

March 4, 2009

S 409. RECOMMENDATIONS OF MH/DD/SA OVERSIGHT COMM. Filed 3/4/09. *TO ENACT VARIOUS LAWS TO IMPROVE THE MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES SYSTEM, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES.*

Enacts various laws affecting the Department of Health and Human Services' (DHHS) Mental Health (MH), Developmental Disabilities (DD), and Substance Abuse (SA) services system as described below.

Merger or consolidation of LMEs. Prohibits the Secretary of the Department of Health and Human Services (Secretary) from taking any action prior to June 1, 2010, that would result in the merger or consolidation of local management entities (LMEs) or that would establish consortia or regional arrangements for the same purpose. Nonetheless, provides criteria that would permit contiguous LMEs to implement a merger or consolidation. Provides that contracts between LMEs for service authorization, utilization review, and utilization management functions do not constitute a merger or consolidation.

LME peer training. Directs the Department of Health and Human Services (DHHS), Division of Mental Health (MH), Developmental Disabilities (DD), and Substance Abuse Services (SA) (the Division), in consultation with the Mental Health Leadership Academy, to hold at least one meeting per calendar quarter, beginning July 1, 2009, to facilitate peer training and peer sharing among LMEs.

Medicaid waivers. Authorizes the Division to develop and apply to the Centers for Medicare and Medicaid Services (CMS) for additional 1915(b) and 1915(c) Medicaid waivers to increase the flexibility of LMEs in management and coordination of MH/DD/SA services. Prohibits DHHS from implementing any waiver it receives except as authorized by an act of the General Assembly appropriating funds for that purpose. Requires DHHS to report the status of any waiver developed or applied for to various legislative committee by March 1, 2010. Specifically directs the Division to apply for a 1915(c) waiver to the Centers for Medicare and Medicaid Services to permit individuals who sustain traumatic brain injury after age 22 to access home and community-based Medicaid services. Directs DHHS to report on the status of this waiver to various legislative entities no later than March 1, 2010. Further Directs DHHS, Division of Medical Assistance in conjunction with MH/DD/SA services to submit a written report to the Joint Legislative Oversight Committee (JLOC) on MH/DD/SA services summarizing its implementation of Tiers 1 and 4 of the CAP-MR/DD program and future plans for implementing Tiers 2 and 3. Provides guidelines for the content of the summary.

State/county special assistance residency requirements. Amends GS 108A-41(b) to change the length of the North Carolina residency requirement that serves as one of the criteria that can be used to determine eligibility for special assistance, to 180 days (was, 90 days) immediately prior to receiving the special assistance.

Directs DHHS to study issues relating to consumers with mental illness who are residing in adult care homes and report its findings to the JLOC on MH/DD/SA services by March 1, 2010.

Billing changes. Directs DHHS to create and implement an *incurred but not reported* category of expenditures with the approval of the Office of State Budget and Management. Provides that DHHS may require providers of MH/DD/SA services to submit bills to the LME for state-funded services within 60 days of the date the services were provided.

Service Dollar reallocations. Authorizes DHHS to create a midyear process to reallocate state service dollars away from an LME that doesn't appear to be on track to spend its full appropriation to another LME that can spend the additional funds.

Screening Tool for ICF/MR Placement. Directs DHHS to identify a screening tool to ascertain how consumers access services from Intermediate Care Facilities for the Mentally Retarded (ICF/MR) and to report on the identification and implementation of the screening tool by March 1, 2010 to various legislative committees and subcommittees.

Death reporting in facilities providing MH/DD/SA services. Directs DHHS to establish and maintain a database on all deaths occurring in facilities subject to regulation under GS Chapter 122C. Provides guidelines as to the content of the database and requires all facilities regulated under GS Chapter 122C and those required to report deaths to the State Medical Examiner to

report the information regarding the death to the database within 10 days of the date of the death. Directs the Division to provide appropriate training on death reporting to administrative and direct care employees in state facilities subject to regulation under GS 122C-181.

Service authorization, utilization review, and utilization management. Provides that DHHS, not later than January 1, 2011 is to return utilization review and management, and service authorization to LMEs representing at least 60% of the state's population. Directs DHHS to designate no later than July 1, 2010 those selected LMEs that will take up these responsibilities as of January 1, 2011. Prohibits DHHS from contracting with an outside vendor for service authorization or utilization review and management functions after September 30, 2010. Provides additional requirements regarding LME accreditation and assessment.

Additionally directs the North Carolina Institute of Medicine to conduct a study of MH/DD/SA services that are funded with Medicaid and state funds and to report its findings and recommendations to the JLOC on MH/DD/SA services on or before the convening of the 2010 regular Session of the 2009 General Assembly.

Intro. by Nesbitt.

UNCODIFIED

March 19, 2009

S 409. RECOMMENDATIONS OF MH/DD/SA OVERSIGHT COMM. Filed 3/4/09. Senate committee substitute makes the following changes to 1st edition. Requires the report from the Division of Medical Assistance, in conjunction with the Division of Mental Health, Developmental Disabilities and Substance Abuse Services summarizing its implementation of Tiers 1 and 4 of the CAP-MR/DD program and future plans for implementation of Tiers 2 and 3 to be submitted no later than six months after the effective date of the act (was, by September 30, 2009). Requires the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to identify a screening tool to assess the level and intensity of need of all individuals with developmental disabilities receiving publicly funded services (was, identify a screening tool that will determine how consumers currently access services from ICF/MR and that will ensure the consumers of those services are served at the appropriate level of care). Makes conforming changes. Removes the requirement that the Department of Health and Human Services also report on the implementation of the screening tool.