



North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldana Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Robin Gary Cummings, MD.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

January 22, 2015

Dear County Director of Social Services:

Re: Direct Charge of Equipment for Medicaid Eligibility Determination Workers

We are pleased to inform you that the NC Department of Health and Human Services (DHHS) has received tentative approval from Centers for Medicare & Medicaid Services (CMS) to allow direct charge purchases of equipment for Income Maintenance Caseworkers who determine Medicaid Eligibility for new applications or recertifications in the NC FAST system as part of their assigned job duties. This includes universal workers who perform Medicaid eligibility functions. Specified equipment will be reimbursed at 75 percent federal reimbursement for equipment that is integrated with the NC FAST system, pending final written CMS approval. This means counties will be reimbursed with federal Medicaid dollars for 75 percent of the purchase, county will expend their county dollars for the remaining 25 percent of the purchase.

DHHS will be required to submit cost projections and receive written approval from CMS. For this reason, we are requesting that you complete the attached special County Acquisition plan listing your equipment needs from the attached approved list and return it to Andy.Raby@dhhs.nc.gov no later than January 28, 2015. Requests received after this time will not be included in the CMS submission and will not be eligible for 75% reimbursement. Please send the completed Acquisition Plan by email, in the **Excel format**. Instructions are included in the Excel workbook on a separate tab. In addition, we are requesting that you obtain the necessary signatures required by your county to purchase equipment. Attached is a template to record this information. Please fax this completed template to Andy Raby at (919) 334-1052 or email completed template to Andy.Raby@dhhs.nc.gov. A consolidated state-wide plan will then be forward to CMS for approval. If approved by CMS, a letter approving your purchase will be issued by the DHHS Controller's Office. Equipment may not be claimed for reimbursement until you receive this letter.

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603
Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501
An Equal Opportunity / Affirmative Action Employer

You must consider the below information that notes the minimal specifications of equipment required to operate the NC FAST system.

Desktop:

Processor: Intel i5 3.20Ghz or AMD FX-8 I 20 3.1Ghz or higher

Memory: 8Gb expandable to 16Gb

Video Card: 512MB non-shared Video Memory Dual monitor support Hard Drive: 160Gb or greater (Solid State drives are acceptable) Operating System: Windows 7 Pro 64 bit

Laptop:

Processor: Intel Core i5 2.8Ghz or higher

Memory: 6Gb minimum

Video Card: 256mb

Hard Drive: 160Gb or greater (Solid State drives are acceptable) Operating system: Windows 7 Pro 64 bit

IMPORTANT POINTS

- When completing the Acquisition Plan you should project any possible additions to your staff within this federal fiscal year (federal period October 1, 2014 through September 30, 2015) when determining equipment needs.
- No changes or amendments to your submitted plan will be accepted.
- Counties will not be allowed to claim 75 percent federal reimbursement for these costs until the consolidated acquisition plan is approved by CMS and you receive an approval letter from the DHHS Controller's Office. If you make a purchase prior to approval and approval is not granted you will be required to claim these expenditures to the ADP General Administrative code (310).
- Any purchases made prior to this request will NOT be eligible for the 75 percent federal reimbursement. No retroactive adjustments for equipment already purchased will be processed.
- Costs will need to be claimed no later than the DSS 1571 submitted for reimbursement **September 2015**.
- Counties will be limited to the amount that is approved by CMS. All other costs claimed above the approved amount will be moved by the Controller's Office to the General Administrative ADP code (310).
- Coding instructions will be issued by the DHHS Controller's Office in February 2015.
- Prices listed on the Acquisition Plan are suggested prices taken from the state contract. You should include actual cost in the space indicated on the Acquisition Plan.

- Once your county's Acquisition Plan has been submitted you cannot claim reimbursement for purchases exceeding the purchase price or order additional or different equipment.
- Purchases can be made using the state contract or other vendors, follow your county's purchasing policies.
- If you are requesting a tablet purchase you must include a description as to how this item will be used by the Income Maintenance worker.

Thank you for your assistance in completing and submitting this request no later than January 28, 2015. If you have any questions, please contact your Local Business Liaison.

