

APPENDIX I ACA FUNDING CHART

Health Benefit Exchange					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
Early Innovator Grants/ Planning Grants/ Establishment Grants	93.525	1311	North Carolina Department of Insurance	\$1,000,000 ¹	The North Carolina Department of Insurance was awarded a State Planning Grant in September 2010. Planning grants were awarded to help states plan for the establishment of insurance exchanges under the Affordable Care Act. NC plans to use planning grant funds to accomplish the following: <ul style="list-style-type: none"> • Form an interagency workgroup to study state exchange feasibility and to engage in planning activities; • Continue work to ensure the needs of the poor and “near-poor” are met; and • Consider NC FAST and its functionality with respect to a future insurance exchange.²
Early Innovator Grants/ Planning Grants/ Establishment Grants	93.525	1311	North Carolina Department of Insurance	\$12,396,019 ³	The North Carolina Department of Insurance was awarded a Level 1 Insurance Exchange Establishment Grant in June 2011. NC plans to use establishment grant funds to accomplish the following: <ul style="list-style-type: none"> • Engage stakeholders; • Analyze remaining policy decisions; • Expand NC’s current eligibility system; • Develop non-eligibility requirements; • Develop a consumer assistance program; • Develop a work plan, budget, and evaluation plan; • Develop a sustainability plan; and • Support operational activities related to the exchange.⁴
Affordable Care Act Grants to States for Health Insurance Premium Reviews	93.511	1003	North Carolina Department of Insurance	\$1,000,000 ⁵	First round Health Insurance Premium Review Grants were awarded States in August 2011. Grant funds are to be used by States to review proposed health plan premium increases, take action against insurers pursuing unreasonable rate increases, and ensure health insurance consumers receive value for premium money spent. ⁶ <p>North Carolina reported the following achievements under the first round of this grant program:</p> <ul style="list-style-type: none"> • Expansion of the Commissioner of Insurance’s prior approval authority; • Estimated beneficiary savings of \$14.5 million; and • Staff expansion including adding seven rate review staff (including an actuary and an attorney).⁷
Affordable Care Act Grants to States for Health Insurance Premium Reviews	93.511	1003	North Carolina Department of Insurance	\$3,984,080 ⁸	Second round Health Insurance Premium Review Grants were awarded States to continue work related to reviewing health insurance premiums. NC plans to hire three additional staff under Cycle II as well as continue rate filing legislative efforts and work to improve rate review IT infrastructure. ⁹

Health Benefit Exchange					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
Health Insurance Consumer Assistance Grants	93.519	1002	North Carolina Department of Insurance, Ombudsman Services Group	\$850,000 ¹⁰	Health Insurance Consumer Assistance grants were awarded to states in 2010. States will use funds to continue current initiatives which aim to protect consumers from poor insurance industry practices. North Carolina plans to use its grant to accomplish the following: <ul style="list-style-type: none"> • Expand external review and consumer counseling services provided by the Healthcare Review Program; • Develop a NC Consumer Assistance Program; • Hire staff case managers to assist consumers in transitioning to new health insurance programs; and • Create a Community Advisory Board.¹¹
Pre-Existing Condition Insurance Plan (PCIP)	93.529	1101	Individual enrollment through April 30, 2012: 3,907	estimated allocation \$145,000,000 ¹² (July 1, 2010 - January 1, 2014)	The Pre-Existing Condition Insurance Plan (PCIP) makes health insurance available to those who have been unable to gain coverage due to pre-existing conditions. The PCIP program ends in 2014. ¹³
Medicaid					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
Aging and Disability Resource Centers (ADRCs)	93.517	2405	North Carolina	\$523,000 ¹⁴	Aging and Disability Resource Centers (ADRCs) support seniors, people with disabilities, and their families understand and assess long-term care options. ADRC grant funding was announced in September 2010 for the following grant programs: <ul style="list-style-type: none"> • ADRC Options Counseling Grants: Assist individuals and families understand, evaluate, and manage community services and supports. • ADRC Nursing Home Transition through Money Follows the Person Grants: Strengthens the role of ADRCs in the CMS Money Follows the Person program and supports Medicaid agencies as they transition individuals from nursing homes to community-based care.¹⁵
Health Care Innovation Awards		3021	See below.		The CMS Innovation Center announced the first round of innovation awards in May 2012 and the second (and final) round in June 2012. Health Care Innovation grant recipients will implement projects which strive to improve health care delivery and to lower costs to individuals/families enrolled in Medicare, Medicaid, or Children's Health Insurance Programs (CHIP) – especially those with the greatest health care needs. ¹⁶

