



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Controller

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
LAKETHA M. MILLER • Controller

January 12, 2023

Dear County Director of Social Services:

Subject: "START MODEL"

Effective retroactively with **October 2022** services reimbursed **November 2022**, Buncombe County will use the following coding information to claim reimbursement for "START MODEL" expenditures on its DSS-1571 reports:

Part I: (There are no Part I coding requirements)

Part II: (There are no Part II coding requirements)

Part IV: (Purchased Services Requiring Client ID)

<u>Fund ID</u>	<u>App Code</u>	<u>Description on XS315 & Reimb Reports</u>	<u>Funding</u>
E	315	START MODEL	100% State

The related costs for app code 315 are capped funds, however it will not be tracked on the XS 411C report. Overhead in your NC-CoReLS software is not applicable to app code 315.

For additional instruction regarding SIS change notice information, please refer to the following link: <https://policies.ncdhhs.gov/divisional/social-services/services-information-system-sis/change-notices/2022>. If you have any questions concerning these reporting procedures, please contact your appropriate Local Business Liaison or County Administration Accounting Unit at (919) 527-6150 or you may email us at CNTY.ADMIN@dhhs.nc.gov.

Sincerely,

DocuSigned by:
Laketha M. Miller
Laketha M. Miller

LMM/pt

- cc: Susan Osborne Richard Stegenga Myra K. Dixon Kanisha Black
- Suzanne Beasley Lem Harris Pricillia Tabor Local Business Liaisons
- DSS-1571 Contact Personnel

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • OFFICE OF THE CONTROLLER

LOCATION: 1050 Umstead Drive, Spruill Annex, Raleigh, NC 27603
MAILING ADDRESS: 2019 Mail Service Center, Raleigh, NC 27699-2019
www.ncdhhs.gov/control • TEL: 919-855-3700 • FAX: 919-733-1635

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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Certificate Of Completion

Envelope Id: B23034A814BF4D6EA6652D28E25990CA	Status: Completed
Subject: Complete with DocuSign: DEAR COUNTY START Model.docx	
Source Envelope:	
Document Pages: 1	Signatures: 1
Certificate Pages: 5	Initials: 4
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Lem Harris
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	695 Palmer Drive
	Raleigh, NC 27603
	Lem.Harris@dhhs.nc.gov
	IP Address: 152.22.36.23

Record Tracking

Status: Original	Holder: Lem Harris	Location: DocuSign
1/11/2023 10:17:01 AM	Lem.Harris@dhhs.nc.gov	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Department of Health & Human Services (DT)	Location: DocuSign

Signer Events

Pricillia Tabon
 pricillia.tabon@dhhs.nc.gov
 Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Pre-selected Style
 Using IP Address: 152.22.32.26

Timestamp

Sent: 1/11/2023 10:19:39 AM
 Viewed: 1/11/2023 10:44:37 AM
 Signed: 1/11/2023 10:45:00 AM

Electronic Record and Signature Disclosure:

Accepted: 1/11/2023 10:44:37 AM
 ID: f2caa338-6e22-48f2-a44f-32153291637d

Myra Dixon
 myra.dixon@dhhs.nc.gov
 Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
 Using IP Address: 152.22.36.23

Sent: 1/11/2023 10:45:02 AM
 Viewed: 1/11/2023 11:42:36 AM
 Signed: 1/11/2023 11:43:14 AM

Electronic Record and Signature Disclosure:

Accepted: 1/11/2023 11:42:36 AM
 ID: 55110aed-00ea-4304-bb8c-8ac55cebf112

Lem Harris
 lem.harris@dhhs.nc.gov
 Accounting Manager
 DHHS
 Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
 Using IP Address: 152.22.36.23

Sent: 1/11/2023 11:43:17 AM
 Viewed: 1/11/2023 11:46:42 AM
 Signed: 1/11/2023 11:46:47 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Suzanne Beasley
 suzanne.beasley@dhhs.nc.gov
 AFM Section Chief
 DHHS
 Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
 Using IP Address: 152.22.32.26

Sent: 1/11/2023 11:46:50 AM
 Viewed: 1/11/2023 11:49:11 AM
 Signed: 1/11/2023 11:49:41 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Signer Events	Signature	Timestamp
Laketha M. Miller laketha.miller@dhhs.nc.gov DHHS Controller NC DHHS Office of the Controller Security Level: Email, Account Authentication (None)	 <p>DocuSigned by: Laketha M. Miller 423C6C805E08405...</p> <p>Signature Adoption: Pre-selected Style Using IP Address: 152.22.36.23</p>	Sent: 1/11/2023 11:55:50 AM Viewed: 1/11/2023 12:04:42 PM Signed: 1/11/2023 12:04:48 PM

Electronic Record and Signature Disclosure:
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In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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jasmine jasmine.d.mccoy@dhhs.nc.gov Executive Assistant to Controller DHHS Security Level: Email, Account Authentication (None)		Sent: 1/11/2023 11:55:53 AM
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Electronic Record and Signature Disclosure:
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	1/11/2023 10:19:39 AM
Certified Delivered	Security Checked	1/11/2023 12:04:42 PM
Signing Complete	Security Checked	1/11/2023 12:04:48 PM
Completed	Security Checked	1/11/2023 12:04:48 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

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You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: DHHS.ITAdministrativeServices@dhhs.nc.gov

To advise Executive Branch - Department of Health & Human Services (DHHS) of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at DHHS.ITAdministrativeServices@dhhs.nc.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to DHHS.ITAdministrativeServices@dhhs.nc.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)

Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> • Allow per session cookies • Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

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