



**STATE OF NORTH CAROLINA
OFFICE OF STATE BUDGET AND MANAGEMENT**


PAT MCCRORY
GOVERNOR

LEE HARRISS ROBERTS
STATE BUDGET DIRECTOR

October 23, 2015

MEMORANDUM

TO: Senator Phil Berger, President Pro-Tempore of the Senate
Representative Tim Moore, Speaker of the House of Representatives

FROM: Lee Harriss Roberts
State Budget Director 

SUBJECT: Grant Awards

Pursuant to Section 5.1 of Session Law 2015-241, the Office of State Budget and Management is to report to the Joint Legislative Commission on Governmental Operations prior to expending funds received from grant awards. Funding is anticipated to be received and expended for the grant(s) included in the attached Notification of Application for Grant Funds/Awards.

If you have any questions or concerns, please contact me by telephone 919-807-4717 or email to lee.roberts@osbm.nc.gov.

Thank you.

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Notification of Application for Grant Funds/Awards, 2015-16

Office of State Budget and Management, 116 West Jones Street, Raleigh, NC 27603-8005, 919-807-4700.
Instructions at http://www.osbm.state.nc.us/files/pdf_Abs/grants_instr.pdf

1 Department	Department of Health and Human Services				
2 Division (except in DHHS)	Division of Mental Health/Developmental Disabilities/Substance Abuse Services				
3 DHHS only, choose division from drop down list	DDDS Services				
4 Contact person (name)	919-715-2281				
5 Phone number	dede.severino@dhs.nc.gov				
6 E-mail	SAMHSA				
7 Funding Entity (grantor)	SAMHSA				
8 CFDA number	93.628				
9 Grant title	Planning Grants for Certified Community Behavioral Health Clinics				
10 Grant application deadline (MM/DD/YY)	08/05/15				
11 Start date of grant (MM/DD/YY)	10/20/15				
12 End date of grant (MM/DD/YY)	09/30/16				
13 Application type	New				
14 Is this grant already in agency's continuation budget?	No				
15 Budget code the grant will be expended in (XXXXX)	14460				
16 Fund code (XXXX or NA)	1463				
17 Is there a state matching requirement?	No				
18 If yes, what is the matching requirement?					
19 If yes, what is the source of state funds being used to match grant funds?					
20 Is there a maintenance of effort (MOE) requirement?	No				
21 If yes, what is the MOE?					
22 Is an additional General Fund appropriation required to meet the state match requirement?	No				
23 Will any of these funds be passed through to local governments or non-state entities?	Yes				
24 If yes, identify affected entities by type	local govt AND private non-profit AND other state agency				
25 Will additional state monies be required to continue the program if grant expires or is reduced?	No				
26 If yes, is this a requirement of the grant?					
27 Are new FTEs funded through the grant?	No				

27 If yes, give the number by type for each year	Permanent Time-Limited	For 2015-16			
		SFY 2014-15 Actual	SFY 2015-16 Authorized	SFY 2015-16 Proposed	SFY 2016-17 Proposed
28 Amount of grants (funds applied for in each year				\$978,401.00	
29 Amount of grants (funds awarded in each year				\$978,401.00	

<p>30 Purpose of grant or amendment</p>	<p>The purpose of this planning grant is to support states to certify clinics as certified community behavioral health clinics, establish a prospective payment system for Medicaid reimbursable services and prepare an application to participate in a two-year demonstration program. The awarding of Certified Community Behavioral Health Clinics (CCBHC) Planning Grants is the first phase of a two-phase process. Phase I provides funds for one year to states to certify community behavioral health clinics, establish a Prospective Payment System (PPS) for Medicaid reimbursable behavioral health services provided by the certified clinics, and prepare an application to participate in a two-year demonstration program. Up to eight states that participated in the CCBHC Planning Grants will be selected to participate in Phase II, the demonstration program. Populations to be served are adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders.</p>
<p>31 Comments</p>	

Return completed form as email attachment and indicate in message that proper agency sign-offs have been obtained. Contact your OSBM budget analyst if you have questions.