Medicaid					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
			Duke University	\$9,773,499 (2012 – 2015) ¹⁷	<p>Project Title: “From Clinic to Community: Achieving Health Equity in the Southern United States”</p> <p>Geographic Reach: Mississippi, North Carolina, West Virginia</p> <p>Estimated 3-Year Savings: \$20.8 million</p> <p>Summary: Duke University, in partnership with the University of Michigan National Center for Geospatial Medicine, Durham County Health Department (Durham County, NC), Cabarrus Health Alliance (Cabarrus County, NC), Mississippi Public Health Institute (Quitman County, MS), Marshall University, and Mingo County Diabetes Coalition (Mingo County, WV) plans to use innovation grant funding to reduce death and disability from Type 2 diabetes mellitus among 57,000 underserved, at-risk people in four Southeastern counties.</p> <p>To support intervention decision making and monitoring, the program will institute an informatics system. Patient-centered care will be coordinated through “local home care teams.” Program implementers aim to reduce ED and hospital admissions and the need for amputations, dialysis, and cardiac procedures through preventive care.¹⁸</p>
			Mountain Area Health Education Center	\$1,186,045 (2012 – 2015)	<p>Project Title: “Regional Integrated Multi-Disciplinary approach to Prevent and Treat Chronic Pain in North Carolina”</p> <p>Geographic Reach: North Carolina</p> <p>Estimated 3-Year Savings: \$2.4 million</p> <p>Summary: The Mountain Area Health Education Center plans to use innovation grant funding to pilot “team-based enhanced primary care” for patients with chronic pain. The target population includes over 2,000 people across 16 counties in Western North Carolina. Program implementers expect to improve the health of patients, enhance patient ability to manage pain, and reduce the frequency of outpatient visits.</p>
			North Carolina Community Networks	\$9,343,670 (2012 – 2015)	<p>Project Title: “Building a statewide child health accountable care collaborative: the North Carolina strategy for improving health, improving quality, reducing costs, and enhancing the workforce”</p> <p>Geographic Reach: North Carolina</p> <p>Estimated 3-Year Savings: \$24,089,682</p> <p>Summary: North Carolina Community Care Networks, Inc., in conjunction with the Carolinas Medical Center-Charlotte, Duke University Health System, University of North Carolina Hospitals, Vidant Medical Center-East Carolina, and Wake Forest Baptist Health, as well as the children’s units at Cape Fear Valley Health, Cone Health, Mission Hospital, New Hanover Regional Medical Center, Presbyterian Healthcare, and WakeMed Hospitals, plan to use innovation grant funding to form a Child Health Accountable Care Collaborative.</p> <p>The Collaborative aims to improve continuity of care and health care access as well as reduce ED visits, hospitalizations, and pharmacy costs for 50,000 Medicaid and CHIP children with chronic diseases. Care coordination will occur through specialist office “special care managers” and through “parent navigators” (who will work with parents in the home).¹⁹</p>

Medicaid					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
State Demonstrations to Integrate Care for Dual Eligible Individuals – Design Contracts		3021	North Carolina	Up to \$1,000,000 (2011 – 2012)	<p>Approximately nine million Americans are eligible for both Medicare and Medicaid. The State Demonstration to Integrate Care for Dual Eligible Individuals was created to develop new strategies for meeting the needs of these individuals with complex, costly medical needs.</p> <p>Fifteen states received funding in 2011 to design/develop person-centered models of care which fully coordinate services – including primary, acute, behavioral, and long-term. CMS will work with states on implementing “plans which hold the most promise.” The program aims to eliminate duplication of services, expand access to care, improve patient lives, while ultimately lowering costs.²⁰</p> <p>North Carolina’s Approach: North Carolina’s design is based on, and builds upon, the Community Care of North Carolina (CCNC) infrastructure. “It is a public-private collaborative through which the State has partnered with community physicians, hospitals, health departments and other community organizations to build regional networks to improve the quality, efficiency and cost-effectiveness of care for Medicaid and Medicare beneficiaries.” CCNC currently serves over 83,000 dual eligibles.²¹</p>
Medicaid Emergency Psychiatric Demonstration		2707	North Carolina		This demonstration provides over \$75 million in federal Medicaid matching funds for the reimbursement of private psychiatric hospitals for services which have been traditionally unallowable under Medicaid. ²²
Safety Net					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
Grants for Operation of School-Based Health Centers	93.501	4101	Alamance-Burlington School System (Burlington, NC)	\$137,990 ²³	The School-Based Health Center Capital Program makes \$200 million in funding available through a series of awards to address health center capital needs (to improve existing facilities or establish new sites) and to support the delivery and expansion of services offered through school-based health centers. The first in the series of grant awards were made in July 2011. Grants will be made through 2013. ²⁴
			Bakersville Community Medical Clinic Inc. (Bakersville, NC)	\$126,017	See description above.
			FirstHealth Of The Carolinas (Pinehurst, NC)	\$499,988	See description above.
			Lincoln Community Health Center Inc. (Durham, NC)	\$50,000	See description above.

