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**MENTAL HEALTH DISASTER ASSISTANCE AND EMERGENCY
MENTAL HEALTH**

State Project/Program: CRISIS COUNSELING ASSISTANCE AND TRAINING
PROGRAM - HOPE FOR NC DISASTER MENTAL HEALTH
SERVICES

**U.S. DEPARTMENT OF HOMELAND SECURITY (DHS)
FEDERAL EMERGENCY MANAGEMENT AGENCY (FEMA)**

Federal Authorization: Section 416 of the Robert T. Stafford Disaster Relief
and Emergency Assistance Act (Public Law 93-288, as amended),
for FEMA-DR-4393-NC (Hurricane Florence) AND FEMA DR-
4487-NC (Coronavirus Novella-COVID-19)

State Authorization: NC General Statutes 122C; Developmental Disabilities, and
Substance Abuse Act 1985

**N. C. Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Address Confirmation Letters To:

SFY 2022 audit confirmation reports for
payments made to Counties, Local
Management Entities (LMEs), Managed Care
Organizations (MCOs), Boards of Education,
Councils of Government, District Health
Departments and DHHS Grant Subrecipients
will be available by mid-October at the
following web address:

[https://www.ncdhhs.gov/about/administrative-
offices/office-controller/audit-confirmation-
reports](https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports)

At this site, click on the link entitled “Audit
Confirmation Reports (State Fiscal Year
2021-2022). Additionally, audit confirmation
reports for Nongovernmental entities
receiving financial assistance from DHHS are
found at the same website except select

[Non-Governmental Audit Confirmation
Reports \(State Fiscal Years 2020-2022\)](#)

The auditor should not consider the Supplement to be “safe harbor” for identifying
audit procedures to apply in a particular engagement, but the auditor should be
prepared to justify departures from the suggested procedures. The auditor can
consider the Supplement a “safe harbor” for identification of compliance requirements

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to be tested if the auditor performs reasonable procedures to ensure that the requirements in the Supplement are current.

The grantor agency may elect to review audit working papers to determine that audit tests are adequate.

Auditors may request documentation of monitoring visits by the State Agencies.

I. PROGRAM OBJECTIVES

The Crisis Counseling Assistance and Training Program (CCP) is a federally funded supplemental program administered by the U.S. Department of Homeland Security (DHS) Federal Emergency Management Agency (FEMA). Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, 42 U.S.C. § 5183 authorizes FEMA to fund mental health assistance and training activities in areas that have been declared a major disaster by the President. The Center for Mental Health Services (CMHS), within the Substance Abuse and Mental Health Services Administration (SAMHSA), works with FEMA through an interagency agreement to provide technical assistance, consultation, grant administration, program oversight, and training for state mental health authorities, U.S. territories, and designated tribal authorities.

The mission of the CCP is to assist individuals and communities in recovering from the effects of natural and human-caused disasters through the provision of community-based outreach and psycho-educational services. The CCP supports short-term interventions that involve assisting disaster survivors in understanding their current situation and reactions, mitigating stress, developing coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies that help survivors in their recovery process. In addition, CCP provides training and develops community networks among those engaged in disaster recovery in order to aid in recovery, wellness, sustain resilience and promote preparedness (for future events) among those impacted by Hurricane Florence among survivors (ending March 30, 2020) AND among those impacted by COVID-19 global pandemic (beginning April 30, 2020). FEMA Disaster Declaration for NC approved on 3/25/2020, as amended 4/30/20 (FEMA 4487-DR-NC) <https://www.fema.gov/disaster/4487#>

For DR 4393 NC, Crisis Counseling Program (CCP) engaged a cadre of 200 crisis counselors working under the name *Hope 4 NC* to provide door-to-door, behavioral health crisis counseling outreach across the federally declared areas impacted by Hurricane Florence. *Hope 4 NC* Crisis Counselors:

- Engage with those at large, and especially those who are seeking disaster recovery supports and related services, to provide supportive crisis counseling and coping strategies, complete risk assessments and help individuals get connected to longer term behavioral health supports as needed. It is important to note that CCP crisis counseling is not traditional clinical treatment by licensed practitioners.
- Navigate resource needs for special populations, such as children, elders, homeless and those with disabilities.
- Coordinate and Conduct *Hope 4 NC* crisis counseling outreach and education with community programs and with those with whom community agencies and programs work as well as with program/agency staff, community partners, childcare, schools, community centers, senior centers, first responders, social services, housing, faith and agricultural communities, among others impacted by Hurricane Florence.

