

NORTH CAROLINA
Social Services Block Grant
Pre-Expenditure Report
Fiscal Year 2017

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I. State/Federal Fiscal Year covered in Pre-Expenditure Plan

Specify the fiscal year, including start and end dates, of the pre-expenditure plan.

Fiscal Year (*select one*):

☒ State

☐ Federal

Dates (*provide start and end date of fiscal year*):

Start Date: 07/01/16

End Date: 06/30/17

II. Letter of Transmittal

Provide a letter of transmittal that includes contact information for the SSBG contact person and the State SSBG official receiving the SSBG Grant Award.

Letter attached.

III. Public Inspection

Provide a description of how the State made the current pre-expenditure report available for public inspection and comment. Also provide documentation of public hearing (e.g., copies of public hearing notices, letters, newspaper articles, etc.) in Appendix A.

North Carolina made the current pre-expenditure report available for public inspection and comment by issuing a press release announcing the publication of the draft report and inviting public comment on any aspect of the report prior to finalizing the report. The press release announced the availability of the pre-expenditure report on the Department's website and area offices, and provided contact information and a deadline for the public to offer input. A copy of the press release is provided in Appendix A.

IV. Narrative

A. Administrative Operations

1. State Administrative Agency

Outline the mission and responsibilities, as well as the goal and objectives, of the agency designated to administer the State's SSBG program.

Agency Designated to Administer SSBG Program:
North Carolina Department of Health and Human Services (DHHS)

Mission of Agency:

The mission of DHHS is "to collaborate with our partners to protect the health and safety of all North Carolinians and provide essential human services."

Agency Responsibilities:

North Carolina DHHS is responsible for ensuring the health, safety, and well being of all North Carolinians, providing the human service needs for vulnerable populations like persons with mental illness, the deaf, blind, and persons with intellectual and developmental disabilities, and helping poor North Carolinians achieve economic independence. DHHS touches the lives of virtually every North Carolinian from birth to old age – prenatal programs, child development programs, and residential care facility regulations. DHHS is responsible for providing employment-related services, medical assistance, child welfare and adult community care services, treatment and programs for youth at risk. DHHS also administers programs of vocational rehabilitation, independent living rehabilitation, and disability determination.

Agency Goals and Objectives:

The following are the goals and objectives of DHHS:

- Goal 1: Manage resources that provide an elevated level of effective and efficient delivery of services and programs to North Carolinians.
- Goal 2: Expand understanding and use of information to enhance the health and safety of North Carolinians.
- Goal 3: Offer outreach and services to individuals and families identified as being at risk of compromised health and safety.
- Goal 4: Provide services to individuals and families experiencing health and safety needs.

- Goal 5: Provide services and protection to individuals and families experiencing serious health and safety needs who are not, at least temporarily, able to assist themselves.

2. State Offices/Departments

Identify the State entities allocated SSBG funds and provide a brief description of the services supported by each of the entities.

SSBG funds are allocated to the following State entities:

Entities & Services Supported:

Division of Social Services (DSS): Adoption Services; Child Protective Services; Family Support Services; Foster Care Services for Children; Family Planning Services, Independent Living Services (for Youth), Special Services for Youth at Risk. DSS provides training, technical assistance, and consultation to the local staff who work in programs for families and children including Child Welfare, Family Support, Work First, Child Support, and Food and Nutrition Services.

Division of Aging and Adult Services (DAAS): Adult Protective Services, Guardianship, Individual and Family Adjustment Services, Health Support Services and Adult Placement Services. DAAS provides training, technical assistance, and consultation for the local staff who work in these programs as well as in other programs and services that assist older adults and adults with disabilities in remaining as independent as possible.

Division of Child Development and Early Education (DCDEE): DCDEE regulates child care facilities. Child care providers are required to have a criminal background check completed, and SSBG funds are used to support these efforts.

Division of Mental Health, Mental Health, Developmental Disability and Substance Abuse Services: Administration of Special Services – Disabled; and Substance Abuse Services. Provides for administration of services to support individuals living with mental illness and their families. These services include the necessary prevention, intervention, treatment, and supportive services to live successfully in communities of their choice. DMH also provides medically monitored detoxification, crisis stabilization, and short term treatment to prepare adults with substance abuse and co-occurring disorders for ongoing community-based recovery services. DMH also provides services to individuals with developmental disabilities.

Division of Services for the Blind (DSB): Counseling Services; Home-Based Services; and Special Services - Disabled. DSB provides services statewide through staff in seven DSB District Offices and Social Workers for the Blind located in all North Carolina counties. Services include Independent Living Services which assist persons of all ages who are blind or visually impaired to develop skills that enable them to independently manage their activities of daily living. Services also include the Accessible Electronic Information for Blind and Disabled Persons' program, which provides timely information to blind and disabled persons using high speed computers and telecommunications technology.

Division of Health Service Regulation (DHSR): Administration. Adult Care Facility Star Ratings; Adult Care Home Violations and Penalties; Licensure for Adult Care Homes and Mental Health facilities. This Division oversees the licensure and/or certification of medical, mental health, and adult care facilities, emergency medical services, and local jails. DHSR monitors healthcare providers and facilities to ensure people receiving care from these providers/facilities are safe and receive appropriate care.

DISTRIBUTION OF NORTH CAROLINA'S SOCIAL SERVICES BLOCK GRANT FUNDS

For purposes of the Social Services Block Grant Plan, it is estimated that North Carolina will receive \$49,452,942 in federal SSBG funding for State Fiscal Year 2016-17. An additional \$12,577,151 from the Temporary Assistance for Needy Families (TANF) Block Grant will be transferred to SSBG for a total available amount of \$62,420,093. The distribution of funds to the various Department of Health and Human Services Divisions and the Grant-in-Aid providers is as follows:

Local Program Expenditures

Divisions of Social Services and Aging and Adult Services

01.	County Departments of Social Services (Transfer from TANF \$4,148,001)	\$27,215,583
01A.	EBCI Tribal Public Health Human Services	\$244,740
02	Child Protective Services (Transfer from TANF - \$5,040,000)	\$5,040,000
03.	State In-Home Services Fund (DAAS)	\$1,943,950
04.	Adult Protective Services	\$1,245,363
05.	State Adult Day Care Fund (DAAS)	\$1,994,084
06.	Child Protective Services/CPS Investigative Services – Child Medical Evaluation Program (DSS)	\$563,868
07.	Special Children Adoption Incentive Fund	\$462,600

08.	Child Protective Services – Child Welfare Training for Counties (Transfer from TANF - \$1,300,000)	\$1,300,000
08A.	Child Protective Services – Child Welfare Training for Counties/Mobile Training	\$737,067
09.	Home and Community Care Block Grant (HCCBG)	\$1,696,888
10.	Child Advocacy Centers	\$375,000
11.	Guardianship	\$4,035,704
12.	Foster Care Services (Transfer from TANF)	\$1,385,152

Division of Central Management and Support

13.	DHHS Competitive Block Grants for Nonprofits	\$3,852,500
14.	NC FAST – Operations and Maintenance	\$939,315

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

15.	Mental Health Services – Adult and Child/Developmental Disabilities Program/Substance Abuse Services - Adult	\$4,030,730
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DHHS Program Expenditures

Division of Services for the Blind

16.	Independent Living Program	\$3,361,323
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Division of Health Service Regulation

17.	Adult Care Licensure Program	\$381,087
18.	Mental Health Licensure and Certification Program	\$190,284

DHHS Administration (by Division)

19.	Division of Aging and Adult Services	\$577,745
20.	Division of Social Services	\$559,109
21.	Office of the Secretary/Controller’s Office	\$127,731
22.	Division of Child Development and Early Education	\$13,878
23.	Division of Mental Health, Developmental Disabilities, and Substance Abuse Services	\$27,446
24.	Division of Health Service Regulation	\$118,946

TOTAL SOCIAL SERVICES BLOCK GRANT **\$62,420,093**

If the Congress of the United States decreases the federal fund availability for the Social Services Block Grant as described above, the Department of Health and Human Services shall reduce the State administration amount(s) by at least the percentage of the reduction in federal funds. After determining the reduction in the State administration, the remaining reductions shall be allocated proportionately across the program and activity appropriations identified above. In allocating a decrease in the federal fund

availability, the Department shall not eliminate the funding for a program or activity as allocated by the NC General Assembly unless it is related to the State administration.