Safety Net					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
			Mitchell County Board Of Education (Bakersville, NC)	\$148,459	See description above.
			Morehead Memorial Hospital (Eden, NC)	\$242,915	See description above.
			West Caldwell Health Council Inc. (Collettsville, NC)	\$411,900	See description above.
			Yancey County Schools (Burnsville, NC)	\$500,000	See description above.
			Cherokee County Schools (Murphy, NC)	\$250,000 ²⁵	The School-Based Health Center Capital Program makes \$200 million in funding available through a series of awards to address health center capital needs (to improve existing facilities or establish new sites) and to support the delivery and expansion of services offered through school-based health centers. The first in the series of grant awards were made in July 2011. Grants will be made through 2013. ²⁶
			Blue Ridge Community Health Services (Hendersonville, NC)	\$160,000 ²⁷	See description above.
			Wilmington Health Access For Teens, Inc. (Wilmington, NC)	\$382,375	See description above.
Health Center New Access Point Grants			Bakersville Community Medical Clinic, Inc. (Bakersville, NC)	\$595,833 ²⁸	Health Center New Access Point Grants were announced in June 2012. Grant funds will be used to support the operation of full-time service delivery centers. ²⁹
			High Country Community Health (Boone, NC)	\$608,333	See description above.
			Cabarrus Community Health Centers, Inc. (Concord, NC)	\$379,167	See description above.

Safety Net					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
			Gaston Family Health Services, Inc. (Gastonia, NC)	\$487,500	See description above.
			Blue Ridge Community Health Services (Hendersonville, NC)	\$566,597	See description above.
			Robeson Health Care Corporation (Pembroke, NC)	\$958,000	See description above.
			Rural Health Group, Inc. (Roanoke Rapids, NC)	\$225,000	See description above.
			Opportunities Industrialization Center, Inc. (Rocky Mount, NC)	\$650,000	See description above.
			Southside United Health Center (Winston-Salem, NC)	\$650,000	See description above.
Community Health Center Capital Development Program Grants	93.526	4101	Roanoke Chowan Community Health Center Inc. (Ahoskie, NC)	\$6,224,395 ³⁰	The Capital Development (CD) program provides community health centers funds to address construction and renovation needs and to support service expansion. Under this grant program, \$11 billion in awards are expected to be made over five years (\$1.5 billion for major construction and \$9.5 billion for service expansion). The first in this series of awards was made in October 2010. ³¹
			Blue Ridge Community Health Services (Hendersonville, NC)	\$5,000,000	See description above.
			First Choice Community Health Centers (Mamers, NC)	\$3,500,000	See description above.

Safety Net					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
			Metropolitan Community Health Services, Inc. (Washington, NC)	\$4,467,018	See description above.
Community Health Center Capital Development Grants – Building Capacity	93.526	4101	Goshen Medical Center, Inc. (Faison, NC)	\$4,550,000 ³²	The Capital Development (CD) program provides community health centers funds to address construction and renovation needs and to support service expansion. Under this grant program, \$11 billion in awards are expected to be made over five years (\$1.5 billion for major construction and \$9.5 billion for service expansion). These awards were made in May 2012. ³³
			Rural Health Group, Inc. (Roanoke Rapids, NC)	\$577,320	See description above.
			Carolina Family Health Centers, Inc. (Wilson, NC)	\$3,507,460	See description above.
			West Caldwell Health Council, Inc. (Collettsville, NC)	\$568,934	See description above.
Community Health Center Capital Development Grants - Immediate Facility Improvement	93.526	4101	Piedmont Health Services, Inc. (Carrboro, NC)	\$500,000 ³⁴	The Capital Development (CD) program provides community health centers funds to address construction and renovation needs and to support service expansion. Under this grant program, \$11 billion in awards are expected to be made over five years (\$1.5 billion for major construction and \$9.5 billion for service expansion). These awards were made in May 2012. ³⁵
			The C.W. Williams Community Health Center, Inc. (Charlotte, NC)	\$500,000	See description above.
			Goshen Medical Center, Inc. (Faison, NC)	\$500,000	See description above.
			Rural Health Group, Inc. (Roanoke Rapids, NC)	\$500,000	See description above.