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- Provide CCP crisis counseling primary services with individuals or with groups in homes and across community settings, including survivor risk screenings and assessments and referrals. All services provided are free and anonymous.
- Complete DMH and FEMA required reporting and data collection utilizing the CCP online system.

Hope 4 NC – Crisis Counseling Program after Hurricane Florence	
LME/MCO/ Providers	County
Trillium/ Neal Temps	Beaufort, Brunswick, Carteret, Columbus, Craven, Hyde, Jones, New Hanover, Onslow, Pamlico, Pender, Pitt
Eastpointe/ Easter Seals RHA	Bladen, Duplin, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson
Alliance/ CDRC	Cumberland, Johnston
Sandhills/ RHA	Harnett, Hoke, Lee, Moore, Richmond
LME/MCO map: https://www.ncdhhs.gov/providers/lme-mco-directory	

For DR 4487 CCP response to COVID-19, all 100 counties in North Carolina are served. Note that towards the end of grant period of DR 4487, Cardinal Innovations, one of the 7 LME/MCO's, was dissolved with counties transitioned to other LME/MCOs; that change is reflected on the link to the LME/MCO map.

Hope 4 NC – Crisis Counseling Program for COVID (DR4487)	
LME/MCO/ Providers	County
Alliance	Cumberland, Durham, Johnston, Wake
Cardinal	Alamance, Cabarrus, Caswell, Chatham, Davidson, Davie, Forsyth, Franklin, Granville, Halifax, Mecklenburg, Orange, Person, Rockingham, Rowan, Stanly, Stokes, Union, Vance, Warren
Eastpointe	Bladen, Duplin, Edgecombe, Greene, Lenoir, Robeson, Sampson, Scotland, Wayne, Wilson
Partners	Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Rutherford, Surry, Yadkin
Sandhills	Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, Richmond
Trillium	Beaufort, Bertie, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Tyrrell, Washington
Vaya	Alexander, Alleghany, Ashe, Avery, Buncombe, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Swain, Transylvania, Watauga, Wilkes, Yancey
LME/MCO map: https://www.ncdhhs.gov/providers/lme-mco-directory	

Similar to DR 4393NC, for DR 4487 NC CCP Services for COVID-19 global pandemic:

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- Statewide Hope 4 NC Helpline 1-855-587-3463 for Behavioral Health Crisis Counseling with TTY/711 and interpreters available.
Free and confidential services provided including:
- Phone support: Crisis counselors available by phone and internet in each county to provide emotional support, skills in coping with stress, risk screening, linking caller with needed resources and to longer term behavioral health supports as needed.
- Virtual individual and group counseling with special populations such as first responders, ED, health care, childcare providers, children and youth, parents, older adults, those with disabilities, farmers, homeless, veterans, guard and military families, among others.
- Educational webinars with individuals and groups on effective coping skills, self-care, compassion fatigue, secondary trauma, strategies to stay resilient and mentally healthy.
- Statewide and community outreach emotional support and resources for individuals and groups by phone, internet, other social media formats such as virtual resource fairs.
- Following N. C. Executive Orders 121 and 135, in person face-to-face help was prohibited during the beginning of the pandemic. [Executive Order No. 135 | NC Gov. Cooper](#); Executive Orders 141, 147, 151, and 155 strongly advised North Carolinians to stay Safer at Home. [Executive Order No. 155 | NC Gov. Cooper](#). During late 2020 and into 2021 there were also several Executive Orders addressing modified Stay at Home protocols such as Executive Order 188. [Executive Order No. 188 | NC Gov. Cooper](#). In person services were made available during late Spring 2021 as vaccine rates increased, before the arrival of the COVID19 Delta Variant became prevalent in the US. Typically, most services are door-to-door and in community settings.
<https://www.samhsa.gov/sites/default/files/images/fema-ccp-guidance.pdf>

All grantees are required to comply with the N. C. Department of Health and Human Services and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services records retention schedules and policies. Financial records shall be maintained in accordance with established federal and state guidelines.

