

# House/Senate Comparison Report

## Health and Human Services

(Items in Controversy are Shaded)

House  
FY 14-15

Senate  
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### ( 1.0) Division of Central Management and Support

1	<b>Compensation Increase Reserve</b>	\$7,519,877	
	Provides a \$1,000 annual recurring salary increase (~\$1,236 salary and benefit increase) for permanent full-time employees.		
2	<b>Compensation Increase Reserve Department-Wide</b>		\$6,011,140
	Provides a \$1,000 annual recurring salary and benefit increase (\$809 salary increase) for permanent full-time employees department-wide.		
3	<b>State Retirement System Contributions</b>	\$1,852,169	
	Increases the State's contribution to the Teachers' and State Employees' Retirement System to fund the Annual Required Contribution and provide a 1.44% cost-of-living adjustment to retirees. Total General Fund appropriation across all sections in the committee report is \$60.3 million.		
4	<b>State Retirement System Contributions Department-Wide</b>		\$1,135,828
	Increases the State's contribution to the Teachers' and State Employees' Retirement System to fund the Annual Required Contribution and provide a 0.8% cost-of-living adjustment department-wide to retirees. Total General Fund appropriation across all sections in the committee report is \$37 million.		
5	<b>Contracts and Vacant Positions Department-Wide (1119)</b>	(\$8,000,000)	(\$16,000,000)
	Reduces funds for vacant positions and contracts across the department. The Department has the flexibility to achieve this reduction through the elimination of vacant positions and elimination or reduction of contract costs.		
6	<b>Maintenance - Cost Allocation (1120)</b>	(\$120,000)	(\$120,000)
	Allocates allowable federal funds for maintenance expenses in the Division of Child Development and Early Education.		

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## 7 NC TRACKS (2413,1122)

\$0

\$0

Provides funding for continued system development by using prior-year earned revenue in the nonrecurring amount of \$5,223,975 in FY 2014-15. The total FY 2014-15 budget for development costs is \$10.7 million and the budget for ongoing operations and maintenance is an additional \$10.7 million.

## 8 NC FAST (2411)

\$0

\$0

Provides funding to support the continued development and implementation of the Eligibility Information System for the Child Care, Low Income Energy Assistance and Crisis Intervention Programs, and Federally-Facilitated Exchange Interoperability. The funding will be provided from prior-year earned revenue in the nonrecurring amount of \$4,138,002 in FY 2014-15. These projects are funded with 90% federal funds until December 31, 2015. The FY 2014-15 total budget for this project is \$55.6 million.

## 9 Competitive Block Grant Transfers (1910)

(\$600,223)

(\$600,223)

Transfers funds from the competitive block grant to the appropriate Divisions. Funds for maternity homes are transferred to the Division of Social Services in the amount of \$375,000. Funds for traumatic brain injury are transferred to the Division of Mental Health, Developmental Disability Services and Substance Abuse Services in the amount of \$225,223. Combined with item 8, the competitive block grant is reduced by 2.4% to \$9,303,911 recurring.

## 10 Competitive Block Grant Additional Funds (1910)

\$375,000

Provides recurring funds to increase the competitive block grant. Designates \$375,000 in FY 2014-15 for the Big Brothers Big Sisters of the Triangle, Inc. In FY 2015-16 the scope of the competitive block grant is expanded to allow for this organization to apply for funding. Combined with item 7 the competitive block grant is reduced by 2.4% to \$9,303,911 recurring.

## 11 Competitive Block Grant Additional Funds (1910)

\$375,000

Provides recurring funds to increase the competitive block grant.

## 12 Actuary Positions (1120)

\$170,000

\$170,000

1.00

1.00

Creates two actuary positions in the Office of the Secretary for the Medicaid Program. The total cost of the positions is \$340,000. Federal Medicaid receipts will be used to cover 50% of the cost of each position, therefore the State will fund effectively 1 net FTE.

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13	<b>Health Information Exchange (1910)</b>	\$4,000,000	\$4,000,000
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Provides State matching funds to support the Health Information Exchange.

### 14 **Supplemental Short-Term Assistance for Group Homes**

\$2,000,000 NR

Provides fund for one year for group home residents who were determined to be ineligible for Medicaid personal care services on or after January 1, 2013. The maximum monthly payment is set at \$464.30 and is based on providing 33 hours of service per eligible recipient. Group homes may only use these funds to provide supervision and medication management to residents who meet the required eligibility criteria. Funds for this purpose are capped at maximum amount of \$2,000,000 and will end upon depletion of the funds or June 30, 2015, whichever is earlier.

## ( 2.0) Division of Aging and Adult Services

### 15 **Senior Center**

\$100,000 NR

Provides nonrecurring General Fund appropriation for Senior Center capital projects.

### 16 **Home Care and Community Block Grant Reduction (1370,1451)**

(\$969,549)

Reduces General Fund appropriation for the Home Care and Community Block Grant (HCCBG) by 3%, leaving a balance of \$31,808,889.

## ( 3.0) Division of Child Development and Early Education

### 17 **TANF Funds for PreK (1330)**

(\$7,195,807) NR

Replaces General Fund appropriation for the PreK program with Temporary Assistance for Needy Families block grant funds on a nonrecurring basis. Combined with item 19, there is a decrease of 3.3% in General Fund appropriation to \$62.8 million and a 3.6% increase in total funding for PreK.

### 18 **TANF Funds for PreK (1330)**

(\$15,842,334) NR

Replaces General Fund appropriation for the PreK program with Temporary Assistance for Needy Families block grant funds and Temporary Assistance for Needy Families Emergency Contingency Funds on a nonrecurring basis.