Safety Net					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
			Stedman-Wade Health Services, Inc. (Wade, NC)	\$200,028	See description above.
Health Center Expanded Services Supplemental Funding	93.527	10503	North Carolina	\$15,324,939 ³⁶	Health Center Expanded Services Supplemental Funding supports increased access to primary care and preventive health services (e.g., oral, behavioral, pharmacy, vision, and/or other “enabling services”). ³⁷
Workforce					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
ACA Primary Care Residence Expansion Program	93.510	1003	University of North Carolina at Chapel Hill (Chapel Hill, NC)	\$3,715,684 (2010 – 2015)	The Primary Care Residence Expansion Program funds accredited primary care residency programs to increase residents trained in general internal medicine, family medicine, and pediatrics. Grantees have five years to extend stipend support to new residents enrolled in 3-year primary care training programs. It is estimated that the program will support the training of 889 new primary care residents by 2015. ³⁸
			New Hanover Regional Medical Center (Wilmington, NC)	\$1,795,571 (2010 – 2015)	See description above.
ACA Expansion of Physician Assistant Training Program	93.514	5301	Duke University Medical Center (Durham, NC)	\$1,320,000 (2010 – 2015)	The Expansion of Physician Assistant Training Program will fund 28 primary care physician assistant training programs over 5 years. Student stipends are \$22,000 per student per year (for 2 years). It is estimated that the program will support the training of more than 700 physician assistants by 2015. ³⁹
			Methodist University, Inc. (Fayetteville, NC)	\$1,188,000 (2010 – 2015)	See description above.
Demonstration Project to Develop Training and Certification Program for Personal or Home Care Aides	93.512	5507(b)	North Carolina Department of Health and Human Services	\$2,100,000 ⁴⁰ (2010-2012)	The purpose of the Personal and Home Care Aides State Training Program (PHCAST) is to meet personal and home care occupational needs in shortage and or/high demand areas by training qualified personal and home care aides. Grants were made to States for the development of training curriculum and certification programs for personal and home care aides. These aides provide critical services to the geriatric, mentally ill, and disabled populations. ⁴¹

Workforce					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
Advanced Nursing Education Expansion Grant Program	93.513	5308	Duke University School of Nursing (Durham, NC)	\$1,276,000 (2010 – 2015)	The Advanced Nursing Education Expansion Program will fund 26 nursing schools to increase full-time enrollment in primary care nurse practitioner (NP) and nurse midwife (NMW) programs. Student stipends are \$22,000 per student per year (for 2 years). It is estimated that the program will support the training of more than 600 NPs and NMWs by 2015. ⁴²
Advanced Education Nursing Traineeships	93.358	5308	University of North Carolina at Chapel Hill (Chapel Hill, NC)	\$90,365 ⁴³	The Advanced Education Nursing Traineeships Program funds traineeships for nurse practitioners, clinical nurse specialists, nurse-midwives, nurse anesthetists, nurse administrators, nurse educators, public health nurses, and other nurses requiring advance education through eligible institutions. ⁴⁴
			University of North Carolina at Charlotte (Charlotte, NC)	\$43,357	See description above.
			Duke University School of Nursing (Durham, NC)	\$85,088	See description above.
			University of North Carolina Greensboro (Greensboro, NC)	\$97,320	See description above.
			East Carolina University (Greenville, NC)	\$82,597	See description above.
			University of North Carolina Wilmington (Wilmington, NC)	\$11,291	See description above.
			Winston-Salem State University (Winston-Salem, NC)	\$73,874	See description above.
Nurse Anesthetist Training	93.124	5308	University of North Carolina at Charlotte (Charlotte, NC)	\$24,385 (2011) ⁴⁵ \$29,313 (2012) ⁴⁶	Nurse Anesthetist Traineeships support licensed registered nurses enrolled (full-time) in their second year of eligible two-year nurse anesthetist master's programs. ⁴⁷
			Western Carolina University (Cullowhee, NC)	\$ 2,369 (2011) \$11,516 (2012)	See description above.

