367,524	3,367,524	-	-	-	-	3,367,524	3,367,524	-
1491	Emergency Energy Assistance	45,024,166	45,024,166	-	(3,683,863)	(3,683,863)	-	41,340,303	41,340,303	-
1510	Adult Protective Services & Guardianship	52,569,198	52,569,198	-	475,041	475,041	-	53,044,239	53,044,239	-
1531	Adoption Services	135,711,347	90,802,889	44,908,458	-	-	-	135,711,347	90,802,889	44,908,458
1532	Foster Care	261,137,672	213,681,272	47,456,400	2,300,000	-	2,300,000	263,437,672	213,681,272	49,756,400
1570	State and County Special Assistance	121,388,502	64,018,495	57,370,007	2,850,000	1,425,000	1,425,000	124,238,502	65,443,495	58,795,007
1701	NonReimbursed County DSS Administratio	48,133,026	48,133,026	-	-	-	-	48,133,026	48,133,026	-
1900	Reserves and Transfers	-	-	-	-	-	-	-	-	-
1991	Federal Indirect Reserve	789,379	789,379	-	-	-	-	789,379	789,379	-
1992	Prior Year - Earned Revenue	230,451	230,451	-	-	-	-	230,451	230,451	-

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Social Services										
Budget Code 14440		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
Divisionwide										
N/A	Child Welfare Program Improvement	-	-	-	534,307	107,329	426,978	534,307	107,329	426,978
Reserve for Salaries and Benefits										
N/A	State Retirement Contributions	-	-	-	95,328	-	95,328	95,328	-	95,328
N/A	State Health Plan	-	-	-	33,614	-	33,614	33,614	-	33,614
N/A	Short-Term Disability	-	-	-	3,972	-	3,972	3,972	-	3,972
N/A	Compensation Increase Reserve	-	-	-	250,633	-	250,633	250,633	-	250,633
Total		**$1,909,946,882**	**$1,715,816,278**	**$194,130,604**	**$930,926**	**($5,800,849)**	**$6,731,775**	**$1,910,877,808**	**$1,710,015,429**	**$200,862,379**

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Social Services										
Budget Code 14440		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	15,421,900	9,942,925	5,478,975	3,000	750	2,250	15,424,900	9,943,675	5,481,225
1121	Eastern Band of Cherokee Indians Admin. F	781,931	244,740	537,191	-	-	-	781,931	244,740	537,191
1160	Child Welfare Training	11,285,801	8,302,027	2,983,774	-	-	-	11,285,801	8,302,027	2,983,774
1261	Food and Nutrition Education	8,593,423	8,593,423	-	-	-	-	8,593,423	8,593,423	-
1331	Family Preservation and Support	40,162,688	31,667,385	8,495,303	1,418,000	418,000	1,000,000	41,580,688	32,085,385	9,495,303
1371	Child Support Enforcement	149,381,437	148,914,870	466,567	-	-	-	149,381,437	148,914,870	466,567
1372	Food and Nutrition Services	185,998,075	184,545,377	1,452,698	840,000	420,000	420,000	186,838,075	184,965,377	1,872,698
1373	Low Income Energy Assist. Program	79,562,926	79,557,926	5,000	(5,736,712)	(5,736,712)	-	73,826,214	73,821,214	5,000
1374	Refugee Medical Assistance	63,979	63,979	-	-	-	-	63,979	63,979	-
1376	Medicaid Eligibility	310,839,816	310,483,490	356,326	-	-	-	310,839,816	310,483,490	356,326
1381	Refugee Cash and Social Services	5,766,408	5,766,408	-	-	-	-	5,766,408	5,766,408	-
1382	Work First Family Assistance	77,774,726	77,126,401	648,325	(6,172,901)	(6,172,901)	-	71,601,825	70,953,500	648,325
1383	Subsidized Child Care Administration	29,906,990	29,906,990	-	29,527	29,527	-	29,936,517	29,936,517	-
1384	Employment Benefits	19,837,921	19,837,921	-	4,478,980	4,478,980	-	24,316,901	24,316,901	-
1411	Case Management and Counseling	26,387,814	26,387,814	-	-	-	-	26,387,814	26,387,814	-
1430	Child Protective Services	202,261,781	181,390,214	20,871,567	750,000	-	750,000	203,011,781	181,390,214	21,621,567
1451	Adult Home and Community Based Service	37,880,183	36,062,750	1,817,433	-	-	-	37,880,183	36,062,750	1,817,433
1453	Adult At Risk Case Management	10,085,041	9,210,041	875,000	-	-	-	10,085,041	9,210,041	875,000
1481	Work First Employment Services	29,604,069	29,196,087	407,982	-	-	-	29,604,069	29,196,087	407,982
1482	Food Nutrition Employment/Training	3,367,524	3,367,524	-	-	-	-	3,367,524	3,367,524	-
1491	Emergency Energy Assistance	45,024,166	45,024,166	-	(3,683,863)	(3,683,863)	-	41,340,303	41,340,303	-
1510	Adult Protective Services & Guardianship	52,569,198	52,569,198	-	475,041	475,041	-	53,044,239	53,044,239	-
1531	Adoption Services	135,711,347	90,802,889	44,908,458	-	-	-	135,711,347	90,802,889	44,908,458
1532	Foster Care	261,137,672	213,681,272	47,456,400	22,250,462	13,881,704	8,368,758	283,388,134	227,562,976	55,825,158
1570	State and County Special Assistance	121,388,502	64,018,495	57,370,007	7,000,000	3,500,000	3,500,000	128,388,502	67,518,495	60,870,007
1701	NonReimbursed County DSS Administratio	48,133,026	48,133,026	-	-	-	-	48,133,026	48,133,026	-
1900	Reserves and Transfers	-	-	-	-	-	-	-	-	-
1991	Federal Indirect Reserve	789,379	789,379	-	-	-	-	789,379	789,379	-
1992	Prior Year - Earned Revenue	230,451	230,451	-	-	-	-	230,451	230,451	-

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Social Services										
Budget Code 14440		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
Divisionwide										
N/A	Child Welfare Program Improvement	-	-	-	534,307	107,329	426,978	534,307	107,329	426,978
Reserve for Salaries and Benefits										
N/A	State Retirement Contributions	-	-	-	226,404	-	226,404	226,404	-	226,404
N/A	State Health Plan	-	-	-	68,463	-	68,463	68,463	-	68,463
N/A	Short-Term Disability	-	-	-	3,972	-	3,972	3,972	-	3,972
N/A	Compensation Increase Reserve	-	-	-	501,266	-	501,266	501,266	-	501,266
Total		**$1,909,948,174**	**$1,715,817,168**	**$194,131,006**	**$22,985,946**	**$7,717,855**	**$15,268,091**	**$1,932,934,120**	**$1,723,535,023**	**$209,399,097**

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Social Services					
Budget Code 14440		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	69.000	-	-	69.000
1121	Eastern Band of Cherokee Indians Admin. Fund	-	-	-	-
1160	Child Welfare Training	24.000	-	-	24.000
1261	Food and Nutrition Education	-	-	-	-
1331	Family Preservation and Support	5.000	-	-	5.000
1371	Child Support Enforcement	126.000	-	-	126.000
1372	Food and Nutrition Services	60.000	-	-	60.000
1373	Low Income Energy Assist. Program	-	-	-	-
1374	Refugee Medical Assistance	-	-	-	-
1376	Medicaid Eligibility	-	-	-	-
1381	Refugee Cash and Social Services	5.000	-	-	5.000
1382	Work First Family Assistance	-	-	-	-
1383	Subsidized Child Care Administration	-	-	-	-
1384	Employment Benefits	10.000	-	-	10.000
1411	Case Management and Counseling	-	-	-	-
1430	Child Protective Services	37.000	-	-	37.000
1451	Adult Home and Community Based Services	-	-	-	-
1453	Adult At Risk Case Management	-	-	-	-
1481	Work First Employment Services	11.000	-	-	11.000
1482	Food Nutrition Employment/Training	4.000	-	-	4.000
1491	Emergency Energy Assistance	-	-	-	-
1510	Adult Protective Services & Guardianship	-	-	-	-
1531	Adoption Services	14.000	-	-	14.000
1532	Foster Care	39.000	-	-	39.000
1570	State and County Special Assistance	-	-	-	-
1701	NonReimbursed County DSS Administration	-	-	-	-
1900	Reserves and Transfers	-	-	-	-
1991	Federal Indirect Reserve	-	-	-	-
1992	Prior Year - Earned Revenue	-	-	-	-
Divisionwide					
N/A	Child Welfare Program Improvement	-	4.171	0.829	5.000
Total FTE		**404.000**	**4.171**	**0.829**	**409.000**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
2019 Legislative Session

Social Services					
Budget Code 14440		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	69.000	-	-	69.000
1121	Eastern Band of Cherokee Indians Admin. Fund	-	-	-	-
1160	Child Welfare Training	24.000	-	-	24.000
1261	Food and Nutrition Education	-	-	-	-
1331	Family Preservation and Support	5.000	-	-	5.000
1371	Child Support Enforcement	126.000	-	-	126.000
1372	Food and Nutrition Services	60.000	-	-	60.000
1373	Low Income Energy Assist. Program	-	-	-	-
1374	Refugee Medical Assistance	-	-	-	-
1376	Medicaid Eligibility	-	-	-	-
1381	Refugee Cash and Social Services	5.000	-	-	5.000
1382	Work First Family Assistance	-	-	-	-
1383	Subsidized Child Care Administration	-	-	-	-
1384	Employment Benefits	10.000	-	-	10.000
1411	Case Management and Counseling	-	-	-	-
1430	Child Protective Services	37.000	-	-	37.000
1451	Adult Home and Community Based Services	-	-	-	-
1453	Adult At Risk Case Management	-	-	-	-
1481	Work First Employment Services	11.000	-	-	11.000
1482	Food Nutrition Employment/Training	4.000	-	-	4.000
1491	Emergency Energy Assistance	-	-	-	-
1510	Adult Protective Services & Guardianship	-	-	-	-
1531	Adoption Services	14.000	-	-	14.000
1532	Foster Care	39.000	-	-	39.000
1570	State and County Special Assistance	-	-	-	-
1701	NonReimbursed County DSS Administration	-	-	-	-
1900	Reserves and Transfers	-	-	-	-
1991	Federal Indirect Reserve	-	-	-	-
1992	Prior Year - Earned Revenue	-	-	-	-
Divisionwide					
N/A	Child Welfare Program Improvement	-	4.171	0.829	5.000
Total FTE		**404.000**	**4.171**	**0.829**	**409.000**

14440-Social Services

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	$ 1,909,946,882	$ 1,909,948,174
Less: Receipts	$ 1,715,816,278	$ 1,715,817,168
Net Appropriation	$ 194,130,604	$ 194,131,006
FTE	404.000	404.000

Legislative Changes

Reserve for Salaries and Benefits

192 Compensation Increase Reserve

Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.

Requirements	$ 250,633R	$ 501,266R
Less: Receipts	$ -	$ -
Net Appropriation	$ 250,633	$ 501,266
FTE	-	-

193 State Retirement Contributions

Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.

Requirements	$ 95,328R	$ 226,404R
Less: Receipts	$ -	$ -
Net Appropriation	$ 95,328	$ 226,404
FTE	-	-

194 State Health Plan

Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.

Requirements	$ 33,614R	$ 68,463R
Less: Receipts	$ -	$ -
Net Appropriation	$ 33,614	$ 68,463
FTE	-	-

195 Short-Term Disability

Provides additional funding to pay short-term disability benefits under SL 2018-52.

Requirements	$ 3,972R	$ 3,972R
Less: Receipts	$ -	$ -
Net Appropriation	$ 3,972	$ 3,972
FTE	-	-

Service Support
Fund Code: 1110

Requirements	$ 15,421,773	$ 15,421,900
Less: Receipts	$ 9,942,863	$ 9,942,925
Net Appropriation	$ 5,478,910	$ 5,478,975
FTE	69.000	69.000

196 FNS and TANF Expenditures Report
Fund Code: 1110

Provides funds for a report to be completed twice a year on the transactions of TANF benefits and Food and Nutrition Services benefits.

Requirements	$ 3,000R 32,000NR	$ 3,000R
Less: Receipts	$ 750R 8,000NR	$ 750R
Net Appropriation	$ 26,250	$ 2,250
FTE	-	-

Service Support Revised Budget

Requirements	$ 15,456,773	$ 15,424,900
Less: Receipts	$ 9,951,613	$ 9,943,675
Net Appropriation	$ **5,505,160**	$ **5,481,225**
FTE	69.000	69.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Eastern Band of Cherokee Indians Admin. Fund **Fund Code: 1121**	Requirements	$ 781,931	$ 781,931
	Less: Receipts	$ 244,740	$ 244,740
	Net Appropriation	$ 537,191	$ 537,191
	FTE	-	-
197 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Eastern Band of Cherokee Indians Admin. Fund Revised Budget	Requirements	$ 781,931	$ 781,931
	Less: Receipts	$ 244,740	$ 244,740
	Net Appropriation	$ **537,191**	$ **537,191**
	FTE	-	-
Child Welfare Training **Fund Code: 1160**	Requirements	$ 11,285,801	$ 11,285,801
	Less: Receipts	$ 8,302,027	$ 8,302,027
	Net Appropriation	$ 2,983,774	$ 2,983,774
	FTE	24.000	24.000
198 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Child Welfare Training Revised Budget	Requirements	$ 11,285,801	$ 11,285,801
	Less: Receipts	$ 8,302,027	$ 8,302,027
	Net Appropriation	$ **2,983,774**	$ **2,983,774**
	FTE	24.000	24.000
Food and Nutrition Services **Fund Code: 1261, 1372, 1482**	Requirements	$ 197,958,766	$ 197,959,022
	Less: Receipts	$ 196,506,068	$ 196,506,324
	Net Appropriation	$ 1,452,698	$ 1,452,698
	FTE	64.000	64.000
199 Food and Nutrition Services Outreach for Medicaid/Medicare Dual Eligibles **Fund Code: 1372** Provides funds to continue a pilot program established in 2016 to increase access to Food and Nutrition Services (FNS) benefits for individuals who are dually eligible for Medicare and Medicaid. The total requirements for the pilot program is $840,000 and the revised net appropriation is $420,000 in each year of the biennium.	Requirements	$ 840,000 NR	$ 840,000 NR
	Less: Receipts	$ 420,000 NR	$ 420,000 NR
	Net Appropriation	$ 420,000	$ 420,000
	FTE	-	-
Food and Nutrition Services Revised Budget	Requirements	$ 198,798,766	$ 198,799,022
	Less: Receipts	$ 196,926,068	$ 196,926,324
	Net Appropriation	$ **1,872,698**	$ **1,872,698**
	FTE	64.000	64.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Family Preservation and Support **Fund Code: 1331**	Requirements	$ 40,162,688	$ 40,162,688
	Less: Receipts	$ 31,667,385	$ 31,667,385
	Net Appropriation	$ 8,495,303	$ 8,495,303
	FTE	5.000	5.000
200 Child Advocacy Centers **Fund Code: 1331** Provides additional funding to Child Advocacy Centers. The total requirements for this purpose are $2.5 million in each year of the biennium.	Requirements	$ 418,000R	$ 418,000R
	Less: Receipts	$ 418,000R	$ 418,000R
	Net Appropriation	$ -	$ -
	FTE	-	-
201 Intensive Family Preservation Services **Fund Code: 1331** Provides additional funding for Intensive Family Preservation Services which promote child safety, address traumatic experiences, improve family functioning, and build protective factors in order to reduce out-of-home placements.	Requirements	$ 1,000,000R	$ 1,000,000R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 1,000,000	$ 1,000,000
	FTE	-	-
Family Preservation and Support Revised Budget	Requirements	$ 41,580,688	$ 41,580,688
	Less: Receipts	$ 32,085,385	$ 32,085,385
	Net Appropriation	$ **9,495,303**	$ **9,495,303**
	FTE	5.000	5.000
Child Support Enforcement **Fund Code: 1371**	Requirements	$ 149,380,528	$ 149,381,437
	Less: Receipts	$ 148,914,298	$ 148,914,870
	Net Appropriation	$ 466,230	$ 466,567
	FTE	126.000	126.000
202 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Child Support Enforcement Revised Budget	Requirements	$ 149,380,528	$ 149,381,437
	Less: Receipts	$ 148,914,298	$ 148,914,870
	Net Appropriation	$ **466,230**	$ **466,567**
	FTE	126.000	126.000
Low Income Energy Assistance Program **Fund Code: 1373**	Requirements	$ 79,562,926	$ 79,562,926
	Less: Receipts	$ 79,557,926	$ 79,557,926
	Net Appropriation	$ 5,000	$ 5,000
	FTE	-	-
203 Low Income Energy Assistance Program (LIEAP) **Fund Code: 1373** Reduces funding for the federal Low Income Home Energy Assistance Program (LIHEAP) block grant due to reduced federal availability. The total requirements for LIEAP are 40.3 million in each year of the biennium.	Requirements	$ (3,683,863)R	$ (3,683,863)R
	Less: Receipts	$ (3,683,863)R	$ (3,683,863)R
	Net Appropriation	$ -	$ -
	FTE	-	-
204 County DSS Administration **Fund Code: 1373** Reduces funding for the local county departments of social services to administer the Crisis Intervention and Low Income Energy Assistance programs due to reduced federal availability in the LIHEAP block grant.	Requirements	$ (605,012)R	$ (605,012)R
	Less: Receipts	$ (605,012)R	$ (605,012)R
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20		FY 2020-21
205 Weatherization **Fund Code: 1373** Reduces funding for the Weatherization program due to reduced federal LIHEAP block grant funds. The revised funding for the Weatherization program is $9.8 million in FY 2019-20 and $9.6 million in FY 2020-21.	Requirements	$ (1,453,815)R	$	(1,653,815)R
	Less: Receipts	$ (1,453,815)R	$	(1,653,815)R
	Net Appropriation	$ -	$	-
	FTE	-		-
206 Heating and Air Repair and Replacement Program (HARRP) **Fund Code: 1373** Provides additional funding for the HARRP program from the federal LIHEAP block grant. The revised funding for the HARRP is $6.5 million in FY 2019-20 and $6.3 million in FY 2020-21.	Requirements	$ 435,978R	$	205,978R
	Less: Receipts	$ 435,978R	$	205,978R
	Net Appropriation	$ -	$	-
	FTE	-		-
Low Income Energy Assistance Program Revised Budget	Requirements	$ 74,256,214	$	73,826,214
	Less: Receipts	$ 74,251,214	$	73,821,214
	Net Appropriation	$ **5,000**	$	**5,000**
	FTE	-		-
Refugee Services **Fund Code: 1374, 1381**	Requirements	$ 5,830,387	$	5,830,387
	Less: Receipts	$ 5,830,387	$	5,830,387
	Net Appropriation	$ 0	$	0
	FTE	5.000		5.000
207 No direct change	Requirements	$ -	$	-
	Less: Receipts	$ -	$	-
	Net Appropriation	$ -	$	-
	FTE	-		-
Refugee Services Revised Budget	Requirements	$ 5,830,387	$	5,830,387
	Less: Receipts	$ 5,830,387	$	5,830,387
	Net Appropriation	$ **0**	$	**0**
	FTE	5.000		5.000
Medicaid Eligibility **Fund Code: 1376**	Requirements	$ 310,839,816	$	310,839,816
	Less: Receipts	$ 310,483,490	$	310,483,490
	Net Appropriation	$ 356,326	$	356,326
	FTE	-		-
208 No direct change	Requirements	$ -	$	-
	Less: Receipts	$ -	$	-
	Net Appropriation	$ -	$	-
	FTE	-		-
Medicaid Eligibility Revised Budget	Requirements	$ 310,839,816	$	310,839,816
	Less: Receipts	$ 310,483,490	$	310,483,490
	Net Appropriation	$ **356,326**	$	**356,326**
	FTE	-		-
Work First **Fund Code: 1382, 1481**	Requirements	$ 107,378,795	$	107,378,795
	Less: Receipts	$ 106,322,488	$	106,322,488
	Net Appropriation	$ 1,056,307	$	1,056,307
	FTE	11.000		11.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
209 Work First Family Assistance **Fund Code: 1382** Reduces funding for Work First Family Assistance (WFFA) due to the declining caseload. WFFA is funded by the Temporary Assistance for Needy Families (TANF) block grant. The total requirements for WFFA is $37.7 million in FY 2019-20 and $35.5 million in FY 2020-21.	Requirements	$ (4,172,901)R	$ (6,172,901)R
	Less: Receipts	$ (4,172,901)R	$ (6,172,901)R
	Net Appropriation	$ -	$ -
	FTE	-	-
Work First Revised Budget	Requirements	$ 103,205,894	$ 101,205,894
	Less: Receipts	$ 102,149,587	$ 100,149,587
	Net Appropriation	$ **1,056,307**	$ **1,056,307**
	FTE	11.000	11.000
Subsidized Child Care Administration **Fund Code: 1383**	Requirements	$ 29,906,990	$ 29,906,990
	Less: Receipts	$ 29,906,990	$ 29,906,990
	Net Appropriation	$ 0	$ 0
	FTE	-	-
210 Subsidized Child Care Local Services Support **Fund Code: 1383** Provides federal Child Care Development Fund block grant receipts for local county departments of social services to administer the Child Care Subsidy program.	Requirements	$ 29,527R	$ 29,527R
	Less: Receipts	$ 29,527R	$ 29,527R
	Net Appropriation	$ -	$ -
	FTE	-	-
Subsidized Child Care Administration Revised Budget	Requirements	$ 29,936,517	$ 29,936,517
	Less: Receipts	$ 29,936,517	$ 29,936,517
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Employment Benefits **Fund Code: 1384**	Requirements	$ 19,837,921	$ 19,837,921
	Less: Receipts	$ 19,837,921	$ 19,837,921
	Net Appropriation	$ 0	$ 0
	FTE	10.000	10.000
211 Community Services Block Grant **Fund Code: 1384** Increases funding for the Community Services Block Grant due to an increase in federal funding. Funds are used to address the effects and causes of poverty and to assist low-income individuals to become self-sufficient and independent of public programs.	Requirements	$ 4,478,980R	$ 4,478,980R
	Less: Receipts	$ 4,478,980R	$ 4,478,980R
	Net Appropriation	$ -	$ -
	FTE	-	-
Employment Benefits Revised Budget	Requirements	$ 24,316,901	$ 24,316,901
	Less: Receipts	$ 24,316,901	$ 24,316,901
	Net Appropriation	$ **0**	$ **0**
	FTE	10.000	10.000
Case Management and Counseling **Fund Code: 1411**	Requirements	$ 26,387,814	$ 26,387,814
	Less: Receipts	$ 26,387,814	$ 26,387,814
	Net Appropriation	$ 0	$ 0
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
212 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Case Management and Counseling Revised Budget	Requirements	$ 26,387,814	$ 26,387,814
	Less: Receipts	$ 26,387,814	$ 26,387,814
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Child Protective Services **Fund Code: 1430**	Requirements	$ 202,261,781	$ 202,261,781
	Less: Receipts	$ 181,390,214	$ 181,390,214
	Net Appropriation	$ 20,871,567	$ 20,871,567
	FTE	37.000	37.000
213 Quality Assurance Positions **Fund Code: 1430** Provides funds for a 50% match to participating counties to establish new quality assurance positions for child welfare within local county departments of social services offices.	Requirements	$ 750,000R	$ 750,000R
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 750,000	$ 750,000
	FTE	-	-
Child Protective Services Revised Budget	Requirements	$ 203,011,781	$ 203,011,781
	Less: Receipts	$ 181,390,214	$ 181,390,214
	Net Appropriation	$ **21,621,567**	$ **21,621,567**
	FTE	37.000	37.000
Adult Community Based Services **Fund Code: 1451**	Requirements	$ 37,880,183	$ 37,880,183
	Less: Receipts	$ 36,062,750	$ 36,062,750
	Net Appropriation	$ 1,817,433	$ 1,817,433
	FTE	-	-
214 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Adult Community Based Services Revised Budget	Requirements	$ 37,880,183	$ 37,880,183
	Less: Receipts	$ 36,062,750	$ 36,062,750
	Net Appropriation	$ **1,817,433**	$ **1,817,433**
	FTE	-	-
Adult At Risk Case Management **Fund Code: 1453**	Requirements	$ 10,085,041	$ 10,085,041
	Less: Receipts	$ 9,210,041	$ 9,210,041
	Net Appropriation	$ 875,000	$ 875,000
	FTE	-	-
215 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Adult At Risk Case Management Revised Budget	Requirements	$ 10,085,041	$ 10,085,041
	Less: Receipts	$ 9,210,041	$ 9,210,041
	Net Appropriation	$ **875,000**	$ **875,000**
	FTE	-	-
Emergency Energy Assistance **Fund Code: 1491**	Requirements	$ 45,024,166	$ 45,024,166
	Less: Receipts	$ 45,024,166	$ 45,024,166
	Net Appropriation	$ 0	$ 0
	FTE	-	-
216 Crisis Intervention Program **Fund Code: 1491** Reduces funding for the Crisis Intervention program which assists low income recipients with emergency heating or cooling needs due to a reduction in available LIHEAP federal receipts. The total requirements for the Crisis Intervention program are $40.3 million in each year of the biennium.	Requirements	$ (3,683,863)R	$ (3,683,863)R
	Less: Receipts	$ (3,683,863)R	$ (3,683,863)R
	Net Appropriation	$ -	$ -
	FTE	-	-
Emergency Energy Assistance Revised Budget	Requirements	$ 41,340,303	$ 41,340,303
	Less: Receipts	$ 41,340,303	$ 41,340,303
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Adult Protection and Guardianship **Fund Code: 1510**	Requirements	$ 52,569,198	$ 52,569,198
	Less: Receipts	$ 52,569,198	$ 52,569,198
	Net Appropriation	$ 0	$ 0
	FTE	-	-
217 Adult Protective Services **Fund Code: 1510** Provides additional Social Services block grant (SSBG) funds to increase the number of Adult Protective Services workers in local county departments of social services.	Requirements	$ 475,041R	$ 475,041R
	Less: Receipts	$ 475,041R	$ 475,041R
	Net Appropriation	$ -	$ -
	FTE	-	-
Adult Protection and Guardianship Revised Budget	Requirements	$ 53,044,239	$ 53,044,239
	Less: Receipts	$ 53,044,239	$ 53,044,239
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Adoption **Fund Code: 1531**	Requirements	$ 135,711,347	$ 135,711,347
	Less: Receipts	$ 90,802,889	$ 90,802,889
	Net Appropriation	$ 44,908,458	$ 44,908,458
	FTE	14.000	14.000
218 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
Adoption Revised Budget	Requirements	$ 135,711,347	$ 135,711,347
	Less: Receipts	$ 90,802,889	$ 90,802,889
	Net Appropriation	$ **44,908,458**	$ **44,908,458**
	FTE	14.000	14.000
Foster Care **Fund Code: 1532**	Requirements	$ 261,137,672	$ 261,137,672
	Less: Receipts	$ 213,681,272	$ 213,681,272
	Net Appropriation	$ 47,456,400	$ 47,456,400
	FTE	39.000	39.000
219 Youth Villages **Fund Code: 1532** Provides additional funds to the Foster Care Transitional Living Initiative Fund for Youth Villages to provide services to improve outcomes for youth ages 17-21 years of age who transition from foster care though the implementation of outcome-based Transitional Living Services. The revised net appropriation for Youth Villages is $3 million in FY 2019-20 and $2.5 million in FY 2020-21.	Requirements	$ 500,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 500,000	$ -
	FTE	-	-
220 Child Welfare/Behavioral Health Pilot **Fund Code: 1532** Provides funds for a child welfare and behavioral health pilot project to provide easier access to comprehensive health and trauma related services for children in foster care without disruption to a child's foster care placement.	Requirements	$ 300,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 300,000	$ -
	FTE	-	-
221 Foster Care Rate Increase **Fund Code: 1532** Provides funding to increase the rates paid for foster care. The rates are effective July 1, 2020.	Requirements	$ -	$ 20,750,462R
	Less: Receipts	$ -	$ 13,881,704R
	Net Appropriation	$ -	$ 6,868,758
	FTE	-	-
222 Permanency Innovation Initiative **Fund Code: 1532** Provides additional funding for the Permanency Innovation Initiative to improve permanency outcomes for children living in foster care settings. The total requirements for this initiative are $4.3 million in each year of the biennium.	Requirements	$ 1,500,000NR	$ 1,500,000NR
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 1,500,000	$ 1,500,000
	FTE	-	-
Foster Care Revised Budget	Requirements	$ 263,437,672	$ 283,388,134
	Less: Receipts	$ 213,681,272	$ 227,562,976
	Net Appropriation	$ **49,756,400**	$ **55,825,158**
	FTE	39.000	39.000
State and County Special Assistance **Fund Code: 1570**	Requirements	$ 121,388,502	$ 121,388,502
	Less: Receipts	$ 64,018,495	$ 64,018,495
	Net Appropriation	$ 57,370,007	$ 57,370,007
	FTE	-	-
223 Special Assistance Personal Needs Allowance **Fund Code: 1570** Provides funding to increase the personal needs allowance for Special Assistance (SA) recipients from $46 to $58 a month effective October 1, 2019, for items such as clothes, toiletries, and other essentials.	Requirements	$ 2,250,000R	$ 3,000,000R
	Less: Receipts	$ 1,125,000R	$ 1,500,000R
	Net Appropriation	$ 1,125,000	$ 1,500,000
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
224 Temporary Assistance for Facilities that Serve Special Assistance Recipients **Fund Code: 1570** Provides funding on a monthly basis for facilities that serve SA recipients. The rate is $34 a month per SA recipient in FY 2019-20, and is increased to $70 a month per SA recipient in FY 2020-21.	Requirements	$ 6,600,000NR	$ 14,000,000NR
	Less: Receipts	$ 3,300,000NR	$ 7,000,000NR
	Net Appropriation	$ 3,300,000	$ 7,000,000
	FTE	-	-
225 Special Assistance Caseload Reduction **Fund Code: 1570** Reduces funding for SA due to reductions in the SA caseload.	Requirements	$ (6,000,000)R	$ (10,000,000)R
	Less: Receipts	$ (3,000,000)R	$ (5,000,000)R
	Net Appropriation	$ (3,000,000)	$ (5,000,000)
	FTE	-	-
State and County Special Assistance Revised Budget	Requirements	$ 124,238,502	$ 128,388,502
	Less: Receipts	$ 65,443,495	$ 67,518,495
	Net Appropriation	$ **58,795,007**	$ **60,870,007**
	FTE	-	-
Local/County Operations **Fund Code: 1701**	Requirements	$ 48,133,026	$ 48,133,026
	Less: Receipts	$ 48,133,026	$ 48,133,026
	Net Appropriation	$ 0	$ 0
	FTE	-	-
226 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Local/County Operations Revised Budget	Requirements	$ 48,133,026	$ 48,133,026
	Less: Receipts	$ 48,133,026	$ 48,133,026
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Federal Indirect Reserve **Fund Code: 1991**	Requirements	$ 789,379	$ 789,379
	Less: Receipts	$ 789,379	$ 789,379
	Net Appropriation	$ 0	$ 0
	FTE	-	-
227 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Federal Indirect Reserve Revised Budget	Requirements	$ 789,379	$ 789,379
	Less: Receipts	$ 789,379	$ 789,379
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Prior Year Earned Revenue **Fund Code: 1992**	Requirements	$ 230,451	$ 230,451
	Less: Receipts	$ 230,451	$ 230,451
	Net Appropriation	$ 0	$ 0
	FTE	-	-

