GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2023

H D

HOUSE BILL 190

Committee Substitute Favorable 3/14/23 PROPOSED COMMITTEE SUBSTITUTE H190-PCS30201-SH-9

Short Title: Dept. of Health and Human Services RevisionsAB (Public
Sponsors:
Referred to:
February 27, 2023
A BILL TO BE ENTITLED AN ACT MAKING TECHNICAL, CONFORMING, AND OTHER MODIFICATIONS TO LAWS PERTAINING TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. The General Assembly of North Carolina enacts:
PART I. LAWS PERTAINING TO THE DIVISION OF AGING AND ADULT SERVICES
AUTHORIZATION FOR SECRETARY OF HEALTH AND HUMAN SERVICES TO ADOPT AND ENFORCE RULES TO IMPLEMENT EMERGENCY SOLUTIONS GRANT PROGRAM SECTION 1.1. Article 3 of Chapter 143B of the General Statutes is amended by adding a new section to read: "§ 143B-139.1A. Secretary of Health and Human Services; rules to implement the Emergency Solutions Grant Program. The Secretary of Health and Human Services may adopt rules to implement the Emergency Solutions Grant Program. The Department of Health and Human Services shall enforce any rules adopted under this section." ALIGNMENT OF STATE-COUNTY SPECIAL ASSISTANCE PROGRAM WITH FEDERAL REGULATIONS/REMOVAL OF PROPERTY TAX THRESHOLD WHEN DETERMINING ELIGIBILITY SECTION 1.2. G.S. 108A-41 reads as rewritten: "§ 108A-41. Eligibility.
(c) When determining whether a person has insufficient resources to provide a reasonable subsistence compatible with decency and health, there shall be excluded from consideration the person's primary place of residence and the land on which it is situated, and in addition there shall be excluded real property contiguous with the person's primary place of residence in which the property tax value is less than twelve thousand dollars (\$12,000).residence"
EQUALIZATION OF STATE-COUNTY SPECIAL ASSISTANCE PAYMENTS FOR



RECIPIENTS RESIDING IN LICENSED FACILITIES APPROVED TO ACCEPT

STATE-COUNTY SPECIAL ASSISTANCE AND RECIPIENTS RESIDING IN IN-HOME LIVING ARRANGEMENTS

SECTION 1.3. G.S. 108A-47.1(a) reads as rewritten:

"(a) The Department of Health and Human Services may shall use funds from the existing State-County Special Assistance budget to provide Special Assistance payments to eligible individuals 18 years of age or older in in-home living arrangements. The standard monthly payment to individuals enrolled in the Special Assistance in-home program shall be one hundred percent (100%) of the monthly payment the individual would receive if the individual resided in an adult care home and qualified for Special Assistance, except if a lesser payment amount is appropriate for the individual as determined by the local case manager. Assistance. The Department shall implement Special Assistance in-home eligibility policies and procedures to assure that in-home program participants are those individuals who need and, but for the in-home program, would seek placement in an adult care home facility. The Department's policies and procedures shall include the use of a functional an assessment."

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PART II. LAWS PERTAINING TO THE DIVISION OF CENTRAL MANAGEMENT AND SUPPORT

CONTRACTING REFORM

SECTION 2.1. Section 2 of S.L. 2022-52 reads as rewritten:

"SECTION 2.(a) Contract Time and Continuity. — In efforts to support the continuity of services provided by nonprofit grantees receiving state and federal funds, a nonprofit grantee receiving State or federal funds or any combination of State and federal funds through a financial assistance contract, the Department of Health and Human Services (Department) shall enter into a contract agreement for a minimum of a two year contract agreement two years with such nonprofit grantees/recipients grantee if all of the following requirements are met:

- (1) The nonprofit <u>grantee/recipient_grantee</u> is receiving nonrecurring <u>funding</u> <u>funds</u> for each year of a fiscal biennium.
- (2) The nonprofit <u>grantee/recipient_grantee</u> is receiving recurring <u>funding-funds</u> for each year of a fiscal biennium.
- (3) The nonprofit grantee is receiving any combination of recurring and nonrecurring funds for each year of a fiscal biennium.
- (3)(4) Multiyear contracts are not otherwise prohibited by the funding source.

"SECTION 2.(a1) Nonprofit grantees/recipients Option for Contract Extension. — A nonprofit grantee receiving recurring federal grant funding shall have funds through a financial assistance contract has the option to extend the contract for up to one additional year at the end of the contract's initial term of the contract if all of the following requirements are met:

- (1) The extension is mutually agreed upon by the Department and the nonprofit grantee, through a written amendment as provided for in the General Terms and Conditions.terms and conditions of the contract.
- (2) Funding for the contract remains available.