Workforce					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
			Duke University School of Nursing (Durham, NC)	\$13,862 (2011) \$20,819 (2012)	See description above.
			University of North Carolina Greensboro (Greensboro, NC)	\$20,431 (2011) \$50,750 (2012)	See description above.
			East Carolina University (Greenville, NC)	\$11,816 (2011) \$12,516 (2012)	See description above.
Nurse Faculty Loan Program	93.264	5311	University of North Carolina at Chapel Hill (Chapel Hill, NC)	\$103,419 (2011) ⁴⁸ \$91,155 (2012)	The Nurse Faculty Loan Program, through grants to eligible institutions, offers partial loan forgiveness for registered nurses who are completing graduate education to become qualified nurse faculty. ⁴⁹
			Duke University School of Nursing	\$104,755 (2012)	See description above.
Advanced Education Nursing Grant Program	93.247	5308	Western Carolina University (Cullowhee, NC)	\$600,931 ⁵⁰	The Advanced Education Nursing Grant Program supports registered nurses who are pursuing advanced nursing education specialty programs to become nurse practitioners, clinical nurse specialists, nurse anesthetists, nurse-midwives, nurse educators, nurse researchers/scientists, public health nurses, and other nurse specialists. ⁵¹
			Duke University (Durham, NC)	\$212,965	See description above.
Graduate Nurse Education Demonstration		5509	Duke University Hospital (Durham, NC)		CMS is authorized to spend up to \$50 million per year (2012-2015) under this demonstration program. CMS will reimburse eligible hospitals for clinical training costs for advanced practice registered nursing (APRN) students. ⁵²
Nursing Workforce Diversity			University of North Carolina at Chapel Hill (Chapel Hill, NC)	\$210,185 (2012) ⁵³	The Nursing Workforce Diversity grant supports nursing schools in an effort to increase nursing education opportunities for those individuals with disadvantaged backgrounds, including racial and ethnic minorities who are underrepresented in the nursing workforce. Grant assistance includes financial assistance, academic support, and mentoring. ⁵⁴
Interdisciplinary and Interprofessional Graduate Joint Degree			University of North Carolina at Chapel Hill (Chapel Hill, NC)	\$253,061 (2012) ⁵⁵	Interdisciplinary and Interprofessional Graduate Joint Degree supports the integration of public health content into clinical curricula. This grant program supports collaboration efforts occurring in education settings, community-based training, as well as faculty development. ⁵⁶
Comprehensive Geriatric Education			Duke University School of Nursing (Durham, NC)	\$261,717.00 (2012) ⁵⁷	The Comprehensive Geriatric Education program supports grant projects to train and educate those providing care for the elderly. Supported activities include curriculum development, faculty training, and continuing education. ⁵⁸

Prevention					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
Maternal, Infant, and Early Childhood Home Visitation Grant Program (MIECHV)	93.505	2951	North Carolina Department of Health and Human Services	\$2,263,162 (07/10/2012 – 09/30/2012)	The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) provides funding to states and jurisdictions to support evidence-based home visiting programs focused on improving family and young child well-being. Nurses, social workers, and other professionals determine family needs and circumstances, provide direct family support to foster healthy child development and parenting skills, and connect families to local resources and services which can improve and strengthen child and family health and well-being. Initial formula grants, made in February 2011, aimed to support states and jurisdictions in assessing existing home visiting programs and high-need areas. ⁵⁹
			North Carolina Department of Health and Human Services	\$6,418,246 (9/30/11 – 9/29/14) ⁶⁰	Competitive MIECHV grant awards were made in September 2011. (See program description above.) NC awardees: Buncombe County Department of Health (Buncombe); Barium Springs for Children (lesser Burke County); Center for Child and Family Health (Durham); Northampton County Health Department (Northampton, Hertford, Halifax, and Edgecombe); Robeson County Health Department (Robeson and Columbus); Toe River Health District (Yancey and Mitchell).
			North Carolina Department of Health and Human Services	\$1,943,112 (9/30/12 – 9/29/13)	Competitive Development: Awarded September 2012. The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) provides funding to states and jurisdictions to support evidence-based home visiting programs focused on improving family and young child well-being. The funds are intended to support initiatives that build on the existing ACA Maternal, Infant and Early Childhood Home Visiting formula funding provided to states and territories to support quality implementation of home visiting programs. This funding will develop infrastructure to support evidence-based home visiting within the state, as grounded in implementation science.
Teen Pregnancy Prevention Program	93.297	2953	TPP Tier 1: Replication of Evidence-Based Programs Iredell-Statesville Schools	\$807,597 ⁶¹	Teen Pregnancy Prevention Program funds were awarded through a competitive grant process in September 2010. Tier 1 grantees must implement evidence-based teen pregnancy prevention programs. ⁶²
			TPP Tier 1: Replication of Evidence-Based Programs: Family Resource Center of Raleigh, Inc.	\$796,916	See description above.