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
228 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Prior Year Earned Revenue Revised Budget	Requirements	$ 230,451	$ 230,451
	Less: Receipts	$ 230,451	$ 230,451
	Net Appropriation	$ **0**	$ **0**
	FTE	-	-
Divisionwide			
229 Child Welfare Program Improvement Provides funding to establish 5 new positions, Human Service Program Consultant II's, to increase the State's capacity to provide technical assistance and program monitoring of county child welfare agencies. These positions will fulfill the federal requirement to monitor all 100 counties and to provide onsite technical assistance and monitoring of county child welfare agencies, distance learning, and curriculum development.	Requirements	$ 534,307R	$ 534,307R
	Less: Receipts	$ 107,329R	$ 107,329R
	Net Appropriation	$ 426,978	$ 426,978
	FTE	5.000	5.000
Total Legislative Changes			
	Requirements	$ **930,926**	$ **22,985,946**
	Less: Receipts	$ **(5,800,849)**	$ **7,717,855**
	Net Appropriation	$ **6,731,775**	$ **15,268,091**
	FTE	**5.000**	**5.000**
	Recurring	$ **687,775**	$ **6,348,091**
	Nonrecurring	$ **6,044,000**	$ **8,920,000**
	Net Appropriation	$ **6,731,775**	$ **15,268,091**
	FTE	**5.000**	**5.000**
Revised Budget			
Revised Requirements		$ **1,910,877,808**	$ **1,932,934,120**
Revised Receipts		$ **1,710,015,429**	$ **1,723,535,023**
Revised Net Appropriation		$ **200,862,379**	$ **209,399,097**
Revised FTE		**409.000**	**409.000**

Vocational Rehabilitation Services
Budget Code 14480

General Fund Budget

	FY 2019-20	FY 2020-21
Base Budget		
Requirements	$150,494,601	$150,528,124
Receipts	$111,221,410	$111,246,271
Net Appropriation	$39,273,191	$39,281,853
Legislative Changes		
Requirements	$2,104,902	$1,603,395
Receipts	$341,652	$341,652
Net Appropriation	$1,763,250	$1,261,743
Revised Budget		
Requirements	$152,599,503	$152,131,519
Receipts	$111,563,062	$111,587,923
Net Appropriation	$41,036,441	$40,543,596

General Fund FTE

Base Budget	986.250	986.250
Legislative Changes	5.000	5.000
Revised Budget	991.250	991.250

Summary of General Fund Appropriations
Fiscal Year 2019-20
2019 Legislative Session

Vocational Rehabilitation Services										
Budget Code 14480		**Base Budget**			**Legislative Changes**			**Revised Budget**		
Fund Code	**Fund Name**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**	**Requirements**	**Receipts**	**Net Appropriation**
1110	Service Support	9,829,138	7,416,914	2,412,224	-	-	-	9,829,138	7,416,914	2,412,224
1261	Acc. Outreach\ VR&IL Client Advocacy\Asst	388,958	388,958	-	-	-	-	388,958	388,958	-
1263	Outreach - Service Access Grant	299,400	299,400	-	434,120	341,652	92,468	733,520	641,052	92,468
1452	Adult Home Support - IL - Rehabilitation	17,857,174	4,389,171	13,468,003	300,000	-	300,000	18,157,174	4,389,171	13,768,003
1470	Assistive Technology Equipment Loan	1,786,447	778,510	1,007,937	810,000	-	810,000	2,596,447	778,510	1,817,937
1480	Vocational Rehabilitation - Employment Se	118,930,949	96,545,922	22,385,027	-	-	-	118,930,949	96,545,922	22,385,027
1991	Indirect Reserve	1,402,535	1,402,535	-	-	-	-	1,402,535	1,402,535	-
Reserve for Salaries and Benefits										
N/A	State Retirement Contributions	-	-	-	136,598	-	136,598	136,598	-	136,598
N/A	State Health Plan	-	-	-	59,354	-	59,354	59,354	-	59,354
N/A	Short-Term Disability	-	-	-	5,692	-	5,692	5,692	-	5,692
N/A	Compensation Increase Reserve	-	-	-	359,138	-	359,138	359,138	-	359,138
Total		**$150,494,601**	**$111,221,410**	**$39,273,191**	**$2,104,902**	**$341,652**	**$1,763,250**	**$152,599,503**	**$111,563,062**	**$41,036,441**

Summary of General Fund Appropriations
Fiscal Year 2020-21
2019 Legislative Session

Vocational Rehabilitation Services										
Budget Code 14480		Base Budget			Legislative Changes			Revised Budget		
Fund Code	Fund Name	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation	Requirements	Receipts	Net Appropriation
1110	Service Support	9,829,138	7,416,914	2,412,224	-	-	-	9,829,138	7,416,914	2,412,224
1261	Acc. Outreach\ VR&IL Client Advocacy\Asst	388,958	388,958	-	-	-	-	388,958	388,958	-
1263	Outreach - Service Access Grant	299,400	299,400	-	434,120	341,652	92,468	733,520	641,052	92,468
1452	Adult Home Support - IL - Rehabilitation	17,859,108	4,389,171	13,469,937	-	-	-	17,859,108	4,389,171	13,469,937
1470	Assistive Technology Equipment Loan	1,786,447	778,510	1,007,937	-	-	-	1,786,447	778,510	1,007,937
1480	Vocational Rehabilitation - Employment Se	118,962,538	96,570,783	22,391,755	-	-	-	118,962,538	96,570,783	22,391,755
1991	Indirect Reserve	1,402,535	1,402,535	-	-	-	-	1,402,535	1,402,535	-
Reserve for Salaries and Benefits										
N/A	State Retirement Contributions	-	-	-	324,419	-	324,419	324,419	-	324,419
N/A	State Health Plan	-	-	-	120,888	-	120,888	120,888	-	120,888
N/A	Short-Term Disability	-	-	-	5,692	-	5,692	5,692	-	5,692
N/A	Compensation Increase Reserve	-	-	-	718,276	-	718,276	718,276	-	718,276
Total		**$150,528,124**	**$111,246,271**	**$39,281,853**	**$1,603,395**	**$341,652**	**$1,261,743**	**$152,131,519**	**$111,587,923**	**$40,543,596**

Summary of General Fund Total Requirements FTE
Fiscal Year 2019-20
2019 Legislative Session

Vocational Rehabilitation Services					
Budget Code 14480		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	76.750	-	-	76.750
1261	Acc. Outreach\ VR&IL Client Advocacy\Asst.	4.000	-	-	4.000
1263	Outreach - Service Access Grant	-	5.000	-	5.000
1452	Adult Home Support - IL - Rehabilitation	66.000	-	-	66.000
1470	Assistive Technology Equipment Loan	18.000	-	-	18.000
1480	Vocational Rehabilitation - Employment Ser.	821.500	-	-	821.500
1991	Indirect Reserve	-	-	-	-
Total FTE		**986.250**	**5.000**	**-**	**991.250**

Summary of General Fund Total Requirements FTE
Fiscal Year 2020-21
2019 Legislative Session

Vocational Rehabilitation Services					
Budget Code 14480		**Base**	**Legislative Changes**		**Revised**
Fund Code	**Fund Name**	**Total Requirements**	**Net Appropriation**	**Receipts**	**Total Requirements**
1110	Service Support	76.750	-	-	76.750
1261	Acc. Outreach\ VR&IL Client Advocacy\Asst.	4.000	-	-	4.000
1263	Outreach - Service Access Grant	-	5.000	-	5.000
1452	Adult Home Support - IL - Rehabilitation	66.000	-	-	66.000
1470	Assistive Technology Equipment Loan	18.000	-	-	18.000
1480	Vocational Rehabilitation - Employment Ser.	821.500	-	-	821.500
1991	Indirect Reserve	-	-	-	-
Total FTE		**986.250**	**5.000**	-	**991.250**

14480-Vocational Rehabilitation Services

Recommended Base Budget	FY 2019-20	FY 2020-21
Requirements	**$ 150,494,601**	**$ 150,528,124**
Less: Receipts	**$ 111,221,410**	**$ 111,246,271**
Net Appropriation	**$ 39,273,191**	**$ 39,281,853**
FTE	**986.250**	**986.250**

Legislative Changes

Reserve for Salaries and Benefits

230 Compensation Increase Reserve

Provides funding for an across-the-board salary increase of 2.5% effective July 1, 2019, and an additional across-the-board salary increase of 2.5% effective July 1, 2020.

Requirements	$ 359,138R	$ 718,276R
Less: Receipts	$ -	$ -
Net Appropriation	$ 359,138	$ 718,276
FTE	-	-

231 State Retirement Contributions

Increases the State's contribution for members of the Teachers' and State Employees' Retirement System (TSERS) supported by the General Fund to fund the actuarially determined contribution and increased retiree medical premiums.

Requirements	$ 136,598R	$ 324,419R
Less: Receipts	$ -	$ -
Net Appropriation	$ 136,598	$ 324,419
FTE	-	-

232 State Health Plan

Provides additional funding to continue health benefit coverage for enrolled active employees supported by the General Fund for the 2019-21 fiscal biennium.

Requirements	$ 59,354R	$ 120,888R
Less: Receipts	$ -	$ -
Net Appropriation	$ 59,354	$ 120,888
FTE	-	-

233 Short-Term Disability

Provides additional funding to pay short-term disability benefits under SL 2018-52.

Requirements	$ 5,692R	$ 5,692R
Less: Receipts	$ -	$ -
Net Appropriation	$ 5,692	$ 5,692
FTE	-	-

Service Support
Fund Code: 1110

Requirements	$ 9,829,138	$ 9,829,138
Less: Receipts	$ 7,416,914	$ 7,416,914
Net Appropriation	$ 2,412,224	$ 2,412,224
FTE	76.750	76.750

234 No direct change

Requirements	$ -	$ -
Less: Receipts	$ -	$ -
Net Appropriation	$ -	$ -
FTE	-	-

Service Support Revised Budget

Requirements	$ 9,829,138	$ 9,829,138
Less: Receipts	$ 7,416,914	$ 7,416,914
Net Appropriation	$ **2,412,224**	$ **2,412,224**
FTE	76.750	76.750

Access and Outreach
Fund Code: 1261, 1263

Requirements	$ 688,358	$ 688,358
Less: Receipts	$ 688,358	$ 688,358
Net Appropriation	$ 0	$ 0
FTE	4.000	4.000

Senate Appropriations Committee Report on the Current Operations Act of 2019		FY 2019-20	FY 2020-21
235 Work Incentives Planning and Assistance Counselors **Fund Code: 1263** Provides funding for 5 full-time permanent Work Incentives Planning and Assistance Counselors that will serve both the Division for Vocational Rehabilitation Services and the Division of Services for the Blind. These positions will assist Social Security Disability Insurance and Supplemental Security Income beneficiaries pursue greater economic independence and financial security.	Requirements	$ 434,120R	$ 434,120R
	Less: Receipts	$ 341,652R	$ 341,652R
	Net Appropriation	$ 92,468	$ 92,468
	FTE	5.000	5.000
Access and Outreach Revised Budget	Requirements	$ 1,122,478	$ 1,122,478
	Less: Receipts	$ 1,030,010	$ 1,030,010
	Net Appropriation	$ **92,468**	$ **92,468**
	FTE	9.000	9.000
Independent Living Services **Fund Code: 1452, 1470**	Requirements	$ 19,643,621	$ 19,645,555
	Less: Receipts	$ 5,167,681	$ 5,167,681
	Net Appropriation	$ 14,475,940	$ 14,477,874
	FTE	84.000	84.000
236 National Multiple Sclerosis (MS) Society- Home Modification Program **Fund Code: 1452** Provides a directed grant to the National MS Society to provide home modifications services and home modification assistance grants to help individuals with MS remain in their homes.	Requirements	$ 300,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 300,000	$ -
	FTE	-	-
237 North Carolina Assistive Technology Program **Fund Code: 1470** Provides funds to purchase equipment in order to maintain a statewide inventory of up-to-date assistive technology equipment to be used for assessments, training, and short term loans.	Requirements	$ 810,000NR	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ 810,000	$ -
	FTE	-	-
Independent Living Services Revised Budget	Requirements	$ 20,753,621	$ 19,645,555
	Less: Receipts	$ 5,167,681	$ 5,167,681
	Net Appropriation	$ **15,585,940**	$ **14,477,874**
	FTE	84.000	84.000
Vocational Rehabilitation - Employment Services **Fund Code: 1480**	Requirements	$ 118,930,949	$ 118,962,538
	Less: Receipts	$ 96,545,922	$ 96,570,783
	Net Appropriation	$ 22,385,027	$ 22,391,755
	FTE	821.500	821.500
238 No direct change	Requirements	$ -	$ -
	Less: Receipts	$ -	$ -
	Net Appropriation	$ -	$ -
	FTE	-	-
Vocational Rehabilitation - Employment Services Revised Budget	Requirements	$ 118,930,949	$ 118,962,538
	Less: Receipts	$ 96,545,922	$ 96,570,783
	Net Appropriation	$ **22,385,027**	$ **22,391,755**
	FTE	821.500	821.500
Divisionwide			

Total Legislative Changes			
	Requirements	$ 2,104,902	$ 1,603,395
	Less: Receipts	$ 341,652	$ 341,652
	Net Appropriation	$ 1,763,250	$ 1,261,743
	FTE	5.000	5.000
	Recurring	$ 653,250	$ 1,261,743
	Nonrecurring	$ 1,110,000	$ -
	Net Appropriation	$ 1,763,250	$ 1,261,743
	FTE	5.000	5.000
Revised Budget			
Revised Requirements		$ 152,599,503	$ 152,131,519
Revised Receipts		$ 111,563,062	$ 111,587,923
Revised Net Appropriation		$ 41,036,441	$ 40,543,596
Revised FTE		991.250	991.250

Senate Appropriations Committee on Health and Human Services

Special Provisions for H.B. 966, 2019 Appropriations Act

May 28, 2019

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PART IX. HEALTH AND HUMAN SERVICES

PART IX-A. AGING AND ADULT SERVICES

STATE-COUNTY SPECIAL ASSISTANCE RATES

SECTION 9A.1.(a) For each year of the 2019-2021 fiscal biennium, the maximum monthly rate for residents in adult care home facilities shall be one thousand one hundred eighty-two dollars ($1,182) per month per resident.

SECTION 9A.1.(b) For each year of the 2019-2021 fiscal biennium, the maximum monthly rate for residents in Alzheimer's/Dementia special care units shall be one thousand five hundred fifteen dollars ($1,515) per month per resident.

INCREASE IN STATE-COUNTY SPECIAL ASSISTANCE PERSONAL NEEDS ALLOWANCE

SECTION 9A.2.(a) Effective October 1, 2019, the Department of Health and Human Services, Division of Aging and Adult Services, shall increase the personal needs allowance under the State-County Special Assistance program from forty-six dollars ($46.00) per month per recipient to fifty-eight dollars ($58.00) per month per recipient.

SECTION 9A.2.(b) Effective October 1, 2019, and notwithstanding the increase in the personal needs allowance authorized by subsection (a) of this section or any other provision of law to the contrary, the following limits are applicable for determining financial eligibility for State-County Special Assistance:

(1) The total countable monthly income for individuals residing in adult care home facilities shall not exceed one thousand two hundred twenty-eight dollars ($1,228) per month.

(2) The total countable monthly income for individuals residing in Alzheimer's/Dementia special care units shall not exceed one thousand five hundred sixty-one dollars ($1,561) per month.

AUTHORIZATION FOR SECRETARY OF DHHS TO RAISE THE MAXIMUM NUMBER OF STATE-COUNTY SPECIAL ASSISTANCE IN-HOME PAYMENTS

SECTION 9A.3. G.S. 108A-47.1(a) reads as rewritten:

"(a) The Department of Health and Human Services may use funds from the existing State-County Special Assistance budget to provide Special Assistance payments to eligible individuals 18 years of age or older in in-home living arrangements. ~~These payments may be made for up to fifteen percent (15%) of the caseload for all State-County Special Assistance.~~ The standard monthly payment to individuals enrolled in the Special Assistance in-home program shall be one hundred percent (100%) of the monthly payment the individual would receive if the individual resided in an adult care home and qualified for Special Assistance, except if a lesser payment amount is appropriate for the individual as determined by the local case manager. The Department shall implement Special Assistance in-home eligibility policies and procedures to assure that in-home program participants are those individuals who need and, but for the in-home program, would seek placement in an adult care home facility. The Department's policies and procedures shall include the use of a functional assessment."

PART IX-B. CENTRAL MANAGEMENT AND SUPPORT

FUNDS FOR NORTH CAROLINA FAMILIES ACCESSING SERVICES THROUGH TECHNOLOGY (NC FAST)

SECTION 9B.1.(a) Of the funds appropriated to the Department of Health and Human Services, Division of Central Management and Support, the sum of eighteen million ninety-one thousand eight hundred sixty-four dollars ($18,091,864) in nonrecurring funds for the 2019-2020 fiscal year and the sum of eleven million two hundred twenty-nine thousand eight hundred twenty-one dollars ($11,229,821) in nonrecurring funds for the 2020-2021 fiscal year shall be used for nonrecurring operations and maintenance expenses for the North Carolina Families Accessing Services Through Technology (NC FAST) system and to match federal funds to expedite development and implementation of the following within the NC FAST system: (i) the child welfare case management component, (ii) 24 hours per day/seven days per week access to the NC FAST system, and (iii) a document management solution to allow State and federal Program Integrity staff and the county departments of social services to share and provide data in a timely manner. The Department of Health and Human Services, Division of Central Management and Support, shall report any change in approved federal funding or federal match rates within 30 days after the change to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Information Technology, and the Fiscal Research Division.

SECTION 9B.1.(b) Departmental receipts appropriated in this act in the sum of forty-one million one hundred twenty-nine thousand six hundred two dollars ($41,129,602) for the 2019-2020 fiscal year and in the sum of twenty-three million seven hundred seventy thousand seven hundred fifty-three dollars ($23,770,753) for the 2020-2021 fiscal year shall be used for the purposes described in subsection (a) of this section.

COMMUNITY HEALTH GRANT PROGRAM

SECTION 9B.2.(a) Funds appropriated in this act to the Department of Health and Human Services, Division of Central Management, Office of Rural Health, for each year of the 2019-2021 fiscal biennium for the Community Health Grant Program shall be used to continue to administer the Community Health Grant Program as modified by Section 11A.8 of S.L. 2017-57.

SECTION 9B.2.(b) The Office of Rural Health shall make the final decision about awarding grants under this Program, but no single grant award shall exceed one hundred fifty thousand dollars ($150,000) during the fiscal year. In awarding grants, the Office of Rural Health shall consider the availability of other funds for the applicant; the incidence of poverty in the area served by the applicant or the number of indigent clients served by the applicant; the availability of, or arrangements for, after hours care; and collaboration between the applicant and a community hospital or other safety net organizations.

SECTION 9B.2.(c) Grant recipients shall not use these funds to do any of the following:

(1) Enhance or increase compensation or other benefits of personnel, administrators, directors, consultants, or any other persons receiving funds for program administration; provided, however, funds may be used to hire or retain health care providers. The use of grant funds for this purpose does not obligate the Department of Health and Human Services to continue to fund compensation beyond the grant period.

(2) Supplant existing funds, including federal funds traditionally received by federally qualified community health centers. However, grant funds may be used to supplement existing programs that serve the purposes described in subsection (a) of this section.

(3) Finance or satisfy any existing debt.

SECTION 9B.2.(d) The Office of Rural Health may use up to two hundred thousand dollars ($200,000) in recurring funds for each fiscal year of the 2019-2021 fiscal biennium for administrative purposes.

SECTION 9B.2.(e) By September 1 of each year, the Office of Rural Health shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services on community health grants that includes at least all of the following information:

(1) The identity and a brief description of each grantee and each program or service offered by the grantee.

(2) The amount of funding awarded to each grantee.

(3) The number of individuals served by each grantee, and for the individuals served, the types of services provided to each.

(4) Any other information requested by the Office of Rural Health as necessary for evaluating the success of the Community Health Grant Program.

SECTION 9B.2.(f) By November 1, 2019, the Office of Rural Health shall report to the Joint Legislative Oversight Committee on Health and Human Services on the implementation status of the following Community Health Grant Program requirements enacted by Section 11A.8 of S.L. 2017-57:

(1) Establishment of a Primary Care Advisory Committee, and that Committee's development of an objective and equitable process for grading applications for grants funded under the Community Health Grant Program.

(2) Development of a standardized method for grant recipients to report objective, measurable quality health outcomes.

ELIMINATION OF OFFICE OF PROGRAM EVALUATION REPORTING AND ACCOUNTABILITY

SECTION 9B.4.(a) The Office of Program Evaluation Reporting and Accountability within the Department of Health and Human Services is eliminated.

SECTION 9B.4.(b) Part 31A of Article 3 of Chapter 143B of the General Statutes is repealed.

ELIMINATION OF UNNECESSARY AND REDUNDANT REPORTS

SECTION 9B.6.(a) Eliminate Report on Expansion of Controlled Substances Reporting System Monitoring Capacity. – G.S. 90-113.73A(b) is repealed.

SECTION 9B.6.(b) Eliminate Report on Coordination of Diabetes Programs. – G.S. 130A-221.1(b) is repealed.

SECTION 9B.6.(c) Eliminate Report on Department's Coordination of Chronic Care Initiatives. – G.S. 130A-222.5(3) is repealed.

SECTION 9B.6.(d) Eliminate Report on Compliance with Federal Maintenance of Effort Requirements Under TANF. – G.S. 108A-27.12(g) is repealed.

SECTION 9B.6.(e) Eliminate Report on Use of Lapsed Salary Funds. – G.S. 120-208.4(b) is repealed.

COMPETITIVE GRANTS/NONPROFIT ORGANIZATIONS

SECTION 9B.8.(a) Of the funds appropriated in this act to the Department of Health and Human Services, Division of Central Management and Support, for each year of the 2019-2021 fiscal biennium, the following amounts shall be used to allocate funds for nonprofit organizations:

(1) The sum of ten million six hundred fifty-three thousand nine hundred eleven dollars ($10,653,911) in recurring funds for each year of the 2019-2021 fiscal biennium.

(2) The sum of four million seven hundred seventy-four thousand five hundred twenty-five dollars ($4,774,525) for each year of the 2019-2021 fiscal biennium appropriated in Section 9K.1 of this act in Social Services Block Grant funds.

(3) The sum of one million six hundred thousand dollars ($1,600,000) for each year of the 2019-2021 fiscal biennium appropriated in Section 9K.1 of this act in Substance Abuse Prevention and Treatment Block Grant funds.

SECTION 9B.8.(b) The Department shall continue administering a competitive grants process for nonprofit funding. The Department shall administer a plan that, at a minimum, includes each of the following:

(1) A request for application (RFA) process to allow nonprofits to apply for and receive State funds on a competitive basis. The Department shall require nonprofits to include in the application a plan to evaluate the effectiveness, including measurable impact or outcomes, of the activities, services, and programs for which the funds are being requested.

(2) A requirement that nonprofits match a minimum of fifteen percent (15%) of the total amount of the grant award.

(3) A requirement that the Secretary prioritize grant awards to those nonprofits that are able to leverage non-State funds in addition to the grant award.

(4) A process that awards grants to nonprofits that have the capacity to provide services on a statewide basis and that support any of the following State health and wellness initiatives:

a. A program targeting advocacy, support, education, or residential services for persons diagnosed with autism.

b. A system of residential supports for those afflicted with substance abuse addiction.

c. A program of advocacy and supports for individuals with intellectual and developmental disabilities or severe and persistent mental illness, substance abusers, or the elderly.

d. Supports and services to children and adults with developmental disabilities or mental health diagnoses.

e. A food distribution system for needy individuals.

f. The provision and coordination of services for the homeless.

g. The provision of services for individuals aging out of foster care.

h. Programs promoting wellness, physical activity, and health education programming for North Carolinians.

i. The provision of services and screening for blindness.

j. A provision for the delivery of after-school services for apprenticeships or mentoring at-risk youth.

k. The provision of direct services for amyotrophic lateral sclerosis (ALS) and those diagnosed with the disease.

l. A comprehensive smoking prevention and cessation program that screens and treats tobacco use in pregnant women and postpartum mothers.

m. A program providing short-term or long-term residential substance abuse services. For purposes of this sub-subdivision, "long-term" means a minimum of 12 months.

n. A program that provides year-round sports training and athletic competition for children and adults with disabilities.

It is the intent of the General Assembly that annually the Secretary evaluate and prioritize the categories of health and wellness initiatives described under this subdivision to determine the best use of these funds in making grant awards, exclusive of direct allocations made by the General Assembly.

(5) A process that ensures that funds received by the Department to implement the plan supplement and do not supplant existing funds for health and wellness programs and initiatives.

(6) A process that allows grants to be awarded to nonprofits for up to two years.

(7) A requirement that initial disbursement of the grants be awarded no later than 30 days after certification of the State budget for the respective fiscal year.

SECTION 9B.8.(c) No later than July 1 of each year, as applicable, the Secretary shall announce the recipients of the competitive grant awards and allocate funds to the grant recipients for the respective grant period pursuant to the amounts designated under subsection (a) of this section. After awards have been granted, by September 1 of each year, the Secretary shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services on the grant awards that includes at least all of the following:

(1) The identity and a brief description of each grantee and each program or initiative offered by the grantee.

(2) The amount of funding awarded to each grantee.

(3) The number of persons served by each grantee, broken down by program or initiative.

SECTION 9B.8.(d) No later than December 1 of each fiscal year, each nonprofit organization receiving funding pursuant to this section in the respective fiscal year shall submit to the Division of Central Management and Support a written report of all activities funded by State appropriations. The report shall include the following information about the fiscal year preceding the year in which the report is due:

(1) The entity's mission, purpose, and governance structure.

(2) A description of the types of programs, services, and activities funded by State appropriations.

(3) Statistical and demographical information on the number of persons served by these programs, services, and activities, including the counties in which services are provided.

(4) Outcome measures that demonstrate the impact and effectiveness of the programs, services, and activities.

(5) A detailed program budget and list of expenditures, including all positions funded, matching expenditures, and funding sources.

SECTION 9B.8.(e) For the 2019-2021 fiscal biennium only, from the funds identified in subsection (a) of this section, the Department shall make the following allocations, provided that each nonprofit organization receiving funds pursuant to this subsection shall be required to seek future funding through the competitive grants process in accordance with subsection (b) of this section:

(1) The sum of three hundred fifty thousand dollars ($350,000) in each year of the 2019-2021 fiscal biennium to provide grants to Big Brothers Big Sisters.

(2) The sum of one million six hundred twenty-five thousand dollars ($1,625,000) for each year of the 2019-2021 fiscal biennium and the sum of one million six hundred thousand dollars ($1,600,000) appropriated in Section 9K.1 of this act in Substance Abuse Prevention and Treatment Block Grant funds in each year of the 2019-2021 fiscal biennium to Triangle Residential Options for Substance Abusers, Inc., (TROSA) for the purpose of assisting individuals with substance abuse addiction.

(3) The sum of two million seven hundred fifty thousand dollars ($2,750,000) in each year of the 2019-2021 fiscal biennium to provide grants to Boys and Girls Clubs across the State to implement (i) programs that improve the motivation, performance, and self-esteem of youth and (ii) other initiatives that would be expected to reduce gang participation, school dropout, and teen pregnancy rates.

(4) The sum of two hundred fifty thousand dollars ($250,000) to Cross Trail Outfitters for purposes of promoting wellness and physical activity for youth 7 to 20 years of age.

TELEHEALTH PILOT PROGRAM

SECTION 9B.10.(a) Of the funds appropriated to the Department of Health and Human Services, Division of Central Management and Support, Office of Rural Health, the sum of five hundred thousand dollars ($500,000) in nonrecurring funds for the 2019-2020 fiscal year shall be allocated to Southeastern Regional Medical Center (Southeastern), a nonprofit corporation, to develop and administer a telehealth pilot program. The purpose of the pilot program is to purchase telehealth infrastructure and equipment that will enable Southeastern to establish telehealth services with health care providers in Robeson County, Bladen County, and Columbus County. The pilot program expires on December 31, 2020, unless otherwise extended by law.

SECTION 9B.10.(b) By November 1, 2020, Southeastern shall submit to the Department of Health and Human Services, Division of Central Management and Support, Office of Rural Health, a written report of all telehealth services provided under the pilot program authorized by this section. The report shall include at least all of the following information:

(1) A description of all telehealth infrastructure and equipment funded by State appropriations.

(2) A description of the types of telehealth services provided under the pilot program, and a list of the health care providers participating in the pilot program.

(3) Statistical and demographical information on the number of persons served under the pilot program.

(4) Objective outcome measures that demonstrate the impact and effectiveness of the telehealth services provided under the pilot program.

(5) A detailed budget and list of expenditures funded by State appropriations.

SECTION 9B.10.(c) By March 1, 2021, the Department of Health and Human Services, Division of Central Management and Support, Office of Rural Health, shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the pilot program authorized by this section. The report shall include, at a minimum, the information described in subdivisions (1) through (5) of subsection (b) of this section.

PROVIDER PARTICIPATION IN NORTH CAROLINA'S HEALTH INFORMATION EXCHANGE NETWORK KNOWN AS NC HEALTHCONNEX

SECTION 9B.11.(a) G.S. 90-414.4 reads as rewritten:

"**§ 90-414.4. Required participation in HIE Network for some providers.**

(a) Findings. – The General Assembly makes the following findings:

(1) That controlling escalating health care costs of the Medicaid program and other State-funded health care services is of significant importance to the State, its taxpayers, its Medicaid recipients, and other recipients of State-funded health care services.

(2) That the State ~~needs~~ and covered entities in North Carolina need timely access to certain demographic and clinical information pertaining to services rendered to Medicaid and other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care funds in order to assess performance, improve health care outcomes, pinpoint medical expense trends, identify beneficiary health risks, and evaluate how the State is spending money on Medicaid and other State-funded health care services.

(3) That making demographic and clinical information available to the State and covered entities in North Carolina by secure electronic means as set forth in subsection (b) of this section ~~will, with respect to Medicaid and other State-funded health care programs,~~ will improve care coordination within and across health systems, increase care quality for such beneficiaries, enable more effective population health management, reduce duplication of medical services, augment syndromic surveillance, allow more accurate measurement of care services and outcomes, increase strategic knowledge about the health of the population, and facilitate health care cost containment.

