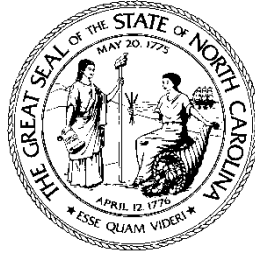


GENERAL ASSEMBLY OF NORTH CAROLINA



SPECIAL PROVISIONS
HOUSE APPROPRIATIONS, HEALTH AND HUMAN SERVICES REPORT

MAY 12, 2016

Report Last Updated: May 12, 2016 12:49 p.m.

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GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-HHSADMN-H2-P

Administrative Offices – DHHS
House Appropriations, Health and Human Services

Requested by

1 **FUNDS FOR NORTH CAROLINA FAMILIES ACCESSING SERVICES THROUGH**
2 **TECHNOLOGY (NC FAST)**

3 **SECTION #.** Section 12A.7 of S.L. 2015-241 reads as rewritten:

4 **"SECTION 12A.7.(a)** Funds appropriated in this act in the amount of five million eight
5 hundred three thousand dollars (\$5,803,000) for the 2015-2016 fiscal year and thirteen million
6 fifty-two thousand dollars (\$13,052,000) for the 2016-2017 fiscal year along with prior year
7 earned revenue in the amount of nine million four hundred thousand dollars (\$9,400,000) for the
8 2015-2016 fiscal year and ten million nine hundred eighty-nine thousand seventeen dollars
9 (\$10,989,017) for the 2016-2017 fiscal year; and for each of those fiscal years, the cash balance in
10 Budget Code 24410 Fund 2411 for the North Carolina Families Accessing Services through
11 Technology (NC FAST) project shall be used to match federal funds ~~in the 2015-2016 and~~
12 ~~2016-2017 fiscal years~~ to expedite the development and implementation of Child Care, Low
13 Income Energy Assistance, Crisis Intervention Programs, Child Services, ~~and~~ NC FAST
14 Federally-Facilitated Marketplace (FFM) ~~Interoperability~~ Interoperability, and Additional
15 Medicaid Eligibility Requirements and Enterprise Program Integrity components of the NC FAST
16 program. The Department shall report any changes in approved federal funding or federal match
17 rates within 30 days after the change to the Joint Legislative Oversight Committees on Health and
18 Human Services and Information Technology and the Fiscal Research Division.

19 **SECTION 12A.7.(b)** Departmental receipts appropriated in this act in the amount of
20 nine million eight hundred seventy-one thousand fifty-nine dollars (\$9,871,059) for the 2015-2016
21 fiscal year and ~~thirteen million two hundred twenty thousand six hundred sixty five dollars~~
22 ~~(\$13,220,665)~~ twenty-five million eight hundred fifty-eight thousand one hundred eighty-seven
23 dollars (\$25,858,187) for the 2016-2017 fiscal year shall be used to provide ongoing maintenance
24 and operations for the NC FAST system, including the creation of three full-time equivalent
25 technology support analyst positions."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

**Proofed
SPECIAL PROVISION**



2016-HHSADMN-H4-P

**Administrative Offices – DHHS
House Appropriations, Health and Human Services**

Requested by

- 1 ***ELIMINATION OF NC TRACKS ICD-10 IMPLEMENTATION REPORT***
- 2 **SECTION #.** Section 12A.6(b) of S.L. 2015-241 is repealed.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-HHSADMN-H5-P

Administrative Offices – DHHS
House Appropriations, Health and Human Services

Requested by

1 ***FINAL REPORT ON COMMUNITY PARAMEDICINE PILOT PROGRAM***

2 **SECTION #.** Section 12A.12(e) of S.L. 2015-241 reads as rewritten:

3 **"SECTION 12A.12.(e)** The Department of Health and Human Services shall submit a final
4 report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal
5 Research Division by ~~November 1, 2016.~~March 1, 2017. At a minimum, the final report shall
6 include all of the following:

- 7 (1) An updated version of the evaluation plan required by subsection (d) of this
8 section.
9 (2) An estimate of the cost to expand the program incrementally and statewide.
10 (3) An estimate of any potential savings of State funds associated with expansion
11 of the program.
12 (4) If expansion of the program is recommended, a time line for expanding the
13 program."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

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SPECIAL PROVISION



2016-HHSADMN-H6-P

Administrative Offices – DHHS
House Appropriations, Health and Human Services

Requested by

1 ***CONTRACTING SPECIALIST TRAINING PROGRAM***

2 **SECTION #.(a)** The School of Government at the University of North Carolina at
3 Chapel Hill (SOG), in collaboration with the Director of Procurement, Contracts and Grants for
4 the Department of Health and Human Services, shall prepare a proposal for the design of a
5 contracting specialist training program for management level personnel within the Department that
6 is based on both national standards and the Certified Local Government Purchasing Officer
7 Program administered by the SOG. By August 1, 2016, the SOG and the Department shall submit
8 the proposal prepared pursuant to this subsection to the Joint Legislative Oversight Committee on
9 Health and Human Services and the Fiscal Research Division.

10 **SECTION #.(b)** The SOG, in collaboration with the Director of Procurement,
11 Contracts and Grants for the Department of Health and Human Services, shall prepare a proposal
12 for the implementation and administration of the contracting specialist training program for
13 management level personnel within the Department. The proposal shall include budget estimates
14 for program implementation and administration based on the requirements of the program design.
15 The SOG and the Department shall submit the proposal prepared pursuant to this subsection,
16 including budget estimates for program implementation and administration, to the House
17 Appropriations Committee on Health and Human Services, the Senate Appropriations Committee
18 on Health and Human Services, and the Fiscal Research Division for consideration during the
19 2017 Regular Session.

20 **SECTION #.(c)** This section is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-HHSADMN-H3-P

Administrative Offices – DHHS
House Appropriations, Health and Human Services

Requested by

1 **REVISE LIST OF INITIATIVES/COMPETITIVE GRANTS/NONPROFIT**
2 **ORGANIZATIONS**

3 **SECTION #.** Section 12A.8(b)(4) of S.L. 2015-241 reads as rewritten:

4 **"SECTION 12A.8.(b)** The Department shall continue administering a competitive grants
5 process for nonprofit funding. The Department shall administer a plan that, at a minimum,
6 includes each of the following:

- 7 ...
- 8 (4) A process that awards grants to nonprofits that have the capacity to provide
- 9 services on a statewide basis and that support any of the following State health
- 10 and wellness initiatives:
- 11 a. A program targeting advocacy, support, education, or residential
- 12 services for persons diagnosed with autism.
- 13 b. A system of residential supports for those afflicted with substance abuse
- 14 addiction.
- 15 c. A program of advocacy and supports for individuals with intellectual
- 16 and developmental disabilities or severe and persistent mental illness,
- 17 substance abusers, or the elderly.
- 18 d. Supports and services to children and adults with developmental
- 19 disabilities or mental health diagnoses.
- 20 ~~e. A food distribution system for needy individuals.~~
- 21 f. The provision and coordination of services for the homeless.
- 22 g. The provision of services for individuals aging out of foster care.
- 23 h. Programs promoting wellness, physical activity, and health education
- 24 programming for North Carolinians.
- 25 ~~i. The provision of services and screening for blindness.~~
- 26 j. A provision for the delivery of after-school services for apprenticeships
- 27 or mentoring at-risk youth.
- 28 k. The provision of direct services for amyotrophic lateral sclerosis (ALS)
- 29 and those diagnosed with the disease.
- 30 l. A comprehensive smoking prevention and cessation program that
- 31 screens and treats tobacco use in pregnant women and postpartum
- 32 mothers.
- 33 m. A program providing short-term or long-term residential substance
- 34 abuse services. For purposes of this sub-subdivision, "long-term" means
- 35 a minimum of 12 months."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-HHSADMN-H7-P

Administrative Offices – DHHS
House Appropriations, Health and Human Services

Requested by

1 **REPORTS BY NON-STATE ENTITIES RECEIVING DIRECT APPROPRIATIONS**

2 **SECTION #.(a)** The Department of Health and Human Services shall require the
3 following non-State entities to match ten percent (10%) of the total amount of State appropriations
4 received each fiscal year. In addition, the Department shall direct these entities to submit a written
5 report annually, beginning November 1, 2017, of all activities funded by State appropriations to
6 the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research
7 Division:

- 8 (1) Food Bank of Central and Eastern North Carolina, Inc.
- 9 (2) Food Bank of the Albemarle.
- 10 (3) Manna Food Bank.
- 11 (4) Second Harvest Food Bank of Metrolina, Inc.
- 12 (5) Second Harvest Food Bank of Northwest North Carolina, Inc.
- 13 (6) Second Harvest Food Bank of Southeast North Carolina.
- 14 (7) North Carolina Association of Feeding America Food Banks.
- 15 (8) Prevent Blindness NC.

16 **SECTION #.(b)** The report required by subsection (a) of this section shall include the
17 following information about the fiscal year preceding the year in which the report is due:

- 18 (1) The entity's mission, purpose, and governance structure.
- 19 (2) A description of the types of programs, services, and activities funded by State
20 appropriations.
- 21 (3) Statistical and demographical information on the number of persons served by
22 these programs, services, and activities, including the counties in which
23 services are provided.
- 24 (4) Outcome measures that demonstrate the impact and effectiveness of the
25 programs, services, and activities.
- 26 (5) A detailed program budget and list of expenditures, including all positions
27 funded and funding sources.
- 28 (6) The source and amount of any matching funds received by the entity.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DCDEE-H6-P

Division of Child Development & Early Education - DHHS
House Appropriations, Health and Human Services

Requested by

1 *NC PRE-K/CLARIFY BUILDING STANDARDS*

2 SECTION #.(a) Section 12B.1 of S.L. 2015-241 is amended by adding a new
3 subsection to read:

4 "SECTION 12B.1.(b1) Building Standards. – Public schools operating prekindergarten
5 classrooms shall meet the building standards for preschool students as provided in
6 G.S. 115C-521.1."

7 SECTION #.(b) Section 12B.1(c) of S.L. 2015-241 reads as rewritten:

8 "SECTION 12B.1.(c) Programmatic Standards. – ~~All~~ Except as provided in subsection (b1)
9 of this section, entities operating prekindergarten classrooms shall adhere to all of the policies
10 prescribed by the Division of Child Development and Early Education regarding programmatic
11 standards and classroom requirements."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DCDEE-H7-P

Division of Child Development & Early Education - DHHS
House Appropriations, Health and Human Services

Requested by

1 ***STUDY CHILD CARE SUBSIDY RATE SETTING***

2 **SECTION #.** The Department of Health and Human Services, Division of Child
3 Development and Early Education, shall study how rates are set for child care subsidy. In
4 conducting the study, the Division shall, at a minimum, review market rate studies and other
5 methodologies for establishing rates, including any cost estimation models, along with the pros
6 and cons of each method reviewed. The Division shall report to the House Appropriations
7 Committee on Health and Human Services, the Senate Appropriations Committee on Health and
8 Human Services, and the Fiscal Research Division by March 1, 2017, on any recommendations,
9 including the suggested methodology to be used for setting rates, as well as time frames for
10 implementing the methodology.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

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SPECIAL PROVISION



2016-DCDEE-H8-P

Division of Child Development & Early Education - DHHS
House Appropriations, Health and Human Services

Requested by

1 *ADDITIONAL CHILD CARE SUBSIDY MARKET RATE INCREASES/CERTAIN AGE*
2 *GROUPS AND COUNTIES*

3 **SECTION #.** Section 12B.2A of S.L. 2015-241 reads as rewritten:

4 "**SECTION 12B.2A.(a)** Beginning January 1, 2016, the Department of Health and Human
5 Services, Division of Child Development and Early Education, shall increase the child care
6 subsidy market rates to the rates recommended by the 2015 Child Care Market Rate Study from
7 birth through two years of age in three-, four-, and five-star-rated child care centers and homes in
8 tier one and tier two counties. For purposes of this section, tier one and tier two counties shall
9 have the same designations as those established by the N.C. Department of Commerce's 2015
10 County Tier Designations.

