

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011**

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**HOUSE BILL 618\*  
PROPOSED COMMITTEE SUBSTITUTE H618-PCS50342-SQ-29**

Short Title: Streamline Oversight/DHHS Service Providers.

(Public)

Sponsors:

Referred to:

April 6, 2011

A BILL TO BE ENTITLED

AN ACT TO STREAMLINE DUPLICATE OVERSIGHT OF CERTAIN DHHS SERVICE PROVIDERS.

The General Assembly of North Carolina enacts:

**SECTION 1.** Findings. – Over the years, State and legislative actions intended to improve safety and quality of care have resulted in multiple redundant reviews of Department of Health and Human Services (DHHS) service providers by various State and local agencies. This duplicative bureaucracy has led to wasted resources on the part of the monitoring agencies and the service provider, along with interrupted services to the consumer.

**SECTION 2.(a)** There is established within the Joint Legislative Oversight Committee on Health and Human Services or upon authorization of the Legislative Research Commission a Task Force to review and recommend a resolution to the duplicative regulatory oversight of DHHS services provided, regulated, or licensed under Chapter 122C or 131D of the General Statutes, other than G.S. 131D-6 and Article 2 of Chapter 131D of the General Statutes.

**SECTION 2.(b)** The Task Force shall be comprised of 20 members appointed as follows:

- (1) Ten members appointed by the President Pro Tempore of the Senate, as follows:
  - a. Three members of the Senate.
  - b. One member representing and recommended by the Benchmarks Association.
  - c. One member representing and recommended by the NC Association of Long Term Care Facilities.
  - d. One member representing and recommended by the Developmental Disabilities Consortium.
  - e. One member representing and recommended by the Friends of Residents in Long Term Care.
  - f. One member representing and recommended by the State Consumer and Family Advisory Committee.
  - g. One member recommended by the NC Council of Community Programs representing a Behavioral Health Managed Care Organization.



- 1 h. One member representing and recommended by the NC Providers  
2 Council.
- 3 (2) Ten members appointed by the Speaker of the House of Representatives, as  
4 follows:
- 5 a. Three members of the House of Representatives.
- 6 b. One member representing and recommended by the Benchmarks  
7 Association.
- 8 c. One member representing and recommended by the NC Association  
9 of Long Term Care Facilities.
- 10 d. One member representing and recommended by Disability Rights  
11 NC.
- 12 e. One member representing and recommended by the local Consumer  
13 and Family Advisory Committees.
- 14 f. One member representing and recommended by the Council for  
15 Children's Rights.
- 16 g. One member recommended by the NC Council of Community  
17 Programs representing a Behavioral Health Managed Care  
18 Organization.
- 19 h. One member representing and recommended by the NC Psychiatric  
20 Association.

21 **SECTION 2.(c)** The Task Force shall meet monthly, beginning the first month  
22 after the conclusion of the 2011 Regular Session of the General Assembly.

23 **SECTION 2.(d)** The Task Force shall have the following duties:

- 24 (1) Align national accreditation required for providers and Behavioral Health  
25 Managed Care Organizations, licensing, State and federal regulatory  
26 functions, and State policy to eliminate contradictory or duplicative  
27 requirements.
- 28 (2) Establish a consolidated review of DHHS oversight and regulatory  
29 functions, notwithstanding any complaint or grievance.
- 30 (3) Align complaint and grievance review process and policy.
- 31 (4) Establish coordination between DHHS divisions for abuse and neglect  
32 investigations to avoid current duplication.
- 33 (5) Ensure compliance with CMS.

34 **SECTION 2.(e)** The Department shall provide monthly updates and reports to the  
35 Task Force related to to the following:

- 36 (1) Each division's regulatory functions.
- 37 (2) Purpose of each of the identified regulatory functions.
- 38 (3) Amount of fees charged for the identified regulatory functions, along with  
39 the date and amount of the most recent fee increase.
- 40 (4) Number of full-time equivalent positions dedicated to the identified  
41 regulatory functions, broken down by division.
- 42 (5) Federal requirements for, or a federal component to, any of the identified  
43 regulatory functions.
- 44 (6) Areas of overlap among the divisions within the Department, and with other  
45 State agencies, with respect to the regulation of providers. For each area of  
46 overlap, the report shall specify all of the following:
- 47 a. The name of each division and State agency that performs the  
48 regulatory function.
- 49 b. How often each division or State agency performs the regulatory  
50 function.

- 1 c. The total amount of funds expended by each division or State agency  
2 to perform the regulatory function.

3 **SECTION 2.(f)** The Task Force shall develop legislative recommendations to  
4 accomplish the identified directives of the Task Force by April 2012.

5 **SECTION 3.** Effective January 1, 2012, the Department of Health and Human  
6 Services shall modify and consolidate LME endorsement, the Frequency and Extent of  
7 Monitoring Tool, and the Provider Monitoring Tool.

8 **SECTION 4.(a)** In order to minimize the creation of unfunded mandates, the  
9 Secretary shall direct a rate-setting memorandum be prepared for every change or adjustment  
10 made by DHHS in service definition, policy, rule, or provider requirements that impacts  
11 services provided in accordance with this act.

12 **SECTION 4.(b)** The Secretary shall dissolve North Carolina Treatment Outcomes  
13 Program Performance System (NC-TOPPS) Advisory Committee and establish a task force  
14 made up of division staff, Behavioral Health Managed Care Organizations, consumers, and  
15 providers to objectively evaluate the North Carolina Treatment Outcomes Program  
16 Performance System (NC-TOPPS) to improve the way data is accessible across services rather  
17 than site-specific to reflect valid comparisons of program outcomes by August 1, 2011.

18 **SECTION 4.(c)** The Secretary shall allow private sector development and  
19 implementation of an Internet-based, secure, and consolidated data warehouse and archive for  
20 maintaining corporate, fiscal, and administrative records of providers by September 1, 2011.  
21 This data warehouse shall not be used to store consumer records. Use of the consolidated data  
22 warehouse by the service provider agency is optional. Providers that choose to utilize the data  
23 warehouse shall ensure that the data is up to date and accessible to the regulatory body. A  
24 provider shall submit any revised, updated information to the data warehouse within 10  
25 business days after receiving the request. The regulatory body that conducts administrative  
26 monitoring must use the data warehouse for document requests. If the information provided to  
27 the regulatory body is not current or is unavailable from the data warehouse and archive, the  
28 regulatory body may contact the provider directly. A provider that fails to comply with the  
29 regulatory body's requested documents may be subject to an on-site visit to ensure compliance.  
30 Access to the data warehouse must be provided without charge to the regulatory body under  
31 this section.

32 **SECTION 5.** The Secretary shall review on an annual basis updates to policy made  
33 by the following national accrediting bodies: Council on Accreditation (COA), CARF  
34 International, Council on Quality and Leadership (CQL), the Joint Commission, NCQA, and  
35 URAC and shall take actions necessary to ensure that DHHS policy or procedural requirements  
36 do not duplicate the updated accreditation standards.

37 **SECTION 6.** This act is effective when it becomes law.