GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2013

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HOUSE BILL 399

Committee Substitute Favorable 4/3/13 Committee Substitute #2 Favorable 4/24/13 Fourth Edition Engrossed 4/30/13 Senate Health Care Committee Substitute Adopted 5/29/13 PROPOSED SENATE COMMITTEE SUBSTITUTE H399-PCS80390-RV-51

Short Title: Amend Laws Pertaining to DHHS.-AB

(Public)

Sponsors:			
Referred to:			

March 21, 2013

1		A BILL TO BE ENTITLED			
2	AN ACT TO MAKE C	HANGES REQUESTED BY THE DEPARTMENT OF HEALTH			
3	AND HUMAN SERVICES TO LAWS PERTAINING TO CHILD ABUSE, NEGLECT,				
4	AND DEPENDENCY	; MEDICAID; AND PUBLIC HEALTH.			
5	The General Assembly of	North Carolina enacts:			
6					
7		D LAWS PERTAINING TO CHILD ABUSE, NEGLECT, AND			
8	DEPENDENCY				
9		G.S. 7B-507 reads as rewritten:			
10	"§ 7B-507. Reasonable e				
11		cing or continuing the placement of a juvenile in the custody or			
12		of a county department of social services, whether an order for			
13		ody, a dispositional order, or a review order:			
14	(1) Shall c	ontain a finding that the juvenile's continuation in or return to the			
15	juvenil	e's own home would be contrary to the juvenile's best interest;			
16	(2) Shall c	ontain <u>specific</u> findings as to whether a county department of social			
17	service	s has made reasonable efforts to <u>either prevent</u> the need for placement			
18	or elim	inate the need for placement of the juvenile, unless the court has			
19	previou	usly determined under subsection (b) of this section that such efforts			
20	are not	required or shall cease;			
21	(3) Shall c	ontain findings as to whether a county department of social services			
22	should	continue to make reasonable efforts to prevent or eliminate the need			
23	for plac	cement of the juvenile, unless the court has previously determined or			
24	determ	ines under subsection (b) of this section that such efforts are not			
25	require	d or shall cease;			
26	(4) Shall s	pecify that the juvenile's placement and care are the responsibility of			
27	the co	unty department of social services and that the department is to			
28		e or arrange for the foster care or other placement of the juvenile.			
29	After c	onsidering the department's recommendations, the court may order a			
30		c placement the court finds to be in the juvenile's best interest; and			
31	1	ovide for services or other efforts aimed at returning the juvenile to a			
32		me or at achieving another permanent plan for the juvenile.			



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1 A finding that reasonable efforts have not been made by a county department of social services 2 shall not preclude the entry of an order authorizing the juvenile's placement when the court 3 finds that placement is necessary for the protection of the juvenile. Where efforts to prevent the 4 need for the juvenile's placement were precluded by an immediate threat of harm to the 5 juvenile, the court may find that the placement of the juvenile in the absence of such efforts 6 was reasonable. 7 In any order placing a juvenile in the custody or placement responsibility of a (b) 8 county department of social services, whether an order for continued nonsecure custody, a 9 dispositional order, or a review order, the court may direct that reasonable efforts to eliminate 10 the need for placement of the juvenile shall not be required or shall cease if the court makes 11 written findings of fact that: 12 (1)Such efforts clearly would be futile or would be inconsistent with the 13 juvenile's health, safety, and need for a safe, permanent home within a 14 reasonable period of time; 15 A court of competent jurisdiction has determined that the parent has (2)subjected the child to aggravated circumstances as defined in G.S. 7B-101; 16 17 A court of competent jurisdiction has terminated involuntarily the parental (3) 18 rights of the parent to another child of the parent; or 19 A court of competent jurisdiction has determined that: the parent has (4) 20 committed murder or voluntary manslaughter of another child of the parent; 21 has aided, abetted, attempted, conspired, or solicited to commit murder or 22 voluntary manslaughter of the child or another child of the parent; or has 23 committed a felony assault resulting in serious bodily injury to the child or 24 another child of the parent parent; has committed sexual abuse against the 25 child or another child of the parent; or has been required to register as a sex 26 offender on any government-administered registry. 27 (c) When the court determines that reunification efforts are not required or shall cease, 28 the court shall order a plan for permanence as soon as possible, after providing each party with 29 a reasonable opportunity to prepare and present evidence. If the court's determination to cease 30 reunification efforts is made in a hearing that was duly and timely noticed as a permanency 31 planning hearing, then the court may immediately proceed to consider all of the criteria 32 contained in G.S. 7B-907(b), make findings of fact, and set forth the best plan of care to 33 achieve a safe, permanent home within a reasonable period of time. If the court's decision to 34 cease reunification efforts arises in any other hearing, the court shall schedule a subsequent 35 hearing within 30 days to address the permanent plan in accordance with G.S. 7B-907. At any 36 hearing at which the court orders that reunification efforts shall cease, the affected parent, 37 guardian, or custodian may give notice to preserve the right to appeal that order in accordance 38 with G.S. 7B-1001. The party giving notice shall be permitted to make a detailed offer of proof 39 as to any evidence that party sought to offer in opposition to cessation of reunification that the 40 court refused to admit.

