INTRA-DEPARTMENTAL MEMORANDUM OF AGREEMENT

BETWEEN

NC Department of Health and Humans Services (DHHS)
Division of Medical Assistance (DMA)

AND

NC Department of Health and Human Services (DHHS)
Division of Public Health (DPH)
Contract #00030014

This Intradepartmental Memorandum of Agreement (IMOA) is entered by and between the DHHS Division of Medical Assistance, hereinafter referred to as DMA, and the DHHS Division of Public Health, hereinafter referred to as DPH (jointly referred to as the Parties).

The IMOA is subject to the provisions of all applicable Federal and State laws, regulations, policies and standards.

The Contract Administrator for DPH will be Danny Staley, Deputy Director and Chief Operating Officer, (919) 707-5050 (danny.staley@dhhs.nc.gov).

The Contract Administrator for DMA will be Thomas George, Health Policy Analyst, (919) 855-4320 (Thomas.George@dhhs.nc.gov).

I. Purpose

42 CFR Chapter IV requires state Medicaid agencies to coordinate services with Title V programs and to enter into arrangements with state agencies responsible for administering health services. The North Carolina Division of Public Health oversees a range of health programs, including Title V. The purpose of this agreement is to:

- Define how DMA and DPH will coordinate their mutual responsibilities; and
- Identify administrative activities DPH will perform in support of the Medicaid program, performance expectations and funding.

II. Effective Period

The IMOA shall begin on April 1, 2014 and expire June 30, 2017 with one option to extend for a period of two years.

This IMOA may be terminated at any time by either party with a minimum 30-day written notice or immediately upon notice for cause. This IMOA may be amended, if

mutually agreed upon, to change the scope and terms. Such changes shall be incorporated as a written amendment to this IMOA.

III. DPH Responsibilities

DPH agrees to:

A. Perform the activities as described herein.

B. Ensure that all costs are appropriately documented and charged in accordance with a cost allocation plan approved by the U.S. Department of Health and Human Services, Division of Cost Allocation (U.S. DHHS DCA). DPH will seek approval from the U.S. DHHS DCA for the cost allocation methodologies described in the Attachments. DPH shall inform DMA when the cost allocation methodologies are approved.

C. Submit data used to support cost allocation methodologies in a mutually agreed upon format and on a mutually agreed upon schedule.

D. Draw federal funds to support the administrative costs allocated to Medicaid and North Carolina Health Choice (NCHC), as described in Attachments H –W or as otherwise amended.

E. Provide funds to match the Medicaid and NCHC FFP drawn in support of the allocated costs.

F. Provide job descriptions for all positions funded through this agreement within 30 days after execution of this agreement. DPH will submit changes to the job descriptions to DMA if and when they are updated.

G. Take necessary steps for corrective action, as negotiated within a corrective action plan, for any items found to be out of compliance with the terms of this agreement.

H. Allow DMA to review and have final approval over all Medicaid content for any report, including but not limited to the State Center for Health Statistics manual and any other documents which cite or reference Federal or state Medicaid policy or guidance, before it is sent for publication and distribution.

I. Make available all records, papers, vouchers, books, correspondence or the documentation or evidence in a reasonable time period, if required during the agreement period or after, for review, inspection or audit by duly authorized officials of DMA or the North Carolina Office of the State Auditor.

J. Assure that funds shall be used only to supplement, not supplant, the total amount of federal, state and local public funds DPH otherwise expends for these programs and related programs.

K. Assure that none of the work contemplated in this agreement will be subcontracted without obtaining prior written approval from DMA. Any approved sub-contractor shall be subject to the same conditions as DPH. DPH shall be responsible for the performance of any sub-contractor.

L. Submit a forecast of federal funds to the DMA Budget Management Section by the following dates: August 1, November 1, February 1 and May 1. (The reporting format will be provided by the DMA Management Section 15 days prior to the due dates.)

M. At the request of DMA, submit any other plans, reports, documents or other information in a mutually agreed upon format and on a mutually agreed upon schedule.

IV. DMA Responsibilities

DMA agrees to:

A. Allow DPH to receive Federal Financial Participation (FFP) funds at the federal administrative match rates in accordance with this Agreement.

B. Provide technical assistance and guidance on Medicaid policy and requirements.

C. Review all DPH proposed monitoring plans and other documents in a timely manner.

D. Ensure that this agreement remains current and is in compliance with all federal and state requirements.

E. Identify necessary steps for corrective action, as negotiated with DPH, for any items found to be out of compliance with Federal and State laws, regulations, standards or terms of this IMOA.

F. Provide DPH with a reporting format for submitting the quarterly forecast of federal funds.

G. Obtain monthly actual financial information from the DHHS Controller's Office.

V. DPH and DMA Joint Responsibilities

DMA and DPH jointly agree to:

A. Develop a process to ensure that coordination of programs is achieved between Title V and Medicaid.

B. Provide consultation, technical assistance, policy and program guidance to local service providers.

C. Share data to support the efforts of both divisions in meeting program objectives.

D. Develop agreements with other state agencies, programs and providers to facilitate appropriate utilization of services available through DMA and DPH.

E. Collaborate on the review, approval and input of Medicaid related policies and documents impacting local health departments, CDSAs and other providers rendering services impacted by the agreement prior to distribution. To the extent possible, a two week review period will be provided to both divisions.

F. Develop health services policies and standards in accordance with nationally recognized protocols and standards and in consultation with appropriate professional organizations and societies.

G. Promote appropriate access to comprehensive care with an emphasis on reducing the prevalence of disease, disability and mortality.

H. Promote the goals of DMA in linking Medicaid beneficiaries with a primary care provider.

VI. Funding

The total amount of this agreement shall not exceed $27,756,864. The total consists of $15,759,812 in federal Medical Assistance Program funds (CFDA #93.778), $586,673 in SCHIP funds (CFDA #93.767), and $11,410,379 in matching funds supplied by DPH.

Signatures follow on the next page.

NC Department of Health and Human Services
Division of Public Health

Penelope Slade-Sawyer, Division Director — Date: 3/19/14

NC Department of Health and Human Services
Division of Medical Assistance

Mark Payne, DHHS Chief of Staff — Date: 3/21/14

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Attachment A: Immunizations

A. Overview

DPH is responsible for distributing all recommended vaccines on behalf of all Vaccine For Children (VFC)-eligible North Carolina children through Federal contracts and to distribute those vaccines to local health departments and private providers at no charge. All local health departments and all participating private providers must have a signed vaccine agreement (Local Health Department Vaccine Agreement, DHHS 837 or Private Provider Vaccine Agreement, DHHS 3451) on file with DPH in order to receive a supply of these vaccines. DPH is also responsible for the implementation and enforcement of Section 1928 of the Pediatric Immunization program. Medicaid policy supports vaccines; therefore, DPH and DMA coordinate e-vaccine policies in order to maximize access.

B. Services

1. DPH agrees to:
   a. Maintain information regarding North Carolina Immunization Program (NCIP) participants and share it with DMA upon request. DPH will provide DMA with a list of providers no longer allowed to participate in the NCIP, including those who appear on the OIG list at: http:/oig.hhs.gov/fraud/exclusions.asp;
   b. Provide the earliest recommended immunization dates to be used in Health Check mailings for Medicaid recipients less than 21 years of age;
   c. Provide access to and use of the North Carolina Immunization Registry (NCIR) upon request; and
   d. Communicate to DMA any program changes that have potential impact on Medicaid programs and/or recipients.

2. DMA agrees to:
   a. Encourage all Medicaid-enrolled providers to participate in DPH's NCIP. DMA reserves the right to exclude certain physicians from participation based on program criteria and individual circumstances;
   b. Cover adult vaccines that are recommended by the Advisory Committee on Immunization Practices (ACIP) unless alternate funding is available from such sources as the NCIP. The exceptions to Medicaid coverage are the vaccine for shingles for any Medicaid recipient and the vaccines for human papillomavirus (HPV) for those recipients 21 through 26 years of age. The current shingles vaccine is Zostavax and the current HPV vaccines are Gardasil and Cervarix;
   c. Coordinate with DPH any revisions to the Pediatric Immunization program State Plan pages. The relevant state plan pages are 9a, 9b and 66(b);
   d. Coordinate with DPH on vaccine coverage and CPT codes to ensure these codes have a covered status in the Medicaid payment system; and

e. Coordinate with DPH on bulletin articles written concerning vaccine coverage.

C. Deliverables

DPH agrees to:

1. Provide data on the immunization history of Medicaid recipients to be made available at least annually upon request by DMA, or more frequently on a mutually acceptable schedule, in an acceptable electronic file format that can be used by DMA staff for utilization reporting.

2. Maintain and share the listing of vaccines distributed by NCIP with associated CPT Codes (see attached Table A.1).

D. Performance Standards/Expectations

DMA and DPH will establish performance standards for increasing the percentage of children immunized. The standards will be developed by July 1, 2014.

E. Monitoring/Quality Assurance

DPH will provide the annual percentage rates for the percentage of children aged 19-35 months who receive the recommended vaccines and the pneumonia and influenza mortality rate to DMA when finalized each year.

F. Funding

DPH will support these activities within its existing budget.

Table A.1: Vaccines Distributed by the North Carolina Immunization Program (NCIP) and Associated Current Procedural Terminology (CPT®) Codes

This list is subject to change, but is current as of December 2013.

For VFC-eligible children from birth through 18 years of age the following vaccines are available:

DTaP	90700
DTaP/IPV/Hib	90698
DTaP/IPV	90696
DT	90702
Hepatitis A	90633 (Pediatric/adolescent formulation, 2-dose)
Hep A/Hep B	90636 [For 18 years and up]
Hepatitis B	90744 (Pediatric/adolescent formulation, 3-dose)
Hep B/DTaP/ IPV	90723
Hib	90647 (PRP-OMP, PedvaxHIB, 3-dose)
Hib	90648 (PRP-T, ActHIB, 4-dose)
Hib/Hep B	90748
HPV	90649 & 90650
IPV	90713
Influenza, pres-free	90655 (6-35 mos), 90656 & 90686 (36 mos & up)
Influenza	90657 (6-35 mos), 90658 (36 mos & up)
Influenza, intranasal	90662
Meningococcal	90734
MMR	90707
MMRV	90710
Pneumococcal	90670 (conjugate)
Pneumococcal	90732 (polysaccharide)
Rotavirus	90680 & 90681
Td	90714
Tdap	90715
Varicella	90716

For persons 19 years old and older, local health departments and certain other providers receive the following:

Hep A/B	90636
Hep B	90746 (Adult formulation)
Meningococcal	90734
MMR	90707
Td	90714
Tdap	90715

* For the complete coverage information on all NCIP vaccines, go to: http://www.immunize.nc.gov

Vaccine CPT® codes are taken from CPT 2013, Standard Edition, pp. 355-358.

Attachment B: Arrangements for Health Check

A. Overview

Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, as specified in 42 U.S.C.§ 1396d(r) [1905(r)] of the *Social Security Act,* requires coverage of a comprehensive menu of prevention, diagnostic and treatment services for its eligible children and adolescents under age 21.

In North Carolina the preventive health services/periodic screening portion of Medicaid's (EPSDT) program for children is known as *Health Check. Health Check* screening services are performed during periodic *Well Child* visits and are reimbursed by the North Carolina Medicaid program.

DMA is the lead agency for the Health Check Program. Collaboration and communication between the DMA and DPH on program implementation, maintenance and growth is essential. DMA oversees the day-to-day operations of the program. The Parties will collaborate regarding the overall program policy development and on changes in the health check coordinator roles.

B. Services

1. DPH agrees to:
   a. Contract with local health departments to deliver Health Check screening services to eligible children and youth either directly or assure that low income children in the county have access to this service;
   b. Co-chair the NC Coalition to Promote Health Insurance for Children with the N.C. Pediatric Society;
   c. With continued Health Choice funding, develop and distribute Health Check/ NC Health Choice fact sheets, brochures, bookmarks, envelope stuffers, posters and application forms; and
   d. With continued Health Check or NC Health Choice funding promote the State's child health insurance programs and access to primary care providers through the Health Check/ NC Health Choice programs. Outreach efforts shall be targeted to general and special populations (minority children and children with special health care needs) with a focus on institutionalizing outreach through community-based agencies and programs.

2. DMA and DPH jointly agree to:
   a. Designate staff within each agency to maintain continuous communication for the purpose of Health Check collaboration. Staff shall be designated and indentified by each party to the other within thirty (30) days of execution of this Agreement; and
   b. Collaborate on overall program policy development and on changes in the Health Check coordinator roles.

C. Deliverables

Identification of designated staff as described in B.2.a.

D. Performance Standards/Expectations

Health Check services will be available in all counties either through DPH contracts with local health departments to directly provide Health Check services or assurances that these services are available to children in the counties.

E. Monitoring/Quality Assurance

DMA will use data from NCTracks to verify access to Health Check services.

F. Funding

DPH will support these activities within its existing budget.

Attachment C: Rostered Child Health Nurse Screeners

A. Overview

In North Carolina the preventive health services/periodic screening portion of Medicaid's (EPSDT) program for children is known as *Health Check. Health Check* screening services are performed during periodic *Well Child* visits and are reimbursed by the North Carolina Medicaid program.

North Carolina is committed to providing access to EPSDT mandated Well Child check-ups for its Medicaid enrolled children and supports the continued implementation of a rostering process for qualified RN's within the Division of Public Health (DPH).

B. Services

DPH agrees to:

1. Establish, implement and maintain a rostering process for Child Health Nurse Screeners that includes the following:
   a. Initial Requirements
      1) Licensure as a Registered Nurse in NC.
      2) Completion of "Introduction to Principles and Practices of Public Health and Public Health Nursing" course if a non-BSN Registered Nurse is employed in a public health setting.
      3) Completion of one of the following:
         i. Child Health Training Program with documented 60 hours minimum of clinical preceptorship; or
         ii. Comparable pediatric history and physical examination courses with documented 60 hours minimum of clinical preceptor ship and successful completion of the Child Health Training Program Challenge Procedure, both written and clinical examinations.
   b. Continuing Requirements
         i. Biannual submission of statement to the DPH of continuing performance of Child Health Screening documenting a minimum of two hundred (200) hours in two (2) years, including history and physical assessment continuing education; and
         ii. Twenty (20) contact hours of relevant continuing education in two (2) years.

2. Maintain a roster within the PHNPDU of Registered Nurses who qualify as Child Health Nurse Screeners.

3. Notify Child Health Nurse Screeners of ongoing Rostered status upon successful completion and documentation of requirements.

4. Approve and administer renewal requirements for re-rostering as a Child Health Nurse Screener when the nurse has not met the requirements.

5. Provide a certificate, or other certifiable documentation, to qualified Child Health Nurse Screeners.

6. Provide technical assistance and consultation regarding Child Health Nurse Screening Practice and Rostering Procedures. DPH Child Health Nurse Consultants shall contact Child Health Nurse Screeners to initiate the rostering process.

C. Deliverables

DPH agrees to submit:

1. Semi annual reports, including the roster of qualified RN's by LHD, to DMA for the October - March and April –September reporting periods that demonstrate compliance with the above efforts (due by last day of April and October).

2. An annual report indicating the number and county of service of Health Check Well Child visits completed by Rostered RNs. The report is due within 30 days after the end of the reporting period.

3. Annual criteria for RN rostering process and standards, identifying any changes made in the processes. The criteria are due at the same time as the report in C.2.

D. Performance Standards/Expectations

DPH will submit all deliverables in a timely manner.

E. Monitoring/Quality Assurance

DMA will review the deliverables for compliance with requirements of this Attachment. DPH will develop any needed corrective action plan.

F. Funding

DPH will support these activities within its existing budget.

Attachment D: School-Based Health Centers

A. Overview

DPH will support the provision of physical and mental health services for youth ages 10 - 19 in local communities School Health Centers (SHC). Health Services in comprehensive SHC include acute care; management of chronic illnesses; mental health counseling; and preventive services, such as health education, physical and dental exams, and nutrition services. Other SHC may offer only a selection of services, but not the entire array, and may be credentialed for the services they provide.

Licensed Mental Health and Substance Abuse Professionals providing behavioral health services to Medicaid beneficiaries through the SHC must enroll with the DMA contracted Prepaid Inpatient Health Plan to which the beneficiary is assigned, for prior authorization and reimbursement of behavioral health services. Behavioral Health Services provided through the SHC for NCHC beneficiaries are prior authorized through ValueOptions and reimbursed by DMA through its fiscal intermediary.

B. Services

1. DPH agrees to:
   a. Maintain the credentialing process for School Health Centers (SHCs) based on best-practice guidelines;
   b. Re-credential SHCs every three (3) years;
   c. Give SHCs a minimum of 90 days written notice of any impending change in their credentialed status;
   d. Cooperate with outreach and marketing strategies that promote SBHCs delivering services to children and adolescents. This includes providing information through the Medicaid Bulletin to raise awareness and knowledge concerning program use; and
   e. Notify DMA immediately of any changes to the credentialing status or standards.

2. DMA agrees to:
   a. Enroll providers in the Medicaid Program and assign a Medicaid provider number to SHCs that are fully credentialed by DPH within two weeks of eligibility;
   b. Provide technical assistance, policy and program guidance to SHCs;
   c. Establish appropriate behavioral health service policies in SHCs; and
   d. Reimburse for services that are provided and correctly billed by SHCs that have been assigned a Medicaid provider number.

C. Deliverables

1. Semi-annual log of the SHCs technical assistance visits or contacts from DPH including dates of service and the name of the SHC contact person receiving the assistance. The report for the October - March reporting period is due on the last business day of April and the report for the April - September reporting period is due on the last business day of October; and

2. Semi-annual reports that demonstrate compliance with the requirements in B.1. Reports shall be by month/year and include a list of SHCs credentialed or re-credentialed including date, name of SHC and the name of the SHC's primary contact for credentialing. The report for the October - March reporting period is due on the last business day of April and the report for the April- September reporting period is due on the last business day of October.

D. Performance Standards/Expectations

1. Deliverables will be complete and submitted timely.

2. DPH will support access to physical and mental health services for youth ages 10 -19 years old as reflected in the number of mental health services provided through these clinics.

3. In SFY 2014, DMA and DPH will establish performance measures, including targets, for ensuring quality services provided by the programs described in this Attachment.

E. Monitoring/Quality Assurance

1. DMA will review DPH's semi-annual information reported.

2. DMA will contact DPH in writing via email/mail for additional information or if clarification of reporting is necessary.
   a. DMA will arrange for a face-to-face conference if DPH appears to not meet expectations.
   b. DPH will prepare and submit to DMA a Corrective Action Plan (CAP) if it does not meet expectations.

F. Funding

DPH will support these activities within its existing budget as feasible. If the number of centers expands beyond the DPH capacity the need for Federal Medicaid funds claimed will be re-examined.

Attachment E: Medicaid Coverage for Breast and Cervical Cancer Treatment

A. Overview

The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) provides free or low-cost breast and cervical cancer screenings and follow-up to eligible women in North Carolina.

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) allows states to extend Medicaid eligibility and full Medicaid benefits to otherwise uninsured women under age 65 who are identified through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and in need of treatment for breast or cervical cancer (including precancerous conditions). Medicaid-funded services to eligible women are coordinated through the DPH NC BCCCP, which is the NBCCEDP grantee.

B. Services

1. DPH agrees to:
   a. Coordinate the North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) with the Medicaid program;
   b. Assure that women screened by a local provider receiving direct payment for screening services from the NC BCCCP's Title XV funds are screened in accordance with the rules and requirements of Title XV of the Public Health Service Act;
   c. Require local providers to identify women who qualify for Breast and Cervical Cancer Medicaid coverage under NC BCCCP in accordance with DMA issued policies and procedures found in MA-3250 at http://info.dhhs.state.nc.us/olm/manuals/dma/fcm/man/index.htm ;
   d. Require local providers to assist qualified women by completing the application form provided by DMA, completing DMA required documentation to verify the diagnosis and expected duration of treatment, and faxing the application and other required documentation to the county department of social services within three (3) business days of completion;
   e. Require local providers to cooperate in the predetermination process for eligible women by responding to the county department of social services within ten (10) business days for requests for information;
   f. Require local providers to notify the county department of social services within ten (10) calendar days of any known change in the situation of a woman enrolled in Medicaid through the NC BCCCP policies;
   g. Require local providers to provide needed information to the county department of social services and to DMA to process any applications that may involve women screened under NC BCCCP. This may include, but is not limited to, medical information concerning the diagnosis and/or treatment of breast or cervical cancer (including pre-cancerous conditions);

h. Require DPH and/or local providers to disclose the woman's diagnosis, treatment status and/or screening event to DMA or the local county department of social services if needed for purposes related to administration of the Medicaid program and eligibility determination;
i. Maintain an ongoing log of DMA-5081 and 5081r forms received from DMA, including date of receipt, nurse to whom form was referred, date completed, and outcome of the contact;
j. Attend and present information at regularly scheduled meetings of the Medicaid Program Representatives (MPRs) as requested by DMA; and
k. Work with DMA to develop and present training for NC BCCCP local providers and county departments of social services staff.

