

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2007

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HOUSE DRH50549-RC-16A (03/29)

Short Title: Improve MH/DD/SA Quality Control - LMEs. (Public)

Sponsors: Representative Insko.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO IMPROVE THE QUALITY AND ACCESSIBILITY OF MENTAL
HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE
SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 115.4(b) reads as rewritten:

"(b) The primary functions of an LME are designated in this subsection and shall not be conducted by any other entity unless an LME voluntarily enters into a contract with that entity under subsection (c) of this section. The primary functions include all of the following:

- (1) Access for all citizens to the core services and administrative functions described in G.S. 122C-2. In particular, this shall include the implementation of a 24-hour a day, seven-day a week screening, triage, and referral process and a uniform portal of entry into care.
- (2) Provider endorsement, monitoring, technical assistance, capacity development, and quality control. An LME may remove a provider's endorsement if a provider fails to meet defined quality ~~criteria~~ criteria, fails to adequately document the provision of services, fails to provide required staff training, or fails to provide required data to the LME.
- (3) Utilization management, utilization review, and determination of the appropriate level and intensity of ~~services including~~ services. An LME may participate in the development of person centered plans for any consumer and shall monitor the implementation of person centered plans. An LME shall ~~the review and approval of the~~ approve person centered plans for consumers who receive State-funded ~~services~~. ~~Concurrent review~~ services and shall conduct concurrent reviews of

1 person centered plans for all consumers in the LME's catchment area
2 who receive Medicaid funded services.

3 (4) Authorization of the utilization of State psychiatric hospitals and other
4 State facilities. Authorization of eligibility determination requests for
5 recipients under a CAP-MR/DD waiver.

6 (5) Care coordination and quality management. This function includes the
7 direct monitoring of the effectiveness of person centered plans. It also
8 includes the initiation of and participation in the development of
9 required modifications to the plans for high risk and high cost
10 consumers in order to achieve better client outcomes or equivalent
11 outcomes in a more cost-effective manner. Monitoring effectiveness
12 includes reviewing client outcomes data supplied by the provider,
13 direct contact with consumers, and review of consumer charts. It shall
14 also include post-payment clinical reviews of targeted consumers
15 utilizing a standardized quality review tool.

16 (6) Community collaboration and consumer affairs including a process to
17 protect consumer rights, an appeals process, and support of an
18 effective consumer and family advisory committee.

19 (7) Financial management and accountability for the use of State and local
20 funds and information management for the delivery of publicly funded
21 services."

22 **SECTION 2.** G.S. 122C-141(a) reads as rewritten:

23 "(a) The area authority or county program shall contract with other qualified
24 public or private providers, agencies, institutions, or resources for the provision of
25 services, and, subject to the approval of the Secretary, is authorized to provide services
26 directly. The area authority or county program shall indicate in its local business plan
27 how services will be provided and how the provision of services will address issues of
28 access, availability of qualified public or private providers, consumer choice, and fair
29 competition. The Secretary shall take into account these issues when reviewing the local
30 business plan and considering approval of the direct provision of services. Any approval
31 granted by the Secretary shall be for not less than one year. The Secretary shall develop
32 criteria for the approval of direct service provision by area authorities and county
33 programs in accordance with this section and as evidenced by compliance with the local
34 business plan. For the purposes of this section, a qualified public or private provider is a
35 provider that meets the provider qualifications as defined by rules adopted by the
36 Secretary."

37 **SECTION 3.** This act becomes effective October 1, 2007.