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19	<b>PreK Lottery Funds</b>	(\$49,168,368)	
	Replaces General Fund appropriation with Lottery receipts for the PreK program. This brings the total Lottery receipts for the PreK program to \$124.7 million.		
20	<b>Administrative Savings due to Efficiencies and Cost Allocation</b>	(\$1,893,496) -1.00	(\$1,893,496) -1.00
	Reduces General Fund appropriation budgeting overrealized receipts, and replacing General Fund appropriation with Child Care and Development Fund for Child Care Regulation. Additionally the Division's administrative costs have been reduced due to the move to the Dorothea Dix campus, including the elimination of one position.		
	#60038615 - Administrative Asst. II - \$37,659		
21	<b>Child Care Subsidy Block Grant Swap Out (1380)</b>		(\$13,982,425) NR
	Replaces General Fund appropriation for the Child Care Subsidy program with Child Care Development Fund and Temporary Assistance For Needy Families Emergency Contingency block grant funds on a nonrecurring basis. Both block grants have increased availability for FY 2014-15. Combined with items 15, 16, 17 and 18, General Fund appropriation is reduced by 22% to \$49.7 million due to the replacement of State funds with federal funding. Total funding for Child Care Subsidy is unchanged.		
22	<b>Child Care Subsidy Block Grant Swap Out (1380)</b>	(\$13,982,425) NR	
	Replaces General Fund appropriation for the Child Care Subsidy program with Child Care Development Fund and Temporary Assistance For Needy Families Emergency Contingency block grant funds on a nonrecurring basis. Both block grants have increased availability for FY 2014-15. Combined with items 16, 17, 18, 19, and 20 General Fund appropriation is reduced by 34% to \$27.1 million due to the replacement of State funds with federal funding. Total funding for Child Care Subsidy is unchanged.		
23	<b>Child Care Subsidy Eligibility Changes (1380)</b>		(\$11,000,000)
	Changes eligibility for Child Care Subsidy from 75% of State Median Income to 200% of Federal Poverty Level (FPL) for children age 0-5 and children with special needs. Children who are age 6-12 are eligible at 133% of FPL. This change is effective September 1, 2014. This change in eligibility reduces funding needs by \$22 million; half of these funds, \$11 million, will be used to reduce the waiting list by 2,300 eligible children. Combined with items 14, 16, 17, and 18, General Fund appropriation is reduced by 22% to \$49.7 million due to the replacement of State funds with federal funding in item 14. Total funding for Child Care Subsidy is unchanged.		

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24	<b>Child Care Subsidy Eligibility Changes (1380)</b>	(\$7,670,393)
	<p>Changes eligibility for Child Care Subsidy from 75% of State Median Income to 200% of Federal Poverty Level (FPL) for children age 0-5 and children with special needs. Children who are age 6-12 are eligible at 133% of FPL. This change is effective October 1, 2014. Children currently receiving assistance will have their income eligibility determined according to the new income standards at their next redetermination after October 1, 2014. Combined with items 15,17,18,19 and 20 General Fund appropriation is reduced by 34% to \$27.1 million due to the replacement of State funds with federal funding in item 15. Total funding for Child Care Subsidy is unchanged.</p>	
25	<b>Child Care Subsidy Co-Payments Set at 10% of Income (1380)</b>	(\$1,812,687)
	<p>Sets co-payments at 10% of income for all households that are required to pay a co-payment effective September 1, 2014. This does not change who pays a co-payment; children receiving child care subsidy through Child Welfare, Child Protective Services and Foster Care will continue to be exempt from the co-payment requirement. This reduction does not change the slot availability for child care subsidy as the amount paid by the Child Care Subsidy Program will be reduced due to the increased co-payment. The co-payment is paid to the child care provider. There were 40,000 children whose families paid a co-payment based on 8% or 9% of their family income out of 110,000 children whose families paid a co-payment in FY 2012-13. Combined with items 14, 15, 17, and 18 General Fund appropriation is reduced by 22% to \$49.7 million due to the replacement of state funds with federal funding in item 14. Total funding for Child Care Subsidy is unchanged.</p>	
26	<b>Child Care Subsidy Co-Payments Set at 10% of Income</b>	(\$1,631,418)
	<p>Sets co-payments at 10% of income for all households that are required to pay a co-payment effective October 1, 2014. This does not change who pays a co-payment; children receiving child care subsidy through Child Welfare, Child Protective Services and Foster Care will continue to be exempt from the co-payment requirement. This reduction does not change the slot availability for child care subsidy as the amount paid by the Child Care Subsidy Program will be reduced due to the increased co-payment. The co-payment is paid to the child care provider. There were 40,000 children whose families paid a co-payment based on 8% or 9% of their family income out of 110,000 children whose families paid a co-payment in FY 2012-13. Combined with items 15, 16, 18, 19, and 20 General Fund appropriation is reduced by 34% to \$27.1 million due to the replacement of state funds with federal funding in item 15. Total funding for Child Care Subsidy is unchanged.</p>	

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27	<b>Child Care Subsidy Co-Payment No Longer Prorated for Part-time Care (1380)</b>	(\$2,359,965)
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Eliminates the proration of co-payments for part-time care effective September 1, 2014. This reduction does not result in any loss of child care slots. The increased co-payment will reduce the amount paid to child care providers by the Child Care Subsidy program. Providers collect the co-payment from the parents. There were 26,000 children whose families paid a reduced co-payment due to part-time care out of 110,000 children whose families paid a co-payment in FY 2012-13. Combined with items 14, 15, 16, and 18, General Fund appropriation is reduced by 22% to \$49.7 million due to the replacement of State funds with federal funding in item 14. Total funding for Child Care Subsidy is unchanged.

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28	<b>Child Care Subsidy Co-Payment No Longer Prorated for Part-Time Care (1380)</b>	(\$2,123,968)
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Eliminates the proration of co-payments for part-time care effective October 1, 2014. This reduction does not result in any loss of child care slots. The increased co-payment will reduce the amount paid to child care providers by the Child Care Subsidy program. Providers collect the co-payment from the parents. There were 26,000 children whose families paid a reduced co-payment due to part-time care out of 110,000 children whose families paid a co-payment in FY 2012-13. Combined with items 15, 16, 17, 19 and 20 General Fund appropriation is reduced by 34% to \$27.1 million due to the replacement of State funds with federal funding in item 15. Total funding for Child Care Subsidy is unchanged.

