President Allenbaugh called the meeting to order.

President Allenbaugh thanked Rich Donahey (VT), PP Nancy Clermont (VT), PP Stan Mead (LA) and PP/Arrangements Chair Deena Brown (OK), and all Vermont volunteer staff and State of Vermont for hosting the meeting.

President Allenbaugh thanked Corporate Sponsor, Public Consulting Group, for assistance with the planning meeting.

President Allenbaugh explained that committee chair may move for acceptance of their report in planning meetings only. If there are any proxies for board members and regional coordinators, please announce them during roll call. Only the voting members that are recognized during the roll call from member agencies can make motions or seconds to motions.

President Allenbaugh asked for reports to be delivered from the podium, using the microphone in order for them to be heard.

Secretary King took roll call. Secretary King announced a quorum with 6 members present and 3 proxies.

President Allenbaugh asked for a motion to adopt revised agenda as outlined in the book.

Motion: Conitha King, Alabama
Second: Jesse Bratton, Oklahoma
Motion passed

Historian Report: Ms. Michelle Grose-Bray of Alaska

The National Association of State Human Services Finance Officers (HSFo) held its 2015 Fall Planning and Business meeting Saturday, December 12, thru Wednesday December 16th, 2015 in Montgomery, Alabama with President Vonnetta Allenbaugh presiding. The planning/business meeting was hosted by Ms. Conitha King at the Montgomery Embassy Suites. The meeting was productive and enjoyed by all. The appreciation dinner was held Monday, December 14 at Central restaurant.

Attendance in Montgomery, AL totaled 38. The breakdown of the 31 registrants included 30 members and 2 corporate sponsors participating in daily meetings. Additionally, 7 guests were in attendance.
The daily meetings consisted of executive board, planning, program, and training.

Motion to accept report: Michelle-Grose-Bray, Alaska
Second: Jesse Bratton, OK
Discussion: None
Motion Passed

Secretary’s Report: Mrs. Conitha King, Alabama

The minutes of the 2015 HSFo Fall Business and Planning Meeting, held in Montgomery, Alabama on December 12-16, 2015, have been posted to the HSFo website for review.

I have a copy if there are specific questions, but at this time I would move that we dispense with reading the minutes and accept them as posted.

Motion: Conitha King, AL
Second: Michelle Grose-Bray, Alaska
Discussion: None
Motion carried

Federal Issues Report: Hank Fitzer (MD) for Michele McDonald (MD)

Social Security

Official Social Security Website
Sec. 474. [42 U.S.C. 674] (a) For each quarter beginning after September 30, 1980, each State which has a plan approved under this part shall be entitled to a payment equal to the sum of—

(1) an amount equal to the Federal medical assistance percentage (which shall be as defined in section 1905(b), in the case of a State other than the District of Columbia, or 70 percent, in the case of the District of Columbia) of the total amount expended during such quarter as foster care maintenance payments under section 472 for children in foster family homes or child-care institutions (or, with respect to such payments made during such quarter under a cooperative agreement or contract entered into by the State and an Indian tribe, tribal organization, or tribal consortium for the administration or payment of funds under this part, an amount equal to the Federal medical assistance percentage that would apply under section 479B(d) (in this paragraph referred to as the “tribal FMAP”) if such Indian tribe, tribal organization, or tribal consortium made such payments under a program operated under that section, unless the tribal FMAP is less than the Federal medical assistance percentage that applies to the State); plus

(2) an amount equal to the Federal medical assistance percentage (which shall be as defined in section 1905(b), in the case of a State other than the District of Columbia, or 70 percent, in the case of the District of Columbia) of the total amount expended during such quarter as adoption assistance payments under section 473 pursuant to adoption assistance agreements (or, with respect to such payments made during such quarter under a cooperative agreement or contract entered into by the State and an Indian tribe, tribal organization, or tribal consortium for the administration or payment of funds under this part, an amount equal to the Federal medical assistance percentage that would apply
under section 479B(d) (in this paragraph referred to as the “tribal FMAP”) if such Indian tribe, tribal organization, or tribal consortium made such payments under a program operated under that section, unless the tribal FMAP is less than the Federal medical assistance percentage that applies to the State); plus (3) subject to section 472(i) an amount equal to the sum of the following proportions of the total amounts expended during such quarter as found necessary by the Secretary for the provision of child placement services and for the proper and efficient administration of the State plan—

(A) 75 per centum of so much of such expenditures as are for the training (including both short-and long-term training at educational institutions through grants to such institutions or by direct financial assistance to students enrolled in such institutions) of personnel employed or preparing for employment by the State agency or by the local agency administering the plan in the political subdivision,

(B) 75 percent of so much of such expenditures (including travel and per diem expenses) as are for the short-term training of current or prospective parents or relative guardians, the members of the staff of State-licensed or State-approved child care institutions providing care, or State-licensed or State-approved child welfare agencies providing services, to foster or adoptive children receiving assistance under this part, and members of the staff of abuse and neglect courts, agency attorneys, attorneys representing children or parents, guardians ad litem, or other court-appointed special advocates representing children in proceedings of such courts, in ways that increase the ability of such current or prospective parents, guardians, staff members, institutions, attorneys and advocates to provide support and assistance to foster and adopted children, and children living with relative guardians whether incurred directly by the State or by contract,

(C) 50 percent of so much of such expenditures as are for the planning, design, development, or installation of statewide mechanized data collection and information retrieval systems (including 50 percent of the full amount of
expenditures for hardware components for such systems) but only to the extent that such systems—

(i) meet the requirements imposed by regulations promulgated pursuant to section 479(b)(2);

(ii) to the extent practicable, are capable of interfacing with the State data collection system that collects information relating to child abuse and neglect;

(iii) to the extent practicable, have the capability of interfacing with, and retrieving information from, the State data collection system that collects information relating to the eligibility of individuals under part A (for the purposes of facilitating verification of eligibility of foster children); and

(iv) are determined by the Secretary to be likely to provide more efficient, economical, and effective administration of the programs carried out under a State plan approved under part B or this part; and

(D) 50 percent of so much of such expenditures as are for the operation of the statewide mechanized data collection and information retrieval systems referred to in subparagraph (C); and

(E) one-half of the remainder of such expenditures; plus

(4) an amount equal to the amount (if any) by which—

(A) the lesser of—

(i) 80 percent of the amount expended by the State during the fiscal year in which the quarter occurs to carry out programs in accordance with the State application approved under section 477(b) for the period in which the quarter occurs (including any amendment that meets the requirements of section 477(b)(5)); or

(ii) the amount allotted to the State under section 477(c)(1) for the fiscal year in which the quarter occurs, reduced by the total of the amounts payable to the State under this paragraph for all prior quarters in the fiscal year; exceeds

(B) the total amount of any penalties assessed against the State under section 477(e) during the fiscal year in which the quarter occurs; plus
(5) an amount equal to the percentage by which the expenditures referred to in paragraph (2) of this subsection are reimbursed of the total amount expended during such quarter as kinship guardianship assistance payments under section 473(d) pursuant to kinship guardianship assistance agreements.

(b)(1) The Secretary shall, prior to the beginning of each quarter, estimate the amount to which a State will be entitled under subsection (a) for such quarter, such estimates to be based on (A) a report filed by the State containing its estimate of the total sum to be expended in such quarter in accordance with subsection (a), and stating the amount appropriated or made available by the State and its political subdivisions for such expenditures in such quarter, and if such amount is less than the State’s proportionate share of the total sum of such estimated expenditures, the source or sources from which the difference is expected to be derived, (B) records showing the number of children in the State receiving assistance under this part, and (C) such other investigation as the Secretary may find necessary.

(2) The Secretary shall then pay to the State, in such installments as he may determine, the amounts so estimated, reduced or increased to the extent of any overpayment or underpayment which the Secretary determines was made under this section to such State for any prior quarter and with respect to which adjustment has not already been made under this subsection.

(3) The pro rata share to which the United States is equitably entitled, as determined by the Secretary, of the net amount recovered during any quarter by the State or any political subdivision thereof with respect to foster care and adoption assistance furnished under the State plan shall be considered an overpayment to be adjusted under this subsection.

(4)(A) Within 60 days after receipt of a State claim for expenditures pursuant to subsection (a), the Secretary shall allow, disallow, or defer such claim.

(B) Within 15 days after a decision to defer such a State claim, the Secretary shall notify the State of the reasons for the deferral and of the additional information necessary to determine the allowability of the claim.
(C) Within 90 days after receiving such necessary information (in readily reviewable form), the Secretary shall—

(i) disallow the claim, if able to complete the review and determine that the claim is not allowable, or

(ii) in any other case, allow the claim, subject to disallowance (as necessary)—

(I) upon completion of the review, if it is determined that the claim is not allowable; or

(II) on the basis of findings of an audit or financial management review.

(c) AUTOMATED DATA COLLECTION EXPENDITURES.—The Secretary shall treat as necessary for the proper and efficient administration of the State plan all expenditures of a State necessary in order for the State to plan, design, develop, install, and operate data collection and information retrieval systems described in subsection (a)(3)(C), without regard to whether the systems may be used with respect to foster or adoptive children other than those on behalf of whom foster care maintenance payments or adoption assistance payments may be made under this part.

(d)(1) If, during any quarter of a fiscal year, a State’s program operated under this part is found, as a result of a review conducted under section 1123A, or otherwise, to have violated paragraph (18) or (23) of section 471(a) with respect to a person or to have failed to implement a corrective action plan within a period of time not to exceed 6 months with respect to such violation, then, notwithstanding subsection (a) of this section and any regulations promulgated under section 1123A(b)(3), the Secretary shall reduce the amount otherwise payable to the State under this part, for that fiscal year quarter and for any subsequent quarter of such fiscal year, until the State program is found, as a result of a subsequent review under section 1123A, to have implemented a corrective action plan with respect to such violation, by—

(A) 2 percent of such otherwise payable amount, in the case of the 1st such finding for the fiscal year with respect to the State;

(B) 3 percent of such otherwise payable amount, in the case of the 2nd such finding for the fiscal year with respect to the State; or
(C) 5 percent of such otherwise payable amount, in the case of the 3rd or subsequent such finding for the fiscal year with respect to the State.

In imposing the penalties described in this paragraph, the Secretary shall not reduce any fiscal year payment to a State by more than 5 percent.

(2) Any other entity which is in a State that receives funds under this part and which violates paragraph (18) or (23) of section 471(a) during a fiscal year quarter with respect to any person shall remit to the Secretary all funds that were paid by the State to the entity during the quarter from such funds.

(3)(A) Any individual who is aggrieved by a violation of section 471(a)(18) by a State or other entity may bring an action seeking relief from the State or other entity in any United States district court.

(B) An action under this paragraph may not be brought more than 2 years after the date the alleged violation occurred.

(4) This subsection shall not be construed to affect the application of the Indian Child Welfare Act of 1978[254].

