

C. ANNUAL PLAN, BUDGET GUIDANCE AND REIMBURSEMENT FOR HEALTH CHECK COORDINATION SERVICES

Annual Plan

1. CCNC Networks will develop and implement an Annual Plan (*Appendix 6*) for each SFY of operation. The strategies for reaching a higher participation goal for the upcoming year must be clearly defined. The Consultants are available to offer technical assistance and consultation.
2. The HCC Supervisor will mail the Annual Plan Form to DMA each year. The State Health Check Consultant will indicate the date the Annual Plan is due.
3. The HCC Supervisor must take lead responsibility for completing the Annual Plan, working in conjunction with the HCC(s).
4. If requested, CCNC Networks will receive technical assistance regarding annual planning during the site visit or upon request.
5. When in conjunction with a site visit, the Annual Plan is due to the State Health Check Consultant no later than 30 days from the site visit.
6. If changes occur in the CCNC Network's activities or plan during the course of the year, a written amendment to the Annual Plan, reflecting these changes, must be submitted to the State Health Check Consultant for review and approval.

Budget

CCNC Networks are required to complete an annual budget; budget narrative; and annual plan. Proposed budgets, narratives, and plans must be submitted to DMA (Attn: Health Check Unit) by June 1st of the year preceding the proposed budget period. For the purposes of this Program, the State Fiscal Year (July 1 – June 30) shall be used.

Local funds used to support the program must be listed in the column "*IN-KIND CONTRIBUTIONS*" and must be included in the budget narrative.

Once State Staff approves the budget and narrative, the budget page will be signed and dated. A copy of the budget and narrative will be returned to the CCNC Network. Once State Staff approves the annual plan, it will be kept on file with DMA.

Directions for Completing the Budget Form

The budget form can be found in the State Health Check Policies and Procedures Manual, Appendix 9, page 9-1. The Annual Plan form can be found in Appendix 6, pages 6-1 and 6-2.

The name of the Network must be entered at the top of the budget page as well as the budget period.

A description for each Category and Line Item on the budget form must be completed.

Equipment

All HCCs must have a computer, which has the capacity to run the Automated Information Notification System (AINS). Each type of equipment should have a separate line item.

Example: Computer \$1,200; Printer \$400; and Fax Machine \$500.

The budget narrative should explain how this equipment would be used to benefit the Health Check Program.

Supplies

This line item will include all of the office supplies needed to support the Health Check Program. Generally, office supplies include items such as; paper, pens, pencils, sticky notes, staples, etc. If other types of supplies are being proposed, a more detailed description is required.

Travel

The number of miles should be projected to obtain the mileage for the year. Hotel accommodations should be budgeted according to need. Subsistence should be budgeted to reimburse employees for food expenses incurred during overnight travel, according to the agency's policies.

Reminder: Make sure the budget includes funds for the HCCs to attend mandatory trainings such as the HCC State Meeting and Regional HCC Meetings.

Other

The "Other" Category is used for all other types of expenditures. The most frequently used line items have been included on the budget form. Networks should include additional line items, if needed.

Reimbursement for Health Check Coordination Services

The CCNC Networks are to be paid Health Check Management Fees a month in advance, using a date of service of the last day of the previous month to create the claim