Prevention					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
			TPP Tier 2: Community Wide Adolescent Pregnancy Prevention of North Carolina	\$1,163,553	Teen Pregnancy Prevention Program funds were awarded through a competitive grant process in September 2010. Tier 2 grantees are responsible for implementing community-wide programs (in partnership with the CDC). ⁶³
Personal Responsibility Education Program (PREP)	93.092	2953	North Carolina Department of Health and Human Services	\$1,603,738 (10/1/12 – 9/30/15) ⁶⁴	Personal Responsibility Education Program (PREP) formula and competitive grant awards were made in September 2010. Formula awards were made to states for the implementation of evidence-based teen pregnancy and sexually transmitted infection prevention interventions. Interventions must include abstinence and contraception lessons. Additionally, programs must include other adulthood preparation components (e.g., healthy relationships, communication, and financial literacy). Competitive grant awards were made to test innovative strategies for reducing teen pregnancy and repeat pregnancy. ⁶⁵
Pregnancy Assistance Fund	93.500	10212	North Carolina Department of Health and Human Services	\$1,768,000 (9/1/12 – 8/31/13) ⁶⁶	<p>The Pregnancy Assistance Fund provides funding to states and tribes to support pregnant and parenting teens and women. States may use these grant funds to link pregnant and parenting teens and women to critical supportive services and local resources (health care, child care, housing, education, domestic violence etc.).⁶⁷</p> <p>North Carolina Project Description: The North Carolina Department of Health and Human Services is implementing a program called Young Moms Connect in five high need counties (Bladen, Nash, Onslow, Rockingham, and Wayne). The Young Moms Connect program aims to :</p> <ul style="list-style-type: none"> • Implement evidence-based strategies and practices into existing programs for pregnant and parenting women ages 13 – 24 years; • Provide accessible, high quality services which meet the needs of pregnant and parenting women ages 13 – 24 years; • Build effective local systems of care for pregnant and parenting women ages 13-24 years; • Improve the health and well-being of pregnant and parenting women ages 13 – 24 years and their families; • Identify lessons learned and replicable practices for statewide implementation.⁶⁸
Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program	93.508	2951	Eastern Band of Cherokee Indians	\$205,000 (July 1, 2011 – June 30, 2016) ⁶⁹	<p>The Tribal Maternal, Infant, and Early Childhood Home Visiting Grant Program supports the development and implementation of evidence-based, culturally-appropriate home visiting programs to improve family and young child well-being in at-risk tribal communities.⁷⁰</p> <p>North Carolina Project Description: North Carolina's Tribal Maternal, Infant, and Early Childhood Home Visiting Program funds will be used to support the development of a needs assessment and action plan for home visiting service needs of pregnant women and families (with children up to two years of age) among the Eastern Band of Cherokee Indians. The service area includes over 56,000 acres of mountainous land across five western NC counties.⁷¹</p>