11 "**SECTION 12B.2A.(b)** Beginning October 1, 2016, the Division shall increase the child care
12 subsidy market rates to the rates recommended by the 2015 Child Care Market Rate Study from
13 age three through five years in three-, four-, and five-star-rated child care centers and homes in tier
14 one and tier two counties."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

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SPECIAL PROVISION



2016-DSS-H1A-P

Division of Social Services - DHHS
House Appropriations, Health and Human Services

Requested by

1 **CHILD WELFARE SYSTEM CHANGES**

2 **SECTION #.(a)** Federal Improvement Plan Implementation. – The Department of
3 Health and Human Services, Division of Social Services, shall implement the requirements of the
4 federal Program Improvement Plan to bring our State into compliance with national standards for
5 child welfare policy and practices. The Division shall report on the implementation and outcomes
6 of the Program Improvement Plan to the Joint Legislative Oversight Committee on Health and
7 Human Services. The report shall be submitted semiannually on February 1 and August 1 of each
8 year, with the first report submitted on August 1, 2016, and the final report on February 1, 2019.

9 **SECTION #.(b)** Statewide Strategic Plan. – The Division of Social Services shall
10 develop a statewide strategic plan for Child Protective Services that complements the required
11 federal Program Improvement Plan. The statewide strategic plan shall, at a minimum, address the
12 findings of the North Carolina Statewide Child Protective Services Evaluation, which was
13 conducted as required by Section 12C.1(f) of S.L. 2014-100, in the areas of county performance,
14 caseload sizes, administrative structure, adequacy of funding, social worker turnover, and
15 monitoring and oversight. The Division shall submit the plan to the Joint Legislative Oversight
16 Committee on Health and Human Services by December 1, 2016, for consideration by the 2017
17 General Assembly.

18 **SECTION #.(c)** Child Welfare/NC FAST. – The Department of Health and Human
19 Services, Division of Social Services, shall continue toward completion of the child welfare
20 component of the North Carolina Families Accessing Services Through Technology (NC FAST)
21 system to (i) bring the State into compliance with the Statewide Information System systematic
22 factor of the Child and Family Services Review (CFSR) and (ii) ensure that data quality meets
23 federal standards and adequate information is collected and available to counties to assist in
24 tracking children and outcomes across counties.

25 The Department of Health and Human Services, Division of Social Services, shall
26 report on the development, implementation, and outcomes of the child welfare component of the
27 NC FAST system to the Joint Legislative Oversight Committee on Health and Human Services
28 quarterly beginning October 1, 2016, and ending with a final report on October 1, 2018. The
29 report shall include, at a minimum, each of the following:

- 30 (1) The current time line for development and implementation of the child welfare
31 component to NC FAST.
- 32 (2) Any adjustments and justifications for adjustments to the time line.
- 33 (3) Progress on the development and implementation of the system.
- 34 (4) Address any identified issues in developing or implementing the child welfare
35 component to NC FAST and solutions to address those issues.
- 36 (5) The level of county participation and involvement in each phase of the project.
- 37 (6) Any budget and expenditure reports, including overall project budget and
38 expenditures, and current fiscal year budget and expenditures.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

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SPECIAL PROVISION



2016-DSS-H2-P

Division of Social Services - DHHS
House Appropriations, Health and Human Services

Requested by

1 **REVISE REPORT DATE/EBCI ASSUMPTION OF SERVICES**

2 SECTION #. Section 12C.10 of S.L. 2015-241 reads as rewritten:

3 "...

4 "**SECTION 12C.10.(d)** Approval for the Eastern Band of Cherokee Indians to administer the
5 eligibility process for Medicaid and NC Health Choice is contingent upon federal approval of
6 State Plan amendments and Medicaid waivers by the Centers for Medicare & Medicaid Services
7 (CMS). The Department of Health and Human Services, Division of Medical Assistance (DMA),
8 shall submit any State Plan amendments and Medicaid waivers necessary for the delegation of
9 authority and administrative transfer of function to the Eastern Band of Cherokee Indians or to
10 effectuate the changes required by this section and Section 12C.3 of S.L. 2014-100. All State Plan
11 amendments and Medicaid waivers submitted as allowed under this subsection shall have an
12 effective date of ~~October 1, 2016~~ April 1, 2017. DMA shall submit the State Plan amendments and
13 waivers allowed under this subsection and any related responses to CMS requests for additional
14 information to the Eastern Band of Cherokee Indians for review prior to submission to CMS. If
15 CMS does not approve the State Plan amendments and Medicaid waivers allowed by this
16 subsection, the counties shall continue serving individuals living on the federal lands held in trust
17 by the United States.

18 "**SECTION 12C.10.(e)** ~~Within 30 days of CMS approval of the State Plan amendments and~~
19 ~~Medicaid waivers submitted as allowed under subsection (d) of this section, the~~ The Department of
20 Health and Human Services shall submit an Advanced Planning Document Update (APDU) to
21 CMS, the United States Department of Agriculture (USDA), and the Administration for Children
22 and Families (ACF). If CMS, USDA, and ACF do not approve the APDU, the counties shall
23 continue serving individuals living on the federal lands held in trust by the United States.

24 "**SECTION 12C.10.(e1)** Section 12C.3(b) of S.L. 2014-100 reads as rewritten:

25 "**SECTION 12C.3.(b)** Beginning October 1, 2014, or upon federal approval, the Eastern
26 Band of Cherokee Indians may begin assuming the responsibility for the Supplemental Nutrition
27 Assistance Program (SNAP). When the Eastern Band of Cherokee Indians assumes responsibility
28 for SNAP, then any State statutes, portions of statutes, or rules relating to the provision of social
29 services regarding SNAP services by a county department of social services for members of the
30 Eastern Band of Cherokee Indians shall no longer apply to the Tribe, and the functions,
31 administration, and funding requirements relating to those social services are thereby delegated to
32 the Eastern Band of Cherokee Indians.

33 No later than ~~October 1, 2016~~ April 1, 2017, and with the exception of services related to
34 special assistance, childcare, and adult care homes, the Eastern Band of Cherokee Indians may
35 assume responsibility for other programs as described under G.S. 108A-25(e), enacted in
36 subsection (c) of this section. When the Eastern Band of Cherokee Indians assumes responsibility
37 for any of those other programs, then any State statutes, portions of statutes, or rules relating to the
38 provision of services for those programs by a county department of social services for members of
39 the Eastern Band of Cherokee Indians shall no longer apply to the Tribe, and the functions,

1 administration, and funding requirements relating to those programs are thereby delegated to the
2 Eastern Band of Cherokee Indians.

3

...

4 **"SECTION 12C.10.(f1)** The Department, in collaboration with the Eastern Band of Cherokee
5 Indians, shall draft a project plan to meet the ~~October 1, 2016~~, April 1, 2017, effective date
6 required by subsection (d) of this section. The Department shall report on the project plan to the
7 Joint Legislative Oversight Committee on Health and Human Services on or before January 1,
8 2016."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DSS-H3-P

Division of Social Services - DHHS
House Appropriations, Health and Human Services

Requested by

1 ***PILOT PROGRAM/INCREASE ACCESS TO PUBLIC BENEFITS FOR OLDER DUAL***
2 ***ELIGIBLE SENIORS***

3 **SECTION #.(a)** The Department of Health and Human Services, Division of Social
4 Services (Division), shall establish an evidence-based pilot program to increase access to public
5 benefits for seniors aged 65 and older who are dually enrolled in Medicare and Medicaid to (i)
6 improve the health and independence of seniors and (ii) reduce health care costs. On or before
7 January 1, 2017, the Division may partner with a not-for-profit firm for the purposes of engaging
8 in a data-driven campaign to help seniors aged 65 and older who are dually enrolled in Medicare
9 and Medicaid meet their basic social needs. The not-for-profit firm shall have demonstrated
10 experience in assisting with these types of services and the partnership shall accomplish each of
11 the following:

- 12 (1) Identify through data sharing, dual eligible seniors aged 65 and older who
13 qualify for the Supplemental Nutrition and Assistance Program (SNAP) but are
14 not currently enrolled.
- 15 (2) Conduct an outreach program towards those seniors for the purpose of enrolling
16 them into SNAP.
- 17 (3) Provide comprehensive application assistance through outreach specialists to
18 complete public benefits application processes.
- 19 (4) Evaluate project effectiveness and explore how data can be utilized to achieve
20 optimal outcomes.
- 21 (5) Make recommendations regarding policy options available to the State to
22 streamline access to benefits.

23 **SECTION #.(b)** The Division of Social Services shall report to the Office of the
24 Governor and the Joint Legislative Oversight Committee on Health and Human Services on its
25 progress in the pilot program by February 1 following each year the pilot program is in place. The
26 report shall, at a minimum, include the following:

- 27 (1) The number of seniors age 65 and older who are dual eligibles but are not
28 enrolled in SNAP.
- 29 (2) The number of those identified that would be included in the sample
30 population.
- 31 (3) Methods of outreach toward those seniors in the sample population.
- 32 (4) Number of to date enrollments in SNAP as a direct result of outreach during the
33 pilot program.
- 34 (5) Participation rate to date in SNAP of those seniors in the sample population.
- 35 (6) Any other findings the Division deems relevant.

36 **SECTION #.(c)** If funding and capacity exist, the Division of Social Services may
37 expand the pilot program to include other public benefits programs.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DAAS-H1-P

Division of Aging and Adult Services – DHHS
House Appropriations, Health and Human Services

Requested by

1 ***STATE-COUNTY SPECIAL ASSISTANCE RATE CHANGE***

2 **SECTION #.** Section 12D.1 of S.L. 2015-241 reads as rewritten:

3 **"SECTION 12D.1.(a)** ~~For each year of the 2015-2017 fiscal biennium, the~~ From July 1,
4 2015, through September 30, 2016, the maximum monthly rate for residents in adult care home
5 facilities shall be one thousand one hundred eighty-two dollars (\$1,182) per month per resident.
6 Beginning October 1, 2016, through the remainder of the 2016-2017 fiscal year, the maximum
7 monthly rate for residents in adult care home facilities shall be one thousand two hundred sixteen
8 dollars (\$1,216) per month per resident.

9 **"SECTION 12D.1.(b)** For each year of the 2015-2017 fiscal biennium, the maximum
10 monthly rate for residents in Alzheimer's/Dementia special care units shall be one thousand five
11 hundred fifteen dollars (\$1,515) per month per resident."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DPH-H2-P

Division of Public Health - DHHS
House Appropriations, Health and Human Services

Requested by

1 *USE OF AIDS DRUG ASSISTANCE PROGRAM (ADAP) FUNDS TO PURCHASE HEALTH*
2 *INSURANCE*

3 **SECTION #.(a)** The Department of Health and Human Services, Division of Public
4 Health, shall create within the North Carolina AIDS Drug Assistance Program (ADAP) a health
5 insurance premium assistance program that utilizes federal funds from Part B of the Ryan White
6 HIV/AIDS Program and ADAP funds to provide eligible beneficiaries with premium and
7 cost-sharing assistance for the purchase or maintenance of private health insurance coverage,
8 including premiums, co-payments, and deductibles. In creating this program, the Department shall
9 ensure full compliance with federal Health Resource and Services Administration (HRSA)
10 guidance, including the methodology used to do all of the following:

- 11 (1) Assess and compare the cost of providing prescription drugs to eligible
12 beneficiaries through the health insurance premium assistance program created
13 pursuant to this section versus the existing ADAP program.
- 14 (2) Ensure that insurance premium assistance program funds are used solely to pay
15 for premium and cost-sharing assistance for the purchase or maintenance of
16 private health insurance coverage that provides, at a minimum, prescription
17 coverage equivalent to the formulary available under Part B of the Ryan White
18 HIV/AIDS Program.
- 19 (3) Limit the total annual amount of funds expended for the health insurance
20 premium assistance program authorized by this section to no more than the total
21 annual cost of maintaining the same individuals on the existing ADAP
22 Program.

23 **SECTION #.(b)** By March 1, 2017, the Department shall submit a report to the House
24 Appropriations Committee on Health and Human Services, the Senate Appropriations Committee
25 on Health and Human Services, and the Fiscal Research Division on the operation of the program
26 authorized by subsection (a) of this section, including any obstacles to implementation.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Sent to BP
SPECIAL PROVISION



2016-DPH-H3A

Division of Public Health - DHHS
House Appropriations, Health and Human Services

Requested by

1 **HEALTHY OUT-OF-SCHOOL TIME (HOST) RECOGNITION PROGRAM**

2 **SECTION #.(a)** Program Established. - There is created the "Healthy Out-of-School
3 Time (HOST) Recognition Program" to be administered by the Department of Health and Human
4 Services, Division of Public Health, in collaboration with the North Carolina Center for After
5 School Programs based in the Public School Forum.

