

Bill Number	Section Number	Title	Special Provision					
2014 Session of the North Carolina General Assembly				Complete (Yes/No)	Date Report Submitted (If Applicable)	Additional Information (For all Medicaid items please include SPA related date information (submitted and approved/rejected) and the dates the required changes were implemented into NC Tracks. You will not have to repeat information included in the Money Item Spreadsheet, but note that the information is in the separate document.)		
SB 744	12A.2	FUNDS FOR STATEWIDE HEALTH INFORMATION EXCHANGE	Directs the Department of Health and Human Services (DHHS), Division of Central Management, to allocate to the North Carolina Health Information Exchange (NC HIE) an amount sufficient to represent the State share for the maximum amount of approved federal matching funds for allowable Medicaid administrative cost related to the HIE Network. This section requires the NC HIE to report to the Joint Legislative Oversight Committee on Health and Human Services, the Joint Legislative Oversight Committee on Information Technology, and the Fiscal Research Division by March 1, 2015, on its use of State appropriations and federal matching funds received by the NC HIE for costs related to the HIE Network.	No	3/1/15 Report not yet due			
SB 744	12A.4	DEVELOPMENT OF PLAN TO IMPLEMENT SINGLE INFORMATION TECHNOLOGY SYSTEM FOR MEDICAID CLAIM ADJUDICATION BY LOCAL MANAGEMENT ENTITIES/MANAGED CARE ORGANIZATIONS	Subsection (a) repeals Section 12A.4.(j) of S.L. 2013-360, Appropriations Act of 2013. Subsection (b) repeals Section 12A.4(k) of S.L. 2013-360, as amended by Section 4.11 of S.L. 2013-363, Modifications/2013 Appropriations Act. Subsection (c) directs the DHHS to report on a plan to implement a single, stand-alone information technology system to be used for Medicaid claim adjudication by all local management entities, including local management entities approved to operate the 1915 (b)/(c) Medicaid waiver. The report shall be submitted by December 1, 2014 to the Joint Legislative Oversight Committees on Health and Human Services and Information Technology and to the Fiscal Research Division.	Yes	12/01/2014			
SB 744	12A.7	SUPPLEMENTAL SHORT-TERM ASSISTANCE FOR GROUP HOMES	Directs the Division of Central Management and Support to use \$2 million in nonrecurring funds to provide temporary short-term payments not to exceed \$464.30 per group home resident per month until June 30, 2014. Limits payments to residents who became ineligible for Medicaid Personal Care Services as a result of changes to the PCS Program that took effect on January 1, 2013. Payments may not be provided for residents appealing an adverse determination made by the Department under G.S. 108A-70.9A. Group homes shall use these payments to provide supervision or medication management. DHHS must submit a detailed plan to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division for a long-term solution for individuals residing in group homes by April 1, 2015. If the Department fails to submit the plan, any remaining balance of the funds appropriated shall revert to the General Fund.	Yes	Report not yet due (4/1/15)	A total of \$3,115,455.78 of the nonrecurring funds was expended in FY 2013-2014 per Year End BD701 Authorized report. On 08/02/14 the NC Senate passed SB 744 which authorized \$2,000,000 for FY 2014-2015 to be used for the temporary short-term financial assistance for group homes while a long-term solution is being developed. As of February 9, 2015, approximately \$996,076.78 has been expended for this purpose.		
SB 744	12B.1	CHILD CARE SUBSIDY RATES/REVISE CO-PAYMENTS AND ELIGIBILITY CRITERIA	Amends S.L. 2013-360, Section 12B.3 to change income eligibility from 75% of State median income to 200% of the Federal Poverty Level (FPL) for children age 0-5 and special needs children and to 133% FPL for children age 6-12 effective October 1, 2014. This provision sets co-payments at 10% of income for all households that are required to pay a co-payment and eliminates the proration of co-payments for part time care. Effective January 1, 2015, the definition of income unit is changed to include stepparents and their children; and non-parent caretaker relatives and their spouses and children if applicable.	Yes	N/A	Policy changes were implemented on October 1, 2014 as required by legislation. We have revised program policy, IT systems and worked directly with our local partners (DSSs) to communicate and plan for the implementation of this policy.		

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SB 744	12B.2	EARLY CHILDHOOD EDUCATION AND DEVELOPMENT INITIATIVES ENHANCEMENTS/IMPLEMENT FUND RAISING PLAN/CODIFY TANF MAINTENANCE OF EFFORT REQUIREMENT	Amends Section 12B.9 of S.L. 2013-360, Appropriations Act of 2013, to require the North Carolina Partnership for Children, Inc. implement a plan to increase local capacity to raise private funds to support childhood activities. Subsection (b) amends G.S. 143B-168.15(g) to require local partnerships to spend at least \$52 million for child care subsidies that meet the Temporary Assistance for Needy Families block grant maintenance of effort and the Child Care Development Fund match requirements.	Yes	N/A			
SB 744	12B.3	STUDY CHILD CARE SUBSIDY FOR 11- AND 12-YEAR OLDS	Directs the Division of Child Development and Early Education to study child care subsidy for 11- and 12-year olds. The Division shall study available options for before and after school care, available resources other than child care subsidy to pay for this care, and the average cost of care. The report is due to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by November 30, 2014.	Yes	12/01/2014			
SB 744	12B.4	REVISE CHILD CARE ALLOCATION FORMULA	Amends Section 12B.4 of S.L. 2013-360, the Appropriations Act of 2013, to require the Division of Child Development and Early Education to utilize the newest Census data available in allocating child care subsidy funds to counties. The division shall implement one-third of the change in allocation in 2014-15, the next one-third in 2016-17, and the final one-third in 2018-19. Counties shall not receive an increase in their allocations in 2014-15 if they did not have a waiting list in 2013-14, and in future years, counties shall not receive an increase in their allocations if their spending coefficient is below 95% in the previous year. The Division may waive the spending coefficient requirement due to extraordinary circumstances. The Division shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by October 1 of each year the counties that received a waiver and the reasons for the waiver.	Yes	Report not yet due (10/1/15)			
SB 744	12B.5	CHILD CARE MARKET RATE ADJUSTMENTS	Requires DHHS to adjust the child care market rates for three-, four- and five- star centers and homes. The market rate is increased by 25% of the recommended adjustment in the 2013 Child Care Market Rate Study.	Yes	N/A	Reference notes in 24 Money Report (Item #21).		