Prevention					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
Communities Putting Prevention to Work (CPPW)	93.520	4002	North Carolina Division of Public Health: Appalachian District Health Department and Pitt County	\$3,800,492 ⁷²	<p>Communities Putting Prevention to Work (CPPW) grants were awarded to 50 communities across the country to confront the two leading causes of preventable death in the United States – obesity and tobacco use. In North Carolina, the Appalachian District Health Department and Pitt County were awarded funds (totaling 3,239,600) for obesity prevention activities.⁷³</p> <p>The Appalachian District Health District (ADHD) is using CPPW funds to increase community access to healthy foods and to support policy changes in schools and workplaces to promote nutrition and physical Activity.</p> <p>The Pitt County Health Department (PCHD) is using CPPW funds to improve access to nutritious foods through The Corner Store Initiative. PCHD also plans to use funding to support and encourage physical activity within the community.⁷⁴</p>
National Improvement Initiative (NPHII): Strengthening Public Health Infrastructure for Improved Health Outcomes	93.507	4002	North Carolina Division of Public Health	\$2,941,636 ⁷⁵	The National Public Health Improvement Initiative (NPHII) supports states, tribes, territories, and localities in making organizational improvements to enhance the delivery of public health services. The North Carolina Division of Public Health received \$1,903,858 in 2010 and \$1,037,779 in 2011. NPHII is a 5 year grant initiative. ⁷⁶
Prevention and Public Health Fund (Affordable Care Act) - Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance	93.539		North Carolina Division of Public Health	\$1,023,484 (9/1/11 – 8/31/13)	<p>The National Immunization Program within the Centers for Disease Control and Prevention is replacing the current vaccine ordering system. Because providers statewide order vaccines through the North Carolina immunization registry, an interface between the registry and the new system is critical in the timely receipt of vaccines. In addition, providers using electronic medical records need to interface their systems with the North Carolina immunization registry to avoid duplicate data entry and meet federal Meaningful Use requirements. The latter functionality will be accomplished through the state's health information exchange.</p> <p>The Division of Public Health will use these funds to accomplish both interfaces described above by August, 2013.</p>
Community Transformation Grants (CTG) (Implementation Grant)	93.531	4201	North Carolina Division of Public Health	\$7,466,092 ⁷⁷ (2011)	<p>States and communities who received Community Transformation Grants will use funds to address the following areas: tobacco use; healthy eating; active living; evidence-based clinical and preventive services (with a specific focus on controlling high blood pressure and high cholesterol). The North Carolina Division of Public Health received an implementation grant under this grant program, which means funds must be used to implement evidence-based programs and interventions to improve citizen health and well-being.⁷⁸</p> <p>The North Carolina Division of Public health will use funds to serve the entire State (with the exception of large counties). NC CTG grants will focus on expanding efforts related to tobacco-free living, active living and health eating, and quality clinical and preventive services.</p>

Prevention					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
Epidemiology Laboratory Capacity (ELC) for Infectious Disease Grants	93.521	4304	North Carolina Department of Health and Human Services	\$371,894 ⁷⁹	The Epidemiology Laboratory Capacity Grant Program (ELC) aims to increase local public health capacity and infectious disease preparedness. Grant funds can be used to hire staff, purchase laboratory supplies and equipment, and to build IT systems for reporting and monitoring. ⁸⁰
Extension of Family-to-Family Health Information Centers	93.504	5507	Exceptional Children's Assistance Center (Davidson, NC)	\$191,000 ⁸¹	The Family-to-Family Health Information Center extension funding supports family-run organizations that provide information, education, peer support, and training to families with children who have special health care needs. Support includes helping families understand and connect to federal, state, and local health care resources. These grants, awarded in May 2011, will extend funding for grant recipient through 2012. ⁸²
Communities Putting Prevention to Work - CDC Tobacco Quitline Grant	93.520		North Carolina Department of Health and Human Services	\$98,266 ⁸³	As part of the overall effort to reduce the burden of chronic diseases and chronic disease risk factors, the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, provided this award of Affordable Care Act funds to create additional tobacco quitters, beyond what states and jurisdictions have projected to achieve in Recovery Act funded programs.
Affordable Care Act - Preparedness and Emergency Response Learning Centers (PERLC)	93.606	4002	The UNC Gillings School of Global Public Health (Chapel Hill, NC)	\$937,657 ⁸⁴	The UNC Gillings School of Global Public Health received funding to build an Emergency Response Learning Center (PERLC). Fourteen institutions received funding from the CDC under this initiative. UNC's PERLC aims to meet public health workforce training needs at the local, regional, and state levels. The UNC PERLC includes North Carolina, Tennessee, Virginia, and West Virginia. Funding began in September 2010. ⁸⁵
Quality					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
Partnership for Patients			North Carolina Hospital Association	\$7,200,000 (optional 3 rd year funded at \$3,600,000) ⁸⁶	The Partnership for Patients initiative was launched by CMS in 2011. This initiative aims to support hospitals in reducing preventable hospital-acquired infections and reducing preventable hospital readmissions. ⁸⁷
			Carolinas Health Care System	\$4,300,000 ⁸⁸	See description above.
Partnership for Patients			Northwest Triad Care Transitions Community Program (NTCTCP) (North Carolina)		The Northwest Triad Care Transitions Community Program (NTCTCP) will address care transition needs of urban and rural North Carolinians through partnership with hospitals and other providers. NTCTCP will work with Forsyth Medical Center, Hugh Chatham Memorial Hospital, Lexington Medical Center, Medical Park Hospital, Northern Hospital of Surry County, Thomasville Medical Center, and Wake Forest Baptist Health. ⁸⁹