(a1) Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to the HIE Network and begin submitting data through the HIE Network pertaining to services rendered to Medicaid beneficiaries and to other State-funded health care program beneficiaries

and paid for with Medicaid or other State-funded health care funds in accordance with the following time line:

(1) The following providers of Medicaid services licensed to operate in the State that have an electronic health record system shall begin ~~submitting~~ submitting, at a minimum, demographic and clinical data by June 1, 2018:
  a. Hospitals as defined in G.S. 131E-176(13).
  b. Physicians licensed to practice under Article 1 of Chapter 90 of the General ~~Statutes.~~Statutes, except for licensed physicians whose primary area of practice is psychiatry.
  c. Physician assistants as defined in 21 NCAC 32S.0201.
  d. Nurse practitioners as defined in 21 NCAC 36.0801.

(2) Except as provided in subdivisions (3), (4), and (5) of this subsection, all other providers of Medicaid and State-funded health care services shall begin submitting demographic and clinical data by June 1, ~~2019.~~2020.

(3) The following entities shall submit encounter and claims data, as appropriate, in accordance with the following time line:
  a. Prepaid Health Plans, as defined in S.L. 2015-245, by the commencement date of a capitated contract with the Division of Health Benefits for the delivery of Medicaid and NC Health Choice services as specified in S.L. 2015-245.
  b. Local management entities/managed care organizations, as defined in G.S. 122C-3, by June 1, 2020.

(4) The following entities shall begin submitting demographic and clinical data by June 1, 2021:
  a. Ambulatory surgical centers as defined in G.S. 131E-146.
  b. Dentists licensed under Article 2 of Chapter 90 of the General Statutes.
  c. Licensed physicians whose primary area of practice is psychiatry.

(5) The following entities shall begin submitting claims data by June 1, 2021:
  a. Pharmacies registered with the North Carolina Board of Pharmacy under Article 4A of Chapter 90 of the General Statutes.
  b. State health care facilities operated under the jurisdiction of the Secretary of the Department of Health and Human Services, including State psychiatric hospitals, developmental centers, alcohol and drug treatment centers, neuro-medical treatment centers, and residential programs for children such as the Wright School and the Whitaker Psychiatric Residential Treatment Facility.
  c. The State Laboratory of Public Health operated by the Department of Health and Human Services.

(a2) Extensions of Time for Establishing Connection to the HIE Network. – The Department of Information Technology, in consultation with the Department of Health and Human Services, may establish a process to grant limited extensions of the time for providers and entities to connect to the HIE Network and begin submitting data as required by this section upon the request of a provider or entity that demonstrates an ongoing good-faith effort to take necessary steps to establish such connection and begin data submission as required by this section. The process for granting an extension of time must include a presentation by the provider or entity to the Department of Information Technology and the Department of Health and Human Services on the expected time line for connecting to the HIE Network and commencing data submission as required by this section. Neither the Department of Information Technology nor the Department of Health and Human Services shall grant an extension of time (i) to any provider or entity that fails to provide this information to both Departments, (ii) that would result in the provider or entity connecting to the HIE Network and commencing data submission as required

by this section later than June 1, 2020, or (iii) that would result in any provider or entity specified in subdivisions (4) and (5) of subsection (a1) of this section connecting to the HIE Network and commencing data submission as required by this section later than June 1, ~~2021.~~ 2022. The Department of Information Technology shall consult with the Department of Health and Human Services to review and decide upon a request for an extension of time under this section within 30 days after receiving a request for an extension.

...

(e) Voluntary Connection for Certain Providers. – Notwithstanding the mandatory connection and data submission requirements in subsections (a1) and (b) of this section, the following providers of Medicaid services or other State-funded health care services are not required to connect to the HIE Network or submit data, but may connect to the HIE Network and submit data voluntarily:

(1) Community-based long-term services and supports providers, including personal care services, private duty nursing, and hospice care providers.

(2) Intellectual and developmental disability services and supports providers, such as day supports and supported living providers.

(3) Community Alternatives Program waiver services (including CAP/DA, CAP/C, and Innovations) providers.

(4) Eye and vision services providers.

(5) Speech, language, and hearing services providers.

(6) Occupational and physical therapy providers.

(7) Durable medical equipment providers.

(8) Non-emergency medical transportation service providers.

(9) Ambulance (emergency medical transportation service) providers.

(10) Local education agencies and school-based health providers.

(f) Confidentiality of Data. – All data submitted to or through the HIE Network containing protected health information, personally identifying information, or a combination of these, that are in the possession of the Department of Information Technology or any other agency of the State are confidential and shall not be defined as public records under G.S. 132-1. This subsection shall not be construed to prohibit the disclosure of any such data as otherwise permitted under federal law."

SECTION 9B.11.(b) G.S. 90-414.10(d) reads as rewritten:

"(d) Except as otherwise permitted in ~~G.S. 90-414.9(a)(3),~~ G.S. 90-414.11(a)(3), or as required by law, the protected health information of an individual who has exercised the right to opt out may not be made accessible or disclosed to covered entities or any other person or entity through the HIE Network for any purpose."

SECTION 9B.11.(c) This section is effective when it becomes law.

PART IX-C. CHILD DEVELOPMENT AND EARLY EDUCATION

NC PRE-K PROGRAMS/STANDARDS FOR FOUR- AND FIVE-STAR RATED FACILITIES

SECTION 9C.1.(a) Eligibility. – The Department of Health and Human Services, Division of Child Development and Early Education, shall continue implementing the prekindergarten program (NC Pre-K). The NC Pre-K program shall serve children who are four years of age on or before August 31 of the program year. In determining eligibility, the Division shall establish income eligibility requirements for the program not to exceed seventy-five percent (75%) of the State median income. Up to twenty percent (20%) of children enrolled may have family incomes in excess of seventy-five percent (75%) of median income if those children have other designated risk factors. Furthermore, any age-eligible child who is a child of either of the following shall be eligible for the program: (i) an active duty member of the Armed Forces of the

United States, including the North Carolina National Guard, State military forces, or a reserve component of the Armed Forces who was ordered to active duty by the proper authority within the last 18 months or is expected to be ordered within the next 18 months, or (ii) a member of the Armed Forces of the United States, including the North Carolina National Guard, State military forces, or a reserve component of the Armed Forces who was injured or killed while serving on active duty. Eligibility determinations for NC Pre-K participants may continue through local education agencies and local North Carolina Partnership for Children, Inc., partnerships.

Other than developmental disabilities or other chronic health issues, the Division shall not consider the health of a child as a factor in determining eligibility for participation in the NC Pre-K program.

SECTION 9C.1.(b) Multiyear Contracts. – The Division of Child Development and Early Education shall require the NC Pre-K contractor to issue multiyear contracts for licensed private child care centers providing NC Pre-K classrooms.

SECTION 9C.1.(c) Building Standards. – Notwithstanding G.S. 110-91(4), private child care facilities and public schools operating NC Pre-K classrooms shall meet the building standards for preschool students as provided in G.S. 115C-521.1.

SECTION 9C.1.(d) Programmatic Standards. – Except as provided in subsection (b1) of this section, entities operating NC Pre-K classrooms shall adhere to all of the policies prescribed by the Division of Child Development and Early Education regarding programmatic standards and classroom requirements.

SECTION 9C.1.(e) NC Pre-K Committees. – Local NC Pre-K committees shall use the standard decision-making process developed by the Division of Child Development and Early Education in awarding NC Pre-K classroom slots and student selection.

SECTION 9C.1.(f) Reporting. – The Division of Child Development and Early Education shall submit an annual report no later than March 15 of each year to the Joint Legislative Oversight Committee on Health and Human Services, the Office of State Budget and Management, and the Fiscal Research Division. The report shall include the following:

(1) The number of children participating in the NC Pre-K program by county.

(2) The number of children participating in the NC Pre-K program who have never been served in other early education programs such as child care, public or private preschool, Head Start, Early Head Start, or early intervention programs.

(3) The expected NC Pre-K expenditures for the programs and the source of the local contributions.

(4) The results of an annual evaluation of the NC Pre-K program.

SECTION 9C.1.(g) Audits. – The administration of the NC Pre-K program by local partnerships shall be subject to the financial and compliance audits authorized under G.S. 143B-168.14(b).

RAISE BASE REIMBURSEMENT RATES FOR NC PRE-K CHILD CARE CENTERS

SECTION 9C.2. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Child Development and Early Education, funds shall be allocated to raise the base reimbursement rates for child care centers participating in the North Carolina Prekindergarten (NC Pre-K) program by two percent (2%) over the 2018-2019 fiscal year rates for each year of the 2019-2021 fiscal biennium. It is the intent of the General Assembly that funds allocated pursuant to this section be used to increase the salaries of teachers working in child care centers as a means to address disparities in teacher salaries among teachers working in child care centers versus those working in public schools or Head Start centers.

CHILD CARE SUBSIDY RATES

SECTION 9C.3.(a) The maximum gross annual income for initial eligibility, adjusted annually, for subsidized child care services shall be determined based on a percentage of the federal poverty level as follows:

AGE	INCOME PERCENTAGE LEVEL
0 – 5	200%
6 – 12	133%

The eligibility for any child with special needs, including a child who is 13 years of age or older, shall be two hundred percent (200%) of the federal poverty level.

SECTION 9C.3.(b) Effective October 1, 2019, fees for families who are required to share in the cost of care are established based on nine percent (9%) of gross family income. When care is received at the blended rate, the co-payment shall be eighty-three percent (83%) of the full-time co-payment. Co-payments for part-time care shall be seventy-five percent (75%) of the full-time co-payment.

SECTION 9C.3.(c) Payments for the purchase of child care services for low-income children shall be in accordance with the following requirements:

(1) Religious sponsored child care facilities operating pursuant to G.S. 110-106 and licensed child care centers and homes that meet the minimum licensing standards that are participating in the subsidized child care program shall be paid the one-star county market rate or the rate they charge privately paying parents, whichever is lower, unless prohibited by subsection (f) of this section.

(2) Licensed child care centers and homes with two or more stars shall receive the market rate for that rated license level for that age group or the rate they charge privately paying parents, whichever is lower, unless prohibited by subsection (g) of this section.

(3) No payments shall be made for transportation services charged by child care facilities.

(4) Payments for subsidized child care services for postsecondary education shall be limited to a maximum of 20 months of enrollment.

(5) The Department of Health and Human Services shall implement necessary rule changes to restructure services, including, but not limited to, targeting benefits to employment.

SECTION 9C.3.(d) Provisions of payment rates for child care providers in counties that do not have at least 50 children in each age group for center-based and home-based care are as follows:

(1) Except as applicable in subdivision (2) of this subsection, payment rates shall be set at the statewide or regional market rate for licensed child care centers and homes.

(2) If it can be demonstrated that the application of the statewide or regional market rate to a county with fewer than 50 children in each age group is lower than the county market rate and would inhibit the ability of the county to purchase child care for low-income children, then the county market rate may be applied.

SECTION 9C.3.(e) A market rate shall be calculated for child care centers and homes at each rated license level for each county and for each age group or age category of enrollees and shall be representative of fees charged to parents for each age group of enrollees within the county. The Division of Child Development and Early Education shall also calculate a statewide rate and regional market rate for each rated license level for each age category.

SECTION 9C.3.(f) The Division of Child Development and Early Education shall continue implementing policies that improve the quality of child care for subsidized children, including a policy in which child care subsidies are paid, to the extent possible, for child care in the higher quality centers and homes only. The Division shall define higher quality, and subsidy

funds shall not be paid for one- or two-star rated facilities. For those counties with an inadequate number of four- and five-star rated facilities, the Division shall continue a transition period that allows the facilities to continue to receive subsidy funds while the facilities work on the increased star ratings. The Division may allow exemptions in counties where there is an inadequate number of four- and five-star rated facilities for non-star rated programs, such as religious programs.

SECTION 9C.3.(g) Facilities licensed pursuant to Article 7 of Chapter 110 of the General Statutes and facilities operated pursuant to G.S. 110-106 may participate in the program that provides for the purchase of care in child care facilities for minor children of needy families. Except as authorized by subsection (f) of this section, no separate licensing requirements shall be used to select facilities to participate. In addition, child care facilities shall be required to meet any additional applicable requirements of federal law or regulations. Child care arrangements exempt from State regulation pursuant to Article 7 of Chapter 110 of the General Statutes shall meet the requirements established by other State law and by the Social Services Commission.

County departments of social services or other local contracting agencies shall not use a provider's failure to comply with requirements in addition to those specified in this subsection as a condition for reducing the provider's subsidized child care rate.

SECTION 9C.3.(h) Payment for subsidized child care services provided with Temporary Assistance for Needy Families Block Grant funds shall comply with all regulations and policies issued by the Division of Child Development and Early Education for the subsidized child care program.

SECTION 9C.3.(i) Noncitizen families who reside in this State legally shall be eligible for child care subsidies if all other conditions of eligibility are met. If all other conditions of eligibility are met, noncitizen families who reside in this State illegally shall be eligible for child care subsidies only if at least one of the following conditions is met:

(1) The child for whom a child care subsidy is sought is receiving child protective services or foster care services.

(2) The child for whom a child care subsidy is sought is developmentally delayed or at risk of being developmentally delayed.

(3) The child for whom a child care subsidy is sought is a citizen of the United States.

SECTION 9C.3.(j) The Department of Health and Human Services, Division of Child Development and Early Education, shall require all county departments of social services to include on any forms used to determine eligibility for child care subsidy whether the family waiting for subsidy is receiving assistance through the NC Pre-K Program or Head Start.

SECTION 9C.3.(k) Department of Defense-certified child care facilities licensed pursuant to G.S. 110-106.2 may participate in the State-subsidized child care program that provides for the purchase of care in child care facilities for minor children in needy families, provided that funds allocated from the State-subsidized child care program to Department of Defense-certified child care facilities shall supplement and not supplant funds allocated in accordance with G.S. 143B-168.15(g). Payment rates and fees for military families who choose Department of Defense-certified child care facilities and who are eligible to receive subsidized child care shall be as set forth in this section.

CHILD CARE ALLOCATION FORMULA

SECTION 9C.4.(a) The Department of Health and Human Services, Division of Child Development and Early Education (Division), shall allocate child care subsidy voucher funds to pay the costs of necessary child care for minor children of needy families. The mandatory thirty percent (30%) North Carolina Partnership for Children, Inc., subsidy allocation under G.S. 143B-168.15(g) shall constitute the base amount for each county's child care subsidy allocation. The Department of Health and Human Services shall use the following method when

allocating federal and State child care funds, not including the aggregate mandatory thirty percent (30%) North Carolina Partnership for Children, Inc., subsidy allocation:

(1) Funds shall be allocated to a county based upon the projected cost of serving children under age 11 in families with all parents working who earn less than the applicable federal poverty level percentage set forth in Section 9C.3(a) of this act.

(2) The Division may withhold up to two percent (2%) of available funds from the allocation formula for (i) preventing termination of services throughout the fiscal year and (ii) repayment of any federal funds identified by counties as overpayments, including overpayments due to fraud. The Division shall allocate to counties any funds withheld before the end of the fiscal year when the Division determines the funds are not needed for the purposes described in this subdivision. The Division shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division, which report shall include each of the following:

a. The amount of funds used for preventing termination of services and the repayment of any federal funds.

b. The date the remaining funds were distributed to counties.

c. As a result of funds withheld under this subdivision and after funds have been distributed, any counties that did not receive at least the amount the counties received the previous year and the amount by which funds were decreased.

The Division shall submit a report in each year of the 2019-2021 fiscal biennium 30 days after the funds withheld pursuant to this subdivision are distributed but no later than April 1 of each respective year.

(3) The Division shall set aside four percent (4%) of child care subsidy allocations for vulnerable populations, which include a child identified as having special needs and a child whose application for assistance indicates that the child and the child's family is experiencing homelessness or is in a temporary living situation. A child identified by this subdivision shall be given priority for receiving services until such time as set-aside allocations for vulnerable populations are exhausted.

SECTION 9C.4.(b) The Division may reallocate unused child care subsidy voucher funds in order to meet the child care needs of low-income families. Any reallocation of funds shall be based upon the expenditures of all child care subsidy voucher funding, including North Carolina Partnership for Children, Inc., funds within a county. Counties shall manage service levels within the funds allocated to the counties. A county with a spending coefficient over one hundred percent (100%) shall submit a plan to the Division for managing the county's allocation before receiving any reallocated funds.

SECTION 9C.4.(c) When implementing the formula under subsection (a) of this section, the Division shall include the market rate increase in the formula process rather than calculating the increases outside of the formula process. Additionally, the Department shall do the following:

(1) A county's initial allocation shall be the county's expenditure in the previous fiscal year or a prorated share of the county's previous fiscal year expenditures if sufficient funds are not available. With the exception of market rate increases consistent with any increases approved by the General Assembly, a county whose spending coefficient is less than ninety-two percent (92%) in the previous fiscal year shall receive its prior year's expenditure as its allocation and shall not receive an increase in its allocation in the following year. A county whose spending coefficient is at least ninety-two percent

(92%) in the previous fiscal year shall receive, at a minimum, the amount it expended in the previous fiscal year and may receive additional funding, if available. The Division may waive this requirement and allow an increase if the spending coefficient is below ninety-two percent (92%) due to extraordinary circumstances, such as a State or federal disaster declaration in the affected county. By October 1 of each year, the Division shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division the counties that received a waiver pursuant to this subdivision and the reasons for the waiver.

(2) Effective immediately following the next new decennial census data release, implement (i) one-third of the change in a county's allocation in the year following the data release, (ii) an additional one-third of the change in a county's allocation beginning two years after the initial change under this subdivision, and (iii) the final one-third change in a county's allocation beginning the following two years thereafter.

SMART START INITIATIVES

SECTION 9C.5.(a) Policies. – The North Carolina Partnership for Children, Inc., and its Board shall ensure policies focus on the North Carolina Partnership for Children, Inc.'s mission of improving child care quality in North Carolina for children from birth to five years of age. North Carolina Partnership for Children, Inc.-funded activities shall include assisting child care facilities with (i) improving quality, including helping one-, two-, and three-star-rated facilities increase their star ratings, and (ii) implementing prekindergarten programs. State funding for local partnerships shall also be used for evidence-based or evidence-informed programs for children from birth to 5 years of age that do the following:

(1) Increase children's literacy.
(2) Increase the parents' ability to raise healthy, successful children.
(3) Improve children's health.
(4) Assist four- and five-star-rated facilities in improving and maintaining quality.

SECTION 9C.5.(b) Administration. – Administrative costs shall be equivalent to, on an average statewide basis for all local partnerships, not more than eight percent (8%) of the total statewide allocation to all local partnerships. For purposes of this subsection, administrative costs shall include costs associated with partnership oversight, business and financial management, general accounting, human resources, budgeting, purchasing, contracting, and information systems management. The North Carolina Partnership for Children, Inc., shall continue using a single statewide contract management system that incorporates features of the required standard fiscal accountability plan described in G.S. 143B-168.12(a)(4). All local partnerships are required to participate in the contract management system and, directed by the North Carolina Partnership for Children, Inc., to collaborate, to the fullest extent possible, with other local partnerships to increase efficiency and effectiveness.

SECTION 9C.5.(c) Salaries. – The salary schedule developed and implemented by the North Carolina Partnership for Children, Inc., shall set the maximum amount of State funds that may be used for the salary of the Executive Director of the North Carolina Partnership for Children, Inc., and the directors of the local partnerships. The North Carolina Partnership for Children, Inc., shall base the schedule on the following criteria:

(1) The population of the area serviced by a local partnership.
(2) The amount of State funds administered.
(3) The amount of total funds administered.
(4) The professional experience of the individual to be compensated.
(5) Any other relevant factors pertaining to salary, as determined by the North Carolina Partnership for Children, Inc.

The salary schedule shall be used only to determine the maximum amount of State funds that may be used for compensation. Nothing in this subsection shall be construed to prohibit a local partnership from using non-State funds to supplement an individual's salary in excess of the amount set by the salary schedule established under this subsection.

SECTION 9C.5.(d) Match Requirements. – The North Carolina Partnership for Children, Inc., and all local partnerships shall, in the aggregate, be required to match one hundred percent (100%) of the total amount budgeted for the program in each fiscal year of the 2019-2021 biennium. Of the funds the North Carolina Partnership for Children, Inc., and the local partnerships are required to match, contributions of cash shall be equal to at least thirteen percent (13%) and in-kind donated resources shall be equal to no more than six percent (6%) for a total match requirement of nineteen percent (19%) for each year of the 2019-2021 fiscal biennium. The North Carolina Partnership for Children, Inc., may carry forward any amount in excess of the required match for a fiscal year in order to meet the match requirement of the succeeding fiscal year. Only in-kind contributions that are quantifiable shall be applied to the in-kind match requirement. Volunteer services may be treated as an in-kind contribution for the purpose of the match requirement of this subsection. Volunteer services that qualify as professional services shall be valued at the fair market value of those services. All other volunteer service hours shall be valued at the statewide average wage rate as calculated from data compiled by the Division of Employment Security of the Department of Commerce in the Employment and Wages in North Carolina Annual Report for the most recent period for which data are available. Expenses, including both those paid by cash and in-kind contributions, incurred by other participating non-State entities contracting with the North Carolina Partnership for Children, Inc., or the local partnerships also may be considered resources available to meet the required private match. In order to qualify to meet the required private match, the expenses shall:

(1) Be verifiable from the contractor's records.
(2) If in-kind, other than volunteer services, be quantifiable in accordance with generally accepted accounting principles for nonprofit organizations.
(3) Not include expenses funded by State funds.
(4) Be supplemental to and not supplant preexisting resources for related program activities.
(5) Be incurred as a direct result of the Early Childhood Initiatives Program and be necessary and reasonable for the proper and efficient accomplishment of the Program's objectives.
(6) Be otherwise allowable under federal or State law.
(7) Be required and described in the contractual agreements approved by the North Carolina Partnership for Children, Inc., or the local partnership.
(8) Be reported to the North Carolina Partnership for Children, Inc., or the local partnership by the contractor in the same manner as reimbursable expenses.

Failure to obtain a nineteen-percent (19%) match by June 30 of each year of the 2019-2021 fiscal biennium shall result in a dollar-for-dollar reduction in the appropriation for the Program for a subsequent fiscal year. The North Carolina Partnership for Children, Inc., shall be responsible for compiling information on the private cash and in-kind contributions into a report, to be included in its annual report as required under G.S. 143B-168.12(d), in a format that allows verification by the Department of Revenue. The same match requirements shall apply to any expansion funds appropriated by the General Assembly.

SECTION 9C.5.(e) Bidding. – The North Carolina Partnership for Children, Inc., and all local partnerships shall use competitive bidding practices in contracting for goods and services on contract amounts as follows:

(1) For amounts of five thousand dollars ($5,000) or less, the procedures specified by a written policy as developed by the Board of Directors of the North Carolina Partnership for Children, Inc.

(2) For amounts greater than five thousand dollars ($5,000), but less than fifteen thousand dollars ($15,000), three written quotes.
(3) For amounts of fifteen thousand dollars ($15,000) or more, but less than forty thousand dollars ($40,000), a request for proposal process.
(4) For amounts of forty thousand dollars ($40,000) or more, a request for proposal process and advertising in a major newspaper.

SECTION 9C.5.(f) Allocations. – The North Carolina Partnership for Children, Inc., shall not reduce the allocation for counties with less than 35,000 in population below the 2012-2013 funding level.

SECTION 9C.5.(g) Performance-Based Evaluation. – The Department of Health and Human Services shall continue to implement the performance-based evaluation system.

SECTION 9C.5.(h) Expenditure Restrictions. – Except as provided in subsection (i) of this section, the Department of Health and Human Services and the North Carolina Partnership for Children, Inc., shall ensure that the allocation of funds for Early Childhood Education and Development Initiatives for the 2019-2021 fiscal biennium shall be administered and distributed in the following manner:

(1) Capital expenditures are prohibited for the 2017-2019 fiscal biennium. For the purposes of this section, "capital expenditures" means expenditures for capital improvements as defined in G.S. 143C-1-1(d)(5).
(2) Expenditures of State funds for advertising and promotional activities are prohibited for the 2019-2021 fiscal biennium.

For the 2019-2021 fiscal biennium, local partnerships shall not spend any State funds on marketing campaigns, advertising, or any associated materials. Local partnerships may spend any private funds the local partnerships receive on those activities.

SECTION 9C.5.(i) Notwithstanding subsection (h) of this section, the North Carolina Partnership for Children, Inc., and local partnerships may use up to one percent (1%) of State funds for fund-raising activities. The North Carolina Partnership for Children, Inc., shall include in its annual report required under G.S. 143B-168.12(d) a report on the use of State funds for fund-raising. The report shall include the following:

(1) The amount of funds expended on fund-raising.
(2) Any return on fund-raising investments.
(3) Any other information deemed relevant.

SECTION 9C.5.(j) G.S. 143B-168.12(d) reads as rewritten:

"(d) The North Carolina Partnership for Children, Inc., shall make a report no later than December 1 of each year to the ~~General Assembly~~ Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division of the General Assembly that shall include the following:

(1) A description of the program and significant services and initiatives.
(2) A history of Smart Start funding and the previous fiscal year's expenditures.
(3) The number of children served by type of service.
(4) The type and quantity of services provided.
(5) The results of the previous year's evaluations of the Initiatives or related programs and services.
(6) A description of significant policy and program changes.
(7) Any recommendations for legislative action."

SMART START LITERACY INITIATIVE/DOLLY PARTON'S IMAGINATION LIBRARY

SECTION 9C.6.(a) Funds allocated to the North Carolina Partnership for Children, Inc., from the Department of Health and Human Services, shall be used to increase access to

Dolly Parton's Imagination Library, an early literacy program that mails age-appropriate books on a monthly basis to children registered for the program.

SECTION 9C.6.(b) The North Carolina Partnership for Children, Inc., may use up to one percent (1%) of the funds for statewide program management and up to one percent (1%) of the funds for program evaluation. Funds appropriated under this section shall not be subject to administrative costs requirements under Section 9C.5(b) of this act, nor shall these funds be subject to the child care services funding requirements under G.S. 143B-168.15(b), child care subsidy expansion requirements under G.S. 143B-168.15(g), or the match requirements under Section 9C.5(d) of this act.

PART IX-D. HEALTH BENEFITS

MEDICAID ELIGIBILITY

SECTION 9D.1. Article 2 of Chapter 108A of the General Statutes is amended by adding a new section to read:

"**§ 108A-54.3A. Eligibility categories and income thresholds.**

(a) The Department shall provide Medicaid coverage for individuals in accordance with federal statutes and regulations and specifically shall provide coverage for the following populations:

(1) Families, children under the age of 21, pregnant women, and individuals who are aged, blind, or disabled, who are medically needy, subject to the following annual income levels after meeting the applicable deductible:

Family Size	Income Level
1	$2,904
2	3,804
3	4,404
4	4,800
5	5,196
6	5,604
7	6,000
8	6,300
9	6,504
10	6,900
11	7,200
12	7,596
13	8,004
14	8,400
each additional family member	add $396

(2) Families and children under the age of 21, subject to the following annual income levels:

Family Size	Income Level
1	$5,208
2	6,828
3	8,004
4	8,928
5	9,888
6	10,812
7	11,700
8	12,432
9	13,152
10	14,028

each additional family member add $936

(3) Children under the age of 6 with family incomes equal to or less than two hundred ten percent (210%) of the federal poverty guidelines.

(4) Children aged 6 through 18 with family incomes equal to or less than one hundred thirty-three percent (133%) of the federal poverty guidelines.

(5) Children under the age of 19 who are receiving foster care or adoption assistance under title IV-E of the Social Security Act, without regard to income.

(6) Children in the legal custody of State-sponsored foster care who are under the age of 21 and ineligible for Title IV-E assistance, without regard to income.

(7) Independent foster care adolescents ages 18, 19, and 20, as defined in 42 U.S.C. § 1396d(w)(1), without regard to income.

(8) Former foster care children under the age of 26 in accordance with 42 U.S.C. § 1396a(a)(10)(A)(i)(IX), without regard to income.

(9) Adoptive children with special or rehabilitative needs, regardless of the adoptive family's income.

(10) Pregnant women with incomes equal to or less than one hundred ninety-six percent (196%) of the federal poverty guidelines. Coverage for pregnant women eligible under this subdivision include only services related to pregnancy and to other conditions determined by the Department as conditions that may complicate pregnancy.

(11) Men and women of childbearing age with family incomes equal to or less than one hundred ninety-five percent (195%) of the federal poverty guidelines. Coverage for the individuals described in this subdivision shall be limited to coverage for family planning services.

(12) Women who need treatment for breast or cervical cancer and who are defined in 42 U.S.C. § 1396a(a)(10)(A)(ii)(XVIII).

(13) Aged, blind, or disabled individuals, as defined in Subpart F of Part 435 of Subchapter C of Chapter IV of Title 42 of the Code of Federal Regulations, with incomes equal to or less than one hundred percent (100%) of the federal poverty guidelines.

(14) Beneficiaries receiving supplemental security income under title XVI of the Social Security Act.

(15) Workers with disabilities, as provided in G.S. 108A-66.1.

(16) Qualified working disabled individuals, as provided in G.S. 108A-67.

(17) Qualified Medicare beneficiaries with incomes equal to or less than one hundred percent (100%) of the federal poverty guidelines. Coverage for the individuals described in this subdivision shall be limited to payment of Medicare premiums and deductibles and co-insurance for Medicare-covered services.

(18) Specified low-income Medicare beneficiaries with incomes equal to or less than one hundred twenty percent (120%) of the federal poverty guidelines. Coverage for the individuals described in this subdivision shall be limited to payment of Medicare Part B premiums.

(19) Qualifying individuals who are Medicare beneficiaries and who have incomes equal to or less than one hundred thirty-five percent (135%) of the federal poverty guidelines, may be covered within funds available for the Limited Medicare-Aid Capped Enrollment program. Coverage for the individuals described in this subdivision shall be limited to payment of Medicare Part B premiums.

(20) Recipients of an optional State supplementation program provided in accordance with 42 U.S.C. § 1382e.
(21) Individuals who meet eligibility criteria under a Medicaid waiver approved by the Centers for Medicare and Medicaid Services and authorized by an act of the General Assembly, within funds available for the waiver.
(22) Refugees, in accordance with 8 U.S.C. § 1522.
(23) Qualified aliens subject to the five-year bar for means tested public assistance under 8 U.S.C. § 1613 and undocumented aliens, only for emergency services under 8 U.S.C. § 1611."

MEDICAID ANNUAL REPORT

SECTION 9D.2. The Department of Health and Human Services, Division of Health Benefits (DHB), shall continue the publication of the Medicaid Annual Report and accompanying tables. DHB shall publish the report and tables on its Web site no later than December 31 following each State fiscal year.