6 **SECTION #.(b)** Definitions. – The following definitions shall apply in this section:

- 7 (1) Department. – The Department of Health and Human Services, Division of
8 Public Health.
9 (2) HEPA Standards. – The National Institute on After School Time Healthy
10 Eating and Physical Activity Standards.
11 (3) Out-of-school time program. – Any nonlicensed program provided to children
12 and youth ages 17 and under that is currently exempt from G.S. 110-91 or any
13 other qualified out-of-school time programs that serve school-age children
14 outside of regular school hours, including before school and on weekends.
15 (4) Program attendee. – A person enrolled in an exempt out-of-school time
16 program.
17 (5) Screen time. – Time spent viewing or working on television, videos, computers,
18 or handheld devices, with or without Internet access.

19 **SECTION #.(c)** Program Development. -- The Department shall develop a process, to
20 be administered on its Internet Web site, for an out-of-school time program to be recognized as a
21 program that meets the HEPA Standards as outlined in this section. The Web site shall include all
22 resources and links that an out-of-school time program may use to meet the requirements of this
23 section. Programs being recognized shall demonstrate consistency and implementation of HEPA
24 standards.

25 The Department shall develop and implement a process for providing minimal
26 verification of self-assessments submitted by out-of-school time programs applying for
27 recognition, which may include a site visit or other form of review. At a minimum, the
28 Department shall review a random sample of program self-assessments within 30 to 60 days of
29 receipt of the assessments.

30 Periodically, or at least once every five years, the Department shall review, and if
31 necessary, revise and update the program standards to reflect advancements in nutrition science,
32 dietary data, and physical activity standards to ensure consistency with nationally recognized
33 guidelines for out-of-school time programs.

34 **SECTION #.(d)** Certificate; Program Information. -- The Department shall provide a
35 certificate to out-of-school time programs that demonstrate that the program meets HEPA
36 standards. If the out-of-school time program is located on a school site, the out-of-school time
37 program shall communicate with the school regarding nutrition education and physical activity, as
38 appropriate, to provide the program attendees with a complete educational experience. All
39 activities shall also adhere to the local school administrative unit's wellness policy, as appropriate.

1 The Department shall have information about the program available for review by a
2 parent at both the physical location of the out-of-school time program and on the program's
3 Internet Web site, if applicable. The Department shall require that the out-of-school time program
4 maintain in its records a document signed by all parents acknowledging that they are aware of the
5 HOST Recognition Program requirements and policies to institute and reinforce these specific
6 healthy behaviors for all children served in the out-of-school time program.

7 **SECTION #.(e)** Certificate Renewal. -- A certificate issued under this section shall be
8 valid for one calendar year. An out-of-school time program that wishes to create a new certificate
9 for the subsequent year shall, by January 1 of the following year and thereafter, verify with the
10 Department that the out-of-school time program continues to follow the HOST Recognition
11 Program criteria established in accordance with subsection (d) of this section.

12 **SECTION #.(f)** List of Programs. -- The Department shall maintain and update a list
13 of out-of-school time programs that qualify under the provisions of this section and shall post that
14 list on its Internet Web site, including the date of qualification for each program.

15 **SECTION #.(g)** Availability of Funds. -- The provisions of the Healthy
16 Out-of-School Time (HOST) Recognition Program enacted under this section are subject to the
17 availability of funds for that purpose.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DPH-H4-P

Division of Public Health - DHHS
House Appropriations, Health and Human Services

Requested by

1 ***DISCONTINUATION OF COMMUNITY-FOCUSED ELIMINATING HEALTH***
2 ***DISPARITIES INITIATIVE GRANTS AND REPURPOSING OF FUNDS***

3 **SECTION #.(a)** The Department of Health and Human Services, Division of Public
4 Health, shall not award any new Community-Focused Eliminating Health Disparities Initiative
5 grants under Section 12E.3 of S.L. 2015-241 after June 30, 2016.

6 **SECTION #.(b)** By September 30, 2016, the Department shall terminate all existing
7 grants awarded pursuant to Section 12E.3 of S.L. 2015-241.

8 **SECTION #.(c)** Section 12E.3 of S.L. 2015-241 is repealed effective October 1, 2016.

9 **SECTION #.(d)** Funds appropriated to the Department of Health and Human
10 Services, Division of Public Health, for the 2016-2017 fiscal year for the Community-Focused
11 Eliminating Health Disparities Initiative shall be transferred to The Chronic Disease and Injury
12 Section to establish an evidenced-based Diabetes Prevention Program (DPP) modeled after the
13 program recommended by the National Institute of Diabetes and Digestive and Kidney Diseases
14 (NIDDK), targeting African-Americans, Hispanics/Latinos, and American Indians.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Sent to BP
SPECIAL PROVISION



2016-DPH-H5

Division of Public Health - DHHS
House Appropriations, Health and Human Services

Requested by

1 **VECTOR SURVEILLANCE PROGRAM**

2 **SECTION #.(a)** As used in this section, the term vector means a living transporter and
3 transmitter of the causative agent of a disease.

4 **SECTION #.(b)** The Department of Health and Human Services, Division of Public
5 Health, shall establish and administer a vector surveillance program to protect the public health. In
6 conducting the program, the Department shall do all of the following:

- 7 (1) Conduct vector surveillance.
- 8 (2) Characterize vector borne disease risk.
- 9 (3) Recommend appropriate vector control measures.
- 10 (4) Evaluate the effectiveness of vector control measures.
- 11 (5) Provide comprehensive vector-borne disease consultation, communication, and
12 education.

13 **SECTION #.(c)** The Commission is authorized to adopt rules necessary to implement
14 the vector surveillance program established pursuant to this section.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMH-H1A-P

Divisions of MH-DD-SAS and State Operated Healthcare Facilities – DHHS
House Appropriations, Health and Human Services

Requested by

1 **MEDICATION-ASSISTED OPIOID USE DISORDER TREATMENT PILOT PROGRAM**

2 **SECTION #.(a)** Definitions. – As used in this section, the following terms have the
3 following meanings:

- 4 (1) Department. – The North Carolina Department of Health and Human Services.
5 (2) FQHC. – A federally qualified health center located in this State.
6 (3) Prescriber. – Anyone authorized to prescribe drugs pursuant to the laws of this
7 State.
8 (4) Program participant. – An individual who (i) has been clinically assessed and
9 diagnosed with opioid addiction, (ii) is selected by an FQHC to participate in
10 the pilot program authorized by this section, and (iii) as part of the pilot
11 program, receives the nonnarcotic, nonaddictive, extended-release, injectable
12 formulation of opioid antagonist approved by the United States Food and Drug
13 Administration for the prevention of relapse to opioid dependence.
14 (5) Randomized control group member. – An individual who (i) has been clinically
15 assessed and diagnosed with opioid addiction, (ii) is selected by a FQHC to
16 participate in the pilot program authorized by this section, and (iii) as part of the
17 pilot program, does not receive the nonnarcotic, nonaddictive, extended-release,
18 injectable formulation of opioid antagonist approved by the United States Food
19 and Drug Administration for the prevention of relapse to opioid dependence.

20 **SECTION #.(b)** Pilot Program. – The Department shall oversee the administration of
21 a three-year pilot program to be conducted by designated FQHCs to address North Carolina's
22 growing opioid addiction and overdose crisis. The goal of the pilot program is to study the
23 effectiveness of combining behavioral therapy with the utilization of a nonnarcotic, nonaddictive,
24 extended-release, injectable formulation of opioid antagonist approved by the United States Food
25 and Drug Administration for the prevention of relapse to opioid dependence. In conducting the
26 pilot program, selected FQHCs may collaborate with the Department, the School of Government
27 at the University of North Carolina at Chapel Hill (UNC School of Government), and any other
28 State agency that may be of assistance in accomplishing the objectives of the pilot program. Prior
29 to the initiation of this pilot program, the Department shall, in collaboration with UNC School of
30 Government, determine the number of program participants and randomized control group
31 members needed to participate in the pilot program in order to ensure sufficient statistical
32 significance to support any conclusions about the effectiveness of the pilot program.

33 **SECTION #.(c)** Selection of Participating FQHCs. – Not later than 30 days after the
34 effective date of this section, the Department shall select a minimum of three and not more than
35 five FQHCs located in different areas of the State to participate in the pilot program authorized by
36 this section, giving first priority to FQHCs that have been awarded grants by the federal Substance
37 Abuse and Mental Health Services Administration to address opioid substance use disorder.

38 **SECTION #.(d)** Selection of Program Participants. – Not later than 60 days after the
39 effective date of this section, the Department shall develop, in collaboration with UNC School of
40 Government, a methodology for selecting program participants and randomized control group

1 members at each FQHC. Only individuals who have been clinically assessed and diagnosed with
2 opioid addiction may be selected and treated as program participants and randomized control
3 group members. Individuals who have been referred from local criminal justice agencies may be
4 selected as program participants and randomized control group members.

5 **SECTION #.(e) Treatment Standards.** – As a condition of participating in the pilot
6 program authorized by this section, each FQHC shall sign a written participation agreement
7 provided by the Department that requires the FQHC to adhere to at least all of the following
8 treatment standards for the duration of its participation in the pilot program:

- 9 (1) Treatment may be provided to program participants and randomized control
10 group members only by a treatment provider who is affiliated with a
11 participating FQHC.
- 12 (2) Only individuals who have been clinically assessed and diagnosed with opioid
13 addiction may be selected and treated as program participants and randomized
14 control group members.
- 15 (3) Treatment providers at participating FQHCs shall do all of the following:
 - 16 a. Provide treatment based on an integrated service delivery model that
17 consists of the coordination of care between a prescriber and an
18 addiction services provider.
 - 19 b. Conduct any necessary additional professional, comprehensive
20 substance use disorder and mental health diagnostic assessments of
21 individuals under consideration for selection as pilot program
22 participants to determine if they would benefit from substance use
23 disorder treatment and monitoring.
 - 24 c. Determine, based on the assessments described in sub-subdivision b. of
25 this subdivision, the treatment needs of the program participants served
26 by the treatment provider.
 - 27 d. Develop individualized treatment goals and objectives for each program
28 participant.
 - 29 e. Provide program participants with access to medication-assisted
30 treatment utilizing a nonnarcotic, nonaddictive, extended-release,
31 injectable formulation of opioid antagonist.
 - 32 f. In addition to medication-assisted treatment, provide program
33 participants with other types of therapies, including behavioral
34 therapies, outpatient programs, and community support, for opioid use
35 disorder and any other disorders that are determined by the treatment
36 provider to be co-occurring disorders.
 - 37 g. In the case of medication-assisted treatment provided under the pilot
38 program, a drug may be used only if it has been approved by the United
39 States Food and Drug Administration for use in combination with
40 behavioral therapy for the prevention of relapse to opioid dependence.
 - 41 h. Comply with all applicable federal opioid treatment standards.
 - 42 i. Monitor the progress of program participants and randomized control
43 group members through the use of regular drug testing, including
44 urinalysis.

45 **SECTION #.(f) FQHC Reports.** – No later than 60 days after the effective date of this
46 section, the Department shall, in collaboration with the UNC School of Government, develop a
47 standardized methodology for the collection of information on program participants and
48 randomized control group members at each FQHC. As a condition of participating in the pilot
49 program authorized by this section, each selected FQHC must agree to follow this standardized
50 methodology for (i) collecting information on program participants and randomized control group
51 members and (ii) annually reporting that information to the Department, in the format prescribed

1 by the Department. The annual report shall include at least all of the following information, in the
2 format prescribed by the Department:

- 3 (1) For each program participant and randomized control group member, that
4 individual's age, sex, and length of treatment. This information shall be reported
5 to the Department in a manner that does not disclose personally identifying
6 information about program participants and randomized control group
7 members.
- 8 (2) The total number of program participants and the total number of randomized
9 control group members who successfully transitioned to opioid abstinence for a
10 minimum of 30 days, 60 days, 90 days, six months, 12 months, and 18 months.
- 11 (3) A comparison of program participants to the randomized control group
12 members.
- 13 (4) The amount of State appropriations expended on a per program participant
14 basis at each participating FQHC.