New Models					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
State Demonstrations to Integrate Care for Dual Eligible Individuals – Design Contracts		3021	North Carolina	Up to \$1,000,000 (2011 – 2012)	<p>Approximately nine million Americans are eligible for both Medicare and Medicaid. The State Demonstration to Integrate Care for Dual Eligible Individuals was created to develop new strategies for meeting the needs of these individuals with complex, costly medical needs.</p> <p>Fifteen states received funding in 2011 to design/develop person-centered models of care which fully coordinate services – including primary, acute, behavioral, and long-term. CMS will work with states on implementing “plans which hold the most promise.” The program aims to eliminate duplication of services, expand access to care, improve patient lives, while ultimately lowering costs.⁹⁰</p> <p>North Carolina’s Approach: North Carolina’s design is based on, and builds upon, the Community Care of North Carolina (CCNC) infrastructure. “It is a public-private collaborative through which the State has partnered with community physicians, hospitals, health departments and other community organizations to build regional networks to improve the quality, efficiency and cost-effectiveness of care for Medicaid and Medicare beneficiaries.” CCNC currently serves over 83,000 dual eligibles.⁹¹</p>
Independence at Home Demonstration			Doctors Making Housecalls, LLC (Durham, North Carolina)		CMS will work with participating providers who provide home-based care for chronically ill patients (over a three-year period). CMS will track and study patient care experience, quality measures, and Medicare savings. ⁹²
Medicare Shared Savings Program - Accountable Care Organizations (ACOs)			Cornerstone Health Care (High Point, NC)		<p>The Centers for Medicare & Medicaid Services (CMS) has established a Medicare Shared Savings Program (Shared Savings Program) to better coordinate care for Medicare beneficiaries. Eligible providers, hospitals, and suppliers may participate through the creation of an Accountable Care Organization (ACO). Through this program, CMS hopes to:</p> <ul style="list-style-type: none"> • Promote accountability for care of Medicare beneficiaries; • Require the coordination of care; and • Promote the redesign of care processes and investment in infrastructure.⁹³
			Meridian Holdings, Inc.		See description above.
			Triad Healthcare Network, LLC (Greensboro, NC)		See description above.

New Models					
Grant Name	CFDA	PPACA Section	Grantee Name	Award Amount	Description
			Accountable Care Coalition of Caldwell County, LLC (Lenoir, NC)		See description above.
			Accountable Care Coalition of Eastern North Carolina, LLC (New Bern, NC)		See description above.
Medicare Shared Savings Program Advance Payment ACO			Coastal Carolina Quality Care, Inc (New Bern, NC)		The Advance Payment ACO Model issues monthly payments to physician and rural providers who aim to provide high quality, coordinated care to the Medicare beneficiaries they serve. Physicians can use these payments to invest in care coordination infrastructure. ⁹⁴
Innovation Advisors Program			Mr. Rod Baird, Geriatric Practice Management, Inc., Asheville, NC		The Innovation Advisors Program was created to help individuals develop and refine managerial and technical skills needed to drive delivery system reform for Medicaid, Medicare, and CHIP recipients. Specific areas of focus include: health care economics and finance; population health; systems analysis; and operations research. ⁹⁵
			Dr. Pamela Duncan, Wake Forest Baptist Health, Winston Salem, NC		See description above.
			Dr. Suzanne Landis, Mountain Area Health Education Center (MAHEC), Asheville, NC		See description above.
			Dr. Zeev Neuwirth, Carolinas Healthcare System, Charlotte, NC		See description above.

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