SB 744	12B.6	NC PRE-K AUDITS	Amends Section 12B.1 of S.L. 2013-360, Appropriations Act of 2013, by adding a new subsection (k) to require local partnerships that administer the NC Pre-K program be subject to the biennial financial and compliance audits authorized under G.S. 143B-168.14(b).	Yes	N/A			

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SB 744	12C.1	CHILD PROTECTIVE SERVICES IMPROVEMENT INITIATIVE	<p>States the intent of the General Assembly to support the initiatives and the allocation of funds for child welfare services in this section.</p> <p>Subsection (b) provides \$7.4 million in funding for county departments of social services. Of these funds, \$4.5 million is to replace lost federal funding that was used to pay for child protective services workers. Beginning October 1, 2014, \$2.9 million is provided for new child protective services workers to reduce the average caseloads to 10 families per worker.</p> <p>Subsection (c) provides \$4.5 million for child welfare in-home services.</p> <p>Subsection (d) provides \$750,000 for 9 positions in the Division of Social Services. These positions shall monitor, train, and provide technical assistance to county departments of social services.</p> <p>Subsection (e) provides \$300,000 for a pilot program to enhance coordination of services and information among county departments of social services and other agencies. The Division shall commence the pilot by December 1, 2014 and shall provide a progress report by March 1, 2015 and a final report by March 1, 2016 to the Joint Legislative Oversight Committee on Health and Human Services.</p> <p>Subsection (f) provides \$700,000 for a statewide evaluation of the State's child protective services system.</p> <p>Subsection (g) requires the Division of Social Services to report to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services and the Fiscal Research Division no later than February 1, 2015 on the issue of conflicts of interest in child welfare cases as related to public guardianship.</p>	(b) Yes (c) Yes (g) Yes	02/01/2015	<p>(b) These funds were allocated to counties on September 26, 2014. The \$4.5M was allocated using the existing formula as used to allocate the lost federal dollars. The \$2.8M was allocated to 30 counties to fund 73 positions at an annualized salary of \$52,419. Many counties plan to add additional staff to those funded with this allocation.</p> <p>(c) These funds were allocated to Counties on September 26, 2014, based on the following four criteria: (1) Population of children 18 and under in each county, Source: U.S. Census Bureau 2008-2012 American Community Survey 5-year Estimate (2) In-Home services cases that were closed within 180 days or less in calendar year 2013 (3) CPS assessments and investigations completed in calendar year 2013 (4) CPS reports received in calendar year 2013</p> <p>(d) The Division of Social Services (DSS) conducted an extensive recruitment and selection process to fill 9 positions. 500 applications were received of which 180 were qualified and 45 were highly qualified. 34 applicants were interviewed. DSS is currently in the process of bringing staff on board. DSS has developed a process for conducting county reviews. DSS has identified counties in which to begin reviews following a training period, after which these workers will be deployed. We will reallocate a position to provide supervision. The county review process will be enhanced through our conducting Child and Family Services Reviews (CFSR) with 10 counties. Emphasis will be placed on ensuring children and families are provided services that address safety, permanency, and well-being of children served by child welfare services.</p> <p>(e) The department is partnering with Government Data Analytics Center (GDAC) to leverage State demographic data to build an integrated view of a child and associated adults to link, where possible, services to child and family. A progress report is due March 1, 2015.</p> <p>(f) A work group met several times over four months to develop a comprehensive RFP for the statewide evaluation of the child protective services system. Input was received from NCACDSS. The RFP is in the department's approval process and will be issued upon approval.</p> <p>(g) The report on conflicts of interest for county agencies when a child protective services matter on a child while acting as the guardian of the parent / caretaker has been submitted.</p>		
						<p>(e) The department is partnering with Government Data Analytics Center (GDAC) to leverage State demographic data to build an integrated view of a child and associated adults to link, where possible, services to child and family. A progress report is due March 1, 2015.</p> <p>(f) A work group met several times over four months to develop a comprehensive RFP for the statewide evaluation of the child protective services system. Input was received from NCACDSS. The RFP is in the department's approval process and will be issued upon approval.</p> <p>(g) The report on conflicts of interest for county agencies when a child protective services matter on a child while acting as the guardian of the parent / caretaker has been submitted.</p>		
SB 744	12C.2	CLARIFY WORK FIRST FAMILY ASSISTANCE INCOME LEVELS	Amends G.S. 108A-27.01 to clarify the income eligibility standards for Work First Family Assistance.	(c) Yes	N/A	Language has been codified.		