The records of the contractor shall be accessible for review by the staff of the N. C. Department of Health and Human Services and the N. C. Office of the State Auditor for the purpose of monitoring services rendered, financial audits by third party payers, cost finding, and research and evaluation.

Records shall be retained for a period of three years following the submission of the final Financial Status Report or three years following the submission of a revised final Financial Status Report. Also, if any litigation, claim, negotiation, audit, disallowance action, or other action involving these funds has been started before expiration of the three-year retention period, the records must be retained until the completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later. The grantee shall not destroy, purge or dispose of records related to these funds without the express written consent of N. C. DHHS/DMH/DD/SAS.

The agency must comply with any additional requirements specified in the contract or to any other performance-based measures or agreements made subsequent to the initiation of the contract including but not limited to findings requiring a plan of correction or remediation in order to bring the program into compliance.

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II. PROGRAM PROCEDURES

The funds are allocated to Local Management Entities/Managed Care Organizations (LME/MCOs) on a time-limited basis on the approved FEMA DR 4393 NC and DR 4487 NC CCP grant plans that specifies the expected distribution of funds to LME/MCOs. Funds must be expended or earned in accordance with the individual allocation letters. NC Tracks replaced the Integrated Payment and Reporting System (IPRS) as of July 1, 2013]. CCP funds are earned through Non-UCR based on allowable activities provided by the entity receiving the funds.

III. COMPLIANCE REQUIREMENTS

CC	A	B	C	E	F	G	H	I	J	L	M	N
Cross Cutting Requirements	Activities Allowed or Unallowed	Allowable Costs/Cost Principles	Cash Management	Eligibility	Equipment Real Property Management	Matching Level of Effort, Embarking	Period of Performance	Procurement Suspension & Debarment	Program Income	Reporting	Subrecipient Monitoring	Special Tests and Provisions
Y	Y	Y	Y	Y	Y	N	N	Y	N	Y	Y	Y

A. ACTIVITIES ALLOWED OR UNALLOWED

ALLOWABLE ACTIVITIES:

1. Services provided with FEMA DR 4393 NC and DR 4487 NC CCP grant shall be provided only through appropriate, qualified community programs in coordination with local management entities/managed care organizations (LME/MCOs). Services under the plan will be provided through behavioral health providers through CCP program teams in compliance with the FEMA DR 4393 NC and DR 4487 NC CCP grant requirements, including:
 - a. CCP services are provided principally to individuals residing in the disaster declared counties in the defined geographic area (service area);
 - b. CCP primary services are provided free and anonymously to include individual and group crisis counseling, outreach and education, survivor risk screening and assessment for referrals for more intensive community services, including health, mental health, substance use and/or disability services.

The activities of this grant are consistent with the FEMA DR 4393 NC and DR 4487 NC CCP grant and are specified in the contract (see program procedures section above). These activities include participating in CCP mechanisms to evaluate the CCP program and services delivered under these contracts, and outreach, educational/training and primary service activities under FEMA DR 4393 NC and DR 4487 NC CCP grants.

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UNALLOWABLE ACTIVITIES: The funds for this contract are not used to: (1) Provide behavioral health treatment services. The Division ensures compliance with treatment service prohibition by not reimbursing treatment service with CCP funds through NC Tracks; (2) Make cash payments to intended recipients of CCP services; (3) Purchase or improve land, purchase, construct or permanently improve any (other than minor remodeling) any building or other facility, or purchase major medical equipment-unless the State has obtained a waiver from the Secretary of HHS; (4) Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.

B. ALLOWABLE COSTS/COST PRINCIPLES

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the cost principles described in the N. C. Administrative Code at 09 NCAC 03M.0201. (Note: Pending the change in reference from OMB Circular A-87 to 2 CFR Subpart E – Cost Principles.)