Sincerely,



Wayne E. Black
Director of Social of Services



Robin Gary Cummings, M.D. Deputy
Secretary for Health Services
Director, Division of Medical Assistance

Attachment to January 22, 2015, DCDL

MEMORANDUM

Re: Direct Charge of Equipment for Medicaid Eligibility Determination Workers

This memorandum is to obtain _____ County's required signatures to make

Insert County Name

equipment purchases and to update _____ County's ADP plan for equipment

Insert County Name

purchases as described in January 22, 2015's Dear County Director Letter concerning, Direct Charge of equipment for Medicaid Eligibility Determination Workers. Our county is requesting to purchase \$_____ (total request on Acquisition Plan) of equipment as specified on the Acquisition Plan for Income Maintenance Caseworkers who determine Medicaid Eligibility for new applications or recertification's in the NC FAST system as part of their assigned job duties.

Signature Printed Name Date

Signature Printed Name Date

Signature Printed Name Date

Signature Printed Name Date

Please fax this completed template to Andy Raby at (919)334-1052 or email completed template to Andy.Raby@dhhs.nc.gov .

| County Number: | | 2015 "75/25" County Automated Data Processing Equipment (ADP) Acquisition Plan | | | | | | | | | | | | | | | | | | |
|---|---------------------------------------|--|---------------------|---|--|--|--|--|--|--|--|--|----------|--|----------|-------------------|---------------------------------------|-----------------|----------|------|
| County Name: | | | | | | | | | | | | | | | | | | | | |
| | ITEM (by Unit/Worker) | Estimated Bulk Purchase or State Contract Item Cost | Actual Item Cost | | | | | | | | | | Subtotal | | Subtotal | | ITEM | Total # | Cost Sum | |
| Desktops and Related Items | Basic Desktop I | \$ 329.00 | | Does not meet NC FAST minimum specifications. | | | | | | | | | | | | | | Basic Desktop I | | \$ - |
| | 4 GB memory for Basic Desktop | \$ 45.00 | | | | | | | | | | | | | | | 4 GB memory for Basic Desktop | | \$ - | |
| | Mid-Range Desktop | \$ 447.00 | | | | | | | | | | | | | | | Mid-Range Desktop | | \$ - | |
| | 8 GB memory for Mid- Range Desktop | \$ 82.00 | | | | | | | | | | | | | | | 8 GB memory for Mid- Range Desktop | | \$ - | |
| | Workstation I | \$ 589.00 | | | | | | | | | | | | | | | Workstation I | | \$ - | |
| | 8 GB memory for Workstation I | \$ 82.00 | | | | | | | | | | | | | | | 8 GB memory for Workstation I | | \$ - | |
| Laptops and Related Items <i>each Basic Laptop ordered.</i> | Basic Laptop (BLT) | \$ 649.00 | | | | | | | | | | | | | | | Basic Laptop (BLT) | | \$ - | |
| | 4 GB memory for Basic Laptop | \$ 34.00 | | | | | | | | | | | | | | | 4 GB memory for Basic Laptop | | \$ - | |
| | High-End Laptop (HEL) | \$ 825.00 | | | | | | | | | | | | | | | High-End Laptop (HEL) | | \$ - | |
| | 8 GB memory for High End Laptop | \$ 67.00 | | | | | | | | | | | | | | | 8 GB memory for High End Laptop | | \$ - | |
| | Port Replicator | \$ 75.00 | | | | | | | | | | | | | | | Port Replicator | | \$ - | |
| | Nylon Case | \$ 14.00 | | | | | | | | | | | | | | | Nylon Case | | \$ - | |
| | Extra Power Supply | \$ 20.00 | | | | | | | | | | | | | | | Extra Power Supply | | \$ - | |
| | Battery | \$ 42.00 | | | | | | | | | | | | | | | Battery | | \$ - | |
| | Keybd | \$ 10.00 | | | | | | | | | | | | | | | Keybd | | \$ - | |
| | Mouse | \$ 11.00 | | | | | | | | | | | | | | | Mouse | | \$ - | |
| Items for Desktops and Laptops | OS Media | \$ 45.00 | | | | | | | | | | | | | | | OS Media | | \$ - | |
| | Resource CD | \$ 10.00 | | | | | | | | | | | | | | | Resource CD | | \$ - | |
| | 19" Monitor | \$ 134.00 | | | | | | | | | | | | | | | 19" Monitor | | \$ - | |
| | 22" Monitor | | | | | | | | | | | | | | | | 22" Monitor | | \$ - | |
| | 24" Monitor | \$ 239.00 | | | | | | | | | | | | | | | 24" Monitor | | \$ - | |
| | Monitor (other size) | | | | | | | | | | | | | | | | Monitor (other size) | | \$ - | |
| | Monitor Stand | \$ 46.00 | | | | | | | | | | | | | | | Monitor Stand | | \$ - | |
| Signature Pads | | | | | | | | | | | | | | | | Signature Pads | | \$ - | | |
| Tablets and Related Items | Basic Tablet* | \$ 694.00 | | | | | | | | | | | | | | | Basic Tablet* | | \$ - | |
| | High-End Tablet* | \$ 825.00 | | | | | | | | | | | | | | | High-End Tablet* | | \$ - | |
| | Tablet Cover | \$ 30.00 | | | | | | | | | | | | | | | Tablet Cover | | \$ - | |
| | Bluetooth Keyboard | \$ 53.00 | | | | | | | | | | | | | | | Bluetooth Keyboard | | \$ - | |
| Printers | Laser Printers - Desktop | | | | | | | | | | | | | | | | Laser Printers - Desktop | | \$ - | |
| | Medium Duty, B&W | \$ 200.00 | | | | | | | | | | | | | | | Medium Duty, B&W | | \$ - | |
| | Medium Duty, Color | \$ 382.00 | | | | | | | | | | | | | | | Medium Duty, Color | | \$ - | |
| | Heavy Duty, B&W | \$ 350.00 | | | | | | | | | | | | | | | Heavy Duty, B&W | | \$ - | |
| | Heavy Duty, Color | \$ 505.00 | | | | | | | | | | | | | | | Heavy Duty, Color | | \$ - | |
| | Laser Printer - Multi- Function | | | | | | | | | | | | | | | | Laser Printer - Multi- Function | | \$ - | |
| | Medium Duty, B&W | \$ 265.00 | | | | | | | | | | | | | | | Medium Duty, B&W | | \$ - | |
| | Medium Duty, Color | \$ 373.00 | | | | | | | | | | | | | | | Medium Duty, Color | | \$ - | |
| | Heavy Duty, B&W | \$ 899.00 | | | | | | | | | | | | | | | Heavy Duty, B&W | | \$ - | |
| | Heavy Duty, Color | \$ 1,277.00 | | | | | | | | | | | | | | | Heavy Duty, Color | | \$ - | |
| | Network Printer | | | | | | | | | | | | | | | | Network Printer | | \$ - | |
| | Medium Duty, B&W | \$ 340.00 | | | | | | | | | | | | | | | Medium Duty, B&W | | \$ - | |
| | Medium Duty, Color | \$ 590.00 | | | | | | | | | | | | | | | Medium Duty, Color | | \$ - | |
| Heavy Duty, B&W | \$ 1,084.00 | | | | | | | | | | | | | | | Heavy Duty, B&W | | \$ - | | |
| Heavy Duty, Color | \$ 1,384.00 | | | | | | | | | | | | | | | Heavy Duty, Color | | \$ - | | |
| Scanners | Auto-feed or Flatbed Scanner | \$ 1,095.00 | | | | | | | | | | | | | | | Auto-feed or Flatbed Scanner | | \$ - | |