15 **SECTION #.(g)** Evaluation of Pilot Program. – By November 1, 2020, the
16 Department shall conduct and submit to the Joint Legislative Oversight Committee on Health and
17 Human Services a comprehensive evaluation of the effectiveness of this pilot program in
18 addressing North Carolina's growing opioid addiction and overdose crisis. The Department may
19 contract with an institution of higher education or other qualified entity with expertise in
20 evaluating programs similar to the pilot program authorized by this section. The comprehensive
21 evaluation shall include whether this pilot program was successful as measured by at least all of
22 the following:

- 23 (1) The total number of program participants who successfully transitioned to
24 opioid abstinence for a minimum of 30 days, 60 days, 90 days, six months, 12
25 months, and 18 months.
- 26 (2) A comparison of the program participants to the randomized control group
27 members.
- 28 (3) A cost-benefit analysis of the pilot program.

29 **SECTION #.(h)** Expiration. – The pilot program conducted at each selected FQHC
30 shall expire no later than three years after the date of its commencement at that particular FQHC.

31 **SECTION #.(i)** This section is effective when it becomes law.

32 **SECTION #.(j)** Funds in the amount of five hundred thousand dollars (\$500,000)
33 from the federal Substance Abuse Prevention and Treatment Block Grant shall be allocated to the
34 Department of Health and Human Services, Division of Mental Health, Developmental
35 Disabilities, and Substance Abuse Services, for the 2016-2017 fiscal year. These funds shall be
36 allocated to the FQHCs selected to participate in the pilot program authorized by this section on a
37 per program participant basis to offset the cost of the following services:

- 38 (1) Medication dispensed to program participants.
- 39 (2) Provider fees for services rendered to program participants.
- 40 (3) Up to 14 days of detoxification services.
- 41 (4) Behavioral therapy for program participants.
- 42 (5) Drug testing and monitoring of program participants.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMH-H2-P

Divisions of MH-DD-SAS and State Operated Healthcare Facilities – DHHS
House Appropriations, Health and Human Services

Requested by

1 **SINGLE-STREAM FUNDING FOR MH/DD/SAS COMMUNITY SERVICES**

2 **SECTION #.(a)** Section 12F.2(b) of S.L. 2015-241, as amended by Section 4.8 of
3 S.L. 2015-268, reads as rewritten:

4 **"SECTION 12F.2.(b)** The DMH/DD/SAS is directed to reduce its allocation for single
5 stream funding by one hundred ten million eight hundred eight thousand seven hundred fifty-two
6 dollars (\$110,808,752) in nonrecurring funds for the 2015-2016 fiscal year and by one hundred
7 ~~fifty two~~ twenty-two million eight hundred fifty thousand one hundred thirty-three dollars
8 ~~(\$152,850,133)~~ (\$122,850,133) in nonrecurring funds for the 2016-2017 fiscal year. The
9 DMH/DD/SAS is directed to allocate this reduction among the LME/MCOs based on the
10 individual LME/MCO's percentage of the total cash on hand of all of the LME/MCOs in the State.
11 Cash on hand means the sum of the "Total Cash and Investments" plus the "Short-Term
12 Investments" reported on Schedule "A" of the financial reporting package submitted by the
13 LME/MCOs to the Division of Medical Assistance (DMA) on June 30, 2015. The individual
14 LME/MCO's percentage of the total cash on hand equals the individual LME/MCO's cash on hand
15 divided by the aggregate amount of cash on hand of all of the LME/MCOs in the State. During
16 each year of the 2015-2017 fiscal biennium, each LME/MCO shall provide at least the same level
17 of services paid for by single stream funding during the 2014-2015 fiscal year across the
18 LME/MCO's catchment area. This requirement shall not be construed to require LME/MCOs to
19 authorize or maintain the same level of services for any specific individual whose services were
20 paid for with single-stream funding. Further, this requirement shall not be construed to create a
21 private right of action for any person or entity against the State of North Carolina or the
22 Department of Health and Human Services or any of its divisions, agents, or contractors, and shall
23 not be used as authority in any contested case brought pursuant to Chapters 108C or 108D of the
24 General Statutes."

25 **SECTION #.(b)** Section 12F.2(d) of S.L. 2015-241 reads as rewritten:

26 **"SECTION 12F.2.(d)** ~~If, on or after June 1, 2016, the Office of State Budget and~~
27 ~~Management (OSBM) certifies a Medicaid budget surplus in funds 1310 and 1311 and sufficient~~
28 ~~cash in Budget Code 14445 to meet total obligations for fiscal year 2015-2016, then the DMA~~
29 ~~may transfer to the DMH/DD/SAS funds not to exceed the amount of the certified surplus or thirty~~
30 ~~million dollars (\$30,000,000), whichever is less, to offset the reduction in single stream funding~~
31 ~~required by this section.~~ If, on or after June 1, 2017, the OSBM certifies a Medicaid budget
32 surplus in funds 1310 and 1311 and sufficient cash in Budget Code 14445 to meet total obligations
33 for fiscal year 2016-2017, then the DMA may transfer to the DMH/DD/SAS funds not to exceed
34 the amount of the certified surplus or thirty million dollars (\$30,000,000), whichever is less, to
35 offset the reduction in single stream funding required by this section. The DMH/DD/SAS shall
36 allocate funds transferred pursuant to this subsection among the LME/MCOs based on the
37 individual LME/MCO's percentage of the total cash on hand of all the LME/MCOs in the State,
38 calculated in accordance with subsection (b) of this section. These funds shall be allocated as
39 prescribed by ~~June 30 of each State fiscal year.~~ June 30, 2017."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMH-H3-P

Divisions of MH-DD-SAS and State Operated Healthcare Facilities – DHHS
House Appropriations, Health and Human Services

Requested by

1 **RESERVE FUND FOR GOVERNOR'S MENTAL HEALTH AND SUBSTANCE USE TASK**
2 **FORCE RECOMMENDATIONS**

3 **SECTION #.(a)** Funds appropriated in this act to the Department of Health and
4 Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse
5 Services, for the 2016-2017 fiscal year to implement the recommendations of the Governor's Task
6 Force on Mental Health and Substance Use established pursuant to Executive Order No. 76
7 (Governor's Task Force) shall be deposited into the reserve fund established pursuant to subsection
8 (b) of this section.

9 **SECTION #.(b)** The Mental Health and Substance Use Task Force Reserve Fund is
10 hereby established as a fund within the General Fund. Notwithstanding any provision of law to the
11 contrary, monies in the Reserve Fund shall not revert at the end of the fiscal year but shall remain
12 available until expended. Monies in the Fund may only be expended to implement the
13 recommendations of the Governor's Task Force; provided, however, that no funds shall be
14 expended without both of the following:

- 15 (1) Prior consultation with the Joint Legislative Oversight Committee on Health
16 and Human Services on the specific amounts and uses of these funds. The
17 consultation required by this subdivision includes a detailed implementation
18 plan that includes key milestones and due dates, along with a detailed budget
19 specifying how all funds allocated from the Reserve Fund will be used. If the
20 Committee fails to meet within 90 calendar days of a request by the Governor
21 for its consultation, the consultation required by this subdivision shall be
22 deemed to have been met.
- 23 (2) Prior approval from the Office of State Budget and Management on the specific
24 amounts and uses of these funds.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMH-H4A-P

Divisions of MH-DD-SAS and State Operated Healthcare Facilities – DHHS
House Appropriations, Health and Human Services

Requested by

1 ***USE OF DOROTHEA DIX HOSPITAL PROPERTY FUNDS***

2 **SECTION #.(a)** It is the intent of the General Assembly to increase inpatient bed
3 capacity for short-term care of individuals experiencing an acute mental health, substance abuse,
4 or developmental disability crisis. Toward that end, the sum of up to twenty-five million dollars
5 (\$25,000,000) is hereby appropriated from the Dorothea Dix Hospital Property Fund established
6 under G.S. 143C-9-2(b1) to the Department of Health and Human Services, Division of Mental
7 Health, Developmental Disabilities, and Substance Abuse Services, for the 2016-2017 fiscal year
8 to pay for any renovation or building costs associated with converting existing acute care beds into
9 licensed, short-term inpatient behavioral health beds designated for voluntarily and involuntarily
10 committed patients in the rural hospitals selected to participate in the pilot program authorized
11 under subsection (b) of this section. The Department shall not use these funds for any purpose
12 other than as provided in this subsection and shall not use these funds to supplement or supplant
13 other State, local, or federal funds appropriated or allocated to the Department.

14 **SECTION #.(b)** The Department of Health and Human Services (Department) shall
15 conduct a three-year pilot program to assist rural hospitals in the conversion of existing, unused
16 acute care beds into licensed, short-term inpatient behavioral health beds. The Secretary shall
17 select rural hospitals located in three different regions of the State that are currently participating
18 in the statewide telepsychiatry program established under G.S. 143B-139.4B to participate in the
19 pilot program. The maximum number of beds that may be converted into short-term inpatient
20 behavioral health beds in each region is 50. At least one of the regions selected to participate in the
21 pilot program shall be located in a rural area surrounding Wake County. Notwithstanding the State
22 Medical Facilities Plan, Article 9 of Chapter 131E of the General Statutes, or any other provision
23 of law to the contrary, each selected rural hospital shall be allowed to convert unused acute care
24 beds into licensed, inpatient psychiatric or substance abuse beds without undergoing certificate of
25 need review by the Division of Health Service Regulation. All converted beds shall be subject to
26 existing licensure laws and requirements. As a condition of participating in the pilot program, each
27 selected rural hospital shall reserve at least fifty percent (50%) of the beds converted under the
28 pilot program for (i) purchase by the Department under the State-administered three-way contract
29 and (ii) referrals by local management entities/managed care organizations (LME/MCOs) of
30 individuals who are indigent or Medicaid recipients.

31 **SECTION #.(c)** At least once every six months, the Department shall conduct
32 monitoring visits of the rural hospitals participating in the pilot program and shall also be
33 responsible for investigating all complaints related to the pilot program. Each rural hospital
34 participating in the pilot program shall provide a monthly report to the Department on the number
35 of individuals receiving short-term, inpatient psychiatric, substance abuse, or developmental
36 disability services under the pilot program and the average length of stay of individuals receiving
37 these behavioral health services under the pilot program. The Department shall have the authority
38 to suspend or terminate the pilot program at any time due to noncompliance with applicable
39 regulatory requirements that has resulted in serious harm to individuals receiving behavioral health

1 services under the pilot program or when there is a substantial risk that serious harm will occur to
2 individuals receiving behavioral health services under the pilot program.

3 **SECTION #.(d)** The Department shall report on the status of the pilot program
4 authorized by subsection (b) of this section at least once each year to the Joint Legislative
5 Oversight Committee on Health and Human Services and the Fiscal Research Division. The report
6 shall include at a minimum all of the following:

- 7 (1) The number of beds converted into licensed, inpatient psychiatric beds in each
8 region, broken down by hospital.
- 9 (2) The number of beds or bed days purchased at each participating hospital by the
10 Department under the State-administered three-way contract.
- 11 (3) The number of referrals to participating hospitals by the LME/MCOs.
- 12 (4) The number and age of the individuals receiving short-term, inpatient
13 psychiatric, substance abuse, or developmental disability services under the
14 pilot program.
- 15 (5) Objective, measurable outcomes of the individuals served through this pilot
16 program.

17 **SECTION #.(e)** By November 1, 2020, the Department shall submit a final report of
18 its findings and recommendations on the pilot program authorized by subsection (b) of this section
19 to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal
20 Research Division.

21 **SECTION #.(f)** The pilot program authorized under subsection (b) of this section
22 expires three years from the date on which it commences.