ANNUAL ISSUANCE OF MEDICAID IDENTIFICATION CARDS

SECTION 9D.3. The Department of Health and Human Services (Department) shall issue Medicaid identification cards to recipients on an annual basis with updates as needed. The Department shall adopt rules, or amend any current rules relating to Medicaid identification cards, to implement this section. No later than July 1, 2020, the Department shall submit a report to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice confirming the adoption or amendment of rules in accordance with this section.

ADMINISTRATIVE HEARINGS FUNDING

SECTION 9D.4. Of the funds appropriated to the Department of Health and Human Services, Division of Health Benefits, for administrative contracts and interagency transfers, the Department of Health and Human Services (Department) shall transfer the sum of one million dollars ($1,000,000) for the 2019-2020 fiscal year and the sum of one million dollars ($1,000,000) for the 2020-2021 fiscal year to the Office of Administrative Hearings (OAH). These funds shall be allocated by the OAH for mediation services provided for Medicaid applicant and recipient appeals and to contract for other services necessary to conduct the appeals process. The OAH shall continue the Memorandum of Agreement (MOA) with the Department for mediation services provided for Medicaid recipient appeals and contracted services necessary to conduct the appeals process. The MOA will facilitate the Department's ability to draw down federal Medicaid funds to support this administrative function. Upon receipt of invoices from the OAH for covered services rendered in accordance with the MOA, the Department shall transfer the federal share of Medicaid funds drawn down for this purpose.

ACCOUNTING FOR MEDICAID RECEIVABLES AS NONTAX REVENUE

SECTION 9D.5.(a) Receivables reserved at the end of the 2019-2020 and 2020-2021 fiscal years shall, when received, be accounted for as nontax revenue for each of those fiscal years.

SECTION 9D.5.(b) For the 2019-2020 fiscal year, the Department of Health and Human Services shall deposit from its revenues one hundred sixty-five million three hundred thousand dollars ($165,300,000) with the Department of State Treasurer to be accounted for as nontax revenue. For the 2020-2021 fiscal year, the Department of Health and Human Services shall deposit from its revenues one hundred thirty million dollars ($130,000,000) with the Department of State Treasurer to be accounted for as nontax revenue. These deposits shall represent the return of General Fund appropriations, nonfederal revenue, fund balances, or other resources from State-owned and State-operated hospitals that are used to provide indigent and

nonindigent care services. The return from State-owned and State-operated hospitals to the Department of Health and Human Services will be made from nonfederal resources in an amount equal to the amount of the payments from the Division of Health Benefits for uncompensated care. The treatment of any revenue derived from federal programs shall be in accordance with the requirements specified in the Code of Federal Regulations, Title 2, Part 225.

VOLUME PURCHASE PLANS AND SINGLE SOURCE PROCUREMENT

SECTION 9D.6. The Department of Health and Human Services, Division of Health Benefits, may, subject to the approval of a change in the State Medicaid Plan, contract for services, medical equipment, supplies, and appliances by implementation of volume purchase plans, single source procurement, or other contracting processes in order to improve cost containment.

LME/MCO OUT-OF-NETWORK AGREEMENTS

SECTION 9D.7.(a) The Department of Health and Human Services (Department) shall continue to ensure that local management entities/managed care organizations (LME/MCOs) utilize an out-of-network agreement that contains standardized elements developed in consultation with LME/MCOs. The out-of-network agreement shall be a streamlined agreement between a single provider of behavioral health or intellectual/developmental disability (IDD) services and an LME/MCO to ensure access to care in accordance with 42 C.F.R. § 438.206(b)(4), reduce administrative burden on the provider, and comply with all requirements of State and federal laws and regulations. LME/MCOs shall use the out-of-network agreement in lieu of a comprehensive provider contract when all of the following conditions are met:

(1) The services requested are medically necessary and cannot be provided by an in-network provider.

(2) The behavioral health or IDD provider's site of service delivery is located outside of the geographical catchment area of the LME/MCO, and the LME/MCO is not accepting applications or the provider does not wish to apply for membership in the LME/MCO closed network.

(3) The behavioral health or IDD provider is not excluded from participation in the Medicaid program, the NC Health Choice program, or other State or federal health care program.

(4) The behavioral health or IDD provider is serving no more than two enrollees of the LME/MCO, unless the agreement is for inpatient hospitalization, in which case the LME/MCO may, but shall not be required to, enter into more than five such out-of-network agreements with a single hospital or health system in any 12-month period.

SECTION 9D.7.(b) A Medicaid provider providing services pursuant to an out-of-network agreement shall be considered a network provider for purposes of Chapter 108D of the General Statutes only as it relates to enrollee grievances and appeals.

LME/MCO INTERGOVERNMENTAL TRANSFERS

SECTION 9D.8.(a) The local management entities/managed care organizations (LME/MCOs) shall make intergovernmental transfers to the Department of Health and Human Services, Division of Health Benefits (DHB), in an aggregate amount of eighteen million twenty-eight thousand two hundred seventeen dollars ($18,028,217) in the 2019-2020 fiscal year and in an aggregate amount of eighteen million twenty-eight thousand two hundred seventeen dollars ($18,028,217) for the 2020-2021 fiscal year. The due date and frequency of the intergovernmental transfer required by this section shall be determined by DHB. The amount of

the intergovernmental transfer that each individual LME/MCO is required to make in each fiscal year shall be as follows:

	2019-2020	2020-2021
Alliance Behavioral Healthcare	$2,994,453	$2,994,453
Cardinal Innovations Healthcare	$4,032,586	$4,032,586
Eastpointe	$1,701,156	$1,701,156
Partners Behavioral Health Management	$1,914,860	$1,914,860
Sandhills Center	$1,978,939	$1,978,939
Trillium Health Resources	$3,119,822	$3,119,822
Vaya Health	$2,286,401	$2,286,401

SECTION 9D.8.(b) In the event that any county disengages from an LME/MCO and realigns with another LME/MCO during the 2019-2021 fiscal biennium, DHB shall have the authority to reallocate the amount of the intergovernmental transfer that each affected LME/MCO is required to make under subsection (a) of this section, taking into consideration the change in catchment area and covered population, provided that the aggregate amount of the transfers received from all LME/MCOs in each year of the fiscal biennium are achieved.

SECTION 9D.8.(c) If DHB does not make the additional capitation payment associated with the Medicaid risk reserve to an LME/MCO in any given month, then the intergovernmental transfer required to be made by that LME/MCO under subsection (a) shall be reduced on a pro rata basis and the aggregate amount to be collected by DHB in the corresponding fiscal year shall be adjusted accordingly.

CO-PAYMENTS FOR MEDICAID SERVICES

SECTION 9D.9.(a) Beginning November 1, 2019, the co-payments for Medicaid services shall be increased to four dollars ($4.00). This section does not apply to services provided under Section 1905(a)(1) through 1905(a)(5) and under Section 1905(a)(7) of the Social Security Act or to recipients prohibited by federal law from cost-sharing requirements.

SECTION 9D.9.(b) The Department of Health and Human Services, Division of Health Benefits, shall submit any necessary State Plan amendments to the Centers for Medicare and Medicaid Services to implement this section.

EXPAND NORTH CAROLINA INNOVATIONS WAIVER SLOTS

SECTION 9D.10.(a) The Department of Health and Human Services, Division of Health Benefits, shall amend the North Carolina Innovations Waiver to increase the number of slots available under the waiver by 1,000 slots. These additional slots shall be made available on January 1, 2020.

SECTION 9D.10.(b) The Department of Health and Human Services, Division of Health Benefits (DHB), shall convene a workgroup of stakeholders to develop a 10-year plan to address the registry of unmet needs for the North Carolina Innovations Waiver. The workgroup shall consider alternatives to the Innovations Waiver to address the registry of unmet needs, including the implementation of a new waiver program for individuals who qualify for the Innovations Waiver and alternative means of distribution of the waiver slots. This 10-year plan shall include a detailed cost analysis of all recommendations and methods proposed to address the registry of unmet needs. No later than December 1, 2020, DHB shall submit a report on the 10-year plan to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice.

DISABLED ADULT CHILD PASSALONG ELIGIBILITY

SECTION 9D.12. Effective January 1, 2020, the eligibility requirements for the Disabled Adult Child Passalong authorized under Section 1634 of the Social Security Act for the Medicaid program shall consist of only the following four requirements:

(1) The adult is currently entitled to and receives federal Retirement, Survivors, and Disability Insurance (RSDI) benefits as a disabled adult child on a parent's record due to the retirement, death, or disability of a parent.
(2) The adult is blind or has a disability that began before age 22.
(3) The adult would currently be eligible for Supplemental Security Income (SSI) or State-County Special Assistance if the current RSDI benefit is disregarded.
(4) For eligibility that is based on former receipt of State-County Special Assistance and not SSI, the adult must currently reside in an adult care home.

INCREASE IN REIMBURSEMENT FOR PRIMARY CARE PROVIDERS

SECTION 9D.12A. The Department of Health and Human Services, Division of Health Benefits, shall increase the reimbursement for the evaluation and management codes that are (i) paid to primary care physicians, including obstetricians and gynecologists, nurse practitioners, and physician assistants, and (ii) contained in the State Plan Amendment #2018-0012 submitted by the Department of Health and Human Services on March 8, 2019.

ESTABLISH NEW ADULT CARE HOME PAYMENT METHODOLOGY

SECTION 9D.12B.(a) It is the intent of the General Assembly to provide funding to adult care homes in the State in a manner that recognizes the importance of a stable and reliable funding stream to ensure access, choice, and quality of care within the adult care home segment of the care continuum. In furtherance of this intent, and as the North Carolina Medicaid program transitions to a managed care delivery system, the Department of Health and Human Services is directed to establish and convene a workgroup to evaluate reimbursement options for services provided by adult care homes that take into account all funding streams and to develop a new service definition, or definitions, under Medicaid managed care for these services. The workgroup shall consist of adult care home industry representatives and other relevant stakeholders. In development of the new service definition, or definitions, the workgroup shall include all of the following components:

(1) Support for alternative payment models available under the State's 1115 Medicaid waiver for Medicaid transformation, including pay-for-performance initiatives.
(2) Best practices for long-term services and supports.
(3) Efficient payment methodologies.

SECTION 9D.12B.(b) No later than December 1, 2020, the Department of Health and Human Services shall submit a report on the new service definition, or definitions, developed by the workgroup, as required in subsection (a) of this section, to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Medicaid and NC Health Choice, and the Fiscal Research Division.

DURATION OF MEDICAID AND NC HEALTH CHOICE PROGRAM MODIFICATIONS

SECTION 9D.13. Except for eligibility categories and income thresholds and except for statutory changes, the Department of Health and Human Services shall not be required to maintain, after June 30, 2021, any modifications to the Medicaid and NC Health Choice programs required by this Subpart.

USE OF MEDICAID TRANSFORMATION FUND FOR MEDICAID TRANSFORMATION NEEDS

SECTION 9D.15.(a) Claims Run Out. – Funds from the Medicaid Transformation Fund may be transferred to the Department of Health and Human Services, Division of Health Benefits (DHB), as needed for the purpose of paying claims related to services billed under the

fee-for-service payment model for recipients who are being, or have been, transitioned to managed care, otherwise known as "claims run out." Funds may be transferred to DHB as the need to pay claims run out arises and need not be transferred in one lump sum. To the extent that any funds are transferred under this subsection, the funds are appropriated for the purpose set forth in this subsection.

SECTION 9D.15.(b) Non-Claims Run Out Medicaid Transformation Needs. – Subject to the fulfillment of conditions specified in subsection (c) of this section, the sum of forty-nine million sixteen thousand four hundred fifty-two dollars ($49,016,452) in nonrecurring funds for the 2019-2020 fiscal year and the sum of ten million nine hundred eighty-three thousand five hundred forty-eight dollars ($10,983,548) in nonrecurring funds for the 2020-2021 fiscal year from the Medicaid Transformation Fund may be transferred to the Department of Health and Human Services, Division of Health Benefits (DHB), for the sole purpose of providing the State share for qualifying needs directly related to Medicaid transformation, as required by S.L. 2015-241, as amended. Funds may be transferred to DHB as qualifying needs arise during the 2019-2021 fiscal biennium and need not be transferred in one lump sum. Funds transferred during the 2020-2021 fiscal year shall be for one-time, nonrecurring qualifying needs only.

For the purposes of this section, the term "qualifying need" shall be limited to information technology, time-limited staffing, and contracts related to the following Medicaid transformation needs:

(1) Medicaid transformation program design.
(2) Enrollment broker services.
(3) NC FAST upgrades related to Medicaid transformation.
(4) Data management.
(5) Program integrity.
(6) Technical and operational integration.
(7) In the 2019-2020 fiscal year only, administrative expenses related to the transition to managed care.

SECTION 9D.15.(c) Requests for Transfer of Funds for Qualifying Need. – A request by the Department of Health and Human Services, Division of Health Benefits (DHB), for the transfer of funds pursuant to subsection (b) of this section shall be made to the Office of State Budget and Management (OSBM) and shall include the amount requested and the specific qualifying need for which the funds are to be used. None of the funds identified in subsection (b) of this section shall be transferred to DHB until OSBM verifies the following information:

(1) The amount requested is to be used for a qualifying need in the 2019-2021 fiscal biennium.
(2) The amount requested provides a State share that will not result in total requirements that exceed one hundred ninety million dollars ($190,000,000) in noncurring funds for the 2019-2021 fiscal biennium and ninety-six million dollars ($96,000,000) in recurring funds for the 2019-2021 fiscal biennium.
(3) The amount requested for a qualifying need in the 2020-2021 fiscal year is for a nonrecurring qualifying need.

SECTION 9D.15.(d) Federal Fund Receipts. – Any federal funds received in any fiscal year by the Department of Health and Human Services, Division of Health Benefits (DHB), that represent a return of State share already expended on a qualifying need related to the funds received by the DHB under this section shall be deposited into the Medicaid Transformation Fund.

MEDICAID TRANSFORMATION ADMINISTRATIVE REDUCTION FLEXIBILITY AND REPORT

SECTION 9D.15B.(a) In order to achieve the budgeted reduction in administrative costs attributable to the implementation of Medicaid transformation in the amount of thirty

million six hundred fifty-eight thousand eight hundred fifty-five dollars ($30,658,855) in recurring funds for the 2019-2020 fiscal year and in the amount of forty-two million six hundred ninety-one thousand six hundred fifteen dollars ($42,691,615) in recurring funds for the 2020-2021 fiscal year, the Secretary of the Department of Health and Human Services (Secretary) may reduce administrative costs across all Divisions within the Department of Health and Human Services. In achieving these budgeted reduction amounts, the Secretary shall not reduce any funds that (i) impact direct services or (ii) are used to support the 2012 settlement agreement entered into between the United States Department of Justice and the State of North Carolina to ensure that the State will willingly meet the requirements of the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, and the United States Supreme Court decision in Olmstead v. L.C., 527 U.S. 581 (1999). The prohibition on reducing funds that impact direct services shall not be construed to prohibit a reduction in administrative costs associated with contracts for the provision of direct services.

SECTION 9D.15B.(b) By January 15, 2020, and January 15, 2021, the Secretary shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Medicaid and North Carolina Health Choice, the House of Representatives Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division on the actions taken during that fiscal year to achieve the budgeted reduction in administrative costs attributable to the implementation of Medicaid transformation. If the Secretary elects to eliminate positions, the report shall include a list of each position eliminated, along with its position number, title, and the amount of salary and fringe benefits associated with each position.

TRIBAL OPTION/MEDICAID TRANSFORMATION

SECTION 9D.16.(a) The Department of Health and Human Services may contract with an Indian managed care entity (IMCE) or an Indian health care provider (IHCP), as defined under 42 C.F.R. § 438.14(a), to assist in the provision of health care or health care–related services to Medicaid and NC Health Choice beneficiaries who are members of federally recognized tribes or who are eligible to enroll in an IMCE. Contracts may include health care or health care–related services as agreed upon with the IMCE or IHCP, as approved by the Secretary of the Department of Health and Human Services and as allowed by the Centers for Medicare and Medicaid Services (CMS), including, but not limited to, the following services:

(1) Primary care case management as a primary care case managed system or entity, as described in 42 C.F.R. § 438.2.
(2) Utilization management and referrals.
(3) The management or provision of home- and community-based services under a 1915(c) waiver.
(4) The management or provision of specialized services covered by a BH IDD Tailored Plan in accordance with Subdivision 10 of Section 4 of S.L. 2015-245, as amended by S.L. 2018-48.

Coverage provided by the IMCE or IHCP may be more permissive, but no more restrictive, than Medicaid or NC Health Choice medical coverage policy adopted or amended by the Department of Health and Human Services; however, the coverage shall be in compliance with federal regulations and policies related to the receipt of federal funding for these health care or health care–related services.

SECTION 9D.16.(b) Subdivision 5 of Section 4 of S.L. 2015-245, as amended by Subsection 2(b) of S.L. 2016-121, S.L. 2018-48, and Section 5 of 2018-49, reads as rewritten:

"(5) Populations covered by PHPs. – Capitated PHP contracts shall cover all Medicaid and NC Health Choice program aid categories except for the following categories:

...

e. Members of federally recognized tribes. Members of federally recognized tribes shall have the option to enroll voluntarily in PHPs.

e1. Eligible recipients who are enrolled in a DHHS-contracted Indian managed care entity, as defined in 42 C.F.R. § 438.14(a).

...."

SECTION 9D.16.(c) Subdivision 9 of Section 4 of S.L. 2015-245, as amended by S.L. 2018-48, reads as rewritten:

"(9) LME/MCOs. – Beginning on the date that capitated contracts begin, LME/MCOs shall cease managing Medicaid services for all Medicaid recipients other than recipients described in sub-subdivisions a., d., e., e1., f., g., j., k., and *l.* of subdivision (5) of this section. Until BH IDD Tailored Plans become operational, all of the following shall occur:

a. LME/MCOs shall continue to manage the Medicaid services that are currently covered by the LME/MCOs for Medicaid recipients described in sub-subdivisions a., d., e., e1., f., g., j., k., and *l.* of subdivision (5) of this section.

...."

SECTION 9D.16.(d) The Department of Health and Human Services is authorized to seek approval from CMS and submit any necessary State Plan Amendments and waivers, or any amendments thereto, to implement the provisions of this section.

REPEAL OF PAST DIRECTIVE TO ELIMINATE GME TO ALIGN WITH MEDICAID TRANSFORMATION

SECTION 9D.17. Section 12H.12(b) of S.L. 2014-100 and Section 12H.23 of S.L. 2015-241, as amended by Section 88 of S.L. 2015-264, are repealed.

REVISED HOSPITAL ASSESSMENTS, SUPPLEMENTAL PAYMENTS, AND DIRECTED PAYMENTS

SECTION 9D.18.(a) Effective October 1, 2019, Article 7 of Chapter 108A of the General Statutes is repealed.

SECTION 9D.18.(b) Effective October 1, 2019, Chapter 108A of the General Statutes is amended by adding a new Article to read:

"Article 7A.

"Hospital Assessment Act.

"Part 1. General.

"**§ 108A-130. Short title and purpose.**

This Article shall be known as the "Hospital Assessment Act." This Article does not authorize a political subdivision of the State to license a hospital for revenue or impose a tax or assessment on a hospital.

"**§ 108A-131. Definitions.**

The following definitions apply in this Article:

(1) Base assessment. – The assessment payable under G.S. 108A-142.

(2) CMS. – Centers for Medicare and Medicaid Services.

(3) Critical access hospital. – Defined in 42 C.F.R. § 400.202.

(4) Department. – The Department of Health and Human Services.

(5) Prepaid health plan. – As defined in Section 4 of S.L. 2015-245, as amended.

(6) Public hospital. – A hospital that certifies its public expenditures to the Department pursuant to 42 C.F.R. § 433.51(b) during the fiscal year for which the assessment applies.

(7) Secretary. – The Secretary of Health and Human Services.

(8) State's annual Medicaid payment. – An amount equal to one hundred ten million dollars ($110,000,000) for State fiscal year 2019-2020, increased each year over the prior year's payment by the percentage specified as the Medicare Market Basket Index less productivity most recently published in the Federal Register.

(9) Supplemental assessment. – The assessment payable under G.S. 108A-141.

(10) Total hospital costs. – The costs as calculated using the most recent available Hospital Cost Report Information System's cost report data available through CMS or other comparable data, including both inpatient and outpatient components, for all hospitals that are not exempt from the applicable assessment.

"**§ 108A-132. Due dates and collections.**

(a) Beginning October 1, 2019, assessments under this Article are due quarterly in the time and manner prescribed by the Secretary and shall be considered delinquent if not paid within seven calendar days of this due date.

(b) With respect to any hospital owing a past due assessment amount under this Article, the Department may withhold the unpaid amount from Medicaid or NC Health Choice payments otherwise due or impose a late payment penalty. The Secretary may waive a penalty for good cause shown.

(c) In the event the data necessary to calculate an assessment under this Article is not available to the Secretary in time to impose the quarterly assessments for a payment year, the Secretary may defer the due date for the assessment to a subsequent quarter.

"**§ 108A-133. Assessment appeals.**

A hospital may appeal a determination of the assessment amount owed through a reconsideration review. The pendency of an appeal does not relieve a hospital from its obligation to pay an assessment amount when due.

"**§ 108A-134. Allowable costs; patient billing.**

(a) Assessments paid under this Article may be included as allowable costs of a hospital for purposes of any applicable Medicaid reimbursement formula, except that assessments paid under this Article shall be excluded from cost settlement.

(b) Assessments imposed under this Article may not be added as a surtax or assessment on a patient's bill.

"**§ 108A-135. Rule-making authority.**

The Secretary may adopt rules to implement this Article.

"**§ 108A-136. Repeal.**

If CMS determines that an assessment under this Article is impermissible or revokes approval of an assessment under this Article, then that assessment shall not be imposed and the Department's authority to collect the assessment is repealed.

"Part 2. Supplemental and Base Assessments.

"**§ 108A-140. Applicability.**

(a) The assessments imposed under this Part apply to all licensed North Carolina hospitals, except as provided in this section.

(b) The following hospitals are exempt from both the supplemental assessment and the base assessment:

(1) Critical access hospitals.

(2) Freestanding psychiatric hospitals.

(3) Freestanding rehabilitation hospitals.

(4) Long-term care hospitals.

(5) State-owned and State-operated hospitals.

(6) The primary affiliated teaching hospital for each University of North Carolina medical school.

(c) Public hospitals are exempt from the supplemental assessment.

"**§ 108A-141. Supplemental assessment.**

(a) The supplemental assessment shall be a percentage, established by the General Assembly, of total hospital costs.

(b) The Department shall propose the rate of the supplemental assessment to be imposed under this section when the Department prepares its budget request for each upcoming fiscal year. The Governor shall submit the Department's proposed supplemental assessment rate to the General Assembly each fiscal year.

(c) The Department shall base the proposed supplemental assessment rate on all of the following factors:

(1) The percentage change in aggregate payments to hospitals subject to the supplemental assessment for Medicaid and NC Health Choice enrollees, excluding hospital access payments made under 42 C.F.R § 438.6, as demonstrated in data from prepaid health plans and the State, as determined by the Department.

(2) Any changes in the federal medical assistance percentage rate applicable to the Medicaid or NC Health Choice programs for the applicable year.

(d) The rate for the supplemental assessment for each taxable year shall be the percentage rate set by law by the General Assembly.

"**§ 108A-142. Base assessment.**

(a) The base assessment shall be a percentage, established by the General Assembly, of total hospital costs.

(b) The Department shall propose the rate of the base assessment to be imposed under this section when the Department prepares its budget request for each upcoming fiscal year. The Governor shall submit the Department's proposed base assessment rate to the General Assembly each fiscal year.

(c) The Department shall base the proposed base assessment rate on all of the following factors:

(1) The change in the State's annual Medicaid payment for the applicable year.

(2) The percentage change in aggregate payments to hospitals subject to the base assessment for Medicaid and NC Health Choice enrollees, excluding hospital access payments made under 42 C.F.R § 438.6, as demonstrated in data from prepaid health plans and the State, as determined by the Department.

(3) Any changes in the federal medical assistance percentage rate applicable to the Medical or NC Health Choice programs for the applicable year.

(4) Any changes as determined by the Department in (i) reimbursement under the Medicaid State Plan, (ii) managed care payments authorized under 42 C.F.R § 438.6 for which the nonfederal share is not funded by General Fund appropriations, and (iii) reimbursement under the NC Health Choice program.

(d) The rate for the base assessment for each taxable year shall be the percentage rate set by law by the General Assembly.

"**§ 108A-143. Payment from other hospitals.**

If a hospital that is exempt from both the base and supplemental assessments under this Part (i) makes an intergovernmental transfer to the Department to be used to draw down matching federal funds and (ii) has acquired, merged, leased, or managed another hospital on or after March 25, 2011, then the exempt hospital shall transfer to the State an additional amount. The additional amount shall be a percentage of the amount of funds that (i) would be transferred to the State through such an intergovernmental transfer and (ii) are to be used to match additional federal funds that the exempt hospital is able to receive because of the acquired, merged, leased, or managed hospital. That percentage shall be calculated by dividing the amount of the State's

annual Medicaid payment by the total amount collected under the base assessment under G.S. 108A-142.

"**§ 108A-144. Use of funds.**

The proceeds of the assessments imposed under this Part, and all corresponding matching federal funds, must be used to make the State's annual Medicaid payment to the State, to fund payments to hospitals made directly by the Department, to fund a portion of capitation payments to prepaid health plans attributable to hospital care, and to fund the nonfederal share of graduate medical education payments."

SECTION 9D.18.(c) The percentage rate to be used in calculating the supplemental assessment under G.S. 108A-141, as enacted in subsection (b) of this section, is two and thirty-one hundredths percent (2.31%) for the taxable year October 1, 2019, through September 30, 2020.

SECTION 9D.18.(d) The percentage rate to be used in calculating the base assessment under G.S. 108A-142, as enacted in subsection (b) of this section, is one and fifty-one hundredths percent (1.51%) for the taxable year October 1, 2019, through September 30, 2020.

SECTION 9D.18.(e) The Department of Health and Human Services shall revise the supplemental payment program for eligible medical professional providers described in the Medicaid State Plan, Attachment 4.19-B, Section 5, Pages 2 and 3, as required by this section. This payment program shall be called the Average Commercial Rate Supplemental and Directed Payment Program. Effective October 1, 2019, the following two changes to the program shall be implemented:

(1) The program shall no longer utilize a limit on the number of eligible medical professional providers that may be reimbursed through the program, and instead shall utilize a limit on the total payments made under the program.

(2) Payments under the program shall consist of two components: (i) supplemental payments that increase reimbursement to the average commercial rate under the State Plan and (ii) directed payments that increase reimbursement to the average commercial rate under the managed care system.

SECTION 9D.18.(f) The limitation on total payments made under the Average Commercial Rate Supplemental and Directed Payment Program for eligible medical professional providers shall apply to the combined amount of payments made as supplemental payments under the State Plan and payments made as directed payments under the managed care system and shall be based on the amount of supplemental payments made during the 2018-2019 fiscal year as follows:

(1) For services provided during the period October 1, 2019, through June 30, 2020, the total annual supplemental and directed payments made under the Average Commercial Rate Supplemental and Directed Payment Program shall not exceed seventy-five percent (75%) of the gross supplemental payments made to eligible medical providers during the 2018-2019 fiscal year.

(2) For services provided on or after July 1, 2020, the total annual supplemental and directed payments made under the Average Commercial Rate Supplemental and Directed Payment Program shall not exceed one hundred percent (100%) of the gross supplemental payments made to eligible medical providers during the 2018-2019 fiscal year, increased at the start of each State fiscal year by an inflation factor determined by the Department of Health and Human Services, Division of Health Benefits.

SECTION 9D.18.(g) Consistent with the existing supplemental payment program for eligible medical professional providers, the Department of Health and Human Services shall limit the total amount of supplemental and directed payments that may be received by the eligible providers affiliated with East Carolina University Brody School of Medicine and University of

North Carolina at Chapel Hill Health Care System. Average commercial rate supplemental payments and directed payments shall not be made for services provided in Wake County.

SECTION 9D.18.(h) The Department of Health and Human Services is not authorized to make any modifications to the supplemental payment program for eligible medical professional providers, except as authorized in subsections (e) through (g) of this section.

SECTION 9D.18.(i) Effective October 1, 2019, Section 12H.13(b) of S.L. 2014-100 is repealed.

SECTION 9D.18.(j) Notwithstanding any provision of Section 11H.9 of S.L. 2017-57 to the contrary, the State Controller shall transfer funds from the Medicaid Contingency Reserve, established by Section 12H.38 of S.L. 2014-100, to the Department of Health and Human Services, Division of Health Benefits (DHB), only upon request by the DHB as needed to cover any shortfall in receipts from the supplemental or base assessments under G.S. 108A-141 and G.S. 108A-142, enacted by subsection (b) of this section, that are anticipated in this act, and only if the following two conditions are met:

(1) The Office of State Budget and Management (OSBM) has certified that there will be a shortfall in receipts anticipated in this act from the supplemental or base assessments.

(2) OSBM has certified that the amount requested by DHB does not exceed the shortfall in receipts certified by OSBM under subdivision (1) of this subsection.

Upon making the request to the State Controller for the transfer of funds pursuant to this section, DHB shall notify the Fiscal Research Division and the Joint Legislative Oversight Committee on Medicaid and NC Health Choice of the request and the amount of the request. To the extent any funds are transferred under this subsection, the funds are hereby appropriated for the purpose set forth in this subsection. The authority set forth in this subsection expires June 30, 2020.

SECTION 9D.18.(k) The Department of Health and Human Services, Division of Health Benefits (DHB) shall establish a new fund code entitled "Hospital Assessment Fund" in Budget Code 24445. If there is a collection of receipts greater than the amount anticipated in this act for the 2019-2020 fiscal year from the supplemental or base assessments under G.S. 108A-141 and G.S. 108A-142, enacted by subsection (b) of this section, then up to thirty million dollars ($30,000,000) shall be transferred to the Hospital Assessment Fund in Budget Code 24445 only if the following two conditions are met:

(1) The Office of State Budget and Management (OSBM) has certified that there will be over-realized receipts for the 2019-2020 fiscal year from the supplemental or base assessments.

(2) OSBM has certified that the amount to be transferred does not exceed the amount of over-realized receipts certified by OSBM under subdivision (1) of this subsection and does not exceed thirty million dollars ($30,000,000).

Funds in the Hospital Assessment Fund shall be used in the 2020-2021 fiscal year to support a decrease in the supplemental assessment rate, base assessment rate, or both, that corresponds with the amount of over-realized receipts for the 2019-2020 fiscal year.

SECTION 9D.18.(*l*) Except as otherwise provided, this section becomes effective July 1, 2019.