2. DMA agrees to:
   a. Develop and issue eligibility policies and procedures for enrollment in Medicaid under the Breast and Cervical Cancer Medicaid (BCCM) option;
   b. Work with DPH to develop and present training for NC BCCCP local providers and county departments of social services staff.
   c. Train designated NC BCCCP providers and local DSS staff on a regular recurring schedule in the policies and procedures and be available to respond to questions from state or local NC BCCCP staff as needed;
   d. Provide formal notice to applicants of the result of the eligibility determinations and offer the opportunity to have unfavorable determinations reconsidered, according to the hearings and appeal process of the Medicaid program. Notice of a favorable decision shall include the effective date of benefit coverage;
   e. Inform recipients through the local county departments of social services of the requirements for a re-determination of eligibility and complete the re-determination; and
   f. Provide forms needed to process these eligibility applications on DMA's webpage.

C. Deliverables

1. DPH will provide an annual report describing how the requirements of B.1. were met. The report is due by July 31.
2. DMA will provide an annual report describing the training offered and number trained. The report is due by July 31.

D. Performance Standards/Expectations

Meet deadlines for submitting required information.

E. Monitoring/Quality Assurance

DMA will review DPH's annual report in conjunction with the annual training report. DMA will contact DPH in writing via email/mail for additional information or if

clarification of reporting is necessary. DPH will respond with clarifications within five (5) business days.

F. Funding

DPH will support these activities within its existing budget. Federal Medicaid funds will not be claimed.

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Attachment F: Exchange of Data

A. Overview

DMA and DPH must be able to exchange data in a secure manner in order to coordinate Medicaid and Title V program administration. The Parties recognize that exchange of data is required for the State Center for Health Statistics (SCHS) to analyze and report on activities in this Agreement and that the exchange of data involves access to data that will be facilitated by DMA.

B. Services

1. DPH agrees to:
   a. Establish and enforce procedures to provide HIPAA compliant safeguards necessary to prevent unauthorized access and use of client information.
   b. Comply with all DHHS policies and procedures regarding the protection and management of Protected Health Information, Personal Information, and other sensitive data.
   c. Generate summary-level, aggregate, de-identified reports pertaining to enrollment, health services, and costs among North Carolina's Medicaid population for the purposes of public health surveillance.
   d. Use DMA data from the Reporting and Analytics (R&A) DMA Data Warehouse, MMIS and EIS data sets and Health Choice data only for analyses which involve data in the aggregate and for purposes described in this agreement. The SCHS shall not release information, data or analyses which might result in identification of clients or which would violate the requirements for safeguarding information as contained in 42 CFR Subpart F unless such release is HIPAA compliant and approved in writing by appropriate DMA personnel in its HIPAA Office.
   e. Through the Immunization Branch, accept responsibility for cost of data transmission or access charges for computer files associated with Immunization Registry activity if applicable.
   f. Immediately notify the DMA Privacy Official, Security Official, and IT and HIPAA Assistant Director regarding any use, access, or disclosure of DMA data outside of the terms of this agreement or DHHS policy.
   g. Within two (2) working days, notify the DMA Security Officer (or their designee) of personnel changes and terminations which require changes to systems access profiles.
   h. Obtain formal written approval from the DMA Director or their designee prior to the use of DMA data for research purposes.
   i. Provide and maintain a secure computerized data exchange mechanism between DMA and Immunization Branch. The interface shall enable DMA to report HEDIS statistics for childhood and adolescent immunizations. DPH will provide access to NCIR for DMA staff to upload and download data as needed. DPH Immunization Branch will remedy any problems with the HEDIS data exchange mechanism. Depending on severity, problems with the interface should be fixed and moved in production within thirty (30) calendar days of reported date.

j. Provide all required documentation for research data requests 30 days prior to the need for the data.
k. Report any improper disclosures or security incidents to DMA Privacy and Security staff immediately.
l. Collaborate with DMA Privacy and Security staff to remediate and resolve all incidents.
m. Provide complete documentation for all data requests at the time that the data request is submitted to DMA.

2. DMA agrees to:

a. Facilitate DPH access to data for analysis and reporting related to the activities in Appendix J: Data Analyses and Reporting.
b. Authorize selected employees of SCHS to access the Reporting and Analytics (R&A) DMA Data Warehouse, MMIS and EIS data sets and Health Choice data in a manner compliant with HIPAA standards.
c. Review analyses, reports, articles, and other products involving Medicaid data presented prior to publication in journals by DPH staff members or for research related to the functions of DPH. DMA reviews shall be conducted by subject-matter experts.
d. Within thirty (30) days after review and concurrence of the materials in B.2.c. above, for data requests that are accompanied by all required documentation, have its HIPAA Privacy Official review applicable documentation and act on written requests from SCHS for use of data sets.
e. Upload Medicaid eligibility data to the North Carolina Immunization Registry (NCIR).
f. Report problems with the HEDIS data exchange mechanism to the DPH Immunization Branch.
g. Authorize the DHHS Controllers Office to access Medicaid drug and rate reimbursement pricing files as necessary to price POMCS claims.

C. Deliverables

1. DPH agrees to:
a. Provide reports and tables based on linkages of vital records and Medicaid program files to DMA as specified in Attachment J.
b. Provide a monthly report of all privacy and security incidents when an incident has taken place during the month. The report must be transmitted in a secure fashion and is due five (5) business days after the end of each month. The report will include the following for each incident:
1) date of the incident,
2) description of the issue,
3) who it was reported by,
4) who was responsible for the violation,
5) action taken (including action to prevent the occurrence in the future),
6) names and MIDs of recipients involved,

7) brief summary of the information involved for each individual, and
8) risk of data compromise assessment.

2. DMA agrees to:
   a. Upload Medicaid eligibility data to the North Carolina Immunization Registry (NCIR) and to report problems with the HEDIS data exchange mechanism to the DPH Immunization Branch.
   b. Authorize the DHHS Controllers Office to access Medicaid drug and rate reimbursement pricing files as necessary to price Purchase of Medical Care Service claims.

D. Performance Standards/Expectations

DPH will comply with DHHS Privacy and Security standards as found in the DHHS Policy and Procedures Manual Section VIII.

E. Monitoring/Quality Assurance

All incidents involving PHI will be reported by DMA to DHHS and any issues with collaboration will be addressed at the DHHS level. Incidents will be reported by DMA to DHHS on an individual basis for moderate and high risk events and via a monthly summary report for low risk events. Reports will include issue analysis and prevention actions.

F. Funding

DPH will support these activities within its existing budget. Federal Medicaid funds will not be claimed.

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Attachment G: Pregnancy Medical Home (PMH), Pregnancy Care Management (OBCM) and Care Coordination for Children (CC4C) Programs

A. Overview

Local health departments, through DMA-approved contractual arrangements, may provide Pregnancy Medical Home (PMH), Pregnancy Care Management (OBCM), and Care Coordination for Children (CC4C) services. While the DMA-approved contractor oversees the OBCM and CC4C programs, DPH provides training and technical assistance to assure that local health departments provide appropriate, quality services. DPH also provides training and technical assistance to those local health departments offering PMH services.

B. Services

DPH agrees to:

1. Collaborate and partner with the DMA-approved contractor to support OBCM and CC4C in achieving established program goals as effectively and efficiently as possible. DPH activities described in this Attachment shall be aligned with and conducted in coordination with the DMA-approved contractor. DPH shall:

   a. Maintain statewide support teams for the OBCM program (state and regional social work consultants) and CC4C program (state and regional child health nurse consultants) to provide training, technical assistance and monitoring of local health departments that provide OBCM and CC4C services.

   b. Develop OBCM and CC4C care management teams in the local health departments that operate with a high level of professionalism and are composed of members possessing an appropriate mix of skills needed to work effectively with high risk pregnant women and children.

   c. Provide ongoing training for all care managers and supervisors that includes, but is not limited to:
      1) Orientation for newly hired care managers and supervisors;
      2) Regular programmatic updates via conference calls, site visits, webinars, and/or email; and
      3) Topic/issue-related training via webinars and/or conferences.

   d. Provide technical assistance, to include policy guidance and process clarification, to local health departments in support of OBCM and CC4C.

   e. Assist the DMA-approved contractor for OBCM/CC4C in monitoring, including but not limited to:
      1) The performance of health departments offering OBCM/CC4C services, and
      2) The quality of the services provided.

f. Collaborate with DMA-approved contractors about corrective action plans for LHDs offering OBCM/CC4C services that are not achieving program goals or service standards.

2. For LHDs offering PMH services, DPH shall:

   a. Provide training and technical assistance to ensure clinical services are delivered according to the expectations of this program (such as, but not limited to, providing 17p to eligible patients, performing risk screening at the first prenatal visit using the PMH standardized risk screening form, and offering a full range of contraceptive services to support the patient's reproductive life plan in the postpartum period); and

   b. Develop corrective action plans as needed for PMH services offered at LHDs.

C. Deliverables

Submit semi-annual reports for the January-June and July-December periods. The reports are due by last day of July and January respectively. Each report will summarize by program:

1. Monitoring results for PMH, to include number monitored, number with corrective action plans (CAPs), copy of each new CAP and the status of each existing CAP.

2. Monitoring results for OBCM and CC4C, to include number monitored, number with corrective action plans (CAPs) and a summary of DPH activities to address issues identified in each existing CAP.

3. Training for OBCM and CC4C care managers and supervisors, to include:
   a. Number of orientations provided and number of staff trained, and
   b. Number of training events by type and topic and number of staff trained.

4. Technical assistance/issue tracking.

D. Performance Standards/Expectations

1. 100% of deliverables contain all required data and are submitted timely.

2. DMA and DPH will establish performance measures, including targets, for ensuring the quality of services provided by the DPH state and regional support teams described in this Attachment by no later than July 1, 2014.

E. Monitoring/Quality Assurance

DMA will provide final oversight of the PMH, OBCM, and CC4C programs by reviewing summary reports to determine compliance with the requirements described in this

Attachment. DPH will develop a corrective action plan, as needed and negotiated with DMA, for any actions out of compliance with the terms of this Attachment.

F. Funding

DPH will support these activities within its existing budget.

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Attachment H: Administrative Consultation

A. Overview

Federal regulations require controls on the utilization of all Medicaid services and safeguards against inappropriate use of Medicaid services and against excess payments. DPH provides oversight through monitoring and consultation to ensure that local health departments understand all Medicaid requirements and bill Medicaid correctly.

B. Services

DPH agrees to:

1. Provide training and technical assistance on Medicaid policies, eligibility, procedures and billing requirements to 85 local health departments. The methods to accomplish this requirement include formal training sessions, on-site consultative visits and contacts by email and phone.

2. Conduct reviews of local health departments to identify compliance with policy and to initiate corrective actions plans.

3. Update the Health Information System (HIS) as needed to ensure that local health departments are able to bill third party payers in conformance with Medicaid policy.

C. Deliverables

Quarterly activity reports (July-September, October-December, January-March and April-June quarters). The reports are due at the end of the month following the end of each quarter.

1. The reports will include the following data elements:
   a. Number of on-site and/or desk reviews of administrative operations;
   b. Number of corrective action plans established as a result of the review of administrative operations;
   c. Status of ongoing corrective actions plans;
   d. Number of on-site, phone and e-mail consultations;
   e. Number of on-site and phone technical assistance contacts;
   f. Number of in-service of continuing education programs provided and number trained; and
   g. Purpose of all such consultations, contacts, and continuing education programs.

2. The quarterly reports are due by the end of the month following end of the quarter.

D. Performance Standards/Expectations

1. DPH shall provide on-site and/or desk reviews of administrative operations of 85 local health departments over two state fiscal years.

2. DPH shall inform DMA about changes to HIS semi-annually.

E. Monitoring/Quality Assurance

DMA will review quarterly reports and cost data to determine compliance with the requirements described in this Attachment. DPH will develop corrective action plans as needed.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in this Attachment will be allocated to the Medicaid program based on Medicaid-eligible clients as a percentage of all clients receiving a service from the 85 local health departments. The percentage is calculated each month from data entered into HIS and is provided to DPH on a report from that system. The percentage is applied to the corresponding month's costs. The amount allocated to Medicaid will be claimed at the 50% federal financial participation (FFP) matching rate.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Health Administrative Consultant	60041099	11,580	3,908	15,488	6,350	3,175	3,175
Public Health Administrative Consultant	60041596	12,591	4,134	16,725	6,857	3,428	3,429
Public Health Administrative Consultant	60041597	10,025	3,561	13,586	5,570	2,785	2,785
Public Health Administrative Consultant	60041598	9,747	3,499	13,246	5,431	2,715	2,716
Public Health Administrative Consultant	60041599	11,367	3,861	15,228	6,243	3,121	3,122
Travel				8,625	3,536	1,768	1,768
Supplies				125	51	25	26
Equipment				0	0	0	0
Contract (specify)				0	0	0	0
Admin Services				0	0	0	0
Motor Fleet				4,250	1,742	871	871
Misc Contracts				0	0	0	0
Postage				50	20	10	10
Telephone				4,950	2,029	1,014	1,015
Printing				0	0	0	0
Registration Fees				50	20	10	10
Permit Costs				0	0	0	0
Other							
Estimated Overhead					3,741	1,870	1,871
Total				92,323	41,590	20,792	20,798

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Health Administrative Consultant	60041099	47,709	16,093	63,802	26,159	13,080	13,079
Public Health Administrative Consultant	60041596	51,875	17,024	68,899	28,249	14,125	14,124
Public Health Administrative Consultant	60041597	41,303	14,662	55,965	22,946	11,473	11,473
Public Health Administrative Consultant	60041598	40,159	14,406	54,565	22,372	11,186	11,186
Public Health Administrative Consultant	60041599	46,830	15,897	62,727	25,718	12,859	12,859
Travel				34,500	14,145	7,073	7,072
Supplies				500	205	103	102
Equipment				0	0	0	0
Contract (specify)				0	0	0	0
Admin Services				0	0	0	0
Motor Fleet				17,000	6,970	3,485	3,485
Misc Contracts				0	0	0	0
Postage				200	82	41	41
Telephone				19,800	8,118	4,059	4,059
Printing				0	0	0	0
Registration Fees				200	82	41	41
Permit Costs				0	0	0	0
Other							
Estimated Overhead					15,383	7,691	7,692
Total				378,158	170,429	85,216	85,213

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Health Administrative Consultant	60041099	50,201	16,650	66,851	27,409	13,704	13,705
Public Health Administrative Consultant	60041596	54,411	17,590	72,001	29,520	14,760	14,760
Public Health Administrative Consultant	60041597	41,716	14,754	56,470	23,153	11,576	11,577
Public Health Administrative Consultant	60041598	40,560	14,496	55,056	22,573	11,286	11,287
Public Health Administrative Consultant	60041599	49,276	16,443	65,719	26,945	13,472	13,473
Travel				34,500	14,145	7,073	7,072
Supplies				500	205	103	102
Equipment				0	0	0	0
Contract (specify)				0	0	0	0
Admin Services				0	0	0	0
Motor Fleet				17,000	6,970	3,485	3,485
Misc Contracts				0	0	0	0
Postage				200	82	41	41
Telephone				19,800	8,118	4,059	4,059
Printing				0	0	0	0
Registration Fees				200	82	41	41
Permit Costs				0	0	0	0
Other							
Estimated Overhead					15,918	7,959	7,959
Total				388,297	175,120	87,559	87,561

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Health Administrative Consultant	60041099	39,538	12,909	52,447	21,503	10,751	10,752
Public Health Administrative Consultant	60041596	42,729	13,622	56,351	23,104	11,552	11,552
Public Health Administrative Consultant	60041597	31,600	11,136	42,736	17,522	8,761	8,761
Public Health Administrative Consultant	60041598	30,724	10,940	41,664	17,082	8,541	8,541
Public Health Administrative Consultant	60041599	38,810	12,746	51,556	21,138	10,569	10,569
Travel				25,875	10,609	5,304	5,305
Supplies				375	154	77	77
Equipment				0	0	0	0
Contract (specify)				0	0	0	0
Admin Services				0	0	0	0
Motor Fleet				12,750	5,227	2,613	2,614
Misc Contracts				0	0	20	0
Postage				150	61	30	31
Telephone				14,850	6,088	3,044	3,044
Printing				0	0	0	0
Registration Fees				150	61	30	31
Permit Costs				0	0	0	0
Other							
Estimated Overhead					12,343	6,171	6,172
Total				298,904	134,892	67,463	67,449

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 41,590	$ 20,792	$ 20,798
2015	$ 170,429	$ 85,216	$ 85,213
2016	$ 175,120	$ 87,559	$ 87,561
2017 (Nine Months)	$ 134,892	$ 67,463	$ 67,449
Total	$ 522,031	$ 261,030	$ 261,021

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Attachment I: Medicaid Reimbursement/Cost Study

A. Overview

Local health departments (LHDs) and Children's Developmental Services Agencies (CDSAs) are required to submit annual Medicaid cost reports to DMA for Certification of Public Expenditures (CPE). DPH furnishes professional positions that work in the Medicaid Reimbursement/Cost Study area and are responsible for jointly reviewing with DMA the Medicaid cost reporting forms and instructions for local health departments and CDSAs to ensure compliance with Medicare cost reporting principles and 2 CFR Part 225. These positions provide technical assistance, guidance, cost report training, tools and consultation to local public health agencies, including CDSAs, to enable these providers to annually submit Medicaid cost reports.

B. Services

DPH agrees to:

1. Provide technical assistance, guidance, training, and consultation to LHDs and CDSAs in Medicaid reimbursement and cost reporting.

2. Provide access to DMA to all documents and work papers which support the cost reporting process in LHDs and CDSAs.

3. Provide HIS encounter documentation and DMA paid claim documentation to the LHDs and CDSAs for the submitted cost reports.

C. Deliverables

Monthly Activity Reports, submitted quarterly (July-September, October-December, January-March and April-June quarters).

1. Data elements:
   a. Monthly record/log by DPH staff member/contractor staff which identifies the total number of hours worked, broken out by what types of technical assistance were rendered, location either on-site or in-office and to which LHD / CDSA. DPH will consult with DMA on the format and reporting instructions prior to implementation of the monthly record.

2. The quarterly reports are due by the end of the month following end of the quarter.

D. Performance Standards/Expectations

DPH technical assistance is expected to facilitate 100% of LHDs and CDSAs in filing accurate and timely annual Medicaid cost reports.

E. Monitoring/Quality Assurance

Pending CMS approval of State Plan Amendment 10-035B, all LHD and CDSA cost reports are required to be filed annually with DMA within 150 days of the close of their fiscal year. DMA will monitor the completion of these cost report filings and identify any delinquencies to the provider.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in this Attachment will be allocated solely to the Medicaid program. The amount allocated to Medicaid will be claimed at 50% federal financial participation (FFP) matching rate.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Financial Analyst	60041670	13,377	4,310	17,687	17,687	8,844	8,843
Travel				710	710	355	355
Supplies				165	165	83	82
Equipment				895	895	448	447
Contract (specify)				0	0	0	0
Admin Services				37,500	37,500	18,750	18,750
Motor Fleet				128	128	64	64
Misc Contracts				0	0	0	0
Postage				0	0	0	0
Telephone				1,101	1,101	551	550
Printing				0	0	0	0
Registration Fees				43	43	22	21
Permit Costs				0	0	0	0
Other							
Estimated Overhead					3,741	1,871	1,870
Total				58,229	61,970	30,988	30,982

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Financial Analyst	60041670	55,112	17,747	72,859	72,859	36,430	36,429
Travel				2,841	2,841	1,421	1,420
Supplies				660	660	330	330
Equipment				3,578	3,578	1,789	1,789
Contract (specify)				0	0	0	0
Admin Services				150,000	150,000	75,000	75,000
Motor Fleet				510	510	255	255
Misc Contracts				0	0	0	0
Postage				0	0	0	0
Telephone				4,404	4,404	2,202	2,202
Printing				0	0	0	0
Registration Fees				170	170	85	85
Permit Costs				0	0	0	0
Other							
Estimated Overhead					15,383	7,692	7,691
Total				235,022	250,405	125,204	125,201

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Financial Analyst	60041670	57,990	18,390	76,380	76,380	38,190	38,190
Travel				2,841	2,841	1,421	1,420
Supplies				660	660	330	330
Equipment				3,578	3,578	1,789	1,789
Contract (specify)				0	0	0	0
Admin Services				150,000	150,000	75,000	75,000
Motor Fleet				510	510	255	255
Misc Contracts				0	0	0	0
Postage				0	0	0	0
Telephone				4,404	4,404	2,202	2,202
Printing				0	0	0	0
Registration Fees				170	170	85	85
Permit Costs				0	0	0	0
Other							
Estimated Overhead					15,918	7,959	7,959
Total				238,543	254,461	127,231	127,230

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Financial Analyst	60041670	45,673	14,280	59,953	59,953	29,977	29,976
Travel				2,131	2,131	1,066	1,065
Supplies				495	495	248	247
Equipment				2,683	2,683	1,342	1,341
Contract (specify)				0	0	0	0
Admin Services				112,500	112,500	56,250	56,250
Motor Fleet				382	382	191	191
Misc Contracts				0	0	0	0
Postage				0	0	0	0
Telephone				3,303	3,303	1,652	1,651
Printing				0	0	0	0
Registration Fees				127	127	64	63
Permit Costs				0	0	0	0
Other							
Estimated Overhead					12,343	6,172	6,171
Total				181,574	193,917	96,962	96,955

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	61,970	30,988	30,982
2,015	250,405	125,204	125,201
2,016	254,461	127,231	127,230
2017 (Nine Months)	193,917	96,962	96,955
Total	760,753	380,385	380,368

Attachment J: Data Analysis and Reporting

A. Overview

The State Center for Health Statistics (SCHS) is statutorily charged with monitoring the health status and health problems/needs of North Carolinians and the impact of services/programs that influence their health and well-being. Staffed with statisticians, epidemiologists, medical geographers, computer programmers/analysts, and having access to an array of health-related data sets, the SCHS shall provide efficient and effective ways for DMA to obtain the most up-to-date analyses and information about the health of Medicaid clients and the quality of service provision to them.