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29	<b>Child Care Subsidy Waiting List (1380)</b>	\$523,333
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Provides funding to reduce the Child Care Subsidy waiting list from the net savings of the actions in 15, 16, 17, 18, and 20. When the actions in these items are annualized, this will provide funding to reduce the Child Care Waiting List by 2,250. Combined with items 15, 16, 17, 18, and 20, General Fund appropriation is reduced by 34% to \$27.1 million due to the replacement of State funds with federal funding in item 15. Total funding for Child Care Subsidy is unchanged.

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30	<b>Child Care Subsidy Waiting List (1380)</b>	\$15,172,652
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Provides funding to reduce the Child Care Subsidy waiting list by an estimated 3,200 children. Combined with items 14, 15, 16, and 17, General Fund appropriation is reduced by 22% to \$49.7 million due to the replacement of State funds with federal funding in item 14. Total funding for Child Care Subsidy is unchanged.

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31	<b>Child Care Market Rates (1380)</b>	\$10,902,446	
	Provides funding to increase the child care market rates for the Child Care Subsidy Program effective January 1, 2015, based on the 2013 North Carolina Child Care Market Rate Study. The child care market rates are increased by 40% of the difference between the current child care market rates and the 2013 child care market rates. Combined with items 15, 16, 17, 18, and 19, General Fund appropriation is reduced by 34% to \$27.1 million due to the replacement of State funds with federal funding in item 15. Total funding for Child Care Subsidy is unchanged.		
32	<b>PreK Expansion (1330)</b>		\$5,040,000 NR
	Provides funds for 1,000 additional PreK slots to serve at-risk 4 year olds in the PreK program. Combined with item 12 which replaces General Fund appropriation with federal block grant funds, there is a decrease of 3.3% in General Fund appropriation to \$62.8 million and a 3.6% increase in total funding for PreK.		
33	<b>PreK (1330)</b>	\$5,040,000 NR	
	Provides funding to address the additional average per slot cost increase due to teacher raises and provides funding for additional slots. There is also \$4 million in additional Temporary Assistance for Needy Families Emergency Contingency Block Grant funds which brings the total additional funding for PreK to \$9 million. This increases the total funding for PreK by 13%.		

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### ( 4.0) Division of Social Services

34	<b>State/County Special Assistance Caseloads (1570)</b>		(\$4,215,542)
	Reduces funding for State/County Special Assistance (SA) due to decreasing caseloads. The reduced funding has no impact on assistance for eligible recipients. Combined with item 20, reduces General Fund appropriation for SA by 7.2%, leaving \$65.2 million recurring.		
35	<b>State-County Special Assistance Caseloads (1570)</b>	(\$4,215,542)	
	Reduces funding for State-County Special Assistance (SA) due to decreasing caseloads. The reduced funding has no impact on assistance for eligible recipients.		

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36	<b>State County Special Assistance Income Eligibility (1570)</b>		(\$807,864)
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Changes the income eligibility for the State/County Special Assistance Program from a method that bases income eligibility on the payment rate for the facility type where the recipient resides, to a method based on the federal poverty level for all recipients regardless of where they reside. The SA eligibility level is set at 100% of the Federal Poverty Level. Current recipients of SA are grandfathered in and will continue to receive SA. Combined with item 20, the General Fund appropriation for SA is reduced by 7.2%, leaving \$65.2 million recurring.

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37	<b>State Funding for County Medicaid Administration Eliminated (1376)</b>	(\$1,682,806)	(\$1,682,806)
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Eliminates funding provided to local departments of social services to offset counties' cost for Medicaid enrollment. The federal match rate is increasing from 50% to 75% for eligibility determination for Medicaid, therefore counties will receive additional federal funds for this activity.

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38	<b>Adult Care Home Case Management (1453)</b>	(\$856,058)	(\$856,058)
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Eliminates funding for the Adult Care Home Case Management Service (ACHCM) which ended in June 2013. This service provided funding for county departments of social services workers to perform the assessment and case management for individuals in adult care homes and licensed family homes who were heavy need residents. The Personal Care Services (PCS) Program now uses an independent assessment to determine eligibility for PCS and therefore the Case Management Service is no longer needed.

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39	<b>County Child Protective Services Caseloads (1430)</b>	\$8,326,627	
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Provides funding to replace \$4.5 million in federal block grant funds utilized to pay for Child Protective Services (CPS) workers that counties lost in FY 2013-14 and provides additional funding to reduce county departments of social services caseloads to an average of 10 families per worker performing Child Protective Services assessments. Combined with items 26 and 27, the General Fund appropriation for Child Protective Services is increased by 101% to \$27 million.



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40	<b>County Child Protective Services Caseloads (1430)</b>	\$8,326,627
	Provides funding to replace \$4.5 million in federal block grant funds utilized to pay for Child Protective Services (CPS) workers that counties lost in FY 2013-14 and provides additional funding to reduce county departments of social services caseloads to an average of 10 families per worker performing Child Protective Services assessments. Combined with items 25 and 26, the General Fund appropriation for Child Protective Services is increased by 101% to \$27 million.	
41	<b>Enhance Oversight of County Child Welfare Services (1430)</b>	\$750,000 9.00
	Provides funding for nine positions to enhance oversight of child welfare services in local county departments of social services. These positions will monitor, train, and provide technical assistance to the local county departments of social services to ensure children and families are provided services to address safety, permanency and the well-being of children who are served by child welfare services. The funds will increase Division of Social Services staffing for Child Protective Services to 28 positions, an increase of 47%. Combined with items 24 and 26, this General Fund appropriation for Child Protective Services is increased by 101% to \$27 million.	
42	<b>Enhance Oversight of County Child Welfare Services (1430)</b>	\$750,000 9.00
	Provides funding for nine positions to enhance oversight of child welfare services in local county departments of social services. These positions will monitor, train, and provide technical assistance to the local county departments of social services to ensure children and families are provided services to address safety, permanency and the well-being of children who are served by child welfare services. The funds will increase Division of Social Services staffing for Child Protective Services to 28 positions, an increase of 47%. Combined with items 25 and 27, this General Fund appropriation for Child Protective Services is increased by 101% to \$27 million.	
43	<b>Child Welfare In-Home Services Expansion (1430)</b>	\$4,500,000
	Increases General Fund appropriation for Child Welfare In-Home Services. In-Home Services are provided to maintain the safety of the child while helping the parent/caretaker learn more effective parenting practices. In-Home Services provide, arrange for, and coordinate interventions and services, as needed that focus on child safety and protection, family preservation, and the prevention of further abuse or neglect. Combined with items 25 and 26, the General Fund appropriation for Child Protective Services is increased by 101% to \$27 million.	