23 **SECTION #.(g)** It is the intent of the General Assembly to ensure that a
24 comprehensive array of outpatient treatment and crisis prevention and intervention services are
25 available and accessible to children, adolescents, and adults in every LME/MCO catchment area
26 for the purpose of reducing the emergency department utilization rate for these types of crises.
27 Toward that end, the sum of two million dollars (\$2,000,000) is hereby appropriated from the
28 Dorothea Dix Hospital Property Fund established under G.S. 143C-9-2(b1) to the Department of
29 Health and Human Services, Division of Mental Health, Developmental Disabilities, and
30 Substance Abuse Services, for the 2016-2017 fiscal year. These funds shall be allocated to local
31 management entities/managed care organizations (LME/MCOs) to increase the number of
32 facility-based crisis centers in catchment areas with the highest need, giving special priority to
33 facility-based crisis centers for children and adolescents in high-need areas of the State.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMH-H8-P

Divisions of MH-DD-SAS and State Operated Healthcare Facilities – DHHS
House Appropriations, Health and Human Services

Requested by

1 **TRAUMATIC BRAIN INJURY FUNDING**

2 **SECTION #.** Section 12F.6 of S.L. 2015-241 reads as rewritten:

3 **"SECTION 12F.6.** Of the funds appropriated in this act to the Department of Health and
4 Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse
5 Services, for ~~the 2015-2016 fiscal year,~~ each year of the 2015-2017 fiscal biennium, the sum of two
6 million three hundred seventy-three thousand eighty-six dollars (\$2,373,086) shall be used
7 exclusively to support traumatic brain injury (TBI) services as follows:

- 8 (1) The sum of three hundred fifty-nine thousand two hundred eighteen dollars
9 (\$359,218) shall be used to fund contracts with the Brain Injury Association of
10 North Carolina, Carolinas Rehabilitation, or other appropriate service providers.
11 (2) The sum of seven hundred ninety-six thousand nine hundred thirty-four dollars
12 (\$796,934) shall be used to support residential programs across the State that
13 are specifically designed to serve individuals with TBI.
14 (3) The sum of one million two hundred sixteen thousand nine hundred thirty-four
15 dollars (\$1,216,934) shall be used to support requests submitted by individual
16 consumers for assistance with residential support services, home modifications,
17 transportation, and other requests deemed necessary by the consumer's local
18 management entity and primary care physician."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DHSR-H1-P

Division of Health Service Regulation - DHHS
House Appropriations, Health and Human Services

Requested by

1 **MORATORIUM ON HOME CARE AGENCY LICENSES FOR IN-HOME AIDE SERVICES**

2 **SECTION #.(a)** Section 12G.4(a) of S.L. 2014-100 reads as rewritten:

3 **"SECTION 12G.4.(a)** For the period commencing on the effective date of this section, and
4 ending ~~June 30, 2016,~~ June 30, 2017, and notwithstanding the provisions of the Home Care
5 Agency Licensure Act set forth in Part 3 of Article 6 of Chapter 131E of the General Statutes or
6 any rules adopted pursuant to that Part, the Department of Health and Human Services shall not
7 issue any licenses for home care agencies as defined in G.S. 131E-136(2) that intend to offer
8 in-home aide services. This prohibition does not apply to companion and sitter services and shall
9 not restrict the Department from doing any of the following:

- 10 (1) Issuing a license to a certified home health agency as defined in
11 G.S. 131E-176(12) that intends to offer in-home aide services.
12 (2) Issuing a license to an agency that needs a new license for an existing home
13 care agency being acquired.
14 (3) Issuing a license for a new home care agency in any area of the State upon a
15 determination by the Secretary of the Department of Health and Human
16 Services that increased access to care is necessary in that area."

17 **SECTION #.(b)** This section is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DHSR-H2-P

Division of Health Service Regulation - DHHS
House Appropriations, Health and Human Services

Requested by

1 **ADULT CARE HOME COST REPORTING**

2 SECTION #. G.S. 131D-4.2 reads as rewritten:

3 "**§ 131D-4.2. Adult care homes; family care homes; ~~annual~~ cost reports; exemptions;**
4 **enforcement.**

5 (a) Except for family care homes, adult care homes with a licensed capacity of seven to
6 twenty beds, which are licensed pursuant to this Chapter, to Chapter 122C of the General Statutes,
7 and to Chapter 131E of the General Statutes, shall submit audited reports of actual costs to the
8 Department at least every two years in accordance with rules adopted by the Department under
9 G.S. 143B-10. ~~For years in which an audited report of actual costs is not required, an annual cost~~
10 ~~report shall be submitted to the Department in accordance with rules adopted by the Department~~
11 ~~under G.S. 143B-10.~~ Adult care homes licensed under Chapter 131D of the General Statutes that
12 have special care units shall include in reports required under this subsection cost reports specific
13 to the special care unit and shall not average special care costs with other costs of the adult care
14 home.

15 (b) Except for family care homes, adult care homes with a licensed capacity of twenty-one
16 beds or more, which are licensed pursuant to this Chapter, to Chapter 122C of the General
17 Statutes, and to Chapter 131E of the General Statutes, shall submit ~~annual~~ audited reports of actual
18 costs at least every two years to the Department of Health and Human Services, in accordance
19 with rules adopted by the Department under G.S. 143B-10. Adult care homes licensed under
20 Chapter 131D of the General Statutes that have special care units shall include in the reports
21 required under this subsection cost reports specific to the special care unit and shall not average
22 special care costs with other costs of the adult care home.

23 (c) Repealed by Session Laws 1999-334, s. 3.1.

24 (d) Facilities that do not receive State/County Special Assistance or Medicaid personal
25 care are exempt from the reporting requirements of this section.

26 (e) ~~Except as otherwise provided in this subsection, the annual reporting period for~~
27 ~~facilities licensed pursuant to this Chapter or Chapter 131E of the General Statutes shall be~~
28 ~~October 1 through September 30, with the annual report due by the following December 31, unless~~
29 ~~the Department determines there is good cause for delay. The annual report for combination~~
30 ~~facilities and free-standing adult care home facilities owned and operated by a hospital shall be~~
31 ~~due 15 days after the hospital's Medicare cost report is due. The annual report for combination~~
32 ~~facilities not owned and operated by a hospital shall be due 15 days after the nursing facility's~~
33 ~~Medicaid cost report is due. The annual reporting period for facilities licensed pursuant to Chapter~~
34 ~~122C of the General Statutes shall be July 1 through June 30, with the annual report due by the~~
35 ~~following December 31, unless the Department determines there is good cause for delay. Under~~
36 ~~this subsection, good cause is an action that is uncontrollable by the provider. The Department~~
37 shall establish specific reporting deadlines for each type of facility required to report under this
38 section. If the Department finds good cause for delay, it may extend the deadline for filing a report
39 for up to an additional 30 days.

1 (f) The Department shall have the authority to conduct audits and review audits submitted
2 pursuant to subsections ~~(a), (b), and (c) above.~~ (a) and (b) of this section.

3 (g) The Department shall suspend admissions to facilities that fail to submit annual reports
4 ~~by December 31, or by the applicable reporting deadline or by the date established by the~~
5 Department when good cause for delay is found pursuant to G.S. 131D-4.2(e). Suspension of
6 admissions shall remain in effect until reports are submitted or licenses are suspended or revoked
7 under subdivision (2) of this subsection. The Department may take either or both of the following
8 actions to enforce compliance by a facility with this section, or to punish noncompliance:

9 (1) Seek a court order to enforce compliance;

10 (2) Suspend or revoke the facility's license, subject to the provisions of Chapter
11 150B of the General Statutes.

12 (h) The report documentation shall be used to adjust the adult care home rate ~~annually,~~ at
13 least every two years, an adjustment that is in addition to the annual standard adjustment for
14 inflation as determined by the Office of State Budget and Management. Rates for family care
15 homes shall be based on market rate data. The Secretary of Health and Human Services shall
16 adopt rules for the rate-setting methodology and audited cost reports in accordance with
17 G.S. 143B-10."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMA-H2-P

Division of Medical Assistance (Medicaid) - DHHS
House Appropriations, Health and Human Services

Requested by

1 ***ACCOUNTING FOR MEDICAID RECEIVABLES AS NONTAX REVENUE***

2 **SECTION #.** Section 12H.10(b) of S.L. 2015-241 reads as rewritten:

3 **"SECTION 12H.10.(b)** For the 2015-2016 fiscal year, the Department of Health and Human
4 Services shall deposit from its revenues one hundred thirty-nine million dollars (\$139,000,000)
5 with the Department of State Treasurer to be accounted for as nontax revenue. For the 2016-2017
6 fiscal year, the Department of Health and Human Services shall deposit from its revenues one
7 hundred ~~thirty-nine~~ forty-seven million dollars ~~(\$139,000,000)~~ (\$147,000,000) with the
8 Department of State Treasurer to be accounted for as nontax revenue. These deposits shall
9 represent the return of General Fund appropriations, nonfederal revenue, fund balances, or other
10 resources from State-owned and State-operated hospitals which are used to provide indigent and
11 nonindigent care services. The return from State-owned and State-operated hospitals to DHHS
12 will be made from nonfederal resources in an amount equal to the amount of the payments from
13 the Division of Medical Assistance for uncompensated care. The treatment of any revenue derived
14 from federal programs shall be in accordance with the requirements specified in the Code of
15 Federal Regulations, Title 2, Part 225."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMA-H3-P

Division of Medical Assistance (Medicaid) - DHHS
House Appropriations, Health and Human Services

Requested by

1 ***MEDICAID ESTATE RECOVERY AND ABLE ACCOUNTS***

2 **SECTION #.(a)** G.S. 147-86.73 is amended by adding a new subsection to read:

3 "(g1) Notice for Designated Beneficiary Receiving Medicaid. – The ABLE Account
4 application form approved in accordance with G.S. 147-86.71(b)(1) shall include notice of the
5 State's right under subsection (e) of this section to file a claim for payment from a designated
6 beneficiary's ABLE account following the death of a beneficiary who received medical assistance
7 benefits."

8 **SECTION #.(b)** G.S. 147-86.73(g) is repealed.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMA-H4-P

Division of Medical Assistance (Medicaid) - DHHS
House Appropriations, Health and Human Services

Requested by

1 **MEDICAID AND HEALTH CHOICE PROVIDER SCREENING**

2 SECTION #. G.S. 108C-3 reads as rewritten:

3 **"§ 108C-3. Medicaid and Health Choice provider screening.**

4 ...

5 (g) High Categorical Risk Provider Types. – The following provider types are hereby
6 designated as "high" categorical risk:

7 ...

8 (10) Providers that were excluded, or whose owners, operators, or managing
9 employees were excluded, by the U.S. Department of Health and Human
10 Services Office of Inspector ~~General~~General, the Medicare program, or another
11 state's Medicaid ~~program~~or Children's Health Insurance Program within the
12 previous 10 years.

13 ...

14 (j) For out-of-state providers, the Department may rely on the results of the provider
15 screening performed by the Medicaid agencies or Children's Health Insurance Program ~~for~~
16 ~~Children~~ agencies of other states."

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMA-H7-P

Division of Medical Assistance (Medicaid) - DHHS
House Appropriations, Health and Human Services

Requested by

1 ***CLARIFY DHHS AUTHORITY TO ADMINISTER MEDICAID AND NC HEALTH CHOICE***
2 ***PROGRAMS***

3 **SECTION #.** G.S. 108A-54(e) reads as rewritten:

4 "(e) The Secretary of the Department of Health and Human Services, ~~through the Division~~
5 ~~of Health Benefits, Services~~ shall have the following powers and duties:

- 6 (1) Administer and operate the Medicaid and NC Health Choice programs,
7 provided that the total expenditures, net of agency receipts, do not exceed the
8 authorized budget for ~~each program~~ the Medicaid program and NC Health
9 Choice program. None of the powers and duties enumerated in the other
10 subdivisions of this subsection shall be construed to limit the broad grant of
11 authority to administer and operate the Medicaid and NC Health Choice
12 programs.

13"

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMA-H6-P

Division of Medical Assistance (Medicaid) - DHHS
House Appropriations, Health and Human Services

Requested by

1 ***EXPAND SUPPORT FOR PATIENTS WITH ALZHEIMER'S DISEASE AND THEIR***
2 ***FAMILIES THROUGH COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED***
3 ***ADULTS WAIVER SLOTS***

4 **SECTION #.(a)** The Department of Health and Human Services, Division of Medical
5 Assistance, shall amend the North Carolina Community Alternatives Program for Disabled Adults
6 (CAP/DA) waiver to increase number of slots available under the waiver by a maximum of 320
7 slots. These additional slots shall be made available on January 1, 2017.