B. Services

DPH agrees to:

1. Provide ongoing statistical/spatial analyses of desired policy and program issues related to service utilization, cost, and outcomes of Medicaid clients being served in North Carolina.

2. Provide ongoing monitoring and evaluative work for DMA as well as consultation for quality improvement study design, and provide study samples, data analysis and summary reporting.

3. Collect health behavior data for DMA through the North Carolina Behavioral Risk Factor Surveillance System (BRFSS) and the Child Health Assessment and Monitoring Program (CHAMP) as well as Medicaid-related statistics from birth certificate data, analyze the data, and provide reports and extracts to DMA.

4. Provide technical consultation and data analysis to DMA to include:
   a. Consultation and support for the monitoring and/or evaluation of health-related Medicaid program initiatives such as BABY LOVE, Medicaid Managed Care, and others as requested by DMA;
   b. Provision of data extracts or reports based upon one-time requests on projects or activities as defined by DMA; the due date for each extract or report shall be agreed upon at the time of the request and will be based upon the complexity of the activity;
   c. Analysis and reporting on evaluative work carried out to measure programmatic and fiscal efficacy of Community Care of NC managed care programs; the due date for each report shall be agreed upon at the time of the request and shall be based upon the complexity of the activity.

C. Deliverables

1. Annual production of data reports for the DMA Baby Love Program as posted on http://www.schs.state.nc.us/schs/births/matched/2010/, including the Medicaid birth outcome statistics, costs of low birth weight babies, and Medicaid births by age and county. These data reports as well as the separate Medicaid-matched extract from the

birth certificate file shall be produced and delivered to DMA by the end of the fourth quarter of each calendar year.

2. Annual production of a NC Medicaid specific BRFSS report of the numbers of Medicaid adults surveyed and the Medicaid specific results for select questions asked in the BRFSS survey and posted on http://www.schs.state.nc.us/schs/brfss/brfssmedicaid.html. The summary shall include data for the calendar year and shall be submitted to DMA for review by October 31st of the following year (e.g., the CY 2013 report is due by October 31, 2014).

D. Performance Standards/Expectations

1. All files and reports associated with the DMA Baby Love program shall be produced and delivered to DMA by the end of the fourth quarter of each calendar year (*i.e.*, for the previous calendar year's data).

2. The annual Medicaid-specific BRFSS report shall be submitted to DMA for review by October 31st of each year.

3. For all ad hoc and one-time requests, the due date for each extract or report shall be agreed upon at the time of the request and will be based upon the complexity of the activity.

E. Monitoring/Quality Assurance

1. Quarterly meetings between the DMA and SCHS and/or status reports provided by SCHS, reviewing projects completed and work progress.

2. Ongoing monitoring of submissions or public postings of reports and availability of extracts by the assigned deliverable date.

3. In cases of failure to meet deliverable dates and/or unsatisfactory quality or progress of requested work, DMA will request the opportunity to discuss problems directly with SCHS management.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in this Attachment will be allocated to the Medicaid program based on monthly Personal Activity Reports, i.e. timesheets, documenting statistical work performed by up to 1.25 State Center for Health Statistics Statistician FTEs. Operating costs will be allocated based on the same percentage as the Personal Activity Reports. The amount allocated to Medicaid will be claimed at the 50% federal financial participation (FFP) matching rate.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Social/clin Research Spec	60041440	12,783	4,178	16,961	10,601	5,300	5,300
Social/clin Research Spec	60041551	12,609	5,528	18,137	11,335	5,668	5,668
Travel				1,800	1,125	563	562
Supplies				250	156	79	77
Equipment					0	0	0
Contract (specify)					0	0	0
Admin Services					0	0	0
Motor Fleet				750	469	235	234
Misc Contracts					0	0	0
Postage				250	156	79	77
Telephone				600	375	188	187
Printing				750	469	235	234
Registration Fees				600	375	188	187
Permit Costs					0	0	0
Other							0
Estimated Overhead				6,028	$ 6,028	3,014	3,014
Total				46,126	31,089	15,549	15,540

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Social/clin Research Spec	60041440	52,665	19,295	71,960	44,975	22,488	22,488
Social/clin Research Spec	60041551	51,948	18,471	70,419	44,012	22,006	22,006
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Travel				7,200	4,500	2,250	2,250
Supplies				1,000	625	313	312
Equipment					0	0	0
Contract (specify)					0	0	0
Admin Services					0	0	0
Motor Fleet				3,000	1,875	938	937
Misc Contracts					0	0	0
Postage				1,000	625	313	312
Telephone				2,400	1,500	750	750
Printing				3,000	1,875	938	937
Registration Fees				2,400	1,500	750	750
Permit Costs							0
Other							0
Estimated Overhead				$ 24,561	$ 24,561	12,281	12,281
Total				186,940	126,048	63,026	63,022

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Social/clin Research Spec	60041440	53,192	19,707	72,899	45,562	22,781	22,781
Social/clin Research Spec	60041551	52,468	18,871	71,339	44,587	22,293	22,293
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Travel				8,400	5,250	2,625	2,625
Supplies				1,100	688	344	344
Equipment					0	0	0
Contract (specify)					0	0	0
Admin Services					0	0	0
Motor Fleet				3,200	2,000	1,000	1,000
Misc Contracts					0	0	0
Postage				1,100	688	344	344
Telephone				2,640	1,650	825	825
Printing				3,200	2,000	1,000	1,000
Registration Fees				3,000	1,875	938	937
Permit Costs							0
Other							0
Estimated Overhead				24,873.71	24,874	12,437	12,437
Total				$ 191,752	$ 129,172	$ 64,587	$ 64,585

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Social/clin Research Spec	60041440	40,293	13,280	53,573	33,483	16,742	16,742
Social/clin Research Spec	60041551	39,745	24,124	63,869	39,918	19,959	19,959
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Travel				6,300	3,938	1,969	1,969
Supplies				825	516	258	258
Equipment					0	0	0
Contract (specify)					0	0	0
Admin Services					0	0	0
Motor Fleet				2,400	1,500	750	750
Misc Contracts					0	0	0
Postage				825	516	258	258
Telephone				1,980	1,238	619	619
Printing				2,400	1,500	750	750
Registration Fees				2,250	1,406	704	702
Permit Costs							0
Other							0
Estimated Overhead				18,818	18,818	9,409	9,409
Total				$ 153,241	$ 102,833	$ 51,418	$ 51,415

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 31,089	$ 15,549	$ 15,540
2015	$ 126,048	$ 63,026	$ 63,022
2016	$ 129,172	$ 64,587	$ 64,585
2017 (Nine Months)	$ 102,833	$ 51,418	$ 51,415
Total	$ 389,142	$ 194,580	$ 194,562

Attachment K: School Nurse Consultants

A. Overview

The school nurse consultants provide services to local school nurses funded through Lead Education Agencies (LEAs), local health departments, hospitals, grants and other arrangements to maximize health, quality of services, development of appropriate local policies and procedures and delivery of appropriate services to school-age Medicaid eligible children. These services are focused on improving student health outcomes.

B. Services

DPH agrees to:

1. Provide clinical training for school nurses in the state related to the current State School Health Program and Procedure Manual (SSHPP) in order to assure best practices are delivered to Medicaid school aged children. The SSHPP Manual is updated and made available to nurses and others on an as needed basis.

2. Provide clinical consultation and technical assistance to Lead School Nurses and Supervisors in Local Education Agencies and health departments statewide regarding all aspects of clinical school nursing practice, including school health services to children with special health care needs.

3. Provide clinical collaboration and consultation with state and local organizations and agencies that provide services to children to manage and/or reduce the sequellae of chronic health conditions such as obesity, diabetes, asthma, and severe allergies.

4. Participate in continuing education workshops to enhance knowledge of school health practice and satisfy requirements for RN licensure and National School Nurse Certification.

5. Support the collection and analysis of clinical nursing data regarding health needs and problems of school-age children and adolescents including those with chronic illnesses and disabilities and recommendation of priorities for nursing services and other health services encompassing prevention, treatment and best practices.

6. Provide DMA with an annual copy of the School Health Services Report which is used to analyze data and other related information to prioritize implementation of services, and determine staffing patterns and personnel needs.

7. Develop and/or recommend clinical and school health program standards, guidelines and procedures that are consistent with the nursing and medical practice acts of North Carolina, "Standards for School Nursing Practice", Medicaid policy and other established standards for the delivery of quality nursing and health care to school children and adolescents.

8. Joint planning and development of agreements between the local health departments and the LEAs to maximize utilization of available programs and prevent duplication of services.

9. Assist nurses and other health and administrative staff in the schools with:
   a. Assuring medical home linkages and follow up for Medicaid children with chronic illnesses;
   b. Establishing appropriate priorities for nursing activities based upon changing program, policy and budgetary developments and resulting changes in Medicaid and health policy;
   c. Analysis of clinical problem situations and development of alternative clinical courses of action (Review clinical documentation if needed); and
   d. Development and implementation of evaluation and quality assurance of programs and activities.

C. Deliverables

1. Training agendas submitted semi-annually to DMA for the periods October-March and April – September by the end of the following months (April and October);

2. Annual School Health Services Report, which includes outcomes, upon completion; and

3. An annual copy of the development guidelines for the MOU between health departments and LEAs.

D. Performance Standards/Expectations

1. Training agendas indicate that 100% of school nurses are trained on the content of the School Health Policies and Procedures (SHPP) manual.

2. 100% of deliverables are submitted.

E. Monitoring/Quality Assurance

DMA will:

1. Review and monitor the content of all reports submitted as deliverables.

2. Monitor through on-site visits.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in Attachment K will be allocated to the Medicaid program based on the percentage of children ages 3 through 18 eligible for Health Check (i.e., Medicaid eligible) from DMA's HML R5501 State Report for the Fiscal Year divided by the estimated population in this age group from the State Data Center. The percentage is calculated each year in early July based on downloads of DMA and State Data Center reports from agency web sites. The resulting percentage will be applied to costs in the upcoming fiscal year beginning July. The amount allocated to Medicaid will be claimed at the 75% federal financial participation (FFP) matching rate.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Nurse Consultant	60041079	$ 17,114	$ 5,147	$ 22,261	$ 9,127	$ 6,845	$ 2,282
Nurse Consultant	60041086	$ 14,818	$ 4,633	$ 19,451	$ 7,975	$ 5,981	$ 1,994
Travel				$ 1,800	$ 738	$ 554	$ 185
Supplies				$ 250	$ 103	$ 77	$ 26
Equipment							
Contract (specify)							
Admin Services							
Motor Fleet				$ 750	$ 308	$ 231	$ 77
Misc Contracts					$ -		
Postage				$ 250	$ 103	$ 77	$ 26
Telephone				$ 600	$ 246	$ 185	$ 62
Printing				$ 750	$ 308	$ 231	$ 77
Registration Fees				$ 600	$ 246	$ 185	$ 62
Permit Costs							
Other							
Estimated Overhead					$ 6,153	$ 4,615	$ 1,538
Total				$ 52,865	$ 25,305	$ 18,979	$ 6,326

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Nurse Consultant	60041079	$ 70,510	$ 25,070	$ 95,580	$ 39,188	$ 29,391	$ 9,797
Nurse Consultant	60041086	$ 61,050	$ 22,436	$ 83,486	$ 34,229	$ 25,672	$ 8,557
Travel				$ 7,200	$ 2,952	$ 2,214	$ 738
Supplies				$ 1,000	$ 410	$ 308	$ 102
Equipment					$ -	$ -	
Contract (specify)					$ -	$ -	
Admin Services					$ -	$ -	
Motor Fleet				$ 3,000	$ 1,230	$ 923	$ 307
Misc Contracts					$ -	$ -	
Postage				$ 1,000	$ 410	$ 308	$ 102
Telephone				$ 2,400	$ 984	$ 738	$ 246
Printing				$ 3,000	$ 1,230	$ 923	$ 307
Registration Fees				$ 2,400	$ 984	$ 738	$ 246
Permit Costs							
Other							
Estimated Overhead					$ 25,537	$ 12,769	$ 12,768
Total				$ 224,603	$ 107,154	$ 73,984	$ 33,171

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Nurse Consultant	60041079	$ 71,216	$ 25,598	$ 96,814	$ 39,694	$ 29,770	$ 9,923
Nurse Consultant	60041086	$ 61,661	$ 22,907	$ 84,568	$ 34,673	$ 26,005	$ 8,668
Travel				$ 8,400	$ 3,444	$ 2,583	$ 861
Supplies				$ 1,100	$ 451	$ 339	$ 112
Equipment					$ -	$ -	$ -
Contract (specify)					$ -	$ -	$ -
Admin Services					$ -	$ -	$ -
Motor Fleet				$ 3,200	$ 1,312	$ 984	$ 328
Misc Contracts					$ -	$ -	$ -
Postage				$ 1,100	$ 451	$ 339	$ 112
Telephone				$ 2,640	$ 1,082	$ 812	$ 270
Printing				$ 3,200	$ 1,312	$ 984	$ 328
Registration Fees				$ 3,000	$ 1,230	$ 923	$ 307
Permit Costs							
Other							
Estimated Overhead				$ 25,884	$ 25,884	$ 12,942	$ 12,942
Total				$ 229,906	$ 109,533	$ 75,681	$ 33,852

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Nurse Consultant	60041079	$ 53,947	$ 16,371	$ 70,318	$ 28,830	$ 21,623	$ 7,208
Nurse Consultant	60041086	$ 46,709	$ 17,311	$ 64,020	$ 26,248	$ 19,686	$ 6,562
Travel				$ 6,300	$ 2,583	$ 1,938	$ 645
Supplies				$ 825	$ 338	$ 254	$ 84
Equipment					$ -	$ -	$ -
Contract (specify)					$ -	$ -	$ -
Admin Services					$ -	$ -	$ -
Motor Fleet				$ 2,400	$ 984	$ 738	$ 246
Misc Contracts					$ -	$ -	$ -
Postage				$ 825	$ 338	$ 254	$ 84
Telephone				$ 1,980	$ 812	$ 609	$ 203
Printing				$ 2,400	$ 984	$ 738	$ 246
Registration Fees				$ 2,250	$ 923	$ 692	$ 231
Permit Costs							
Other							
Estimated Overhead				$ 19,587	$ 19,587	$ 9,794	$ 9,793
Total				$ 170,905	$ 81,627	$ 56,326	$ 25,302

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 25,305	$ 18,979	$ 6,326
2015	$ 107,154	$ 73,984	$ 33,171
2016	$ 109,533	$ 75,681	$ 33,852
2017 (Nine Months)	$ 81,627	$ 56,326	$ 25,302
Total	$ 323,619	$ 224,970	$ 98,651

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Attachment L: "Be Smart" Family Planning Program

A. Overview

DMA and DPH are collaborating to develop and implement the new "Be Smart" Family Planning program, as the program transitions from a waiver demonstration, begun October 1, 2005, to a CMS approved State Plan Amendment, due to be effective May, 1, 2014. DPH is the primary contact for the content, organization, and delivery of the "Be Smart" Family Planning program.

B. Services

DPH agrees to:

1. Consult with DMA on the activities described in this Attachment.

2. Identify and address barriers that limit the ability of Medicaid eligible citizens to access the "Be Smart" Family Planning program.

3. Develop outreach and marketing strategies to promote the "Be Smart" Family Planning program, using promotional materials, including a Family Planning brochure, fact sheet, banner and PowerPoint presentation.

4. Promote and improve the participation of "Be Smart" beneficiaries in utilizing the services of the program, to include advising providers on strategies to increase and maximize service utilization of the family planning services, including the Title X program.

5. Work collaboratively with staff from state, private non-profit and community-based agencies to improve and maximize the quality of family planning services.

6. Develop and update provider recruitment plan for local health care providers to increase capacity for beneficiary program participation.

7. Conduct provider recruitment activities to improve private/public/nonprofit participation in Medicaid and to improve health care access for Medicaid beneficiaries.

8. Provide and arrange training updates for county departments of social services, public health clinics and other community-based social services providers serving low income and Medicaid eligible clients, by serving as the primary contact for staffs which have responsibility for providing outreach and direct services to Medicaid beneficiaries.

9. Work with DMA to develop five year strategic plans and annual updates regarding implementation of the new Family Planning program under the State Plan Amendment (SPA), targeting Medicaid-eligible citizens.

10. Develop and conduct at least one Community Awareness training per year. DPH will collaborate with DMA on the training objectives and content.

C. Deliverables

Semiannual for the January – June and July – December periods are due by the last day of July and January:

1. Report to DMA on the number of participants and list of events detailing outreach activities provided about the "Be Smart" Family Planning Program under the SPA, including health fairs or wellness activities and events to increase and promote awareness, changes and updates to the "Be Smart" program.

2. Report to DMA on consultation/technical assistance to include dates of consultation/technical assistance contacts and an overview of topics discussed.

3. Report to DMA on training to include:
    a. Number of attendees by event and location
    b. Type and number of trainings provided by participant discipline.

4. Report on the barriers to access the "Be Smart" Family Planning program and any actions taken to address those barriers.

5. Description of provider recruitment efforts, including any plans, outreach efforts and changes in provider enrollment.

6. Provide to DMA copies of educational and promotional items developed.

D. Performance Standards/Expectations

DMA and DPH will establish performance measures, including targets, for ensuring the quality of services provided by the program in SFY 2014 to include the following:

1. Utilization of family planning services, and

2. Utilization of long acting reversible contraceptives.

E. Monitoring/Quality Assurance

DMA will conduct desk reviews of all deliverables and performance standards for compliance with the activities described in this Attachment. In addition, DMA may conduct on-site reviews or observations. DPH will develop a corrective action plan for any items not in compliance.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in this Attachment will be allocated solely to the Medicaid program. The amount allocated to Medicaid will be claimed at 50% federal financial participation (FFP) matching rate.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Public Hlth Prog Supv II	60040998	$14,483	$4,557	$19,040	$19,040	$9,520	$9,520
Travel				$ 900	$ 900	$ 450	$450
Supplies				$ 125	$ 125	$ 63	$63
Equipment					$ -	$ -	$0
Contract (specify)					$ -	$ -	$0
Admin Services					$ -	$ -	$0
Motor Fleet				$ 375	$ 375	$ 188	$188
Misc Contracts					$ -	$ -	$0
Postage				$ 125	$ 125	$ 63	$63
Telephone				$ 300	$ 300	$ 150	$150
Printing				$ 375	$ 375	$ 188	$188
Registration Fees				$ 300	$ 300	$ 150	$150
Permit Costs					$ -	$ -	$0
Other							
Estimated Overhead				$ 4,977	$ 4,977	$ 2,488	$ 2,488
Total				$ 26,516	$ 26,516	$ 13,258	$ 13,258

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Hlth Prog Supv II	60040998	$59,670	$18,765	$78,435	$78,435	$39,218	$39,218
Travel				$ 3,600	$ 3,600	$ 1,800	$1,800
Supplies				$ 500	$ 500	$ 250	$250
Equipment					$ -	$ -	$0
Contract (specify)					$ -	$ -	$0
Admin Services					$ -	$ -	$0
Motor Fleet				$ 1,500	$ 1,500	$ 750	$750
Misc Contracts					$ -	$ -	$0
Postage				$ 500	$ 500	$ 250	$250
Telephone				$ 1,200	$ 1,200	$ 600	$600
Printing				$ 1,500	$ 1,500	$ 750	$750
Registration Fees				$ 1,200	$ 1,200	$ 600	$600
Permit Costs							
Other							
Estimated Overhead				$ 20,650	$ 20,650	$ 10,325	$ 10,325
Total				$ 109,085	$ 109,085	$ 54,542	$ 54,542

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Hlth Prog Supv II	60040998	60266.6596	19187.3717	79454.031	$79,454	$39,727	$39,727
Travel				$ 4,200	$ 4,200	$ 2,100	$2,100
Supplies				$ 550	$ 550	$ 275	$275
Equipment					$ -	$ -	$0
Contract (specify)					$ -	$ -	$0
Admin Services					$ -	$ -	$0
Motor Fleet				$ 1,600	$ 1,600	$ 800	$800
Misc Contracts					$ -	$ -	$0
Postage				550	550	275	$275
Telephone				$ 1,320	$ 1,320	$ 660	$660
Printing				$ 1,600	$ 1,600	$ 800	$800
Registration Fees				$ 1,500	$ 1,500	$ 750	$750
Permit Costs							
Other							
Estimated Overhead				$ 20,931	$ 20,931	$ 10,466	$ 10,466
Total				$ 111,705	$ 111,705	$ 55,853	$ 55,853

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Hlth Prog Supv II	60040998	$45,652	$15,879	$61,531	$61,531	$30,765	$30,765
Travel				$3,150	$3,150	$1,575	$1,575
Supplies				$413	$413	$206	$206
Equipment					$0	$0	$0
Contract (specify)					$0	$0	$0
Admin Services					$0	$0	$0
Motor Fleet				$1,200	$1,200	$600	$600
Misc Contracts					$0	$0	$0
Postage				$413	$413	$206	$206
Telephone				$990	$990	$495	$495
Printing				$1,200	$1,200	$600	$600
Registration Fees				$1,125	$1,125	$563	$563
Permit Costs							
Other							
Estimated Overhead				$ 10,002	$ 10,002	$ 5,001	$ 5,001
Total				$ 80,023	$ 80,023	$ 40,011	$ 40,011

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 26,516	$ 13,258	$ 13,258
2015	$ 109,085	$ 54,542	$ 54,542
2016	$ 111,705	$ 55,853	$ 55,853
2017 (Nine Months)	$ 80,023	$ 40,011	$ 40,011
Total	$ 327,330	$ 163,665	$ 163,665

Attachment M: Health Check and NC Health Choice

A. Overview

DPH provides statewide leadership in education and outreach for children and their families to increase access to the Medicaid and NC Health Choice (NCHC) programs. DPH also provides leadership for the Commission on Children with Special Health Care Needs (CCSHCN) and expertise on linking federally identified high risk populations to appropriate services through the Help Line.