B. Fiscal Operations

1. Criteria for Distribution

Describe the State's criteria for allocation of SSBG funds to State entities.

In allocating funds to State entities, DHHS considers funds available through SSBG, TANF transfer, and other funding sources. Funds are then allocated in such a way as to sustain community-based services aimed at protecting vulnerable adults and children and supporting the services for youth at risk.

2. Planning Process for Use and Distribution of Funds:

Describe the planning process for determining the State's use and distribution of SSBG funds.

North Carolina DHHS sets program and budget priorities by reviewing the program and budget plans for administration. DHHS personnel also consult with and gather input from stakeholders and community partners. This information is used to make decisions about how to allocate resources to meet the goals and objective specified by DHHS.

3. Financial Operations System:

Describe the State's process of assigning costs (e.g., cost allocation plan) and method of calculating costs (e.g., Random Moment in Time).

North Carolina uses a cost allocation plan to assign costs and calculates costs using the 100% Time Reporting method.

C. Program Operations

1. SSBG Statutory Goals the State Plans to Achieve

Indicate which of the statutory goals the State plans to achieve, and provide a description of how services funded by the SSBG will be directed at one or more of these goals.

SSBG Statutory Goals:

- ☒ 1. Achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency
- ☒ 2. Achieving or maintaining self-sufficiency, including reduction or prevention of dependency
- ☒ 3. Preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families
- ☒ 4. Preventing or reducing in appropriate institutional care by providing for community-based care, home-based care or other forms of less intensive care
- ☒ 5. Securing referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions

How Services Funded by the SSBG will be directed at these goals:

SSBG funds will be used to support all these goals by providing services to children, youth, and adults that will help individuals achieve and maintain self-sufficiency, prevent or remedy neglect, abuse and exploitation, prevent or reduce inappropriate institutional care, and direct individuals to institutional care when appropriate.

2. Characteristics of Individuals to be Served

Describe the characteristics of individuals to be served, including: definitions of child, adult, and family; eligibility criteria; and income guidelines.

Definitions

Child: A person who is less than 18 years of age

Adult: An individual who has reached the age of majority, age 18 in North Carolina, or who has been emancipated by a court order.

Family: One or more parents and children related by blood, marriage, or adoption, and residing in the same household; or a parent substitute, such as a related caregiver or legal guardian, who has responsibility for the 24-hour care and supervision of a child.

Eligibility Criteria & Income Guidelines:

There are three *primary* eligibility categories defined by the State through which individuals may be eligible to receive Social Services Block Grant-funded services. The first eligibility category defined by the State is based on an individual's status in terms of two major income maintenance programs - the Temporary Assistance for Needy Families (TANF) and the Supplemental Security Income (SSI) programs. The second category is based on the income status and size of the income unit.¹ In the third category, services may be provided "Without Regard to Income," based solely on an individual's need, although for some services the recipient may be asked (but not required) to share in the cost of providing the service. A fourth eligibility category results from the transfer of a percentage of the State's allocation of TANF (Temporary Assistance for Needy Families) funding to the Social Services Block Grant. Adhering to federal eligibility requirements for persons receiving assistance through the TANF program, these funds will be used only for programs and services to children and their families whose incomes are at or below 200% of the Federal Poverty Level, applicable to family size. The four eligibility categories are described as follows:

Income Maintenance Status

Individuals considered eligible as income maintenance recipients are:

- Current recipients of Temporary Assistance to Needy Families, known as Work First Family Assistance (WFFA) in North Carolina;
- Persons whose needs are taken into account in determining the needs of WFFA recipients;

¹ Unless otherwise excepted, the following are defined as separate income units for purposes of determining eligibility and cost sharing contributions: biological or adoptive parents and their minor children; a minor parent and his or her children; each adult, whether related or unrelated, other than spouses; children living with adults other than their biological or adoptive parents; and minors who are emancipated through a court proceeding, marriage or participation in the armed services. For Family Planning Services, "family" will be defined in accordance with federal regulation, 10A NCAC 71R .0908 for Family Planning Services. For Nutrition Services, "family" will be defined in accordance with 10A NCAC 71R .0913.

- Applicants for or current recipients of Supplemental Security Income (SSI) benefits;
- Persons who receive regular Optional State Supplementation payments from the State, known in North Carolina as State/County Special Assistance for Adults, to supplement SSI benefits;
- Children for whom adoption assistance payments or foster care maintenance payments are made under provisions of Public Law 96-272, and are thus considered WFFA recipients.

All these income maintenance recipients are categorically eligible for services. For services such as child care, in which various federal and state funding sources have been blended to maximize funding and streamline service delivery to families, policies specific to that program shall apply. An individual applying for child care services is no longer considered income eligible on the basis of income maintenance status. Although income received from an income maintenance payment such as WFFA or SSI may continue after these individuals are employed, it is not included in the amount of family's income used to determine eligibility for child care services. Income from employment and other sources available to the family is counted toward determining eligibility.

Income Status (Income Eligible Clients)

Eligibility for certain services requires consideration of the income unit's monthly gross income. These services include 1) Child Care Services, 2) In-Home Aide Services for the Blind, 3) Voluntary Sterilization (funded under SSBG as an optional resource item of Health Support Services) and 4) Transportation Services.

The maximum income eligibility limit for subsidized Child Care Services is 75% of North Carolina's State median income, adjusted biennially. Families *who qualify on the basis of income eligibility* pay fees based on their income, family size, and the amount of time child care is needed each month.

For the other services listed above, the State has adopted application of the Federal Poverty Level for use in determining eligibility based on the number of individuals in an income unit. In-Home Services for the Blind is the only one of the services listed above that is available to individuals in income units earning up to 100% of the of the State's established income which is 150% of the Federal Poverty Level. Voluntary Sterilization is an option for individuals in income units earning up to 80% of the Federal Poverty Level. Only those who earn less than 60% of the Federal Poverty Level for their family or income

unit are eligible for *all* services, including Transportation, offered through the Social Services Block Grant.

The provision of services "Without Regard to Income" is based solely on the individual's need for the service; however for some services, clients are requested to voluntarily contribute to the cost of services provided. Services supported by the Social Services Block Grant and made available on a "Without Regard to Income" basis may include, depending on each year's allocation:

- Adjustment Services for the Blind and Visually Impaired
- Adoption Services
- Adult Placement Services
- Community Living Services
- Day Care Services for Adults
- Child Care Services
(Service is available without regard to income only when needed to support child protective services, child welfare services and for children receiving foster care services.)
- Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services
- Delinquency Prevention Services
- Employment and Training Support Services
- Family Planning Services
- Family Preservation Services
- Family Support Services
- Foster Care Services for Adults
- Foster Care Services for Children
- Health Support Services (excluding the optional voluntary sterilization component)

- Home Health Services (includes Skilled Nursing, Physical Therapy, Speech Therapy, Occupational Therapy, Medical Social Services, and Nutrition Care)
- Housing and Home Improvement Services
- Individual and Family Adjustment Services
- In-Home Aide Services
- Intensive Family Preservation Services
- Personal and Family Counseling
- Preparation and Delivery of Meals
- Problem Pregnancy Services
- Protective Services for Adults (including all appropriate services)
- Protective Services for Children (including all appropriate services)
- Residential Treatment for the Emotionally Disturbed
- Respite Care Services
- Transportation Services Provided by the NC Commission of Indian Affairs
- Youth Services

TANF Funds Transferred to the Social Services Block Grant

Federal regulations allow certain TANF monies to be transferred into the Social Services Block Grant. However, welfare reform law stipulates that any TANF funds transferred to SSBG must be used for families with incomes no higher than 200% of the Federal poverty guidelines. Following this requirement, Social Services Block Grant funds transferred from TANF will only be used for the provision of programs and services to children and their families or income units who earn less than or up to 200% of the Federal Poverty Level, applicable to the size of the family/income unit served.