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44	<b>Child Welfare In-Home Services Expansion (1430)</b>				\$4,500,000
	Increases General Fund appropriation for Child Welfare In-Home Services. In-Home Services are provided to maintain the safety of the child while helping the parent/caretaker learn more effective parenting practices. In-Home Services provide, arrange for, and coordinate interventions and services, as needed that focus on child safety and protection, family preservation, and the prevention of further abuse or neglect. Combined with items 24 and 25, the General Fund appropriation for Child Protective Services is increased by 101% to \$27 million.				
45	<b>Child Protective Services Statewide Evaluation (1430)</b>				
	Provides funding for an independent, statewide evaluation of Child Protective Services at local departments of social service and the Department of Health and Human Services. The evaluation will assess performance, caseload sizes, administrative structure, funding and worker turnover and include recommendations on improving Child Protective Services.	\$700,000	NR	\$700,000	NR
46	<b>Child Protective Services Pilot Program (1430)</b>				
	Provides funding to develop and implement a pilot program designed to enhance coordination of services and information among agencies to improve the protection and outcomes for vulnerable children served through Child Welfare Services. The agencies included in the pilot are local county departments of social services, local law enforcement, the court system, Guardian Ad Litem programs and other agencies as determined appropriate by the Department of Health and Human Services.	\$300,000	NR	\$300,000	NR
47	<b>Foster Care Assistance Payments (1532)</b>	\$5,000,000		\$5,000,000	
	Provides funding for Foster Care Assistance Payments due to increasing caseloads. Caseloads increased by 9% from March 2013 to March 2014 and are projected to continue to grow. General Fund appropriation is increased by 18% to a total of \$32.2 million.				
48	<b>State Maternity Home Fund (1110)</b>	\$375,000		\$375,000	
	Transfers General Fund Appropriation from the Competitive Block grant in the Division of Central Management to the State Maternity Home Fund in the Division of Social Services. Maternity Homes are removed from the competitive block grant. Individuals experiencing an unplanned pregnancy apply to receive funding from the State Maternity Home Fund. Once the individual is determined eligible, the payment goes to the appropriate Maternity Home. There is no change in funding for the State Maternity Home Fund.				

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<b>49 Work First Drug Testing</b>  Provides funds for the implementation of Part II. Drug Screening and Testing For Work First Program Assistance of S.L. 2013-417.	\$218,538  \$125,750 NR	
<b>( 5.0) Division of Public Health</b>		
<b>50 ADAP - AIDS Drug Assistance Program (1460)</b>  Funds ADAP at the full service level. Increased FY 2013-14 pharmaceutical rebates and other federal receipts will be carried forward into FY 2014-15 and will allow the program to serve all eligible persons up to 300% of the Federal Poverty Level. FY 2014-15 funding is reduced by 8%, with \$68.8 million remaining for aid and public assistance.	(\$5,782,163) NR	(\$5,782,163) NR
<b>51 Incubation Project (1161)</b>  Eliminates General Fund support for the North Carolina Public Health Incubator Collaborative. Funds are used to support a contract with the UNC Institute of Public Health. The contract will be discontinued, but regional health department collaboratives will continue to develop and disseminate best practices.	(\$100,000)	(\$100,000)
<b>52 Vector Control Program (1153)</b>  Terminates the Vector Control Program, which provided small grants to a limited number of counties for mosquito control.	(\$185,992)	(\$185,992)
<b>53 Child and Family Support Team (1332)</b>  Eliminates funding for the Child and Family Support Team. Funds were originally provided as start-up funding to support schools participating in the Child and Family Support Team program. The school-based program is now fully implemented, and start-up resources are no longer needed. Two positions are eliminated effective July 1, 2014.  #60037795 - Program Development Coordinator - \$66,173 #60037797 - Administrative Asst I - \$44,648	(\$251,788) -2.00	(\$251,788) -2.00
<b>54 School Nurse Funding Initiative (SNFI) (1332)</b>  Reduces funding (29%) to local education authorities (LEAs) to eliminate 70 school nurse positions and reallocates the remaining 166 SNFI-funded school nurse positions to Tier 1 counties only. As a result, the number of SNFI-funded nurses in the 35 Tier 1 counties will increase to the recommended school nurse-to-student ratio of 1:750 or less. \$8.7 million remains in the FY 2014-15 SNFI budget.		(\$3,487,500)

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55	<b>Operational Efficiencies (1110, 1171, 1261, 1441)</b>	(\$298,275) -5.00
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Reduces operating funds for the Purchase of Medical Care Unit, State Center for Health Statistics, and the Early Intervention, Physical Activity and Nutrition, and Chronic Disease and Prevention Units. Five positions are eliminated effective July 1, 2014.

#60041103 - Office Assistant IV - \$35,891  
#60088935 - Processing Asst V - \$36,931  
#60041452 – Administrative Asst I – \$51,304  
#60041171 - Nutrition Program Supervisor - \$55,808  
#60040661 - Business Officer - \$50,200

56	<b>Operational Efficiencies (1110, 1171, 1261, 1441)</b>	(\$298,275) -5.00
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Reduces operating funds for the Purchase of Medical Care Unit, State Center for Health Statistics, and the Early Intervention, Physical Activity and Nutrition, and Chronic Disease and Prevention Units. Five positions are eliminated effective July 1, 2014.

#60041103 - Office Assistant IV - \$35,891  
#60088935 - Processing Asst V - \$36,931  
#60041456 – Administrative Officer #3 – \$51,304  
#60041171 - Nutrition Program Supervisor - \$55,808  
#60040661 - Business Officer - \$50,200

57	<b>Public Health Program Adjustments (1271, 1332)</b>	(\$337,325)	(\$337,325)
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Eliminates residual funds for Purchase of Medical Care, Early Hearing Detection and Intervention, and Tobacco Prevention and Control programs. The budgets are being modified to actual or anticipated spending levels, with no reduction to public service.