B. Services

DPH agrees to:

1. Promote outreach and enrollment of minority populations, including those with limited English proficiency, in the Medicaid and NCHC programs by:
   a. Developing state, regional and local partners to assist in this effort focusing on public and private not-for-profit organizations, minority owned businesses, faith communities and other community-based organizations.
   b. Developing a network of key leaders within minority communities to help with this work.
   c. Providing direct outreach to targeted populations through cultural events and festivals; mobile consulates; and through Latino, Hmong, Tribal and other organizations.

2. Co-chair the NC Coalition to Promote Health Insurance for Children which provides a forum for statewide collaboration on outreach.

3. Collaborate with the DMA's Health Check and NCHC programs to support targeted outreach efforts of local staff by providing training, consultation and updates.

4. Develop marketing strategies including print and electronic media for target populations in the Health Check/NC Health Choice Programs. Develop, print and distribute outreach materials in English, Spanish and other languages needed to meet Title VI requirements.

5. In all outreach/enrollment activities, incorporate messages about the importance of choosing a quality medical home and making the most of health insurance benefits by:
   a. Promoting regular, periodic participation in preventive health services.
   b. Promoting the importance of having a consistent source of primary care.
   c. Promoting the importance of a medical home for children with special health care needs.
   d. Recommend policy and procedural changes that impact favorably on enrollment in publicly funded health insurance and access to care.

6. Participate in evaluation and quality assurance activities to assess effectiveness of outreach and enrollment strategies and to provide direction for future efforts.

7. Establish effective statewide networks and communication systems to enhance program efforts.

8. Provide staff support to the CCSHCN, and its related committees by preparing reports, gathering data, and explaining the implications of proposed policies that keep these entities informed and focused on the interests of targeted populations.

9. Staff a state toll free help line to assist families and providers with services for children and youth with special health care needs. Help-line staff must have access to an interpreter to converse with Spanish speaking individuals. The line shall operate Monday through Friday from 8:00 am to 5:00 pm.

10. Obtain special reports or studies, as needed, to provide programmatic data and information.

11. Monitor program and legislative changes and consult with DMA and others to redirect activities and planning as needed.

12. Attend joint policy and planning meetings with DMA

C. Deliverables

1. Semi-annual reports on activities outlined in this Attachment for the periods of October – March (due the last day of April) and April – September (due the last day of October).

2. Semi-annual reports on the CSHCN Help Line for children with special needs for the periods of October – March (due the last day of April) and April – September (due the last day of October).

3. Legislative report for the Commission on Children with Special Health Care Needs will be forwarded to DMA on the same time frame it is submitted to the legislature.

D. Performance Standards/Expectations

DPH and DMA will establish performance benchmarks for each funded position by January 1, 2015. At minimum, these benchmarks will include time allocated to community outreach, training and consultation activities to county departments of social services and service organizations, number of calls received and answered by the help line and approximate number of recipients contacted during each outreach activity.

E. Monitoring/Quality Assurance

DMA will review all reports for compliance with this Attachment. DPH will develop any needed corrective action plan.

F. Funding

1. Cost Allocation Methodology

DPH will develop a methodology within 30 days of execution of this Agreement that uses verifiable data to support the allocation of costs in this Attachment between Medicaid and NCHC. DPH will apply the approved methodology once data is available from NCTracks or other appropriate data source.

Costs allocated to Medicaid will be claimed at 50% FFP. NCHC costs will be claimed at the federal rate in effect during the federal fiscal year.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid/ NCHC	Estimated Total Amount Allocated to NCHC	Federal Share	DPH Match	Estimated Total Allocated to Medicaid	Medicaid 50%FFP	DPH Match
Public Health Prog Consult I	60041074	11,509	3,892	15,402	15,402	15,402	11,639	3,763			
Public Health Prog Suprv II	60041073	13,047	4,236	17,282	17,282	17,282	13,060	4,222			
Public Health Prog Consultant II	60041080	15,410	4,764	20,174	20,174	0	0	0	20,174	10,087	10,087
Travel				2,700	2,700	1,800	1,360	440	900	450	450
Supplies				375	375	250	189	61	125	63	63
Equipment					0	0	0	0	0	0	0
Contract (specify)					0	0	0	0	0	0	0
Admin Services					0	0	0	0	0	0	0
Motor Fleet				1,125	1,125	750	567	183	375	188	188
Misc Contracts					0	0	0	0	0	0	0
Postage				375	375	250	189	61	125	63	63
Telephone				900	900	600	453	147	300	150	150
Printing				1,125	1,125	750	567	183	375	188	188
Registration Fees				900	900	600	453	147	300	150	150
Permit Costs					0	0	0	0	0	0	0
Other						0	0	0	0	0	0
Estimated Overhead				28,801	28,801	23,859	18,031	5,829	4,942	2,471	2,471
Total				$ 89,160	$ 89,160	$ 61,543	$ 46,508	$ 15,035	$ 27,616	$ 13,808	$ 13,808

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid/ NCHC	Estimated Total Amount Allocated to NCHC	Federal Share	DPH Match	Estimated Total Allocated to Medicaid	Medicaid 50%FFP	DPH Match
Public Health Prog Consult I	60041074	47,418	16,028	63,446	63,446	63,446	47,946	15,500			
Public Health Prog Suprv II	60041073	53,752	17,443	71,195	71,195	71,195	53,802	17,393			
Public Health Prog Consultant II	60041080	63,490	19,619	83,109	83,109				83,109	41,554	41,554
Travel				$ 10,800	10,800	7,200	5,441	1,759	3,600	1,800	1,800
Supplies				$ 1,500	1,500	1,000	756	244	500	250	250
Equipment					0	0	0	0	0	0	0
Contract (specify)					0	0	0	0	0	0	0
Admin Services					0	0	0	0	0	0	0
Motor Fleet				$ 4,500	4,500	3,000	2,267	733	1,500	750	750
Misc Contracts					0	0	0	0	0	0	0
Postage				$ 1,500	1,500	1,000	756	244	500	250	250
Telephone				$ 3,600	3,600	2,400	1,814	586	1,200	600	600
Printing				$ 4,500	4,500	3,000	2,267	733	1,500	750	750
Registration Fees				$ 3,600	3,600	2,400	1,814	586	1,200	600	600
Permit Costs					0	0	0	0	0	0	0
Other					0	0	0	0	0	0	0
Estimated Overhead				119,198	119,198	98,777	74,646	24,131	20,421	10,211	10,211
Total				$ 366,948	$ 366,948	$ 253,418	$ 191,508	$ 61,910	$ 113,530	$ 56,765	$ 56,765

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Total Amount Allocated to Medicaid/ NCHC	Estimated Total Amount Allocated to NCHC	Federal Share	DPH Match	Estimated Total Allocated to Medicaid	Medicaid 50%FFP	DPH Match
Public Health Prog Consult I	60041074	47,892	16,386	64,278	64,278	64,278	48,575	15,703	0	0	0
Public Health Prog Suprv II	60041073	54,289	17,834	72,123	72,123	72,123	54,503	17,620	0	0	0
Public Health Prog Consultant II	60041080	64,125	20,061	84,186	84,186	0	0	0	84,186	42,093	42,093
						0	0	0	0	0	0
						0	0	0	0	0	0
						0	0	0	0	0	0
						0	0	0	0	0	0
						0	0	0	0	0	0
Travel	[redacted]			12,600	12,600	8,400	6,348	2,052	4,200	2,100	2,100
Supplies				1,650	1,650	1,100	831	269	550	275	275
Equipment					0	0	0	0	0	0	0
Contract (specify)					0	0	0	0	0	0	0
Admin Services					0	0	0	0	0	0	0
Motor Fleet				4,800	4,800	3,200	2,418	782	1,600	800	800
Misc Contracts					0	0	0	0	0	0	0
Postage				1,650	1,650	1,000	756	244	650	275	375
Telephone				3,960	3,960	2,640	1,995	645	1,320	660	660
Printing				4,800	4,800	3,200	2,418	782	1,600	800	800
Registration Fees				4,500	4,500	3,000	2,267	733	1,500	750	750
Permit Costs					0	0	0	0	0	0	0
Other					0	0	0	0	0	0	0
Estimated Overhead				120,867	120,867	100,171	75,699	24,472	20,696	10,348	10,348
Total				$ 375,414	$ 375,414	$ 259,112	$ 195,811	$ 63,301	$ 116,302	$ 58,101	$ 58,201

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Total Amount Allocated to Medicaid/ NCHC	Estimated Total Amount Allocated to NCHC	Federal Share	DPH Match	Estimated Total Allocated to Medicaid	Medicaid 50%FFP	DPH Match
Public Health Prog Consult I	60041074	36,278	12,371	48,649	48,649	48,649	36,764	11,885	0	0	0
Public Health Prog Suprv II	60041073	41,124	13,468	54,592	54,592	54,592	41,255	13,337	0	0	0
Public Health Prog Consultant II	60041080	48,575	15,155	63,729	63,729	0	0	0	63,729	31,865	31,865
						0	0	0	0	0	0
Travel	[redacted]			$ 9,450	9,450	6,300	4,761	1,539	3,150	1,575	1,575
Supplies				$ 1,238	1,238	825	624	202	413	206	206
Equipment					0	0	0	0	0	0	0
Contract (specify)					0	0	0	0	0	0	0
Admin Services					0	0	0	0	0	0	0
Motor Fleet				$ 3,600	3,600	2,400	1,814	586	1,200	600	600
Misc Contracts					0	0	0	0	0	0	0
Postage				$ 1,238	1,238	825	624	202	413	206	206
Telephone				$ 2,970	2,970	1,980	1,496	484	990	495	495
Printing				$ 3,600	3,600	2,400	1,814	586	1,200	600	600
Registration Fees				$ 3,375	3,375	2,250	1,700	550	1,125	563	563
Permit Costs					0	0	0	0	0	0	0
Other					0	0	0	0	0	0	0
Estimated Overhead				91,456	91,456	75,796	57,279	18,517	15,660	7,830	7,830
Total				$ 283,897	$ 283,897	$ 196,017	$ 148,130	$ 47,887	$ 87,880	$ 43,940	$ 43,940

Table 2A: Total Estimated Amount Allocated to Medicaid

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 27,616	$ 13,808	$ 13,808
2015	$ 113,530	$ 56,765	$ 56,765
2016	$ 116,302	$ 58,101	$ 58,201
2017 (Nine Months)	$ 87,880	$ 43,940	$ 43,940
Total	$ 345,328	$ 172,614	$ 172,714

Table 2B: Total Estimated Amount Allocated to NCHC

SFY	Estimated Total Amount Allocated to NCHC	Federal Share	DPH Match
2014 (Three Months)	$ 61,543	$ 46,508	$ 15,035
2015	$ 253,418	$ 191,508	$ 61,910
2016	$ 259,112	$ 195,811	$ 63,301
2017 (Nine Months)	$ 196,017	$ 148,130	$ 47,887
Total	$ 770,091	$ 581,957	$ 188,133

Table 2C: Total Estimated Amount Allocated to Medicaid/ NCHC

SFY	Estimated Total Amount Allocated	Federal Share	DPH Match
2014 (Three Months)	$ 89,160	$ 60,316	$ 28,843
2015	$ 366,948	$ 248,273	$ 118,675
2016	$ 375,414	$ 253,912	$ 121,502
2017 (Nine Months)	$ 283,897	$ 192,070	$ 91,827
Total	$ 1,115,419	$ 754,571	$ 360,847

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Attachment N: North Carolina Immunization Registry

A. Overview

DPH, through its Immunization Branch, is responsible for the development, maintenance and operation of the North Carolina Immunization Registry (NCIR), a web-based immunization registry. The registry information is utilized by the Medicaid program to monitor the highly transient population of Medicaid recipients. The movement of "at-risk" children on and off the Medicaid rolls and children receiving immunizations from a variety of providers leads to the risk of children falling through the cracks and not receiving the necessary immunizations at age appropriate intervals. The immunization information provided by a registry is an accessible and integral component of patient data that shall be utilized for quality assessment measures and identification of special needs that require a concentration of resources. Under the NCIR, North Carolina Medicaid providers are required to report vaccination immunization data to the registry.

B. Services

DPH agrees to:

1. Develop, maintain and operate the NCIR according to federal and state requirements;

2. Fulfill federal immunization reporting requirements;

3. Provide providers and educators with the ability to track immunized children in order to encourage immunizations;

4. Provide patients, parents, health care providers, schools and child care facilities timely access to complete, accurate and relevant immunization data;

5. Provide assistance to Medicaid providers to overcome the challenge of assessing complete immunization records for the highly transient Medicaid population;

6. Provide assistance to Medicaid providers in the evaluation of a child's immunization status and in identifying children who are due and past due for immunizations as required by EPSDT;

7. Provide assistance to communities in assessing their immunization coverage and in identifying areas of under-immunization;

8. Reduce the risk of under-immunization or over-immunization (duplicative immunizations), both of which expose patients to risk of harm;

9. Identify pockets of under-immunized children to assist in the prevention of disease outbreaks and control vaccine-preventable diseases;

10. Populate the Immunization Registry with enrollment data on Medicaid patients who are not already in the Immunization Registry, and to record Medicaid IDs on patients already in the Immunization Registry on a weekly basis. DPH will receive updated data from the Eligibility Information System (EIS) on a weekly basis;

11. Allow the Immunization Registry to provide the MMIS with information necessary to send immunization notification to Medicaid recipients and

12. Provide training, education, technical assistance and consultation services to assist providers in utilizing the NCIR to the greatest extent in order to ensure high immunization coverage rates among the Medicaid and general population and decrease missed opportunities and disparities among subpopulation groups.

C. Deliverables

DPH agrees to:

1. Provide bi-annual status reports to include any proposed new developments or enhancements to the registry along with operations, maintenance and other issues of mutual concern to the Parties. The reports are due April 30 and October 30 of each year unless the Parties mutually agree to change the due dates.

2. Provide a quarterly report on NCIR participation rates. The reports for the July-September, October-December, January-March and April-June quarters are due by the end of the month following the end of each quarter.

D. Performance Standards/Expectations

During SFY 2014 DMA and DPH will jointly develop performance measures, including targets, to assure the goal of high immunization coverage rates among all children in North Carolina.

E. Monitoring/Quality Assurance

DMA will review NCIR participation reports quarterly to ensure compliance with this Attachment. DPH will develop any needed corrective action plans.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in Attachment N will be allocated to the Medicaid program based on the number of children age 0-5 for Health Check (i.e. Medicaid eligible) from DMA's HMLR5501 State Report for each fiscal year divided by the estimated population of this age group from the State Data Center as of July 1 each fiscal year. The percentage is calculated each year in early July based on downloads of

DMA and State Data Center reports from agency web sites. The resulting percentage will be applied to costs in the upcoming fiscal year beginning July. The amount allocated to Medicaid will be claimed at the 50% federal financial participation (FFP) matching rate.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Travel							0
Supplies							0
Equipment							0
Contract (HP)				165,282	108,623	54,312	54,312
Admin Services							0
Motor Fleet							0
Misc Contracts							0
Postage							0
Telephone							0
Printing							0
Registration Fees							0
Permit Costs							0
Other (Software, Server, License costs)				75,416	49,563	24,782	24,782
Estimated Overhead					$ -		0
Total				240,698	158,187	79,093	79,093

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Travel							0
Supplies							0
Equipment							0
Contract (HP)				1,057,655	695,091	347,545	347,545
Admin Services							0
Motor Fleet							0
Misc Contracts							0
Postage							0
Telephone							0
Printing							0
Registration Fees							0
Permit Costs							0
Other (Software, Server, License costs)				705,862	463,893	231,946	231,946
Estimated Overhead							0
Total				1,763,517	1,158,983	579,492	579,492

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Travel							0
Supplies							0
Equipment							0
Contract (HP)				1,456,667	957,322	478,661	478,661
Admin Services							0
Motor Fleet							0
Misc Contracts							0
Postage							0
Telephone							0
Printing							0
Registration Fees							0
Permit Costs							0
Other (Software, Server, License costs)				306,850	201,662	100,831	100,831
Estimated Overhead							0
Total				$ 1,763,517	$ 1,158,983	$ 579,492	$ 579,492

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Travel							0
Supplies							0
Equipment							0
Contract (HP)				1,455,630	956,640	478,320	478,320
Admin Services							0
Motor Fleet							0
Misc Contracts							0
Postage							0
Telephone							0
Printing							0
Registration Fees							0
Permit Costs							0
Other (Software, Server, License costs)				307,887	202,343	101,172	101,172
Estimated Overhead							0
Total				$ 1,763,517	$ 1,158,983	$ 579,492	$ 579,492

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 158,187	$ 79,093	$ 79,093
2015	$ 1,158,983	$ 579,492	$ 579,492
2016	$ 1,158,983	$ 579,492	$ 579,492
2017 (Nine Months)	$ 1,158,983	$ 579,492	$ 579,492
Total	$ 3,635,137	$ 1,817,568	$ 1,817,568

Attachment O: Newborn Hearing Screening and Follow-up

A. Overview

DPH performs population-based activities to support newborn screening in the state for hearing deficits. This Attachment provides a mechanism for the systematic early identification, intervention, and referral for babies with hearing problems. Screening provides the opportunity for mitigating the impact of developmental delay for this population. Activities are provided through a statewide network of DPH speech/language pathologists and audiologists either on staff or working through contractual agreements.

B. Services

DPH agrees to:

1. Provide technical assistance to birthing facilities, through site visits, in developing annual program plans and planning work based on clinical data from the Hearing Link. The annual hospital program plans include:
    a. Number/percent of newborns screened for hearing prior to discharge;
    b. Follow-up plan for infants needing initial screen, re-screen, or referral;
    c. Use of signed statements for parental refusal of screening;
    d. Availability of appropriate interpreting services;
    e. Type of equipment being used; and
    f. Calibration of equipment.

2. Provide training to birthing facilities on hearing screening procedures, use of the Hearing Link data system, rescheduling hearing screenings, use of appropriate equipment, and National Early Hearing, Detection and Intervention (EHDI) performance measures.

3. Track infants who missed initial or follow-up hearing screening to assist in completion of screening services.

4. Consult with families, agencies and professionals dealing with children birth to 21 years regarding selection, procurement, and/or repair of equipment and devices related to communication or hearing (requires audiologist for hearing equipment and speech pathologist for communication equipment per licensing requirements).

5. Provide assistance to dispensing audiologists or others regarding documentation, review, or authorization of requests related to initial hearing aids for children 0 – 3 years.

6. Train Head Start, health department and other professional staff who provide hearing screening for children, as warranted or requested.

7. Provide leadership and guidance in the development of effective and efficient identification and tracking systems, including data systems, for follow-up of children with suspected or confirmed hearing loss.

8. Provide audiological and speech/language support, training, consultation and technical assistance to families and service providers about communication development, including services and referral procedures when hearing loss or communication delays are suspected or identified.

9. Review SSI Disability Determination forms and provide consultation to parents as requested to ensure that children with a speech/language delay are receiving needed services.

10. Provide a copy of any changes or revisions to the Hearing Link Manual.

C. Deliverables

Semi-annual reports are due to DMA for the periods October-March and April – September by the end of the month following each period (April and October respectively):

1. Summary of consultations and technical assistance provided by audiologists and speech pathologists. Data includes, but is not limited to:
   a. Number of dispensing audiologists receiving technical assistance for initial hearing aids for children 0-3;
   b. Number of birthing facilities receiving planning assistance; and
   c. Number of families/agencies/professionals dealing with children, from birth to 21 years, receiving consultation on hearing and communication equipment.