TANF-to-SSBG funds will be used to support Adoption Services, Foster Care Services for Children, and Other Child Welfare Services

where income for families or income units receiving the services does not exceed 200% of the Federal Poverty Level. Activities funded under these service categories include Non-residential Diagnostic and Treatment Services, Recruitment, Assessment and Training of Adoptive and Foster Parents; Adoption Assistance and Post-Adoption Case Management; Case Planning and Case Management, Preparation for and Participation in Judicial Determinations, and other services to youth in foster care or former foster care recipients.

For State Fiscal Year 2017 funds transferred from TANF to SSBG will also be used to support training for child welfare services and to maintain the level of expenditures for Child Protective Services workers.

Consumer Contribution

Individuals determined eligible to receive services subject to the consumer contribution policy shall be informed of the requirement that all such recipients are given the opportunity to contribute to the cost of services provided, based on their gross family income and desire to voluntarily contribute. Income, size of income unit, cost of services, and other factors that affect ability to contribute may be taken into account. Services are not terminated if the individual decides not to contribute. The following is a list of services for which consumer contribution is applicable.

- Adult Day Care and Day Health Services
- Housing and Home Improvement Services (Renovations or Repair and Furnishings or Appliance Purchases only)
- In-Home Aide Services
- Personal and Family Counseling
- Preparation & Delivery of Meals

When any of the above services are provided to adults or children as part of a Protective Services Plan, these individuals will be excluded from consumer contributions, up to a maximum of 12 months. Consumer contributions do not apply to children in foster care, children who have been approved to receive adoption assistance, persons receiving Work First assistance, or federally administered Supplemental Security Income (SSI) applicants or recipients.

Fees

Under North Carolina's social services program, any service available through the county department of social services where the individual lives, when provided in conjunction with Protective Services for Children or Adults, will be provided without cost sharing and without regard to income during the first twelve months after Protective Services for Children or Adults is initiated, or until the case is closed, if it remains open for less than a year.

3. Types of Activities to be Supported

Describe the types of activities to be provided using SSBG funds. Organize the services by the Uniform Definition of Services and the corresponding State service title. Also provide method of delivery (i.e., public, private, or both) and the geographic area/location where services will be provided.

Depending on SFY allocation, funding could support administrative activities, direct services, or both. (Refer to Section IV. A. 2., Distribution of Funds.)

Adoption Services are those services or activities provided to assist in bringing about the adoption of a child. Component services and activities may include, but are not limited to, counseling the biological parent(s), recruitment of adoptive homes, and pre- and post- placement training and/or counseling and adoption program evaluation.

- SSBG Statutory Goal(s) Supported: 3, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Case Management Services are services or activities for the arrangement, coordination, and monitoring of services to meet the needs of individuals and families. Component services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Home-Delivered Meals (Preparation and Delivery of Meals) are those services or activities designed to prepare and deliver one or more meals a day to an individual's residence in order to prevent institutionalization,

malnutrition, and feelings of isolation. Component services or activities may include the cost of personnel, equipment, and food; assessment of nutritional and dietary needs; nutritional education and counseling; socialization services; and information and referral.

- SSBG Statutory Goal(s) Supported: 1, 2, 4
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Optional service based on individual county need and available resources.

Counseling Services (Personal and Family Counseling and Individual and Family Adjustment Services) are those services or activities that apply therapeutic processes to personal, family, situational, or occupational problems in order to bring about a positive resolution of the problem or improved individual or family functioning or circumstances. Problem areas may include family and marital relationships, parent-child problems, or drug abuse. Services may also include assistance to individuals and their family members to utilize community resources and natural support systems; to participate in structured group activities to develop capacities for improved personal and social functioning and to relieve social isolation; and to support their ability to remain in their own homes and maintain independent living.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Optional service based on individual county need and available resources.

Day Care Services for Adults are those services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Component services or activities may include opportunity for social interaction, companionship and self-education; health support or assistance in obtaining health services; counseling; recreation and general leisure time activities; meals; personal care services; plan development; and transportation.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Optional service based on individual county need and available resources.

Day Care Services for Children (Child Care Services) (including infants, pre-schoolers, and school age children) administration of services or activities provided in a setting that meets applicable standards of state and

local law, in a center or in a home, for a portion of a 24-hour day. Component services or activities may include a comprehensive and coordinated set of appropriate developmental activities for children, recreation, meals and snacks, transportation, health support services, social service counseling for parents, plan development, and licensing and monitoring of child care homes and facilities.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Employment Services (Employment and Training Support Services) are those services or activities provided to assist individuals in securing employment or acquiring or learning skills that promote opportunities for employment. Component services or activities may include employment screening, assessment, or testing; structured job skills and job seeking skills; specialized therapy (occupational, speech, physical); special training and tutoring, including literacy training and pre-vocational training; provision of books, supplies and instructional material; counseling, transportation; and referral to community resources.

- SSBG Statutory Goal(s) Supported: 1, 2
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Optional service based on individual county need and available resources.

Family Planning Services are those educational, comprehensive medical or social services or activities which enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved. These services and activities include a broad range of acceptable and effective methods and services to limit or enhance fertility, including contraceptive methods (including natural family planning and abstinence), and the management of infertility (including referral to adoption). Specific component services and activities may include preconceptional counseling, education, and general reproductive health care, including diagnosis and treatment of infections which threaten reproductive capability. Family planning services do not include pregnancy care (including obstetric or prenatal care).

- SSBG Statutory Goal(s) Supported: 1, 2
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Foster Care Services for Adults are those services or activities that assess the need and arrange for the substitute care and alternate living situation of adults in a setting suitable to the individual's needs. Individuals may need such services because of social, physical or mental disabilities, or as a consequence of abuse or neglect. Care may be provided in a community-based setting, or such services may arrange for institutionalization when necessary. Component services or activities include assessment of the individual's needs; case planning and case management to assure that the individual receives proper care in the placement; counseling to help with personal problems and adjusting to new situations; assistance in obtaining other necessary supportive services; determining, through periodic reviews, the continued appropriateness of and need for placement; and recruitment and licensing of foster care homes and facilities.

- SSBG Statutory Goal(s) Supported: 1, 2
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Foster Care Services for Children are those services or activities associated with the provision of an alternative family life experience for abused, neglected or dependent children, between birth and the age of majority, on the basis of a court commitment or a voluntary placement agreement signed by the parent or guardian. Services may be provided to children in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, pre-adoptive homes or supervised independent living situation. Component services or activities may include assessment of the child's needs; case planning and case management to assure that the child receives proper care in the placement; medical care as an integral but subordinate part of the service; counseling of the child, the child's parents, and the foster parents; referral and assistance in obtaining other necessary supportive services; periodical reviews to determine the continued appropriateness and need for placement; recruitment and licensing of foster homes and child care institutions, and foster care program evaluation.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Health Related (Health Support Services) and Home Health Services are those in-home or out-of-home services or activities designed to assist individuals and families to attain and maintain a favorable condition of health. Component services and activities may include providing an analysis or assessment of an individual's health problems and the

development of a treatment plan; assisting individuals to identify and understand their health needs; assisting individuals to locate, provide or secure, and utilize appropriate medical treatment, preventive medical care, and health maintenance services, including in-home health services and emergency medical services; and providing follow-up services as needed.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Health Support Services – Statewide; Home Health Services are optional services based on individual county need and available resources.

