Worksheet II Expansion Budget Request

Attachment 6-2
(Due 10/14/16)

Complete appropriate yellow boxes throughout.

1	Budget Cycle	2017-19			
2	Budget Code:	14430	Department:	Department of Health and Human Services	Division/Institution: Division of Public Health/Environmental Health
3	Fund Code:	1153	Fund Title:	Childhood Lead	
4	Title of Request:	Implement the Federal Elevated Blood Lead Level Standard in NC			
5	Specify Type of Request:				
6	Description of Request:	Additional resources are needed to expand environmental investigation services for children with lower blood lead levels than current state law requires. In 2012, the CDC lowered the federal action level to 5 micrograms per deciliter (ug/dL), but N.C.G.S. 130A-131.7 defines an elevated blood lead level as 10 ug/dL, which would need to be amended. Offering environmental investigation services to the families of children with blood lead levels of 5 ug/dL is essential to reducing lead exposure in young children.			
7	Problem/Issue Being Addressed:	Life-long impairment of normal cognitive development and function in young children occur at lower levels of lead exposure than current state law addresses. In 2012, the CDC lowered the federal action level for lead in blood to 5 ug/dL However, N.C.G.S. 130A-131.7 defines an elevated blood lead level as 10 ug/dL. This definition would need to be amended to 5 ug/dL to reflect current medical practice and the level at which CDC recommends public health actions be initiated. Making this change to the definition elevated blood lead level under current state law would result in an anticipated four-fold increase in investigation case load, from the current average of 130 to more than 500 investigations annually. Funds to provide for these additional investigations are proposed to come entirely from Medicaid receipts with the following qualifications: 1) Medicaid agrees to reimburse DPH for these additional investigations. Currently the Department is only reimbursed for children with blood lead levels > 10 ug/dL; and 2) The reimbursement rate would have to reflect current actual costs of conducting an investigation. The increase in Medicaid receipts would result in an additional $559,045 in recurring funds for program staffing, which would allow for a doubling of environmental investigation FTEs from the current 6 positions to 12. This increase in staff is not sufficient to conduct four times as many investigations; however the Department is also proposing to shift current job duties of the children's environmental health regional staff for child care and school sanitation to the food protection program so that childhood lead becomes a specialized state program. In addition, DPH will need to seek an exception from Medicaid in order to provide this expanded service and receive direct fee-for-service payments from Medicaid because DPH is not a managed care entity.			
	Anticipated Outcome/Impact After Implementation of Changes:	Low levels of lead exposure in young children are associated with: 1) Reductions in children's IQ 2) Corresponding increase in the need for special education services, 3) Reductions in school achievement; and 4) A reduction in lifetime earnings. Environmental interventions at the CDC level of concern of 5 ug/dL of lead will reduce the number of children confirmed with lead exposure at higher levels where substantial harm to normal neurological development may occur. The department will build on existing relationships with other governmental agencies, non-profits and the North Carolina medical community to promote early environmental interventions and community based outreach services.			
9	Relationship to Agency Goals and Agency Key Indicators:	Additional regional specialists will allow environmental investigations to be provided consistent with CDC guidelines for children with blood lead levels greater than or equal to 5 ug/dL. The increase in environmental investigations will reduce the incidence of children with elevated blood lead levels and increase successful health and educational achievement outcomes for children. This request is directly related to the mission of the Children's Environmental Health Program to use our resources to work with families and community stakeholders to prevent child hood lead exposure. And, is aligined with DHHS values including being customer focused and collaborative with community partnerships, and supports DHHS's mission to protect the health and safety of at risk populations and provide essential human services to all citizens.			

		2017-18	2018-19	2017-18 Recurring	2017-18 Nonrecurring	2018-19 Recurring	2018-19 Nonrecurring
10	Total Requirements	$ 556,865	$ 559,045	$ 443,665	$ 113,200	$ 559,045	$ -
11	Total Receipts	556,865	559,045	443,665	113,200	559,045	-
12	Appropriation	0	0	-	-	-	-
13	Total Positions	6.00	6.00	6.00	-	6.00	-

Budget for Request (G.S. 143C-3-3)

Detail of budget is to be provided at the NCAS Agency Management Report detail level.

Requirements

Fund Code	Cost Center	Account Number	Account Title	Actual 2015-16	Authorized 2016-17	2017-18	2018-19	2019-20	2021-22	2022-23
1153	tbd	531212	SPA-REG SALARIES-UND	$ 233,205	$ 279,163	$ 255,425	$ 340,566	$ 340,566	$ 340,566	$ 340,566
1153	tbd	531512	SOCIAL SEC CONTRIB-U	$ 18,409	$ 22,600	$ 19,540	$ 26,053	$ 26,053	$ 26,053	$ 26,053
1153	tbd	531522	REG RETIRE CONTRIB-U	$ 37,091	$ 43,856	$ 41,174	$ 54,899	$ 54,899	$ 54,899	$ 54,899
1153	tbd	531562	MED INS CONTRIB-UNDE	$ 23,676	$ 26,606	$ 32,826	$ 32,826	$ 32,826	$ 32,826	$ 32,826
1153	tbd	532430	MAINTENANCE AGREEMENT-EQUIPMENT			$ 30,000	$ 30,000	$ 30,000	$ 30,000	$ 30,000
1153	tbd	532521	RENT/LEASE-MOTOR VEH	$ 5,329	$ 1,833	$ 30,000	$ 30,000	$ 30,000	$ 30,000	$ 30,000