2. Training provided, to include at a minimum: subject, type of facility/staff/community setting and number trained.

D. Performance Standards/Expectations

DMA and DPH will work together to establish baseline expectations for the following measures by July 1, 2014:

1. Number of trainings and technical assistance provided to birthing hospitals, local health departments, Head Starts and allied professions and professional organizations.

2. Number of contacts received for hearing aids.

3. Number of consultations and TA contacts provided to families regarding services, referral procedures or communication disorders and delays.

4. Number of infants referred and receiving a rescreen within one month after birth.

5. Number of infants referred and receiving diagnostic evaluation within three months after birth; and

6. Number of infants diagnosed with permanent hearing loss referred for intervention services within six months after birth.

E. Monitoring/Quality Assurance

DMA will review reports in consultation with DPH. DPH will develop any needed corrective action plans.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in Attachment O will be allocated to the Medicaid program based on the percentage of newborn children who are Medicaid recipients. The data is based on the State Center for Health Statistics latest calendar year data from the NC Composite Linked Birth File (or Baby Love file) Matching Rate for Medicaid babies. The percentage is calculated each year in early July and the resulting percentage will be applied to costs in the upcoming fiscal year beginning July. The amount allocated to Medicaid will be claimed at the 75% or 50% federal financial participation (FFP) matching rate based on the position's responsibilities and credentials (e.g., skilled medical professionals are claimed at 75% FFP).

All of the positions in this agreement are 100% dedicated to these activities with the exception of three positions (60041025, 60041012 and 65009708). These are based on Personal Activity Reports (PARs).

2. Budget

Continued on the next page.

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Audiologist	60041024	13,674	5,380	19,054	10,479	7,860	2,620
Audiologist	60041030	16,190	4,938	21,128	11,620	8,715	2,905
Audiologist	60041053	14,518	4,565	19,083	10,496	7,872	2,624
Audiologist	60041052	12,891	4,201	17,092	9,401	7,050	2,350
Speech and Language Pathlog I	60041026	14,887	4,647	19,534	10,744	8,058	2,686
Speech and Language Pathlog I	60041027	12,274	4,063	16,337	8,985	6,739	2,246
Processing Assistant III	60041023	7,120	2,912	10,031	5,517	2,759	2,759
Audiologist	60041025	14,823	4,633	19,455	8,755	4,377	4,377
Public Health Prog Suprv II	60041012	16,221	4,945	21,166	10,372	5,186	5,186
Business And Tech Apps Specialist	65009708	12,491	4,112	16,603	16,603	8,301	8,301
Travel				8,100	4,311	2,899	1,413
Supplies				1,250	599	309	289
Equipment					0	0	0
Contract (specify)				38,799	21,339	10,670	10,669
Admin Services					0	0	0
Motor Fleet				4,500	2,395	1,611	785
Misc Contracts					0	0	0
Postage				1,125	599	402	196
Telephone				2,775	1,437	967	471
Printing				3,000	1,611	1,114	496
Registration Fees				2,700	1,437	967	471
Permit Costs							0
Other				7,425	3,952	2,657	1,295
Estimated Overhead				29,244	29,244	14,622	14,622
Total				$ 278,400	$ 169,893	$ 103,133	$ 66,760

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Audiologist	60041024	56,335	19,054	75,389	41,464	31,098	10,366
Audiologist	60041030	66,703	22,173	88,875	48,881	36,661	12,220
Audiologist	60041053	59,815	20,444	80,259	44,143	33,107	11,036
Audiologist	60041052	53,111	17,300	70,411	38,726	29,044	9,681
Speech and Language Pathlog I	60041026	61,333	21,576	82,909	45,600	34,200	11,400
Speech and Language Pathlog I	60041027	50,567	17,660	68,226	37,525	28,143	9,381
Processing Assistant III	60041023	29,332	11,988	41,320	22,726	11,363	11,363
Audiologist	60041025	61,069	20,759	81,827	36,822	18,411	18,411
Public Health Prog Suprv II	60041012	66,832	20,365	87,197	42,726	21,363	21,363
Business And Tech Apps Specialist	65009708	51,463	16,932	68,394	68,394	34,197	34,197
Travel				$ 32,400	$ 15,948	$ 10,620	5,328
Supplies				$ 5,000	$ 2,395	$ 1,611	785
Equipment					$ -	$ -	0
Contract (specify)				$ 162,954	$ 89,625	$ 44,812	44,812
Admin Services					$ -	$ -	0
Motor Fleet				$ 18,000	$ 9,580	$ 6,440	3,140
Misc Contracts					$ -	$ -	0
Postage				$ 4,500	$ 2,395	$ 1,611	785
Telephone				$ 11,100	$ 5,748	$ 3,864	1,884
Printing				$ 12,000	$ 6,440	$ 4,458	1,983
Registration Fees				$ 10,800	$ 5,748	$ 3,864	1,884
Permit Costs							0
Other				$ 29,700	$ 15,807	$ 10,627	5,181
Estimated Overhead				$ 120,579	$ 120,579	$ 60,290	60,290
Total				$ 1,151,841	$ 701,272	$ 425,783	$ 275,489

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Audiologist	60041024	56,898	19,471	76,370	42,003	31,502	10,501
Audiologist	60041030	67,370	22,655	90,024	49,513	37,135	12,378
Audiologist	60041053	60,413	20,888	81,301	44,716	33,537	11,179
Audiologist	60041052	53,642	17,688	71,330	39,231	29,423	9,808
Speech and Language Pathlog I	60041026	61,947	22,037	83,984	46,191	34,643	11,548
Speech and Language Pathlog I	60041027	51,072	18,045	69,118	38,015	28,511	9,504
Processing Assistant III	60041023	29,626	12,250	41,876	23,032	11,516	11,516
Audiologist	60041025	61,679	21,209	82,889	37,300	18,650	18,650
Public Health Prog Suprv II	60041012	67,500	20,825	88,325	43,279	21,640	21,640
Business And Tech Apps Specialist	65009708	51,977	17,311	69,288	69,288	34,644	34,644
Travel				37,800	20,118	10,395	9,723
Supplies				5,500	2,635	1,361	1,274
Equipment					0	0	0
Contract (specify)				167,843	92,313	46,157	46,157
Admin Services					0	0	0
Motor Fleet				14,400	7,664	5,152	2,512
Misc Contracts					0	0	0
Postage				4,950	2,635	1,771	864
Telephone				12,240	6,323	4,250	2,073
Printing				14,400	7,664	5,152	2,512
Registration Fees				9,000	4,950	3,713	1,238
Permit Costs					0	0	0
Other				20,100	11,055	8,291	2,764
Estimated Overhead				$ 122,190	$ 122,190	61,095	61,095
Total				$ 1,162,926	$ 710,115	$ 428,538	$ 281,577

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Audiologist	60041024	43,100	15,301	58,401	32,121	24,091	8,030
Audiologist	60041030	51,033	18,974	70,007	38,504	28,878	9,626
Audiologist	60041053	45,763	17,587	63,351	34,843	26,132	8,711
Audiologist	60041052	40,634	14,743	55,376	30,457	22,843	7,614
Speech and Language Pathlog I	60041026	46,925	18,661	65,585	36,072	27,054	9,018
Speech and Language Pathlog I	60041027	38,687	15,251	53,938	29,666	22,249	7,416
Processing Assistant III	60041023	22,441	10,624	33,065	18,186	9,093	9,093
Audiologist	60041025	46,722	17,840	64,562	29,053	14,526	14,526
Public Health Prog Suprv II	60041012	51,131	17,119	68,250	33,443	16,721	16,721
Business And Tech Apps Specialist	65009708	39,373	14,457	53,830	53,830	26,915	26,915
Travel				28,350	15,089	10,143	4,946
Supplies				4,125	1,976	1,328	648
Equipment					0	0	0
Contract (specify)				129,659	71,312	35,656	35,656
Admin Services					0	0	0
Motor Fleet				10,800	5,748	3,864	1,884
Misc Contracts					0	0	0
Postage				3,713	1,976	1,328	648
Telephone				9,180	4,742	3,188	1,554
Printing				10,800	5,748	3,864	1,884
Registration Fees				10,125	5,389	3,622	1,766
Permit Costs					0	0	0
Other				22,613	12,035	8,090	3,945
Estimated Overhead							0
Total				$ 815,731	$ 460,189	$ 289,587	$ 170,602

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 169,893	$ 103,133	$ 66,760
2015	$ 701,272	$ 425,783	$ 275,489
2016	$ 710,115	$ 428,538	$ 281,577
2017 (Nine Months)	$ 460,189	$ 289,587	$ 170,602
Total	$ 2,041,470	$ 1,247,042	$ 794,428

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Attachment P: Birth Defects Monitoring Program

A. Overview

Through the North Carolina Birth Defects Monitoring Program (BDMP), DPH performs activities for the early identification, counseling, and referral of families of infants diagnosed with birth defects, with a specific focus on the Medicaid population. The major aims of this project are to identify and track the incidence of preventable birth defects and to improve the physical and developmental outcomes among children born with handicapping conditions in North Carolina.

B. Services

DPH agrees to:

1. Identify and maintain a list of specific birth defects monitored by the BDMP and that meet the N.C. Infant-Toddler Program criteria as an established condition;

2. Review hospital medical records to identify infants with the birth defects identified in B.1. and to flag those records and to submit case reports for inclusion in the Birth Defects Monitoring Program Clinical database. If the mother or infant is enrolled in Medicaid, the Medicaid ID number shall be entered into the case report; and

3. Refer families of infants diagnosed with birth defects for care and treatment, provide counseling to those families and conduct follow-up to ensure that children receive needed services.

C. Deliverables

An annual summary report shall be provided to DMA within sixty (60) days after the end of each State fiscal year. The report shall include but is not limited to:

1. The number of infants identified by the BDMP as eligible for referral;

2. The enrollment status of children with birth defects referred by the BDMP;

3. Analysis of Medicaid costs and service use among children with facial clefts;

4. Findings from the survey of families to assess barriers to care; and

5. Findings from the survey of families with school age children with craniofacial defects in order to assess patient satisfaction and quality of life among this population.

D. Performance Standards/Expectations

1. The annual summary report contains all data items identified in C and is submitted timely. Identification of barriers to care and recommendations to mitigate those barriers will also be included in the report.

2. DMA and DPH will work together to establish targets by July 1, 2014 for the following:
   a. Percentage of eligible children referred for follow-up care and treatment.
   b. Percentage of referred children receiving follow-up care and treatment.

E. Monitoring/Quality Assurance

DMA will review summary reports and cost data to determine compliance with the requirements described in this Attachment. DPH will develop corrective action plans as needed.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in Attachment P will be allocated to the Medicaid program based on the percentage Medicaid-eligible, live births as determined from the most recently available data from the annual Composite Linked Birth file ("Babylove file") produced by State Center Health Statistics (SCHS). The percentage is calculated annually based on the number of live births whose delivery was paid by Medicaid divided by the total number of live births in that calendar year. The resulting percentage is applied to the future year's costs described in this Attachment. The amount allocated to Medicaid will be claimed at the 50% federal financial participation (FFP) matching rate.

2. Budget

Continued on the next page.

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Social/clin Resch Asst	60041538	9,823	3,516	13,339	7,176	3,588	3,588
Social/clin Resch Asst	60041539	8,974	3,326	12,300	6,617	3,309	3,309
Social/clin Resch Asst	60041542	9,435	3,429	12,864	6,921	3,460	3,460
Social/clin Resch Asst	60041540	8,357	3,188	11,546	6,211	3,106	3,106
Social/clin Resch Asst	60041541	10,235	3,608	13,843	7,447	3,724	3,724
Social/clin Research Spec	60089699	12,218	4,948	17,166	9,235	4,618	4,618
Social/clinical Research Assistant	60089697	8,111	3,133	11,245	6,050	3,025	3,025
Social/clin Resch Asst	60089698	10,527	3,673	14,200	7,639	3,820	3,820
Travel				7,200	3,874	1,937	1,937
Supplies				1,000	538	269	269
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services				3,000	1,614	807	807
Motor Fleet				4,000	2,152	1,076	1,076
Misc Contracts					0	0	0
Postage				1,000	538	269	269
Telephone				2,400	1,291	646	646
Printing							0
Registration Fees				400	215	108	108
Permit Costs							0
Other				0			0
Estimated Overhead				22,081	$ 22,081	11,040	11,040
Total				147,582	89,600	44,800	44,800

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Social/clin Resch Asst	60041538	40,472	15,219	55,691	29,962	14,981	14,981
Social/clin Resch Asst	60041539	36,972	13,695	50,666	27,259	13,629	13,629
Social/clin Resch Asst	60041542	38,872	14,832	53,705	28,893	14,447	14,447
Social/clin Resch Asst	60041540	34,432	13,127	47,559	25,587	12,793	12,793
Social/clin Resch Asst	60041541	42,168	15,629	57,797	31,095	15,548	15,548
Social/clin Research Spec	60089699	50,339	17,605	67,944	36,554	18,277	18,277
Social/clinical Research Assistant	60089697	33,418	12,901	46,319	24,920	12,460	12,460
Social/clin Resch Asst	60089698	43,370	15,920	59,290	31,898	15,949	15,949
Travel				28,800	15,494	7,747	7,747
Supplies				4,000	2,152	1,076	1,076
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services				16,000	8,608	4,304	4,304
Motor Fleet				16,000	8,608	4,304	4,304
Misc Contracts					0	0	0
Postage				4,000	2,152	1,076	1,076
Telephone				9,600	5,165	2,582	2,582
Printing							0
Registration Fees				1,600	861	430	430
Permit Costs							0
Other							0
Estimated Overhead				$ 91,131	$ 91,131	45,565	45,565
Total				610,102	370,337	185,168	185,168

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Social/clin Resch Asst	60041538	40,877	15,549	56,426	30,357	15,179	15,179
Social/clin Resch Asst	60041539	37,342	13,997	51,339	27,620	13,810	13,810
Social/clin Resch Asst	60041542	39,261	15,154	54,415	29,275	14,638	14,638
Social/clin Resch Asst	60041540	34,776	13,416	48,193	25,928	12,964	12,964
Social/clin Resch Asst	60041541	42,590	15,969	58,559	31,505	15,752	15,752
Social/clin Research Spec	60089699	50,843	17,989	68,832	37,031	18,516	18,516
Social/clinical Research Assistant	60089697	33,753	13,185	46,937	25,252	12,626	12,626
Social/clin Resch Asst	60089698	43,804	16,266	60,070	32,318	16,159	16,159
Travel				33,600	18,077	9,038	9,038
Supplies				4,400	2,367	1,184	1,184
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services				23,200	12,482	6,241	6,241
Motor Fleet				12,800	6,886	3,443	3,443
Misc Contracts					0	0	0
Postage				4,400	2,367	1,184	1,184
Telephone				10,560	5,681	2,841	2,841
Printing							0
Registration Fees				1,600	861	430	430
Permit Costs							0
Other							0
Estimated Overhead				92,263	92,263	46,131	46,131
Total				$ 627,592	$ 380,270	$ 190,135	$ 190,135

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Social/clin Resch Asst	60041538	30,964	11,927	42,891	23,075	11,538	11,538
Social/clin Resch Asst	60041539	28,286	10,561	38,847	20,900	10,450	10,450
Social/clin Resch Asst	60041542	29,740	11,620	41,360	22,252	11,126	11,126
Social/clin Resch Asst	60041540	26,343	10,121	36,464	19,618	9,809	9,809
Social/clin Resch Asst	60041541	32,262	12,253	44,514	23,949	11,974	11,974
Social/clin Research Spec	60089699	38,513	12,877	51,390	27,648	13,824	13,824
Social/clinical Research Assistant	60089697	25,568	9,946	35,513	19,106	9,553	9,553
Social/clin Resch Asst	60089698	33,181	12,483	45,665	24,568	12,284	12,284
Travel				25,200	13,558	6,779	6,779
Supplies				3,300	1,775	888	888
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services				9,600	5,165	2,582	2,582
Motor Fleet				9,600	5,165	2,582	2,582
Misc Contracts					0	0	0
Postage				3,300	1,775	888	888
Telephone				7,920	4,261	2,130	2,130
Printing							0
Registration Fees				9,000	4,842	2,421	2,421
Permit Costs							0
Other							0
Estimated Overhead				69,785	69,785	34,893	34,893
Total				$ 474,350	$ 287,441	$ 143,721	$ 143,721

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 89,600	$ 44,800	$ 44,800
2015	$ 370,337	$ 185,168	$ 185,168
2016	$ 380,270	$ 190,135	$ 190,135
2017 (Nine Months)	$ 287,441	$ 143,721	$ 143,721
Total	$ 1,127,649	$ 563,824	$ 563,824

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Attachment Q: Local Technical Assistance and Training Branch (LTAT) Public Health Nursing and Professional Development Nursing Consultation

A. Overview

Nurses in local health departments (LHDs) provide clinical services to Medicaid recipients. DPH Nurse Consultants support clinical services by providing nursing consultation and continuing education through policy development, documentation and technical assistance.

The services provided by the Nurse Consultants assure appropriate documentation in clinical records to justify the codes billed for services and appropriate coding of services documented.

B. Services

DPH agrees to:

1. Provide nursing consultation, continuing education (CE), technical assistance and policy guidance to local health departments on the appropriate documentation and coding of clinical services (including family planning, maternal health, child health, communicable and sexually transmitted diseases) provided to Medicaid recipients.

2. Through semi-annual reviews of medical records, assess the appropriateness of documentation and coding for services provided to Medicaid recipients by local health departments and provide follow-up consultation, technical assistance and training as necessary and based upon the findings of the reviews.

3. Assess the effectiveness and efficiency of the delivery of clinical services by local health departments to identify changes which promote decreased cost in providing services of allow for local agencies to see increased numbers of clients.

C. Deliverables

1. Quarterly activity reports indicating: number of on-site, phone and e-mail consultations; number of on-site and phone technical assistance contacts; number of in-service or CE programs provided; and the purpose of all such consultation, contacts and CE programs. The reports are due by end of the month following the quarters ending in September, December, March and June.

2. Semi-annual reports on the accuracy of documentation and coding by LHD reviewed, including number of corrective action plans developed and the status of ongoing corrective action plans. The reporting periods are May-October and November-April. The reports are due by the end of the month following the end of the reporting period.

D. Performance Standards/Expectations

1. DMA and DPH will establish a baseline in SFY 2014 with the expectation for improvement in the following year on:
   a. Error rate of documentation and coding;
   b. Cost per service; and
   c. Number of individuals served.

2. 100% of deliverables contain all required data and submitted on time.

E. Monitoring/Quality Assurance

DMA will review quarterly and semi-annual reports and cost data to determine compliance with the requirements described in this Attachment. DPH will develop corrective action plans as needed.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in this Attachment will be allocated to the Medicaid program based on Medicaid-eligible clients as a percentage of all clients receiving a service from the 85 local health departments. The percentage is calculated each month from data entered into HIS and is provided to DPH on a report from that system. The percentage is applied to the corresponding month's costs. The amount allocated to Medicaid will be claimed at the 75% federal financial participation (FFP) matching rate.

2. Budget

Continued on the next page.