GROSS PREMIUMS TAX/PREPAID HEALTH PLANS

SECTION 9D.19.(a) The title of Article 8B of Chapter 105 of the General Statutes reads as rewritten:

"Article 8B.

"Taxes Upon Insurance ~~Companies.~~Companies and Prepaid Health Plans."

SECTION 9D.19.(b) G.S. 105-228.3 reads as rewritten:

"**§ 105-228.3. Definitions.**

The following definitions apply in this Article:

(1) Article 65 corporation. – A corporation subject to Article 65 of Chapter 58 of the General Statutes, regulating hospital, medical, and dental service corporations.

(2) Capitation payment. – Amounts paid by the Department of Health and Human Services to prepaid health plans under capitated contracts for the delivery of Medicaid and NC Health Choice services in accordance with S.L. 2015-245, as amended.

~~(1a)~~(3) Captive insurance company. – Defined in G.S. 58-10-340.

~~(1b)~~(4) Foreign captive insurance company. – A captive insurance company as defined in G.S. 58-10-340(9), except that such company is not formed or licensed under the laws of this State but is formed and licensed under the laws of any jurisdiction within the United States other than this State.

~~(2)~~(5) Insurer. – An insurer as defined in G.S. 58-1-5 or a group of employers who have pooled their liabilities pursuant to G.S. 97-93 of the Workers' Compensation Act.

(6) Prepaid health plan. – As defined in Section 4 of S.L. 2015-245, as amended.

~~(3)~~(7) Self-insurer. – An employer that carries its own risk pursuant to G.S. 97-93 of the Workers' Compensation Act."

SECTION 9D.19.(c) G.S. 105-228.5 reads as rewritten:

"**§ 105-228.5. Taxes measured by gross premiums.**

(a) Tax Levied. – A tax is levied in this section on insurers, Article 65 corporations, health maintenance organizations, prepaid health plans, and self-insurers. An insurer, health maintenance organization, prepaid health plan, or Article 65 corporation that is subject to the tax levied by this section is not subject to franchise or income taxes imposed by Articles 3 and 4, respectively, of this Chapter.

(b) Tax Base. –

(1) Insurers. – The tax imposed by this section on an insurer or a health maintenance organization shall be measured by gross premiums from business done in this State during the preceding calendar year.

(2) Repealed by Session Laws 2006-196, effective for taxable years beginning on or after January 1, 2008.

(3) Article 65 Corporations. – The tax imposed by this section on an Article 65 corporation shall be measured by gross collections from membership dues, exclusive of receipts from cost plus plans, received by the corporation during the preceding calendar year.

(4) Self-insurers. – The tax imposed by this section on a self-insurer shall be measured by the gross premiums that would be charged against the same or most similar industry or business, taken from the manual insurance rate then in force in this State, applied to the self-insurer's payroll for the previous calendar year as determined under Article 36 of Chapter 58 of the General Statutes modified by the self-insurer's approved experience modifier.

(5) Prepaid Health Plans. – The tax imposed by this section on a prepaid health plan shall be measured by gross capitation payments received by the prepaid health plan from the Department of Health and Human Services for services provided to enrollees in the State Medicaid program or NC Health Choice program in the preceding calendar year.

(b1) Calculation of Tax Base. – In determining the amount of gross premiums from business in this State, all gross premiums received in this State, credited to policies written or procured in this State, or derived from business written in this State shall be deemed to be for

contracts covering persons, property, or risks resident or located in this State unless one of the following applies:

(1) The premiums are properly reported and properly allocated as being received from business done in some other nation, territory, state, or states.

(2) The premiums are from policies written in federal areas for persons in military service who pay premiums by assignment of service pay.

Gross premiums from business done in this State in the case of life insurance contracts, including supplemental contracts providing for disability benefits, accidental death benefits, or other special benefits that are not annuities, means all premiums collected in the calendar year, other than for contracts of reinsurance, for policies the premiums on which are paid by or credited to persons, firms, or corporations resident in this State, or in the case of group policies, for contracts of insurance covering persons resident within this State. The only deductions allowed shall be for premiums refunded on policies rescinded for fraud or other breach of contract and premiums that were paid in advance on life insurance contracts and subsequently refunded to the insured, premium payer, beneficiary or estate. Gross premiums shall be deemed to have been collected for the amounts as provided in the policy contracts for the time in force during the year, whether satisfied by cash payment, notes, loans, automatic premium loans, applied dividend, or by any other means except waiver of premiums by companies under a contract for waiver of premium in case of disability.

Gross premiums from business done in this State in the case of prepaid health plans means all capitation payments received by a prepaid health plan from the Department of Health and Human Services for services provided to enrollees in the State Medicaid program or NC Health Choice program in the calendar year. Capitation payments refunded by a prepaid health plan to the State are the only allowable deductions.

Gross premiums from business done in this State for all other health care plans and contracts of insurance, including contracts of insurance required to be carried by the Workers' Compensation Act, means all premiums written during the calendar year, or the equivalent thereof in the case of self-insurers under the Workers' Compensation Act, for contracts covering property or risks in this State, other than for contracts of reinsurance, whether the premiums are designated as premiums, deposits, premium deposits, policy fees, membership fees, or assessments. Gross premiums shall be deemed to have been written for the amounts as provided in the policy contracts, new and renewal, becoming effective during the year irrespective of the time or method of making payment or settlement for the premiums, and with no deduction for dividends whether returned in cash or allowed in payment or reduction of premiums or for additional insurance, and without any other deduction except for return of premiums, deposits, fees, or assessments for adjustment of policy rates or for cancellation or surrender of policies.

(c) Exclusions. – Every insurer, in computing the premium tax, shall exclude all of the following from the gross amount of premiums, and the gross amount of excluded premiums is exempt from the tax imposed by this section:

(1) All premiums received on or after July 1, 1973, from policies or contracts issued in connection with the funding of a pension, annuity, or profit-sharing plan qualified or exempt under section 401, 403, 404, 408, 457 or 501 of the Code as defined in G.S. 105-228.90.

(2) Premiums or considerations received from annuities, as defined in G.S. 58-7-15.

(3) Funds or considerations received in connection with funding agreements, as defined in G.S. 58-7-16.

(4) The following premiums, to the extent federal law prohibits their taxation under this Article:

a. Federal Employees Health Benefits Plan premiums.

b. ~~Medicaid or~~ Medicare premiums.

c. Medicaid or NC Health Choice premiums, other than capitation payments, paid by or on behalf of a Medicaid or NC Health Choice beneficiary.

(d) Tax Rates; Disposition. –

(1) Workers' Compensation. – The tax rate to be applied to gross premiums, or the equivalent thereof in the case of self-insurers, on contracts applicable to liabilities under the Workers' Compensation Act is two and five-tenths percent (2.5%). The net proceeds shall be credited to the General Fund.

(2) Other Insurance Contracts. – The tax rate to be applied to gross premiums on all other taxable contracts issued by insurers or health maintenance organizations and to be applied to gross premiums and gross collections from membership dues, exclusive of receipts from cost plus plans, received by Article 65 corporations is one and nine-tenths percent (1.9%). The net proceeds shall be credited to the General Fund.

(2a) Prepaid Health Plans. – The tax rate to be applied to gross premiums from capitation payments received by prepaid health plans is one and nine-tenths percent (1.9%). The net proceeds shall be credited to the General Fund.

(3) Additional Rate on Property Coverage Contracts. – An additional tax at the rate of seventy-four hundredths percent (0.74%) applies to gross premiums on insurance contracts for property coverage. The tax is imposed on ten percent (10%) of the gross premiums from insurance contracts for automobile physical damage coverage and on one hundred percent (100%) of the gross premiums from all other contracts for property coverage. Twenty percent (20%) of the net proceeds of this additional tax must be credited to the Volunteer Fire Department Fund established in Article 87 of Chapter 58 of the General Statutes. Twenty percent (20%) of the net proceeds must be credited to the Department of Insurance for disbursement pursuant to G.S. 58-84-25. Up to twenty percent (20%), as determined in accordance with G.S. 58-87-10(f), must be credited to the Workers' Compensation Fund. The remaining net proceeds must be credited to the General Fund. The additional tax imposed on property coverage contracts under this subdivision is a special purpose assessment based on gross premiums and not a gross premiums tax. The following definitions apply in this subdivision:

a. Automobile physical damage. – The following lines of business identified by the NAIC: private passenger automobile physical damage and commercial automobile physical damage.

b. Property coverage. – The following lines of business identified by the NAIC: fire, farm owners multiple peril, homeowners multiple peril, nonliability portion of commercial multiple peril, ocean marine, inland marine, earthquake, private passenger automobile physical damage, commercial automobile physical damage, aircraft, and boiler and machinery. The term also includes insurance contracts for wind damage.

c. NAIC. – National Association of Insurance Commissioners.

(4) Repealed by Session Laws 2006-196, effective for taxable years beginning on or after January 1, 2008.

(5) Repealed by Session Laws 2003-284, s. 43.1, effective for taxable years beginning on or after January 1, 2004.

(6) Repealed by Session Laws 2005-276, s. 38.4(a), effective for taxable years beginning on or after January 1, 2007.

(e) Report and Payment. – Each taxpayer doing business in this State shall, within the first 15 days of March, file with the Secretary of Revenue a full and accurate report of the total gross premiums as defined in this section, the payroll and other information required by the Secretary in the case of a self-insurer, or the total gross collections from membership dues exclusive of receipts from cost plus plans collected in this State during the preceding calendar year. The taxes imposed by this section shall be remitted to the Secretary with the report.

(f) Installment Payments Required. – Taxpayers that are subject to the tax imposed by this section and have a premium tax liability of ten thousand dollars ($10,000) or more for business done in North Carolina during the immediately preceding year shall remit three equal quarterly installments with each installment equal to at least thirty-three and one-third percent (33 1/3%) of the premium tax liability incurred in the immediately preceding taxable year. The quarterly installment payments shall be made on or before April 15, June 15, and October 15 of each taxable year. The ~~company~~ taxpayer shall remit the balance by the following March 15 in the same manner provided in this section for annual returns.

The Secretary may permit an insurance company or prepaid health plan to pay less than the required estimated payment when the insurer or prepaid health plan reasonably believes that the total estimated payments made for the current year will exceed the total anticipated tax liability for the year.

An underpayment or an overpayment of an installment payment required by this subsection accrues interest in accordance with G.S. 105-241.21. An overpayment of tax shall be credited to the ~~company~~ taxpayer and applied against the taxes imposed upon the ~~company~~ taxpayer under this Article.

(g) Exemptions. – This section does not apply to farmers' mutual assessment fire insurance companies or to fraternal orders or societies that do not operate for a profit and do not issue policies on any person except members. This section does not apply to a captive insurance company taxed under G.S. 105-228.4A."

SECTION 9D.19.(d) G.S. 58-6-25 reads as rewritten:

"**§ 58-6-25. Insurance regulatory charge.**

...

(e) Definitions. – The following definitions apply in this section:

...

(2) Insurance company. – A company or prepaid health plan that pays the gross premiums tax levied in G.S. 105-228.5 and G.S. 105-228.8.

...."

SECTION 9D.19.(e) G.S. 105-259 reads as rewritten:

"**§ 105-259. Secrecy required of officials; penalty for violation.**

...

(b) Disclosure Prohibited. – An officer, an employee, or an agent of the State who has access to tax information in the course of service to or employment by the State may not disclose the information to any other person except as provided in this subsection. Standards used or to be used for the selection of returns for examination and data used or to be used for determining the standards may not be disclosed for any purpose. All other tax information may be disclosed only if the disclosure is made for one of the following purposes:

...

(49) To exchange information concerning a tax imposed by Article 8B of this Chapter with the North Carolina Department of Insurance or the North Carolina Department of Health and Human Services when the information is needed to fulfill a duty imposed on the ~~Department.~~Department of Revenue.

...."

SECTION 9D.19.(f) This section is effective October 1, 2019, and applies to capitation payments received by prepaid health plans on or after that date.

REIMBURSEMENT CHANGES FOR THE PRIMARY AFFILIATED TEACHING HOSPITAL FOR THE EAST CAROLINA UNIVERSITY BRODY SCHOOL OF MEDICINE

SECTION 9D.20.(a) Effective July 1, 2019, the Department of Health and Human Services shall amend the Medicaid State Plan to no longer reimburse the primary affiliated teaching hospital for the East Carolina University Brody School of Medicine for all allowable costs for inpatient and outpatient services. The primary affiliated teaching hospital for the East Carolina University Brody School of Medicine shall be reimbursed in the same manner as other private hospitals under the Medicaid State Plan.

SECTION 9D.20.(b) Effective July 1, 2019, notwithstanding G.S. 108A-122(c), the primary affiliated teaching hospital for the East Carolina University Brody School of Medicine shall be subject to the equity assessment under Article 7 of Chapter 108A of the General Statutes.

SECTION 9D.20.(c) Notwithstanding G.S. 108A-140, as enacted by Section 9D.18(b) of this act, the primary affiliated teaching hospital for the East Carolina University Brody School of Medicine shall be subject to the supplemental assessment under Article 7A of Chapter 108A of the General Statutes, as enacted by Section 9D.18(b) of this act.

PART IX-E. HEALTH SERVICE REGULATION

FUNDS TO CONTINUE THE MCDOWELL COUNTY EMERGENCY MEDICAL SERVICES COMMUNITY PARAMEDICINE PILOT PROGRAM SITE

SECTION 9E.1.(a) Of the funds appropriated to the Department of Health and Human Services, Division of Health Service Regulation, the sum of seventy thousand dollars ($70,000) in nonrecurring funds for the 2019-2020 fiscal year and the sum of seventy thousand dollars ($70,000) in nonrecurring funds for the 2020-2021 fiscal year shall be used to continue, at the McDowell County Emergency Medical Services site, the community paramedicine pilot program authorized in Section 12A.12 of S.L. 2015-241, as amended by Section 12A.3 of S.L. 2016-94. The focus of this community paramedicine pilot program shall continue to be expansion of the role of paramedics to allow for community-based initiatives that result in providing care that avoids nonemergency use of emergency rooms and 911 services and avoidance of unnecessary admissions into health care facilities.

SECTION 9E.1.(b) The participation requirements, objectives, standards, and required outcomes for the pilot program shall remain the same as established pursuant to Section 12A.12 of S.L. 2015-241, as amended by Section 12A.3 of S.L. 2016-94.

SECTION 9E.1.(c) By December 1, 2021, the Department of Health and Human Services shall submit an updated report on the community paramedicine pilot program to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. At a minimum, the report shall include all of the following:

(1) Any updated version of the evaluation plan required by subsection (d) of Section 12A.12 of S.L. 2015-241.

(2) An updated estimate of the cost to expand the program incrementally and statewide.

(3) An updated estimate of any potential savings of State funds associated with expansion of the program.

(4) If expansion of the program is recommended, an updated time line for expanding the program.

(5) Recommendations to make all piloted program sites fully receipt supported.

MORATORIUM ON SPECIAL CARE UNIT LICENSES

SECTION 9E.2.(a) For the period beginning July 1, 2019, and ending June 30, 2021, the Department of Health and Human Services, Division of Health Service Regulation, shall not issue any licenses for special care units as defined in G.S. 131D-4.6 and G.S. 131E-114. This prohibition shall not restrict the Department of Health and Human Services from doing any of the following:

(1) Issuing a license to a facility that is acquiring an existing special care unit.

(2) Issuing a license for a special care unit in any area of the State upon a determination by the Secretary of the Department of Health and Human Services that increased access to this type of care is necessary in that area during the moratorium imposed by this section.

(3) Processing all completed applications for special care unit licenses received by the Division of Health Service Regulation along with the applicable license fee prior to June 1, 2013.

(4) Issuing a license to a facility that was in possession of a certificate of need as of July 31, 2013, that included authorization to operate special care unit beds.

SECTION 9E.2.(b) The Department of Health and Human Services shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by March 1, 2021, containing at least the following information:

(1) The number of licensed special care units in the State.

(2) The capacity of the currently licensed special care units to serve people in need of their services.

(3) The anticipated growth in the number of people who will need the services of a licensed special care unit.

(4) The number of applications received from special care units seeking licensure as permitted by this section and the number of those applications that were not approved.

MORATORIUM ON HOME CARE AGENCY LICENSES FOR IN-HOME AIDE SERVICES

SECTION 9E.3.(a) For the period beginning July 1, 2019, and ending June 30, 2021, and notwithstanding the provisions of the Home Care Agency Licensure Act set forth in Part 3 of Article 6 of Chapter 131E of the General Statutes or any rules adopted pursuant to that Part, the Department of Health and Human Services shall not issue any licenses for home care agencies as defined in G.S. 131E-136(2) that intend to offer in-home aide services. This prohibition does not apply to companion, sitter, or respite services and shall not restrict the Department from doing any of the following:

(1) Issuing a license to a certified home health agency as defined in G.S. 131E-176(12) that intends to offer in-home aide services.

(2) Issuing a license to an agency that needs a new license for an existing home care agency being acquired.

(3) Issuing a license for a new home care agency in any area of the State upon a determination by the Secretary of the Department of Health and Human Services that increased access to care is necessary in that area.

SECTION 9E.3.(b) The Department of Health and Human Services shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by March 1, 2021, containing at least the following information:

(1) The number of licensed home care agencies in the State that offer in-home aide services.

(2) The capacity of the currently licensed home care agencies to provide in-home aide services to people in need of their services.

(3) The anticipated growth in the number of people who will need in-home aide services provided by a licensed home care agency.

(4) The number of applications received from home care agencies that intend to offer in-home aide services, seeking licensure as permitted by this section, and the number of those applications that were not approved.

AMEND CERTIFICATE OF NEED LAWS

SECTION 9E.4.(a) G.S. 131E-176 reads as rewritten:

"**§ 131E-176. Definitions.**

As used in this Article, unless the context clearly requires otherwise, the following terms have the meanings specified:

...

(2) "Bed capacity" means space used exclusively for inpatient ~~care,~~ care at a health service facility, including space designed or remodeled for licensed inpatient beds even though temporarily not used for such purposes. The number of beds to be counted in any patient room shall be the maximum number for which adequate square footage is provided as established by rules of the Department except that single beds in single rooms are counted even if the room contains inadequate square footage. ~~The term "bed capacity" also refers to the number of dialysis stations in kidney disease treatment centers, including freestanding dialysis units.~~

...

(5) "Change in bed capacity" means (i) any relocation of health service facility ~~beds, or dialysis stations~~ beds from one licensed facility or campus to another, or (ii) any redistribution of health service facility bed capacity among the categories of health service facility bed as defined in G.S. 131E-176(9c), or (iii) any increase in the number of health service facility ~~beds, or dialysis stations in kidney disease treatment centers, including freestanding dialysis units.~~beds.

...

(9a) "Health service" means an organized, interrelated medical, diagnostic, therapeutic, ~~and/or~~ or rehabilitative ~~activity~~ activity, or any combination of these, that is integral to the prevention of disease or the clinical management of a sick, injured, or disabled person. "Health service" does not include administrative and other activities that are not integral to clinical ~~management.~~management, or any activities performed at a facility that does not meet the definition of a health service facility.

(9b) "Health service facility" means a hospital; long-term care hospital; ~~psychiatric facility;~~ rehabilitation facility; nursing home facility; adult care home; ~~kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for the mentally retarded;~~ home health agency office; ~~chemical dependency treatment facility; diagnostic center;~~ hospice office, hospice inpatient facility, and hospice residential care ~~facility; and ambulatory surgical~~ facility. The term "health service facility" does not include a licensable facility, as defined in G.S. 122C-3(14)b.

(9c) "Health service facility bed" means a bed licensed for use in a health service facility in the categories of (i) acute care beds; (ii) ~~psychiatric beds; (iii)~~ rehabilitation beds; ~~(iv)~~ (iii) nursing home beds; ~~(v) intermediate care beds for the mentally retarded; (vi) chemical dependency treatment beds; (vii)~~ (iv) hospice inpatient facility beds; ~~(viii)~~ (v) hospice residential care facility beds; ~~(ix)~~ (vi) adult care home beds; and ~~(x)~~ or (vii) long-term care hospital beds.

...

(14a) ~~"Intermediate care facility for the mentally retarded"~~ "Intermediate care facility for individuals with intellectual disabilities" means facilities licensed pursuant to Article 2 of Chapter 122C of the General Statutes for the purpose of providing health and habilitative services based on the developmental model and principles of normalization for persons with ~~mental retardation,~~ intellectual disabilities, autism, cerebral palsy, epilepsy or related conditions.

...

(16) "New institutional health services" means any of the following:

...

d. The offering of ~~dialysis services or~~ home health services by or on behalf of a health service facility if those services were not offered within the previous 12 months by or on behalf of the facility.

...

~~r.~~ ~~The conversion of a specialty ambulatory surgical program to a multispecialty ambulatory surgical program or the addition of a specialty to a specialty ambulatory surgical program.~~

...

~~u.~~ ~~The construction, development, establishment, increase in the number, or relocation of an operating room or gastrointestinal endoscopy room in a licensed health service facility, other than the relocation of an operating room or gastrointestinal endoscopy room within the same building or on the same grounds or to grounds not separated by more than a public right-of-way adjacent to the grounds where the operating room or gastrointestinal endoscopy room is currently located.~~

~~v.~~ ~~The change in designation, in a licensed health service facility, of an operating room to a gastrointestinal endoscopy room or change in designation of a gastrointestinal endoscopy room to an operating room that results in a different number of each type of room than is reflected on the health service facility's license in effect as of January 1, 2005.~~

...."

SECTION 9E.4.(b) G.S. 131E-177 reads as rewritten:

"**§ 131E-177. Department of Health and Human Services is designated State Health Planning and Development Agency; powers and duties.**

The Department of Health and Human Services is designated as the State Health Planning and Development Agency for the State of North Carolina, and is empowered to exercise the following powers and duties:

(1) To establish standards and criteria or plans required to carry out the provisions and purposes of this Article and to adopt rules pursuant to Chapter 150B of the General Statutes, to carry out the purposes and provisions of this ~~Article;~~Article.

(2) Adopt, amend, and repeal such rules and regulations, consistent with the laws of this State, as may be required by the federal government for grants-in-aid for health service facilities and health planning which may be made available by the federal government. This section shall be liberally construed in order that the State and its citizens may benefit from such ~~grants-in-aid;~~grants-in-aid.

(3) Define, by rule, procedures for submission of periodic reports by persons or health service facilities subject to agency review under this ~~Article;~~Article.

(4) ~~Develop~~ With respect to health service facilities planning, all of the following:

a. Develop policy, criteria, and standards for health service facilities ~~planning; shall conduct~~ planning.

b. Conduct statewide registration and inventories of and make determinations of need for health service facilities, health services as specified in G.S. 131E-176(16)f., and equipment as specified in G.S. 131E-176(16)f1., which shall include consideration of adequate geographic location of equipment and ~~services; and develop~~ services.

c. Develop a State Medical Facilities ~~Plan;~~Plan, provided, however, that the State Medical Facilities Plan shall not include policies or need determinations that limit the number of operating rooms or gastrointestinal endoscopy rooms.

(5) Implement, by rule, criteria for project ~~review;~~review.

(6) Have the power to grant, deny, or withdraw a certificate of need and to impose such sanctions as are provided for by this ~~Article;~~Article.

(7) Solicit, accept, hold and administer on behalf of the State any grants or devises of money, securities or property to the Department for use by the Department in the administration of this ~~Article; and~~Article.

(8) Repealed by Session Laws 1987, c. 511, s. 1.

(9) Collect fees for submitting applications for certificates of need.

(10) The authority to review all records in any recording medium of any person or health service facility subject to agency review under this Article which pertain to construction and acquisition activities, staffing or costs and charges for patient care, including but not limited to, construction contracts, architectural contracts, consultant contracts, purchase orders, cancelled checks, accounting and financial records, debt instruments, loan and security agreements, staffing records, utilization statistics and any other records the Department deems to be reasonably necessary to determine compliance with this Article.

The Secretary of Health and Human Services shall have final decision-making authority with regard to all functions described in this section."

SECTION 9E.4.(c) G.S. 131E-178(a) reads as rewritten:

"(a) No person shall offer or develop a new institutional health service without first obtaining a certificate of need from the ~~Department; provided, however, no person who provides gastrointestinal endoscopy procedures in one or more gastrointestinal endoscopy rooms located in a nonlicensed setting, shall be required to obtain a certificate of need to license that setting as an ambulatory surgical facility with the existing number of gastrointestinal endoscopy rooms, provided that:~~

~~(1) The license application is postmarked for delivery to the Division of Health Service Regulation by December 31, 2006;~~

~~(2) The applicant verifies, by affidavit submitted to the Division of Health Service Regulation within 60 days of the effective date of this act, that the facility is in operation as of the effective date of this act or that the completed application for the building permit for the facility was submitted by the effective date of this act;~~

~~(3) The facility has been accredited by The Accreditation Association for Ambulatory Health Care, The Joint Commission on Accreditation of Healthcare Organizations, or The American Association for Accreditation of Ambulatory Surgical Facilities by the time the license application is postmarked for delivery to the Division of Health Service Regulation of the Department; and~~

~~(4) The license application includes a commitment and plan for serving indigent and medically underserved populations.~~

~~All other persons proposing to obtain a license to establish an ambulatory surgical facility for the provision of gastrointestinal endoscopy procedures shall be required to obtain a certificate of need. The annual State Medical Facilities Plan shall not include policies or need determinations that limit the number of gastrointestinal endoscopy rooms that may be approved.~~Department."

SECTION 9E.4.(d) G.S. 131E-181 reads as rewritten:

"**§ 131E-181. Nature of certificate of need.**

...

(d) A recipient of a certificate of need shall complete the project authorized by the certificate of need within two years after the decision to issue the certificate of need becomes final. If the recipient does not complete the project authorized by the certificate of need within this two-year time period, the certificate of need for the authorized project expires the day after the two-year time period ends. A project authorized by a certificate of need is complete when the health service or the health service facility for which the certificate of need was issued is licensed and certified and is in material compliance with the representations made in the certificate of need application.

(e) The Department shall withdraw a certificate of need issued to any recipient that ceases operating the health service or health service facility included in that certificate of need for more than one year."

SECTION 9E.4.(e) G.S. 131E-183(a)(1) reads as rewritten:

"(1) The proposed project shall be consistent with applicable policies and need determinations in the State Medical Facilities Plan, the need determination of which constitutes a determinative limitation on the provision of any health service, health service facility, health service facility beds, ~~dialysis stations, operating rooms,~~ or home health offices that may be approved."

SECTION 9E.4.(f) G.S. 131E-184(c) reads as rewritten:

"(c) The Department shall exempt from certificate of need review any conversion of existing acute care beds to psychiatric ~~beds provided:~~beds.

~~(1) The hospital proposing the conversion has executed a contract with the Department's Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and/or one or more of the Area Mental Health, Developmental Disabilities, and Substance Abuse Authorities to provide psychiatric beds to patients referred by the contracting agency or agencies; and~~

~~(2) The total number of beds to be converted shall not be more than twice the number of beds for which the contract pursuant to subdivision (1) of this subsection shall provide.~~"

SECTION 9E.4.(g) G.S. 131E-184(e)(1) reads as rewritten:

"(1) The proposed capital expenditure would:

a. Be used solely for the purpose of renovating, replacing on the same site, or expanding an existing:

1. Nursing home facility, or
2. Adult care home ~~facility, or~~facility; and
3. ~~Intermediate care facility for the mentally retarded; and~~

b. Not result in a change in bed capacity, as defined in G.S. 131E-176(5), or the addition of a health service facility or any other new institutional health service other than that allowed in G.S. 131E-176(16)b."

SECTION 9E.4.(h) G.S. 131E-184 is amended by adding new subsections to read:

"(i) The Department shall exempt from certificate of need review the development, acquisition, construction, expansion, or replacement of a health service facility or health service

that obtained certificate of need approval prior to October 1, 2019, as an ambulatory surgical facility, including an ambulatory surgical facility with one or more operating rooms or gastrointestinal endoscopy procedure rooms; a diagnostic center; kidney disease treatment center, including freestanding dialysis units; chemical dependency treatment facility; intermediate care facility for individuals with intellectual disabilities; psychiatric hospital; or any other licensable facility, as defined in G.S. 122C-3(14)b.

(j) The Department shall exempt from certificate of need review the establishment of a home health agency by a continuing care retirement community licensed under Article 64 of Chapter 58 of the General Statutes to provide home health services to one or more residents of a continuing care retirement community who have entered into a contract with the continuing care retirement community to receive continuing care services with lodging. A continuing care retirement community that seeks to provide home health services to individuals who do not reside at the continuing care retirement community pursuant to a contract to receive continuing care services with lodging shall be required to obtain a certificate of need as a home health agency prior to developing or offering home health services to any individual not a resident of the continuing care retirement community under a contract to receive continuing care services with lodging. As used in this subsection, the terms "continuing care" and "lodging" are as defined in G.S. 58-64-1. Nothing in this subsection shall be construed to exempt from the State's home health agency licensure and certification requirements a continuing care retirement community that has been exempted from certificate of need review for the provision of home health services to one or more residents pursuant to this subsection."

SECTION 9E.4.(i) G.S. 131E-184(j), as enacted by this section, applies to continuing care retirement communities engaged in the direct provision of home health services on or after October 1, 2019.

SECTION 9E.4.(j) G.S. 131E-186(a) reads as rewritten:

"(a) Within the prescribed time limits in G.S. 131E-185, the Department shall issue a decision to "approve," "approve with conditions," or "deny," an application for a new institutional health service. ~~Approvals involving new or expanded nursing care or intermediate care for the mentally retarded bed capacity shall include a condition that specifies the earliest possible date the new institutional health service may be certified for participation in the Medicaid program. The date shall be set far enough in advance to allow the Department to identify funds to pay for care in the new or expanded facility in its existing Medicaid budget or to include these funds in its State Medicaid budget request for the year in which Medicaid certification is expected.~~"

SECTION 9E.4.(k) G.S. 131E-188 reads as rewritten:

"**§ 131E-188. Administrative and judicial review.**

(a) After a decision of the Department to issue, deny or withdraw a certificate of need or exemption or to issue a certificate of need pursuant to a settlement agreement with an applicant to the extent permitted by law, any ~~affected person, as defined in subsection (c) of this section, shall be~~ proponent of an application that was reviewed with the application for that certificate of need is entitled to a contested case hearing under Article 3 of Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department makes its decision. When a petition is filed, the Department shall send notification of the petition to the proponent of each application that was reviewed with the application for a certificate of need that is the subject of the petition. ~~Any affected person shall be entitled to intervene in a contested case.~~

A contested case shall be conducted in accordance with the following timetable:

(1) An administrative law judge or a hearing officer, as appropriate, shall be assigned within 15 days after a petition is filed.

(2) The parties shall complete discovery within 90 days after the assignment of the administrative law judge or hearing officer.