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SB 744	12C.3	EASTERN BAND OF CHEROKEE INDIANS/ASSUMPTION BY TRIBE OF VARIOUS HUMAN SERVICES	<p>Enables the Eastern Band of Cherokee Indians to assume responsibility for certain social services, health care benefit and ancillary services.</p> <p>Subsection (b) allows the Eastern Band of Cherokee Indians, beginning October 1, 2014 or upon federal approval, to begin assuming the responsibility for the Supplemental Nutrition Assistance Program. No later than October 1, 2015, the Eastern Band of Cherokee Indians may assume responsibility for other programs as described under G.S. 108A-25(e).</p> <p>Subsection (c) amends G.S. 108A-25 by adding subsection (e) relieving counties of the legal responsibility of programs relative to the tribal assumption of services.</p> <p>Subsection (d) amends G.S. 108A-87 adding subsection (c) allocating the non-federal share for the Eastern Band of Cherokee Indians when they assume responsibility for a program. Non-federal matching funds designated to Jackson and Swain counties to serve tribal members will be allocated to the Eastern Band of Cherokee Indians. Any portion of non-federal share that was borne by the counties will be borne by the Eastern Band of Cherokee Indians.</p> <p>Subsection (e) requires the Division of Medical Assistance to submit to the Centers for Medicare and Medicaid Services Medicaid and NC Health Choice state plan amendments as necessary to implement this section and to address health care needs identified by the Eastern Band of Cherokee Indians provided that the changes will be 100% federally funded. If the State share of administrative or other costs will increase, the Department shall report the anticipated increased costs to the Joint Legislative Oversight Committee on Health and Human Services. The State plan amendments and waivers shall have an effective date no later than October 1, 2015.</p>	Yes	N/A	<p>DMA response: NC SPA 14-019 submitted 09/30/2014; received IRAI 10/21/2014; received revised IRAI 10-31/2014; received RAI 12/17/2014; pending response. DSS Response: The Child Welfare Section Chief has been attending meetings with the EBCI on an on-going basis since 2014. Department representatives, including various divisions (DSS, DMA, DAAS, DIRM, NC FAST and the DHHS Controllers Office) have been working on identifying steps in the process of supporting the tribe in assuming programs. The Department hosted a meeting with departmental and division leadership and EBCI leadership on 12/3/2014 with the EBCI. A meeting was held on 1/13/2015 with the DSS Economic Services Section and tribe representatives to discuss EBCI assuming operation of FNS programs. On 1/27/2015 a transition meeting was held with EBCI and various division leadership to discuss updates and next steps. On February 9/2015 a internal meeting will be held to discuss timelines and answer questions posed by EBCI. The next transition meeting will be held on February 24, 2015 with DHHS staff and EBCI representatives.</p>	

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SB 744	12D.1	ELIGIBILITY FOR STATE-COUNTY SPECIAL ASSISTANCE PROGRAM	<p>Amends G.S. 108A-41(b) to clarify who is eligible for State-County Special Assistance (SA). Subsection (b) amends G.S. 108A-41(b)(2) to set the income limit at 100% of the federal poverty level.</p> <p>Subsection (c) amends G.S. 108A-41(b)(3) by deleting the requirement allowing individuals who join a close relative who has resided in North Carolina for 180 consecutive days to be eligible for SA and requiring that a person discharged from a State facility as a result of an interstate mental health compact is only eligible if the compact requires the State to continue treating the person within the State.</p> <p>Subsection (d) provides that subsection (a) and (c) do not affect the eligibility of SA applicants approved to receive assistance prior to November 1, 2014.</p> <p>Subsection (e) directs that subsection (b) shall not affect the eligibility of SA applicants approved to receive benefits prior to the effective date of subsection (b).</p> <p>Subsection (f) requires the Division of Medical Assistance to submit by October 1, 2014, an amendment to the Medicaid State Plan to allow Medicaid recipients who were approved to receive SA benefits prior to the effective date of subsection (b) to retain their eligibility for Medicaid.</p> <p>Subsection (g) sets November 1, 2014 as the effective date of subsections (a), (c) and (d); and subsections (f), (g) and (h) are effective when they become law.</p> <p>Subsection (h) sets the effective date of subsection (b) and (e) 30 days after the date Centers for Medicare and Medicaid Services (CMS) approves the Medicaid State Plan Amendment submitted pursuant to subsection (f). The Secretary of the DHHS shall report to the Revisor of Statutes when CMS approval is obtained and the date of the approval. Subsections (b) and (e) shall not become effective if CMS disapproves the Medicaid State Plan Amendment submitted pursuant to subsection (f).</p>	Pending	N/A	NC SPA 14-048 submitted 10/30/2014; received a Request for Additional Information(RAI) 01/22/2015; submitted RAI responses to CMS 2/3/2015 for Subsections (b), (f), and (h); the SPA is still pending.		