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Nurse Consultant	60041095	68,774	20,799	89,573	37,621	28,216	9,405
Nurse Consultant	60041096	71,330	21,370	92,700	38,934	29,201	9,733
Nurse Consultant	60041097	60,894	19,039	79,933	33,572	25,179	8,393
Nurse Consultant	60041154	68,242	20,680	88,922	37,347	28,010	9,337
Nurse Consultant	60041608	65,873	20,151	86,024	36,130	27,097	9,033
Travel				9,800	4,116	3,087	1,029
Supplies				1,000	420	315	105
Equipment				0	0	0	0
Contract (specify)				0	0	0	0
Admin Services				0	0	0	0
Motor Fleet				30,000	12,600	9,450	3,150
Misc Contracts				0	0	0	0
Postage				50	21	16	21
Telephone				14,500	6,090	4,568	1,522
Printing				0	0	0	0
Registration Fees				500	210	158	52
Permit Costs				0	0	0	0
Other							
Estimated Overhead					17,690	13,268	4,422
Total				493,002	224,751	168,564	56,202

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Nurse Consultant	60041095	$ 53,626	$ 16,056	$ 69,682	29,266	21,949	7,316
Nurse Consultant	60041096	$ 55,619	$ 16,502	$ 72,121	$ 30,291	$ 22,718	$ 7,573
Nurse Consultant	60041097	$ 47,482	$ 14,684	$ 62,166	$ 26,110	$ 19,583	$ 6,528
Nurse Consultant	60041154	$ 51,693	$ 15,624	$ 67,317	$ 28,273	$ 21,205	$ 7,068
Nurse Consultant	60041608	$ 49,899	$ 15,224	$ 65,123	$ 27,352	$ 20,514	$ 6,838
Travel				7,350	3,087	2,315	772
Supplies				750	315	236	79
Equipment				0	0	0	0
Contract (specify)				0	0	0	0
Admin Services				0	0	0	0
Motor Fleet				22,500	9,450	7,088	2,362
Misc Contracts				0	0	0	0
Postage				38	16	12	4
Telephone				10,875	4,568	3,426	1,142
Printing				0	0	0	0
Registration Fees				375	158	119	39
Permit Costs				0	0	0	0
Other							
Estimated Overhead					$ 13,716	$ 10,287	$ 3,429
Total				$ 308,615	$ 143,336	$ 107,503	$ 35,834

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Nurse Consultant	60041095	16,037	4,904	20,941	8,795	6,596	2,199
Nurse Consultant	60041096	16,634	5,037	21,671	9,102	6,826	2,276
Nurse Consultant	60041097	14,200	4,493	18,693	7,851	5,888	1,963
Nurse Consultant	60041154	16,400	4,985	21,385	8,982	6,737	2,245
Nurse Consultant	60041608	15,830	4,858	20,688	8,689	6,517	2,172
Travel				2,450	1,029	772	257
Supplies				250	105	79	26
Equipment				0	0	0	0
Contract (specify)				0	0	0	0
Admin Services				0	0	0	0
Motor Fleet				7,500	3,150	2,363	787
Misc Contracts				0	0	0	0
Postage				12	5	4	1
Telephone				3,625	1,523	1,142	381
Printing				0	0	0	0
Registration Fees				125	53	40	13
Permit Costs				0	0	0	0
Other							
Estimated Overhead					4,158	3,119	1,039
Total				96,399	44,647	33,487	11,160

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Nurse Consultant	60041095	66,074	20,196	86,270	36,233	27,175	9,058
Nurse Consultant	60041096	68,530	20,745	89,275	37,495	28,121	9,374
Nurse Consultant	60041097	58,503	18,505	77,008	32,343	24,257	8,086
Nurse Consultant	60041154	67,566	20,529	88,095	37,000	27,750	9,250
Nurse Consultant	60041608	65,221	20,005	85,226	35,795	26,846	8,949
Travel				9,800	4,116	3,087	1,029
Supplies				1,000	420	315	105
Equipment				0	0	0	0
Contract (specify)				0	0	0	0
Admin Services				0	0	0	0
Motor Fleet				30,000	12,600	9,450	3,150
Misc Contracts				0	0	0	0
Postage				50	21	16	21
Telephone				14,500	6,090	4,568	1,522
Printing				0	0	0	0
Registration Fees				500	210	158	52
Permit Costs				0	0	0	0
Other							
Estimated Overhead					17,099	12,824	4,275
Total				481,724	219,422	164,566	54,871

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 44,647	$ 33,487	$ 11,160
2015	$ 219,422	$ 164,566	$ 54,871
2016	$ 224,751	$ 168,564	$ 56,202
2017 (Nine Months)	$ 143,336	$ 107,503	$ 35,834
Total	$ 632,156	$ 474,120	$ 158,067

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Attachment R: Sickle Cell Services

A. Overview

DPH provides care coordination and education services to families whose newborns have been identified as having sickle cell or another hemoglobinopathy disease through its Sickle Cell Services Program. This program provides a systematic statewide approach to assist Medicaid clients in receiving information, referral services, and access genetic counseling and sickle cell educational materials.

B. Services

DPH agrees to:

1. Educate providers and lay community about sickle cell disease;

2. Assist health professionals in case identification and review of patient records and working with families to gather medical and family information;

3. Provide technical assistance to local providers to ensure re-testing of newborns and assessments of children under 19 years of age with hemoglobinopathy disease on a regular basis;

4. Work with the medical centers to facilitate clients receiving comprehensive clinical services;

5. Provide education and guidance to families of infants identified through the newborn hemoglobinopathy screening program and to families with sickle cell or other traits when requested;

6. Provide technical assistance and consultation to professionals, regional staff, health departments, private providers, hospital personnel, families, individuals, DMA and communities at large as appropriate;

7. Serve as a liaison between families and schools to educate the schools on the specific needs of children living with sickle cell;

8. Develop and distribute materials about hemoglobinopathies including brochures, fact sheets, and audio visual information;

9. Establish coordinated referral arrangements with primary and specialized health care and human service agencies that serve Medicaid clients;

10. Provide quality assurance by planning and implementing standards of care for services and interpreting policies and procedures on Medicaid rules and regulations as requested;

11. Collect data on the number of clients served and the types of services provided;

12. Certify sickle cell educator counselors who complete training provided by a medical center that has a comprehensive sickle cell education curriculum. DPH shall maintain records of completion of this required training for all counselors, including community based organizations;

13. Monitor the activities and responsibilities of the state staff sickle cell educator counselors through face-to-face contacts and work plan reviews. The activities of the community based organizations are monitored through site visits, review of monthly data reports, semi-annual and annual program reports; and

14. Ensure that data related to the number of clients served, types of services provided, the frequency of services delivered, and the clients' demographic data (age, group, ethnicity) and payor source are retained in a secure electronic format.

C. Deliverables

Semi-annual reports for the July – December and January - June periods in a format pre-approved by DMA. The reports are due by the last business day of January and July respectively. The reports shall include, at a minimum, the dates and outcomes of monitoring, copies of brochures and educational materials and training agendas.

D. Performance Standards/Expectations

1. 100% of deliverables contain all required data elements and are submitted timely.

2. DMA and DPH will develop baseline measures in SFY 2014 for the following:
   a. Proportion of children on prophylaxis antibiotics ages 4 months to 5 years of age;
   b. Reductions in the number of emergency room visits;
   c. Number of certified educator counselors; and
   d. Number of educator counselors certified annually.

E. Monitoring/Quality Assurance

DMA will review reports and cost data to determine compliance with the requirements described in this Attachment. DPH will develop corrective action plans as needed.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in this Attachment will be allocated to the Medicaid program based on the percentage of Medicaid-eligible sickle cell clients representative of the total number of sickle cell clients as of June 1. The percentage is

calculated on June 1 of each year using client data, including eligibility, from the DPH Sickle Cell Program Database – WCS Web. The resulting percentage will be applied to costs in the upcoming fiscal year beginning July 1. The amount allocated to Medicaid will be claimed at the 50% federal financial participation (FFP) matching rate.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Pub Hlth Sickle Cell Ed/c	60040906	15,774	6,582	28,938	22,282	11,141	11,141
Pub Hlth Sickle Cell Ed/c	60040908	15,774	4,845	25,464	19,608	9,804	9,804
Pub Hlth Sickle Cell Ed/c	60040909	15,774	4,845	25,464	19,608	9,804	9,804
Pub Hlth Sickle Cell Ed/c	60040910	15,774	4,845	25,464	19,608	9,804	9,804
Pub Hlth Sickle Cell Ed/c	60040913	15,774	4,845	25,464	19,608	9,804	9,804
Pub Hlth Sickle Cell Ed/c	60040914	15,774	4,845	25,464	19,608	9,804	9,804
Pub Hlth Sickle Cell Ed/c	60040915	15,774	4,845	25,464	19,608	9,804	9,804
Pub Hlth Sickle Cell Ed/c	60040916	15,774	4,845	25,464	19,608	9,804	9,804
Pub Hlth Sickle Cell Ed/c	60041020	15,774	4,845	25,464	19,608	9,804	9,804
Public Hlth Prog Supv II	60040903	15,774	4,845	25,464	19,608	9,804	9,804
Public Hlt Prog Consul II	60040904	15,774	4,845	25,464	19,608	9,804	9,804
Public Hlth Pgm Consult I	60041019	15,774	4,845	25,464	19,608	9,804	9,804
Travel				10,800	8,316	4,158	4,158
Supplies				1,500	1,155	578	578
Equipment					0	0	0
Contract (specify)				243,435	187,445	93,722	93,722
Admin Services					0	0	0
Motor Fleet				6,000	4,620	2,310	2,310
Misc Contracts					0	0	0
Postage				1,500	1,155	578	578
Telephone				3,600	2,772	1,386	1,386
Printing				4,500	3,465	1,733	1,733
Registration Fees				3,600	2,772	1,386	1,386
Permit Costs					0	0	0
Other				0	0	0	0
Estimated Overhead				40,858	$ 40,858	20,429	20,429
Total				624,838	490,523	245,261	245,261

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Pub Hlth Sickle Cell Ed/c	60040906	64,989	21,742	86,731	66,783	33,392	33,392
Pub Hlth Sickle Cell Ed/c	60040908	64,989	23,531	88,520	68,161	34,080	34,080
Pub Hlth Sickle Cell Ed/c	60040909	64,989	22,538	87,526	67,395	33,698	33,698
Pub Hlth Sickle Cell Ed/c	60040910	64,989	19,954	84,942	65,406	32,703	32,703
Pub Hlth Sickle Cell Ed/c	60040913	64,989	22,538	87,526	67,395	33,698	33,698
Pub Hlth Sickle Cell Ed/c	60040914	64,989	19,954	84,942	65,406	32,703	32,703
Pub Hlth Sickle Cell Ed/c	60040915	64,989	19,954	84,942	65,406	32,703	32,703
Pub Hlth Sickle Cell Ed/c	60040916	64,989	23,531	88,520	68,161	34,080	34,080
Pub Hlth Sickle Cell Ed/c	60041020	64,989	22,538	87,526	67,395	33,698	33,698
Public Hlth Prog Supv II	60040903	64,989	21,146	86,135	66,324	33,162	33,162
Public Hlt Prog Consul II	60040904	64,989	21,146	86,135	66,324	33,162	33,162
Public Hlth Pgm Consult I	60041019	64,989	21,146	86,135	66,324	33,162	33,162
Travel				43,200	33,264	16,632	16,632
Supplies				6,000	4,620	2,310	2,310
Equipment					0	0	0
Contract (specify)				973,738	749,778	374,889	374,889
Admin Services					0	0	0
Motor Fleet				24,000	18,480	9,240	9,240
Misc Contracts					0	0	0
Postage				6,000	4,620	2,310	2,310
Telephone				14,400	11,088	5,544	5,544
Printing				18,000	13,860	6,930	6,930
Registration Fees				14,400	11,088	5,544	5,544
Permit Costs					0	0	0
Other				0	0	0	0
Estimated Overhead				$ 168,569	$ 168,569	84,285	84,285
Total				2,307,890	1,815,847	907,923	907,923

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Pub Hlth Sickle Cell Ed/c	60040906	65,639	22,215	87,854	67,647	33,824	33,824
Pub Hlth Sickle Cell Ed/c	60040908	65,639	24,026	89,665	69,042	34,521	34,521
Pub Hlth Sickle Cell Ed/c	60040909	65,639	23,020	88,659	68,267	34,134	34,134
Pub Hlth Sickle Cell Ed/c	60040910	65,639	20,404	86,042	66,253	33,126	33,126
Pub Hlth Sickle Cell Ed/c	60040913	65,639	23,020	88,659	68,267	34,134	34,134
Pub Hlth Sickle Cell Ed/c	60040914	65,639	20,404	86,042	66,253	33,126	33,126
Pub Hlth Sickle Cell Ed/c	60040915	65,639	20,404	86,042	66,253	33,126	33,126
Pub Hlth Sickle Cell Ed/c	60040916	65,639	24,026	89,665	69,042	34,521	34,521
Pub Hlth Sickle Cell Ed/c	60041020	65,639	23,020	88,659	68,267	34,134	34,134
Public Hlth Prog Supv II	60040903	65,639	21,611	87,250	67,182	33,591	33,591
Public Hlt Prog Consul II	60040904	65,639	21,611	87,250	67,182	33,591	33,591
Public Hlth Pgm Consult I	60041019	65,639	21,611	87,250	67,182	33,591	33,591
Travel				50,400	38,808	19,404	19,404
Supplies				6,600	5,082	2,541	2,541
Equipment					0	0	0
Contract (specify)				974,738	750,548	375,274	375,274
Admin Services					0	0	0
Motor Fleet				19,200	14,784	7,392	7,392
Misc Contracts					0	0	0
Postage				6,600	5,082	2,541	2,541
Telephone				15,840	12,197	6,098	6,098
Printing				19,200	14,784	7,392	7,392
Registration Fees				18,000	13,860	6,930	6,930
Permit Costs					0	0	0
Other				0	0	0	0
Estimated Overhead				170,833	170,833	85,416	85,416
Total				$ 2,334,447	$ 1,836,815	$ 918,408	$ 918,408

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Pub Hlth Sickle Cell Ed/c	60040906	49,721	15,414	65,136	50,154	25,077	25,077
Pub Hlth Sickle Cell Ed/c	60040908	49,721	19,073	68,794	52,972	26,486	26,486
Pub Hlth Sickle Cell Ed/c	60040909	49,721	18,057	67,778	52,189	26,095	26,095
Pub Hlth Sickle Cell Ed/c	60040910	49,721	15,414	65,136	50,154	25,077	25,077
Pub Hlth Sickle Cell Ed/c	60040913	49,721	18,057	67,778	52,189	26,095	26,095
Pub Hlth Sickle Cell Ed/c	60040914	49,721	15,414	65,136	50,154	25,077	25,077
Pub Hlth Sickle Cell Ed/c	60040915	49,721	15,414	65,136	50,154	25,077	25,077
Pub Hlth Sickle Cell Ed/c	60040916	49,721	19,073	68,794	52,972	26,486	26,486
Pub Hlth Sickle Cell Ed/c	60041020	49,721	18,057	67,778	52,189	26,095	26,095
Public Hlth Prog Supv II	60040903	49,721	16,634	66,355	51,093	25,547	25,547
Public Hlt Prog Consul II	60040904	49,721	16,634	66,355	51,093	25,547	25,547
Public Hlth Pgm Consult I	60041019	49,721	16,634	66,355	51,093	25,547	25,547
Travel				37,800	29,106	14,553	14,553
Supplies				4,950	3,812	1,906	1,906
Equipment					0	0	0
Contract (specify)				731,054	562,911	281,456	281,456
Admin Services					0	0	0
Motor Fleet				14,400	11,088	5,544	5,544
Misc Contracts					0	0	0
Postage				4,950	3,812	1,906	1,906
Telephone				11,880	9,148	4,574	4,574
Printing				14,400	11,088	5,544	5,544
Registration Fees				13,500	10,395	5,198	5,198
Permit Costs					0	0	0
Other				0	0	0	0
Estimated Overhead				129,250	129,250	64,625	64,625
Total				$ 1,762,713	$ 1,387,017	$ 693,508	$ 693,508

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 490,523	$ 245,261	$ 245,261
2015	$ 1,815,847	$ 907,923	$ 907,923
2016	$ 1,836,815	$ 918,408	$ 918,408
2017 (Nine Months)	$ 1,387,017	$ 693,508	$ 693,508
Total	$ 5,530,202	$ 2,765,101	$ 2,765,101

Attachment S: Social Work Consultation

A. Overview

DPH provides social work consultation, technical assistance and policy and program guidance to local health departments regarding the delivery of pregnancy care management (OBCM), family planning, and health and behavior intervention services. In addition, DPH provides evaluation and reporting to DMA on the administrative services supported by this program.

B. Services

DPH agrees to:

1. Provide social work consultation, technical assistance, and policy and program guidance to local health departments concerning the content, organization and delivery of pregnancy care management, family planning program and health and behavior intervention services and in the establishment of coordinated service and referral arrangements.

2. Provide orientation training for pregnancy care managers in the Pregnancy Medical Home model and care management processes and responsibilities.

3. Provide and/or arrange for topic-oriented continuing education training for pregnancy care managers, licensed clinical social workers (LCSWs), and family planning staff who serve Medicaid clients.

4. Work in coordination with the DMA approved care management contractor to support compliance with policy and performance in meeting OBCM benchmarks by local health departments and other entities offering OBCM. Coordination is accomplished through the review of reports generated by the DMA approved care management entity and the activities described in Attachment G.

5. For the health and behavior intervention and family planning services, identify and implement corrective action plans for outlier local health departments whose performance does not meet program standards.

6. Assess the appropriateness and quality of clinical social work services, including health and behavior intervention services, provided to Medicaid recipients by local health departments and provide follow-up consultation, technical assistance, and training as necessary.

7. Develop and update for DMA approval, service manuals for pregnancy care managers and licensed clinical social workers who serve Medicaid recipients, including development and maintenance of a statewide resource manual of services and programs available for pregnant women.

C. Deliverables

1. Semi-annual reports for the January - June and July - December periods are due by last day of July and January respectively:
   a. Report on outlier local health departments or other entities that provide care management services to include corrective action plans developed and the status of ongoing plans or plans completed during the reporting period. The report will also include dates and outcomes of all monitoring during the reporting period by program and provider agency.
   b. Report on consultation and technical assistance to include dates of consultation/technical assistance contacts and an overview of topics discussed.
   c. Report on training to include:
      1) Number of attendees by date of orientation and continuing education training by provider agency/location, and
      2) Type and number of training provided by topic.

2. Copy of the current service manuals for local pregnancy care managers and LCSWs.

D. Performance Standards/Expectations

1. DMA and DPH will establish performance measures, including targets, for ensuring the quality of services provided by the programs in SFY 2014 for the following:
   a. Training for OBCM, LCSW and family planning staff; and
   b. Other standards related to the work of Social Work Consultants.

2. 100% of deliverables contain the required data elements and are submitted timely.

E. Monitoring/Quality Assurance

DMA will review all reports to determine compliance with the requirements described in this Attachment. DPH will develop corrective action plans as needed.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in this Attachment will be allocated to the Medicaid program based on monthly personal activity reports, e.g., timesheets, for programs provided for Medicaid eligibles. The amount allocated to Medicaid will be claimed at the 50% federal financial participation (FFP) matching rate.

2. Budget

Continued on the next page.

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Public Hlt Prog Consul II	60040991	12,868	4,196	17,064	15,357	7,679	7,679
Public Hlth Prog Supv II	60040997	14,450	4,549	18,999	17,099	8,550	8,550
Public Hlt Prog Consul II	60041038	13,057	6,315	19,372	17,435	8,717	8,717
Public Hlt Prog Consul II	60041045	12,991	5,654	18,645	16,780	8,390	8,390
Public Hlt Prog Consul II	60041070	13,042	4,235	17,277	15,549	7,775	7,775
Public Hlt Prog Consul II	60041071	10,601	3,690	14,291	12,862	6,431	6,431
Travel				5,400	4,860	2,430	2,430
Supplies				750	675	338	338
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services					0	0	0
Motor Fleet				3,000	2,700	1,350	1,350
Misc Contracts					0	0	0
Postage				750	675	338	338
Telephone				1,800	1,620	810	810
Printing				2,250	2,025	1,013	1,013
Registration Fees				1,800	1,620	810	810
Permit Costs							0
Other				0			0
Estimated Overhead				32,525	$ 32,525	16,263	16,263
Total				153,922	141,782	70,891	70,891

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Hlt Prog Consul II	60040991	53,015	17,279	70,294	63,264	31,632	31,632
Public Hlth Prog Supv II	60040997	59,534	19,827	79,361	71,425	35,713	35,713
Public Hlt Prog Consul II	60041038	53,794	19,591	73,385	66,047	33,023	33,023
Public Hlt Prog Consul II	60041045	53,522	18,865	72,387	65,148	32,574	32,574
Public Hlt Prog Consul II	60041070	53,733	17,439	71,172	64,055	32,027	32,027
Public Hlt Prog Consul II	60041071	43,677	15,192	58,870	52,983	26,491	26,491
Travel				21,600	19,440	9,720	9,720
Supplies				3,000	2,700	1,350	1,350
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services					0	0	0
Motor Fleet				12,000	10,800	5,400	5,400
Misc Contracts					0	0	0
Postage				3,000	2,700	1,350	1,350
Telephone				7,200	6,480	3,240	3,240
Printing				9,000	8,100	4,050	4,050
Registration Fees				7,200	6,480	3,240	3,240
Permit Costs							0
Other							0
Estimated Overhead				$ 134,231	$ 134,231	67,115	67,115
Total				622,700	573,853	286,926	286,926

Table1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Hlt Prog Consul II	60040991	53,545	17,666	71,211	64,090	32,045	32,045
Public Hlth Prog Supv II	60040997	60,129	20,262	80,392	72,353	36,176	36,176
Public Hlt Prog Consul II	60041038	54,332	20,009	74,341	66,907	33,453	33,453
Public Hlt Prog Consul II	60041045	54,057	19,273	73,330	65,997	32,999	32,999
Public Hlt Prog Consul II	60041070	54,270	17,830	72,100	64,890	32,445	32,445
Public Hlt Prog Consul II	60041071	44,114	15,530	59,644	53,680	26,840	26,840
Travel				25,200	22,680	11,340	11,340
Supplies				3,300	2,970	1,485	1,485
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services					0	0	0
Motor Fleet				9,600	8,640	4,320	4,320
Misc Contracts					0	0	0
Postage				3,300	2,970	1,485	1,485
Telephone				7,920	7,128	3,564	3,564
Printing				9,600	8,640	4,320	4,320
Registration Fees				9,000	8,100	4,050	4,050
Permit Costs							0
Other							0
Estimated Overhead				136,048	136,048	68,024	68,024
Total				$ 634,987	$ 585,093	$ 292,546	$ 292,546

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Public Hlt Prog Consul II	60040991	40,561	13,340	53,901	48,511	24,255	24,255
Public Hlth Prog Supv II	60040997	45,548	15,587	61,134	55,021	27,511	27,511
Public Hlt Prog Consul II	60041038	41,156	13,475	54,631	49,168	24,584	24,584
Public Hlt Prog Consul II	60041045	40,948	13,428	54,376	48,939	24,469	24,469
Public Hlt Prog Consul II	60041070	41,110	13,465	54,574	49,117	24,558	24,558
Public Hlt Prog Consul II	60041071	33,416	11,723	45,139	40,625	20,313	20,313
Travel				18,900	17,010	8,505	8,505
Supplies				2,475	2,228	1,114	1,114
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services					0	0	0
Motor Fleet				7,200	6,480	3,240	3,240
Misc Contracts					0	0	0
Postage				2,475	2,228	1,114	1,114
Telephone				5,940	5,346	2,673	2,673
Printing				7,200	6,480	3,240	3,240
Registration Fees				6,750	6,075	3,038	3,038
Permit Costs							0
Other							0
Estimated Overhead				102,947	102,947	51,474	51,474
Total				$ 477,643	$ 440,174	$ 220,087	$ 220,087

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 141,782	$ 70,891	$ 70,891
2015	$ 573,853	$ 286,926	$ 286,926
2016	$ 585,093	$ 292,546	$ 292,546
2017 (Nine Months)	$ 440,174	$ 220,087	$ 220,087
Total	$ 1,740,902	$ 870,451	$ 870,451

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Attachment T: Women and Children's Health (WCH) Nurse Consultation

A. Overview

The Title V Maternal and Child Health Program promotes coordination of its services with the Medicaid program. CMS advises that the agency is a resource in developing health services policies and standards, assessing the quality of care and support using the partnership for program development and monitoring purposes. As the Title V agency in North Carolina, DPH WCH nursing staff have "areas of clinical expertise" in women's and children's health in support of programs that are mutually beneficial to DMA and DPH.