41 In determining reasonable efforts to be made with respect to a juvenile and in (d) 42 making such reasonable efforts, the juvenile's health and safety shall be the paramount concern. 43 Reasonable efforts to preserve or reunify families may be made concurrently with efforts to 44 plan for the juvenile's adoption, to place the juvenile with a legal guardian, or to place the 45 juvenile in another permanent arrangement."

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47 PART II. CHANGES TO LAWS PERTAINING TO MEDICAID

- SECTION 2. G.S. 108A-70.5(b)(2) reads as rewritten:
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- 50
- Estate. All the real and personal property considered assets of the estate "(2)
- available for the discharge of debt pursuant to G.S. 28A-15-1. The 51 Department has all rights available to estate creditors, including the right to

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1 2 3	<u>qualify as personal representative or collector of an esta</u> who have received benefits under a qualified long-terr policy as described in G.S. 108A-70.4, "estate" also incl	m care partnership
4 5	and personal property and other assets in which the indiv title or interest at the time of death (to the extent of such	idual had any legal
6	assets conveyed to a survivor, heir, or assign of the d	
7	through joint tenancy, tenancy in common, survivorship	
8	trust, or other arrangement."	, , ,
9	SECTION 3. G.S. 28A-14-1(b) reads as rewritten:	
10	"(b) Prior to filing the proof of notice required by G.S. 28A-14	-2, every personal
11	representative and collector shall personally deliver or send by first class ma	il to the last known
12	address a copy of the notice required by subsection (a) of this section to all	- · · ·
13	corporations having unsatisfied claims against the decedent who are actuall	•
14	reasonably ascertained by the personal representative or collector within	
15	granting of letters letters and, if at the time of the decedent's death the dece	
16	medical assistance as defined by G.S. 108A-70.5(b)(1), to the Departm	
17	Human Services, Division of Medical Assistance. Provided, however, provided by the delivery d	
18 19	required to be delivered or mailed with respect to any claim that is recogniz by the personal representative or collector."	ted as a valid claim
19 20	SECTION 4. G.S. 28A-19-6(a) reads as rewritten:	
20 21	"(a) After payment of costs and expenses of administration, the claim	is against the estate
22	of a decedent must be paid in the following order:	is against the estate
23	First class. Claims which by law have a specific lien on property	to an amount not
24	exceeding the value of such property.	
25	Second class. Funeral expenses to the extent of three thousand five	ve hundred dollars
26	(\$3,500). This limitation shall not include burial place or gravestone. The pro-	
27	herein granted shall be construed to be only a limit with respect to preferen	nce of payment and
28	shall not be construed to be a limitation on reasonable funeral expenses which	•
29	nor shall the preferential limitation of payment in the amount of three thou	
30	dollars (\$3,500) be diminished by any Veterans Administration, social secur	-
31	governmental benefits awarded to the estate of the decedent or to the decedent	
32	Third class. Costs associated with gravestones and reasonable costs for	-
33 34	suitable burial place as provided in G.S. 28A-19-9 to the extent of one tho	
54 35	dollars (\$1,500). The preferential limitation herein granted shall be construe with respect to preference of payment and shall not be construed to	•
35 36	reasonable gravestone or burial place expenses which may be incurr	
30 37	preferential limitation of payment in the amount of one thousand five hundr	
38	be diminished by any Veterans Administration, social security or other fee	
39	benefits awarded to the estate of the decedent or to the decedent's beneficiari	-
40	Fourth class. All dues, taxes, and other claims with preference under the	
41	States.	
42	Fifth class. All dues, taxes, and other claims with preference under the l	laws of the State of
43	North Carolina and its subdivisions.	
44	Sixth class. Judgments of any court of competent jurisdiction within the	
45	in force, to the extent to which they are a lien on the property of the decede	
46	death. The Department of Health and Human Services is a sixth-class credit	
47	determining the order of claims against the estate; provided, however, that	
48	of other sixth-class creditors docketed and in force before the Department	seeks recovery for
49 50	medical assistance shall be paid prior to recovery by the Department.	t which claim for
50 51	Seventh class. Wages due to any employee employed by the deceder	
51	wages shall not extend to a period of more than 12 months next preceding t	ne ucatil, of fi such