SB 744	12D.2	STATE-COUNTY SHARE OF COSTS FOR SPECIAL ASSISTANCE PROGRAM	Amends G.S. 143B-139.5 by deleting the requirement that the DHHS maintain State appropriation for the State-County Special Assistance program at the FY 2012-13 certified budget, and by deleting the requirement that counties maintain their appropriations at the FY 2011-12 level.	Yes	NA			

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SB 744	12D.3	EXAMINATION OF WAYS TO IMPROVE THE PUBLIC GUARDIANSHIP SYSTEM	<p>Directs the Division of Aging and Adult Services to collaborate with the Administrative Office of the Courts to develop a plan regarding the evaluation of complaints pertaining to wards under the care of publicly funded guardians.</p> <p>Subsection (b) requires the Division to consult with other entities to develop a model plan for transitioning a ward when an individual guardian of the person can no longer serve as guardian.</p> <p>Subsection (c) directs the Department to continue to study whether care coordination services would provide needed oversight against conflicts of interest when guardians also serve as paid providers. Subsection (d) requires the Department to submit a report of its findings and recommendations to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by October 1, 2014. (H.B. 1110/S.B.813)</p>	Yes	10/01/2014	<p>The Division of Aging and Adult Services (DAAS), in collaboration with the Administrative Office of the Courts, developed a plan to evaluate complaints pertaining to wards served by publicly funded guardians. In addition to the procedures already in place for evaluating these complaints, the plan includes observation and a face to face interview with the ward. (see Final Report on the Examination of Ways to Improve the Public Guardianship System dated October 1, 2014 for details.) Subsection (b) requires the Division to consult with other entities to develop a model plan for transitioning a ward when an individual guardian of the person can no longer serve as guardian. DAAS, in collaboration with clerks of superior court, local management entities/managed care organizations, the NC Bar Association Section on Elder and Special Needs Law, and a number of other stakeholders, developed a model plan on ways to prevent the appointment of a public guardian. (see <i>Final Report on the Examination of Ways to Improve the Public Guardianship System</i> dated October 1, 2014 for details.) The Department, through its Division of Medical Assistance and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, is soliciting input from a variety of stakeholders on the important issue of guardian as provider. Full recommendations are anticipated January, 2015.</p>		
SB 744	12D.4	STATUS REPORTS FILED BY CORPORATIONS OR DISINTERESTED PUBLIC AGENTS SERVING AS GUARDIANS FOR INCOMPETENT WARDS	<p>Amends G.S. 35A-1202(14) to delete the requirements for status reports.</p> <p>Subsection (b) amends G.S.35A-1242 to detail the requirements of what is to be included in status reports submitted by any corporation or disinterested public agent that is guardian of the person for an incompetent person.</p> <p>Subsection (c) sets the effective date of October 1, 2014. (H.B. 1179/S.B. 803)</p>	Yes	N/A	<p>DAAS collaborated with the Administrative Office of the Court and the Conference of Superior Court Clerks on implementing these changes.</p>		

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SB 744	12D.5	DEVELOPMENT OF STRATEGIC STATE PLAN FOR ALZHEIMER'S DISEASE	Amends G.S. 143B-181.1(a) by adding a new subdivision (13) to require the development of a strategic State plan for Alzheimer's disease.	Pending	N/A	There is no report required nor a due date for developing the plan. The first meeting of the NC Alzheimer's Task Force is 2/27/2015 and will continue monthly through November 2015. Estimated Strategic State Plan for Alzheimer's Disease is January 2016.		
SB 744	12E.1	CHILDREN'S DEVELOPMENTAL SERVICES AGENCIES	Amends S.L. 2013-360, Sec. 12E.4 to remove the Department's authority to close Children's Developmental Services Agencies (CDSAs). The Department is directed to maintain the CDSA eligibility criteria in effect on June 30, 2013.	Yes	Report not yet due (3/1/15)	3/1/2015 legislative report will address how DHHS met the \$10M and 160 FTE reduction.		
SB 744	12E.3	INCREASED FEE FOR PRIVATE WELL-WATER TESTING	Amends G.S. 130A-5(16) to increase the fee that the State Laboratory of Public Health shall charge for private well water testing from \$55 to \$74. The State Laboratory is also authorized to analyze water samples from existing private wells. Subsection (c) directs the division to "study options for reducing or waiving the private well-water testing fee established in subsection (a) of this section for households with incomes at or below three hundred percent (300%) of the current federal poverty level. The Department shall report its findings and recommendations, including any recommended legislation, to the Joint Legislative Oversight Committee on Health and Human Services, the Environmental Review Commission, and the Fiscal Research Division by December 1, 2014"	Yes	12/01/2014			
SB 744	12E.5	PROGRAM EVALUATION STUDY OF CHIEF MEDICAL EXAMINER'S OFFICE	Directs the Joint Legislative Program Evaluation Oversight Committee to consider in its 2014-15 work plan a study on ways to improve North Carolina's medical examiner system.	No	N/A	PED did not to study the ME system as part of its annual workplan; DHHS DPH was directed to do so in Section 12E.5		
SB 744	12E.6	OPERATIONAL EFFICIENCIES FOR OFFICE OF THE CHIEF MEDICAL EXAMINER	Amends G.S. 130A-382 to authorize the Chief Medical Examiner to select and appoint county medical examiners, giving preference to physicians licensed to practice in the State. In addition, emergency medical technicians/paramedics are added to the list of professionals that may be appointed as county medical examiners. The DHHS Division of Public Health shall study and report recommendations on 1) the adequacy of the current medical exam fee structure, 2) categories of professionals that may be appointed as medical examiners, and 3) qualifications and training requirements for medical examiners. The report is due to the Joint Legislative Oversight Committee on Health and Human Services no later than November 1, 2014. The Department shall use funds appropriated to Office of the Chief Medical Examiner to establish an oversight system to achieve operational efficiencies and improve quality assurance.	Yes	11/03/2014	\$1M funds were used to fund existing contracts with 3 regional autopsy centers, Contracts with medical experts for specialized services to support autopsies (dental, dermatology, neurology, radiology, forensic anthropology), accreditation application fees, begin statewide medical examiner training, fund annual operating shortfalls (scientific, drug and office supplies and body transportation), and scientific equipment.		