(e) DISCRETIONARY GRANTS FOR EDUCATIONAL AND TRAINING VOUCHERS FOR YOUTHS AGING OUT OF FOSTER CARE.—From amounts appropriated pursuant to section 477(h)(2), the Secretary may make a grant to a State with a plan approved under this part, for a calendar quarter, in an amount equal to the lesser of—

(1) 80 percent of the amounts expended by the State during the quarter to carry out programs for the purposes described in section 477(a)(6); or

(2) the amount, if any, allotted to the State under section 477(c)(3) for the fiscal year in which the quarter occurs, reduced by the total of the amounts payable to the State under this subsection for such purposes for all prior quarters in the fiscal year.

(f)(1) If the Secretary finds that a State has failed to submit to the Secretary data, as required by regulation, for the data collection system implemented under section 479, the Secretary shall, within 30 days after the date by which the data was due to be so submitted, notify the State of the failure and that payments to the State under this part will be reduced if the State fails to submit
the data, as so required, within 6 months after the date the data was originally due to be so submitted.

(2) If the Secretary finds that the State has failed to submit the data, as so required, by the end of the 6-month period referred to in paragraph (1) of this subsection, then, notwithstanding subsection (a) of this section and any regulations promulgated under section 1123A(b)(3), the Secretary shall reduce the amounts otherwise payable to the State under this part, for each quarter ending in the 6-month period (and each quarter ending in each subsequent consecutively occurring 6-month period until the Secretary finds that the State has submitted the data, as so required), by—

(A) 1/6 of 1 percent of the total amount expended by the State for administration of foster care activities under the State plan approved under this part in the quarter so ending, in the case of the 1st 6-month period during which the failure continues; or

(B) 1/4 of 1 percent of the total amount so expended, in the case of the 2nd or any subsequent such 6-month period.

(g) For purposes of this part, after the termination of a demonstration project relating to guardianship conducted by a State under section 1130, the expenditures of the State for the provision, to children who, as of September 30, 2008, were receiving assistance or services under the project, of the same assistance and services under the same terms and conditions that applied during the conduct of the project, are deemed to be expenditures under the State plan approved under this part.


Source: https://www.ssa.gov/OP_Home/ssact/title04/0474.htm
News for Seniors:

Even Gardening or Dancing Might Cut Alzheimer's Risk

FRIDAY, March 11, 2016 (HealthDay News) -- Regular physical activity, including gardening or dancing, may cut Alzheimer's risk by as much as 50 percent, a new study suggests.

Researchers who analyzed lifestyle habits and brain scans of nearly 900 older adults found that any activity that gets you moving on a regular basis seems to help the brain increase gray matter. This, in turn, may keep dementia at bay, they suggested.

"Any type of physical activity that burns calories -- from jogging to gardening to walking to dancing -- is associated with more gray matter in the brain," said lead researcher Dr. Cyrus Raji. He is a postdoctoral researcher in radiology at the University of California, Los Angeles.

"The most important thing is that it's regular," Raji said.

More gray matter means a healthier brain and correlates with a reduced risk for Alzheimer's disease, Raji said.

Alzheimer's disease, a progressive brain disorder, affects 5.1 million Americans and is predicted to increase significantly over the next 30 years. Because there is no cure, Raji said the focus needs to be on prevention.

The report was published March 11 in the *Journal of Alzheimer's Disease*.

The study doesn't prove a direct cause-and-effect relationship between aerobic activity and gray matter growth, one expert noted.
"It's just an association," said James Hendrix, director of global science initiatives at the Alzheimer's Association. Nevertheless, exercise is important, Hendrix said. "What's good for your heart is good for your brain, which includes exercise," he added.

Hendrix said that the sooner you become physically active, the better. "Exercise should be part of your lifestyle," he explained.

While fear of dying from a heart attack hasn't motivated people to exercise, perhaps the prospect of dying from Alzheimer's disease is scarier and more motivating, Hendrix suggested.

"With Alzheimer's disease, it's a long, slow, painful way to die," he said.

For the report, Raji and colleagues collected data on 876 seniors who took part in a long-term cardiovascular health study of people aged 65 and older. At age 78, on average, the participants had MRIs to measure the size of their brains, and answered questions about their memory and physical activity.

Among other things, the study participants were asked about 15 different recreational activities over the previous two weeks. Their physical pursuits included riding an exercise cycle at the gym, dancing, swimming, walking, raking and gardening.

Using estimates of weekly calorie expenditure, the researchers found that greater physical activity was associated with larger brain size in areas linked to memory and learning.

People with the brain benefit from physical activity saw their risk of Alzheimer's disease decline by half, Raji said.

Physical activity also benefitted the brains of the roughly 25 percent of people who had mild brain impairment, he said.

One brain specialist considers the findings noteworthy.

"I think that these data should compel all physicians to provide some specific advice to everyone they see, either well or unwell," said Dr. Sam Gandy, director of the Center for Cognitive Health at Mount Sinai Hospital in New York City.

"I have thought for some time that the most important single thing I can tell patients in order to prevent or slow down the progression of dementia is to provide them with some structured, minimal, routine exercise regimen," he said. "This is super important."
Finding activities you like will help you stay motivated, Raji said. "If you are going to do a physical activity to reduce your risk for Alzheimer's disease, do the activity that you most enjoy, that you feel the most comfortable doing, because that's the activity you are most likely to sustain throughout your life," he said.

**More information**


**Healthy Breakfasts for Kids: It's All about Balance**

A healthy breakfast is a must for kids. Skip it and your kids will be playing nutritional catch-up for the rest of the day, says Carole L. Adler, M.A., R.D., a dietitian at the Food and Drug Administration (FDA). When kids skip breakfast, they don't get what they need to be at their best, says Adler. “Growing bodies and developing brains need regular, healthy meals,” she says. According to the Academy of Nutrition and Dietetics, studies show that school children who eat breakfast perform better in the classroom. As with other meals, it’s a good idea for your kids (and you) to eat a healthy balance of fruits and vegetables, proteins, grains and dairy—not just for breakfast but throughout the day. Here are Adler’s seven quick and easy breakfast tips to ensure your children start their day off right.

**Breakfast doesn't have to mean traditional breakfast foods.**

Anything goes, as long as you maintain a healthy balance. So if your kids want a change from cereal and eggs, think about serving left-overs from last night’s dinner. There’s nothing wrong with tuna fish with celery on a whole wheat English muffin or a turkey sandwich to start the day.
Give kids foods they like.

It’s neither necessary nor effective to feed them foods they dislike. Do your kids turn up their noses at vegetables but love pizza? Left-over pizza with a whole-grain crust and veggies works for breakfast, too. Or make muffins with zucchini and carrots, and spread with peanut butter or almond butter for protein with a glass of milk. Your kids love sugary cereal? Mix a little bit of that cereal with a whole-grain, nutrient-packed healthier brand of cereal. “Nothing has to be off the table altogether, and sometimes just a taste of something your kids like is enough to keep them happy,” Adler says.

Make healthy trade-offs.

Keep in mind that nutritional balance is key—not just for one meal but for foods eaten throughout the day. Not enough vegetables in the morning meal? Prepare extra carrot, celery, and broccoli sticks with a hummus dip as an afternoon snack.

Take growth and activity levels into account.

Growing bodies need nourishment. And if your kids are physically active to boot, they need plenty of calories to keep them fueled. Adler says that having a breakfast that contains protein, fat and carbohydrates helps children feel full and stay focused until lunch. Protein choices might include an egg, some nuts, a slice of deli meat or cheese, or a container of yogurt.

Don’t take, “Mom, I don’t have time for breakfast” as an excuse.

Remember, eating on the go doesn’t have to mean forgoing breakfast. Make sure your kids grab a piece of fruit on the way out the door, and hand them a bag of nut-and-fruit trail mix or a whole-wheat tortilla spread with peanut butter or almond butter and a carton of milk. “A fruit-filled shake with milk or yogurt takes only a couple of minutes to drink,” Adler says.
Prep the night before.

Morning is a busy time for everyone—you included. So take ten minutes to think ahead and prep for breakfast the night before. Chop up fruit to layer in a yogurt parfait or add to cereal. Cut up vegetables for an omelet. Mix up muffin or whole-grain waffle batter, cover, and put in the fridge. Get out a pan for pancakes or a blender for smoothies. Put a bowl of nut-and-fruit trail mix on the table for kids to grab a handful as they walk out the door.

Use the Nutrition Facts label and ingredient statement when you shop.

“The label makes it easy to determine the amounts of nutrients your kids are getting and to compare one product to another,” Adler says. Make sure your children get nutrient-dense foods that are low in salt and added sugars. This article appears on FDA’s Consumer Updates page, which features the latest on all FDA-regulated products.

August 13, 2015

Related Consumer Updates
Nutrition Basics Help Fight Child Obesity
4 Tips for a Healthy and Stress-Free Lunchbox
FDA Proposes Updates to Nutrition Facts Label on Food Packages

Source: http://www.fda.gov/forconsumers/consumerupdates/ucm456060.htm

Medicaid Drug Rebate Program

The Medicaid Drug Rebate Program is a program that includes CMS, State Medicaid Agencies, and participating drug manufacturers that helps to offset the Federal and State costs of most outpatient prescription drugs dispensed to Medicaid patients. Approximately 600 drug manufacturers currently participate in this program. All fifty States and the District of Columbia cover prescription drugs under the Medicaid Drug Rebate Program, which is authorized by Section 1927 of the Social Security Act.

The program requires a drug manufacturer to enter into, and have in effect, a national rebate agreement with the Secretary of the Department of Health and Human Services (HHS) in exchange for state Medicaid coverage of most of the manufacturer’s drugs. When a manufacturer markets a new covered outpatient drug, it must also submit product and pricing data concerning the drug to CMS via the Drug Data Reporting for Medicaid (DDR) system. This ensures that states are aware of the newly marketed drug. In addition, Section II(g) of the Rebate Agreement explains that manufacturers are responsible for notifying states of a new drug’s coverage. Manufacturers are required to report all covered outpatient drugs under their labeler code to the Medicaid Drug Rebate Program. Manufacturers may not be selective in reporting their NDC’s to the program. Manufacturers are then responsible for paying a rebate on those drugs for which
payment was made under the state plan. These rebates are paid by drug manufacturers on a quarterly basis to states and are shared between the states and the Federal government to offset the overall cost of prescription drugs under the Medicaid Program.

In addition to signing a national rebate agreement, drug manufacturers are required to enter into agreements with two other Federal programs in order to have their drugs covered under Medicaid: a pricing agreement for the Section 340B Drug Pricing Program, administered by the Health Resources and Services Administration, and a master agreement with the Secretary of Veterans Affairs for the Federal Supply Schedule.

Please note that in accordance with section 1927(a), in order for payment to be made available under Medicare Part B for a manufacturer's covered outpatient drugs as defined at section 1927(k)(2), the manufacturer must enter into a rebate agreement.

The amount of rebate due for each unit of a drug is based on statutory formulas as follows:

**Innovator Drugs** – the greater of 23.1% of the Average Manufacturer Price (AMP) per unit or the difference between the AMP and the best price per unit and adjusted by the Consumer Price Index-Urban (CPI-U) based on launch date and current quarter AMP.