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1	employee was employed for the year current at the decease, then from the time of s					
2	1 2	ployment; for medical services within the 12 months preceding the decease; for drugs and				
3	1 V	other medical supplies necessary for the treatment of such decedent during the last illness of				
4		such decedent, said period of last illness not to exceed 12 months.				
5			A claim for equitable distribution.			
6	-		All other claims."			
7		SECT	TION 5. Article 8A of Chapter 36C of the General Stat	utes is amended by		
8	adding a r		tion to read as follows:			
9	" <u>§ 36C-8-</u>	818. N	otice of deceased Medicaid beneficiaries.			
10	<u>If a tr</u>	ust was	established by a person who at the time of that person's	death was receiving		
11	medical a	ssistanc	e, as defined in G.S. 108A-70.5(b)(1), and the trust was re-	evocable at the time		
12	of that per	rson's d	eath, then any trustee of that trust who knows of the medic	al assistance within		
13	<u>90 days o</u>	f the p	erson's death shall provide notice of that person's death to	the Department of		
14			an Services, Division of Medical Assistance, within 90 c			
15			on does not apply to trustees of preneed funeral trusts es	tablished or created		
16	<u>pursuant t</u>		le 13D of Chapter 90 of the General Statutes."			
17			TION 6. G.S. 108C-3 reads as rewritten:			
18	"§ 108C-3	3. Med	icaid and Health Choice provider screening.			
19	••••	.				
20	(c)		ed Categorical Risk Provider Types. – The following provi	der types are hereby		
21	designated	a as m	nited" categorical risk:			
22 23		(12)	Develoien or nonphysician practitioners (including	nursa prostitionars		
23 24		(12)	Physician or nonphysician practitioners (including CRNAs, physician assistants, physician extenders, occu	1		
24 25			speech/language pathologists, chiropractors, and audiolo	1		
25 26			<u>dentists and orthodontists</u> , and medical groups or clinics.	gists), optometrists,		
20 27			dentists and orthodontists, and medical groups of ennies.			
28		(15)	Hearing aid dealers.			
29		(16)	Portable X-ray suppliers.			
30		(17)	Religious nonmedical health care institutions.			
31		(18)	Registered dieticians.			
32		(19)	Clearinghouses, billing agents, and alternate payees.			
33		(20)	Local health departments.			
34			-			
35	(e)	Mode	rate Categorical Risk Provider Types The following	provider types are		
36	hereby de	signate	d as "moderate" categorical risk:			
37						
38		(3)	Critical Access Behavioral Health Agencies.			
39		(4)	Dentists and orthodontists.			
40		(5)	Hospice organizations.			
41						
42		(13)	Revalidating agencies providing private duty nursing, ho	me health, personal		
43			care services or in-home care services, or home infusion.			
44		<u>(14)</u>	Nonemergency medical transportation.			
45	"					
46						
47	PAKT II		NGES TO LAWS PERTAINING TO PUBLIC HEALT	H		
48	11/1-21		TION 7. G.S. 130A-22(b3) reads as rewritten:	anon who		
49 50	"(b3) Article 10		Secretary may impose an administrative penalty on a p			
50 51	Article 19A or 19B of this Chapter or any rules adopted pursuant to Article 19A or 19B of this Chapter. Each day of a continuing violation is a separate violation. The penalty shall not exceed					
51	Chapter. I	Jacii ua	y of a continuing violation is a separate violation. The pena	my shan not exceed		

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1 one-five thousand dollars (\$1,000) (\$5,000) for each day the violation continues for Article 19A 2 of this Chapter. The penalty shall not exceed seven hundred fiftyfive thousand dollars 3 (\$750.00)(\$5,000) for each day the violation continues for Article 19B of this Chapter. The 4 penalty authorized by this section does not apply to a person who is not required to be certified 5 under Article 19A or 19B." 6 SECTION 8. G.S. 130A-101(b) reads as rewritten: 7 When a birth occurs in a hospital or other medical facility, the person in charge of "(b) 8 the facility shall obtain the personal data, prepare the certificate, secure the signatures required 9 by the certificate and file it with the local registrar within five10 days after the birth. The 10 physician or other person in attendance shall provide the medical information required by the 11 certificate." 12 SECTION 9. G.S. 130A-209(a) reads as rewritten: 13 "§ 130A-209. Incidence reporting of cancer; charge for collection if failure to report. 14 All-By no later than October 1, 2014, all health care facilities and health care 15 providers that detect, diagnose, or treat cancer or benign brain or central nervous system tumors 16 shall submit by electronic transmission a report to the central cancer registry each diagnosis of 17 cancer or benign brain or central nervous system tumors in any person who is screened, 18 diagnosed, or treated by the facility or provider. The electronic transmission of these reports 19 shall be in a format prescribed by the United States Department of Health and Human Services, 20 Centers for Disease Control and Prevention, National Program of Cancer Registries. The 21 reports shall be made within six months of after diagnosis. Diagnostic, demographic and other 22 information as prescribed by the rules of the Commission shall be included in the report." 23 24 **PART IV. EFFECTIVE DATE SECTION 10.** This act becomes effective October 1, 2013.

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