SB 744	12F.1	TRAUMATIC BRAIN INJURY FUNDING	Directs that \$2.4 million of the funds appropriated to the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services be used exclusively for services and assistance to individuals with traumatic brain injury.	Yes	N/A			

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SB 744	12F.3	REPORT ON STRATEGIES FOR IMPROVING MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES	Directs the Department to submit 2 reports on strategies to improve the delivery of behavioral health services. The reports are due to the Joint Legislative Oversight Committee on Health and Human Services no later than November 1, 2014 and March 1, 2015 respectively. (S.B. 804/H.B. 1132)	Yes, 12F.3.(a) Pending, 12F.3.(b)(1)	12F.3.(a) --- 11/3/14; 3/1/15 Report not yet due	NOTE: 12F.3.(b)(1) Report will be submitted by March 1, 2015		
SB 744	12F.4	REPORT AND PLAN REGARDING BUDGET SHORTFALLS WITHIN THE DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES	Directs the Department to report on budget shortfalls resulting from liabilities associated with community services funding and State-operated healthcare facilities. The report shall include a history of the annual budget shortfalls since 2008, an explanation of actions taken by the Department and the Office of State Budget and Management to address the situation, and a plan for eliminating the shortfall. The report is due to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by December 1, 2014.	Yes	12/08/2014	The report was submitted as required. Additionally, a presentation was made to the Joint Legislative Oversight Committee on Health and Human Services on November 18, 2014 by Jim Slate and Dale Armstrong. The State Operated Healthcare Facilities have a recurring shortfall which will continue to grow each year if financial relief is not granted. The unavoidable increase is due to inflation associated with direct patient/resident care in areas such as drugs, food, utilities, etc.		
SB 744	12F.5	FUNDS APPROPRIATED TO IMPLEMENT RECOMMENDATIONS OF THE JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON HEALTH AND HUMAN SERVICES REGARDING BEHAVIORAL HEALTH CRISIS SERVICES	Establishes definitions for facility-based crisis and behavioral health urgent care centers. The Division is directed to use \$2.2 million to increase the number of such centers, giving priority to those areas of the State where there is a shortage of these types of facilities; to reimburse for services provided by facility-based crisis centers; and to establish facility-based crisis centers for children and adolescents.	In process	N/A			
SB 744	12G.2	HEALTH CARE COST REDUCTION AND TRANSPARENCY ACT REVISIONS	Amends G.S. 131E-214.13 to redefine health insurer to include an insurance company under Article 3 of Chapter 58, a service corporation under Article 65 of Chapter 58, a health maintenance organization under Article 67 of Chapter 58 and a third-party administrator as defined in Section 607(1) of the Employee Retirement Income Security Act of 1974. The date by which the N.C. Medical Care Commission (Commission) would adopt rules for certain hospital reporting is changed to January 1, 2015. The Commission shall adopt rules to establish quality measures for identified procedures that are identical to those defined by the Joint Commission. (H.B. 1065/S.B. 784)	No	N/A	Temporary rules for the Licensing of Hospitals and the Licensing of Ambulatory Surgical Facilities were adopted by the MCC on 11/14/14. These rules became effective on 12/31/14. There has been no action by the MCC on the quality measures rules requirement due to discrepancies in the law requirements for measures to be identical to those of the Joint Commission which would cause the inability to promulgate rules to satisfy the Rules Review Commission. The Department will be submitting a bill revision request that will clarify the discrepancies and uphold the original intent of the law.		
SB 744	12G.3	STUDY CONCERNING EXPANSION OF HEALTH CARE COST REDUCTION AND TRANSPARENCY ACT TO ADDITIONAL HEALTH CARE PROVIDERS	Directs the Department to submit a report by December 1, 2014 summarizing recommendations for additional providers to be included under the Health Care Cost Reduction and Transparency Act of 2013.		12/01/2014			
SB 744	12H.2	REINSTATE MEDICAID ANNUAL REPORT	Directs the Department to reinstate the annual Medicaid reports and to publish them on the website only.	Pending	Pending	Under development.		
SB 744	12H.4	MODIFY INTENSIVE IN-HOME SERVICE	Directs the Department to modify the definition for Intensive In-Home Services to reflect a team-to-family ratio of not more than 1 to 12 by October 1, 2014	Pending	N/A	NC SPA 14-022 submitted 9/30/2014; received RAI 12/15/2014; pending response.		

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SB 744	12H.5	STUDY ADDITIONAL 1915(C) WAIVER	Directs the Department to draft a waiver to create 1,000 new slots each year over a 3 year period for adults with developmental disabilities from January 1, 2016 to June 30, 2019. This section directs that each slot should be capped at \$20,000 per year per beneficiary and managed by the LME/MCO system.	Pending	03/01/2015 Report not yet due			
SB 744	12H.6	TRAUMATIC BRAIN INJURY WAIVER	Directs the Department to draft a waiver for a new service package for Medicaid eligibles with traumatic brain injury (TBI) that may be based on an update of the 2010 report on a waiver to serve individuals with TBI.	Yes	01/30/2015			
SB 744	12H.7	FREEZE NURSING HOME CASE MIX INDEX	Amends Section 12H.13.(b) of S.L. 2013-360 to eliminate the case mix adjustment to nursing home direct care rates and freezes rates to those in effect on December 1, 2014.	No	N/A	NC SPA 14-040 was submitted 9/30/2014; received IRAI on 10/27/2014; received RAI 12/15/2014; pending response.		