**Blood Clotting Factors** – the greater of 17.1% of the AMP per unit or the difference between the AMP and the best price per unit and adjusted by the CPI-U based on launch date and current quarter AMP.

**Drugs Approved by FDA Exclusively for Pediatric Indications** – the larger of 17.1% of the AMP per unit or the difference between the AMP and the best price per unit and adjusted by the CPI-U based on launch date and current quarter AMP.

**Line Extensions** – For a drug that is a new formulation (line extension) of a brand name drug that is an oral solid dosage form, the rebate is the amount computed under section 1927 of the Act or, if greater, the product of:

- the AMP for the line extension drug,
- the highest additional rebate for any strength of the original brand name drug, and
- the total number of units of each dosage form and strength of the line extension drug (section 1206 of HCERA, which replaced section 1927(c)(2)(C) as added by section 2501(d) of PPACA).
Cap on Total Rebate Amount for Innovator Drugs – The limit on the total rebate amount for each innovator drug is at 100 percent of the AMP.

Non-innovator Drugs – 13 % of the AMP per unit.

Unit Rebate Amount Calculation

The Centers for Medicare & Medicaid Services’ Medicaid Drug Rebate (MDR) system performs the URA calculation using the drug manufacturer's pricing. The specific methodology used is determined by law and depends upon whether a drug is classified as single source ("S" drug category), innovator multiple source ("I" drug category), non-innovator multiple source ("N" drug category), a clotting factor drug, or an exclusively pediatric drug. CMS provides this URA information to States as a courtesy; however, drug manufacturers remain responsible for correctly calculating the URA for their covered outpatient drugs.

Current URA Calculation for S or I Drug Products [PDF]

For "S" or "I" drugs, the URA is determined through four steps or calculations. The first calculation provides the basic URA, the second provides the additional URA, the third adds the basic URA and the additional URA together to determine the total URA, and the fourth compares the total URA and the quarterly AMP to determine whether the total URA exceeds the quarterly AMP.

Current URA Calculation for N Drug Products [PDF]

For "N" drugs, the URA is equal to 13% of Average Manufacturer Price (AMP). See the links in the Downloads section below for an example of an "N" drug URA calculation.

Consumer Price Index Urban Value

This consumer price index urban (CPI-U) value is used as an integral part of the computation of the unit rebate amounts for innovator drugs. It is available from the Bureau of Labor Statistics and it shows every value from 1913 to the present.

Interest Calculation for Late Rebate Payments

Interest is calculated as follows:

1. Obtain yield rates of weekly auction of 13-Week Treasury bills under Investment Rate % or in the DDR.
2. Determine the date range for which interest is owed beginning with the 38th day from the invoice postmark date.
3. Total the yield rates of each weekly auction for the period during which interest applies.
4. Divide that total by the number of yield rates (i.e., the number of weeks) to determine the average interest rate.

5. Multiply the average interest rate by the amount of unpaid rebate to determine the amount of interest due.

6. Divide the amount of interest due by 365 days to determine the daily interest amount due.

7. Multiply the daily interest amount by the number of days for which interest is owed. This amount represents the total interest owed.

Contact Information

The file Drug Manufacturer Contact Information contains Optional Effective Date, Termination Date (if applicable), and Legal, Invoice and Technical Contact information for each drug company participating in the Medicaid Drug Rebate Program. A record layout for the drug manufacturer contact information is provided in the Drug Manufacturer contact information record layout [PDF].

A drug manufacturer should use the Manufacturer Contact Change Form (CMS 367(d)) to make any changes to its Legal, Invoice, and/or Technical contact information. The drug manufacturer should submit its completed 367d form to the Medicaid Drug Rebate Operations staff via fax (410) 786-0390 or email MDROperations@cms.hhs.gov. NOTE: Request for "Labeler Name" name change should be filed with the FDA before they are submitted to CMS **.

The State Contact Information [PDF] file contains each State's Policy, Rebate and Technical Contact information for the Medicaid Drug Rebate Program.

A state should use the State Contact Change Form (CMS 368) to make any changes to its Policy, Rebate and/or Technical contact information. The state should submit its completed 368 form to the Medicaid Drug Rebate Operations staff via fax (410) 786-0390 or email MDROperations@cms.hhs.gov.

**It is our understanding that the FDA no longer accepts Form 2656 for labeler name changes; rather, such changes are now handled through electronic submission with the FDA. After a labeler has electronically filed a name change with the FDA, it should then submit a 367d form to CMS’ Medicaid Drug Rebate program (via fax or email, as described above reflecting the new labeler name, as well as any changes to the Legal, Invoice, or Technical Contact information (e.g., edits to any contact name, email address, mailing address, fax #, etc.).

DDR Access

Drug manufacturers who need to report or certify their data must apply for access to the Drug Data Reporting for Medicaid (DDR) System. States wishing to view select Medicaid Drug Rebate data may also apply for DDR access. Note:
Access to data will be designated by each drug manufacturer’s Technical Contact (TC) or state’s State DDR Contact (SDC). To obtain an application (form CMS-20037) and instructions, contact your TC/SDC or email the DDR Operations Team at DDR@cms.hhs.gov.

Please note that users may sometimes experience problems when attempting to log onto DDR. These problems most often relate to issues with Access Manager, rather than with the DDR system itself. In an effort to assist with these problems, we have compiled several scenarios that may help to troubleshoot the various log-on problems that have been occurring recently.

Questions on the Medicaid Drug Rebate Program? Email MDROperations@cms.hhs.gov.

Source: https://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/prescription-drugs/medicaid-drug-rebate-program.html

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President’s HHS FY 2017 Budget Factsheet

Under the President’s leadership, we have turned our economy around and created 14 million jobs. Our unemployment rate is below five percent for the first time in almost eight years. Nearly 18 million people have gained health coverage as the Affordable Care Act has taken effect. And we have dramatically cut our deficits by almost three-quarters and set our Nation on a more sustainable fiscal path.

Yet while it is important to take stock of our progress, this Budget is not about looking back at the road we have traveled. It is about looking forward and making sure our economy works for everybody, not just those at the top. It is about choosing investments that not only make us stronger today, but also reflect the kind of country we aspire to be – the kind of country we want to pass on to our children and grandchildren.
The Budget makes critical investments in our domestic and national security priorities while adhering to the bipartisan budget agreement signed into law last fall, and it lifts sequestration in future years so that we continue to invest in our economic future and our national security. It also drives down deficits and maintains our fiscal progress through smart savings from health care, immigration, and tax reforms.

The Budget shows that the President and the Administration remain focused on meeting our greatest challenges – including accelerating the pace of innovation to tackle climate change and find new treatments for devastating diseases; giving everyone a fair shot at opportunity and economic security; and advancing our national security and global leadership – not only for the year ahead, but for decades to come.

**Funding Highlights:**

The President’s FY 2017 Budget provides $82.8 billion in discretionary funding for the Department of Health and Human Services to continue and to expand critical investments that protect the health and wellbeing of the American people. This includes:

**Keeping People Safe and Healthy:** This Budget makes robust investments in the safety and health of all Americans, particularly those at key stages of life by -

- Increasing access to early intervention mental and behavioral health programs, expanding the behavioral health workforce and supporting suicide prevention.
- Addressing opioid abuse, misuse, and overdose through a $1 billion initiative to expand access to treatment.
- Continuing to expand the nation’s ability to fight antibiotic resistance through targeted interventions and research.
- Supporting emergency preparedness and response, by bringing the U.S. and world partners together around natural and man-made threats, disasters, outbreaks and epidemics.
- Maintaining historic investments in Head Start and increasing the number of children attending programs of longer duration.
- Making landmark investments in child care by increasing the number of children served, investing in the quality of the child care workforce, and implementing new health and safety requirements.

**Leading in Scientific Research and Medical Innovation:** Scientific, technological, and medical breakthroughs are crucial for American success in the 21st century, and this Budget makes investments to maintain America’s position at the forefront of these efforts by -

- Supporting the Vice President’s Cancer Moonshot to improve understanding of the causes of cancer, develop new prevention strategies, improve early detection, diagnosis, and treatment and modernize regulatory pathways.
- Continuing to scale up the Precision Medicine Initiative and a dedicated research cohort of a million or more individuals.
- Supporting research such as the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) initiative, and Agency for Healthcare Research and Quality efforts to build an evidence base to drive systemic health care improvement.
Expanding and Strengthening our Health Care System: Building on the success of the Affordable Care Act and other initiatives, this Budget maintains efforts to expand access to coverage, increase capacity, and build a better, smarter, healthier health care delivery system by -

- Supporting the operation of Health Insurance Marketplaces to make quality coverage affordable, and encouraging states to expand their Medicaid programs.
- Building a better, smarter, healthier health care system by incentivizing quality, rather than quantity of services, and promoting information sharing.
- Building on HHS’s ongoing work to reduce the rising cost of prescription drugs, without discouraging important and lifesaving innovations.

Reforms:

- Targeted reforms to Medicare, Medicaid and other health programs that are projected to save roughly $375 billion over the next decade.

The Department of Health and Human Services (HHS) is charged with enhancing the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. To support this mission, the Budget provides $82.8 billion in discretionary funding for HHS as well as new mandatory investments to expand mental health services, opioid abuse treatment availability, and research and development.

**Keeping People Safe and Healthy**

**Expands Mental Health Treatment**

The Affordable Care Act expanded behavioral health coverage for millions of Americans by putting an end to insurance company discrimination based on pre-existing conditions, requiring coverage of mental health and substance use disorder services, and expanding behavioral health parity, which will help more than 60 million Americans combined. Despite these gains, less than half of children and adults with diagnosable mental health issues receive the treatment they need. To address this gap, the Budget proposes a two-year initiative to expand access to mental health services financed with $500 million in new mandatory funding. This initiative supports additional states in the Certified Community Behavioral Health Clinic demonstration; increases access to early intervention programs that address serious mental illness; expands the behavioral health workforce in areas experiencing shortages of providers; prevents suicide; and enhances behavioral health services in Indian Country. In addition to this initiative, the Budget makes other investments in behavioral health care, for a total of $530 million in FY 2017 for programs that expand access to behavioral health services by ensuring that the behavioral health care system works for everyone, expanding service and workforce capacity, and engaging individuals with serious mental illness in care.

**Addresses Opioid Abuse, Misuse, and Overdose**

Opioid overdose death rates have quadrupled between 2002 and 2014, taking the lives of 78 people each day. The Budget proposes a $1 billion two-year mandatory initiative to expand access to treatment for prescription drug abuse and heroin use to help ensure that every American who wants opioid treatment can access the services they need. In addition to these funds, the Budget makes other investments to address this challenge and includes a
total increase of $559 million in FY 2017 for programs to address the opioid abuse, misuse, and overdose crisis. These new resources build on the multi-pronged investments proposed by the Administration and funded by the Congress in FY 2016.