1153	tbd	532714	TRANSP-GRND-IN STA			$ 2,000	$ 2,000	$ 2,000	$ 2,000	$ 2,000
1153	tbd	532721	LODGING-IN STATE			$ 8,000	$ 8,000	$ 8,000	$ 8,000	$ 8,000
1153	tbd	532724	MEALS-IN STATE			$ 7,000	$ 7,000	$ 7,000	$ 7,000	$ 7,000
1153	tbd	532725	MEALS-OUT OF STATE, I			$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
1153	tbd	532814	CELLULAR PHONE SERVI	$ 783	$ 920	$ 10,000	$ 10,000	$ 10,000	$ 10,000	$ 10,000
1153	tbd	532815	EMAIL AND CALENDARIN			$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
1153	tbd	532840003	POST, FR&DEL-POSTAL M			$ 500	$ 500	$ 500	$ 500	$ 500
1153	tbd	532930	REGISTRATION FEES			$ 5,000	$ 5,000	$ 5,000	$ 5,000	$ 5,000
1153	tbd	533110	GENERAL OFFICE SUPPL			$ 1,000	$ 1,000	$ 1,000	$ 1,000	$ 1,000
1153	tbd	533710	SCIENTIFIC SUPPLIES			$ 7,000	$ 7,000	$ 7,000	$ 7,000	$ 7,000
1153	tbd	534523	SCIENTIFIC/MEDICAL			$ 90,000				
1153	tbd	534534	PC/PRINTER EQUIPMENT		$ 360	$ 14,000	$ 800	$ 800	$ 800	$ 800
1153	tbd	535120	LICENSES & PERMIT COSTS			$ 1,400	$ 1,400	$ 1,400	$ 1,400	$ 1,400
15			**Requirements**	$ 318,493	$ 375,338	$ 556,865	$ 559,045	$ 559,045	$ 559,045	$ 559,045
16			**Number of FTE***	-	-	6.00	6.00	6.00	6.00	6.00

17 **Receipts**

Fund Code	Cost Center	Account Number	Account Title	2015-16	2016-17	2017-18	2018-19	2019-20	2021-22	2022-23
1153	tbd	538373	DMA-Medicaid-Lead			$ 556,865	$ 559,045	$ 559,045	$ 559,045	$ 559,045
						-	-	-	-	-
							-	-	-	-
				-	-	-	-	-	-	-
				-	-	-	-	-	-	-
18			**Total Receipts**	-	-	556,865	559,045	559,045	559,045	559,045
19			**APPROPRIATION**	318,493	375,338	-	-	-	-	-

Positions Requested

Detail of the positions included in this expansion request.

20 Fund Code	Cost Center	Account Number	Grade	Classification	Effective Date	Retirement Program	Other Information	2017-18 FTE	2018-19 FTE	Annual Salary**	2017-18 Budgeted Salary	2018-19 Budgeted Salary
1153	tbd	531212	72	Env. Health Regional Specialist	7/1/2017			6.00	6.00	56,761	255,425	340,566
										0	0	0
										0	0	0
										0	0	0
										0	0	0
										0	0	0
										0	0	0
										0	0	0

										0	0	0
										0	0	0
										0	0	0
										0	0	0
										0	0	0
21							Total#	6.00	6.00		255,425	340,566

*** Minimum level salary for the classification requested unless otherwise justified in the Narrative section above.*

#Total FTEs equal the number of total FTEs shown on Line 14 of this request.

Purpose of Expansion request:

Other

Problem/issue being addressed:

22 Does this request require additional resources from another agency ? Yes [ ] No [X]

23 Name the agency and the funds required: [ ] Funds Requested: $ -

24 Does this change impact local government(s)? Yes [X] No [ ]

Necessary changes in operation:

25 Are statutory changes or special provisions required to implement expansion? Yes [X] No [ ]

26 If YES, attach a copy of the draft legislation.

Relationship to capital improvement projects

Relationship to capital improvement projects:

27 Does this expansion request relate to a capital improvement project? Yes [ ] No [X]

28 If YES, give title of C.I. Project: [ ]

Relation to Agency Goals:

29 C.I. Budget Code: [ ] Item Number: [ ] Projected completion date: [ ]

Space Requirements (G.S. 120-36.7 C)

30 Does this request require additional space? Yes [ ] No [X]

If yes, complete the following:

		Office	Storage	Other	2017-18	2018-19	2019-20	2021-22	2022-23
31	Type of Space:								
32	Additional Square Footage Required								
33	Estimated Cost of Space Requirements								

Motor Pool Requirements

34 Does this request require additional vehicles from the state motor pool? Yes [X] No [ ]

35 If YES, how many? 6

IT Component Requirements

36 Does this request include an IT component that exceeds $100,000 in total requirements ? Yes [ ] No [X]

37 If required per OSBM budget instructions, has the project been entered into the SCIO's PPM tool? Yes [ ] No [X]