Fund Code 1271: Purchase of Medical Care - (\$142,325)  
Fund Code 1332: Early Hearing Detection and Intervention - (\$131,000)  
Fund Code 1271: Tobacco Prevention and Control - (\$64,000)

58	<b>Vital Records (1173)</b>	\$350,000
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Provides \$350,000 recurring for the Vital Records Automation Fund, increasing the projected FY 2014-15 budget to \$1,041,024. The funds will be used to modify and enhance the Electronic Birth Records System, to update Vital Records' system equipment and software, and for continuing information technology system maintenance.

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59	<b>Vital Records (1173)</b>	\$350,000	
	Provides funds for temporary staffing to keep up with the demand for certificate issuance, the relocation of records from the primary vault to a secondary vault due to safety issues, microfilming/daily records management, the adoptions database and certificate issuance, and long term vital events document preservation.		
60	<b>Office of Chief Medical Examiner (1172)</b>	\$1,000,000	\$1,000,000
	Provides funding to address operational issues in the statewide medical examiner system. The expansion will increase the FY 2014-15 budget by 23% from \$4.4 million to \$5.4 million.		
61	<b>On-Site Water Protection (1153)</b>		(\$1,177,154) -14.00
	Transfers the On-Site Water Protection Unit to the Department of Environment and Natural Resources as a Type I transfer. Additional adjustments that are necessary due to legislative salary increases, retirement and medical adjustments, as well as receipt adjustments and transfers from special funds, may be implemented through a type 11 budget revision.		
62	<b>Well Water Testing Fee (1174)</b>		
	Budgets increased receipts from fees charged by the State Public Health Laboratory to analyze private well water samples. The fee charged to test samples from newly constructed wells will increase from \$55 to \$74, (35%), effective July 1, 2014. In addition, the Laboratory will be authorized to analyze water samples from existing private wells for a fee of \$74, effective July 1, 2014. The fee change will increase receipts to cover the costs of supplies used to analyze water samples.		
	Requirements	\$221,548	
	Receipts	\$221,548	
	Net Appropriation	\$0	
63	<b>Food Protection Program</b>	\$0	
	Realigns the Food Protection Program budget by reallocating \$400,000 from aid to counties for local food and lodging programs to be used for the costs to operate the State elements of this program. Due to an increase in the amount of the counties' share of food and lodging fee receipts enacted in Section 12E.1 of S.L. 2013-360, the counties no longer need to receive this General Fund Appropriation. The Food Protection Program will use these funds to cover State costs related to food and lodging regulation.		

**( 6.0) Division of Mental Health, Developmental Disabilities, and Substance Abuse**

**64 New Broughton Hospital Reserve (1910)**

Eliminates reserve funds provided to purchase equipment, furniture, and information technology infrastructure for the new Broughton Hospital. S.L. 2013-360 appropriated the nonrecurring funds for the anticipated December 2014 opening of the new facility. Due to construction issues, the opening of the replacement facility is delayed until May 2016.

(\$16,598,589) NR (\$16,598,589) NR

**65 Claims Processing (1110)**

Reduces funding by 47% to budget anticipated savings in contracted claims processing costs. In FY 2013-14, the Division began using the NC Tracks system to process community service claims and no longer uses private contractors for this purpose. \$2.7 million remains in the FY 2014-15 budget for contractual information technology services.

(\$2,400,000) (\$2,400,000)

**66 Local Management Entity/Managed Care Organizations (1111)**

Reduces the General Fund appropriation for Local Management Entity/Managed Care Organization (LME/MCO) administrative cost allocations by 5.6%. Administrative cost savings will be achieved by merging the nine LME/MCOs operating in FY 2013-14 to seven or fewer by June 30, 2015. Approximately \$30 million remains in the FY 2014-15 budget for LME/MCO administration.

(\$1,800,000) (\$1,800,000)

**67 Central Office Administration (1110)**

Reduces the General Fund appropriation for the Division's central offices by 4.5%. Seven vacant positions are eliminated, effective July 1, 2014. Approximately \$9.5 million remains in the Division's FY 2014-15 central administration budget.

(\$448,876)  
-7.00

#65006250, Quality Assurance Officer - \$70,840  
#60043442 Mental Health Prgm Mgr I - \$59,962,  
#60043463, W/A Primary Care Systems Asso - \$49,171  
#60043400, Processing Assistant V - \$48,979  
#60043406, W/A Administrative Asst - \$29,856  
#60043320, Administrative Off III - \$54,498  
#60043328, Budget Manager - \$90,000

# Health and Human Services

(Items in Controversy are Shaded)

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68	<b>Central Office Administration (1110)</b>		(\$448,876) -7.00
	<p>Reduces the General Fund appropriation for the Division's central offices by 4.5%. Seven vacant positions are eliminated, effective July 1, 2014. Approximately \$9.5 million remains in the Division's FY 2014-15 central administration budget.</p> <p>#65006250, Quality Assurance Officer - \$70,840  #60043367, Mental Health Prgm Mgr I – \$59,962,  #60043463, W/A Primary Care Systems Asso - \$49,171  #60043400, Processing Assistant V - \$48,979  #60043406, W/A Administrative Asst - \$29,856  #60043320, Administrative Off III - \$54,498  #60043328, Budget Manager - \$90,000</p>		
69	<b>LME/MCO General Administration (1111)</b>	(\$6,100,000)	(\$6,100,000)
	<p>Eliminates funds held in reserve for LME/MCO risk management. As required by S.L. 2013-85, the Division has increased responsibilities related to monitoring LME/MCO administrative, operational, actuarial, and financial performance, eliminating the need to maintain a reserve fund.</p>		
70	<b>Wright School (1546)</b>		(\$2,709,912) -38.66
	<p>Eliminates funding for the Wright School, effective July 1, 2014.</p>		
71	<b>Brain Injury Association of North Carolina (1451)</b>	\$225,223	\$225,223
	<p>Continues General Fund appropriation for the Brain Injury Association of North Carolina contract. The association provides information, referral, and training services for persons with traumatic brain injury, their families, and health care professionals.</p>		
72	<b>Community-Based Crisis Services</b>	\$5,028,677	
	<p>Provides funds to be used to increase community-based crisis stabilization services. These services provide alternatives to the use of local hospital emergency departments or inpatient services in State-operated facilities. Crisis services include psychiatric outpatient clinics, 24-hour crisis walk-in clinics, psychiatric urgent care units, facility-based crisis treatment, 23-hour observation, and non-hospital detoxification.</p>		
73	<b>Unpaid LME Liabilities</b>	\$5,255,527	NR
	<p>Provides one-time funding for the LME/MCOs to address unpaid liabilities carried forward from prior fiscal years. DMH/DD/SAS had insufficient funds to pay the LME/MCO their State allocations in a timely manner.</p>		