**Combats Antibiotic Resistant Bacteria**

The emergence of antibiotic-resistant bacteria continues to be one of the most significant public health concerns of our time. Without aggressive intervention, even minor infections may become life threatening and put at risk our ability to perform routine surgeries or treat diseases like diabetes and cancer. The FY 2017 Budget includes $877 million, an increase of $43 million to continue expanding the Nation’s ability to fight antibiotic resistance, aligning with the Administration’s National Action Plan for Combating Antibiotic-Resistant Bacteria. These critical investments will protect patients and communities by implementing interventions that reduce the emergence and spread of antibiotic-resistant pathogens. In addition, this funding will support ongoing ground-breaking research to aid the development of new drugs and diagnostic products, building the Nation’s treatment options for these dangerous pathogens.

**Provides Medical Product Safety and Availability**

FDA ensures the safety, quality, and effectiveness of a broad scope of medical products. Within medical devices alone, FDA has oversight of at least 6,000 different product categories. FDA carries out these responsibilities while also leading the world in both numbers of new drugs approved and in the timeliness of their reviews. In 2015 alone, FDA approved 56 novel drugs and biological products. The Budget includes $2.8 billion, an increase of $116 million above FY 2016, to continue core medical product safety activities across FDA programs, including improving patient safety; developing the necessary infrastructure for a safer and more modern drug supply; and, continuing expanded and improved oversight of human drug compounding.

**Supports Emergency Preparedness**

Across multiple HHS programs, the Department supports life-saving preparedness and response activities aimed at addressing chemical, biological, radiological, and nuclear threats, as well as other disasters, outbreaks, and epidemics. Whether the hazard is naturally occurring, accidental, or intentional, effective public health emergency response depends on maintaining and constantly improving the preparedness capabilities of public health departments and healthcare facilities at a state and local level. The FY 2017 Budget includes $915 million in total for the Centers for Disease Control and Prevention (CDC) and the Assistant Secretary for Preparedness and Response (ASPR) for these activities, which is $2 million above FY 2016. This funding will provide ongoing support to the Hospital Preparedness Program, the Public Health Emergency Preparedness program, and Global Health Protection. The Global Health Protection funding includes support for the Global Health Security Agenda, which brings the United States and partners around the world together to protect populations from pandemic threats, economic loss, instability, and loss of life.

**Promotes Food Safety**

The Administration continues its commitment to modernize the Nation’s food safety system to one that prevents foodborne illness outbreaks and is positioned to meet the challenges of the global market. The Budget includes $1.6 billion, an increase of $212 million above FY 2016, to support FDA and CDC activities that will develop and strengthen an integrated and prevention based food safety system. The FY 2017 Budget includes $1.5 billion for FDA to
support implementation of the Food Safety Modernization Act, including increasing state capacity to implement the produce safety rules, implementing the Foreign Supplier Verification Program, and ensuring consumers are able to make healthy food choices. The Budget also includes $52 million for CDC activities which will help address the critical unmet needs in the Nation’s food supply safety system by focusing on monitoring, surveillance, data analysis, and dissemination of technical guidance, training, and technology to state health departments.

Building Blocks for Success at Every Stage of Life

Builds on Historic Head Start Investments

Research has shown the significant positive impact that early learning programs can have on a child’s development and lifelong well-being, including their potential earnings. Access to Early Head Start services has more than doubled for infants and toddlers under the Administration, and significant investments have been made to strengthen the quality of services that Head Start provides. The FY 2017 Budget includes $9.6 billion for Head Start, an increase of $434 million over FY 2016. This level includes the resources necessary to maintain enrollment in the program, including the Administration’s historic expansion of Early Head Start and recent investments in Early Head Start-Care Partnerships. In addition, the Budget continues to support high-quality services in Head Start with an additional $292 million above FY 2016 to increase the number of children attending Head Start for a full school day and a full school year, which is necessary to ensure that children receive services that are of the highest quality and help meet the needs of working parents.

Makes Landmark Investments in Child Care

The Budget reflects the President’s continued commitment to quality, affordable child care. The Budget continues the historic proposal that provides $82 billion over 10 years in additional mandatory funds for child care. This investment will increase the number of children served to over 2.6 million children and guarantee that low- and moderate-income working families can access high-quality child care, so that all young children are safe and ready to learn. This landmark proposal also makes significant investments in raising the quality of child care, including investments to improve the skills, competencies, and training of the child care workforce, and a higher subsidy rate for higher quality care. The Budget also provides an additional $200 million in discretionary child care funding, which will support States, tribes, and territories as they implement new health, safety, and quality requirements of the bipartisan child care reauthorization. This additional funding also includes $40 million for pilots that will test and evaluate strategies for addressing the child care needs of working families, especially families working non-traditional hours or in rural areas.

Lays the Groundwork for Universal Preschool

The Budget provides $350 million at the Department of Health and Human Services for the Preschool Development Grants (PDG) program – an initiative jointly administered by the Departments of Health and Human Services and Education. This represents an increase of $100 million from the 2016 enacted level. With the support of federal funding made available through the Administration’s PDG program, 18 States are currently expanding high-quality preschool programs to reach additional children in targeted, high-need communities. This work will continue under the bipartisan congressional authorization of the new PDG program in ESSA. These grants lay the groundwork for universal preschool as envisioned in the Preschool for All initiative.

Improving Outcomes for Children in the Child Welfare System
The Budget includes an investment of $505 million above baseline in FY 2017 for a suite of proposals designed to improve permanency services so children are less likely to need foster care placement in the future, strengthen tribal child welfare programs, promote family-based care for children with behavioral and mental health needs to reduce the use of congregate care, foster successful transitions from foster care to adulthood, and improve the quality of child welfare services provided to children through better trained staff and stronger information technology systems.

Enhances Child Welfare Workforce Development

Research shows that children in the child welfare system who have caseworkers with a Bachelor's or Master's Degree of Social Work have better outcomes, including shorter time in out-of-home care, increased adoptions, and a lower likelihood of being removed from their homes. The Budget includes $1.8 billion over 10 years to ensure child welfare caseworkers and other professionals have the right skills to best meet the needs of children, youth, and families in the child welfare system. This funding would enable individuals to earn these degrees in exchange for a commitment to work for the child welfare agency for a time commensurate to the length of the education benefits. To incentivize States to exercise this option, this proposal would offer an enhanced match rate for case planning and management for children in foster care, as well as for administrative activities related to children who are candidates for care, when these activities are significantly performed by caseworkers with either degree.

Promotes Family-Based Care for Children in Foster Care

The Budget provides additional support and funding to the child welfare system to promote family-based care and to provide oversight of congregate care placements. The proposal includes training and resources for foster care parents to provide specialized care to children with complex mental health and behavioral health needs and a provision to ensure that congregate care is only used when necessary.

Strengthens Efforts to Help Poor Families Succeed

A total of 15.5 million children lived in poverty in 2014, a staggering number that translates into lost opportunity and a lower quality of life. The FY 2017 Budget builds on the proven capacity of the Nation's safety net to meet our 21st Century poverty challenges.

Twenty years after the creation of Temporary Assistance for Needy Families (TANF) program, there is now substantial evidence that reforms to improve the program are needed. That is why the Budget proposes to increase the program's funding to help offset 20 years of erosion in the value of the block grant, ensure funds are spent on benefits and services that are most critical to improving the lives of poor families struggling to succeed in the labor market, and establishes a workable countercyclical measure modeled after the effective TANF Emergency Fund created during the Great Recession. The Budget also calls for providing States with more flexibility to design effective work programs in exchange for holding States accountable for helping parents find jobs. Taken together, these proposals will strengthen TANF, reduce poverty, and promote self-sufficiency.

In addition, the Budget will invest resources in a new $2 billion Emergency Aid and Service Connection initiative to test and scale innovative State and local approaches to aid families facing financial crisis. The funding will provide families with the emergency help they need both to avert a downward spiral or to reverse one, and then connect those who need it to
longer-term assistance, so that parents can get back on their feet, families are stabilized, and children can thrive.

**Promotes Upward Mobility**

The Budget continues to support the Upward Mobility Project, which will allow up to ten communities, States, or a consortium of States and communities more flexibility to use funding from up to four existing Federal block grant programs for efforts designed to implement and rigorously evaluate promising approaches to helping families achieve self-sufficiency, improving children’s education and health outcomes, and revitalizing communities. Projects will have to rely on evidence-based approaches or be designed to test new ideas, and will have a significant evaluation component that will determine whether they meet a set of robust outcomes. The Budget includes $1.5 billion over 5 years that States and communities can apply for to help support these projects.

**Improves Child Support Enforcement**

According to a 2012 U.S. Bureau of Census survey, child support represents 45 percent of family income for poor families with income below the poverty level who receive child support. The Budget supports efforts to direct child support payments to families, promote parental engagement in children’s lives, and improve enforcement. It also makes significant investments to upgrade and replace outdated state child support systems to ensure support is paid to families in a timely manner. These efforts will help reduce child poverty and promote family self-sufficiency.

**Supports Older Adults**

In FY 2017, HHS continues to make investments to address the needs of older Americans, many of whom require some level of assistance to live independently and remain in their homes and communities for as long as possible. The FY 2017 Budget provides $151 million for Family Caregiver Support Services, which supports a number of essential services that assist family and informal caregivers to care for their loved ones at home. These services include access assistance, counseling, and training. The Budget also provides a $2 million increase for the Lifespan Respite Care program, which helps to ease the burdens of caregiving.

The Budget also provides an additional $10 million for a total of $358 million, to fund in-home and community-based services to help older Americans live independently and with dignity, including support for nearly 32 million hours of assistance to seniors unable to perform daily activities; more than 22 million rides for critical activities such as visiting the doctor, pharmacy, or grocery stores; and nearly 8 million hours of adult day care.

Nutrition Services help older Americans nationwide remain healthy and independent in their homes and communities by providing meals in senior centers or through home-delivery. The FY 2017 Budget provides $849 million in funding for the Administration for Community Living (ACL) Nutrition Services programs, $14 million more than was provided in FY 2016. In combination with State and local funding, this increase will allow states to provide an estimated 205 million meals to over 2 million older Americans nationwide. Within the total investment in Nutrition Services, the Budget also includes a new one percent set-aside for evidence-based innovations that will help make future funding for Nutrition Services more cost-effective through improved quality and efficiency.

**Addresses Alzheimer’s Disease**

The Budget continues the Administration’s commitment to support effective Alzheimer’s disease research, education, and outreach, as well as patient, family, and caregiver services.
Approximately 5.1 million people age 65 and older suffer from Alzheimer’s disease, and the number of cases could double by 2050 as the population ages. Alzheimer’s is one of the initial four diseases that are the focus of NIH’s Accelerating Medicines Partnership program of collaborations between NIH, pharmaceutical companies, and non-profit organizations. The National Institutes of Health will spend an estimated $910 million in FY 2017 for basic neuroscience research, epidemiologic studies to identify risk and protective genes and more than 35 clinical trials to test preventive and therapeutic interventions.