Home Based Services (In-Home Aide Services & In-Home Aide Services for the Blind) are those in-home services or activities provided to individuals or families to assist with household or personal care activities that improve or maintain adequate family well-being. These services may be provided for reasons of illness, incapacity, frailty, absence of a caretaker relative, or to prevent abuse and neglect of a child or adult. Major service components include homemaker services, chore services, home maintenance services, and household management services. Component services or activities may include protective supervision of adults and/or children to help prevent abuse, temporary non-medical personal care, house-cleaning, essential shopping, simple household repairs, yard maintenance, teaching of homemaking skills, training in self-help and self-care skills, assistance with meal planning and preparation, sanitation, budgeting, and general household management.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Housing Services (Housing and Home Improvement Services) are those services or activities designed to assist individuals or families in locating, obtaining, or retaining suitable housing. Component services or activities may include tenant counseling; helping individuals and families to identify and correct substandard housing conditions on behalf of individuals and families who are unable to protect their own interests; and assisting individuals and families to understand leases, secure utilities, make moving arrangements and minor renovations.

- SSBG Statutory Goal(s) Supported: 1, 2, 3
- Method of Provision: Public and Private (direct delivery and purchase of service)

- Geographic Area: Optional service based on individual county need and available resources.

Independent and Transitional Living Services (Individual and Family Adjustment Services and Community Living Services, Youth Services)

are those services and activities designed to help older youth in foster care or homeless youth make the transition to independent living, or to help adults make the transition from an institution, or from homelessness, to independent living. Component services or activities may include educational and employment assistance, training in daily living skills, and housing assistance. Specific component services and activities may include supervised practice living and post-foster care services.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Individual and Family Adjustment Services – Statewide; Community Living Services and Youth Services are optional services based on individual county need and available resources.

Pregnancy and Parenting Services (Problem Pregnancy Services) are those services or activities for married or unmarried adolescent parents and their families designed to assist young parents in coping with the social, emotional, and economic problems related to pregnancy and in planning for the future. Component services or activities may include securing necessary health care and living arrangements; obtaining legal services; and providing counseling, child care education, and training in and development of parenting skills.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Optional service based on individual county need and available resources.

Prevention and Intervention Services (Respite Care, Transportation Services, Family Support Services) are those services or activities designed to provide early identification and/or timely intervention to support families and prevent or ameliorate the consequences of, abuse, neglect, or family violence, or to assist in making arrangement for alternate placements or living arrangements where necessary. Such services may also be provided to prevent the removal of a child or adult from the home. Component services and activities may include investigation; assessment and/or evaluation of the extent of the problem; counseling, including mental health counseling or therapy as needed; developmental and parenting skills

training; respite care; and other services including supervision, case management, transportation, and family support services program evaluation.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Optional service based on individual county need and available resources.

Protective Services for Adults (including Adult Placement Services and Guardianship) are those services or activities designed to prevent or remedy abuse, neglect or exploitation of adults who are unable to protect their own interests. Examples of situations that may require protective services are injury due to maltreatment or family violence; lack of adequate food, clothing or shelter; lack of essential medical treatment or rehabilitation services; and lack of necessary financial or other resources. Component services or activities may include investigation; immediate intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the individual and the family; assessment/evaluation of family circumstances; arranging alternative or improved living arrangements; preparing for foster placement, if needed; and case management and referral to service providers. Guardianship services to an adult individual alleged to be in need of a guardian or who has been appointed a guardian may also be provided.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Protective Services for Children are those services or activities designed to prevent or remedy abuse, neglect, or exploitation of children who may be harmed through physical or mental injury, sexual abuse or exploitation, and negligent treatment or maltreatment, including failure to be provided with adequate food, clothing, shelter, or medical care. Component services or activities may include immediate investigation and intervention; emergency medical services; emergency shelter; developing case plans; initiation of legal action (if needed); counseling for the child and the family; assessment/evaluation of family circumstances; arranging alternative living arrangement; preparing for foster placement, if needed; case management and referral to service providers, and child protective services program evaluation.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Special Services for Persons With Developmental or Physical Disabilities, or Persons With Visual or Auditory Impairments

(Adjustment Services for the Blind and Visually Impaired) - Special services for persons with developmental or physical disabilities, or persons with visual or auditory impairments, are services or activities to maximize the potential of persons with disabilities, help alleviate the effects of physical, mental or emotional disabilities, and to enable these persons to live in the least restrictive environment possible. Component services or activities may include personal and family counseling; respite care; family support; recreation; transportation; aid to assist with independent functioning in the community; and training in mobility, communication skills, the use of special aids and appliances, and self-sufficiency skills. Residential and medical services may be included only as an integral, but subordinate, part of the services.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

Special Services for Youth (Delinquency Prevention Services) involved in or at risk of involvement with criminal activity are those services or activities for youth who are, or who may become, involved with the juvenile justice system and their families. Component services or activities are designed to enhance family functioning and/or modify the youth's behavior with the goal of developing socially appropriate behavior and may include counseling, intervention therapy, and residential and medical services if included as an integral but subordinate part of the service.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Optional service based on individual county need and available resources.

Substance Abuse Services (Children and Adults Needing Mental Health, Developmental Disability and/or Substance Abuse Services)

administration of services or activities that are primarily designed to deter, reduce, or eliminate substance abuse or chemical dependence. Except for initial detoxification services, medical and residential services may be included but only as an integral but subordinate part of the service.

Component substance abuse services or activities may include a comprehensive range of personal and family counseling methods, methadone treatment for opiate abusers, or detoxification treatment for alcohol abusers. Services may be provided in alternative living arrangements such as institutional settings and community-based halfway houses.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Optional service based on individual county need and available resources.

Transportation Services are services or activities that provide or arrange for the travel, including travel costs, of individuals in order to access services, or obtain medical care or employment. Component services or activities may include special travel arrangements such as special modes of transportation and personnel to accompany or assist individuals or families to utilize transportation.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Optional service based on individual county need and available resources.

Other Services include Individual and Family Adjustment Paraprofessional Services, Individual and Family Adjustment – Representative Payee and Services Intake.

Individual and Family Adjustment Paraprofessional Services include:

- Supervising visits between parent and child;
- Supervising children (while parents attend therapy, parenting classes, etc.,) in absence of caregiver;
- Teaching, coaching, modeling parenting skills, home management skills, communication skills with resources to parents and caretakers and placement providers;
- Teaching, coaching, modeling advocacy skills (especially as related to housing, school system, services agencies);
- Supporting case management of neglected, abused, dependent, delinquent children;
- Transporting/supervising/providing in loco parentis to children going to doctor visits, schools;

- Communicating information between service providers and case managers/placement providers; and
- Testifying in court related to specific assigned duties and client interaction (supervised visits, school visits, etc.).

Individual and Family Adjustment - Representative Payee activities include services offered to individuals for whom the DSS has been appointed the representative payee, including assurance of the appropriate use of income for the client's needs, and strengthening the client's basic skills in money management.

Services Intake activities include receiving requests for services; exploring with the client his request in terms of the services available; taking applications; and such elements of case management as establishing eligibility for services, initiating the Service Client Information Record and certifying clients for purchased services.

- SSBG Statutory Goal(s) Supported: 1, 2, 3, 4, 5
- Method of Provision: Public and Private (direct delivery and purchase of service)
- Geographic Area: Statewide

V. Pre-Expenditure Reporting Form

Attach completed pre-expenditure reporting form in Microsoft Excel (available on the SSBG website, <http://www.acf.hhs.gov/programs/ocs/ssbg/> under "Guidance, Policies and Procedures").

See attached.

VI. Appendices

Attach the following appendices:

- Appendix A: Documentation of Public Hearing (REQUIRED)
- Appendix B: Certifications (REQUIRED)
- Appendix C: Proof of Audit (REQUIRED)

Appendix A: Documentation of Public Hearing (REQUIRED)

Attach documentation of public hearing, such as public hearing notices, letters, newspaper articles, etc.

See Attached.

Appendix B: Certifications (REQUIRED)

Attach signed copies of the following certifications (available on the SSBG website at <http://www.acf.hhs.gov/programs/ocs/ssbg/procedures/Certifications.htm>.)

1. Drug-Free Workplace Requirements
2. Environmental Tobacco Smoke
3. Lobbying
4. Debarment, Suspension and Other Responsibility Matters

Certifications attached.