8 **SECTION #.(b)** Of the funds appropriated to the Department of Health and Human
9 Services, Division of Medical Assistance, one million five hundred thousand dollars (\$1,500,000)
10 for fiscal year 2016-2017 shall be used to fund these additional slots.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMA-H8-P

Division of Medical Assistance (Medicaid) - DHHS
House Appropriations, Health and Human Services

Requested by

- 1 ***INCREASE RN RATES FOR COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN***
- 2 **SECTION #.** The Department of Health and Human Services, Division of Medical
- 3 Assistance, shall increase by ten percent (10%) the rate paid to Registered Nurses for the provision
- 4 of nursing services covered by the Community Alternatives Program for Children.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMA-H1-P

Division of Medical Assistance (Medicaid) - DHHS
House Appropriations, Health and Human Services

Requested by

- 1 **REMOVE SUNSET ON MEDICAID ELIGIBILITY/COLA DISREGARD**
- 2 **SECTION #.** Section 10.6(c) of S.L. 2012-142 reads as rewritten:
- 3 **"SECTION 10.6.(c)** Subsection (a) of this section becomes effective January 1, 2013. The
- 4 remainder of this section is effective when it becomes law. ~~G.S. 108A-54.4, as enacted by~~
- 5 ~~subsection (a) of this section, expires on December 31, 2017."~~

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMA-H5-P

Division of Medical Assistance (Medicaid) - DHHS
House Appropriations, Health and Human Services

Requested by

1 ***STUDY 1% FMAP INCREASE FOR ADULT PREVENTATIVE SERVICES***

2 **SECTION #.** The Department of Health and Human Services, Division of Medical
3 Assistance (Department), shall study the impact of covering, without cost-sharing, all of the adult
4 preventive services recommended by the U.S. Preventive Services Task Force (USPSTF) and
5 Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices
6 (ACIP) in order to qualify for a one percentage point increase in the federal Medicaid assistance
7 percentage for preventative services. The Department shall submit a report to the Joint Legislative
8 Oversight Committee on Medicaid and NC Health Choice and the Fiscal Research Division by
9 November 1, 2016. At a minimum, the report shall include the following:

- 10 (1) A list of all of the adult preventive services recommended by USPSTF and
11 ACIP.
- 12 (2) Identification of the adult preventive services recommended by USPSTF and
13 ACIP that are currently not provided as part of the Medicaid program and to
14 which eligibility group the service coverage applies.
- 15 (3) For the adult preventive services currently covered, whether any cost-sharing is
16 required.
- 17 (4) The cost of adding any of the adult preventive services without cost-sharing
18 identified in subdivision (2) of this section.
- 19 (5) The cost of the elimination of any cost-sharing requirements identified in
20 subdivision (3) of this section.
- 21 (6) The benefit to the State of receiving a one percentage point increase in the
22 federal Medicaid assistance percentage for the adult preventive services
23 recommended by USPSTF and ACIP.
- 24 (7) If the Department plans to submit a waiver to implement the changes required
25 to obtain a one percentage point increase in the federal Medicaid assistance
26 percentage for preventive services, a detailed description of the plans that
27 includes a time line for waiver submission.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Proofed
SPECIAL PROVISION



2016-DMA-H9-P

Division of Medical Assistance (Medicaid) - DHHS
House Appropriations, Health and Human Services

Requested by

1 ***STUDY MEDICAID COVERAGE FOR SCHOOL-BASED HEALTH SERVICES***

2 **SECTION #.** The Department of Health and Human Services, Division of Medical
3 Assistance (Department), shall conduct a study to identify all school-based health services that are
4 eligible for Medicaid federal matching funds pursuant to federal Medicaid law and regulations but
5 which currently are not reimbursable under North Carolina's Medicaid State Plan. No later than
6 November 1, 2016, the Department shall submit to the Joint Legislative Oversight Committee on
7 Medicaid and NC Health Choice and the Fiscal Research Division a report containing the
8 following information related to each school-based health service identified:

- 9 (1) An analysis of the fiscal impact both to the Department and to all local
10 education agencies of adding Medicaid coverage for the school-based health
11 service.
12 (2) A description of any plans for adding coverage for the school-based health
13 service, including the anticipated time line for submission of any State Plan
14 Amendments to the Centers for Medicare and Medicaid Services.

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2016

Sent to BP
SPECIAL PROVISION



2016-BG-H1

DHHS Block Grants
House Appropriations, Health and Human Services

Requested by

DHHS BLOCK GRANTS

SECTION #. Section 12I.1 of S.L. 2015-241 reads as rewritten:

"SECTION 12I.1.(a) Except as otherwise provided, appropriations from federal block grant funds are made for each year of the fiscal biennium ending June 30, 2017, according to the following schedule:

TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) FUNDS	FY 2015-2016	FY 2016-2017
Local Program Expenditures		
Division of Social Services		
01. Work First Family Assistance	\$57,167,454	\$57,167,454
		<u>\$54,167,454</u>
02. Work First County Block Grants	80,093,566	78,073,437
		<u>80,093,566</u>
02A. Work First Employment Services	0	3,600,000
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. Child Welfare Collaborative	632,416	632,416
06A. Child Welfare Initiatives	0	1,400,000
Division of Child Development and Early Education		
07. Subsidized Child Care Program	35,248,910	37,419,801
08. Swap Child Care Subsidy	6,352,644	6,352,644
09. Pre-K Swap Out	16,829,306	12,333,981

1			<u>16,593,899</u>
2			
3	Division of Public Health		
4			
5	10. Teen Pregnancy Prevention Initiatives	2,950,000	2,950,000
6			
7	DHHS Administration		
8			
9	11. Division of Social Services	2,482,260	2,482,260
10			
11	12. Office of the Secretary	34,042	34,042
12			
13	13. Eligibility Systems – Operations and		
14	Maintenance	2,738,926	4,206,640
15			
16	14. NC FAST Implementation	1,313,384	1,865,799
17			
18	Transfers to Other Block Grants		
19			
20	Division of Child Development and Early Education		
21			
22	15. Transfer to the Child Care and		
23	Development Fund	71,773,001	71,773,001
24			
25	Division of Social Services		
26			
27	16. Transfer to Social Services Block		
28	Grant for Child Protective Services –		
29	Training	1,300,000	1,300,000
30			
31	17. Transfer to Social Services Block		
32	Grant for Child Protective Services	5,040,000	5,040,000
33			
34	18. Transfer to Social Services Block		
35	Grant for County Departments of		
36	Social Services for Children's Services	4,148,001	4,148,001
37			<u>4,500,000</u>
38			
39	19. Transfer to Social Services Block		
40	Grant – Foster Care Services	1,385,152	1,385,152
41			
42	TOTAL TEMPORARY ASSISTANCE FOR		
43	NEEDY FAMILIES (TANF) FUNDS	\$303,306,543	<u>\$300,982,109</u>
44			<u>\$309,614,155</u>
45			
46	TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)		
47	EMERGENCY CONTINGENCY FUNDS		
48			
49	Local Program Expenditures		
50			
51	Division of Child Development and Early Education		

1			
2	01. Subsidized Child Care	29,033,340	28,600,000
3			
4	02. Subsidized Child Care Swap Out	4,547,023	0
5			
6	<u>Division of Social Services</u>		
7			
8	<u>03. County Child Welfare Program</u>		
9	Improvement Resources	0	603,580
10			
11	<u>DHHS Administration</u>		
12			
13	<u>04. DSS State Child Welfare Program</u>		
14	Improvement Resources	0	400,000
15			
16	TOTAL TEMPORARY ASSISTANCE FOR		
17	NEEDY FAMILIES (TANF) EMERGENCY		
18	CONTINGENCY FUNDS	\$33,580,363	\$28,600,000
19			<u>\$29,603,580</u>
20	SOCIAL SERVICES BLOCK GRANT		
21			
22	Local Program Expenditures		
23			
24	Divisions of Social Services and Aging and Adult Services		
25			
26	01. County Departments of Social Services		
27	(Transfer From TANF \$4,148,001)	\$27,335,458	\$27,108,324
28			<u>\$27,215,583</u>
29			
30	<u>01A. EBCI Tribal Public Health and</u>		
31	Human Services	0	244,740
32			
33	02. Child Protective Services		
34	(Transfer From TANF)	5,040,000	5,040,000
35			
36	03. State In-Home Services Fund	2,209,023	1,943,950
37			
38	04. Adult Protective Services	1,245,363	1,245,363
39			
40	05. State Adult Day Care Fund	2,039,647	1,994,084
41			
42	06. Child Protective Services/CPS		
43	Investigative Services – Child Medical		
44	Evaluation Program	563,868	563,868
45			
46	07. Special Children Adoption Incentive Fund	462,600	462,600
47			
48	08. Child Protective Services – Child		
49	Welfare Training for Counties		
50	(Transfer From TANF)	1,300,000	1,300,000
51			

1	<u>08A. Child Protective Services – Child</u>		
2	<u>Welfare Training for Counties/Mobile Training</u>	0	737,067
3			
4	09. Home and Community Care Block		
5	Grant (HCCBG)	1,788,157	1,696,888
6			
7	10. Child Advocacy Centers	375,000	375,000
8			
9	11. Guardianship	4,107,032	4,035,704
10			
11	12. Foster Care Services		
12	(Transfer From TANF)	1,385,152	1,385,152
13			
14	Division of Central Management and Support		
15			
16	13. DHHS Competitive Block Grants		
17	for Nonprofits	3,852,500	3,852,500
18			
19	14. NC FAST – Operations and		
20	Maintenance	712,324	939,315
21			
22	Division of Mental Health, Developmental Disabilities, and Substance Abuse Services		
23			
24	15. Mental Health Services – Adult and		
25	Child/Developmental Disabilities Program/		
26	Substance Abuse Services – Adult	4,030,730	4,030,730
27			
28	DHHS Program Expenditures		
29			
30	Division of Services for the Blind		
31			
32	16. Independent Living Program	3,361,323	3,361,323
33			
34	Division of Health Service Regulation		
35			
36	17. Adult Care Licensure Program	381,087	381,087
37			
38	18. Mental Health Licensure and		
39	Certification Program	190,284	190,284
40			
41	DHHS Administration		
42			
43	19. Division of Aging and Adult Services	577,745	577,745
44			
45	20. Division of Social Services	559,109	559,109
46			
47	21. Office of the Secretary/Controller's Office	127,731	127,731
48			
49	22. Division of Child Development and		
50	Early Education	13,878	13,878
51			

1	23. Division of Mental Health, Developmental		
2	Disabilities, and Substance Abuse Services	27,446	27,446
3			
4	24. Division of Health Service Regulation	118,946	118,946
5			
6	TOTAL SOCIAL SERVICES BLOCK GRANT	\$61,804,403	\$61,331,027
7			<u>\$62,420,093</u>
8			
9	LOW-INCOME ENERGY ASSISTANCE BLOCK GRANT		
10			
11	Local Program Expenditures		
12			
13	Division of Social Services		
14			
15	01. Low-Income Energy Assistance		
16	Program (LIEAP)	\$40,244,534	\$39,303,674
17			<u>37,156,492</u>
18			
19	02. Crisis Intervention Program (CIP)	40,244,534	39,303,674
20			<u>37,156,492</u>
21			
22	Local Administration		
23			
24	Division of Social Services		
25			
26	03. County DSS Administration	6,454,961	6,454,961
27			<u>6,102,324</u>
28			
29	DHHS Administration		
30			
31	04. Office of the Secretary/DIRM	412,488	412,488
32			
33	05. Office of the Secretary/Controller's Office	18,378	18,378
34			
35	06. NC FAST Development	1,075,319	3,381,373
36			
37	Transfers to Other State Agencies		
38			
39	Department of Environment and Natural		
40	Resources (DENR) <u>Environmental Quality (DEQ)</u>		
41			
42	07. Weatherization Program	11,847,017	11,570,050
43			<u>10,937,968</u>
44			
45	08. Heating Air Repair and Replacement		
46	Program (HARRP)	6,303,514	6,156,147
47			<u>5,819,833</u>
48			
49	09. Local Residential Energy Efficiency Service		
50	Providers – Weatherization	475,046	475,046
51			<u>449,094</u>