Leading in Scientific Research and Medical Innovation

Supports the Vice President’s Cancer Moonshot

Current cancer mortality rates are approximately 15 percent lower than a decade ago, due in part to investments in research that have led to significant developments in the prevention, screening, and treatment of cancer. As part of the Vice President’s Cancer Moonshot, NIH will build upon innovations in FY 2017 through a multi-year initiative that accelerates the Nation’s fight against cancer in an effort to even further reduce the number of Americans affected by its devastating consequences. The Budget provides $680 million to NIH to expand clinical trials for health disparity populations, pursue new vaccine technology, and fund exceptional opportunities in cancer research. These investments will drive scientific advances that aim to understand the causes of cancer, discover new prevention strategies, improve early detection and diagnosis, and cultivate effective treatments. The Budget also includes $75 million for FDA to develop the regulatory pathways for these new technologies, ensure quality systems for trials, and facilitate the sharing of important data across government, academia, and industry.

Advances the Precision Medicine Initiative

Recent breakthroughs in genomics, computing, and molecular medicine have created extraordinary opportunities to advance health care into a new era where many more treatments are based on the genetic characteristics of each patient. To achieve this new paradigm, the Budget provides HHS a total of $309 million to continue scaling up the Precision Medicine Initiative. This includes $300 million for NIH, an increase of $107 million above FY 2016, to support development of a research cohort of a million or more individuals to gather data on the interplay of environmental exposures, physical parameters, and genetic information. Research based on this cohort will lay the foundation for findings for many diseases that can lead to new prevention strategies, novel therapeutics, and medical devices. The Budget will also continue funding for the National Cancer Institute to lead research efforts on cancer genomics to understand how the DNA from an individual cancer tumor can be used to predict the right choice of targeted therapies, how resistance to therapy can occur, and how to test new combinations of targeted cancer drugs. In support of these efforts, FDA will develop the regulatory pathways for these new medical technologies and the Office of the National Coordinator for Health IT (ONC) will facilitate the development of interoperable and secure health data exchange systems. The Budget includes $4 million for FDA and $5 million for ONC.

BRAIN Initiative

Despite the many advances in neuroscience in recent years, the underlying causes of most neurological and psychiatric conditions remain largely unknown due to the vast complexity of the human brain. To further revolutionize our understanding of the brain, the Budget provides an $195 million within NIH, $45 million more than FY2016, for the Brain Research through Advancing Innovative Neurotechnologies (BRAIN) Initiative. In collaboration with public and private partners, NIH is pushing the boundaries of neuroscience through the BRAIN Initiative
to reveal how patterns of neural activity actually translate into emotion, thought, and memory. This research has the potential to discover underlying pathologies in a vast array of brain disorders and provide new avenues to treat, cure, and even prevent common conditions, such as Alzheimer’s disease, autism, depression, schizophrenia, and addiction. In FY 2017, the increased funds will continue to support basic neuroscience research, human neuroscience, neuroimaging, and training initiatives, as well as potential projects to collaborate with industry to test novel devices in the human brain, new ways to address big data from the brain, and develop devices for mapping and tuning brain circuitry.

**Implements Laboratory Safety and Quality**

CDC is committed to continuous improvements in laboratory science and safety, as well as the quality of its public health laboratory services. The FY 2017 Budget includes a total of $38 million, the same as FY 2016, to continue support for CDC’s implementation of laboratory safety recommendations. This funding will enable CDC to continue efforts to maintain safety and minimize risk in the agency’s laboratories, while responding to outbreaks; determining unexplained illnesses; supporting state and local diagnostics, improving pathogen identification of emerging and re-emerging diseases; and maintaining the world’s most advanced, state-of-the-art infectious disease and environmental public health laboratories.

**Builds Evidence to Drive Systemic Improvement**

Reforming the delivery system requires an evidence base of effective practices. The Budget proposes an increase of $24 million for health services research at the Agency for Healthcare Research and Quality to further develop this evidence. AHRQ evaluates alternative payment systems, preventive treatment guidelines, emerging medical technologies, and new threats to patient safety. AHRQ is a key supplier of practical and effective care re-design strategies that are implemented on a large scale by other HHS Operating Divisions. The Budget also invests $9 million in a new AHRQ project to better coordinate care for patients with multiple chronic conditions by developing and piloting tools based on integrated care plans, a new model that has demonstrated potential to make treatment regimens more comprehensive, responsive, and easier to adopt.

**Expanding and Strengthening our Health Care System**

**Expands Access to Health Insurance Coverage**

The Affordable Care Act is working to expand health insurance coverage to millions of Americans, including many gaining coverage and access to health care for the first time. As a result, nearly 18 million Americans have gained coverage since enactment of the Affordable Care Act. By the end of 2015, 30 states and the District of Columbia elected to expand Medicaid to low income adults with household income up to 133 percent of the federal poverty level. To encourage more states to take up this important option, the Budget would give any state that chooses to expand Medicaid eligibility three years of full Federal support, no matter when the State expands. This commonsense proposal makes expansion as good of a deal for states that choose to expand now, as states that have already done so.

**Reforms Health Care Delivery**

The Administration continues to support an aggressive reform agenda to transform the Nation’s health care delivery system into one that better incentivizes quality and efficiency.
These reforms are designed to not only improve Americans’ health, but also to help slow the growth in health care costs and increase quality in Medicare and Medicaid. Building on the lessons learned and success from existing initiatives, the Budget supports efforts to reform the health care delivery system by finding better ways to deliver care, pay providers, and increase access to information so that individuals can receive the right care, at the right time, at the right price.

**Invests in Health Centers**

For 50 years, health centers have delivered comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. Throughout this time, health centers have become an essential primary care provider for the Nation’s most vulnerable populations. Today, more than 1,300 health centers operate over 9,000 service delivery sites and provide health care services to one in 14 people in the United States. The Budget invests $5.1 billion for health centers, including $3.75 billion in mandatory resources, to serve 27 million patients in FY 2017.

**Strengthens the National Health Service Corps**

Since its inception, the National Health Service Corps has worked to build healthy communities by supporting qualified health care providers dedicated to working in areas across the country with limited access to primary care. The Budget invests $380 million for the National Health Service Corps for FY 2017, which includes $70 million in additional mandatory and discretionary funding for behavioral health and supports the Administration’s opioid treatment and mental health initiatives. Specifically, this investment will place providers in rural areas and other underserved communities to expand access to behavioral health care and medication assisted treatment to address prescription opioid and heroin abuse.

**Expands Access to Health Care in Indian Country**

The FY 2017 Budget continues the Administration’s commitment to combat health disparities and ensure tribal communities lead healthy lives. The Budget funds the Indian Health Service (IHS) at $6.6 billion, an increase of $402 million over FY 2016. Since 2008, funding for IHS has increased by 53 percent, if the FY 2017 Budget is enacted. The Budget seeks to address and improve the health disparities faced by American Indians and Alaskan Natives, especially in the critical area of behavioral health. Significant new behavioral health investments will support innovative approaches to reduce rates of substance abuse, improve access to mental health services, and prevent suicide. The Budget prioritizes self-determination by fully funding contract support costs, a program which provides critical funding to tribes who operate direct service facilities. Other increases include funding for new facilities, staffing and operations of new and replacement facilities opening between FY 2016-2017, and for critical investments in Health Information Technology to improve the quality of health services and enhance care coordination.

The Budget also provides $15 million in additional funding, for a program total of $29 million, to expand CDC’s Comprehensive Approach to Good Health and Wellness in Indian Country. CDC works collaboratively with Tribes, tribal organizations, and Tribal Epidemiology Centers to prevent heart disease, diabetes, stroke, and associated risk factors, such as tobacco. This funding will expand existing efforts to address these diseases and risk factors, in addition to other critical problems within this population, including suicide, prescription drug overdose, and alcohol-related motor vehicle injuries.

**Strengthens Health Programs in Puerto Rico and other U.S. Territories**
The Budget removes the cap on funding to Medicaid programs in the U.S. territories to better align territory Medicaid programs with those in States and expands eligibility to 100 percent of the Federal poverty level in territories currently below this level. This proposal would gradually increase the share of Medicaid costs covered by the federal government as territories modernize their Medicaid programs. The proposal also would provide critical healthcare funding to Puerto Rico and help mitigate the effects of its fiscal crisis. Additionally, the Budget proposes to change the formula for calculating Medicare Disproportionate Share Hospital payments for hospitals in Puerto Rico, which will provide an increased reimbursement to hospitals that treat a high proportion of low-income patients.

**Reduces the Cost of Prescription Drugs in Medicare and Medicaid**

The effect of rising prices for drugs on beneficiary costs and access to medications is one of the most urgent issues for patients and their families in today’s health care system. Drug spending increased by 12.2 percent in 2014, making it one of the fastest growing portions of healthcare cost. The FY 2017 President’s Budget includes a number of proposals aimed at improving access to necessary treatments and increasing the value that Americans get from their medications, while continuing to encourage important and lifesaving innovations.

**Improves Healthcare for Dual Eligible Beneficiaries**

People enrolled in both Medicaid and Medicare have complex and often costly health care needs. With the passage of the Affordable Care Act, the Administration introduced multiple initiatives that have vastly improved the coordination of care for dual-eligible beneficiaries. The 2017 President’s Budget builds upon this foundation and includes a series of legislative proposals to improve access for dual-eligible beneficiaries, while decreasing overlap and inefficiencies that currently exist between the two payors. This effort includes creating an integrated appeals process for dually eligible beneficiaries, simplifying the process for receiving Medicare Savings Program benefits, coordinating review of dual-eligible special needs plan marketing materials, and making sure low-income individuals newly-eligible for Medicare have Part D coverage during their transition between payors and plans.

**Continues Medicare Reforms**

The Budget includes legislative proposals that reward value and care coordination, rather than volume and care duplication, including proposals to provide new payments for primary care, and enhanced value-based purchasing programs. The Budget encourages participation in alternative payment models through a number of proposals, including creating a bonus payment for hospitals that collaborate with certain alternative payment models. The Budget also expands the ability of Medicare Advantage plans to deliver services via telehealth and enable rural health clinics and federally qualified health centers to qualify as originating telehealth sites under Medicare. Finally, the budget proposes a Medicare Advantage competitive bidding system that reforms payments based on plans’ estimates for beneficiary cost-of-care while preserving access to supplemental benefits and strengthening incentives to provide high quality services.

**Ensuring Efficiency, Transparency, Accountability, and Effectiveness of HHS Programs**

**Protects Against Cyber Threats**

HHS is responsible for securing millions of individuals’ personal health information, conducting highly sensitive biodefense work, reviewing new drug applications and clinical trial data, and issuing more grants than any other federal entity. The Budget includes $51
million within the Office of the Secretary to increase the Department’s protections against cyber threats that pose risks to HHS critical functions, services, and data.

**Invests in Necessary Infrastructure and Mission Critical Facilities**

The Budget includes a total of $570 million, an increase of $47 million, for Indian Health Service (IHS) facilities for construction across Indian Country. Investments in construction will help IHS to build or maintain the necessary infrastructure to deliver essential health services to American Indians and Alaska Natives. Substantial increases include $27 million for health care facilities construction to reduce the number of health care construction projects on the priority list backlog. The Budget also includes an increase of $11 million for facilities and environmental health support, which sustains critical public health programs, such as the injury prevention program and environmental health services, supplements salary for support staff at 1,015 facilities, and addresses facility needs and upkeep. Finally, the Budget provides an increase of $4 million for the sanitation facilities construction program, which builds much needed facilities to deliver potable water and provide waste disposal to American Indian and Alaska Native people.