Appendix C: Proof of Audit (REQUIRED)

Federal regulations state that: “Each State shall, not less often than every two years, audit its expenditures from amounts received (or transferred for use) under this title...Within 30 days following the completion of each audit, the State shall submit a copy of that audit to the legislature of the State and to the Secretary.” (Sec. 2006 [42 U.S.C. 1397a, Sec. 2006]).



Richard O. Brajer
Secretary

Wayne E. Black
Director

July 19, 2016

Ms. Marsha Werner
Social Services Block Grant Program Manager
Office of Community Services
U.S. Department of Health and Human Services
5th Floor, West
370 L'Enfant Promenade, SW
Washington, D.C. 20447

Dear Ms. Werner:

Enclosed is the Social Services Block Grant pre-expenditure report for North Carolina. The report covers State Fiscal Year 2017, which runs from 7/1/16 to 6/30/17. This plan was prepared in advance (May 2016) to give our Department time to review and approve. At that time North Carolina's SFY2017 budget had not been approved. Therefore, we are submitting this plan based on anticipated allocations. Once the State's budget has been finalized, we will revise and resubmit the plan as appropriate.

The State SSBG official receiving the SSBG Grant Award is:

Richard O. Brajer
101 Blair Drive
Adams Building
2001 Mail Service Center
Raleigh, NC 27699-2001
Telephone: 919-733-4534
Fax: 919-715-4645
Email: Rick.Brajer@dhhs.nc.gov



The SSBG program contact person is:

Hank Bowers
820 S. Boylan Avenue
2415 Mail Service Center
Raleigh, NC 27699-2415
Telephone: 919-527-6265
Fax: 919-334-1052
Email: Hank.Bowers@dhhs.nc.gov

If you have any questions regarding this report, please contact me at 919-527-6265 or at Hank.Bowers@dhhs.nc.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Hank Bowers", with a stylized flourish at the end.

Hank Bowers, Chief
Performance Management/Reporting & Evaluation
Management Section

HB/rr

Enclosure

Public Invited to Comment on Proposed Block Grants

RALEIGH — The public is invited to comment on North Carolina's proposed Social Services Block Grant plan.

The annual plan outlines how federal social services block grant funds will be administered. The N.C. Department of Health and Human Services will finalize the plan once the General Assembly approves allocation of funds in the state budget this summer.

From June 2 - 12, the written plan may be viewed at the following locations:

- Online at www2.ncdhhs.gov/dss/pubnotice/ssbg.htm
- The N.C. Division of Social Services Central Office, Hargrove Building, Dorothea Dix Campus, 820 S. Boylan Avenue, Raleigh, NC, from 8 a.m. to 5 p.m., Monday through Friday

Comments on the report must be submitted in writing no later than June 12, 2016 via:

- Email at ssbg.comments@dhhs.nc.gov
- Fax at (919) 334-1052
- Hank Bowers, Chief, Performance Management/Reporting & Evaluation Management Section, Division of Social Services, 2415 Mail Service Center, Raleigh, NC 27699-2415

The Social Services Block Grant is the major source of federal funding for several programs, including adoption, counseling, adult day care and foster care, protective services for adults, housing, and residential treatment. Other uses may include child care for child welfare cases, community-based services for elderly and disabled adults, mental health services, transportation, and other human services programs.

Use of the funds for allowable services in North Carolina may vary each year, depending on the plan approved by the General Assembly.

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

This certification is required by the regulations implementing the Drug-Free Workplace Act of 1988: 45 CFR Part 76, Subpart, F. Sections 76.630(c) and (d)(2) and 76.645(a)(1) and (b) provide that a Federal agency may designate a central receipt point for STATE-WIDE AND STATE AGENCY-WIDE certifications, and for notification of criminal drug convictions. For the Department of Health and Human Services, the central point is: Division of Grants Management and Oversight, Office of Management and Acquisition, Department of Health and Human Services, Room 517-D, 200 Independence Avenue, SW Washington, DC 20201.

Certification Regarding Drug-Free Workplace Requirements (Instructions for Certification)

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.
2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.
3. For grantees other than individuals, Alternate I applies.
4. For grantees who are individuals, Alternate II applies.
5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If the grantee does not identify the workplaces at the time of application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in its office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.
6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other sites where work under the

grant takes place. Categorical descriptions may be used (e.g., all vehicles of a mass transit authority or State highway department while in operation, State employees in each local unemployment office, performers in concert halls or radio studios).

7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s), if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to this certification. Grantees' attention is called, in particular, to the following definitions from these rules:

Controlled substance means a controlled substance in Schedules I through V of the Controlled Substances Act (21 U.S.C. 812) and as further defined by regulation (21 CFR 1308.11 through 1308.15);

Conviction means a finding of guilt (including a plea of nolo contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statutes;

Criminal drug statute means a Federal or non-Federal criminal statute involving the manufacture, distribution, dispensing, use, or possession of any controlled substance;

Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (i) All direct charge employees; (ii) All indirect charge employees unless their impact or involvement is insignificant to the performance of the grant; and, (iii) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the grantee's payroll. This definition does not include workers not on the payroll of the grantee (e.g., volunteers, even if used to meet a matching requirement; consultants or independent contractors not on the grantee's payroll; or employees of subrecipients or subcontractors in covered workplaces).

Certification Regarding Drug-Free Workplace Requirements
Alternate I. (Grantees Other Than Individuals)

The grantee certifies that it will or will continue to provide a drug-free workplace by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about --
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
- (d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted --
 - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other

appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance (Street address, city, county, state, zip code)

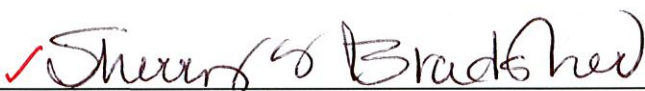
Check if there are workplaces on file that are not identified here.

Alternate II. (Grantees Who Are Individuals)

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant;

(b) If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include the identification number(s) of each affected grant.

[55 FR 21690, 21702, May 25, 1990]



7/22/14

Signature

Secretary

Title

NC DHHS

Organization

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

Sherrif & Bradshaw

7/22/16

Signature

Secretary

Title

NC DHHS

Organization

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

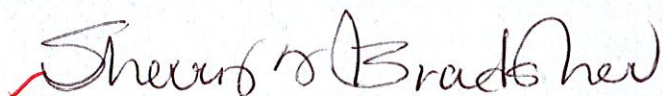
(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.



7/22/16

Signature

Secretary

Title

NC DHHS

Organization

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

Certification Regarding Debarment, Suspension, and Other
Responsibility Matters--Primary Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

5. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered

into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Certification Regarding Debarment, Suspension, and Other Responsibility Matters--Primary Covered Transactions

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal

department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in

obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, [[Page 33043]] should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled ``Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, Ineligibility and
Voluntary Exclusion--Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Sherry S. Bradsher

7/22/14

Signature

Secretary

Title

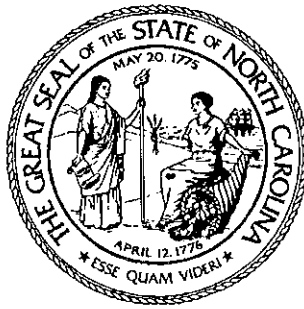
NC DHHS

Organization

State of North Carolina
SSBG 2017

PROOF OF AUDIT

STATE OF NORTH CAROLINA



SINGLE AUDIT REPORT

2 0 1 5

OFFICE OF THE STATE AUDITOR
BETH A. WOOD, CPA
STATE AUDITOR

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Beth A. Wood, CPA
State Auditor

STATE OF NORTH CAROLINA
Office of the State Auditor

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Raleigh, NC 27699-0601
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<http://www.ncauditor.net>

March 29, 2016

The Honorable Pat McCrory, Governor
The General Assembly of North Carolina

We are pleased to submit the *Single Audit Report* for the State of North Carolina for the fiscal year ended June 30, 2015. The audit was conducted in accordance with standards contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the requirements of the Single Audit Act Amendments of 1996, and the provisions of the Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*.