B. Services

DPH agrees to:

1. Provide technical assistance and guidance on nursing practice and clinical policy, in accordance with Bright Futures and the Nurse Practice Act, to local health departments on the content, organization and delivery of the following services which include but are not limited to:
   a. Family Planning,
   b. "Be Smart" Family Planning,
   c. Maternal Health,
   d. Baby Love,
   e. Health Check (EPSDT),
   f. NC Health Choice,
   g. Newborn Home Visit,
   h. High Risk Maternity,
   i. Pregnancy Medical Home,
   j. Child Health,
   k. Care Coordination for Children, and
   l. Specialized Pediatric services and Pediatric Primary care.

2. Monitor the programs listed in B.1 above. Monitoring involves review of patient records, clinical policy, procedures and standing orders. If there are findings inconsistent with DMA policy, corrective action plans are developed, implemented and monitored. For the Care Coordination for Children program in B.1.k, DPH shall work in coordination with the DMA-approved contractor to develop, implement and monitor corrective action plans as described in Attachment G.

3. Provide planning, implementation and evaluation of programs listed in B.1 above. Such activities include, but are not limited to:

a. Identifying and removing barriers that limit the ability of Medicaid recipients to access clinical services and to increase efficiency of service delivery;
b. Providing and/or arranging training for local staff that have responsibility for providing direct clinical services to Medicaid clients;
c. Provide DMA with copies of clinical program manuals and updates developed for local health care providers who serve Medicaid clients.
d. Assist local health departments in the establishment of coordinated clinical referrals to other community based health care professionals that serve Medicaid clients; and
e. Provide technical assistance as requested by DMA on policy development and promoting the use of clinical protocols and standards of practice in accordance with Medicaid policy, professional organizations and societies.

C. Deliverables

DPH will submit semi-annual reports for the October - March and April-September periods. The reports are due at the end of the month following the end of each reporting period (April and October respectively). The reports will contain:

1. Dates and outcomes of clinical reviews (monitoring) of programs;

2. Number of on-site consultations and technical assistance visits by subject;

3. Number of in-service training/CE provided and agendas/curriculums; and

4. Barriers identified in B.3.a. and DPH's plan to minimize barriers.

D. Performance Standards/Expectations

1. DMA and DPH will establish baseline measures in SFY 2014 for the following:
   a. Delivery of technical assistance, consultation and in-service training in support of the services in B.1.
   b. Reduction in barriers and/or increased service efficiencies.
   c. Other measures as needed.

2. 100% of deliverables contain all required information and are submitted timely.

E. Monitoring/Quality Assurance

DMA will review all reports to determine compliance with the requirements described in this Attachment. DPH will develop corrective action plans as needed.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in this Attachment will be allocated to the Medicaid program based on Medicaid eligibles as a percentage of all clients receiving services in a local health department maternity clinic, family planning clinic or child health clinic. The percentage is calculated monthly utilizing Health Information Services (HIS) data and applied to that month's costs. The amount allocated to Medicaid will be claimed at the 75% federal financial participation (FFP) matching rate.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Nurse Consultant	60040975	20,277	5,851	26,128	12,019	9,014	3,005
Nurse Consultant	60041065	15,949	4,884	20,833	9,583	7,187	2,396
Nurse Consultant	60041067	18,018	5,346	23,364	10,748	8,061	2,687
Nurse Consultant	60041068	16,933	5,104	22,037	10,137	7,603	2,534
Nurse Consultant	60041069	18,612	5,479	24,091	11,082	8,312	2,771
Nurse Consultant	60041075	13,120	4,252	17,373	7,991	5,994	1,998
Nurse Consultant	60040978	14,704	4,606	19,310	8,882	6,662	2,221
Nurse Consultant	60040977	16,606	5,031	21,637	9,953	7,465	2,488
Nurse Consultant	60041077	17,012	5,122	22,134	10,182	7,636	2,545
Nurse Consultant	60041076	18,317	8,327	26,644	12,256	9,192	3,064
Nurse Consultant	60041042	17,012	6,995	24,007	11,043	8,282	2,761
Nurse Consultant	60041039	17,253	5,175	22,428	10,317	7,738	2,579
Nurse Consultant	60041046	18,523	5,459	23,982	11,032	8,274	2,758
Nurse Consultant	60041047	17,706	5,277	22,982	10,572	7,929	2,643
Nurse Consultant	60041040	16,577	7,661	24,238	11,149	8,362	2,787
Nurse Consultant	60041066	16,275	4,957	21,232	9,767	7,325	2,442
Travel				14,400	6,624	4,968	1,656
Supplies				2,000	920	690	230
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services					0	0	0
Motor Fleet				8,000	3,680	2,760	920
Misc Contracts					0	0	0
Postage				2,000	920	690	230
Telephone				4,800	2,208	1,656	552
Printing				6,000	2,760	2,070	690
Registration Fees				4,800	2,208	1,656	552
Permit Costs							0
Other				0			0
Estimated Overhead				41,094	$ 41,094	20,547	20,547
Total				445,515	227,128	160,072	67,056

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Nurse Consultant	60040975	83,540	24,098	107,638	49,514	37,135	12,378
Nurse Consultant	60041065	65,710	23,732	89,442	41,143	30,857	10,286
Nurse Consultant	60041067	74,234	26,106	100,340	46,156	34,617	11,539
Nurse Consultant	60041068	69,765	21,020	90,785	41,761	31,321	10,440
Nurse Consultant	60041069	76,682	26,787	103,470	47,596	35,697	11,899
Nurse Consultant	60041075	54,055	18,503	72,558	33,377	25,033	8,344
Nurse Consultant	60040978	60,578	18,968	79,547	36,591	27,444	9,148
Nurse Consultant	60040977	68,417	22,603	91,019	41,869	31,402	10,467
Nurse Consultant	60041077	70,089	23,022	93,112	42,831	32,124	10,708
Nurse Consultant	60041076	75,467	25,295	100,762	46,351	34,763	11,588
Nurse Consultant	60041042	70,089	23,022	93,112	42,831	32,124	10,708
Nurse Consultant	60041039	71,080	23,271	94,351	43,402	32,551	10,850
Nurse Consultant	60041046	76,315	22,484	98,798	45,447	34,085	11,362
Nurse Consultant	60041047	72,947	23,739	96,686	44,476	33,357	11,119
Nurse Consultant	60041040	68,295	23,408	91,703	42,183	31,637	10,546
Nurse Consultant	60041066	67,054	20,415	87,469	40,236	30,177	10,059
Travel				57,600	26,496	19,872	6,624
Supplies				8,000	3,680	2,760	920
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services					0	0	0
Motor Fleet				32,000	14,720	11,040	3,680
Misc Contracts					0	0	0
Postage				8,000	3,680	2,760	920
Telephone				19,200	8,832	6,624	2,208
Printing				24,000	11,040	8,280	2,760
Registration Fees				19,200	8,832	6,624	2,208
Permit Costs							0
Other							0
Estimated Overhead				$ 170,011	$ 170,011	85,006	85,006
Total				1,828,804	933,056	657,289	275,767

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Nurse Consultant	60040975	84,376	24,646	109,021	50,150	37,612	12,537
Nurse Consultant	60041065	66,367	24,231	90,598	41,675	31,256	10,419
Nurse Consultant	60041067	74,977	26,655	101,632	46,751	35,063	11,688
Nurse Consultant	60041068	70,463	21,496	91,958	42,301	31,726	10,575
Nurse Consultant	60041069	77,449	27,352	104,801	48,208	36,156	12,052
Nurse Consultant	60041075	54,596	18,908	73,504	33,812	25,359	8,453
Nurse Consultant	60040978	61,184	19,395	80,579	37,066	27,800	9,267
Nurse Consultant	60040977	69,101	23,094	92,195	42,410	31,807	10,602
Nurse Consultant	60041077	70,790	23,523	94,314	43,384	32,538	10,846
Nurse Consultant	60041076	76,222	25,838	102,059	46,947	35,210	11,737
Nurse Consultant	60041042	70,790	23,523	94,314	43,384	32,538	10,846
Nurse Consultant	60041039	71,791	23,778	95,569	43,962	32,971	10,990
Nurse Consultant	60041046	77,078	22,993	100,071	46,033	34,525	11,508
Nurse Consultant	60041047	73,676	24,256	97,932	45,049	33,787	11,262
Nurse Consultant	60041040	68,978	23,909	92,887	42,728	32,046	10,682
Nurse Consultant	60041066	67,725	20,876	88,600	40,756	30,567	10,189
Travel				67,200	30,912	23,184	7,728
Supplies				3,300	1,518	1,139	380
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services					0	0	0
Motor Fleet				9,600	4,416	3,312	1,104
Misc Contracts					0	0	0
Postage				3,300	1,518	1,139	380
Telephone				7,920	3,643	2,732	911
Printing				9,600	4,416	3,312	1,104
Registration Fees				9,000	4,140	3,105	1,035
Permit Costs							0
Other							0
Estimated Overhead				172,308	172,308	86,154	86,154
	Total			$ 1,792,263	$ 917,487	$ 645,039	$ 272,449

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Nurse Consultant	60040975	63,915	18,627	82,542	37,969	28,477	9,492
Nurse Consultant	60041065	50,273	19,238	69,511	31,975	23,981	7,994
Nurse Consultant	60041067	56,795	21,195	77,989	35,875	26,906	8,969
Nurse Consultant	60041068	53,375	16,241	69,617	32,024	24,018	8,006
Nurse Consultant	60041069	58,668	21,757	80,425	36,995	27,746	9,249
Nurse Consultant	60041075	41,356	14,535	55,891	25,710	19,282	6,427
Nurse Consultant	60040978	46,347	14,650	60,997	28,059	21,044	7,015
Nurse Consultant	60040977	52,344	17,934	70,278	32,328	24,246	8,082
Nurse Consultant	60041077	53,624	18,271	71,894	33,071	24,804	8,268
Nurse Consultant	60041076	57,738	17,229	74,967	34,485	25,864	8,621
Nurse Consultant	60041042	53,624	16,298	69,921	32,164	24,123	8,041
Nurse Consultant	60041039	54,382	18,470	72,852	33,512	25,134	8,378
Nurse Consultant	60041048	58,387	17,376	75,762	34,851	26,138	8,713
Nurse Consultant	60041047	55,810	18,846	74,656	34,342	25,756	8,585
Nurse Consultant	60041040	52,251	15,987	68,238	31,389	23,542	7,847
Nurse Consultant	60041066	51,301	15,772	67,073	30,854	23,140	7,713
Travel				50,400	23,184	17,388	5,796
Supplies				6,600	3,036	2,277	759
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services					0	0	0
Motor Fleet				19,200	8,832	6,624	2,208
Misc Contracts					0	0	0
Postage				6,600	3,036	2,277	759
Telephone				15,840	7,286	5,465	1,822
Printing				19,200	8,832	6,624	2,208
Registration Fees				18,000	8,280	6,210	2,070
Permit Costs					0	0	0
Other							0
Estimated Overhead				112,343	112,343	56,172	56,172
Total				$ 1,390,797	$ 700,432	$ 497,238	$ 203,194

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 227,128	$ 160,072	$ 67,056
2015	$ 933,056	$ 657,289	$ 275,767
2016	$ 917,487	$ 645,039	$ 272,449
2017 (Nine Months)	$ 700,432	$ 497,238	$ 203,194
Total	$ 2,778,103	$ 1,959,638	$ 818,465

Attachment U: Public Health Dentists and Dental Hygienists

A. Overview

DPH performs public health dentistry field activities and technical assistance to local health departments, community health centers, school health programs and other public dental clinics to enhance and maximize access to dental and other oral health services for Medicaid clients. Public Health Dentist Supervisors provide the supervision required by law for public health dental hygienists to perform their duties. A particular emphasis will be placed on access to care for children.

B. Services

DPH agrees to provide:

1. Needs assessment of community and calibrated dental surveillance,
2. Dental sealant projects to provide sealants for high risk children,
3. Weekly fluoride mouth rinse for targeted schools,
4. Oral assessment, referrals and follow-up services for school children,
5. Oral health educational services,
6. Training and support for medical providers providing dental preventive services for Medicaid eligible preschool children, and
7. Training for preschool staff to educate parents about oral health and to help them find dental homes for their students.

C. Deliverables

Oral Health Section shall provide:

1. Biannual (every six (6) months) activity reports (July-December and January-June biannual reporting periods) and a summary report at the end of the state fiscal year. These reports are compiled from individual staff weekly service reports and are due no later than ninety (90) days after the end of the reporting period. Data elements include:
   a. Names of dentists and dental hygienists and locations served;
   b. Patient name and Medicaid or Health Choice identification number of all Medicaid and Health Choice children ages 6-9 years old receiving dental sealants (this will require the Oral Health Section staff to use the fiscal intermediary web tool to verify eligibility);
   c. Total number of permanent teeth sealed on eligible Medicaid and Health Choice children ages 6-9 years old; and

d. Number of children provided dental screenings and the number needing care that are referred for care.

2. The following information shall be provided annually if occurring, and shall be due no later than ninety (90) days following the end of the state fiscal year. Data elements include:
   a. Agenda for statewide dental public health conference and number who attended,
   b. Number of locally employed dental hygienists who were provided training to allow them to work "under direction",
   c. List of staff receiving annual OSHA training,
   d. Agendas and number of attendees for other trainings that occurred, and
   e. A list of schools and number of children participating in the fluoride mouth rinse program.

D. Performance Standards/Expectations

1. The target number of children receiving sealants for the annual reporting period is 1,500 or more.

2. The target number of children receiving fluoride mouth rinses for the annual reporting period is 38,000 or more.

3. The target number of children receiving screening exams is 35,000 or more.

E. Monitoring/Quality Assurance

1. DMA will review the biannual and annual reports from the Oral Health Section each reporting period

2. If the one of the benchmarks are not met by the Oral Health Section at the end of the reporting period, then the Oral Health Section will undergo a 180 day period of remediation for the benchmark(s) not met. If the subsequent biannual report shows that the benchmark will still not be met, the Oral Health Section will develop a plan for corrective action within 90 days and seek DMA approval of this plan.

F. Funding

1. Cost Allocation Methodology

   The percentage of all North Carolina children, ages 5 through 10 years who are enrolled in Medicaid during the given six-month time period shall be the basis for claiming FFP. Subject to data availability from NCTracks, the January-June percentage will be available by the following January 1. The July-December percentage will be available by the following July 1. The resulting percentage is applied over the ensuing six-month period.

   For the Dentists and Dental Hygienists positions and associated costs are 100% dedicated to this activity and serve as the basis for claiming FFP at 75%. For the Education Media

Specialist and the Dental Equipment Technicians positions and costs are 100% dedicated to this activity and serve as the basis for claiming FFP at 50%. All operating costs that can be identified with a specific position are claimed at the same FFP as the position. All other Medicaid costs which cannot be assigned to a specific position are claimed at 50% FFP.

Continued on the next page.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Dentist	60039627	28,963	14,169	43,132	22,127	16,595	5,532
Hygienist	60039626	14,748	4,616	19,364	9,934	7,450	2,483
Hygienist	60039622	14,318	4,520	18,838	9,664	7,248	2,416
Hygienist	60039632	14,379	6,820	21,199	10,875	8,156	2,719
Hygienist	60039640	14,379	4,533	18,912	9,702	7,276	2,425
Hygienist	60039630	14,469	4,554	19,022	9,758	7,319	2,440
Hygienist	60039635	13,572	4,353	17,925	9,195	6,897	2,299
Hygienist	60039611	14,608	4,585	19,193	9,846	7,385	2,462
Dentist	60039608	31,298	15,205	46,503	23,856	17,892	5,964
Hygienist	60039613	14,318	4,520	18,838	9,664	7,248	2,416
Hygienist	60039614	14,038	6,003	20,041	10,281	7,711	2,570
Hygienist	60039618	13,759	5,910	19,669	10,090	7,568	2,523
Hygienist	60039619	14,469	4,554	19,022	9,758	7,319	2,440
Hygienist	60039625	14,379	4,533	18,912	9,702	7,276	2,425
Dentist	60039588	26,479	7,237	33,716	17,296	12,972	4,324
Hygienist	60039604	14,318	4,520	18,838	9,664	7,248	2,416
Hygienist	60039637	14,167	4,486	18,653	9,569	7,177	2,392
Hygienist	60039605	14,469	4,554	19,022	9,758	7,319	2,440
Hygienist	60039598	14,379	4,533	18,912	9,702	7,276	2,425
Hygienist	60039600	14,500	4,561	19,061	9,778	7,334	2,445
Hygienist	60039593	14,469	4,554	19,022	9,758	7,319	2,440
Hygienist	60039641	14,379	4,533	18,912	9,702	7,276	2,425
Hygienist	60039597	13,947	4,437	18,384	9,431	7,073	2,358
Hygienist	60039606	14,469	7,740	22,209	11,393	8,545	2,848
Hygienist	60039594	14,081	4,467	18,548	9,515	7,136	2,379
Hygienist	60039595	14,469	4,554	19,022	9,758	7,319	2,440
Hygienist	60039603	14,469	4,554	19,022	9,758	7,319	2,440
Dental Hygienist	60039589	17,790	5,296	23,086	11,843	8,882	2,961
Dental Hygienist	60039585	18,680	5,494	24,174	12,401	9,301	3,100
Public Health Educator III	60039586	14,935	4,658	19,593	10,051	5,026	5,026
Educ Media Spec I	60039644	10,785	6,106	16,891	8,665	4,332	4,332
Dental Equipment Techn II	60039607	$10,711	3,714	14,425	7,400	3,700	3,700
Dental Equipment Techn II	60039617	$9,104	3,355	12,459	6,392	3,196	3,196
Travel				38,400	19,699	14,159	5,540
Supplies				4,000	2,053	1,475	578
Equipment					0	0	0
Contract (specify)				0	0	0	0
Admin Services				12,500	6,413	3,206	3,207
Motor Fleet				20,000	10,261	7,374	2,886
Misc Contracts					0	0	0
Postage				4,000	2,053	1,475	578
Telephone				9,600	4,925	3,540	1,385
Printing				12,000	6,157	4,425	1,732
Registration Fees				13,600	6,977	3,488	3,488
Permit Costs							0
Other (Dental Supplies)				83,591	42,882	21,441	21,441
Estimated Overhead				38,794	$ 38,794	19,397	19,397
Total				931,004	496,500	339,068	157,432