The Budget also makes investments to address infrastructure needs across HHS facilities that directly support mission critical activities. The Budget includes an increase of $24 million above FY 2016, for a total of $43 million, to improve the integrity of operations and infrastructure for CDC and FDA. Within this total, an increase of $21 million, for a total of $31 million, is provided for CDC’s facility repair and improvements. In addition, the Budget also includes $12 million for FDA building and facilities, an increase of $3 million over FY 2016.

Today, the Obama Administration released its fiscal year 2017 Budget. The Administration for Children and Families’ budget includes a number of proposals that would provide crucial help to needy children, families and communities, and advance the President’s goals of promoting mobility and opportunity.

**Early Childhood**

- As we did last year, we’re proposing to guarantee child care assistance to all low-income families with children under age 4. *Over 10 years, this proposal would extend high quality child care to over a million additional infants, toddlers, and 3-year-olds.* At the same time, we’re requesting that Congress provide an additional $161 million to help States implement the important improvements enacted in the 2014 reauthorization of the Child Care and Development Block Grant (CCDBG), building on the $326 million provided in FY 2016. And, we are proposing that CCDBG health and safety standards should also apply to child care funded through TANF or the Social Services Block Grant.
- We’re asking that Congress provide an additional $292 million so that more Head Start programs across the nation can offer full-day programs throughout the school year. For 2015, Congress provided $294 million to help make progress toward this goal, and this year’s funding would allow us to make additional gains. We’re also proposing an additional $142 million for a Head Start cost of living adjustment.
- We’re proposing to add $100 million to funding for Preschool Development Grants, for a total of $350 million, to continue and expand grants to States to develop, enhance, or expand high-quality preschool programs for children from families at or below 200 percent of the Federal poverty line.

**Children and Families**

- We’re proposing the first increase in basic *Temporary Assistance for Needy Families* (TANF) block grant funding since the program was enacted in 1996 --- $8 billion over the next five years. At the same time, we’re proposing a number of safeguards to ensure that TANF funds actually go to benefitting low income families, including a requirement that 55-60 percent of TANF and associated state funding be used for the core benefits and services of assistance, work-related activities for needy families, and child care. We’re continuing to propose dedicated funding for subsidized employment, and this year, we’re also proposing $100 million for competitive grants for two-generation efforts that work simultaneously with parents and children to improve both parental employment and family well-being. And, we’re proposing a new Economic Recovery Fund to replace the current Contingency Fund and be more responsive to needs during economic downturns.
- Our budget recognizes the troubling increase in the number of families with children living in extreme poverty, and includes a $2 billion initiative for *Emergency Aid and Service Connection Grants*. These grants would fund pilot projects to test new approaches to providing emergency aid for families facing significant economic
hardship and distress, including both short-term financial assistance and connection to longer term supports for those who need them.

- For the **Child Support Program**, we are renewing a number of prior proposals for efforts to ensure that children benefit when support is paid, for promoting access and visitation, for improving program efficiency, and for dedicated research funding. We’re adding new proposals to further strengthen enforcement. And, this year, we’re proposing a Child Support Technology Fund to promote the replacement of aging child support systems to increase system security, efficiency, and integrity. Building on our Office of Child Support Enforcement’s extensive experience with systems development, our Office of Child Support Enforcement would develop specific child support model systems and applications development projects that would be available to States, with a 90 percent federal match rate.

- For the **child welfare system**, we’re re-proposing that Congress provide federal matching funds to states to prevent removals and foster care placements by using evidence-based and evidence-informed pre- and post-placement services for children at risk of entering foster care. And we’re continuing to propose new efforts to support family-based care as an alternative to congregate care. In addition, we’ve got new proposals to increase federal support for state efforts to raise the educational levels of child welfare staff; a proposal to expand Regional Partnership Grants by $40 million to help states communities and tribes address rising levels of substance abuse; a proposal for enhanced matching funds to support improvements in child welfare information systems; and expanded support for tribal child welfare efforts.

- We’re re-proposing that up to 30 percent of funding under the **Assets for Independence Program** be used to create the **Asset Innovation Fund** to explore and test a wide variety of innovative strategies for asset building, such as children and youth savings accounts. Also key to this proposal is the request to use up to $3 million of AFI program funds for research and evaluation, so that these innovative projects can be properly evaluated.

- We’re proposing that $10 million in Social Service Block Grant funds be used to for a pilot project to test if an adequate supply of diapers can improve maternal mental health and infant and child health among families that face significant difficulty in affording diapers.

**Communities**

- We are asking Congress to fund the **Community Services Block Grant** at $674 million, the same level that we requested last year. We recognize the substantial progress that has been made in CSBG in accountability and performance management, and we continue to urge that Congress take additional steps toward these goals.

- We continue last year’s proposal for an **Upward Mobility Project** would allow up to 10 communities, states, or consortia of states and communities to combine funds from up to four existing block grants -- CSBG, Social Services Block Grant, and funding from HUD through the Community Development Block Grant and HOME Programs--for efforts to promote opportunity and reduce poverty.
• We are asking Congress to build on last year’s appropriations increases for addressing domestic violence by adding an additional $4 million to expand the work of the national domestic violence hotline and an additional $1 million for efforts to address domestic violence in Alaska.

• For runaway and homeless youth, we are requesting $2.3 million for demonstration funding to work with families and youth to prevent youth homelessness; $2 million for increased funding for Transitional Living Programs; and an additional $2 million to expand research efforts relating to youth homelessness.

• The number of unaccompanied children arriving in the United States continues to fluctuate significantly, and so our budget seeks funding to address the current estimated needs and proposes a contingency fund that will provide additional funding if the numbers increase beyond what is anticipated. The budget also includes funding to address the needs of an estimated 213,000 new humanitarian arrivals expected in 2017, including 100,000 refugees, consistent with the Administration’s commitment to admit at least this number of refugees in FY 2017. We’re seeking increases of $91 million in transitional and medical services; $22 million for additional funding for social services; and $8 million in for additional funding for targeted assistance grants. And, we’re proposing to raise the budget for services to Survivors of Torture from $11 million to $23 million, recognizing the number of torture victims among recent arrivals and the extent of their needs. In addition, the budget sustains our current funding level for emergency preparedness efforts.

• To prevent and combat human trafficking, we are proposing to maintain $13 million in funding for foreign victims of trafficking, seeking an additional $3 million to raise funding for domestic victims to $9 million, and seeking $11 million to support child welfare agencies to implement anti-trafficking responsibilities.

• Recognizing difficult budget choices, we are proposing that Low Income Home Energy Assistance Program receive $3 billion in discretionary funds, $390 million below the FY 16 level. At the same time, we continue to urge Congress to establish a mandatory contingency fund for LIHEAP to address increases in energy prices, extreme weather, and changes in numbers of eligible households. And, we are proposing that Congress allow states to spend up to 40 percent of LIHEAP funds for weatherization without needing federal approval.

Native Americans

• This year’s budget proposes $53 million for ACF’s Native American Programs, the highest level in ANA’s history, with proposals for $2 million in grants for $1.1 million in technical assistance funding to address needs of Native American youth.

• Tribes would also benefit from expanded start-up funding for tribal IV-E programs, and an additional $20 million for Tribal child welfare efforts under the Promoting Safe and Stable Families Program, a proposal to increase the funding of Tribal Court Improvement programs from $1 million to $3.75 million, and a proposal to establish a $1 million Alaska Native Tribal Resource Center on Domestic Violence.
Interoperability and Support for Systems-Building

- This year’s budget reflects a strong commitment to addressing systems and interoperability issues. In addition to our proposals for enhanced funding for child support and child welfare systems, we’re proposing temporary adjustments to administrative caps in the Community Services Block Grant and LIHEAP to support systems investments. And, we are requesting:
  - $10 million to establish a Systems Innovation Center, which would design and build IT elements to be shared with states and tribes, in support of integrated health and human services eligibility and enrollment systems; and
  - $50 million per year for five years to establish a Statewide Human Services Data System (SHSDS) Grant Program which would provide grants and related technical assistance to states in support of the design, development, and implementation of statewide integrated data systems and related analytical tools.

Our full budget request can be found at https://www.acf.hhs.gov/programs/olab. We are encouraged by the important steps that Congress took in acting on a number of our 2016 proposals, and we hope Congress will take further action this year to address key needs for children, families, and communities.

Source: http://www.acf.hhs.gov/blog/2016/02/fy-2017-budget

Motion to accept report: Hank Fitzer, MD
Second: Conitha King, AL
Discussion: None
Motion carried

Regional Coordinators Report: Mr. Hank Fitzer, Maryland

Madam President:

Starting in January, 2016 the four Regional Coordinators (Jesse Bratton, Hank Fitzer, Christal Kelly and Tara LeBlanc), along with Marketing & Communications Chair Roberta Blyth and Membership Chair Chris Smith, conducted bi-weekly conference calls to support HSFO FY 2016 membership efforts, and to promote participation in the two planned training seminars: Child Welfare I in Baltimore in April, and Cost Allocation I in Oklahoma City in May.

Membership:
Chris shared with the Regional Coordinators the list of agencies billed for 2016 membership, which was in turn used as one of several agency contact lists for marketing the training seminars (discussed below).
In late March, Chris also provided copies of e-mails sent to billed agencies that had not yet paid 2016 membership dues. As of this writing (March 28), Regional Coordinators plan to follow up with phone calls, to encourage membership renewals.

Trainings:
The Child Welfare training scheduled for Baltimore in early April was the project with the shortest lead time – we focused our first efforts on that one. Aside from working with the 2016 membership billing list, two other resources proved very valuable. Training Chair Rick Brennan directed us to the web site for the National Association of Welfare Research and Statistics (NAWRS), which membership information permitted us to directly contact (via e-mail and/or phone) 17 of that organization’s officers in various state and local agencies, and in some private institutions. Also, many thanks to Chris Smith for providing a copy of the participant list for the 17th Annual Child Welfare Waiver Grantee Meeting, held in Washington D.C. in September 2015. That relatively recent list, displaying approximately 200 names from agencies across 35 states, provided a number of new prospects not already among our member agency contacts. E-mails were sent to many of those prospective candidates, promoting the training as well as HSFO membership. I believe we did have some success among a few of these newer contacts in obtaining Child Welfare registrations.

As of the writing of this report, we have not yet focused the same level of Regional Coordinator effort on the May 2016 Cost Accounting training in Oklahoma City, but we will certainly work on that.

Many thanks to Christal, Tara, Roberta, Chris and Jesse for their efforts. Special thanks to Roberta for the promotional flyers posted to Facebook.
This concludes my report.