This *Single Audit Report* reflects federal awards of \$20.66 billion. This report includes significant deficiencies and material weaknesses in internal control relating to major federal programs and instances of noncompliance, including several that we believe constitute material noncompliance, that meet the criteria of OMB Circular A-133.

The North Carolina *Comprehensive Annual Financial Report* for the fiscal year ended June 30, 2015, has been issued in a separate report by the Office of the State Controller. In accordance with *Government Auditing Standards*, we are issuing our report on our consideration of the State of North Carolina's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements that have an effect on the financial statements.

The deficiencies in internal control and instances of noncompliance arising from our audit that are required to be reported by *Governmental Auditing Standards* or the Single Audit Act and OMB Circular A-133 are described in the Schedule of Findings and Questioned Costs.

We wish to acknowledge the assistance of the North Carolina Office of the State Controller and the cooperation of other state agencies, community colleges, and universities in the preparation of this report.

Respectfully submitted,

A handwritten signature in cursive script that reads "Beth A. Wood".

Beth A. Wood, CPA
State Auditor

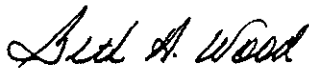
North Carolina Office of the State Auditor

Our Mission and Our Commitment

The Office of the State Auditor protects the interests of taxpayers and others who provide financial resources to the State of North Carolina. Specifically, we provide objective information to interested parties about whether economic resources are properly accounted for, reported and managed; as well as whether publically-funded programs are achieving desired results.

The Office of the State Auditor's mission is accomplished by conducting thorough audits and investigations. These audits and investigations are performed by highly competent and professional staff and result in useful and practical recommendations to improve services provided by North Carolina state government.

This office will always strive for the highest standards in professional conduct, independence and integrity as we pursue our mission. If we find financial management deficiencies, we will report them without apology because our ultimate responsibility is to the citizens and taxpayers of North Carolina.



Beth A. Wood, CPA
State Auditor

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (SUMMARY)

For the Fiscal Year Ended June 30, 2015

Federal CFDA Number	Program Expenditures	Subrecipient Expenditures	CFDA Program Title or Cluster Title
93.521	841,378		The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements; PPHF
93.531	2,601,245	1,310,653	PPHF - Community Transformation Grants and National Dissemination and Support for Community Transformation Grants - financed solely by Prevention and Public Health Funds
93.539	176,336		PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention and Public Health Funds
93.556	10,877,581	9,778,128	Promoting Safe and Stable Families
93.560	(40,572)		Family Support Payments to States-Assistance Payments
93.563	94,454,055	81,830,314	Child Support Enforcement
93.566	5,715,747	2,166,561	Refugee and Entrant Assistance-State Administered Programs
93.568	96,761,145	79,769,461	Low-Income Home Energy Assistance
93.569	20,922,690	20,282,502	Community Services Block Grant
93.576	1,005,044	928,044	Refugee and Entrant Assistance-Discretionary Grants
93.584	364,795	335,251	Refugee and Entrant Assistance-Targeted Assistance Grants
93.586	732,390		State Court Improvement Program
93.590	841,478	771,050	Community-Based Child Abuse Prevention Grants
93.591	1,492,899	1,411,694	Family Violence Prevention and Services/State Domestic Violence Coalitions
93.597	227,251		Grants to States for Access and Visitation Programs
93.599	823,931	823,931	Chafee Education and Training Vouchers Program (ETV)
93.600	182,593		Head Start
93.603	256,000		Adoption Incentive Payments
93.630	2,900,693	1,168,666	Developmental Disabilities Basic Support and Advocacy Grants
93.643	455,171	93,272	Children's Justice Grants to States
93.645	7,346,207	4,147,753	Stephanie Tubbs Jones Child Welfare Services Program
93.647	40,478		Social Services Research and Demonstration
93.652	436,599	288,436	Adoption Opportunities
93.658	69,470,541	67,652,813	Foster Care-Title IV-E
93.658	(147)		ARRA - Foster Care-Title IV-E
93.659	50,492,922	3,293,322	Adoption Assistance
93.667	57,941,497	51,657,070	Social Services Block Grant
93.669	269,539	43,797	Child Abuse and Neglect State Grants
93.671	858,507	809,430	Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services
93.674	2,907,349	2,793,924	Chafee Foster Care Independence Program
93.735	469,807		State Public Health Approaches for Ensuring Quiltline Capacity - Funded in part by Prevention and Public Health Funds (PPHF)
93.738	42,650		PPHF: Racial and Ethnic Approaches to Community Health Program financed solely by Public Prevention and Health Funds
93.745	199,004		PPHF: Health Care Surveillance/Health Statistics - Surveillance Program Announcement: Behavioral Risk Factor Surveillance System Financed in Part by Prevention and Public Health Fund
93.750	12,003		PPHF Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges
93.753	54,664	26,666	Child Lead Poisoning Prevention Surveillance financed in part by Prevention and Public Health (PPHF) Program
93.757	1,293,528	744,079	State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)
93.758	2,711,246	1,676,822	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)
93.761	31,100		Evidence-Based Falls Prevention Programs Financed Solely by Prevention and Public Health Funds (PPHF)
93.767	333,692,967	6,003,618	Children's Health Insurance Program
93.773	8,429,540		Medicare-Hospital Insurance
93.779	121,510	6,515	Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations
93.791	3,001,987	56	Money Follows the Person Rebalancing Demonstration
93.837	1,594,269		Cardiovascular Diseases Research
93.838	52,148	2,606	Lung Diseases Research
93.839	52,708		Blood Diseases and Resources Research
93.846	678,759	114,249	Arthritis, Musculoskeletal and Skin Diseases Research
93.847	1,954,954	139,291	Diabetes, Digestive, and Kidney Diseases Extramural Research
93.853	1,253,671	376,856	Extramural Research Programs in the Neurosciences and Neurological Disorders
93.855	1,364,422	12,794	Allergy, Immunology and Transplantation Research
93.859	4,529,217	67,965	Biomedical Research and Research Training
93.865	1,926,833	123,088	Child Health and Human Development Extramural Research
93.866	624,912		Aging Research
93.884	560,872		Grants for Primary Care Training and Enhancement

STATE OF NORTH CAROLINA

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (DETAIL)