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Dentist	60039627	119,326	38,662	157,987	81,047	60,786	20,262
Hygienist	60039626	60,763	22,355	83,117	42,639	31,979	10,660
Hygienist	60039622	58,989	20,237	79,226	40,643	30,482	10,161
Hygienist	60039632	59,239	21,024	80,264	41,175	30,882	10,294
Hygienist	60039640	59,239	20,300	79,539	40,804	30,603	10,201
Hygienist	60039630	59,610	22,034	81,644	41,883	31,412	10,471
Hygienist	60039635	55,916	18,953	74,868	38,407	28,806	9,602
Hygienist	60039611	60,186	22,194	82,380	42,261	31,696	10,565
Dentist	60039608	128,947	41,341	170,287	87,357	65,518	21,839
Hygienist	60039613	58,989	20,959	79,948	41,013	30,760	10,253
Hygienist	60039614	57,836	19,947	77,783	39,903	29,927	9,976
Hygienist	60039618	56,688	19,660	76,348	39,166	29,375	9,792
Hygienist	60039619	59,610	19,846	79,456	40,761	30,571	10,190
Hygienist	60039625	59,239	21,024	80,264	41,175	30,882	10,294
Dentist	60039588	109,093	29,806	138,900	71,256	53,442	17,814
Hygienist	60039604	58,989	20,959	79,948	41,013	30,760	10,253
Hygienist	60039637	58,369	20,081	78,450	40,245	30,184	10,061
Hygienist	60039605	59,610	22,034	81,644	41,883	31,412	10,471
Hygienist	60039598	59,239	21,024	80,264	41,175	30,882	10,294
Hygienist	60039600	59,740	22,070	81,810	41,968	31,476	10,492
Hygienist	60039593	59,610	20,393	80,003	41,042	30,781	10,260
Hygienist	60039641	59,239	21,024	80,264	41,175	30,882	10,294
Hygienist	60039597	57,463	19,854	77,317	39,663	29,748	9,916
Hygienist	60039606	59,610	22,034	81,644	41,883	31,412	10,471
Hygienist	60039594	58,015	21,589	79,604	40,837	30,628	10,209
Hygienist	60039595	59,610	22,034	81,644	41,883	31,412	10,471
Hygienist	60039603	59,610	22,034	81,644	41,883	31,412	10,471
Dental Hygienist	60039589	73,295	24,723	98,018	50,283	37,712	12,571
Dental Hygienist	60039585	76,961	26,865	103,825	53,262	39,947	13,316
Public Health Educator III	60039586	61,533	21,628	83,161	42,662	21,331	21,331
Educ Media Spec I	60039644	44,435	17,808	62,243	31,931	15,965	15,965
Dental Equipment Techn II	60039607	44,129	17,723	61,852	31,730	15,865	15,865
Dental Equipment Techn II	60039617	37,510	13,815	51,324	26,329	13,165	13,165
Travel				115,200	59,097	42,477	16,621
Supplies				10,000	5,130	3,591	1,539
Equipment					0	0	0
Contract (specify)					0	0	0
Admin Services				50,000	25,650	12,825	12,825
Motor Fleet				80,000	41,040	29,498	11,543
Misc Contracts					0	0	0
Postage				16,000	8,208	5,900	2,309
Telephone				38,400	19,699	14,159	5,540
Printing				32,000	16,416	11,799	4,617
Registration Fees				54,400	27,907	13,954	13,954
Permit Costs							0
Other (Dental Supplies)				334,365	171,529	85,765	85,765
Estimated Overhead				$ 159,610	$ 159,610	79,805	79,805
	Total			3,736,645	1,994,628	1,361,864	632,764

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Dentist	60039627	$120,519	39,480	159,998	82,079	61,559	20,520
Hygienist	60039626	$61,370	22,824	84,195	43,192	32,394	10,798
Hygienist	60039622	$59,579	20,676	80,255	41,171	30,878	10,293
Hygienist	60039632	$59,832	21,474	81,306	41,710	31,282	10,427
Hygienist	60039640	$59,832	20,740	80,572	41,333	31,000	10,333
Hygienist	60039630	$60,206	22,496	82,703	42,426	31,820	10,607
Hygienist	60039635	$56,475	19,368	75,843	38,907	29,180	9,727
Hygienist	60039611	$60,788	22,660	83,448	42,809	32,107	10,702
Dentist	60039608	130,236	42,216	172,452	88,468	66,351	22,117
Hygienist	60039613	59,579	21,406	80,985	41,546	31,159	10,386
Hygienist	60039614	58,414	20,380	78,794	40,421	30,316	10,105
Hygienist	60039618	57,255	20,085	77,340	39,676	29,757	9,919
Hygienist	60039619	60,206	20,281	80,488	41,290	30,968	10,323
Hygienist	60039625	59,832	21,474	81,306	41,710	31,282	10,427
Dentist	60039588	110,184	30,489	140,673	72,165	54,124	18,041
Hygienist	60039604	59,579	21,406	80,985	41,546	31,159	10,386
Hygienist	60039637	58,953	20,517	79,469	40,768	30,576	10,192
Hygienist	60039605	60,206	22,496	82,703	42,426	31,820	10,607
Hygienist	60039598	59,832	21,474	81,306	41,710	31,282	10,427
Hygienist	60039600	60,337	22,533	82,871	42,513	31,884	10,628
Hygienist	60039593	60,206	20,835	81,041	41,574	31,181	10,394
Hygienist	60039641	59,832	21,474	81,306	41,710	31,282	10,427
Hygienist	60039597	58,037	20,284	78,321	40,179	30,134	10,045
Hygienist	60039606	60,206	22,495	82,703	42,426	31,820	10,607
Hygienist	60039594	58,595	22,043	80,638	41,367	31,025	10,342
Hygienist	60039595	60,206	22,496	82,703	42,426	31,820	10,607
Hygienist	60039603	60,206	22,496	82,703	42,426	31,820	10,607
Dental Hygienist	60039589	74,028	25,253	99,281	50,931	38,198	12,733
Dental Hygienist	60039585	77,730	27,431	105,161	53,948	40,461	13,487
Public Health Educator III	60039586	62,149	22,091	84,239	43,215	21,607	21,607
Educ Media Spec I	60039644	44,880	18,181	63,060	32,350	16,175	16,175
Dental Equipment Techn II	60039607	44,571	18,094	62,664	32,147	16,073	16,073
Dental Equipment Techn II	60039617	37,885	14,120	52,005	26,678	13,339	13,339
Travel	[redacted]			115,200	59,097	42,477	16,621
Supplies				10,000	5,130	3,591	1,539
Equipment					0	0	0
Contract (specify)					0	0	0
Admin Services				50,000	25,650	12,825	12,825
Motor Fleet				80,000	41,040	29,498	11,543
Misc Contracts					0	0	0
Postage				16,000	8,208	5,900	2,309
Telephone				38,400	19,699	14,159	5,540
Printing				32,000	16,416	11,799	4,617
Registration Fees				54,400	27,907	13,954	13,954
Permit Costs							0
Other (Dental Supplies)				334365	171,529	85,765	85,765
Estimated Overhead				**161,468**	161,468	80,734	80,734
Total				$ 3,775,347	$ 2,015,387	$ 1,376,534	$ 638,853

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Dentist	60039627	91,293	24,826	116,119	59,569	44,677	14,892
Hygienist	60039628	46,488	18,103	64,591	33,135	24,851	8,284
Hygienist	60039622	45,131	16,035	61,167	31,378	23,534	7,845
Hygienist	60039632	45,323	14,418	59,741	30,647	22,985	7,662
Hygienist	60039640	45,323	16,086	61,408	31,503	23,627	7,876
Hygienist	60039630	45,606	17,838	63,445	32,547	24,410	8,137
Hygienist	60039635	42,780	14,892	57,671	29,585	22,189	7,396
Hygienist	60039611	46,047	17,971	64,017	32,841	24,631	8,210
Dentist	60039608	98,654	26,492	125,146	64,200	48,150	16,050
Hygienist	60039613	45,131	16,773	61,904	31,757	23,818	7,939
Hygienist	60039614	44,249	14,175	58,424	29,971	22,478	7,493
Hygienist	60039618	43,371	15,572	58,943	30,238	22,678	7,559
Hygienist	60039619	45,606	15,601	61,207	31,399	23,550	7,850
Hygienist	60039625	45,323	16,827	62,150	31,883	23,912	7,971
Dentist	60039588	83,465	23,054	106,518	54,644	40,983	13,661
Hygienist	60039604	45,131	16,773	61,904	31,757	23,818	7,939
Hygienist	60039637	44,657	15,911	60,567	31,071	23,303	7,768
Hygienist	60039605	45,606	17,838	63,445	32,547	24,410	8,137
Hygienist	60039598	45,323	16,827	62,150	31,883	23,912	7,971
Hygienist	60039600	45,706	17,868	63,574	32,613	24,460	8,153
Hygienist	60039593	45,606	16,160	61,767	31,686	23,765	7,922
Hygienist	60039641	45,323	16,827	62,150	31,883	23,912	7,971
Hygienist	60039597	43,963	15,728	59,691	30,622	22,966	7,655
Hygienist	60039606	45,606	14,483	60,089	30,826	23,119	7,706
Hygienist	60039594	44,386	17,472	61,858	31,733	23,800	7,933
Hygienist	60039595	45,606	17,838	63,445	32,547	24,410	8,137
Hygienist	60039603	45,606	17,838	63,445	32,547	24,410	8,137
Dental Hygienist	60039589	56,076	19,833	75,909	38,941	29,206	9,735
Dental Hygienist	60039585	58,881	21,820	80,701	41,400	31,050	10,350
Public Health Educator III	60039586	47,078	17,317	64,395	33,035	16,517	16,517
Educ Media Spec I	60039644	33,996	11,854	45,850	23,521	11,761	11,761
Dental Equipment Techn II	60039607	33,762	14,285	48,048	24,648	12,324	12,324
Dental Equipment Techn II	60039617	28,698	10,654	39,352	20,188	10,094	10,094
Travel				86,400	44,323	31,857	12,466
Supplies				7,500	3,848	2,694	1,155
Equipment					0	0	0
Contract (specify)					0	0	0
Admin Services				37,500	19,238	9,619	9,619
Motor Fleet				62,500	32,063	22,764	9,298
Misc Contracts					0	0	0
Postage				12,000	6,157	4,425	1,732
Telephone				28,800	14,775	10,619	4,156
Printing				24,000	12,312	8,850	3,462
Registration Fees				40,800	20,930	10,465	10,465
Permit Costs							0
Other (Dental Supplies)				250,774	128,647	64,323	64,323
Estimated Overhead							0
Total				$ 2,731,064	$ 1,401,037	$ 979,327	$ 421,710

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ 496,500	$ 339,068	$ 157,432
2015	$ 1,994,628	$ 1,361,864	$ 632,764
2016	$ 2,015,387	$ 1,376,534	$ 638,853
2017 (Nine Months)	$ 1,401,037	$ 979,327	$ 421,710
Total	$ 5,907,552	$ 4,056,793	$ 1,850,759

Attachment V: First Step Campaign

A. Overview

The overall goal of this program is to improve services to children and families who have or are at risk for having poor birth outcomes. It uses a multi-media approach to focus public attention on the importance of preconceptional health and prenatal care. DPH provides public information and educational services to women and families with young children during the preconception, pregnancy, and postpartum periods. DPH also works with health providers throughout the state to reduce barriers to services and to educate providers and the lay community about prenatal care and other issues related to family and its effect on infant morbidity and mortality.

B. Services

DPH agrees to:

1. Conduct an ongoing comprehensive education campaign to address infant mortality and morbidity that includes:
   a. Developing, producing and distributing educational materials and promotional items regarding family planning, preconception, pregnancy, and parenting and perinatal substance abuse.
   b. Planning and implementing specific educational campaigns targeted towards individual causes of infant mortality and morbidity such as SIDS.
   c. Coordinating promotional activities and developing promotional materials to avoid duplication or fragmentation of efforts.
   d. Distributing educational materials and promotional items.

2. Staff a Publications Review Committee to review and approve all printed materials to be used in the Campaign. The Committee shall include one or more members from DMA and DPH.

3. Maintain qualified staffing. DPH may contract, with written DMA approval, to staff and otherwise support the activities described in this Attachment.

C. Deliverables

1. Semi-annual reports (for the July – December and January – June timeframe) in a format approved by DMA which review all scope of work activities and corresponding budget. These reports include: educational and promotional materials printed, activities completed, and all other required scope of work activities; and descriptions of trends and emerging issues. The reports are due by the end of the month following semi-annual period.

2. Annual Publication Review Committee Report. The report will be submitted in a format approved by DMA and is due within ninety (90) days after the end of the year.

D. Performance Standards/Expectations

1. 100% of deliverables are submitted on time.

2. Outreach in 100 counties annually.

3. All staff attend at least one maternal and child health program specific professional conference and/or workshop annually.

E. Monitoring/Quality Assurance

DMA will review summary reports and cost data to determine compliance with the requirements described in this Attachment. DPH will develop corrective action plans as needed.

F. Funding

1. Cost Allocation Methodology

The costs associated with the activities described in this Attachment will be allocated to the Medicaid program based on the percentage of Medicaid-eligible women of childbearing age (ages 14-44) and the percentage of Medicaid-eligible pregnant women as of January 1. The percentage is calculated on January 1 of each year from the composite-linked birth file and a Medicaid data report. The resulting percentage will be applied to costs in the upcoming fiscal year beginning July 1. The amount allocated to Medicaid will be claimed at the 50% federal financial participation (FFP) matching rate.

2. Budget

Continued on the next page.

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Travel							0
Supplies							0
Equipment							0
Contract (First Step Campaign))				0	0	0	0
Admin Services							0
Motor Fleet							0
Misc Contracts							0
Postage							0
Telephone							0
Printing							0
Registration Fees							0
Permit Costs							0
Other				0			0
Estimated Overhead					$ -		0
Total				0	0	0	0

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Travel							0
Supplies							0
Equipment							0
Contract (First Step Campaign)				374,313	201,380	100,690	100,690
Admin Services							0
Motor Fleet							0
Misc Contracts							0
Postage							0
Telephone							0
Printing							0
Registration Fees							0
Permit Costs							0
Other							0
Estimated Overhead							0
Total				374,313	201,380	100,690	100,690

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Travel							0
Supplies							0
Equipment							0
Contract (First Step Campaign)				393,029	211,450	105,725	105,725
Admin Services							0
Motor Fleet							0
Misc Contracts							0
Postage							0
Telephone							0
Printing							0
Registration Fees							0
Permit Costs							0
Other							0
Estimated Overhead							0
Total				$ 393,029	$ 211,450	$ 105,725	$ 105,725

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
				0	0	0	0
Travel							0
Supplies							0
Equipment							0
Contract (First Step Campaign)				309,510	166,516	83,258	83,258
Admin Services							0
Motor Fleet							0
Misc Contracts							0
Postage							0
Telephone							0
Printing							0
Registration Fees							0
Permit Costs							0
Other							0
Estimated Overhead							0
	Total			$ 309,510	$ 166,516	$ 83,258	$ 83,258

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Total Amount Allocated to Medicaid	Federal Share	DPH Match
2014 (Three Months)	$ -	$ -	$ -
2015	$ 201,380	$ 100,690	$ 100,690
2016	$ 211,450	$ 105,725	$ 105,725
2017 (Nine Months)	$ 166,516	$ 83,258	$ 83,258
Total	$ 579,346	$ 289,673	$ 289,673

Attachment W: Continuing Education/Training to the Public Health Departments

A. Overview

DPH provides training and consultation to local health departments to ensure that staff have the most current and up-to-date information necessary to provide a range of quality health care. Training courses are developed through a contract with the North Carolina Institute for Public Health (NCIPH).

B. Services

DPH agrees to:

1. Make training available to local health departments using Adobe Connect. The number and topics for trainings may vary each month, but shall include but not be limited to: "Health Check Update"; family planning and maternity services, including PCM and CC4C; courses covering components of the Health Check visits such as developmental screening and immunization changes; and assessment of STD clients.

2. Facilitate pre-registration of participants and ensure that each signs a roster of attendance.

3. Jointly develop curricula with DMA.

4. Notify DMA in writing of changes to the course curricula prior to implementation.

5. Notify DMA in writing if and/or when the Education Planning and Development Consultant position is vacated, including the effective date.

C. Deliverables

1. Copy of the contract with NCIHP/UNC.

2. Prepare/complete and distribute forms to document each participant's completion of continuing education (CE) credit.

3. Receive evaluations and compile results from all participants at the end of each education session.

4. Curricula, including changes as they are made.

5. Monthly logs/reports of courses made available through this Attachment, including course hours completed each month and a list of participants by course by month. These monthly logs shall be provided to DMA on the last business day of each quarter, i.e., September, December, March, and June.

D. Performance Standards/Expectations

1. Reports are complete and submitted timely.

2. DMA and DPH will establish baseline measures in SFY 2014 for the following:
   a. Number and topics of training sessions to be offered;
   b. Minimum number of CE credits per staff or LHD; and
   c. Participant satisfaction with training.

E. Monitoring/Quality Assurance

1. DMA will review DPH's semi-annual report.

2. DPH will provide DMA with a Corrective Action Plan (CAP) if performance expectations are not met.

F. Funding

1. Cost Allocation Methodology

   The costs associated with the activities described in this Attachment will be allocated to the Medicaid program in two ways:

   a. The costs of the Education Planning and Developmental Consultant and associated costs will be based on the percentage of webinars offered each month that are related to the support of the Medicaid program (e.g., annual training on the Health Check Billing Guide, a session for OBCMs in local health departments, or updates on family planning methods which are covered by Medicaid). A log of webinars by topic is kept by the webinar coordinator and is reviewed by the Head, LTAT Branch to determine which support the Medicaid program and calculate the percentage to be reported each month. The amount allocated to Medicaid will be claimed at the 50% federal financial participation (FFP) matching rate.

   b. The cost of the contract will be based on the percentage of courses offered through the contract which are required in this Attachment for RNs who function as Enhanced Role Registered Nurses (ERRN), including the pre-requisite course they must complete before taking the specific ERRN training (e.g., Child Health, STD). The third course covered in the contract does not support the Medicaid program directly. (The contractor provides three courses; two support the Medicaid program.) This percentage is updated annually if necessary. The amount allocated to Medicaid will be claimed at the 50% federal participation (FFP) matching rate.

2. Budget

Table 1A: SFY 2014

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Education Planning & Developmental Consultant I	60041605	12,993	4,224	17,217	8,609	4,305	4,304
Travel				0	0	0	0
Supplies				125	63	32	31
Equipment				0	0	0	0
Contract (specify)				31,782	21,294	10,647	10,647
Admin Services				0	0	0	0
Motor Fleet				0	0	0	0
Misc Contracts				0	0	0	0
Postage				75	38	19	19
Telephone				1,050	525	263	262
Printing				0	0	0	0
Registration Fees				0	0	0	0
Permit Costs				0	0	0	0
Other				0	0	0	0
Estimated Overhead					874	437	437
Total				33,032	22,794	11,398	11,396

Table 1B: SFY 2015

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Education Planning & Developmental Consultant I	60041605	53,530	17,394	70,924	35,462	17,731	17,731
Travel				0	0	0	0
Supplies				500	250	125	125
Equipment				0	0	0	0
Contract (NC Institute For Public Health)				127,127	85,176	42,588	42,588
Admin Services				0	0	0	0
Motor Fleet				0	0	0	0
Misc Contracts				0	0	0	0
Postage				300	150	75	75
Telephone				4,200	2,100	1,050	1,050
Printing				0	0	0	0
Registration Fees				0	0	0	0
Permit Costs				0	0	0	0
Other				0	0	0	0
Estimated Overhead					3,595	1,798	1,797
Total				203,051	126,733	63,367	63,366

Table 1C: SFY 2016

Cost Item	Position No.	Budgeted Salary*	Fringe Benefits**	Total	Estimated Total Amount Allocated to Medicaid***	Federal Share	DPH Match
Education Planning & Developmental Consultant I	60041605	55,221	17,771	72,992	36,496	18,248	18,248
Travel				0	0	0	0
Supplies				500	250	125	125
Equipment				0	0	0	0
Contract (NC Institute For Public Health)				127,127	85,176	42,588	42,588
Admin Services				0	0	0	0
Motor Fleet				0	0	0	0
Misc Contracts				0	0	0	0
Postage				300	150	75	75
Telephone				4,200	2,100	1,050	1,050
Printing				0	0	0	0
Registration Fees				0	0	0	0
Permit Costs				0	0	0	0
Other				0	0	0	0
Estimated Overhead					3,720	1,860	1,860
Total				205,119	127,892	63,946	63,946

Table 1D: SFY 2017

Cost Item	Position No.	Budgeted Salary	Fringe Benefits*	Total	Estimated Total Amount Allocated to Medicaid**	Federal Share	DPH Match
Education Planning & Developmental Consultant I	60041605	42,696	13,615	56,311	28,156	14,078	14,078
Travel				0	0	0	0
Supplies				375	187	94	93
Equipment				0	0	0	0
Contract (specify)				95,345	63,881	31,941	31,940
Admin Services				0	0	0	0
Motor Fleet				0	0	0	0
Misc Contracts				0	0	0	0
Postage				225	113	57	56
Telephone				3,150	1,575	788	787
Printing				0	0	0	0
Registration Fees				0	0	0	0
Permit Costs				0	0	0	0
Other				0	0	0	0
Estimated Overhead					2,885	1,443	1,442
Total				99,095	68,641	34,323	34,318

Table 2: Total Estimated Medicaid Costs

SFY	Estimated Tota	Federal Share	DPH Match
2014 (Three Months)	22,794	11,398	11,396
2,015	126,733	63,367	63,366
2,016	127,892	63,946	63,946
2017 (Nine Months)	68,641	34,323	34,318
Total	346,060	173,034	173,026