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10. Local Residential Energy Efficiency Service Providers – HARRP	252,761	252,761 238,953
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11. DENR-DEQ – Weatherization Administration	475,046	475,046 449,094
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12. DENR-DEQ – HARRP Administration	252,760	252,760 238,952
<hr/>		
Department of Administration		
13. N.C. Commission on Indian Affairs	87,736	87,736
<hr/>		
TOTAL LOW-INCOME ENERGY ASSISTANCE BLOCK GRANT	\$108,144,094	\$108,144,094 \$102,449,177
<hr/>		
CHILD CARE AND DEVELOPMENT FUND BLOCK GRANT		
Local Program Expenditures		
Division of Child Development and Early Education		
01. Child Care Services (Smart Start \$7,000,000)	\$154,278,008	\$152,370,856 \$154,741,297
<hr/>		
02. Electronic Tracking System	1,201,240	401,492 1,601,834
<hr/>		
03. Transfer from TANF Block Grant for Child Care Subsidies	71,773,001	71,773,001
04. Quality and Availability Initiatives (TEACH Program \$3,800,000)	26,514,964	26,019,987 35,878,600
<hr/>		
DHHS Administration		
Division of Child Development and Early Education		
05. DCDEE Administrative Expenses	9,049,505	9,049,505 9,042,159
<hr/>		
Division of Social Services		
06. Local Subsidized Child Care Services Support	15,930,279	15,930,279 16,078,301
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2	06A. Direct Deposit for Child Care Payments	0	969,610
3			
4	07. NC FAST Development	186,404	586,152
5			
6	Division of Central Administration		
7			
8	08. DHHS Central Administration – DIRM		
9	Technical Services	775,000	775,000
10			
11	09. Central Regional Maintenance	202,000	202,000
12			
13	09A. DHHS Central Administration	0	7,346
14			
15	10. Child Care Health Consultation Contracts	62,205	62,205
16			
17	TOTAL CHILD CARE AND DEVELOPMENT		
18	FUND BLOCK GRANT	\$279,972,606	\$277,170,477
19			291,717,505
20			
21	MENTAL HEALTH SERVICES BLOCK GRANT		
22			
23	Local Program Expenditures		
24			
25	01. Mental Health Services – Child	\$3,619,833	\$3,619,833
26			
27	02. Administration	200,000	200,000
28			
29	03. Mental Health Services – Adult/Child	11,755,152	11,755,152
30			10,904,077
31			
32	04. Crisis Solutions Initiative – Critical		
33	Time Intervention	750,000	750,000
34			
35	05. Mental Health Services – First		
36	Psychotic Symptom Treatment	643,491	643,491
37			1,430,851
38			
39	<u>DHHS Administration</u>		
40			
41	<u>Division of Mental Health</u>		
42			
43	06. Administration	200,000	200,000
44			
45	TOTAL MENTAL HEALTH SERVICES		
46	BLOCK GRANT	\$16,968,476	\$16,968,476
47			\$16,904,761
48			
49	SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT		
50			
51	Local Program Expenditures		

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Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

01. Substance Abuse – HIV and IV Drug	\$3,919,723	\$3,919,723
02. Substance Abuse Prevention	8,669,284	8,669,284
03. Substance Abuse Services – Treatment for Children/Adults <u>(Medication-Assisted Treatment Pilot \$500,000)</u>	29,519,883	29,519,883
		30,178,039
<hr/>		
04. Crisis Solutions Initiatives – Walk-In Crisis Centers	420,000	420,000
05. Crisis Solutions Initiatives – Collegiate Wellness/Addiction Recovery	1,085,000	1,085,000
06. Crisis Solutions Initiatives – Community Paramedic Mobile Crisis Management	60,000	60,000
07. Crisis Solutions Initiatives – Innovative Technologies	41,000	41,000
08. Crisis Solutions Initiatives – Veteran's Crisis	250,000	250,000

DHHS Administration

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

09. <u>DMH</u> Administration	454,000	454,000
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Division of Public Health

10. HIV Testing for Individuals in Substance Abuse Treatment	765,949	765,949
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TOTAL SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT	\$45,184,839	\$45,184,839
		\$45,842,995

MATERNAL AND CHILD HEALTH BLOCK GRANT

Local Program Expenditures

Division of Public Health

01. Children's Health Services (Safe Sleep Campaign \$45,000; Prevent Blindness \$560,837; Community-Based		
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1	Sickle Cell Centers \$100,000)	\$7,574,703	\$7,574,703
2			\$7,674,703
3			
4	02. Women's Health		
5	(March of Dimes \$350,000; Teen Pregnancy		
6	Prevention Initiatives \$650,000 [Public Health Division		
7	\$400,000 & SHIFT NC \$250,000];		
8	17P Project \$52,000; Nurse-Family		
9	Partnership \$509,018; Carolina Pregnancy		
10	Care Fellowship \$300,000)	6,520,148	6,520,148
11			6,920,148
12			
13	03. Oral Health	44,901	44,901
14			
15	04. Evidence-Based Programs in Counties		
16	With Highest Infant Mortality Rates	1,575,000	1,575,000
17			
18	DHHS Program Expenditures		
19			
20	Division of Public Health		
21			
22	05. Children's Health Services	1,342,928	1,342,928
23			1,427,323
24			
25	06. Women's Health – Maternal Health	107,714	107,714
26			169,864
27			
28	07. State Center for Health Statistics	158,583	158,583
29			
30	08. Health Promotion – Injury and		
31	Violence Prevention	87,271	87,271
32			
33	DHHS Administration		
34			
35	Division of Public Health		
36			
37	09. Division of Public Health Administration	552,571	552,571
38			
39	TOTAL MATERNAL AND CHILD		
40	HEALTH BLOCK GRANT	\$17,963,819	\$17,963,819
41			\$18,610,364
42			
43	PREVENTIVE HEALTH SERVICES BLOCK GRANT		
44			
45	Local Program Expenditures		
46			
47	01. Physical Activity and Prevention	\$2,444,718	\$2,642,322
48			
49	02. Injury and Violence Prevention		
50	(Services to Rape Victims – Set-Aside)	173,476	173,476
51			237,707

1			
2	03. Community-Focused Eliminating Health		
3	Disparities Initiative Grants	2,756,855	0
4			
5	DHHS Program Expenditures		
6			
7	Division of Public Health		
8			
9	04. HIV/STD Prevention and		
10	Community Planning	145,819	145,819
11			
12	05. Oral Health Preventive Services	320,074	451,809
13			
14	06. Laboratory Services – Testing,		
15	Training, and Consultation	21,012	21,012
16			
17	07. Injury and Violence Prevention		
18	(Services to Rape Victims – Set-Aside)	192,315	192,315
19			172,561
20			
21	08. State Laboratory Services – Testing,		
22	Training, and Consultation	199,634	199,634
23			
24	09. Performance Improvement and		
25	Accountability	702,850	768,717
26			
27	10. State Center for Health Statistics	107,291	107,291
28			
29	DHHS Administration		
30			
31	Division of Public Health		
32			
33	11. Division of Public Health	172,820	172,820
34			
35	12. Division of Public Health –		
36	Physical Activity and Nutrition Branch	1,311,972	68,073
37			
38	TOTAL PREVENTIVE HEALTH		
39	SERVICES BLOCK GRANT	\$8,548,836	\$4,943,288
40			\$4,987,765
41			
42	COMMUNITY SERVICES BLOCK GRANT		
43			
44	Local Program Expenditures		
45			
46	Office of Economic Opportunity		
47			
48	01. Community Action Agencies	\$24,047,065	\$24,047,065
49			\$21,428,074
50			
51	02. Limited Purpose Agencies	1,335,948	1,335,948

		1,190,448	
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1	DHHS Administration		
2			
3			
4	03. Office of Economic Opportunity	1,335,948	1,335,948
5			1,190,448
6	<hr/>		
7			
8	TOTAL COMMUNITY SERVICES		
9	BLOCK GRANT	\$26,718,961	\$26,718,961
10			\$23,808,970
11	<hr/>		

GENERAL PROVISIONS

SECTION 12L.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.

SECTION 12L.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 section, 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 section.

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 section, 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 2015-2016 and 2016-2017, 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 four-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 12L.1.(d) Except as otherwise provided, appropriations from federal Block Grant funds are made for each year of the fiscal biennium ending June 30, 2017, according to the

1 schedule enacted for State fiscal years 2015-2016 and 2016-2017 or until a new schedule is
2 enacted by the General Assembly.

3 **SECTION 12I.1.(e)** All changes to the budgeted allocations to the Block Grants or
4 contingency funds and other grants related to existing Block Grants administered by the
5 Department of Health and Human Services that are not specifically addressed in this section shall
6 be approved by the Office of State Budget and Management, and the Office of State Budget and
7 Management shall consult with the Joint Legislative Oversight Committee on Health and Human
8 Services for review prior to implementing the changes. The report shall include an itemized listing
9 of affected programs, including associated changes in budgeted allocations. All changes to the
10 budgeted allocations to the Block Grants shall be reported immediately to the Joint Legislative
11 Oversight Committee on Health and Human Services and the Fiscal Research Division. This
12 subsection does not apply to Block Grant changes caused by legislative salary increases and
13 benefit adjustments.

14 **SECTION 12I.1.(f)** Except as otherwise provided, the Department of Health and
15 Human Services shall have flexibility to transfer funding between the Temporary Assistance for
16 Needy Families (TANF) Block Grant and the TANF Emergency Contingency Funds Block Grant
17 so long as the total allocation for the line items within those block grants remains the same.
18

19 ***TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) FUNDS***

20 **SECTION 12I.1.(g)** The sum of eighty million ninety-three thousand five hundred
21 sixty-six dollars (\$80,093,566) for the 2015-2016 fiscal year and the sum of ~~seventy eight million~~
22 ~~seventy three thousand four hundred thirty seven dollars (\$78,073,437)~~ eighty million ninety-three
23 thousand five hundred sixty-six dollars (\$80,093,566) for the 2016-2017 fiscal year appropriated
24 in this section in TANF funds to the Department of Health and Human Services, Division of
25 Social Services, shall be used for Work First County Block Grants. The Division shall certify
26 these funds in the appropriate State-level services based on prior year actual expenditures. The
27 Division has the authority to realign the authorized budget for these funds among the State-level
28 services based on current year actual expenditures. The Division shall also have the authority to
29 realign appropriated funds from Work First Family Assistance for electing counties to the Work
30 First County Block Grant for electing counties based on current year expenditures so long as the
31 electing counties meet Maintenance of Effort requirements.

32 **SECTION 12I.1.(g1)** The sum of three million six hundred thousand dollars
33 (\$3,600,000) for the 2016-2017 fiscal year appropriated in this section in TANF funds to the
34 Department of Health and Human Services, Division of Social Services, shall be used to support
35 counties in connecting Work First recipients and low income parents in job placements through
36 subsidized employment and targeted support services. The Division shall report on the use of these
37 funds to the Joint Legislative Oversight Committee on Health and Human Services by October 1,
38 2017.

39 **SECTION 12I.1.(h)** The sum of nine million four hundred twelve thousand three
40 hundred ninety-one dollars (\$9,412,391) appropriated in this section to the Department of Health
41 and Human Services, Division of Social Services, in TANF funds for each year of the 2015-2017
42 fiscal biennium for child welfare improvements shall be allocated to the county departments of
43 social services for hiring or contracting staff to investigate and provide services in Child Protective
44 Services cases; to provide foster care and support services; to recruit, train, license, and support
45 prospective foster and adoptive families; and to provide interstate and post-adoption services for
46 eligible families.

47 Counties shall maintain their level of expenditures in local funds for Child Protective
48 Services workers. Of the Block Grant funds appropriated for Child Protective Services workers,
49 the total expenditures from State and local funds for fiscal years 2015-2016 and 2016-2017 shall
50 not be less than the total expended from State and local funds for the 2012-2013 fiscal year.

1 **SECTION 12I.1.(i)** The sum of two million twenty-six thousand eight hundred
2 seventy-seven dollars (\$2,026,877) appropriated in this section in TANF funds to the Department
3 of Health and Human Services, Special Children Adoption Fund, for each year of the 2015-2017
4 fiscal biennium shall be used in accordance with G.S. 108A-50.2. The Division of Social Services,
5 in consultation with the North Carolina Association of County Directors of Social Services and
6 representatives of licensed private adoption agencies, shall develop guidelines for the awarding of
7 funds to licensed public and private adoption agencies upon the adoption of children described in
8 G.S. 108A-50 and in foster care. Payments received from the Special Children Adoption Fund by
9 participating agencies shall be used exclusively to enhance the adoption services program. No
10 local match shall be required as a condition for receipt of these funds.