## Health and Human Services

(Items in Controversy are Shaded)

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### 74 Critical Time Intervention

Provides funds to support short-term case management services for persons leaving inpatient psychiatric facilities, adult care homes, and other institutions.

\$750,000 NR

### 75 Assistive Technology

Provides funds for assistive technology for persons with mental and other disabilities who are transitioning from institutions to live in community-based settings.

\$41,000 NR

## ( 7.0) Division of Vocational Rehabilitation

### 76 Operational Efficiencies (1110, 1452, 1480)

(\$575,336)  
-11.95

(\$575,336)  
-11.95

Reduces General Fund appropriation to reflect savings achieved by reducing layers of management and administration. Effective July 1, 2014, 20.75 positions (11.95 full-time equivalents (FTEs) supported by the General Fund), are eliminated from Service Support, Employment Services, and Independent Living Services.

## ( 8.0) Division of Health Service Regulation

### 77 Cost Allocation for Construction Team Inspections (1153)

(\$263,000)

(\$263,000)

Allocates the cost for construction team inspections of adult care homes, family homes, and group homes to claim administrative match through Medicaid. The construction teams inspect facilities to ensure compliance with federal licensure standards. The inspection consists of external and internal evaluations, including living quarters, fire safety, electrical and plumbing equipment, to ensure homes and facilities are maintained in a safe living condition.

### 78 Health Care Personnel Registry Receipts (1110)

(\$25,000)

(\$25,000)

Budgets over-realized receipts for the Health Care Personnel Registry, a tool for monitoring unlicensed health care personnel. The registry lists nurses and medications aides who have met federal and State educational and competency requirements. Further, it lists unlicensed health care personnel who are being investigated for or have been found to have caused harm to a resident or facility. The cost of maintaining the registry is shared with Medicare. For FY 2012-13, actual expenditures totaled \$4.1 million. While budgeting the over-realized receipts (\$25,000) will result in a corresponding decrease in appropriation, the FY 2014-15 budget (requirements) of \$4.4 million is unchanged.



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**( 9.0) Division of Medical Assistance**

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<b>79</b>	<b>Provider Assessments for Behavioral Health LME/MCO's (1310)</b>	<b>(\$59,555,995)</b>
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Implements a 3.5% assessment on all Behavioral Health LME/MCO's effective July 1, 2014. The State will retain 65% of the total amount assessed to fund Medicaid services. The remaining 35% will be used to increase the capitation rates for the Local Management Entities/Managed Care Organizations (LME/MCO's). In FY 2012-13, Medicaid payments totaled \$1.4 billion to LME/MCOs. The FY 2013-14 budget is \$2.5 billion and is the first year where all LME/MCOs have been operational for the full year.

<b>80</b>	<b>Mental Health Drug Management (1310, 1331)</b>	<b>(\$6,000,000)</b>
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Implements prior authorization of mental health drugs, effective January 1, 2015. This adjustment brings mental health drug policy in line with other drug classes that require prior authorization in the Medicaid program. This represents a 2% reduction in drug spending net of rebates, leaving an estimated budget in FY 2014-15 of \$737 million. The amount saved is net of the reduction in drug rebates.

<b>81</b>	<b>Automatic Eligibility for ABD/State County Special Assistance (1310)</b>	<b>(\$28,750,000)</b>
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Eliminates the automatic Medicaid eligibility for Aged, Blind and Disabled/State County Special Assistance recipients effective January 1, 2015. This eligibility standard was established by North Carolina and is not mandated by the federal government. There are currently 11,886 individuals that have Medicaid eligibility as a result of this policy who will lose Medicaid coverage. In FY 2013-14 it is estimated that total spending on this eligibility group will be \$167.9 million. Of this amount, \$57.5 million are General Fund appropriations.

<b>82</b>	<b>Medically Needy Eligibility Standards (1310)</b>	<b>(\$3,563,134)</b>
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Eliminates eligibility for Medically Needy individuals in family and children and Aged, Blind and Disabled categories effective January 1, 2015. This eligibility group is optional and not mandated by Centers for Medicare and Medicaid Services (CMS). There are currently 3,342 individuals that have Medicaid coverage based on this policy. In FY 2013-14 it is estimated that total spending on this eligibility group will be \$20.8 million and \$7.1 million in General Fund appropriations.

# Health and Human Services

(Items in Controversy are Shaded)

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83	<b>Medsolutions Contract Renegotiation and Imaging Request for Proposal (1310)</b>	(\$5,500,000)	(\$5,500,000)
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Requires the department to renegotiate their imaging contract with Medsolutions to reduce capitation rates to achieve improved medical loss ratios. The Department is also directed to issue a Request for Proposal (RFP) for high tech imaging services. This represents a 14.9% reduction in spending on the high tech imaging contract, leaving an estimated \$90 million in the budget for FY 2014-15.

84	<b>Nursing Home Case- Mix Index Adjustment (1310)</b>		(\$2,200,000)
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Freezes the case-mix index adjustments for direct cost of nursing home rates effective January 1, 2015. Historically, nursing home direct care rates are adjusted quarterly for the change in the average case mix or intensity of care for each facility's residents from the previous quarter. The case mix index adjustments do not apply to the indirect care or fair rental value components of the nursing home per diem rates. Total Medicaid payments for nursing homes is projected to be \$1.16 billion in FY 2013-14. This represents a 0.5% reduction in overall spending for nursing homes leaving an estimated \$1.2 billion in the Medicaid budget for FY 2014-15.