SB 744	12H.8	DRUG REIMBURSEMENT USING AVERAGE ACQUISITION COST	Directs the Division of Medical Assistance to adopt an average acquisition cost methodology for drug ingredient pricing effective January 1, 2015 that will be consistent with regulations being promulgated by the federal government. In addition, the Department is directed to raise dispensing fees on January 1, 2015 to result in a net reduction in spending on drugs of \$975,000 in FY 2014-15. Subsection (b) directs the Division of Medical Assistance to begin a survey of the pharmacies on dispensing costs on March 1, 2015. Subsection (c) directs the Division of Medical Assistance to follow procedures in G.S. 108A-54.1A in submitting the State Plan Amendment required to implement this section.	No	N/A	NC SPA 14-047 submitted 09/30/2014; received IRAI 10/14/2014; submitted IRAI responses 10/21/2014; received RAI 12/11/2014; pending response.		
SB 744	12H.8A	SUBSTITUTION OF GENERIC DRUGS FOR UNAVAILABLE PREFERRED DRUGS	Directs the Division of Medical Assistance to allow pharmacists to substitute and dispense a generic drug in place of a preferred drug without prior authorization when there is a net savings to the Department and the pharmacy maintains documentation that it has not been able to acquire the medication.	No	N/A	It has been determined that this provision is unachievable. Rather than result in savings, it would increase expenditures.		
SB 744	12H.9	MENTAL HEALTH DRUG MANAGEMENT	Amends Section 12H.13.(g) of S.L. 2013-360 to direct the Division of Medical Assistance to manage mental health drugs through the preferred drug list to maximize supplemental rebates and other controls including prior authorization and utilization management to generate an annual savings of \$12 million.	Yes	N/A			

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SB 744	12H.10	PERSONAL CARE SERVICES MANAGEMENT	<p>Directs the Division of Medical Assistance to recoup overpayments made to providers as a result of the retroactive implementation of rates in Section 2 of S.L. 2013-360.</p> <p>Subsection (b) directs the Division to propose a plan by March 1, 2015 to contain spending in FY 2015-16 to the same level as FY 2014-15.</p> <p>Subsection (c) specifies that the Joint Legislative Oversight Committee on Health and Human Services shall engage a contractor to study the issues of reforming and redesigning the Personal Care Services program and report to the Joint Legislative Oversight Committee on Health and Human Services not later than December 1, 2015.</p>	Yes	03/01/2015 and 12/1/2015 Reports not yet due	Recoupment started in September 2014 and will be finished April 2015.		
SB 744	12H.11	ADULT CARE HOME COST REPORTING	Directs the Department to require compliance with G.S. 131D-4.2 for submission of annual cost reports.	Yes	NA	Providers with delinquent cost reports have been provided an additional 30 days to comply.		
SB 744	12H.12	CREATE STATEWIDE HOSPITAL BASE RATE	Repeals S.L. 2013-360, Section 12H.20.(b). Subsection (b) establishes a single statewide base rate for all hospital inpatient services of \$2,788 or based on the state wide median rate in effect at June 30, 2014, whichever is less. Stipulates that the individualized base rates for hospitals, excluding UNC Hospitals and Vidant Medical Center, are replaced by a single, statewide rate.	No	N/A	NC SPA 14-046 was submitted 09/30/2014; received IRAI 10/14/2014; submitted IRAI responses 10/21/2014; received RAI 12/11/2014; pending response.		
SB 744	12H.13	SUPPLEMENTAL PAYMENTS TO ELIGIBLE MEDICAL PROFESSIONAL PROVIDERS	Directs the Department to modify the State plan effective July 1, 2014 to set the number of positions to be used in the determination of supplemental payments based on the average commercial rate. Additionally, UNC Hospitals and ECU Brody School of Medicine are directed to submit an annual report to the Joint Legislative Oversight Committee on Health and Human Services beginning December 1, 2014 on services, hours and reimbursement for positions covered under this plan.	No	Not a DHHS Reporting Requirement	NC SPA 14-015 was submitted 09/30/2014; received IRAI 10/01/2014; submitted IRAI responses 10/02/2014; received RAI 12/12/2014; pending response.		
SB 744	12H.13A	COST SETTLE NORTH CAROLINA UNIVERSITY HOSPITALS AT SAME RATE AS OTHER HOSPITALS	Directs the Department to reduce payments and settlements to UNC Hospitals and Vidant Medical Center to 70% of costs.	No	N/A	NC SPA 14-020 was submitted 9/30/2014; received RAI 12/16/2014; pending response.		
SB 744	12H.14	REPEAL SHARED SAVINGS PROGRAM; MAINTAIN CERTAIN RATE REDUCTIONS	Repeals all subsections of Section 12H.18 of S.L. 2013-360 relating to the shared savings payments of the plan, except to maintain the 3% reduction implemented January 1, 2014 as a rate reduction. The 3% reduction is restored for nursing homes effective June 1, 2015.	Yes	N/A	Previously submitted SPAs included 3% rate reductions. All 3% rate reductions were implemented on 01/01/2014, except physicians; pending implementation. 3% reduction on dispensing fees was implemented 04/07/2014, retro back to 01/01/2014.		