11 **SECTION 12I.1.(i1)** The sum of one million four hundred thousand dollars
12 (\$1,400,000) appropriated in this section in TANF funds to the Department of Health and Human
13 Services, Division of Social Services, for the 2016-2017 fiscal year shall be used for child welfare
14 initiatives to (i) enhance the skills of social workers to improve the outcomes for families and
15 children involved in child welfare, and (ii) enhance the provision of services to families in their
16 home in the least restrictive setting.

17 18 **SOCIAL SERVICES BLOCK GRANT**

19 **SECTION 12I.1.(j)** The sum of twenty-seven million three hundred thirty-five
20 thousand four hundred fifty-eight dollars (\$27,335,458) for the 2015-2016 fiscal year and the sum
21 of ~~twenty seven million one hundred eight thousand three hundred twenty four dollars~~
22 ~~(\$27,108,324)~~twenty-seven million two hundred fifteen thousand five hundred eighty-three dollars
23 (\$27,215,583) for the 2016-2017 fiscal year appropriated in this section in the Social Services
24 Block Grant to the Department of Health and Human Services, Division of Social Services, shall
25 be used for county block grants. The Division shall certify these funds in the appropriate
26 State-level services based on prior year actual expenditures. The Division has the authority to
27 realign the authorized budget for these funds, as well as State Social Services Block Grant funds,
28 among the State-level services based on current year actual expenditures.

29 **SECTION 12I.1.(k)** The sum of one million three hundred thousand dollars
30 (\$1,300,000) appropriated in this section in the Social Services Block Grant to the Department of
31 Health and Human Services, Division of Social Services, for each year of the 2015-2017 fiscal
32 biennium shall be used to support various child welfare training projects as follows:

- 33 (1) Provide a regional training center in southeastern North Carolina.
- 34 (2) Provide training for residential child caring facilities.
- 35 (3) Provide for various other child welfare training initiatives.

36 **SECTION 12I.1.(l)** The Department of Health and Human Services is authorized,
37 subject to the approval of the Office of State Budget and Management, to transfer Social Services
38 Block Grant funding allocated for departmental administration between divisions that have
39 received administrative allocations from the Social Services Block Grant.

40 **SECTION 12I.1.(m)** Social Services Block Grant funds appropriated for the Special
41 Children Adoption Incentive Fund will require a fifty-percent (50%) local match.

42 **SECTION 12I.1.(n)** The sum of five million forty thousand dollars (\$5,040,000)
43 appropriated in this section in the Social Services Block Grant for each year of the 2015-2017
44 fiscal biennium shall be allocated to the Department of Health and Human Services, Division of
45 Social Services. The Division shall allocate these funds to local departments of social services to
46 replace the loss of Child Protective Services State funds that are currently used by county
47 governments to pay for Child Protective Services staff at the local level. These funds shall be used
48 to maintain the number of Child Protective Services workers throughout the State. These Social
49 Services Block Grant funds shall be used to pay for salaries and related expenses only and are
50 exempt from 10A NCAC 71R .0201(3) requiring a local match of twenty-five percent (25%).

1 **SECTION 12I.1.(o)** The sum of three million eight hundred fifty-two thousand five
2 hundred dollars (\$3,852,500) appropriated in this section in the Social Services Block Grant to the
3 Department of Health and Human Services, Division of Central Management and Support, shall
4 be used for DHHS competitive block grants pursuant to Section 12A.8 of this act for each year of
5 the 2015-2017 fiscal biennium. These funds are exempt from the provisions of 10A NCAC 71R
6 .0201(3).

7 **SECTION 12I.1.(p)** The sum of three hundred seventy-five thousand dollars
8 (\$375,000) appropriated in this section in the Social Services Block Grant for each year of the
9 2015-2017 fiscal biennium to the Department of Health and Human Services, Division of Social
10 Services, shall be used to continue support for the Child Advocacy Centers, and the funds are
11 exempt from the provisions of 10A NCAC 71R .0201(3).

12 **SECTION 12I.1.(q)** The sum of four million one hundred seven thousand thirty-two
13 dollars (\$4,107,032) for the 2015-2016 fiscal year and the sum of four million thirty-five thousand
14 seven hundred four dollars (\$4,035,704) for the 2016-2017 fiscal year appropriated in this section
15 in the Social Services Block Grant to the Department of Health and Human Services, Divisions of
16 Social Services and Aging and Adult Services, shall be used for guardianship services pursuant to
17 Chapter 35A of the General Statutes. The Department may expend funds appropriated in this
18 section to support (i) existing corporate guardianship contracts during the 2015-2016 and
19 2016-2017 fiscal years and (ii) guardianship contracts transferred to the State from local
20 management entities or managed care organizations during the 2015-2016 and 2016-2017 fiscal
21 years.

22 **SECTION 12I.1.(q1)** The sum of seven hundred thirty-seven thousand sixty-seven
23 dollars (\$737,067) appropriated in this section in the Social Services Block Grant for the
24 2016-2017 fiscal year shall be allocated to the Department of Health and Human Services,
25 Division of Social Services. These funds shall be used to assist with training needs for county
26 child welfare training staff and shall not be used to supplant any other source of funding for staff.
27 County departments of social services are exempt from 10A NCAC 71R .0201(3) requiring a local
28 match of twenty-five percent (25%).
29

30 ***LOW-INCOME ENERGY ASSISTANCE BLOCK GRANT***

31 **SECTION 12I.1.(r)** Additional emergency contingency funds received may be
32 allocated for Energy Assistance Payments or Crisis Intervention Payments without prior
33 consultation with the Joint Legislative Oversight Committee on Health and Human Services.
34 Additional funds received shall be reported to the Joint Legislative Oversight Committee on
35 Health and Human Services and the Fiscal Research Division upon notification of the award. The
36 Department of Health and Human Services shall not allocate funds for any activities, including
37 increasing administration, other than assistance payments, without prior consultation with the Joint
38 Legislative Oversight Committee on Health and Human Services.

39 **SECTION 12I.1.(s)** The sum of forty million two hundred forty-four thousand five
40 hundred thirty-four dollars (\$40,244,534) for the 2015-2016 fiscal year and the sum of ~~thirty-nine~~
41 ~~million three hundred three thousand six hundred seventy four dollars (\$39,303,674)~~ thirty-seven
42 million one hundred fifty-six thousand four hundred ninety-two dollars (\$37,156,492) for the
43 2016-2017 fiscal year appropriated in this section in the Low-Income Energy Assistance Block
44 Grant to the Department of Health and Human Services, Division of Social Services, shall be used
45 for Energy Assistance Payments for the households of (i) elderly persons age 60 and above with
46 income up to one hundred thirty percent (130%) of the federal poverty level and (ii) disabled
47 persons eligible for services funded through the Division of Aging and Adult Services.

48 County departments of social services shall submit to the Division of Social Services
49 an outreach plan for targeting households with 60-year-old household members no later than
50 August 1 of each year. The outreach plan shall comply with the following:

- 1 (1) Ensure that eligible households are made aware of the available assistance, with
2 particular attention paid to the elderly population age 60 and above and
3 disabled persons receiving services through the Division of Aging and Adult
4 Services.
- 5 (2) Include efforts by the county department of social services to contact other
6 State and local governmental entities and community-based organizations to (i)
7 offer the opportunity to provide outreach and (ii) receive applications for
8 energy assistance.
- 9 (3) Be approved by the local board of social services or human services board prior
10 to submission.
11

12 ***CHILD CARE AND DEVELOPMENT FUND BLOCK GRANT***

13 **SECTION 12I.1.(t)** Payment for subsidized child care services provided with federal
14 TANF funds shall comply with all regulations and policies issued by the Division of Child
15 Development and Early Education for the subsidized child care program.

16 **SECTION 12I.1.(u)** If funds appropriated through the Child Care and Development
17 Fund Block Grant for any program cannot be obligated or spent in that program within the
18 obligation or liquidation periods allowed by the federal grants, the Department may move funds to
19 child care subsidies, unless otherwise prohibited by federal requirements of the grant, in order to
20 use the federal funds fully.
21

22 ***MENTAL HEALTH SERVICES BLOCK GRANT***

23 **SECTION 12I.1.(v)** The sum of six hundred forty-three thousand four hundred
24 ninety-one dollars (\$643,491) appropriated in this section in the Mental Health Services Block
25 Grant to the Department of Health and Human Services, Division of Mental Health,
26 Developmental Disabilities, and Substance Abuse Services, for ~~each year of the 2015-2017 fiscal~~
27 ~~biennium~~ the 2015-2016 fiscal year and the sum of one million four hundred thirty thousand eight
28 hundred fifty-one dollars (\$1,430,851) for the 2016-2017 fiscal year is allocated for Mental Health
29 Services – First Psychotic Symptom Treatment. The Division shall report on (i) the specific
30 evidence-based treatment and services provided, (ii) the number of persons treated, and (iii) the
31 measured outcomes or impact on the participants served. The Division shall report to the House of
32 Representatives Appropriations Committee on Health and Human Services, the Senate
33 Appropriations Committee on Health and Human Services, and the Fiscal Research Division no
34 later than December 31, 2016.
35

36 ***SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT***

37 **SECTION 12I.1.(w)** The sum of two hundred fifty thousand dollars (\$250,000)
38 appropriated in this section in the Substance Abuse Prevention and Treatment Block Grant to the
39 Department of Health and Human Services, Division of Mental Health, Developmental
40 Disabilities, and Substance Abuse Services, for each year of the 2015-2017 fiscal biennium shall
41 be allocated to the Department of Administration, Division of Veterans Affairs, to establish a
42 call-in center to assist veterans in locating service benefits and crisis services. The call-in center
43 shall be staffed by certified veteran peers within the Division of Veterans Affairs and trained by
44 the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services.

45 **SECTION 12I.1.(w1)** The sum of five hundred thousand dollars (\$500,000) allocated
46 in this section in the Substance Abuse Prevention and Treatment Block Grant to the Department of
47 Health and Human Services, Division of Mental Health, Developmental Disabilities, and
48 Substance Abuse Services, for the 2016-2017 fiscal year shall be used for a medication-assisted
49 opioid use disorder treatment pilot program.
50

1 **MATERNAL AND CHILD HEALTH BLOCK GRANT**

2 **SECTION 12L.1.(x)** If federal funds are received under the Maternal and Child Health
3 Block Grant for abstinence education, pursuant to section 912 of Public Law 104-193 (42 U.S.C. §
4 710), for the 2015-2016 fiscal year or the 2016-2017 fiscal year, then those funds shall be
5 transferred to the State Board of Education to be administered by the Department of Public
6 Instruction. The Department of Public Instruction shall use the funds to establish an abstinence
7 until marriage education program and shall delegate to one or more persons the responsibility of
8 implementing the program and G.S. 115C-81(e1)(4) and (4a). The Department of Public
9 Instruction shall carefully and strictly follow federal guidelines in implementing and administering
10 the abstinence education grant funds.

11 **SECTION 12L.1.(y)** The Department of Health and Human Services shall ensure that
12 there will be follow-up testing in the Newborn Screening Program.

13 **SECTION 12L.1.(z)** The sum of one million five hundred seventy-five thousand
14 dollars (\$1,575,000) appropriated in this section in the Maternal and Child Health Block Grant to
15 the Department of Health and Human Services, Division of Public Health, for each year of the
16 2015-2017 fiscal biennium shall be used for evidence-based programs in counties with the highest
17 infant mortality rates. The Division shall report on (i) the counties selected to receive the
18 allocation, (ii) the specific evidenced-based services provided, (iii) the number of women served,
19 and (iv) any impact on the counties' infant mortality rate. The Division shall report its findings to
20 the House of Representatives Appropriations Committee on Health and Human Services, the
21 Senate Appropriations Committee on Health and Human Services, and the Fiscal Research
22 Division no later than December 31, 2016.

23 **SECTION 12L.1.(aa)** The sum of one hundred thousand dollars (\$100,000) allocated
24 in this section in the Maternal and Child Health Block Grant to the Department of Health and
25 Human Services, Division of Public Health, for each year of the 2015-2017 fiscal biennium for
26 community-based sickle cell centers shall not be used to supplant existing State or federal funds.

27 **SECTION 12L.1.(bb)** No more than fifteen percent (15%) of the funds provided in
28 this section in the Maternal and Child Health Block Grant to Carolina Pregnancy Care Fellowship
29 shall be used for administrative purposes. The balance of those funds shall be used for direct
30 services."