85	<b>Average Acquisition Cost for Drug Pricing (1310)</b>		(\$975,000)
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Converts the pricing for drug products from a multiple of Wholesale Acquisition Cost (WAC) for brand medications and State Maximum Allowable Cost (SMAC) for generic medications to an average acquisition cost for all Medicaid drugs. This item also adjusts dispensing fees to more closely align with the cost of dispensing. Total spending for drug product and dispensing fees are projected to be \$1.4 billion in FY 2013-14. The amount is offset by drug rebates that are estimated at \$678 million in FY 2013-14. This represents a 0.3% reduction in spending for drug costs, net of rebates, leaving an estimated net budget of \$737 million in FY 2014-15.

**Health and Human Services**  
**(Items in Controversy are Shaded)**

House  
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Senate  
FY 14-15

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**86**   **State Retention of Physician Upper Payment Limit (UPL) Plan**

(\$8,086,028)

Implements a new 25.9% retention of the assessment under the University of North Carolina at Chapel Hill (UNC) and East Carolina University (ECU) physician UPL plan effective July 1, 2014. The retention will apply to the total amount assessed and transferred to the Division of Medical Assistance through an intergovernmental transfer or payment by these organizations. The amount not retained will be used to fund the state share of the costs of the supplemental payment under the UPL plan. In FY 2013-14, UNC and ECU transferred \$23.1 million to the Division of Medical Assistance for the State share of UPL payments of \$66.8 million. The new State retention will increase the amounts transferred from UNC and ECU to approximately \$31.1 million, with supplemental payments to the two organizations totaling approximately \$66.8 million.

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**87**   **State Retention of Physician Upper Payment Limit (UPL) Plan (1310)**

(\$9,380,470)

Implements a new 28.85% retention of the assessment under the University of North Carolina at Chapel Hill (UNC) and East Carolina University (ECU) physician UPL plan effective July 1, 2014. The retention will apply to the total amount assessed and transferred to the Division of Medical Assistance through an intergovernmental transfer or payment by these organizations. The amount not retained will be used to fund the state share of the costs of the supplemental payment under the UPL plan. In FY 2013-14, UNC and ECU transferred \$23.1 million to the Division of Medical Assistance for the State share of UPL payments of \$66.8 million. The new State retention will increase the amounts transferred from UNC and ECU to approximately \$32.5 million, with supplemental payments to the two organizations totaling approximately \$66.8 million.

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**88**   **State Retention of the Hospital GAP Plan Assessment (1310)**

(\$15,102,794)

Increases the State retention on assessments through the hospital GAP plan from 25.9% to 28.85% effective July 1, 2014. The increased retention percentage will apply to the total amount assessed under the GAP plan. The residual amount of assessment will be used to make supplemental equity and upper payment limit payments as defined under the plan. The GAP plan for the year ending September 30, 2014 provides for payments from hospitals totaling \$366 million and supplemental payments for outpatient equity and inpatient upper payment limit of \$787 million. This change will increase the amount of payments from the hospitals, but will not change the supplement payments the hospitals receive.

**Health and Human Services**  
**(Items in Controversy are Shaded)**

House  
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89	<b>Personal Care Services (PCS) Rate adjustment (1310)</b>		\$0
	<p>Reduces the PCS unit rate so that the approval of 50 additional hours included in the Medicaid Clinical policy approved by the Center for Medicare and Medicaid Services (CMS) in May 2014 is budget neutral.</p>		
90	<b>Single Base Rate for All Hospitals (1310)</b>		(\$10,800,000)
	<p>Establishes a single base diagnosis related group (DRG) rate for inpatient hospital services based on the statewide median base rate for all hospitals effective January 1, 2015. This reduces payments for hospital services by \$12.4 million and increases the GAP plan retention by \$9.2 million on an annual basis. In FY 2013-14 total spending for inpatient hospital services is projected to be \$938 million. This represents a 1.8% reduction in spending for inpatient hospital services, leaving an estimated \$992 million in the FY 2014-15 budget.</p>		
91	<b>Provider Rate Reduction (1310)</b>		(\$10,803,013)
	<p>Reduces provider rates by 2% effective January 1, 2015. This reduction applies to all fee-for-service providers with the exception of drugs, nursing homes, all cost based providers, and services where rates are set by the federal government, negotiated through a managed care contract, or as specified in special provisions.</p>		
92	<b>Hospital Outpatient Cost (1310)</b>	(\$6,078,784)	(\$6,078,784)
	<p>Reduces the settlement for the University of North Carolina-Chapel Hill (UNC-CH) and Pitt Memorial (ECU) hospitals for outpatient services to 70% of Medicaid costs effective July 1, 2014. Historically, the State has funded the State share of payment to UNC-CH and ECU at 100% of costs, unlike other hospitals which are paid 70% of cost through the claims and settlement processes. The reduction in settlement percentage will be factored into supplemental payments under the Disproportionate Share Hospital (DSH) and hospital GAP payment plans. This represents a 2.1% reduction in overall hospital outpatient Medicaid spending, leaving an estimated \$821 million in the budget for outpatient services for all hospitals in FY 2014-15.</p>		

**Health and Human Services**  
**(Items in Controversy are Shaded)**

House  
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93

**Medicaid Funds for FY 13-14**

Appropriates nonrecurring funds to address a projected FY 2013-14 Medicaid budget shortfall of \$25.4 million. Unachieved S.L. 2013-360 reductions and other unbudgeted items are outlined below:

Medicaid Claims, Utilization and Growth:(\$81,150,000)  
Budget Reduction Items not Achieved: \$63,600,000  
Presumptive Eligibility: \$13,200,000  
MAGI Recertification Delay: \$2,800,000  
Additional Children Shifted from Heath Choice: \$8,700,000  
PCS Services: \$12,400,000