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SB 744	12H.14A	PROVIDER RATE REDUCTION	Directs the Department to reduce the rates for non-exempted providers by 1%.	No	N/A	NC SPAs 14-023 (submitted 09/30/2014, received RAI 12/06/2014, pending response); 14-024 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-025 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-026 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-027 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-028 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-029 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-030 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-031 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-032 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-033 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-034 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-035 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-036 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-037 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-038 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-039 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-040 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-041 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-042 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-043 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-044 (submitted 09/30/2014, received RAI 12/15/2014, pending response); 14-045 (submitted 09/30/2014, received RAI 12/15/2014, pending response).	
SB 744	12H.14B	CASE WEIGHTING FACTOR REDUCTION	Directs the Department to uniformly reduce the diagnosis-related group (DRG) case weighting factors by 2.1% for all DRGs for inpatient service payments rendered to Medicaid and Health Choice recipients on or after January 1, 2015.	No	N/A	NC SPA 14-046 was submitted 09/30/2014; received IRAI 10/14/2014; submitted IRAI responses 10/21/2014; received RAI 12/11/2014; pending response.	
SB 744	12H.15	PUBLISH MEDICAID PAYMENTS TO PROVIDERS	Directs the Division of Medical Assistance to publish defined information on its website for all providers receiving Medicaid payments and to begin discussions with the UNC School of Public Health to perform analytics and generate an interactive website.	No	N/A		
SB 744	12H.17	INCREASE HOSPITAL ASSESSMENT RETENTION BY STATE	Amends G.S. 108A.121(8) to increase the percentage of the hospital assessment retained by the State from 25.9% to 28.85%	Yes	N/A	Implemented September 2014.	
SB 744	12H.19	REPEAL PLANNED CCNC PAYMENTS OF PMPMS	Repeals Section 12H.22 of S.L. 2013-360 and states the General Assembly's intent that the structure of per member per month (PMPM) payments be considered as part of Medicaid reform.	N/A	N/A		
SB 744	12H.20	PRIMARY CARE CASE MANAGEMENT FOR DUAL ELIGIBLES	Directs the Division of Medical Assistance to draft CMS waivers to allow NC to expand primary care case management (PCCM) to include Medicaid-Medicare dual eligibles that require enrollment in the PCCM, including individuals with a primary diagnosis of mental illness or intellectual or developmental disabilities administered by the LME/MCO system. The waiver draft will be submitted no later than March 1, 2015.	No	03/01/2015 Report not yet due		
SB 744	12H.20A	OPTION TO CANCEL CONTRACTS	Directs the Department to ensure any contract entered into in FY 2014-15 for Medicaid or Health Choice after the effective date of this section contains a 30-day cancellation provision.	Yes	N/A	DHHS contract terms and conditions have contained for a number of years, a default and termination section called "termination without cause" which states the following: "The Division may terminate this contract without cause by giving 30 days written notice to the Contractor".	

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SB 744	12H.21	ADDITIONAL NOTICE ON SPAs	<p>Amends G.S. 108A-54.1A to require all amendments to the State Plan remain on the website until the amendment is approved or denied by CMS or is withdrawn by the Department. All amendments must be submitted to CMS at least 90 days prior to the effective date of the amendment. The reporting requirements to the Joint Legislative Oversight Committee on Health and Human Services and Fiscal Research are defined.</p> <p>Subsection(b) amends G.S. 108A-55 (c) to correct references to the Health Care Financing Administration (HCFA) and to CMS.</p> <p>Subsection (c) directs that by repealing notice language in Subsection (b) it is not the intent of the General Assembly to remove required notice of changes to reimbursement amounts for services, equipment or supplies. Those notices will be given pursuant to G.S. 108A-54.1A(f).</p> <p>Subsection (d) states that this section becomes effective September 1, 2014 and the amendment to G.S. 108A-54.1A(e) applies to State Plan Amendments with an effective date of December 1, 2014 or later.</p>	Yes	N/A	Per this provision, DMA submitted 31 SPAs by 9/30/2014 in order to be in compliance. As a result, we overloaded CMS staff and they were unable to review and process our SPAs within the 90-day clock. So CMS issued 31 requests for additional information (RAIs - stops the 90-day clock), effectively overloading DMA staff who now have to prepare 31 responses. RAI responses consist of multiple questions and detailed data requests.		
SB 744	12H.22	COMPREHENSIVE PROGRAM INTEGRITY CONTRACT	Directs the Division of Medical Assistance to issue a request for proposal no later than June 30, 2015 for a comprehensive program integrity contract for the defined functions that provides specified data or information. The Division of Medical Assistance will report to the Joint Legislative Oversight Committee on Health and Human Services by December 31, 2015.	No	12/31/15 Report not yet due	DHHS issued a Request for Information (RFI) 12/15/2015, due 01/20/2015, to collect information and recommendations regarding feasibility of using one contractor for all PI services. Responses under review.		