Motion to accept report: Hank Fitzer, MD
Second: Conitha King, AL
Discussion: President Allenbaugh acknowledged the work put in by regional coordinators and others.
Motion carried.

Membership: Mr. Chris Smith of Oklahoma

I’d like to start by thanking Hank Fitzer and the Regional Coordinators for all the tremendous help they’ve provided in the last few months. Without their guidance and support, my duties as the Membership Chair would have been much more difficult.

As of writing this report on April 20, 2016, we have 32 paid members. Here is a list of twenty agencies that have been active within the last two years, but have not yet paid membership dues in 2016:

| AL Department of Public Health |
We are hopeful the vast majority of these previous members will renew for 2016. Contacts have been made with all of them and will continue to be pursued by myself and the Regional Coordinators.

For the 2016 program year, we have one new paid member agency thus far – Maryland Department of Juvenile Services. We are also working with agencies in New York and Georgia to garner new members.

With the budget and revenue constraints in many states – particularly oil producing areas – we’ve had feedback from several agencies with worries about renewal. These include agencies in Oklahoma, New Mexico, and Alaska.

Activities for the membership chair since the Fall Planning meeting in Montgomery, Alabama – which was held in December 2015 - consist of:

1. Updating the historical membership listing

2. Working with Regional Coordinators, through bi-weekly conference calls, to brainstorm ideas for membership renewal and finding new members
3. Supporting the Regional Coordinators to increase attendance at April and May HSFO trainings

Planned future activities include the following:

1. Continue efforts to increase membership through partnership with Regional Coordinators. This includes outreach to new states and prior-member states

2. Work with the Marketing & Communications Chair, as well as the HSFO Webmaster, to develop email and social media blasts to promote the annual conference in Tampa

3. Other activities as suggested by the Executive Board and Regional Coordinators

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**Motion to accept report:** Chris Smith, OK  
Second: Jesse Bratton, OK  
Discussion: President Allenbaugh thanked Chris for his hard work.  
Motion carried.

**Time and Place:** Mr. Stan Mead, Louisiana

Madam President,

It is my pleasure to present the Time and Place report.
The 2016 Annual Conference will be held in Tampa, FL, at The Westin Tampa Harbour Island Hotel. The dates of the conference are July 31 – August 05, 2016. The rate is $104 plus tax.

The site of the 2016 Fall Planning & Board of Directors meeting has not been determined but we are looking at Charlotte, NC as the possible site.

The 2017 Spring Planning & Board of Directors meeting will be in Juneau, AK. Dates, hotel etc are yet to be determined.

The 2017 Annual Conference will be held in New Orleans, LA, at The Hotel Monteleone. The dates of the conference are August 26 - September 01, 2017. The room rate will be the Federal Per Diem (FPD) rate plus tax. The FPD for New Orleans, LA is currently $122.00.

We are currently soliciting a host site for the 2018 Annual Conference. Any member interested in hosting our conference should contact me. My phone number and e-mail address maybe found on the HSFO Web Site.

This concludes my report & I move for its acceptance.

Motion to accept report:  Stan Mead, LA
Second: Michelle Grose-Bray, AK

Discussion: The hotel for the planning meeting in Juneau has been secured. It will be held at the Westmark Baronoff Hotel, April 28 through May 3. The room rate will be $109.

Rates for hotels in Charlotte were too high, so we will be discussing other options at the appropriate time.

Motion passed.

Arrangements: Annual Conference 2016 Tampa, FL – Ms. Deena Brown (OK)

The 69th annual conference of the National Association of State Human Services Finance Officers will be held in Tampa Florida Sunday July 31st thru Thursday August 4th, 2016 at The Westin Tampa Harbour Island Hotel.

We are planning to have an HSFO welcome table near the hotel reservation desk. Past President Brenda Weisz is managing this and volunteers are being scheduled to help. Our plan is to help attendees feel welcome, share information and show them where registration, meeting space, president's reception, hospitality etc. is located.

We plan to open registration at the hotel on Sunday at 10 am – possibly Saturday.
Plans are being developed for the outside events with Bob Bumbalough and Jerry Berry taking the lead. We are currently looking at the Columbia Restaurant in Ybor City for the Board Dinner.

For the guest event we are planning a trip to Busch Gardens. We have decided to allow children to accompany their parent on the bus to Busch Gardens but they will be the sole responsibility of the parent. HSFO will provide entry ticket and a lunch coupon to the paid adult guest, but the cost for children's entry to the park will be the responsibility of the parent.

We are still working on the conference event. We will be taking a dinner cruise on the water that Tuesday evening, but we still have some details to work out.

The President's reception and Conference Banquet will be at the hotel.

Registration for the conference is available on the website. Thanks to Richard Billera and we have already seen some registration activity.

I'd like to ask if any of you all could work with your state or convention and visitors office to gain items for the conference bags or door prizes. That would be very helpful.

Motion to accept report: Deena Brown, OK
Second: Scott Carson, AZ
Discussion: President Allenbaugh thanked the committee for their hard work. Motion carried.

Arrangements: Annual Conference 2017 New Orleans, LA- Ms. Deena Brown (OK)

The 70th HSFO Annual Conference will be held in New Orleans Louisiana Sunday August 27th thru Thursday August 31st, 2017 at the Hotel Monteleone.

Plans for this conference are just beginning.

Motion to accept report: Deena Brown, OK
Second: Michelle Grose-Bray, AK
Discussion: None
Motion carried.

Resolutions: Hank Fitzer, MD for Mr. Mark Story of Arkansas

To date, no potential resolutions have been offered by the membership. In April 2016, I submitted to the webmaster and President a request to Members via email asking them to consider suggestions for appropriate submissions. Members were encouraged to submit suggestions and to begin work with the Resolutions Chair as soon as possible.
Motion to accept report: Hank Fitzer, MD
Second: Conitha King, AL
Discussion: None
Motion carried.

**Sponsor Development: Scott Carson, AZ**

During the months of December 2015 through February 2016, then chair Richard Donahey issued all current and past corporate members annual invitations and invoices to continue their paid relationship with HSFO. In accordance with the fee schedule adopted at the fall business meeting held in Montgomery Alabama, corporate partners that were member during the 2015 membership year were offered the membership rate of $3,000 for the 2016 membership year while corporate partners who were not paying members were offered the membership rate of $3,500 for 2016. As of April 21, four of the twelve invoiced corporate partners have paid their 2016 dues. Those partners are PCG, Mercer, Myers & Stauffer, and IVA.

In late February of this year, Richard Donahey resigned his HSFO chair due to a change in career. At the request of President Vonnetta Allenbaugh, I, Scott Carson, assumed the responsibilities of Corporate Member/Sponsorship Chair or the remainder of the 2016 membership year.

Since the original invoices were issued early this year, the following correspondence(s) have been sent out to corporate partners, members and sponsors:

- Introduction e-mail informing the corporate partners of the changes to the Chair
- E-mail inviting corporate members to attend the spring business meeting and annual conference
- E-mail thanking the corporate members for their support of HSFO and information related to what additional opportunities are available for targeted sponsorship/support
- E-mail encouraging active participation on a panel or in a session at the conference being held later this summer in Tampa, Florida
- Membership invitation letter and invoice for a new corporate member doing business as Health Management Associates (payment for membership forthcoming)
- Phone calls to corporate sponsors introducing myself again and explaining the benefits of membership and targeted sponsorship dollars that are used by HSFO to fund annual business meetings and the conference

During the remainder of this membership year, I will be focusing on several efforts including:
• Reaching out to various corporations/organizations that work with or in support of the health and welfare arena in an attempt to increase awareness of HSFO as well as membership

• Placing periodic “check in” calls to corporate members

• Collaborating with corporate partners to enhance our contact list containing key state, federal and external partners

• Working with both corporate members and HSFO leadership to explore ways of enhancing our already mutually beneficial relationship

I am excited about the future of this organization and have found working with our corporate members to be extremely rewarding. I look forward to not only the remainder of this year but what will hopefully be many years to come of working with the outstanding people in both HSFO and our many corporate partners. I respectfully submit this report and move for its acceptance.

Motion: Scott Carson, AZ
Second: Jesse Bratton, OK

Discussion: Dick Humiston pointed out that the corporate membership listing on the web site needs to be updated. Scott stated that work is underway to do that. Deena Brown asked that members provide HSFO with a high quality copy of their logo for brochures, etc. Stan Mead asked if we have been paid for all memberships. Per Scott, we have not been paid for all, but no one has mentioned that they will not pay. He is working on how to make it easier for them to also pay. President Allenbaugh stated we also need multiple emails for members.

Motion carried.

Stan Mead asked for a meeting of the site selection committee.

Business meeting was recessed to call a meeting of the site selection committee, which includes the Executive Board and Past Presidents.

The program committee decided not to meet until after lunch.

**Training Committee:** Mr. Rick Brennan, West Virginia

Since the Fall Planning Meeting in Montgomery, AL, we have scheduled and held two Training Sessions - i.e., Child Welfare I in Baltimore, and Cost Allocation Basic in Oklahoma City.
The Child Welfare I Training was held April 5 - 7, 2016, at the Hotel Arundel in Hanover, MD, right outside of Baltimore. Training was provided by SIVIC Solutions. After a couple of cancellations, we had 31 Registrants for this Training offering. There were 17 Registrants from MD and 14 Registrants from 8 other states, which were comprised of 1 from AL, 3 from VT, 2 from GA, 2 from IA, 2 from PA, 1 from Hennepin County MN, 2 from UT, 1 from OR. The 17 Registrants from MD were comprised of several Agencies - 2 from Montgomery County, 1 from the Governor’s Office of Children’s Services, 4 from the Division of Juvenile Justice, 1 Retiree from the DHMH, and 9 from DHR. The Training appears to have been well received, and we have received some requests for scheduling a Child Welfare II, which we intend to do for this Fall.

The Cost Allocation Training will be held in Oklahoma City at the Residence Inn Brockton on May 17 - 19, 2016. This Training will be presented by PCG. As of the date of this Report’s writing, we have 31 Registrants, and fully expect several more. To date, our Registrants represent 14 states, comprised of: 4 from OK, 3 from WY, 1 from OH, 2 from MT, 1 from AL, 1 from VA, 2 from GA, 4 from MN, 1 from NV, 2 from MD, 5 from AZ, 2 from NY, 2 from WA, and 1 from MA. With our Trainers and a few other Registrants expected, we are well in excess of the room bloc commitment we made.

At this point, we are seeing a bit of a spark in our Training offerings. Hank Fitzer has done an excellent job in moving our Regional Coordinators to do outreach; our marketing efforts under Roberta Blyth have been well done; our Membership under Chris Smith have been strong; etc. It’s hard to segment the residual effect of each of these endeavors, but everything working together has helped in our Training initiatives. We have already attracted at least one new Member Agency (MDJJ). We are also attracting significant Registrations from non-Members to these offerings. For the Child Welfare Training, after adjusting the registration fees to account for a new Member Agency, we still had 9 non-Members in attendance. For Cost Allocation, we have 14 non-Members registered. Hank Fitzer and Chris Smith are following up on these.