(3) The hearing at which sworn testimony is taken and evidence is presented shall be held within 45 days after the end of the discovery period.

(4) The administrative law judge or hearing officer shall make a final decision within 75 days after the hearing.

(5) Repealed by Session Laws 2011-398, s. 46, as amended by Session Laws 2011-326, s. 23, effective January 1, 2012, and applicable to contested cases commenced on or after that date.

The administrative law judge or hearing officer assigned to a case may extend the deadlines in subdivisions (2) through (4) so long as the administrative law judge or hearing officer makes a final decision in the case within 270 days after the petition is filed.

...

(b) Any ~~affected~~ person who was a party in a contested case hearing shall be entitled to judicial review of all or any portion of any final decision in the following manner. The appeal shall be to the Court of Appeals as provided in G.S. 7A-29(a). The procedure for the appeal shall be as provided by the rules of appellate procedure. The appeal of the final decision shall be taken within 30 days of the receipt of the written notice of final decision, and notice of appeal shall be filed with the Office of Administrative Hearings and served on the Department and all other ~~affected~~ persons who were parties to the contested hearing. The Court of Appeals, in an action for judicial review brought under this section, shall award all costs of such action, including reasonable attorney's fees to the prevailing party. For the purpose of this subsection, reasonable attorney's fees include attorney's fees incurred during the administrative review portion of the contested case arising under Article 3 of Chapter 150B of the General Statutes.

(b1) Before filing an appeal of a final decision granting a certificate of need, the ~~affected person~~ appellant shall deposit a bond with the Clerk of the Court of Appeals. The bond requirements of this subsection shall not apply to any appeal filed by the Department.

(1) The bond shall be secured by cash or its equivalent in an amount equal to five percent (5%) of the cost of the proposed new institutional health service that is the subject of the appeal, but may not be less than five thousand dollars ($5,000) and may not exceed fifty thousand dollars ($50,000); provided that the applicant who received approval of the certificate of need may petition the Court of Appeals for a higher bond amount for the payment of such costs and damages as may be awarded pursuant to subdivision (2) of this subsection. This amount shall be determined by the Court in its discretion, not to exceed ~~three hundred thousand dollars ($300,000).~~ five hundred thousand dollars ($500,000). A holder of a certificate of need who is appealing only a condition in the certificate is not required to file a bond under this subsection.

...

~~(c) The term "affected persons" includes: the applicant; any individual residing within the service area or the geographic area served or to be served by the applicant; any individual who regularly uses health service facilities within that geographic area or the service area; any person who provides services, similar to the services under review, to individuals residing within the service area or the geographic area proposed to be served by the applicant; any person who, prior to receipt by the agency of the proposal being reviewed, has provided written notice to the agency of an intention to provide similar services in the future to individuals residing within the service area or the geographic area to be served by the applicant; third party payers who reimburse health service facilities for services in the service area in which the project is proposed to be located; and any agency which establishes rates for health service facilities or HMOs located in the service area in which the project is proposed to be located.~~"

SECTION 9E.4.(*l*) G.S. 131E-147 is amended by adding a new subsection to read:

"(f) The Department shall not issue or renew a license to operate an ambulatory surgical facility developed, acquired, or replaced on or after October 1, 2019, unless the application includes all of the following:

(1) A commitment that the Medicare allowable amount for self-pay and Medicaid surgical cases minus all revenue collected from self-pay and Medicaid surgical cases shall be at least four percent (4%) of the total revenue collected for all surgical cases performed in the facility or proposed facility.

(2) For each year of operation, a commitment to report to the Department the total number of cases by each of the following payer categories:

a. Self-pay surgical cases.
b. Medicaid surgical cases.
c. Medicare surgical cases.
d. Commercial insurance surgical cases.
e. Managed care surgical cases.
f. Other surgical cases.

(3) A commitment to report utilization and payment data for services provided by the ambulatory surgical facility to the statewide data processor, as required by G.S. 131E-214.2."

SECTION 9E.4.(m) G.S. 131E-175(11) and (12) are repealed.

SECTION 9E.4.(n) This section becomes effective October 1, 2019.

PART IX-F. MENTAL HEALTH/DEVELOPMENTAL DISABILITIES/SUBSTANCE ABUSE SERVICES

SINGLE-STREAM FUNDING FOR MH/DD/SAS COMMUNITY SERVICES

SECTION 9F.1.(a) For the purpose of mitigating cash flow problems that many local management entities/managed care organizations (LME/MCOs) experience at the beginning of each fiscal year relative to single-stream funding, the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS), shall distribute not less than one-twelfth of each LME/MCO's base budget allocation at the beginning of the fiscal year and subtract the amount of that distribution from the LME/MCO's total reimbursements for the fiscal year. For each month of the fiscal year after July, the DMH/DD/SAS shall distribute, on the third working day of the month, one-eleventh of the amount of each LME/MCO's single-stream allocation that remains after subtracting the amount of the distribution that was made to the LME/MCO in July of the fiscal year.

SECTION 9F.1.(b) In addition to the recurring reduction for single-stream funding required by Section 11F.2 of S.L. 2017-57, as amended by Section 4 of S.L. 2017-206 and Section 11F.1 of S.L. 2018-5, the DMH/DD/SAS is directed to further reduce its allocation for single-stream funding by fifteen million dollars ($15,000,000) in recurring funds for the 2019-2020 fiscal year and by fifteen million dollars ($15,000,000) in recurring funds for the 2020-2021 fiscal year.

The DMH/DD/SAS shall allocate the combined total of the recurring reduction for single-stream funding required by this section and the recurring reduction for single-stream funding that was required by Section 11F.2 of S.L. 2017-57, as amended by Section 4 of S.L. 2017-206 and Section 11F.1 of S.L. 2018-5, among the LME/MCOs as follows:

	FY 2019-2020	FY 2020-2021
Alliance Behavioral Healthcare	($5,554,338)	($5,554,338)
Cardinal Innovations Healthcare	($24,998,210)	($24,998,210)
Eastpointe	($2,784,425)	($2,784,425)
Partners Behavioral Health Management	($3,253,332)	($3,253,332)

Sandhills Center	($2,338,367)	($2,338,367)
Trillium Health Resources	($6,158,214)	($6,158,214)
Vaya Health	($6,354,009)	($6,354,009)
Total	($51,440,895)	($51,440,895)

By March 1, 2020, the Secretary of Health and Human Services shall submit to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division a proposal for any adjustments to the specified recurring reductions among the LME/MCOs for future fiscal years. The proposal must include a detailed explanation supporting any proposed changes.

SECTION 9F.1.(c) During each year of the 2019-2021 fiscal biennium, each LME/MCO shall fund at least the same level of single-stream service utilization as during the 2014-2015 fiscal year across the LME/MCO's catchment area. This requirement shall not be construed to require LME/MCOs to authorize or maintain the same level of services for any specific individual whose services were paid for with single-stream funding. Further, this requirement shall not be construed to create a private right of action for any person or entity against the State of North Carolina or the Department of Health and Human Services or any of its divisions, agents, or contractors and shall not be used as authority in any contested case brought pursuant to Chapter 108C of the General Statutes or Chapter 108D of the General Statutes.

SECTION 9F.1.(d) The Department of Health and Human Services shall develop a maintenance of effort (MOE) spending requirement for all mental health and substance abuse services which must be maintained using nonfederal State appropriations on an annual basis in order to meet MOE requirements for federal block grant awards. LME/MCOs shall ensure the MOE spending requirement is met using State appropriations.

FUNDS FOR LOCAL INPATIENT PSYCHIATRIC BEDS OR BED DAYS

SECTION 9F.2.(a) Use of Funds. – Of the funds appropriated to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for crisis services, the sum of forty million six hundred twenty-one thousand six hundred forty-four dollars ($40,621,644) in recurring funds for the 2019-2020 fiscal year and the sum of forty million six hundred twenty-one thousand six hundred forty-four dollars ($40,621,644) in recurring funds for the 2020-2021 fiscal year shall be used to purchase additional new or existing local inpatient psychiatric beds or bed days not currently funded by or through local management entities/managed care organizations (LME/MCOs). The Department shall continue to implement a two-tiered system of payment for purchasing these local inpatient psychiatric beds or bed days based on acuity level with an enhanced rate of payment for inpatient psychiatric beds or bed days for individuals with higher acuity levels, as defined by the Department. The enhanced rate of payment for inpatient psychiatric beds or bed days for individuals with higher acuity levels shall not exceed the lowest average cost per patient bed day among the State psychiatric hospitals. In addition, at the discretion of the Secretary of Health and Human Services, existing funds allocated to LME/MCOs for community-based mental health, developmental disabilities, and substance abuse services may be used to purchase additional local inpatient psychiatric beds or bed days. Funds designated in this subsection for the purchase of local inpatient psychiatric beds or bed days shall not be used to supplant other funds appropriated or otherwise available to the Department for the purchase of inpatient psychiatric services through contracts with local hospitals.

SECTION 9F.2.(b) Distribution and Management of Beds or Bed Days. – Except as provided in this subsection, the Department shall work to ensure that any local inpatient psychiatric beds or bed days purchased in accordance with this section are utilized solely for individuals who are medically indigent, as defined in this subsection. In addition, the Department

shall work to ensure that any local inpatient psychiatric beds or bed days purchased in accordance with this section are distributed across the State in LME/MCO catchment areas and according to need as determined by the Department. The Department shall ensure that beds or bed days for individuals with higher acuity levels are distributed across the State in LME/MCO catchment areas and according to greatest need based on hospital bed utilization data. The Department shall enter into contracts with LME/MCOs and local hospitals for the management of these beds or bed days. The Department shall work to ensure that these contracts are awarded equitably around all regions of the State. LME/MCOs shall manage and control these local inpatient psychiatric beds or bed days, including the determination of the specific local hospital or State psychiatric hospital to which an individual should be admitted pursuant to an involuntary commitment order.

The Department may use up to ten percent (10%) of the funds allocated in this section for each year of the 2019-2021 fiscal biennium to pay for facility-based crisis services and nonhospital detoxification services for individuals in need of these services, regardless if the individuals are medically indigent, defined as uninsured persons who (i) are financially unable to obtain private insurance coverage as determined by the Department and (ii) are not eligible for government-funded health coverage such as Medicare or Medicaid.

SECTION 9F.2.(c) Funds to Be Held in Statewide Reserve. – Funds appropriated to the Department for the purchase of local inpatient psychiatric beds or bed days shall not be allocated to LME/MCOs but shall be held in a statewide reserve at the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to pay for services authorized by the LME/MCOs and billed by the hospitals through the LME/MCOs. LME/MCOs shall remit claims for payment to the Department within 15 working days after receipt of a clean claim from the hospital and shall pay the hospital within 30 working days after receipt of payment from the Department.

SECTION 9F.2.(d) Ineffective LME/MCO Management of Beds or Bed Days. – If the Department determines that (i) an LME/MCO is not effectively managing the beds or bed days for which it has responsibility, as evidenced by beds or bed days in the local hospital not being utilized while demand for services at the State psychiatric hospitals has not decreased, or (ii) the LME/MCO has failed to comply with the prompt payment provisions of subsection (c) of this section, the Department may contract with another LME/MCO to manage the beds or bed days or, notwithstanding any other provision of law to the contrary, may pay the hospital directly.

SECTION 9F.2.(e) Reporting by LME/MCOs. – The Department shall establish reporting requirements for LME/MCOs regarding the utilization of these beds or bed days.

SECTION 9F.2.(f) Reporting by Department. – By no later than December 1, 2020, and by no later than December 1, 2021, the Department shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on all of the following:

(1) A uniform system for beds or bed days purchased during the preceding fiscal year from (i) funds appropriated in this act that are designated for this purpose in subsection (a) of this section, (ii) existing State appropriations, and (iii) local funds.

(2) An explanation of the process used by the Department to ensure that, except as otherwise provided in subsection (a) of this section, local inpatient psychiatric beds or bed days purchased in accordance with this section are utilized solely for individuals who are medically indigent, along with the number of medically indigent individuals served by the purchase of these beds or bed days.

(3) The amount of funds used to pay for facility-based crisis services, along with the number of individuals who received these services and the outcomes for each individual.

(4) The amount of funds used to pay for nonhospital detoxification services, along with the number of individuals who received these services and the outcomes for each individual.

(5) Other Department initiatives funded by State appropriations to reduce State psychiatric hospital use.

TRAUMATIC BRAIN INJURY FUNDING

SECTION 9F.3. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for traumatic brain injury (TBI) services, the sum of two million three hundred seventy-three thousand eighty-six dollars ($2,373,086) in recurring funds for the 2019-2020 fiscal year and the sum of two million three hundred seventy-three thousand eighty-six dollars ($2,373,086) in recurring funds for the 2020-2021 fiscal year shall be used exclusively to support TBI services as follows:

(1) The sum of three hundred fifty-nine thousand two hundred eighteen dollars ($359,218) shall be used to fund contracts with the Brain Injury Association of North Carolina, Carolinas Rehabilitation, or appropriate service providers to assist families in accessing the continuum of care and to provide educational programs on brain injury prevention, intervention, and care.

(2) The sum of two million thirteen thousand eight hundred sixty-eight dollars ($2,013,868) shall be used to provide services and supports, established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services in its operating processes, including residential, day program, transportation, respite, and home modification, to individuals with TBI statewide.

ADULT AND PEDIATRIC TRAUMATIC BRAIN INJURY PILOT PROGRAM

SECTION 9F.3A.(a) Of the funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of three hundred thousand dollars ($300,000) in nonrecurring funds for the 2019-2020 fiscal year shall be used to continue the adult and pediatric traumatic brain injury pilot program, as authorized by Section 11F.9 of S.L. 2017-57, as amended by Section 3.3 of S.L. 2017-212.

SECTION 9F.3A.(b) By April 1, 2020, the Department of Health and Human Services shall submit a report on the pilot program authorized by Section 11F.9 of S.L. 2017-57, as amended by Section 3.3 of S.L. 2017-212, to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. At a minimum, the report shall include all of the following:

(1) The number and outcome of patients served at each program site, broken down by patient age and county of origin.

(2) A breakdown of expenditures at each program site by type of service.

(3) An estimate of the cost to expand the program incrementally and statewide.

(4) An estimate of any potential savings of State funds associated with expansion of the program.

(5) If expansion of the program is recommended, a time line for expanding the program.

DOROTHEA DIX HOSPITAL PROPERTY FUNDS

SECTION 9F.4. Any funds allocated to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, from the Dorothea Dix Hospital Property Fund established under G.S. 143C-9-2(b1), pursuant to

Section 12F.4 of S.L. 2016-94 and Section 11F.5 of S.L. 2017-57, as amended, that are not expended or encumbered as of June 30, 2020, shall remain in the Dorothea Dix Hospital Property Fund.

USE OF DOROTHEA DIX HOSPITAL PROPERTY FUNDS FOR SUBSTANCE ABUSE TREATMENT FACILITY

SECTION 9F.4A. Of the funds appropriated from the Dorothea Dix Hospital Property Fund established under G.S. 143C-9-2(b1) to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for the 2019-2020 fiscal year, the sum of five hundred thousand dollars ($500,000) in nonrecurring funds shall be used to pay for the completion of the construction of the Residential Treatment Center for Women operated by The Samaritan Colony, Inc., in Richmond County.

USE OF DOROTHEA DIX HOSPITAL PROPERTY FUNDS FOR TREATMENT AND RECOVERY SERVICES

SECTION 9F.4B. Of the funds appropriated from the Dorothea Dix Hospital Property Fund established under G.S. 143C-9-2(b1) to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for the 2019-2020 fiscal year, the sum of six hundred thousand dollars ($600,000) in nonrecurring funds shall be provided to Bridge to Recovery, Inc., a nonprofit corporation in Monroe, North Carolina. Bridge to Recovery, Inc., shall not use these funds for any purpose other than to provide treatment and recovery services to individuals with substance use disorders.

FUNDS FOR NEW BROUGHTON HOSPITAL

SECTION 9F.5. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for the 2020-2021 fiscal year, the sum of four million nine hundred thousand dollars ($4,900,000) in recurring funds shall be used for new staffing and operational support, including utilities, maintenance costs, and other physical plant operating costs to open new Psychiatric Intensive Care Unit beds in the new Broughton Hospital.

SUPPLEMENTAL SHORT-TERM ASSISTANCE FOR GROUP HOMES

SECTION 9F.6.(a) As used in this section, "group home" means any facility that (i) is licensed under Chapter 122C of the General Statutes, (ii) meets the definition of a supervised living facility under 10A NCAC 27G .5601(c)(1) or 10A NCAC 27G .5601(c)(3), and (iii) serves adults whose primary diagnosis is mental illness or a developmental disability but may also have other diagnoses.

SECTION 9F.6.(b) Of the funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of one million eight hundred thousand dollars ($1,800,000) in nonrecurring funds for each year of the 2019-2021 fiscal biennium shall be used to provide temporary, short-term financial assistance in the form of a monthly payment to group homes on behalf of each resident who meets all of the following criteria:

(1) Was eligible for Medicaid-covered personal care services (PCS) prior to January 1, 2013, but was determined to be ineligible for PCS on or after January 1, 2013, due to Medicaid State Plan changes in PCS eligibility criteria specified in Section 10.9F of S.L. 2012-142, as amended by Section 3.7 of S.L. 2012-145 and Section 70 of S.L. 2012-194.

(2) Has continuously resided in a group home since December 31, 2012.

SECTION 9F.6.(c) These monthly payments shall be subject to all of the following requirements and limitations:

(1) The amount of the monthly payments authorized by this section shall not exceed four hundred sixty-four dollars and thirty cents ($464.30) per month for each resident who meets all criteria specified in subsection (b) of this section.

(2) A group home that receives the monthly payments authorized by this section shall not, under any circumstances, use these payments for any purpose other than providing, as necessary, supervision and medication management for a resident who meets all criteria specified in subsection (b) of this section.

(3) The Department shall make monthly payments authorized by this section to a group home on behalf of each resident who meets all criteria specified in subsection (b) of this section only for the period commencing July 1, 2019, and ending June 30, 2021, or upon depletion of the one million eight hundred thousand dollars ($1,800,000) in nonrecurring funds appropriated in this act to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for supplemental short-term assistance for group homes, for each year of the 2019-2021 fiscal biennium for the purpose of this section, whichever is earlier.

(4) The Department shall make monthly payments authorized by this section only to the extent sufficient funds are available from the one million eight hundred thousand dollars ($1,800,000) in nonrecurring funds appropriated in this act to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for supplemental short-term assistance for group homes, for each year of the 2019-2021 fiscal biennium for the purpose of this section.

(5) The Department shall not make monthly payments authorized by this section to a group home on behalf of a resident during the pendency of an appeal by or on behalf of the resident under G.S. 108A-70.9A.

(6) The Department shall terminate all monthly payments pursuant to this section on June 30, 2021, or upon depletion of the one million eight hundred thousand dollars ($1,800,000) in nonrecurring funds appropriated in this act to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for supplemental short-term assistance for group homes, for each year of the 2019-2021 fiscal biennium for the purpose of this section, whichever is earlier.

(7) Each group home that receives the monthly payments authorized by this section shall submit to the Department a list of all funding sources for the operational costs of the group home for the preceding two years, in accordance with the schedule and format prescribed by the Department.

SECTION 9F.6.(d) The Department shall use an existing mechanism to administer these funds in the least restrictive manner that ensures compliance with this section and timely and accurate payments to group homes. The Department shall not, under any circumstances, use any portion of the one million eight hundred thousand dollars ($1,800,000) in nonrecurring funds appropriated in this act to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for supplemental short-term assistance for group homes, for each year of the 2019-2021 fiscal biennium for any other purpose than the purpose specified in this section.

SECTION 9F.6.(e) Nothing in this section shall be construed as an obligation by the General Assembly to appropriate funds for the purpose of this section, or as an entitlement by any group home, resident of a group home, or other person to receive temporary, short-term financial assistance under this section.

SECTION 9F.6.(f) This section expires June 30, 2021.

REPORT ON USE OF FUNDS TO PURCHASE INPATIENT ALCOHOL AND SUBSTANCE USE DISORDER TREATMENT SERVICES

SECTION 9F.8. The Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall report annually, beginning September 1, 2019, and ending on September 1, 2026, on the implementation of the use of funds to purchase inpatient alcohol and substance use disorder treatment services required by Section 12F.12 of S.L. 2015-241, as amended by Section 11F.4 of S.L. 2017-57. The report shall be submitted to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division with the following information for the prior fiscal year and the two preceding fiscal years, for each Alcohol and Drug Abuse Treatment Center (ADATC):

(1) The number of beds in operation.
(2) The number of bed days.
(3) The total amount of receipts, the amount of those receipts that were received from local management entities/managed care organizations, and the amount of those receipts that were received from all other sources.
(4) Cost of operation of the ADATC, with personnel and staffing costs reported separately from all other costs.
(5) The ADATC's profit or loss.

FUNDS FOR OVERDOSE MEDICATIONS

SECTION 9F.9. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of one hundred thousand dollars ($100,000) in recurring funds for each fiscal year of the 2019-2021 fiscal biennium shall be used to purchase opioid antagonists, as defined in G.S. 90-12.7, to reverse opioid-related drug overdoses as follows:

(1) Seventy-five thousand dollars ($75,000) in recurring funds for each year of the 2019-2021 fiscal biennium shall be used to purchase opioid antagonists to be distributed at no charge to the North Carolina Harm Reduction Coalition to serve individuals at risk of experiencing an opioid-related drug overdose or to the friends and family members of an at-risk individual.
(2) Twenty-five thousand dollars ($25,000) in recurring funds for each year of the 2019-2021 fiscal biennium shall be used to purchase opioid antagonists to be distributed at no charge to North Carolina law enforcement agencies.

FUNDS FOR VAYA HEALTH TO EXPAND FACILITY-BASED CRISIS SERVICES

SECTION 9F.10.(a) Funds appropriated in S.L. 2018-5 to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, to be allocated to Vaya Health (Vaya) as a grant-in-aid for the construction of a facility-based crisis center in Wilkes County, shall not revert, but shall be expended or encumbered by December 31, 2019. Vaya shall not use these funds for any purpose other than the purpose stated in Section 11F.5 of S.L. 2018-5.

SECTION 9F.10.(b) This section becomes effective June 30, 2019, and applies to funds not obligated on that date.

FUNDS FOR EVIDENCE-BASED SUPPORTED EMPLOYMENT SERVICES FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS, INTELLECTUAL DISABILITIES, OR DEVELOPMENTAL DISABILITIES

SECTION 9F.11. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of one hundred twenty-five thousand dollars ($125,000) in recurring funds for each year of the 2019-2021 fiscal biennium shall be allocated as a grant to the North

Carolina Association of People Supporting Employment First (NC APSE) to develop and implement training programs for the Department, including online training modules, on the provision of evidence-based supported employment services for individuals in targeted populations, in order to assist these individuals with preparation for, identification of, and maintenance of integrated, paid, competitive employment. The Department shall make these training programs available throughout the State to (i) employers that have hired or are willing to hire individuals in targeted populations, (ii) service providers of local management entities/managed care organizations, and (iii) any other entity the Department determines will benefit from receiving this training in order to achieve improved employment outcomes for individuals in targeted populations. As used in this section, "individuals in targeted populations" means individuals with serious mental illness who are in or at risk of entry to an adult care home and individuals with intellectual disabilities, developmental disabilities, or both.

YOUTH TOBACCO ENFORCEMENT FUNDING

SECTION 9F.12. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the sum of three hundred thousand dollars ($300,000) in recurring funds for each year of the 2019-2021 fiscal biennium shall be transferred to the Alcohol Law Enforcement Branch. The Alcohol Law Enforcement Branch shall allocate these funds for the performance of statewide compliance checks to enforce the State's youth tobacco access law (G.S. 14-313).

MEDICATION-ASSISTED OPIOID USE DISORDER TREATMENT PILOT PROGRAM FUNDING

SECTION 9F.16.(a) Of the funds appropriated to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (Division), the sum of five hundred thousand dollars ($500,000) for each year of the 2019-2021 fiscal biennium allocated in Section 9K.1 of this act in Substance Abuse Prevention and Treatment Block Grant funds for Substance Abuse Services – Treatment for Children/Adults shall be allocated and used to fund the continuation of the medication-assisted opioid use disorder treatment pilot program as authorized by Section 12F.1 of S.L. 2016-94, as amended by Section 3.1 of S.L. 2017-212.

SECTION 9F.16.(b) Section 12F.1(g) of S.L. 2016-94, as amended by Section 3.1 of S.L. 2017-212, reads as rewritten:

"**SECTION 12F.1.(g)** Evaluation of Pilot Program. – By ~~November 1, 2020,~~ March 1, 2021, the Department shall conduct and submit to the Joint Legislative Oversight Committee on Health and Human Services a comprehensive evaluation of the effectiveness of this pilot program in addressing North Carolina's growing opioid addiction and overdose crisis. The Department may contract with an institution of higher education or other qualified entity with expertise in evaluating programs similar to the pilot program authorized by this section. The comprehensive evaluation shall include whether this pilot program was successful as measured by at least all of the following:

(1) The total number of program participants who successfully transitioned to opioid abstinence for a minimum of 30 days, 60 days, 90 days, six months, 12 months, and 18 months.

(2) A cost-benefit analysis of the pilot program."

PART IX-G. PUBLIC HEALTH

LOCAL HEALTH DEPARTMENTS/COMPETITIVE GRANT PROCESS TO IMPROVE MATERNAL AND CHILD HEALTH

SECTION 9G.1.(a) Funds appropriated in this act to the Department of Health and Human Services, Division of Public Health, for each year of the 2019-2021 fiscal biennium to award competitive grants to local health departments for the improvement of maternal and child health shall be used to continue administering a competitive grant process for local health departments based on maternal and infant health indicators and the county's detailed proposal to invest in evidence-based programs to achieve the following goals:

(1) Improve North Carolina's birth outcomes.

(2) Improve the overall health status of children in this State from birth to age 5.

(3) Lower the State's infant mortality rate.

SECTION 9G.1.(b) The plan for administering the competitive grant process shall include at least all of the following components:

(1) A request for application (RFA) process to allow local health departments to apply for and receive State funds on a competitive basis. The Department shall require local health departments to include in the application a plan to evaluate the effectiveness, including measurable impact or outcomes, of the activities, services, and programs for which the funds are being requested.

(2) A requirement that the Secretary prioritize grant awards to those local health departments that are able to leverage non-State funds in addition to the grant award.

(3) Ensures that funds received by the Department to implement the plan supplement and do not supplant existing funds for maternal and child health initiatives.

(4) Allows grants to be awarded to local health departments for up to two years.

SECTION 9G.1.(c) No later than July 1 of each year, as applicable, the Secretary shall announce the recipients of the competitive grant awards and allocate funds to the grant recipients for the respective grant period pursuant to the amounts designated under subsection (a) of this section. After awards have been granted, the Secretary shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services on the grant awards that includes at least all of the following:

(1) The identity and a brief description of each grantee and each program or initiative offered by the grantee.

(2) The amount of funding awarded to each grantee.

(3) The number of persons served by each grantee, broken down by program or initiative.

SECTION 9G.1.(d) No later than December 1 of each fiscal year, each local health department receiving funding pursuant to this section in the respective fiscal year shall submit to the Division of Central Management and Support a written report of all activities funded by State appropriations. The report shall include the following information about the fiscal year preceding the year in which the report is due:

(1) A description of the types of programs, services, and activities funded by State appropriations.

(2) Statistical and demographical information on the number of persons served by these programs, services, and activities, including the counties in which services are provided.

(3) Outcome measures that demonstrate the impact and effectiveness of the programs, services, and activities based on the evaluation protocols developed by the Division, in collaboration with the University of North Carolina Gillings School of Global Public Health, pursuant to Section 12E.11(e) of S.L. 2015-241, and reported to the Joint Legislative Oversight Committee on Health and Human Services on April 1, 2016.

(4) A detailed program budget and list of expenditures, including all positions funded, matching expenditures, and funding sources.

LIMITATION ON USE OF STATE FUNDS

SECTION 9G.3. The limitation on the use of State funds as stated in Section 12E.13 of S.L. 2015-241 shall apply to funds appropriated in this act to the Department of Health and Human Services for each fiscal year of the 2019-2021 fiscal biennium.

REPORT ON PREMIUM ASSISTANCE PROGRAM WITHIN AIDS DRUG ASSISTANCE PROGRAM

SECTION 9G.4. Upon a determination by the Department of Health and Human Services, Division of Public Health, that, in six months or less, it will no longer be feasible to operate the health insurance premium assistance program implemented within the North Carolina AIDS Drug Assistance Program (ADAP) on a cost-neutral basis or in a manner that achieves savings to the State, the Department shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services notifying the Committee of this determination along with supporting documentation and a proposed course of action with respect to health insurance premium assistance program participants.

CAROLINA PREGNANCY CARE FELLOWSHIP FUNDS

SECTION 9G.5. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Public Health, for the 2019-2021 fiscal biennium, for Carolina Pregnancy Care Fellowship, a nonprofit corporation, no more than fifteen percent (15%) of the funds allocated for the 2019-2020 fiscal year and for the 2020-2021 fiscal year shall be used for administrative purposes. The balance of these funds shall be used for direct services.

MOUNTAIN AREA PREGNANCY SERVICES FUNDS

SECTION 9G.5A. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Public Health, for the 2019-2021 fiscal biennium, for Mountain Area Pregnancy Services, a nonprofit corporation, no more than fifteen percent (15%) of the funds allocated for the 2019-2020 fiscal year and for the 2020-2021 fiscal year shall be used for administrative purposes. The balance of these funds shall be used for direct services.

CAROLINA PREGNANCY CARE FELLOWSHIP CARRYFORWARD FOR DURABLE MEDICAL EQUIPMENT AND TRAINING

SECTION 9G.6.(a) Funds appropriated to the Department of Health and Human Services, Division of Public Health, for the 2018-2019 fiscal year, for allocation to Carolina Pregnancy Care Fellowship, a nonprofit corporation, shall not revert, but shall remain available until the end of the 2019-2021 fiscal biennium. Carolina Pregnancy Care Fellowship shall use these funds to provide grants to clinics that apply to the Carolina Pregnancy Care Fellowship for durable medical equipment, training, or a combination of both, without any limitation on how much of the funds carried forward may be expended for durable medical equipment or training. Carolina Pregnancy Care Fellowship shall not use more than ten percent (10%) of the funds carried forward from the 2018-2019 fiscal year for administrative purposes.

SECTION 9G.6.(b) This section becomes effective June 30, 2019.

STATEWIDE EXPANSION OF THE CONTINUUM OF CARE PILOT PROGRAM

SECTION 9G.7.(a) Of the funds appropriated in this act to the Department of Health and Human Services, Division of Public Health, the sum of one million two hundred thousand dollars ($1,200,000) in nonrecurring funds for the 2019-2020 fiscal year and the sum of one million two hundred thousand dollars ($1,200,000) in nonrecurring funds for the 2020-2021

fiscal year shall be allocated to the Human Coalition, a nonprofit organization, to extend and expand the pilot program authorized by Section 11E.13(b) of S.L. 2017-57, as provided in subsection (b) of this section. These funds shall be used for nonreligious, nonsectarian purposes only.

