GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2009

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HOUSE BILL 1890*

Short Title:	Modify MHDDSAS Reporting Requirements.	(Public)
Sponsors:	Representatives Insko; Harrison, Hughes, and Lucas.	
Referred to:	Mental Health Reform, if favorable, Appropriations.	

May 20, 2010

A BILL TO BE ENTITLED

- 1 2 AN ACT TO MODIFY REPORTING REQUIREMENTS PERTAINING TO MENTAL 3 DEVELOPMENTAL DISABILITIES, AND HEALTH. SUBSTANCE ABUSE 4 SERVICES, AS RECOMMENDED BY THE JOINT LEGISLATIVE OVERSIGHT 5 COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND 6 SUBSTANCE ABUSE SERVICES.
- 7 The General Assembly of North Carolina enacts:

8 SECTION 1.(a) Not later than January 1, 2011, the Department of Health and 9 Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse 10 Services shall provide a final report on community support services, to the Senate Appropriations Committee on Health and Human Services, the House of Representatives 11 12 Appropriations Subcommittee on Health and Human Services, and the Joint Legislative 13 Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services. The final report shall include a summary of the following information with respect to 14 15 former recipients of community support services:

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- The number of individuals no longer receiving any services. (1)
- (2)The number of individuals transferred to other mental health services, broken down by the specific type of service and the number of individuals 18 transferred to each service. 19
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- (3) The amount of any cost increase or cost savings resulting from the transfer of those individuals to other mental health services.
- (4)
- The status of any new service definitions developed in response to the elimination of community support services. **SECTION 1.(b)** By September 1, 2010, and annually thereafter, the Commission

24 25 on Mental Health, Developmental Disabilities, and Substance Abuse Services shall submit a 26 report summarizing all deaths, subject to the reporting requirements set forth in G.S. 122C-31 that occurred during the one-year period preceding the date of the report to the Joint Legislative 27 28 Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse 29 Services.

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SECTION 1.(c) G.S. 143C-9-2(d) reads as rewritten:

Beginning July 1, 2007, July 1, 2010, the Secretary of the Department of Health and 31 "(d) 32 Human Services shall report annually to the Joint Legislative Oversight Committee on Mental 33 Health, Developmental Disabilities, and Substance Abuse Services and the Fiscal Research Division on the expenditures made during the preceding fiscal year from the Trust Fund. The 34 report shall identify each expenditure by recipient and purpose and shall indicate the authority 35 under subsection (b) of this section for the expenditure." 36



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1 2	SECTION 1.(d) Beginning January 1, 2011, and annually thereafter, the Department of Health and Human Services, Division of Mental Health, Developmental
3	Disabilities, and Substance Abuse Services, shall report to the Senate Appropriations
4	Committee on Health and Human Services, the House of Representatives Appropriations
5	Subcommittee on Health and Human Services, the Joint Legislative Oversight Committee on
6	Mental Health, Developmental Disabilities, and Substance Abuse Services, and the Fiscal
7	Research Division on a strategic plan for organizing State and local resources to fund services
8	provided through local management entities. The report shall include criteria for the allocation
9	of funds, guidelines for utilization of funds, restrictions on use of funds, and a list of
10	expenditures.
11	SECTION 1.(e) G.S. 10.19A(c) of S.L. 2009-451 reads as rewritten:
12	"SECTION 10.19A.(c) The Department of Health and Human Services, Division of
13	Mental Health, Developmental Disabilities, and Substance Abuse Services, shall require
14	quarterly reporting from LMEs in the format required under subsection (a) of this section. The
15	Department of Health and Human Services shall report the results of the quarterly reports to the
16	Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and
17	Substance Abuse Services, the House of Representatives Appropriations Subcommittee on
18	Health and Human Services, the Senate Appropriations Committee on Health and Human
19	Services, and the Fiscal Research Division on or before May 1, 2010. May 1, 2011, and
20	annually thereafter."
21	SECTION 1.(f) G.S. 10.65A(a) of S.L. 2009-451 reads as rewritten:
22	"SECTION 10.65A.(a) For the purposes of improving efficiency in the expenditure of
23	available funds and effectively identifying and meeting the needs of CAP-MR/DD eligible
24	individuals, on or before April 1, 2010, the By January 1, 2011, the Department of Health and
25 26	Human Services, Division of Medical Assistance, in conjunction with the Division of Mental
26	Health, Developmental Disabilities, and Substance Abuse Services, shall submit to the Joint
27	Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance
28 29	Abuse Services a plan for status report on the implementation of Tiers 1 through 4 of plan for the CAP-MR/DD program. Tiered Waiver. The plan shall describe the implementation of each
29 30	of the Tiers 1 and 4 and the proposed implementation of Tiers 2 and 3, and revisions of Tier 4,
30 31	and shall include detail on each of the following:
32	(1) The array and intensity level of services that will be available under each of
33	the four -Tiers.;
33 34	(2) The range of costs for the array and intensity level of services under each of
35	the four-Tiers.;
36	(3) How the relative intensity of need for each current and future CAP-MR/DD
37	eligible individual will be reliably determined.; and
38	(4) How the determination of intensity of need will be used to assign <u>current and</u>
39	<u>future CAP-MR/DD eligible</u> individuals appropriately into one of the four
40	Tiers.
41	(5) The criteria for moving individuals from one Tier to another and any costs
42	associated with that movement.
43	The Department may develop an application to the Centers for Medicare and
44	Medicaid services for additional Medicaid waivers for Tiers 2 and 3 of the
45	CAP-MR/DD program. The Department shall not submit the application until after
46	it has submitted the plan required under this subdivision. Nothing in this subdivision
47	obligates the General Assembly to appropriate additional funds for the
48	CAP-MR/DD waiver."
49	SECTION 1.(g) G. S. 122C-102(c) reads as rewritten:
50	"(c) State Performance Measures. – The State Plan shall also include a mechanism for
51	measuring the State's progress towards increased performance on the following matters: access

51 measuring the State's progress towards increased performance on the following matters: access

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to services, consumer-focused outcomes, individualized planning and supports, promotion of
best practices, quality management systems, system efficiency and effectiveness, and
prevention and early intervention. Beginning October 1, 2006, equitable allocation of resources,

4 prevention and early intervention, statewide system of crisis response for adults and children,

5 and management of the utilization of State facilities. Beginning January 1, 2011, and every six

- 6 months thereafter, the Secretary shall report to the General Assembly and the Joint Legislative
- 7 Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse
- 8 Services, on the State's progress in these performance areas."
- 9 **SECTION 2.** This act is effective when it becomes law.