SB 744	12H.26	CLARIFY NOTICE OF EXTRAPOLATED OVERPAYMENTS	Amends G.S. 108C-5(i) to clarify that the Department is allowed to identify extrapolated overpayment amounts in the same notice required in G.S. 108C-5(i) and permits the Department to utilize a contractor to send notice on behalf of the Department.	Yes	N/A			
SB 744	12H.27	MODIFY MEDICAID APPEALS	Amends G.S. 108C-12(d) to change the burden of proof from the Department to the petitioner in appeals of Medicaid providers or applicants concerning an adverse determination and allows the Office of Administrative Hearings to dismiss a contested case if the recipient accepts an offer of mediation and fails to attend mediation without good cause.	Yes	N/A			
SB 744	12H.30	RFP FOR IMAGING UTILIZATION MANAGEMENT SERVICES CONTRACT	Directs the Division of Medical Assistance to issue request for proposals for a contract for imaging utilization management services to determine if the Division of Medical Assistance could obtain greater savings with an alternative vendor and report to the House Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services and the Fiscal Research Division by March 1, 2015.	No	03/01/2015 Report not yet due			

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SB 744	12H.32	AMBULANCE TRANSPORTS TO CRISIS CENTERS	Directs the Division of Medical Assistance to study the practice of reimbursing for ambulance transports that divert individuals in mental health crisis from hospital emergency departments to alternative locations for care. The Department shall report to the House Appropriations Subcommittee on Health and Human Services and the Senate Appropriations Committee on Health and Human Services on its findings by March 1, 2015.	No	03/01/2015 Report not yet due			
SB 744	12H.33	PARAGARD REIMBURSEMENT	Directs the Division of Medical Assistance to implement the same pricing methodology for Paragard dispensed in physician offices that is used by pharmacies to dispense Implanon and Mirena effective July 1, 2014.	Yes	N/A	NC SPA 14-021 submitted 9/30/2014; received IRAI 10/20/2014; submitted responses 11/06/2014; received IRAI 11/20/2014; submitted responses 12/09/2014; approved 12/12/2014. FO15.201 requesting rate update for PARAGARD (J7300) has been completed and ready for processing. Implementation date pending completion of process.		
SB 744	12H.33A	BOTOX REIMBURSEMENT	Directs the Department to implement the same pricing methodology for Botox dispensed by physician offices that is used by pharmacies when provided in accordance with medical coverage policy.	Yes	N/A	NC SPA 14-021 submitted 9/30/2014; received IRAI 10/20/2014; submitted responses 11/06/2014; received IRAI 11/20/2014; submitted responses 12/09/2014; approved 12/12/2014. FO15.221 requesting rate update for BOTOX(J0585) has been completed and ready for processing. Implementation date pending completion of process.		
SB 744	12H.34	REPORT ON PACE PROGRAM	Directs the Division of Medical Assistance to report by October 1, 2014 on the number of individuals, enrollment criteria and process, spending, and other information specified for the Program of All-Inclusive Care for the Elderly (PACE). The Division is further directed to submit a report to the Joint Legislative Oversight Committee on Health and Human Services by January 1, 2015 with updated information on the program, comparison of the NC program to other states and recommendations to make the program sustainable.	Yes	10/1/2014; 12/31/2014			
SB 744	12H.35	MEDICAID COUNTY OF ORIGIN	Directs the Department to take measures to address when a recipient moves their residence from one county to another and from one LME/MCO catchment area to another to reduce administrative burdens and resolve issues related to county of origin for social services and public assistance programs. By February 1, 2015 the Department shall report on progress of measures to the House Appropriations Subcommittee on Health and Human Services and the Senate Appropriations Committee on Health and Human Services. (H.B. 867)	Yes	02/01/2015			
SB 744	12H.37	ALIGN ANNUAL MEDICAID BASIC BILLING UNIT LIMITS TO FISCAL YEAR	Directs the Division of Medical Assistance to implement changes to align benefit years for all LME/MCOs to the State's fiscal year effective July 1, 2015.	Pending	N/A	Mostly policy changes, may require submission of one additional service-specific SPA prior to implementation.		
SB 744	12H.38	MEDICAID CONTINGENCY RESERVE	Establishes a recurring contingency reserve for Medicaid budget shortfalls in FY 2014-15 in the amount of \$186.4 million and stipulates that the funds are available only upon an appropriation by the General Assembly. Subsection (b) sets forth the basis and process for accessing those funds, and the submission of a State Plan amendment to delink Medicaid eligibility for State-County Special Assistance recipients should any funds from the reserve be required to cover a Medicaid shortfall.	No	N/A			

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SB 744	121.1	CONTROL OF DATA DISCLOSED TO THE NORTH CAROLINA HEALTH INFORMATION EXCHANGE BY REQUIRED PARTICIPANTS	<p>Amends G.S. 90-413.3A(b) to clarify hospital requirements for connecting to the Health Information Exchange (HIE) Network and requires NC HIE to provide to the professional staff of Fiscal Research, Bill Drafting, Research and Program Evaluation Divisions redacted data and information, in a manner that complies with HIPPA's standards for de-identification of health information, and only at the request of a Division Director.</p> <p>Subsection (b) specifies that data disclosed through the HIE Network by required hospital participants will remain sole property of the State and also prohibits NC HIE from allowing use of proprietary information disclosed through HIE Network for commercial purposes.</p> <p>Subsection (c) requires the Department, in consultation with NC HIE and the Office of Information Technology Services to develop a plan for transitioning the HIE Network to a different entity in the event NC HIE is unwilling or unable to continue overseeing or administering the network. The plan must be submitted to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division by February 1, 2015.</p>	Yes	01/30/2015			