\$75,250,000 NR

94

**Medicaid Funds for FY 13-14**

Appropriates nonrecurring funds to address a projected FY 2013-14 Medicaid budget shortfall of \$93.9 million. Unachieved S.L. 2013-360 reductions and other unbudgeted items are outlined below:

Medicaid Claims, Utilization and Growth:(\$149,700,000)  
Budget Reduction Items not Achieved: \$63,600,000  
Presumptive Eligibility: \$13,200,000  
MAGI Recertification Delay: \$2,800,000  
Additional Children Shifted from Heath Choice: \$8,700,000  
PCS Services: \$12,400,000  
Settlements: \$8,200,000  
Heath Choice Surplus:(\$9,100,000)  
Medicaid Claims and Enrollment Backlog: \$143,800,000

Net Shortfall: \$ 93,900,000

A projected FY 2013-14 cash surplus of \$49.9 million, anticipated due to backlogs of unpaid claims and unprocessed eligibility applications, will revert on June 30, 2014. Therefore, a nonrecurring appropriation of \$143.8 million is needed for the liability associated with the unpaid claims and enrollment backlogs that will be paid in FY 2014-15.

\$143,800,000 NR

95

**Paragard Rate**

Changes pricing methodology for Paragard IUD's to be consistent with pricing formula for other IUD's.

\$62,000 NR

96

**Dispensing Fee Study**

Prepares a study of dispensing fees.

\$100,000 NR

# Health and Human Services

(Items in Controversy are Shaded)

House  
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97	<b>Nursing Homes</b>	\$4,000,000	
	Restores 3% to nursing home rates effective January 1, 2015 that was reduced as part of the shared savings plan item implemented in SFY 2013-14. The ongoing annual state cost will be \$8,000,000.		
98	<b>Medicaid Rebase (1310,1331,1320)</b>	\$206,000,000	
	Funds the Medicaid rebase for FY 2014-15 that includes 5.3% growth in enrollment and utilization; a change in mix to a more expensive recipient; current year spending trends for Personal Care Services and settlements; the impact of presumptive eligibility as a result of the Affordable Care Act; the impact of an additional 20,000 children shifting from Health Choice to Medicaid; the impact of not meeting all the budget reduction items approved as part of the FY 2013-15 Biennium Budget; and an increase in the federal match rate.		
	The following chart details the various components of the rebase calculation:		
	<p>Growth, Claims and Utilization:\$114,100,000</p> <p>Budget Reductions Not Achieved:</p> <p>Outpatient to 70% - \$25,300,000</p> <p>Shared Savings - \$10,800,000</p> <p>Drug Savings - \$9,400,000</p> <p>Rehabilitation Visit Limitation - \$5,700,000</p> <p>Physician Visit Limitation - \$7,600,000</p> <p>Freeze Rates - \$26,600,000</p> <p>Copay Increase - \$5,000,000</p> <p>Presumptive Eligibility:\$5,500,000</p> <p>Additional Children Shifted From Health Choice: \$9,400,000</p> <p>Change in FMAP: (\$14,600,000)</p> <p>PCS Services: \$100,000</p> <p>Settlements:\$1,100,000</p>		
	MEDICAID REBASE FY 2014-15:	\$	206,000,000
99	<b>Personal Care Services (PCS) Study Optional Program (1102)</b>	\$300,000	NR
	Provides funding for the Department to transfer \$300,000 to the Legislative Services Commission to contract for a study to define a new limited PCS optional service program. This amount represents the State share of the total funding of \$600,000. The remaining source of funding will come from the Medicaid administrative funding from the Centers for Medicare and Medicaid Services (CMS). The report from this study is due December 1, 2015. Additionally, the Department will study and report on Adult Care Home inspections, procedures and processes.		

# Health and Human Services

(Items in Controversy are Shaded)

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100	<b>Personal Care Services (PCS) Study Optional Program (1102)</b>		\$200,000	NR
	Provides funding for the Department to transfer \$200,000 to the Legislative Services Commission to contract for a study to define a new limited PCS optional service program. This amount represents the State share of the total funding of \$400,000. The remaining source of funding will come from the Medicaid administrative funding from the Centers for Medicare and Medicaid Services (CMS). The report from this study is due December 1, 2015.			
101	<b>Division of Medical Assistance Reorganization (1101,1102)</b>		\$4,898,158	NR
	Provides funding for consultants, contractors and initial staffing for the development of a new organization for the Division of Medical Assistance.			
102	<b>Medicaid Reform</b>	\$1,000,000		
	Provides funding for consultants, contractors and staff to reform the Medicaid program.			

## (10.0) NC Health Choice

103	<b>Health Choice Rebase (1310)</b>	(\$14,500,000)	(\$14,500,000)
	Funds the Health Choice rebase for FY 2014-15 that includes a 5.3% growth in enrollment and utilization, the impact of an additional 20,000 children shifting from Health Choice to Medicaid, and the impact of not meeting all the budget reduction items included in the 2013 Appropriations Act.		
	The following chart details the various components of the rebase calculation:		
	Growth, Claims and Utilization: (\$9,900,000)		
	Budget Reductions Not Achieved: \$2,900,000		
	Additional Children Shifted From Health Choice: (\$7,500,000)		
	HEALTH CHOICE REBASE FY 2014-15 (\$14,500,000)		

104	<b>Single Base Rate for all Hospitals (1310)</b>		(\$63,961)
	Establishes a single base diagnosis related group (DRG) rate for inpatient hospital services based on the statewide median base rate for all hospitals effective January 1, 2015. This represents a 1.8% reduction in claims spending for inpatient hospital services.		

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105	Health Choice Administrative Budget Adjustment (1102)	(\$1,250,000)	(\$1,250,000)
Adjusts the Health Choice administrative budget to more accurately reflect actual expenditures and anticipated costs in FY 2014-15.			

(11.0) Divisions of Services for the Blind and Services for the Deaf and Hard of

106	No Action Taken		
Takes no budget action specific to the Divisions of Services for the Blind and Services for the Deaf and Hard of Hearing.			
<u>Department Totals</u>		(\$70,045,786) -16.95 \$37,818,766 NR	\$16,389,971 -69.61 \$111,379,174 NR