Our HSFO Medicaid Training RFP was finally released on April 13, 2016, after several months of effort. This RFP has the potential to significantly change the way we offer Trainings. We have requested a Letter of Intent to Bid by May 4, 2016, and a Bid Proposal to be received by May 27, 2016.

At this Planning Meeting we will be scheduling our Training offerings for this Fall. We will also be naming a Review Committee for the Medicaid RFP responses.

Motion to accept report:  Rick Brennan, WV
Second:  Conitha King, AL

Discussion:  Conitha King commented that the attendee from Alabama was impressed with the training and learned a lot.
President Allenbaugh commended the work done as a group and all the hard work.

Motion carried.
**CPE Committee: Rick Brennan (WV) for Mr. Jerry Berry of Arkansas**

At the Fall Planning Meeting in Montgomery, AL, the Training Committee scheduled two Training Sessions for the Spring. The first of these was the Child Welfare I Training in Baltimore, MD, on April 5-7, 2016. I have received the required Attendance Sheets, determined that 8 Registrants qualified for CPE, and have mailed their Certificates out to them.

There is a Cost Allocation Basic Training for Oklahoma City - Bricktown scheduled for May 17 - 19, 2016. As soon as the required attendance sheets are forwarded after this Training, I will determine the number of Registrants wanting and qualifying for CPEs, and will mail their Certificates out as early as possible.

I have completed and submitted the Renewal Application for HSFO’s listing on the NASBA, at an annual fee of $905. This was due by April 30, 2016, and was submitted April 7th 2016 and was accepted.

Once the Conference schedule for Tampa is completed, I will be prepared to follow up on the requested CPEs as per the Session Evaluations and signatures.

Motion to accept report: Rick Brennan, WV
Second: Conitha King, AL
Discussion: None

Motion carried.

**Marketing and Communications: Ms. Roberta Blythe of Arizona**

As the 2016 Marketing and Communication Chair, I am pleased to present this report to you. Since we last met in Montgomery, Alabama, the Marketing and Communication Committee has worked to increase communication efforts and the social media presence of HSFO. Those efforts have included frequent Facebook posts about the organization, upcoming events, and interaction with sponsors. Additionally, flyers (attached) were created to promote the Child Welfare and Cost Allocation Trainings in support of the Regional Coordinators efforts. Detail on the posts, reach, and engagement is provided below.
Plans for future efforts include:

- The use of Facebook advertising to reach members and non-members who do not currently like/follow our page. Those involved in state and federal government, finance, and human services will be targeted.

- Build upon the existing HSFo LinkedIn page
  - An HSFo “group” has been created which allows members to post information, discuss various topics, and show their participation in our organization
  - Encourage board members, committee chairs, and all participants to follow the HSFo page on LinkedIn, join our LinkedIn group, and list your role in your processional profile

- Future content for both Facebook and LinkedIn pages:
Meet your conference speaker series – a continuation of the series we began for last year’s conference in Reno
Meet your board members and regional coordinators – showcasing profiles of our leadership to our members and non-members
Throwback posts to pictures from past events

Motion to accept report: Roberta Blythe, AZ
Second: Jesse Bratton, OK

Discussion: Michelle Grose-Bray asked for clarification of Facebook statistics. President Allenbaugh stated we will also be promoting the Facebook page in Tampa. Deena Brown commented that work will be done on signage for the conference.

Motion carried.

Audit Committee: Mr. Jesse Bratton of Oklahoma

Madam President, Board members, Regional Coordinators, Past Presidents and guests: The audit of HSFO financial records for the period of December 1, 2014 through November 30, 2015 is underway. The audit will include 100% of the transactions from the December 2014 Fall planning meeting held in Tampa, FL, the April 2015 Spring planning meeting held in Oklahoma City, OK, the July 2015 Annual meeting held in Sparks, NV, the financial records maintained by Mr. Richard Humiston, and any other transactions that occurred during the audit scope. The full audit report will be available at the annual conference in Tampa, FL.

Motion to accept report: Jesse Bratton, OK
Second: Michelle Grose-Bray, AK

Discussion: President Allenbaugh acknowledged the work of the Audit Committee and the change that was adopted to allow for one signature for expenditures under $2,500. She also expressed appreciation for speed in reimbursing HSFo members and partners.

Motion passed.

Nominating: Mr. Dague Clark of New Hampshire

Following the 2015 Fall Planning Meeting, a special email from HSFo was issued in mid-April at the request of the Nominating Committee. The email invited interested parties to apply for the vacant position on the Board of Directors for the HSFo business year 2017, which covers December 1, 2016 through November 30, 2017. The vacant position is the traditional, anticipated Historian vacancy.
In addition, and in accordance with the Bylaws, applications for the four Regional Coordinator positions were solicited for Board service in business year 2017.

I have not received any applications for the Historian position. Nor have any applications been received for any of the Regional Coordinator positions.

Motion to accept report:  Dague Clark, NH
Second:  Jesse Bratton, OK
Discussion:  None

Motion passed.

By-Laws:  Mr. Harry Roberts of Delaware

President Allenbaugh asked me to serve this year as the By-Laws Chair and I would like to provide the following report.

In follow up to the HSFO Annual Conference business meeting in Sparks, NV, Mr. Jesse Bratton (OK), Chair of the Audit Committee prepared a Management Letter for President Dague Clark. President Clark appointed a sub-committee to review the management letter. The Sub-committee met and bylaw changes were requested arising from discussions concerning the 2015/16 Accounting services contract. The requested changes were presented at the Fall Planning meeting in Montgomery, AL.

During the discussions of these changes at that meeting, other changes in parts of the bylaws were discussed. Subsequently I reviewed the bylaws, drafted proposed changes and distributed them for comment to the Executive Board and a number of the Past Presidents which are incorporated in the attached document.

Attached for discussion at this meeting are the HSFO bylaws with the proposed changes reflected in red and red/strikethrough. (Appendix 1 to these minutes) I have also included notations in black/bold/ underline to explain some of the proposed changes and guide discussion.

As of 3/22/16 I have not received any additional requests for bylaw changes.

Motion to accept report:  Harry Roberts, DE

Second:  Conitha King, AL

Discussion:
Stan Mead commented that Harry did a good job and spent a lot of time on the changes. President Allenbaugh commended the work done.
Richard Billera asked if we could delete the reference to amending the bylaws at the annual meeting without all the detail. President Allenbaugh stated that this version provides more clarity of how to accomplish the change. Scott Carson asked if the Corporate Members section should refer to Corporate Members and Sponsors. Stan Mead cautioned to be careful what goes in the bylaws because that limits flexibility.

Motion passed.

**Treasurer Report:** Scott Carson (AZ) for Mr. Jason Sanchez of New Mexico

Mr. Carson reviewed the detailed financial statements of the organization for the period ending 04/20/16, reflecting Total Assets of $321,326 and Total Liabilities and Equity of $321,326

Motion to accept report: Scott Carson, AZ
Second: Jesse Bratton, OK
Discussion: None
Motion passed.

**New Business: President Allenbaugh, Oklahoma**

President Allenbaugh announced approval for a site selection visit to Williamsburg, VA for the Fall 2016 Planning Meeting and the 2018 Annual Conference. President Allenbaugh asked Roberta Blythe to present an update on the Member Survey Report.

Ms. Blythe reported that the Member Survey Report has not been released and that a sub-committee has not yet been formed. Some of the concerns expressed are already being addressed.

Motion to accept: Roberta Blythe, AZ
Second: Jesse Bratton, OK

Discussion:

Mr. Billera stated he doesn’t know how many responses there were and what the content of the questions were, but that it seems the report has been kept secret and expressed concerns over how the board handled the survey and that it has raised suspicion because
it has not been shared and it seems that leadership has been cowardly in how it has been handled. The group should be made aware of the issues that were raised and it should be handled accordingly.

Ms. Blythe stated there were comments about communications and wanting to know more about what the organization is doing.

Jennifer Grahams was contacted to do the survey and the report was received by the organization on November 13, 2016, right before she became President. President Allenbaugh said that the intention is to be transparent but that the membership doesn’t need to know every single issue that was raised.

Stan Mead asked if there would be a synopsis available prior to the annual business meeting and that he, as an ex-officio member of the board, would like to see it prior to the general membership.

Conitha King asked who is on the sub-committee and President Allenbaugh responded that the sub-committee has not been formed. Deena Brown stated that people need to volunteer for the sub-committee. The following individuals volunteered to serve on the sub-committee: Scott Carson, Harry Roberts, Conitha King, Michelle Grose-Bray, Richard Billera, Stan Mead, Rick Brennan, Dague Clark and Hank Fitzer.

President Allenbaugh went on to explain that this had been a busy few months and that Roberta had not had much time to work on this, but that they would have information out prior to the annual business meeting.

Web-site RFP Presentation-Richard Billera

Richard Billera presented information regarding what needs to be considered when doing an RFP for selection of a new web-site developer/maintenance.

A copy of the presentation is included as Appendix 2 to these minutes.

Discussion that followed included questions regarding amount of data, possibility of using Pay Pal for payments, and the feasibility of allowing authorized individuals to post their own documents.

The point was made that conference handouts should be available to members, regardless of whether they attend the conference since their membership includes registration fee to conference.

Michelle Grose-Bray suggested a way for members to post comments and requests for conference topics, etc.

Scott Carson asked if anyone had a problem with running the RFP by the IT person at Arizona DES for feedback. There was no objection to that.

Conitha King asked about doing an RFI. Mr. Billera stated that would add about 6 weeks of time to the process.

Total storage is currently less than 100 gigs. Not sure about the total used at this point. Pay Pal would be an option for accepting payments. But we are dealing mostly with state credit cards which have restrictions that could prevent use of Pay Pal. According to Ted
Martin, Pay Pal transaction expenses were less than half of the cost of credit card transaction expenses.
Michelle Grose-Bray suggested asking corporate members for “in-kind” contributions of server space. Problem would be if a corporate member drops their membership and our web-site has to be moved.
Could have a non-IT person doing some of the posting, but how do you maintain the e-mail lists?
There needs to be a timeline for the transaction. Richard would like to announce in Tampa that the RFP is out there.
Proposal was made to get volunteers for a sub-committee to work on the RFP/RFI.
Chris Smith, Roberta Blythe and Jesse Bratton volunteered to work on this.

**Program Committee Report:** Ms. Margaret Wahrer of Kentucky

Margaret presented a list of what is needed from each presenter.

She then presented the grid of the conference agenda in draft form with some room for adjustments based on times for the conference event. Once the times are finalized, some changes may happen based on time frames.

Margaret went through each day’s plan, with a brief overview of each session.

Motion to accept report: Margaret Wahrer, KY
Second: Michelle Grose-Bray, AK

Discussion: President Allenbaugh commended Ms. Wahrer and the committee on a great job.

Motion passed.

President Allenbaugh stated this concluded agenda business and requested a motion to adjourn.

**Motion to adjourn:** Conitha King, AL
Second: Jesse Bratton, OK
Discussion: None

Motion passed and the meeting adjourned.