Notes / *Justification:

Approver(s): NOTE: Signatures of approving officials should appear on accompanying Memorandum.

Name _____
 Title _____
 Name _____
 Title _____
 Name _____
 Title _____
 Name _____
 Title _____

Instructions

1 Enter your County Number in cell B1.

2 Enter your County Name in cell B2. You may also enter the County Name on the worksheet tab (by double-clicking on it) if desired.

3 Most of the spreadsheet is Protected, so you will only be able to make entries in specific cells.

4 You may enter individual or unit names in cells E3 through G3, I3 through K3 and M3 through O3. This is optional and provided for your convenience, but you may not insert columns or rows.

5 In the columns specified above, enter the desired **quantity** of the item specified in Column B of that row. The values will automatically subtotal for each Unit/Worker section and the Total number ordered will populate in Column R.

6 In Column D, enter the actual cost of each Item being ordered (enter the unit cost).

7 The Total Cost for the number of items specified on each Row in Column R will populate in Column S.

8 The Total Cost of the Plan to be submitted for approval will populate in cell S48.

Enter text in the Justification text box as required. Note that justification must be included if ordering tablets.

9 Specifically, you must describe how tablets will be used to determine eligibility.

10 Enter the Names and Titles of individuals authorized to approve the purchase. The signatures of these individuals should be included on a cover Memorandum submitted with the Acquisition Plan.