SECTION 9G.7.(b) The Human Coalition shall use funds allocated pursuant to subsection (a) of this section to expand the continuum of care pilot program authorized by Section 11E.13(b) of S.L. 2017-57 to a statewide program. The purpose of the statewide continuum of care program is to (i) encourage healthy childbirth, (ii) support childbirth as an alternative to abortion, (iii) promote family formation, (iv) assist in establishing successful parenting techniques, and (v) increase the economic self-sufficiency of families. The statewide continuum of care program shall consist of existing locations of the pilot program authorized by Section 11E.13(b) of S.L. 2017-57 and other locations around the State to be determined by the Human Coalition. All providers rendering services under the statewide program for which they are compensated with funds allocated pursuant to subsection (a) of this section shall be physically located in the State of North Carolina. The statewide continuum of care program shall provide direct services, supports, social services case management, and referrals to biological parents of unborn children and biological or adoptive parents of children under the age of two, and shall consist of at least all of the following components:

(1) Outreach to at-risk populations eligible for the program.

(2) The use of licensed nurses to perform the following functions:

a. Assessment and evaluation of needs related to pregnancy or parenting.

b. Provision of medically accurate, pregnancy-related medical information to program participants.

(3) The use of licensed social workers, or other individuals of equivalent experience, to perform the following functions:

a. Development of a care plan, resources, and supports for program participants to address identified needs.

b. Referrals to appropriate local resources, including State and federal benefits programs and local charitable organizations.

c. Assistance in applying for State and federal benefits programs.

d. Assistance in accomplishing elements of the care plan.

SECTION 9G.7.(c) In order to be eligible to receive services under the statewide continuum of care program, an individual shall, at the time of initial contact with the program, be (i) a resident of North Carolina and (ii) a biological parent of an unborn child or a biological or adoptive parent of a child under the age of two. Participants of the pilot program authorized under Section 11E.13(b) of S.L. 2017-57, who terminated a pregnancy prior to birth, are eligible to continue to receive continuum of care program services for a period of six months from the date of termination of pregnancy.

SECTION 9G.7.(d) The Human Coalition may use up to ten percent (10%) of the funds allocated for each year of the 2019-2021 fiscal biennium for administrative purposes.

SECTION 9G.7.(e) By December 1, 2019, and every six months thereafter, the Human Coalition shall report to the Department of Health and Human Services on the status and operation of the continuum of care program authorized by subsection (b) of this section. The report shall include at least all of the following:

(1) A detailed breakdown of expenditures for the program.

(2) The number of individuals served by the program, and for the individuals served, the types of services provided to each.

(3) Any other information requested by the Department of Health and Human Services as necessary for evaluating the success of the program.

SECTION 9G.7.(f) By April 1, 2020, the Department of Health and Human Services shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the status and operation of the continuum of care program.

SECTION 9G.7.(g) Section 11E.13(f) of S.L. 2017-57 is repealed.

PART IX-H. SERVICES FOR THE BLIND/DEAF/HARD OF HEARING [RESERVED]

PART IX-I. SOCIAL SERVICES

TEMPORARY FINANCIAL ASSISTANCE FOR FACILITIES LICENSED TO ACCEPT STATE-COUNTY SPECIAL ASSISTANCE

SECTION 9I.1.(a) The following definitions apply in this section:

(1) Facility licensed to accept State-County Special Assistance payments or facility. – Any residential care facility that is (i) licensed by the Department of Health and Human Services and (ii) authorized to accept State-County Special Assistance payments from its residents.

(2) State-County Special Assistance. – The program authorized by G.S. 108A-40.

SECTION 9I.1.(b) Nonrecurring funds appropriated in this act to the Department of Health and Human Services, Division of Social Services (DSS), for each year of the 2019-2021 fiscal biennium for facilities licensed to accept State-County Special Assistance payments shall be used to provide temporary financial assistance in the form of a monthly payment to these facilities on behalf of each resident who is a recipient of State-County Special Assistance. The counties shall pay to the State fifty percent (50%) of the cost of providing these monthly payments to these facilities. The monthly payments provided by DSS to these facilities shall be subject to all of the following requirements and limitations:

(1) The amount of the monthly payments authorized by this section is as follows:
   a. For the 2019-2020 fiscal year, an amount equal to thirty-four dollars ($34.00) per month for each resident of the facility as of the first day of the month who is a recipient of State-County Special Assistance.
   b. For the 2020-2021 fiscal year, an amount equal to seventy dollars ($70.00) per month for each resident of the facility as of the first day of the month who is a recipient of State-County Special Assistance.

(2) A facility that receives the monthly payments authorized by this section shall not, under any circumstances, use these payments for any purpose other than to offset the cost of serving residents who are recipients of State-County Special Assistance.

(3) The DSS shall make monthly payments authorized by this section to a facility on behalf of a resident only for the period commencing July 1, 2019, and ending June 30, 2021.

(4) The DSS shall make monthly payments authorized by this section only to the extent sufficient State and county funds allocated to the DSS for each year of the 2019-2021 fiscal biennium are available for this purpose.

(5) The DSS shall not make monthly payments authorized by this section to a facility on behalf of a resident whose eligibility determination for State-County Special Assistance is pending.

(6) The DSS shall terminate all monthly payments pursuant to this section on the earlier of the following:
   a. June 30, 2021.
   b. Upon depletion of the State and county funds allocated to the DSS for each year of the 2019-2021 fiscal year for this purpose.

SECTION 9I.1.(c) Notwithstanding any provision of this act or any other provision of law to the contrary, the DSS shall not be required to provide any temporary financial assistance to facilities beyond June 30, 2021, or upon depletion of the State and county funds allocated to the DSS for each year of the 2019-2021 fiscal biennium for this purpose, whichever is earlier.

SECTION 9I.1.(d) If possible, the DSS shall use an existing mechanism to administer these funds in the least restrictive manner that ensures compliance with this section and timely and accurate payments to facilities. The DSS shall not, under any circumstances, use any portion of the State and county funds allocated to the DSS for each year of the 2019-2021 fiscal biennium for the purpose of this section for any other purpose.

SECTION 9I.1.(e) Of the funds appropriated in this act to the DSS for each year of the 2019-2021 fiscal biennium for facilities licensed to accept State-County Special Assistance payments, the DSS shall not use more than two hundred fifty thousand dollars ($250,000) in nonrecurring funds for each year of the 2019-2021 fiscal biennium for administrative purposes.

SECTION 9I.1.(f) Nothing in this section shall be construed as an obligation by the General Assembly to appropriate funds for the purpose of this section, or as an entitlement by any facility, resident of a facility, or other person to receive temporary financial assistance under this section.

SECTION 9I.1.(g) This section expires on June 30, 2021.

TANF BENEFIT IMPLEMENTATION

SECTION 9I.2.(a) Beginning October 1, 2019, the General Assembly approves the plan titled "North Carolina Temporary Assistance for Needy Families State Plan FY 2019-2022," prepared by the Department of Health and Human Services and presented to the General Assembly. The North Carolina Temporary Assistance for Needy Families State Plan covers the period October 1, 2019, through September 30, 2022. The Department shall submit the State Plan, as revised in accordance with subsection (b) of this section, to the United States Department of Health and Human Services.

SECTION 9I.2.(b) The counties approved as Electing Counties in the North Carolina Temporary Assistance for Needy Families State Plan FY 2019-2022, as approved by this section, are Beaufort, Caldwell, Catawba, Lenoir, Lincoln, Macon, and Wilson.

SECTION 9I.2.(c) Counties that submitted the letter of intent to remain as an Electing County or to be redesignated as an Electing County and the accompanying county plan for years 2019 through 2022, pursuant to G.S. 108A-27(e), shall operate under the Electing County budget requirements effective July 1, 2019. For programmatic purposes, all counties referred to in this subsection shall remain under their current county designation through September 30, 2022.

SECTION 9I.2.(d) For each year of the 2019-2021 fiscal biennium, Electing Counties shall be held harmless to their Work First Family Assistance allocations for the 2018-2019 fiscal year, provided that remaining funds allocated for Work First Family Assistance and Work First Diversion Assistance are sufficient for payments made by the Department on behalf of Standard Counties pursuant to G.S. 108A-27.11(b).

SECTION 9I.2.(e) In the event that departmental projections of Work First Family Assistance and Work First Diversion Assistance for the 2019-2020 fiscal year or the 2020-2021 fiscal year indicate that remaining funds are insufficient for Work First Family Assistance and Work First Diversion Assistance payments to be made on behalf of Standard Counties, the Department is authorized to deallocate funds, of those allocated to Electing Counties for Work First Family Assistance in excess of the sums set forth in G.S. 108A-27.11, up to the requisite amount for payments in Standard Counties. Prior to deallocation, the Department shall obtain approval by the Office of State Budget and Management. If the Department adjusts the allocation set forth in subsection (d) of this section, then a report shall be made to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

INTENSIVE FAMILY PRESERVATION SERVICES FUNDING AND PERFORMANCE ENHANCEMENTS

SECTION 9I.3.(a) Notwithstanding the provisions of G.S. 143B-150.6, the Intensive Family Preservation Services (IFPS) Program shall provide intensive services to children and families in cases of abuse, neglect, and dependency where a child is at imminent risk of removal from the home and to children and families in cases of abuse where a child is not at imminent risk of removal. The Program shall be implemented statewide on a regional basis. The IFPS shall ensure the application of standardized assessment criteria for determining imminent risk and clear criteria for determining out-of-home placement.

SECTION 9I.3.(b) The Department of Health and Human Services shall require that any program or entity that receives State, federal, or other funding for the purpose of IFPS shall provide information and data that allows for the following:

(1) An established follow-up system with a minimum of six months of follow-up services.

(2) Detailed information on the specific interventions applied, including utilization indicators and performance measurement.

(3) Cost-benefit data.

(4) Data on long-term benefits associated with IFPS. This data shall be obtained by tracking families through the intervention process.

(5) The number of families remaining intact and the associated interventions while in IFPS and 12 months thereafter.

(6) The number and percentage, by race, of children who received IFPS compared to the ratio of their distribution in the general population involved with Child Protective Services.

SECTION 9I.3.(c) The Department shall continue implementing a performance-based funding protocol and shall only provide funding to those programs and entities providing the required information specified in subsection (b) of this section. The amount of funding shall be based on the individual performance of each program.

CHILD CARING INSTITUTIONS

SECTION 9I.4. Until the Social Services Commission adopts rules setting standardized rates for child caring institutions as authorized under G.S. 143B-153(8), the maximum reimbursement for child caring institutions shall not exceed the rate established for the specific child caring institution by the Department of Health and Human Services, Office of the Controller. In determining the maximum reimbursement, the State shall include county and IV-E reimbursements.

USE OF FOSTER CARE BUDGET FOR GUARDIANSHIP ASSISTANCE PROGRAM

SECTION 9I.5. Of the funds available for the provision of foster care services, the Department of Health and Human Services, Division of Social Services, may continue to provide for the financial support of children who are deemed to be (i) in a permanent family placement setting, (ii) eligible for legal guardianship, and (iii) otherwise unlikely to receive permanency. No additional expenses shall be incurred beyond the funds budgeted for foster care for the Guardianship Assistance Program (GAP). The Guardianship Assistance Program shall include provisions for extending guardianship services for individuals and youth who exited foster care through the Guardianship Assistance Program after 16 years of age or who have attained the age of 18 years and opt to continue to receive guardianship services until reaching 21 years of age if the individual is (i) completing secondary education or a program leading to an equivalent credential, (ii) enrolled in an institution that provides postsecondary or vocational education, (iii) participating in a program or activity designed to promote, or remove barriers to, employment,

(iv) employed for at least 80 hours per month, or (v) incapable of completing the educational or employment requirements of this section due to a medical condition or disability. The Guardianship Assistance Program rates shall reimburse the legal guardian for room and board and be set at the same rate as the foster care room and board rates in accordance with rates established under G.S. 108A-49.1.

CHILD WELFARE POSTSECONDARY SUPPORT PROGRAM (NC REACH)

SECTION 9I.6.(a) Funds appropriated from the General Fund to the Department of Health and Human Services for the child welfare postsecondary support program shall be used to continue providing assistance with the "cost of attendance" as that term is defined in 20 U.S.C. § 1087*ll* for the educational needs of foster youth aging out of the foster care system, youth who exit foster care to a permanent home through the Guardianship Assistance Program (GAP), or special needs children adopted from foster care after age 12. These funds shall be allocated by the State Education Assistance Authority.

SECTION 9I.6.(b) Of the funds appropriated from the General Fund to the Department of Health and Human Services, the sum of fifty thousand dollars ($50,000) for each year of the 2019-2021 fiscal biennium shall be allocated to the North Carolina State Education Assistance Authority (SEAA). The SEAA shall use these funds only to perform administrative functions necessary to manage and distribute scholarship funds under the child welfare postsecondary support program.

SECTION 9I.6.(c) Of the funds appropriated from the General Fund to the Department of Health and Human Services, the sum of three hundred thirty-nine thousand four hundred ninety-three dollars ($339,493) for each year of the 2019-2021 fiscal biennium shall be used to contract with an entity to administer the child welfare postsecondary support program described under subsection (a) of this section, which administration shall include the performance of case management services.

SECTION 9I.6.(d) Funds appropriated to the Department of Health and Human Services for the child welfare postsecondary support program shall be used only for students attending public institutions of higher education in this State.

FEDERAL CHILD SUPPORT INCENTIVE PAYMENTS

SECTION 9I.7.(a) Centralized Services. – The North Carolina Child Support Services Section (NCCSS) of the Department of Health and Human Services, Division of Social Services, shall retain up to fifteen percent (15%) of the annual federal incentive payments it receives from the federal government to enhance centralized child support services. To accomplish this requirement, NCCSS shall do the following:

(1) In consultation with representatives from county child support services programs, identify how federal incentive funding could improve centralized services.

(2) Use federal incentive funds to improve the effectiveness of the State's centralized child support services by supplementing and not supplanting State expenditures for those services.

(3) Continue to develop and implement rules that explain the State process for calculating and distributing federal incentive funding to county child support services programs.

SECTION 9I.7.(b) County Child Support Services Programs. – NCCSS shall allocate no less than eighty-five percent (85%) of the annual federal incentive payments it receives from the federal government to county child support services programs to improve effectiveness and efficiency using the federal performance measures. To that end, NCCSS shall do the following:

(1) In consultation with representatives from county child support services programs, examine the current methodology for distributing federal incentive funding to the county programs and determine whether an alternative formula would be appropriate. NCCSS shall use its current formula for distributing federal incentive funding until an alternative formula is adopted.

(2) Upon adopting an alternative formula, develop a process to phase in the alternative formula for distributing federal incentive funding over a four-year period.

SECTION 9I.7.(c) Reporting by County Child Support Services Programs. – NCCSS shall continue implementing guidelines that identify appropriate uses for federal incentive funding. To ensure those guidelines are properly followed, NCCSS shall require county child support services programs to comply with each of the following:

(1) Submit an annual plan describing how federal incentive funding would improve program effectiveness and efficiency as a condition of receiving federal incentive funding.

(2) Report annually on the following: (i) how federal incentive funding has improved program effectiveness and efficiency and been reinvested into their programs, (ii) provide documentation that the funds were spent according to their annual plans, and (iii) explain any deviations from their plans.

SECTION 9I.7.(d) Reporting by NCCSS. – NCCSS shall submit a report on federal child support incentive funding to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by November 1 of each year. The report shall describe how federal incentive funds enhanced centralized child support services to benefit county child support services programs and improved the effectiveness and efficiency of county child support services programs. The report shall further include any changes to the State process the NCCSS used in calculating and distributing federal incentive funding to county child support services programs and any recommendations for further changes.

FINAL REPORT/CHILD WELFARE SYSTEM CHANGES

SECTION 9I.8.(a) Federal Improvement Plan Implementation/Report. – The Department of Health and Human Services, Division of Social Services (Division), shall continue implementing the requirements of the federal Program Improvement Plan to bring our State into compliance with national standards for child welfare policy and practices. The Division shall notify the Joint Legislative Oversight Committee on Health and Human Services (Committee) and the Fiscal Research Division within 30 days of complete implementation of the Program Improvement Plan. The Division shall submit a final report to the Committee on the implementation and outcomes of the Program Improvement Plan no later than 90 days after implementation is complete.

SECTION 9I.8.(b) Child Welfare/NC FAST/Report. – The Division shall notify the Joint Legislative Oversight Committee on Health and Human Services (Committee) and the Fiscal Research Division within 30 days of complete implementation of the child welfare component of the North Carolina Families Accessing Services Through Technology (NC FAST) system. The Division shall then submit a final report to the Committee on the implementation and outcomes of the child welfare component of the NC FAST system no later than 90 days after implementation is complete.

INCREASE ACCESS TO PUBLIC BENEFITS FOR OLDER DUAL ELIGIBLE SENIORS

SECTION 9I.9.(a) The Department of Health and Human Services, Division of Social Services (Division), shall continue implementing an evidence-based pilot program to increase access to public benefits for seniors aged 65 and older who are dually enrolled in

Medicare and Medicaid to (i) improve the health and independence of seniors and (ii) reduce health care costs. The Division shall continue to partner with a not-for-profit firm for the purposes of engaging in a data-driven campaign to help seniors aged 65 and older who are dually enrolled in Medicare and Medicaid meet their basic social needs. The not-for-profit firm shall have demonstrated experience in assisting with these types of services and the partnership shall accomplish each of the following:

(1) Identify, through data sharing, dual eligible seniors aged 65 and older who qualify for the Supplemental Nutrition and Assistance Program (SNAP) but are not currently enrolled.

(2) Conduct an outreach program toward those seniors for the purpose of enrolling them into SNAP.

(3) Provide comprehensive application assistance through outreach specialists to complete public benefits application processes.

(4) Evaluate project effectiveness and explore how data can be utilized to achieve optimal outcomes.

(5) Make recommendations regarding policy options available to the State to streamline access to benefits.

SECTION 9I.9.(b) The Division shall report to the Office of the Governor and the Joint Legislative Oversight Committee on Health and Human Services on its progress in the pilot program by February 1 following each year the pilot program is in place. The report shall, at a minimum, include the following:

(1) The number of seniors age 65 and older who are dual eligibles but are not enrolled in SNAP.

(2) The number of those identified that would be included in the sample population.

(3) Methods of outreach toward those seniors in the sample population.

(4) Number of to date enrollments in SNAP as a direct result of outreach during the pilot program.

(5) Participation rate to date in SNAP of those seniors in the sample population.

(6) Any other findings the Division deems relevant.

SECTION 9I.9.(c) If funding and capacity exist, the Division of Social Services may expand the pilot program to include other public benefits programs.

SUCCESSFUL TRANSITION/FOSTER CARE YOUTH

SECTION 9I.10. The Foster Care Transitional Living Initiative Fund shall continue to fund and support transitional living services that demonstrate positive outcomes for youth, attract significant private sector funding, and lead to the development of evidence-based programs to serve the at-risk population described in this section. The Fund shall continue to support a demonstration project with services provided by Youth Villages to (i) improve outcomes for youth ages 17-21 years who transition from foster care through implementation of outcome-based Transitional Living Services, (ii) identify cost-savings in social services and juvenile and adult correction services associated with the provision of Transitional Living Services to youth aging out of foster care, and (iii) take necessary steps to establish an evidence-based transitional living program available to all youth aging out of foster care. In continuing to implement these goals, the Foster Care Transitional Living Initiative Fund shall support the following strategies:

(1) Transitional Living Services, which is an outcome-based program that follows the Youth Villages Transitional Living Model. Outcomes on more than 7,000 participants have been tracked since the program's inception. The program has been evaluated through an independent Randomized Controlled Trial. Results indicate that the Youth Villages Transitional Living Model had positive

impacts in a variety of areas, including housing stability, earnings, economic hardship, mental health, and intimate partner violence in comparison to the control population.

(2) Public-Private Partnership, which is a commitment by private-sector funding partners to match at least twenty-five percent (25%) of the funds appropriated to the Foster Care Transitional Living Initiative Fund for the 2019-2021 fiscal biennium for the purposes of providing Transitional Living Services through the Youth Villages Transitional Living Model to youth aging out of foster care.

(3) Impact Measurement and Evaluation, which are services funded through private partners to provide independent measurement and evaluation of the impact the Youth Villages Transitional Living Model has on the youth served, the foster care system, and on other programs and services provided by the State which are utilized by former foster care youth.

(4) Advancement of Evidence-Based Process, which is the implementation and ongoing evaluation of the Youth Villages Transitional Living Model for the purposes of establishing the first evidence-based transitional living program in the nation. To establish the evidence-based program, additional randomized controlled trials may be conducted to advance the model.

FINAL REPORT UPON COMPLETE IMPLEMENTATION/EASTERN BAND OF CHEROKEE INDIANS ASSUMPTION OF SERVICES

SECTION 9I.11. The Department of Health and Human Services, Division of Social Services, shall submit a final report to the Joint Legislative Oversight Committee on Health and Human Services on the assumption of certain services by the Eastern Band of Cherokee Indians as implemented pursuant to Section 12C.10 of S.L. 2015-241, as amended by Section 12C.2 of S.L. 2016-94, when implementation is complete.

CHILD ADVOCACY CENTER FUNDING

SECTION 9I.12. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Social Services, for each year of the 2019-2021 fiscal biennium for child advocacy centers, allocations shall be made as follows:

(1) Up to one hundred thousand dollars ($100,000) for each child advocacy center in good standing with Children's Advocacy Centers of North Carolina, Inc.

(2) One hundred thousand dollars ($100,000) to Children's Advocacy Centers of North Carolina, Inc., for its operations.

ENHANCE PERMANENCY INNOVATION INITIATIVE

SECTION 9I.13.(a) G.S. 131D-10.9B(a) reads as rewritten:

"(a) There is created the Permanency Innovation Initiative Fund that will support a demonstration project with services provided by Children's Home Society of North Carolina to (i) improve permanency outcomes for children living in foster care through reunification with parents, providing placement or guardianship with other relatives, or adoption, (ii) improve engagement with biological relatives of children in or at risk of entering foster care, and (iii) reduce costs associated with maintaining children in foster care. In implementing these goals, the Permanency Innovation Initiative Fund shall support the following strategies:

...

(3) Permanency Training Services, which are services delivered by Children's Home Society of North Carolina to ~~enhance the readiness of~~ support county departments of social services to implement the permanency strategies under subdivision (2) of this ~~subsection~~ subsection, advance permanency-focused

services for children in the legal custody of county departments of social services, and provide training ~~services to support the delivery of the services.~~and support services to caregivers and family members who are supporting the permanency goal of children in the legal custody of county departments of social services."

SECTION 9I.13.(b) Funds appropriated to the Department of Health and Human Services, Division of Social Services, for each year of the 2019-2021 fiscal biennium for the Permanency Innovation Initiative Fund shall be supplemented, not supplanted, by all available federal matching funds.

FUNDS FOR QUALITY ASSURANCE POSITIONS

SECTION 9I.16. Of the funds appropriated in this act to the Department of Health and Human Services, Division of Social Services, the sum of seven hundred fifty thousand dollars ($750,000) in recurring funds for each year of the 2019-2021 fiscal biennium shall be used to provide a fifty percent (50%) match for participating counties to establish new quality assurance positions for child welfare within county departments of social services offices in the State. The Division shall prioritize receipt of the matching funds based on county need. The Division shall allocate the positions funded pursuant to this section based on a percentage of county population such that (i) counties having at least one percent (1%) of the State's population each shall receive one position and (ii) counties having less than one percent (1%) of the State's population shall share a position, as determined by the Division. The Division shall implement a comprehensive continuous quality improvement (CQI) training plan that provides all staff, new and existing, with introductory and ongoing training on the Division's CQI plan, policies, and requirements that provide clarity regarding staff and stakeholder roles in the CQI process.

REPORT ON CERTAIN SNAP AND TANF EXPENDITURES

SECTION 9I.17.(a) Funds appropriated in this act to the Department of Health and Human Services, Division of Social Services (Division), for each year of the 2019-2021 fiscal biennium for a report on certain Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) expenditures shall be allocated for vendor costs to generate the data regarding expenditures of those programs. The vendor shall generate data to be submitted to the Division that includes, at a minimum, each of the following:

(1) The dollar amount and number of transactions accessed or expended out-of-state, by state, for both SNAP benefits and TANF benefits.

(2) The amount of benefits expended out-of-state, by state, from active cases for both SNAP and TANF.

(3) The dollar amount and number of transactions of benefits accessed or expended in this State, by types of retailers or institutions, for both SNAP and TANF.

SECTION 9I.17.(b) Upon receiving the expenditures data for SNAP and TANF from the vendor, the Division shall evaluate the data. The Division shall also provide the Program Evaluation Division of the General Assembly with a copy of the "raw" data submitted by the vendor in accordance with subsection (c) of this section. After evaluating the expenditures data, the Division shall submit a report on its analysis of the data by June 30 and December 31 of each year to the Joint Legislative Oversight Committee on Health and Human Services and Fiscal Research Division. The Division shall post its report required by this subsection on its Web site and otherwise make the data available by June 30 and December 31 of each year. In the first report required by this section, the Division shall report how this data is used to investigate fraud and abuse in both SNAP and TANF. The Division shall also report on other types of data and how that data is utilized in the detection of fraud and abuse.

SECTION 9I.17.(c) The Division shall maintain the confidentiality of information not public under Chapter 132 of the General Statutes. The Division shall properly redact any information subject to reporting under this section to prevent identification of individual recipients of SNAP or TANF benefits.

INCREASE FOSTER CARE RATES

SECTION 9I.18.(a) G.S. 108A-49.1 reads as rewritten:

"**§ 108A-49.1. Foster care and adoption assistance payment rates.**

(a) The maximum rates for State participation in the foster care assistance program are established on a graduated scale as follows:

(1) ~~$475.00~~ $514.00 per child per month for children from birth through five years of age.

(2) ~~$581.00~~ $654.00 per child per month for children six through 12 years of age.

(3) ~~$634.00~~ $698.00 per child per month for children at least 13 but less than 21 years of age.

(b) The maximum rates for the State adoption assistance program are established consistent with the foster care rates as follows:

(1) ~~$475.00~~ $514.00 per child per month for children from birth through five years of age.

(2) ~~$581.00~~ $654.00 per child per month for children six through 12 years of age.

(3) ~~$634.00~~ $698.00 per child per month for children at least 13 but less than 21 years of age.

...."

SECTION 9I.18.(b) This section becomes effective July 1, 2020.

CHILD WELFARE/BEHAVIORAL HEALTH PILOT PROJECT

SECTION 9I.19.(a) From funds appropriated in this act to the Department of Health and Human Services, Division of Social Services, for the 2019-2020 fiscal year, the Division of Social Services, in collaboration with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, shall establish a two-year child welfare and behavioral health pilot project that will provide easier access to comprehensive health services for children in foster care by (i) creating better continuity of care, (ii) providing an alternative to therapeutic foster care, and (iii) ensuring care and services are available without disruption to a child's foster care placement while accessing services needed to treat the child's trauma. Four counties shall participate in the pilot project, which shall include Davie, Forsyth, Rockingham, and Stokes.

SECTION 9I.19.(b) The purpose of the pilot project is to establish a trauma-informed integrated health foster care model to facilitate partnerships between county departments of social services and local management entities/managed care organizations (LME/MCOs) regarding children placed in foster care that will do each of the following:

(1) Address safety and health needs of children with the application of trauma-informed tools.

(2) Address appropriate preventive and medical care for children placed in foster care.

(3) Address other social determinants of health, specifically those related to education and social development.

(4) Meet the goals of Medicaid Transformation, Child Welfare Reform, and the federal Families First Prevention Services Act (Family First Act).

(5) Provide for collaboration across agencies, including private behavioral health providers, health systems, and agencies of social determinants of health.

(6) Allow for the development of alternative funding models and service definitions.

(7) Allow for behavioral health services in family foster homes augmented with mental health services.
(8) Allow for wraparound services for the child to support a singular, unified goal of children in foster care having a single placement.
(9) Assign dedicated care coordination to each county social services agency.

SECTION 9I.19.(c) The Division of Social Services and the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services shall submit a progress report on the pilot project established under this section to the Joint Legislative Oversight Committee on Health and Human Services (Committee) by April 1, 2020, and submit a final report to the Committee by October 1, 2021, that, at a minimum, includes each of the following:
(1) The average cost of providing alternatives to therapeutic foster care.
(2) An outline of enhanced services offered and developed during the pilot project, including barriers and challenges.
(3) The outcomes achieved from the pilot project.
(4) A plan outlining the potential for replication across other counties, including cost-modeling recommendations.

POSTPONE DEPLOYMENT OF CHILD WELFARE AND AGING COMPONENTS OF NC FAST

SECTION 9I.20.(a) The Department of Health and Human Services, Division of Social Services, shall postpone deployment of the North Carolina Families Accessing Services through Technology (NC FAST) system as it relates to case-management functionality for the child welfare system and aging and adult services' programs. The Division shall not deploy the child welfare case-management component of the NC FAST system statewide prior to October 1, 2019, but shall instead continue to develop and improve case-management functionality for the child welfare component of NC FAST only in those counties that participated in the initial pilot program prior to January 1, 2019.

SECTION 9I.20.(b) All counties other than the counties that participated in the pilot program prior to January 1, 2019, may elect to utilize the Intake and Assessment functionality of the NC FAST system.

SECTION 9I.20.(c) The Division shall move forward with developing and issuing requests for proposals (RFP) to consider a vehicle for the child welfare case-management component of NC FAST, but shall not issue any contracts without prior approval from the General Assembly.

SECTION 9I.20.(d) The Joint Legislative Program Evaluation Oversight Committee shall revise the biennial 2019-2020 work plan for the Program Evaluation Division to include a study of the case-management functionality of the child welfare component of NC FAST. The Program Evaluation Division shall submit its evaluation to the Joint Legislative Program Evaluation Oversight Committee and to the chairs of the Joint Legislative Oversight Committee on Health and Human Services no later than May 1, 2020.