Restrictions on LME/MCO, Provider, and Contractor Use of CCP Funds

Federal funds are prohibited to be used towards the annual salary of any LME/MCO, provider, or contractor employee, consultant, or other individual that is in excess of Level I of the most current federal Executive Salary Schedule. This amount is designated for calendar year 2022 at an annual salary of \$226,300 <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2022/EX.pdf>

Assurances on LME/MCO, Provider, and Contractor Use of FEMA DR 4393 NC and DR 4487 NC CCP Funds

1. Funds are used to provide CCP services (individual and group crisis counseling, outreach and education) All services are provided free and anonymously to all individuals (survivors) of all ages and abilities, including special populations, who were impacted by FEMA DR 4393 NC Hurricane Florence in the federally declared counties and DR 4487 NC in all COVID-19 100 disaster declared counties.
2. Funds are used to promote linkages and community networks among community resources and stakeholders in order to assist survivors in recovery and building resilience, wellness and preparedness for future like events. Coordination with and referrals among though not limited to:
 - Social services;
 - Health and mental health services;
 - Substance use disorder services;
 - Educational and employment services;
 - Disaster case management and long-term recovery groups (LTRGs); and related disaster recovery partners such as Back at Home, interfaith councils, Habitat for Humanity, NC VOAD partners, among others.
 - Health and rural health departments, testing and vaccination providers/sites in coordination with the NC Governor's and NCDHHS recommended guidance, policies and executive orders related to COVID-19.

C. CASH MANAGEMENT

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These funds are reimbursed / earned based on the following:

1. Funds are earned through Non-UCR based on allowable activities provided by the entity receiving the funds; and/or
2. Funds are reimbursed based on actual expenditures incurred and certified by the Local Management Entity/Managed Care Organization (LME/MCO).
3. Funds are reimbursed based on actual expenditures incurred and certified by the contractor.

For the DR 4393 NC CCP:ISP Funds (September 14-June 30, 2019) The N. C. Department of Public Safety, NC Emergency Management, is responsible for submitting "Financial Status Report 245" to the Federal Grants Management Officer, for documentation of federal funds expended according to the N. C. DHHS Cash Management Policy

DR 4393 NC CCP:RSP Funds (July 1, 2019 – March 30, 2020); The N. C. DHHS Controller's Office is responsible for submitting "Financial Status Report 245" to the Federal Grants Management Officer, for documentation of federal funds expended according to the N. C. DHHS Cash Management Policy.

For the DR 4487 NC CCP:ISP Funds (April 30,2020 – October 19,2020) The N. C. Department of Public Safety, NC Emergency Management, is responsible for submitting "Financial Status Report 245" to the Federal Grants Management Officer, for documentation of federal funds expended according to the N. C. DHHS Cash Management Policy

DR 4487 NC CCP:RSP Funds (October 20, 2020 – July 19,2021) The N. C. DHHS Controller's Office is responsible for submitting "Financial Status Report 245" to the Federal Grants Management Officer, for documentation of federal funds expended according to the N. C. DHHS Cash Management Policy.

DR 4487 NC CCP:RSP Funds (January 20, 2020 and continuing) The N. C. DHHS Controller's Office is responsible for submitting "Financial Status Report 245" to the Federal Grants Management Officer, for documentation of federal funds expended according to the N. C. DHHS Cash Management Policy.

E. ELIGIBILITY

The CCP primary services are provided free and anonymously to all individuals (survivors) of all ages and abilities who were impacted by FEMA DR 4393 NC Hurricane Florence and DR 4487 NC COVID-19 in the federally declared counties. All LME/MCOs and provider networks must comply with this.

F. EQUIPMENT AND REAL PROPERTY MANAGEMENT

Equipment Management

This requirement refers to tangible property that has a useful life of more than one year and costs of \$5,000 or more. Such equipment may only be purchased per the conditions of the approved contract or grant agreement. Should the contract be terminated, any equipment purchased under this program shall be returned to the Division.