For the Fiscal Year Ended June 30, 2015

Federal CFDA Number	Direct/ Indirect	ARRA	Program Expenditures	CFDA Program Title	Pass-Through Number	Pass-Through Entity Name
93.586	D	N	732,390	State Court Improvement Program		
93.590	D	N	841,478	Community-Based Child Abuse Prevention Grants		
93.591	D	N	1,481,625	Family Violence Prevention and Services/State Domestic Violence Coalitions		
93.591	I	N	11,274	Family Violence Prevention and Services/State Domestic Violence Coalitions	#205645	National Resource Ctr of Domestic Violence
93.597	D	N	227,251	Grants to States for Access and Visitation Programs		
93.599	D	N	823,931	Chafee Education and Training Vouchers Program (ETV)		
93.600	D	N	182,593	Head Start		
93.603	D	N	256,000	Adoption Incentive Payments		
93.630	D	N	2,691,226	Developmental Disabilities Basic Support and Advocacy Grants		
93.630	I	N	209,467	Developmental Disabilities Basic Support and Advocacy Grants	00029873, 00031031	USDHHS
93.643	D	N	455,171	Children's Justice Grants to States		
93.645	D	N	7,346,207	Stephanie Tubbs Jones Child Welfare Services Program		
93.647	I	N	40,478	Social Services Research and Demonstration	90PH0025	Child Trends
93.652	D	N	436,599	Adoption Opportunities		
93.658	D	N	69,470,541	Foster Care-Title IV-E		
93.658	D	Y	(147)	Foster Care-Title IV-E		
93.659	D	N	50,492,922	Adoption Assistance		
93.667	D	N	57,941,497	Social Services Block Grant		
93.669	D	N	269,539	Child Abuse and Neglect State Grants		
93.671	D	N	858,507	Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services		
93.674	D	N	2,907,349	Chafee Foster Care Independence Program		
93.735	D	N	469,807	State Public Health Approaches for Ensuring Qiltline Capacity - Funded in part by Prevention and Public Health Funds (PPHF)		
93.738	I	N	42,650	PPHF: Racial and Ethnic Approaches to Community Health Program financed solely by Public Prevention and Health Funds	N/A	Cabarrus County
93.745	D	N	199,004	PPHF: Health Care Surveillance/Health Statistics - Surveillance Program Announcement: Behavioral Risk Factor Surveillance System Financed in Part by Prevention and Public Health Fund		
93.750	I	N	12,003	PPHF Cooperative Agreement to Support Navigators in Federally-facilitated and State Partnership Exchanges	INAVACA1300520100	Community Care NC
93.753	D	N	54,664	Child Lead Poisoning Prevention Surveillance financed in part by Prevention and Public Health (PPHF) Program		
93.757	D	N	1,293,528	State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)		
93.758	D	N	2,711,246	Preventive Health and Health Services Block Grant funded solely with Preventior and Public Health Funds (PPHF)		
93.761	D	N	31,100	Evidence-Based Falls Prevention Programs Financed Solely by Prevention and Public Health Funds (PPHF)		
93.767	D	N	333,692,967	Children's Health Insurance Program		
93.773	D	N	8,429,540	Medicare-Hospital Insurance		
93.779	D	N	114,478	Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations		
93.779	I	N	2,813	Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	24-312-0212790-52159	RTI International
93.779	I	N	4,219	Centers for Medicare and Medicaid Services (CMS) Research, Demonstrations and Evaluations	52034L	RTI International
93.791	D	N	3,001,987	Money Follows the Person Rebalancing Demonstration		
93.837	D	N	1,425,440	Cardiovascular Diseases Research		
93.837	I	N	8,763	Cardiovascular Diseases Research	2034187	Duke Univ
93.837	I	N	28,421	Cardiovascular Diseases Research	2034189	Duke Univ
93.837	I	N	2,573	Cardiovascular Diseases Research	758947	Univ Washington

STATE OF NORTH CAROLINA

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (BY STATE AGENCY)

For the Fiscal Year Ended June 30, 2015

Federal CFDA Number	Direct/ Indirect	ARRA	Program Disbursements	Program Title	Pass-Through Number	Pass-Through Entity Name
81.041	D	N	1,389,304	State Energy Program		
81.042	D	N	1,931,412	Weatherization Assistance for Low-Income Persons		
81.119	D	N	274,220	State Energy Program Special Projects		
97.041	D	N	316,016	National Dam Safety Program		
			<u>172,867,496</u>	Total — N. C. Department of Environmental Quality		

N. C. Department of Environmental Quality - Wildlife

11.472	D	N	40,000	Unaffiliated Science Program		
15.605	D	N	10,179,624	Sport Fish Restoration Program		
15.611	D	N	17,577,800	Wildlife Restoration and Basic Hunter Education		
15.615	D	N	288,457	Cooperative Endangered Species Conservation Fund		
15.616	D	N	17,312	Clean Vessel Act Program		
15.626	D	N	231,583	Enhanced Hunter Education and Safety Program		
15.634	D	N	1,792,941	State Wildlife Grants		
15.657	D	N	30,568	Endangered Species Conservation-Recovery Implementation Funds		
97.012	D	N	1,496,026	Boating Safety Financial Assistance		
			<u>31,654,211</u>	Total — N. C. Department of Environmental Quality - Wildlife		

N. C. Department of Health and Human Services

10.551	D	N	2,398,565,400	Supplemental Nutrition Assistance Program		
10.557	D	N	194,913,893	Special Supplemental Nutrition Program for Women, Infants, and Children		
10.558	D	N	94,840,250	Child and Adult Care Food Program		
10.559	D	N	10,749,712	Summer Food Service Program for Children		
10.560	D	N	2,497,541	State Administrative Expenses for Child Nutrition		
10.561	D	N	93,306,918	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program		
10.572	D	N	98,976	WIC Farmers' Market Nutrition Program (FMNP)		
10.576	D	N	63,247	Senior Farmers Market Nutrition Program		
10.578	D	N	3,417,142	WIC Grants To States (WGS)		
14.231	D	N	4,351,620	Emergency Solutions Grant Program		
14.241	D	N	2,289,920	Housing Opportunities for Persons with AIDS		
16.727	D	N	122,364	Enforcing Underage Drinking Laws Program		
16.754	D	N	75,963	Harold Rogers Prescription Drug Monitoring Program		
17.235	D	N	1,941,555	Senior Community Service Employment Program		
66.032	D	N	233,344	State Indoor Radon Grants		
66.608	D	N	29,798	Environmental Information Exchange Network Grant Program and Related Assistance		
66.701	D	N	101,924	Toxic Substances Compliance Monitoring Cooperative Agreements		
66.707	D	N	192,401	TSCA Title IV State Lead Grants Certification of Lead-Based Paint Professionals		
66.716	D	N	65,616	Research, Development, Monitoring, Public Education, Training, Demonstrations, and Studies		
84.126	D	N	98,499,664	Rehabilitation Services-Vocational Rehabilitation Grants to States		
84.161	D	N	324,267	Rehabilitation Services-Client Assistance Program		
84.169	D	N	487,099	Independent Living-State Grants		
84.177	D	N	843,694	Rehabilitation Services-Independent Living Services for Older Individuals Who are Blind		
84.181	D	N	12,106,928	Special Education-Grants for Infants and Families		
84.167	D	N	475,736	Supported Employment Services for Individuals with the Most Significant Disabilities		
84.224	D	N	438,262	Assistive Technology		

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (BY STATE AGENCY)

For the Fiscal Year Ended June 30, 2015

Federal CFDA Number	Direct/ Indirect	ARRA	Program Disbursements	Program Title	Pass-Through Number	Pass-Through Entity Name
84.265	D	N	84,056	Rehabilitation Training-State Vocational Rehabilitation Unit In-Service Training		
84.412	D	N	16,578,358	Race to the Top-Early Learning Challenge		
93.041	D	N	132,664	Special Programs for the Aging-Title VII, Chapter 3-Programs for Prevention of Elder Abuse, Neglect, and Exploitation		
93.042	D	N	858,768	Special Programs for the Aging-Title VII, Chapter 2-Long Term Care Ombudsman Services for Older Individuals		
93.043	D	N	542,956	Special Programs for the Aging-Title III, Part D-Disease Prevention and Health Promotion Services		
93.044	D	N	12,594,549	Special Programs for the Aging-Title III, Part B-Grants for Supportive Services and Senior Centers		
93.045	D	N	15,548,290	Special Programs for the Aging-Title III, Part C-Nutrition Services		
93.048	D	N	173,865	Special Programs for the Aging-Title IV-and Title II-Discretionary Projects		
93.052	D	N	4,634,124	National Family Caregiver Support, Title III, Part E		
93.053	D	N	3,344,381	Nutrition Services Incentive Program		
93.070	D	N	234,927	Environmental Public Health and Emergency Response		
93.072	D	N	42,170	Lifespan Respite Care Program		
93.074	D	N	21,773,197	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements		
93.087	D	N	171,250	Enhance Safety of Children Affected by Substance Abuse		
93.089	D	N	148,743	Emergency System for Advance Registration of Volunteer Health Professionals		
93.092	D	N	1,434,380	Affordable Care Act (ACA) Personal Responsibility Education Program		
93.094	D	N	1,014,662	Well-Integrated Screening and Evaluation for Women Across the Nation		
93.104	D	N	400,132	Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances (SED)		
93.110	D	N	148,079	Maternal and Child Health Federal Consolidated Programs		
93.116	D	N	1,617,352	Project Grants and Cooperative Agreements for Tuberculosis Control Programs		
93.127	D	N	107,402	Emergency Medical Services for Children		
93.130	D	N	192,663	Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices		
93.136	D	N	1,545,810	Injury Prevention and Control Research and State and Community Based Programs		
93.150	D	N	595,695	Projects for Assistance in Transition from Homelessness (PATH)		
93.184	D	N	233,656	Disabilities Prevention		
93.217	D	N	6,080,535	Family Planning-Services		
93.224	D	N	2,574,132	Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)		
93.234	D	N	224,026	Traumatic Brain Injury State Demonstration Grant Program		
93.240	D	N	252,308	State Capacity Building		
93.241	D	N	573,343	State Rural Hospital Flexibility Program		
93.243	D	N	2,681,853	Substance Abuse and Mental Health Services-Projects of Regional and National Significance		
93.251	D	N	211,913	Universal Newborn Hearing Screening		
93.262	D	N	140,942	Occupational Safety and Health Program		
93.268	D	N	126,107,132	Immunization Cooperative Agreements		
93.270	D	N	66,936	Adult Viral Hepatitis Prevention and Control		
93.283	D	N	3,146,516	Centers for Disease Control and Prevention-Investigations and Technical Assistance		
93.296	D	N	8,404	State Partnership Grant Program to Improve Minority Health		
93.301	D	N	202,467	Small Rural Hospital Improvement Grant Program		
93.305	D	N	335,979	National State Based Tobacco Control Programs		
93.314	D	N	133,914	Early Hearing Detection and Intervention Information System (EHD-IIS) Surveillance Program		