PART IX-J. VOCATIONAL REHABILITATION SERVICES [RESERVED]

PART IX-K. DHHS BLOCK GRANTS

DHHS BLOCK GRANTS

SECTION 9K.1.(a) Except as otherwise provided, appropriations from federal block grant funds are made for each year of the fiscal biennium ending June 30, 2021, according to the following schedule:

TEMPORARY ASSISTANCE FOR NEEDY	FY 2019-2020	FY 2020-2021

FAMILIES (TANF) FUNDS		
Local Program Expenditures		
Division of Social Services		
01. Work First Family Assistance	$37,549,914	$35,549,914
02. Work First County Block Grants	80,093,566	80,093,566
03. Work First Electing Counties	2,378,213	2,378,213
04. Adoption Services – Special Children Adoption Fund	2,026,877	2,026,877
05. Child Protective Services – Child Welfare Workers for Local DSS	9,412,391	9,412,391
06. Funding for Counties to Assist with County Implementation of NC FAST, Project 4	8,092	0
07. Child Welfare Program Improvement Plan	775,176	775,176
08. Child Welfare Collaborative	400,000	400,000
09. Child Welfare Initiatives	1,400,000	1,400,000
Division of Child Development and Early Education		
10. Subsidized Child Care Program	53,203,069	45,813,694
11. Swap-Child Care Subsidy	5,400,000	12,600,000
12. NC Pre-K Services	66,300,000	68,300,000
Division of Public Health		
13. Teen Pregnancy Prevention Initiatives	3,450,000	3,450,000
DHHS Administration		
14. Division of Social Services	2,482,260	2,482,260
15. Office of the Secretary	34,042	34,042
16. Eligibility Systems – Operations and Maintenance	653,815	711,349
17. NC FAST Implementation	1,817,362	0
18. Division of Social Services – Workforce		

Innovation & Opportunity Act (WIOA)	93,216	93,216
Transfers to Other Block Grants		
Division of Child Development and Early Education		
19. Transfer to the Child Care and Development Fund	21,773,001	21,773,001
Division of Social Services		
20. Transfer to Social Services Block Grant for Child Protective Services – Training	1,300,000	1,300,000
21. Transfer to Social Services Block Grant for Child Protective Services	5,040,000	5,040,000
22. Transfer to Social Services Block Grant for County Departments of Social Services for Children's Services	13,097,783	13,097,783
23. Transfer to Social Services Block Grant – Foster Care Services	1,385,152	1,385,152
24. Transfer to Social Services Block Grant – Child Advocacy Centers	1,582,000	1,582,000
25. Transfer to Social Services Block Grant – Child Protective Services, Child Welfare Training for Counties	737,067	737,067
TOTAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) FUNDS	**$312,392,996**	**$310,435,701**
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) EMERGENCY CONTINGENCY FUNDS		
Local Program Expenditures		
Division of Child Development and Early Education		
01. Subsidized Child Care	$33,439,988	$33,439,988
TOTAL TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) EMERGENCY CONTINGENCY FUNDS	**$33,439,988**	**$33,439,988**
SOCIAL SERVICES BLOCK GRANT		
Local Program Expenditures		

Divisions of Social Services and Aging and Adult Services		
01. County Departments of Social Services	$19,905,849	$19,905,849
02. County Departments of Social Services (Transfer From TANF)	$13,097,783	$13,097,783
03. EBCI Tribal Public Health and Human Services	244,740	244,740
04. Child Protective Services (Transfer From TANF)	5,040,000	5,040,000
05. State In-Home Services Fund	1,943,950	1,943,950
06. Adult Protective Services	1,720,404	1,720,404
07. State Adult Day Care Fund	1,994,084	1,994,084
08. Child Protective Services/CPS Investigative Services – Child Medical Evaluation Program	901,868	901,868
09. Special Children Adoption Incentive Fund	462,600	462,600
10. Child Protective Services – Child Welfare Training for Counties (Transfer From TANF)	1,300,000	1,300,000
11. Child Protective Services – Child Welfare Training for Counties (Transfer From TANF)	737,067	737,067
12. Home and Community Care Block Grant (HCCBG)	2,696,888	2,696,888
13. Child Advocacy Centers (Transfer from TANF $1,582,000)	2,000,000	2,000,000
14. Guardianship – Division of Social Services	1,802,671	1,802,671
15. Foster Care Services (Transfer From TANF)	1,385,152	1,385,152
Division of Central Management and Support		
16. DHHS Competitive Block Grants for Nonprofits	4,774,525	4,774,525
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services		

17. Mental Health Services – Adult and Child/Developmental Disabilities Program/ Substance Abuse Services – Adult	4,149,595	4,149,595
DHHS Program Expenditures		
Division of Services for the Blind		
18. Independent Living Program	3,603,793	3,603,793
Division of Health Service Regulation		
19. Adult Care Licensure Program	402,951	402,951
20. Mental Health Licensure and Certification Program	200,880	200,880
Division of Aging and Adult Services		
21. Guardianship	3,825,443	3,825,443
DHHS Administration		
22. Division of Aging and Adult Services	679,541	679,541
23. Division of Social Services	654,220	654,220
24. Office of the Secretary/Controller's Office	132,047	132,047
25. Legislative Increases/Fringe Benefits	236,278	236,278
26. Division of Child Development and Early Education	13,878	13,878
27. Division of Mental Health, Developmental Disabilities, and Substance Abuse Services	27,446	27,446
28. Division of Health Service Regulation	121,719	121,719
TOTAL SOCIAL SERVICES BLOCK GRANT	**$74,055,372**	**$74,055,372**
LOW-INCOME ENERGY ASSISTANCE BLOCK GRANT		
Local Program Expenditures		
Division of Social Services		
01. Low-Income Energy Assistance Program (LIEAP)	$40,298,638	$40,298,638
02. Crisis Intervention Program (CIP)	40,298,638	40,298,638

Local Administration		
Division of Social Services		
03. County DSS Administration	6,618,366	6,618,366
DHHS Administration		
Division of Central Management and Support		
04. Division of Social Services	10,000	10,000
05. Office of the Secretary/DIRM	128,954	128,954
06. Office of the Secretary/Controller's Office	18,378	18,378
07. NC FAST Development	2,287,188	2,287,188
08. NC FAST Operations and Maintenance	2,539,033	2,539,033
Transfers to Other State Agencies		
Department of Environmental Quality		
09. Weatherization Program	8,692,641	8,552,641
10. Heating Air Repair and Replacement Program (HARRP)	5,881,761	5,701,761
11. Local Residential Energy Efficiency Service Providers – Weatherization	544,742	514,742
12. Local Residential Energy Efficiency Service Providers – HARRP	327,169	277,169
13. DEQ – Weatherization Administration	544,742	514,742
14. DEQ – HARRP Administration	277,169	277,169
Department of Administration		
15. N.C. Commission on Indian Affairs	87,736	87,736
TOTAL LOW-INCOME ENERGY ASSISTANCE BLOCK GRANT	**$108,555,155**	**$108,125,155**
CHILD CARE AND DEVELOPMENT FUND BLOCK GRANT		
Local Program Expenditures		

Division of Child Development and Early Education		
01. Child Care Services	$232,109,943	$239,499,318
02. Smart Start Subsidy	7,392,654	7,392,654
03. Transfer from TANF Block Grant for Child Care Subsidies	21,773,001	21,773,001
04. Quality and Availability Initiatives (TEACH Program $3,800,000)	55,217,124	55,217,124
DHHS Administration		
Division of Child Development and Early Education		
05. DCDEE Administrative Expenses	9,710,886	9,710,886
Division of Social Services		
06. Local Subsidized Child Care Services Support	18,533,357	18,533,357
07. Direct Deposit for Child Care Payments	505,100	505,100
Division of Central Management and Support		
08. NC FAST Development	464,290	0
09. NC FAST Operations and Maintenance	1,104,504	1,201,697
10. DHHS Central Administration – DIRM Technical Services	645,162	645,162
11. DHHS Central Administration	7,346	7,346
Division of Public Health		
12. Child Care Health Consultation Contracts	62,205	62,205
TOTAL CHILD CARE AND DEVELOPMENT FUND BLOCK GRANT	**$347,525,572**	**$354,547,850**
MENTAL HEALTH SERVICES BLOCK GRANT		
Local Program Expenditures		
01. Mental Health Services – Child	$4,779,087	$4,779,087
02. Mental Health Services – Adult/Child	18,531,361	18,531,360

03. Mental Health Services – First Psychotic Symptom Treatment	1,976,970	1,976,970
DHHS Administration		
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services		
04. Administration	200,000	200,000
TOTAL MENTAL HEALTH SERVICES BLOCK GRANT	**$25,487,418**	**$25,487,417**
SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT		
Local Program Expenditures		
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services		
01. Substance Abuse – HIV and IV Drug	$2,550,915	$2,550,915
02. Substance Abuse Prevention	9,110,422	9,110,422
03. Substance Abuse Services – Treatment for Children/Adults (Medication-Assisted Opioid Use Disorder Treatment Pilot Program $500,000; First Step Farm of WNC, Inc. $100,000)	29,856,450	29,856,449
05. Crisis Solutions Initiatives – Collegiate Wellness/Addiction Recovery	1,085,000	1,085,000
06. Crisis Solutions Initiatives – Community Paramedic Mobile Crisis Management	20,000	20,000
DHHS Program Expenditures		
Division of Central Management and Support		
07. Competitive Grants	1,600,000	1,600,000
DHHS Administration		
Division of Mental Health, Developmental Disabilities, and Substance Abuse Services		
08. Administration	454,000	454,000
09. Controlled Substance Reporting System Enhancement	427,655	427,655
10. Veterans Initiatives	250,000	250,000

Division of Public Health		
11. HIV Testing for Individuals in Substance Abuse Treatment	241,488	0
TOTAL SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT	**$45,595,930**	**$45,354,441**
MATERNAL AND CHILD HEALTH BLOCK GRANT		
Local Program Expenditures		
Division of Public Health		
01. Women and Children's Health Services (Safe Sleep Campaign $45,000; Sickle Cell Centers $100,000; Prevent Blindness $575,000; March of Dimes $350,000; Teen Pregnancy Prevention Initiatives $650,000; 17P Project $52,000; Nurse-Family Partnership $950,000; Perinatal & Neonatal Outreach Coordinator Contracts $440,000; Mountain Area Pregnancy Services $50,000)	$14,719,224	$14,719,224
02. Oral Health	48,227	48,227
03. Evidence-Based Programs in Counties With Highest Infant Mortality Rates	1,575,000	1,575,000
DHHS Program Expenditures		
04. Children's Health Services	1,427,323	1,427,323
05. Women's Health – Maternal Health	169,864	169,864
06. Women and Children's Health – Perinatal Strategic Plan Support Position	68,245	68,245
07. State Center for Health Statistics	158,583	158,583
08. Health Promotion – Injury and Violence Prevention	87,271	87,271
DHHS Administration		
09. Division of Public Health Administration	552,571	552,571
TOTAL MATERNAL AND CHILD HEALTH BLOCK GRANT	**$18,806,308**	**$18,806,308**
PREVENTIVE HEALTH SERVICES BLOCK GRANT		

Local Program Expenditures		
01. Physical Activity and Prevention	$3,030,116	$3,030,116
02. Injury and Violence Prevention (Services to Rape Victims – Set-Aside)	160,000	160,000
DHHS Program Expenditures		
Division of Public Health		
03. HIV/STD Prevention and Community Planning	137,648	137,648
04. Oral Health Preventive Services	150,000	150,000
05. Laboratory Services – Testing, Training, and Consultation	21,000	21,000
06. Injury and Violence Prevention (Services to Rape Victims – Set-Aside)	53,206	53,206
07. Performance Improvement and Accountability	592,123	592,123
08. State Center for Health Statistics	82,505	82,505
DHHS Administration		
Division of Public Health		
09. Division of Public Health	65,000	65,000
TOTAL PREVENTIVE HEALTH SERVICES BLOCK GRANT	**$4,291,598**	**$4,291,598**
COMMUNITY SERVICES BLOCK GRANT		
01. Community Action Agencies	$22,354,709	$22,354,709
02. Discretionary Funding	921,096	921,096
03. Office of Economic Opportunity	981,096	981,096
04. Office of Economic Opportunity – Workforce Investment Opportunities Act (WIOA)	60,000	60,000
TOTAL COMMUNITY SERVICES BLOCK GRANT	**$24,316,901**	**$24,316,901**

GENERAL PROVISIONS

SECTION 9K.1.(b) Information to Be Included in Block Grant Plans. – The Department of Health and Human Services shall submit a separate plan for each Block Grant received and administered by the Department, and each plan shall include the following:

(1) A delineation of the proposed allocations by program or activity, including State and federal match requirements.

(2) A delineation of the proposed State and local administrative expenditures.

(3) An identification of all new positions to be established through the Block Grant, including permanent, temporary, and time-limited positions.

(4) A comparison of the proposed allocations by program or activity with two prior years' program and activity budgets and two prior years' actual program or activity expenditures.

(5) A projection of current year expenditures by program or activity.

(6) A projection of federal Block Grant funds available, including unspent federal funds from the current and prior fiscal years.

(7) The required amount of maintenance of effort and the amount of funds qualifying for maintenance of effort in the previous year delineated by program or activity.

SECTION 9K.1.(c) Changes in Federal Fund Availability. – If the Congress of the United States increases the federal fund availability for any of the Block Grants or contingency funds and other grants related to existing Block Grants administered by the Department of Health and Human Services from the amounts appropriated in this act, the Department shall allocate the increase proportionally across the program and activity appropriations identified for that Block Grant in this section. In allocating an increase in federal fund availability, the Office of State Budget and Management shall not approve funding for new programs or activities not appropriated in this act.

If the Congress of the United States decreases the federal fund availability for any of the Block Grants or contingency funds and other grants related to existing Block Grants administered by the Department of Health and Human Services from the amounts appropriated in this act, the Department shall develop a plan to adjust the Block Grants based on reduced federal funding.

Notwithstanding the provisions of this subsection, for fiscal years 2019-2020 and 2020-2021, increases in the federal fund availability for the Temporary Assistance to Needy Families (TANF) Block Grant shall be used only for the North Carolina Child Care Subsidy program to pay for child care in four- or five-star rated facilities for 4-year-old children and shall not be used to supplant State funds.

Prior to allocating the change in federal fund availability, the proposed allocation must be approved by the Office of State Budget and Management. If the Department adjusts the allocation of any Block Grant due to changes in federal fund availability, then a report shall be made to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

SECTION 9K.1.(d) Except as otherwise provided, appropriations from federal Block Grant funds are made for each year of the fiscal biennium ending June 30, 2021, according to the schedule enacted for State fiscal years 2019-2020 and 2020-2021 or until a new schedule is enacted by the General Assembly.

SECTION 9K.1.(e) All changes to the budgeted allocations to the Block Grants or contingency funds and other grants related to existing Block Grants administered by the Department of Health and Human Services that are not specifically addressed in this section shall be approved by the Office of State Budget and Management. The Office of State Budget and Management shall not approve funding for new programs or activities not appropriated in this section. Additionally, if budgeted allocations are decreased, the Office of State Budget and

Management shall not approve any reduction of funds designated for subrecipients in subsection (a) of this section under (i) Item 03 of the Substance Abuse Prevention and Treatment Block Grant or (ii) Item 01 of the Maternal and Child Health Block Grant. The Office of State Budget and Management shall consult with the Joint Legislative Oversight Committee on Health and Human Services for review prior to implementing any changes. In consulting, the report shall include an itemized listing of affected programs, including associated changes in budgeted allocations. All changes to the budgeted allocations to the Block Grants shall be reported immediately to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division. This subsection does not apply to Block Grant changes caused by legislative salary increases and benefit adjustments.

SECTION 9K.1.(f) Except as otherwise provided, the Department of Health and Human Services shall have flexibility to transfer funding between the Temporary Assistance for Needy Families (TANF) Block Grant and the TANF Emergency Contingency Funds Block Grant so long as the total allocation for the line items within those block grants remains the same.

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) FUNDS

SECTION 9K.1.(g) The sum of eighty million ninety-three thousand five hundred sixty-six dollars ($80,093,566) for each year of the 2019-2021 fiscal biennium appropriated in this act in TANF funds to the Department of Health and Human Services, Division of Social Services, shall be used for Work First County Block Grants. The Division shall certify these funds in the appropriate State-level services based on prior year actual expenditures. The Division has the authority to realign the authorized budget for these funds among the State-level services based on current year actual expenditures. The Division shall also have the authority to realign appropriated funds from Work First Family Assistance for electing counties to the Work First County Block Grant for electing counties based on current year expenditures so long as the electing counties meet Maintenance of Effort requirements.

SECTION 9K.1.(h) The sum of nine million four hundred twelve thousand three hundred ninety-one dollars ($9,412,391) appropriated in this act to the Department of Health and Human Services, Division of Social Services, in TANF funds for each fiscal year of the 2019-2021 fiscal biennium for child welfare improvements shall be allocated to the county departments of social services for hiring or contracting staff to investigate and provide services in Child Protective Services cases; to provide foster care and support services; to recruit, train, license, and support prospective foster and adoptive families; and to provide interstate and post-adoption services for eligible families.

Counties shall maintain their level of expenditures in local funds for Child Protective Services workers. Of the Block Grant funds appropriated for Child Protective Services workers, the total expenditures from State and local funds for fiscal years 2019-2020 and 2020-2021 shall not be less than the total expended from State and local funds for the 2012-2013 fiscal year.

SECTION 9K.1.(i) The sum of two million twenty-six thousand eight hundred seventy-seven dollars ($2,026,877) appropriated in this act in TANF funds to the Department of Health and Human Services, Special Children Adoption Fund, for each fiscal year of the 2019-2021 fiscal biennium shall be used in accordance with G.S. 108A-50.2. The Division of Social Services, in consultation with the North Carolina Association of County Directors of Social Services and representatives of licensed private adoption agencies, shall develop guidelines for the awarding of funds to licensed public and private adoption agencies upon the adoption of children described in G.S. 108A-50 and in foster care. Payments received from the Special Children Adoption Fund by participating agencies shall be used exclusively to enhance the adoption services program. No local match shall be required as a condition for receipt of these funds.

SECTION 9K.1.(j) The sum of one million four hundred thousand dollars ($1,400,000) appropriated in this act in TANF funds to the Department of Health and Human

Services, Division of Social Services, for each fiscal year of the 2019-2021 fiscal biennium shall be used for child welfare initiatives to (i) enhance the skills of social workers to improve the outcomes for families and children involved in child welfare and (ii) enhance the provision of services to families in their homes in the least restrictive setting.

SECTION 9K.1.(k) Of the three million four hundred fifty thousand dollars ($3,450,000) allocated in this act in TANF funds to the Department of Health and Human Services, Division of Public Health, for each year of the 2019-2021 fiscal biennium for teen pregnancy prevention initiatives, the sum of five hundred thousand dollars ($500,000) in each year of the 2019-2021 fiscal biennium shall be used to provide services for youth in foster care or the juvenile justice system.

SOCIAL SERVICES BLOCK GRANT

SECTION 9K.1.(*l*) The sum of nineteen million nine hundred five thousand eight hundred forty-nine dollars ($19,905,849) for each year of the 2019-2021 fiscal biennium appropriated in this act in the Social Services Block Grant to the Department of Health and Human Services, Division of Social Services, and the sum of thirteen million ninety-seven thousand seven hundred eighty-three dollars ($13,097,783) for each year of the 2019-2021 fiscal biennium transferred from funds appropriated in the TANF Block Grant shall be used for county block grants. The Division shall certify these funds in the appropriate State-level services based on prior year actual expenditures. The Division has the authority to realign the authorized budget for these funds, as well as State Social Services Block Grant funds, among the State-level services based on current year actual expenditures.

Of the funds allocated in this subsection for each year of the 2019-2021 fiscal biennium for county block grants, three million dollars ($3,000,000) shall be used to assist counties in the implementation of Project 4, Child Services, in North Carolina Families Accessing Services Through Technology (NC FAST).These funds shall be available in each fiscal year of the fiscal biennium for this purpose.

SECTION 9K.1.(m) The sum of one million three hundred thousand dollars ($1,300,000) appropriated in this act in the Social Services Block Grant to the Department of Health and Human Services, Division of Social Services, for each fiscal year of the 2019-2021 fiscal biennium shall be used to support various child welfare training projects as follows:

(1) Provide a regional training center in southeastern North Carolina.
(2) Provide training for residential child caring facilities.
(3) Provide for various other child welfare training initiatives.

SECTION 9K.1.(n) The Department of Health and Human Services is authorized, subject to the approval of the Office of State Budget and Management, to transfer Social Services Block Grant funding allocated for departmental administration between divisions that have received administrative allocations from the Social Services Block Grant.

SECTION 9K.1.(o) Social Services Block Grant funds appropriated for the Special Children Adoption Incentive Fund shall require a fifty percent (50%) local match.

SECTION 9K.1.(p) The sum of five million forty thousand dollars ($5,040,000) appropriated in this act in the Social Services Block Grant for each fiscal year of the 2019-2021 fiscal biennium shall be allocated to the Department of Health and Human Services, Division of Social Services. The Division shall allocate these funds to local departments of social services to replace the loss of Child Protective Services State funds that are currently used by county governments to pay for Child Protective Services staff at the local level. These funds shall be used to maintain the number of Child Protective Services workers throughout the State. These Social Services Block Grant funds shall be used to pay for salaries and related expenses only and are exempt from 10A NCAC 71R .0201(3) requiring a local match of twenty-five percent (25%).

SECTION 9K.1.(q) The sum of four million seven hundred seventy-four thousand five hundred twenty-five dollars ($4,774,525) for each year of the 2019-2021 fiscal biennium

appropriated in this act in the Social Services Block Grant to the Department of Health and Human Services (DHHS), Division of Central Management and Support, shall be used for DHHS competitive block grants pursuant to Section 9B.8 of this act. These funds are exempt from the provisions of 10A NCAC 71R .0201(3).

SECTION 9K.1.(r) The sum of two million dollars ($2,000,000) appropriated in this act in the Social Services Block Grant for each fiscal year of the 2019-2021 fiscal biennium to the Department of Health and Human Services, Division of Social Services, shall be used to continue support for the Child Advocacy Centers, and the funds are exempt from the provisions of 10A NCAC 71R .0201(3).

SECTION 9K.1.(s) The sum of three million eight hundred twenty-five thousand four hundred forty-three dollars ($3,825,443) for each fiscal year of the 2019-2021 fiscal biennium appropriated in this act in the Social Services Block Grant to the Department of Health and Human Services, Divisions of Social Services and Aging and Adult Services, shall be used for guardianship services pursuant to Chapter 35A of the General Statutes. The Department may expend funds allocated in this section to support existing corporate guardianship contracts during the 2019-2020 and 2020-2021 fiscal years.

SECTION 9K.1.(t) Of the funds appropriated in the Social Services Block Grant to the Division of Aging and Adult Services for Adult Protective Services, the sum of four hundred seventy-five thousand forty-one dollars ($475,041) shall be used to increase the number of Adult Protective Services workers where these funds can be the most effective. These funds shall be used to pay for salaries and related expenses and shall not be used to supplant any other source of funding for staff. These funds are also exempt from 10A NCAC 71R .0201(3) requiring a local match of twenty-five percent (25%).

SECTION 9K.1.(u) The sum of seven hundred thirty-seven thousand sixty-seven dollars ($737,067) appropriated in this act in the Social Services Block Grant for each fiscal year of the 2019-2021 fiscal biennium shall be allocated to the Department of Health and Human Services, Division of Social Services. These funds shall be used to assist with training needs for county child welfare training staff and shall not be used to supplant any other source of funding for staff. County departments of social services are exempt from 10A NCAC 71R .0201(3) requiring a local match of twenty-five percent (25%).

LOW-INCOME ENERGY ASSISTANCE BLOCK GRANT

SECTION 9K.1.(v) Additional emergency contingency funds received may be allocated for Energy Assistance Payments or Crisis Intervention Payments without prior consultation with the Joint Legislative Oversight Committee on Health and Human Services. Additional funds received shall be reported to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division upon notification of the award. The Department of Health and Human Services shall not allocate funds for any activities, including increasing administration, other than assistance payments, without prior consultation with the Joint Legislative Oversight Committee on Health and Human Services.

SECTION 9K.1.(w) The sum of forty million two hundred ninety-eight thousand six hundred thirty-eight dollars ($40,298,638) for each year of the 2019-2021 fiscal biennium appropriated in this act in the Low-Income Energy Assistance Block Grant to the Department of Health and Human Services, Division of Social Services, shall be used for Energy Assistance Payments for the households of (i) elderly persons age 60 and above with income up to one hundred thirty percent (130%) of the federal poverty level and (ii) disabled persons eligible for services funded through the Division of Aging and Adult Services.

County departments of social services shall submit to the Division of Social Services an outreach plan for targeting households with 60-year-old household members no later than August 1 of each year. The outreach plan shall comply with the following:

(1) Ensure that eligible households are made aware of the available assistance, with particular attention paid to the elderly population age 60 and above and disabled persons receiving services through the Division of Aging and Adult Services.
(2) Include efforts by the county department of social services to contact other State and local governmental entities and community-based organizations to (i) offer the opportunity to provide outreach and (ii) receive applications for energy assistance.
(3) Be approved by the local board of social services or human services board prior to submission.

CHILD CARE AND DEVELOPMENT FUND BLOCK GRANT

SECTION 9K.1.(x) Payment for subsidized child care services provided with federal TANF funds shall comply with all regulations and policies issued by the Division of Child Development and Early Education for the subsidized child care program.

SECTION 9K.1.(y) If funds appropriated through the Child Care and Development Fund Block Grant for any program cannot be obligated or spent in that program within the obligation or liquidation periods allowed by the federal grants, the Department may move funds to child care subsidies, unless otherwise prohibited by federal requirements of the grant, in order to use the federal funds fully.

MENTAL HEALTH SERVICES BLOCK GRANT

SECTION 9K.1.(z) The sum of one million nine hundred seventy-six thousand nine hundred seventy dollars ($1,976,970) appropriated in this act in the Mental Health Services Block Grant to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for each year of the 2019-2021 fiscal biennium is allocated for Mental Health Services – First Psychotic Symptom Treatment.

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

SECTION 9K.1.(aa) The sum of two hundred fifty thousand dollars ($250,000) appropriated in this act in the Substance Abuse Prevention and Treatment Block Grant to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, for each fiscal year of the 2019-2021 fiscal biennium shall be used to support Veterans initiatives.

MATERNAL AND CHILD HEALTH BLOCK GRANT

SECTION 9K.1.(bb) If federal funds are received under the Maternal and Child Health Block Grant for abstinence education, pursuant to section 912 of Public Law 104-193 (42 U.S.C. § 710), for the 2019-2020 fiscal year or the 2020-2021 fiscal year, then those funds shall be transferred to the State Board of Education to be administered by the Department of Public Instruction. The Department of Public Instruction shall use the funds to establish an abstinence until marriage education program and shall delegate to one or more persons the responsibility of implementing the program and G.S. 115C-81(e1)(4) and (4a). The Department of Public Instruction shall carefully and strictly follow federal guidelines in implementing and administering the abstinence education grant funds.

SECTION 9K.1.(cc) The sum of one million five hundred seventy-five thousand dollars ($1,575,000) appropriated in this act in the Maternal and Child Health Block Grant to the Department of Health and Human Services, Division of Public Health, for each year of the 2019-2021 fiscal biennium shall be used for evidence-based programs in counties with the highest infant mortality rates. The Division shall report on (i) the counties selected to receive the allocation, (ii) the specific evidence-based services provided, (iii) the number of women served,

and (iv) any impact on the counties' infant mortality rate. The Division shall report its findings to the House of Representatives Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division no later than December 31 of each year.

SECTION 9K.1.(dd) The sum of sixty-eight thousand two hundred forty-five dollars ($68,245) allocated in this section in the Maternal and Child Health Block Grant to the Department of Health and Human Services, Division of Public Health, Women and Children's Health Section, for each fiscal year of the 2019-2021 fiscal biennium shall not be used to supplant existing State or federal funds. This allocation shall be used for a Public Health Program Consultant position assigned full-time to manage the North Carolina Perinatal Health Strategic Plan and provide staff support for the stakeholder work group.

SECTION 9K.1.(ee) The sum of one hundred thousand dollars ($100,000) allocated in this section in the Maternal and Child Health Block Grant to the Department of Health and Human Services, Division of Public Health, for each year of the 2019-2021 fiscal biennium for community-based sickle cell centers shall not be used to supplant existing State or federal funds.

Visitor Sign-in

Senate Committee on Appropriations on Health and Human Services

May 28, 2019 3:00 PM Room 421

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

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Sarah Bales	Brooker, HS 50
Andrea Pubs	Southern Health
Peyton Mayman	S
Dawn Vaughan	News + Observer
Pam Shipman	Monarch
Elizabeth Robinson	NCRMH
Rachel Beaudin	PBLaw
Chris Wall	PC

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Senate Committee on Appropriations on Health and Human Services

May 28, 2019 3:00 PM Room 421

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Jackson Taylor	JSC
	Council
Grace Ivey	WW
David Collins	WW
Ryan Blankenship	Cone Health
Sue Forest	NCMS
Marissa Turner	TSS
Carlisle Harris	TSS
	STAHC

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May 28, 2019 3:00 PM Room 421

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Ardis Watkins	SEANC
Christine Cruz	WakeMed
Kara Weishaar	SA
Tiffany Gladney	NC Rural Center
Brendan Kelley	NC Justice Center
Hampton Billips	KTS
April Neumann	MWC
W. Gordon Culp	PPAB
Rob Hurley	
Scott Castle	NCA
Michelle Rivers	NCEEC
Sarah McQuillan	NCA

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Senate Committee on Appropriations on Health and Human Services

May 28, 2019 3:00 PM Room 421

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Matt Gross	DHHS
Hattie Gawande	DHHS
Jamaica Pfister	CHS
Marilyn Avila	CHS
Lexi Quarry	Smart Start + NCDA
Andy Chase	KMA
Hugh Johnson	NCACC
Ken Melton	KMA
TRACY COLVARD	AHNC
Daniel VanLoon	VDH
Leah Bovens	NCHA
Rick Zechini	Williams Mullen
Susie Farrell	FL

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Senate Committee on Appropriations on Health and Human Services

May 28, 2019 3:00 PM Room 421

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NAME	FIRM OR AGENCY / BILL No.
Jeff Horn	NCSHA
J. Peters	CSS
J Peters	CSS
Kari Barsness	BPS
JEFF BARNHART	MWC
Brian Perkins	Alliance Health
Clay Vick	FL
Jacob Orman	FL
Dodie Renfro	Nelson Mullins
JASON JOYNER	NEW FRAME
Claudia Smemaker	governor's office
Michelle Frazier	UP

Senate Pages Attending

COMMITTEE: Approps. on Health & Hum. Serv. **ROOM:** 421 LOB

DATE: 5/28 **TIME:** 3 pm

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Page Name	Hometown	Sponsoring Senator
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4. Hunter Martin	Nashville	Horner
5. Colin Williams	Goldsboro	Perry
6.		
7.		
8.		

Pages: Present this form to either the Committee Clerk at the meeting or to the Sgt-at-Arms.

SENATE SERGEANT-AT-ARMS

Senate Committee on Appropriations on Health and Human Services

DATE: 05-28-2019 **ROOM**: 421 **TIME**: 3:00 PM

BILLY FRITSCHER

SHEREE HEDRICK