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Real Property Management

This requirement does not apply to DMH/DD/SAS contracts.

G. MATCHING, LEVEL OF EFFORT, EARMARKING

Matching

This requirement does not apply at the local level.

Level of Effort

This requirement does not apply at the local level.

Earmarking

This requirement does not apply at the local level.

H. PERIOD OF PERFORMANCE

This requirement does not apply at the local level.

I. PROCUREMENT AND SUSPENSION AND DEBARMENT

Procurement

All grantees that expend federal funds (received either directly from a federal agency or passed through the N. C. Department of Health and Human Services) are required to conform to federal agency codifications of the grants management common rule accessible on the Internet at <http://www.whitehouse.gov/omb/>.

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the procurement standards described in the North Carolina General Statutes and the North Carolina Administrative Code, which are identified in the State of North Carolina Agency Purchasing Manual accessible on at <http://www.doa.state.nc.us/PandC/>.

Nongovernmental sub-recipients shall maintain written Procurement policies that are followed in procuring the goods and services required to administer the program.

Suspension and Debarment

All grantees awarded contracts utilizing Federal dollars must be in compliance with the provisions of Executive Order 12549, 45 CFR Part 76 and Executive Order 12689.

J. PROGRAM INCOME

This requirement does not apply at the local level.

L. REPORTING

For funds allocated as non-UCR funds, any applicable reporting requirements will be set forth in specific allocation letters to Local Management Entities/Managed Care Organizations (LME/MCO).

For Contract Reporting:

Financial Status Reports (FSR) will be submitted by the 20th of the month. Data reporting is required daily and submitted weekly with program activity reporting for required quarterly reports.

M. SUBRECIPIENT MONITORING

Monitoring is required if the agency disburses or transfers any State funds to other organizations, except for the purchase of goods or services. If the agency disburses or transfers any pass-through federal funds received from the State to other organizations, the agency shall require such organizations to comply with the applicable requirements of 2 CFR Part 200.331. Accordingly, the agency is responsible for monitoring programmatic and fiscal compliance of subcontractors based on the guidance provided in this compliance supplement and the audit procedures outlined in the DMH-0 Crosscutting Supplement.

N. SPECIAL TESTS & PROVISIONS

Audit Objectives

- a. To ensure compliance with the DHHS and DMH/DD/SAS records retention schedules and policies.
- b. To ensure compliance with all federal and State policies, laws and rules that pertain to this fund source and/or to the allocation/contract/grant agreement.

Suggested Audit Procedures

- a. Verify that records related to this fund source are in compliance with DHHS-DMH/DD/SAS record retention schedules and policies.
- b. Review allocation/contract/grant agreement, identify any special requirements; and verify if the requirements were met.
- c. When applicable, verify that the grantee has obtained a DUNS number and is registered in the Central Contractor Registration (CCR) system.

Conflict of Interest and Certification of No Overdue Tax Debts

All non-State entities (except those entities subject to the audit and other reporting requirements of the Local Government Commission) that receive, use or expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are subject to the financial reporting requirements of G. S. 143C-6-23 effective July 1, 2007. These requirements include the submission of a Notarized Conflict of Interest Policy (see G. S. 143C-6-23(b)) and a written statement (if applicable) that the entity does not have any overdue tax debts as defined by G. S. 105-243.1 at the federal, State or local level (see G. S. 143C-6-23(c)).

G. S. 143C-6-23(b) stipulates that every grantee shall file with the State agency disbursing funds to the grantee a copy of that grantee's policy addressing conflicts of interest that may arise involving the grantee's management employees and the members of its board of directors or other governing body. The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the grantee's employees or members of its board or other governing body, from the grantee's disbursing of State funds, and shall include actions to be taken by the grantee or the individual, or both, to avoid conflicts of interest and the appearance of impropriety. The policy shall be filed before the disbursing State agency may disburse the grant funds.

All non-State entities that provide State funding to a non-State entity (except any non-State entity subject to the audit and other reporting requirements of the Local

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Government Commission) must hold the subgrantee accountable for the legal and appropriate expenditure of those State grant funds.