STATE OF NORTH CAROLINA

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (BY STATE AGENCY)

For the Fiscal Year Ended June 30, 2015

Federal CFDA Number	Direct/ Indirect	ARRA	Program Disbursements	Program Title	Pass-Through Number	Pass-Through Entity Name
93.323	D	N	340,696	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)		
93.336	D	N	16,289	Behavioral Risk Factor Surveillance System		
93.500	D	N	1,531,329	Pregnancy Assistance Fund Program		
93.505	D	N	2,968,751	Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program		
93.506	D	N	2,741	ACA Nationwide Program for National and State Background Checks for Direct Patient Access Employees of Long Term Care Facilities and Providers		
93.507	D	N	438,838	PPHF National Public Health Improvement Initiative		
93.512	D	N	177,527	Affordable Care Act (ACA) Personal and Home Care Aide State Training Program (PHCAST)		
93.521	D	N	841,378	The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements; PPHF		
93.531	D	N	2,596,106	PPHF - Community Transformation Grants and National Dissemination and Support for Community Transformation Grants - financed solely by Prevention and Public Health Funds		
93.539	D	N	176,336	PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention and Public Health Funds		
93.556	D	N	10,877,581	Promoting Safe and Stable Families		
93.558	D	N	253,942,733	Temporary Assistance for Needy Families		
93.560	D	N	(40,572)	Family Support Payments to States-Assistance Payments		
93.563	D	N	94,454,055	Child Support Enforcement		
93.566	D	N	5,715,747	Refugee and Entrant Assistance-State Administered Programs		
93.568	D	N	96,761,145	Low-Income Home Energy Assistance		
93.569	D	N	20,922,690	Community Services Block Grant		
93.575	D	N	156,945,759	Child Care and Development Block Grant		
93.576	D	N	795,886	Refugee and Entrant Assistance-Discretionary Grants		
93.584	D	N	364,795	Refugee and Entrant Assistance-Targeted Assistance Grants		
93.590	D	N	841,478	Community-Based Child Abuse Prevention Grants		
93.596	D	N	127,356,894	Child Care Mandatory and Matching Funds of the Child Care and Development Fund		
93.597	D	N	227,251	Grants to States for Access and Visitation Programs		
93.599	D	N	823,931	Chafee Education and Training Vouchers Program (ETV)		
93.603	D	N	256,000	Adoption Incentive Payments		
93.630	D	N	2,691,226	Developmental Disabilities Basic Support and Advocacy Grants		
93.645	D	N	7,346,207	Stephanie Tubbs Jones Child Welfare Services Program		
93.652	D	N	436,599	Adoption Opportunities		
93.658	D	N	69,470,541	Foster Care-Title IV-E		
93.658	D	Y	(147)	Foster Care-Title IV-E		
93.659	D	N	50,492,922	Adoption Assistance		
93.667	D	N	57,941,497	Social Services Block Grant		
93.669	D	N	269,539	Child Abuse and Neglect State Grants		
93.671	D	N	858,507	Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services		
93.674	D	N	2,907,349	Chafee Foster Care Independence Program		
93.714	D	Y	(76,000)	ARRA -Emergency Contingency Fund for Temporary Assistance for Needy Families (TANF) State Program		
93.735	D	N	469,807	State Public Health Approaches for Ensuring Quitline Capacity - Funded in part by Prevention and Public Health Funds (PPHF)		

STATE OF NORTH CAROLINA

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS (BY STATE AGENCY)

For the Fiscal Year Ended June 30, 2015

Federal CFDA Number	Direct/ Indirect	ARRA	Program Disbursements	Program Title	Pass-Through Number	Pass-Through Entity Name
93.745	D	N	199,004	PPHF: Health Care Surveillance/Health Statistics- Surveillance Program Announcement: Behavioral Risk Factor Surveillance System Financed in Part by Prevention and Public Health Fund		
93.753	D	N	54,664	Child Lead Poisoning Prevention Surveillance financed in part by Prevention and Public Health (PPHF) Program		
93.757	D	N	1,293,528	State and Local Public Health Actions to Prevent Obesity, Diabetes, Heart Disease and Stroke (PPHF)		
93.758	D	N	2,711,246	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)		
93.761	D	N	31,100	Evidence-Based Falls Prevention Programs Financed Solely by Prevention and Public Health Funds (PPHF)		
93.767	D	N	333,692,967	Children's Health Insurance Program		
93.773	D	N	8,429,540	Medicare-Hospital Insurance		
93.777	D	N	6,108,717	State Survey and Certification of Health Care Providers and Suppliers (Title XVIII) Medicare		
93.778	D	N	8,846,226,433	Medical Assistance Program		
93.791	D	N	3,001,987	Money Follows the Person Rebalancing Demonstration		
93.913	D	N	160,810	Grants to States for Operation of Offices of Rural Health		
93.917	D	N	37,508,527	HIV Care Formula Grants		
93.919	D	N	2,779,910	Cooperative Agreements for State-Based Comprehensive Breast and Cervical Cancer Early Detection Programs		
93.926	D	N	1,722,936	Healthy Start Initiative		
93.928	D	N	734,092	Special Projects of National Significance		
93.940	D	N	9,298,792	HIV Prevention Activities-Health Department Base		
93.944	D	N	1,586,101	Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance		
93.945	D	N	1,600,919	Assistance Programs for Chronic Disease Prevention and Control		
93.946	D	N	109,045	Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs		
93.958	D	N	11,601,549	Block Grants for Community Mental Health Services		
93.959	D	N	29,079,788	Block Grants for Prevention and Treatment of Substance Abuse		
93.977	D	N	2,302,454	Preventive Health Services-Sexually Transmitted Diseases Control Grants		
93.988	D	N	24,949	Cooperative Agreements for State-Based Diabetes Control Programs and Evaluation of Surveillance Systems		
93.991	D	N	508,834	Preventive Health and Health Services Block Grant		
93.994	D	N	16,560,718	Maternal and Child Health Services Block Grant to the States		
96.001	D	N	62,587,917	Social Security-Disability Insurance		
96.008	D	N	64,241	Social Security - Work Incentives Planning and Assistance Program		
99	D	N	234,412	Other Federal Assistance		
			13,500,284,344	Total — N. C. Department of Health and Human Services		
<u>N. C. Department of Information Technology</u>						
11.558	D	N	402,629	State Broadband Data and Development Grant Program		
15.808	D	N	40,000	U. S. Geological Survey-Research and Data Collection		
15.809	D	N	35,399	National Spatial Data Infrastructure Cooperative Agreements Program		
			478,028	Total — N. C. Department of Information Technology		
<u>N. C. Department of Insurance</u>						
14.171	D	N	45,722	Manufactured Home Dispute Resolution		
93.048	D	N	270,490	Special Programs for the Aging-Title IV-and Title II-Discretionary Projects		
93.071	D	N	754,069	Medicare Enrollment Assistance Program		