

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: Wednesday, July 20, 2011

SUBJECT: Revised FY 12 Consolidated Agreement with the NC
Department of Health and Human Services (NCDHHS)

PRESENTER: Tom Bridges. Public Health Director

ATTACHMENTS: Yes

1. Amendment #1, Consolidated Agreement between the State of North Carolina and Henderson County Department of Public Health

SUMMARY OF REQUEST:

The FY12 Consolidated Agreement with NC DHHS was approved at the March 7, 2011 meeting of the Henderson County Board of Commissioners meeting as Consent Item K. The agreement basically sets conditions that the local health department will comply with in order to receive State and Federal funds. A revision to the year FY12 Consolidated Agreement has been sent for review and consent due to the need for some clarification as well as to include some changes based on this year's State Legislative Session. Staff's review of the revisions in this FY12 Consolidated Agreement indicates to no negative impact to Henderson County and that the Henderson County Department of Public Health can fully comply with this contract in order to receive the State and Federal allocations.

BOARD ACTION REQUESTED:

The Board is requested to approve the Revised FY12 Consolidated Agreement with the NC Department of Health and Human Services

Suggested Motion:

I move that this Revised FY12 Consolidated Agreement with the NC Department of Health and Human Services be approved.

**Department of Health & Human Services
Division Of Public Health, Contracts Unit
1916 Mail Service Center
Raleigh, N. C. 27699-1916**

DATE: 06-22-2011

TO: HEALTH DIRECTOR

RE: AMENDMENT #1 TO CONSOLIDATED AGREEMENT FY 2011- 2012

Enclosed are 2 original sets of documents titled Amendment #1 Consolidated Agreement FY 2011 – 2012.

Please return both sets of originals with all applicable signatures (in blue ink) to the Contracts Unit at the above address to the attention of *Rebecca Miller*.

RE: NEW AGREEMENT ADDENDA FOR YOUR SIGNATURE

Enclosed are 2 original sets of agreement addenda/addendum. Please sign and return both sets of originals within 5 state business days, to the Contracts Unit at the above address to the attention of *Rebecca Miller*.

RE: NEGOTIATED AGREEMENT ADDENDA (IF CHECKED)

- Enclosed is an original, negotiated agreement addenda/addendum that has been approved, and should be kept with your permanent file.

AMENDMENT # 1

CONSOLIDATED AGREEMENT

BETWEEN

THE STATE OF NORTH CAROLINA

AS REPRESENTED BY

THE STATE HEALTH DIRECTOR
(hereinafter called the "State")

AND

Henderson County Department of Public Health

(Local Health Department/District/Public Health Authority/Human Services Agency (Wake and Mecklenburg) –
Hereinafter called the "Department")

This Agreement amends the Consolidated Agreement bearing the effective date of July 1, 2011 between The State of North Carolina, hereinafter referred to as the "State" and Henderson County Department of Public Health, hereinafter referred to as the "Department." This Amendment is hereby effective on July 1, 2011.

As provided for under the terms of this Consolidated Agreement, the State and the Department agree to amend the following Consolidated Agreement provisions:

1. Reference Section A. "RESPONSIBILITIES OF THE DEPARTMENT (Local Public Health Unit)". Page 1, Number 5, noting the new exception provided by SB245.

Currently Reads:

The Department shall provide client, service, encounter, and other data through the states' centralized automated systems for claims creation and submission for processing to the state's Medicaid agency *except as allowed by NCGS 130A – 45.13*. To ensure that such data is accurately linked to the specific client served in a manner that results in a unique identifier from the DHHS Common Name Data Service, the Department shall allow DPH to submit (on its behalf) the Social Security Numbers of all clients to the Social Security Administration for verification.

Revised to Read:

The Department shall provide client, service, encounter, and other data through the states' centralized automated systems for claims creation and submission for processing to the state's Medicaid agency *except as allowed by NCGS 130A – 45.13 and SB245 passed in the 2011 session*. To ensure that such data is accurately linked to the specific client served in a manner that results in a unique identifier from the DHHS Common Name Data Service *except as allowed by SB245 passed in the 2011 session*, the Department shall allow DPH to submit (on its behalf) the Social Security Numbers of all clients to the Social Security Administration for verification.

2. Reference Section C. "FISCAL CONTROL". Page 8, item h., changing the fiscal year to FY 2009-2010 (the correct year of reference).

Currently Reads:

The amount of Title XIX fees budgeted and expended in FY 2011-2012 must equal or exceed the amount of Title XIX revenues earned during FY **2010-2011**. The state will not approve program activity budgets that do not include an amount of Title XIX fees sufficient to meet the requirements of this section. The State may waive this requirement if the Department provides sufficient justification.

Revised to Read:

The amount of Title XIX fees budgeted and expended in FY 2011-2012 must equal or exceed the amount of Title XIX revenues earned during FY **2009-2010**. The state will not approve program activity budgets that do not include an amount of Title XIX fees sufficient to meet the requirements of this section. The State may waive this requirement if the Department provides sufficient justification.

3. Reference Section G. "RESPONSIBILITIES OF THE STATE": Page 12, item 15. changing the fiscal year to FY 12.

Currently Reads:

The State (DHHS) shall provide a "Funding Authorization" to the Department after the receipt of the Certified State Budget. Funds must be appropriately budgeted by the State in the NC Accounting System (NCAS) prior to the issuance of the "Funding Authorization." If funds are restricted through quarterly allotments for **FY 11**, as they have been in FY10, the initial Funding Authorization will only include ¼ of the annual amount for each specific activity involving State funds.

Revised to Read:

The State (DHHS) shall provide a "Funding Authorization" to the Department after the receipt of the Certified State Budget. Funds must be appropriately budgeted by the State in the NC Accounting System (NCAS) prior to the issuance of the "Funding Authorization." If funds are restricted through quarterly allotments for **FY 12**, as they have been in FY10, the initial Funding Authorization will only include ¼ of the annual amount for each specific activity involving State funds.

4. Reference Section G. "RESPONSIBILITIES OF THE STATE": Page 13, Addition of new item 22. For Services of the State Laboratory.

New Item Added:

For services of the State Laboratory:

- a. **Provide free or at cost, mailers that meet the US Postal Service/DOT UN3373 Biologic substance shipping and packaging regulations for samples submitted to the State Laboratory *only* as ordered via the web-based mailroom ordering system;**
- b. **Assure qualified personnel to process, analyze and report test results;**
- c. **Assure that the State Laboratory maintains CLIA certification;**
- d. **Submit invoices to the local health departments via electronic means; and**

e. Collect interest (per N.C.G.S. 147-86.23 and 150-241.1) and a 10% late fee as appropriate;

All other terms and conditions as set forth in the original Consolidated Agreement shall remain in effect for the duration of this Agreement.

In Witness Whereof, the Department and the State have executed this Amendment in duplicate originals, one of which is to be retained by each of the parties.

LOCAL SIGNATURES

Health Director Date

Finance Officer Date

Chair of County Commissioners (when required) Title

STATE OF NORTH CAROLINA

State Health Director or Authorized Agent Date