"SECTION 2.(a2) Automatic Contract Extension. — The Department shall allow any nonprofit grantee/recipient_grantee receiving recurring or nonrecurring state and/or_State or federal funding_funds, or any combination of State and federal funds, through a financial assistance contract for each year of a fiscal biennium to automatically activate a limited-time extensions contract extension for a period of up to three months for to preserve continuity of services when a formal contract extension or renewal process has not been completed within 10 business days of after the subsequent contract start date if all of expiration of the original contract; provided, however, that all of the following requirements are met:

(1) The nonprofit grantee/recipient grantee is receiving recurring funding funds, or nonrecurring state and/or federal funding. State or federal funds, or any

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1 <u>combination of nonrecurring State and federal funds,</u> for each year of a fiscal biennium.

- (2) The nonprofit grantee/recipient grantee has received an unqualified audit report on its most recent financial audit when an audit is required by G.S. 159-34 or 09 NCAC 03M.
- (3) The nonprofit <u>grantee/recipient_grantee_has</u> a track record of timely performance and financial reporting to the Department as required by the contract.
- (4) The nonprofit grantee/recipient grantee has not been identified by the Department as having a record of noncompliance with requirements of any funding source used to support the contract and has not received an undisputed notice of such noncompliance from the Department. For purposes of this requirement, noncompliance does not include issues stemming from late execution of a contract or mutually agreed upon changes to scope of work or deliverables, and undisputed notice of noncompliance does not include notice of noncompliance where the nonprofit grantee has provided written evidence of actual compliance to the Department within 30 days of after receipt of a notice of noncompliance.
- (5) The nonprofit grantee/recipient-grantee has been in operation for at least five years.

In the event of an automatic contract extension pursuant to this subsection, the terms of the expired contract shall govern the relationship and obligations of the party until the end of the three-month contract extension period or until the execution of a formal contract extension or renewal, whichever occurs first.

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"SECTION 2.(c) Negotiated Overhead Rates. — The negotiation, determination, or settlement of the reimbursable amount of overhead under cost-reimbursement type contracts is accomplished on an individual contract basis and is based upon the federally approved indirect cost rate. For vendors who grantees, including nonprofit grantees, that (i) are receiving financial assistance and do not have a federally approved indirect cost rate, rate from a federal agency or (ii) have a previously negotiated but expired rate, the Department may allow the grantee, in accordance with 2 C.F.R. § 200.332(a)(4) or 2 C.F.R. § 200.414(f), the de minimis rate of ten percent (10%) of modified total direct costs shall apply to use the de minimis rate or ten percent (10%) of modified total direct costs. Alternatively, the grantee may negotiate or waive an indirect cost rate with the Department. If State or federal law or regulations establish a limitation on the amount of funds the grantee may use for administrative purposes, then that limitation controls, in accordance with 2 C.F.R. § 200.414(c)(3)."

PART III. LAWS PERTAINING TO THE DIVISION OF CHILD AND FAMILY WELL-BEING

CONFORMING CHANGES RELATED TO ESTABLISHMENT OF NEW DIVISION SECTION 3.1. G.S. 7B-1402 reads as rewritten:

"§ 7B-1402. Task Force – creation; membership; vacancies.

- (a) There is created the North Carolina Child Fatality Task Force within the Department of Health and Human Services for budgetary purposes only.
- (b) The Task Force shall be composed of 36 members, 12 of whom shall be ex officio members, four of whom shall be appointed by the Governor, 10 of whom shall be appointed by the Speaker of the House of Representatives, and 10 of whom shall be appointed by the President Pro Tempore of the Senate. The ex officio members other than the Chief Medical Examiner may designate representatives from their particular departments, divisions, or offices to represent

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them on the Task Force. In making appointments or designating representatives, appointing authorities and ex officio members shall use best efforts to select members or representatives with sufficient knowledge and experience to effectively contribute to the issues examined by the Task Force and, to the extent possible, to reflect the geographical, political, gender, and racial diversity of this State. The members shall be as follows:

- (1) The Chief Medical Examiner.
- (2) The Attorney General.
- (3) The Director of the Division of Social Services, Department of Health and Human Services.
- (4) The Director of the State Bureau of Investigation.
- (5) The Director of the Maternal and Child Health Section of the Division of Public Health, Department of Health and Human Services.
- (6) The chair of the Council for Women and Youth Involvement.
- (7) The Superintendent of Public Instruction.
- (8) The Chairman of the State Board of Education.
- (9) The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. <u>Division of Child and Family Well-Being, Department of Health and Human Services.</u>

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SECTION 3.2. G.S. 7B-1404(b) reads as rewritten:

- "(b) The State Team shall be composed of the following 11 members of whom nine members are ex officio and two are appointed:
 - (1) The Chief Medical Examiner, who shall chair the State Team; Team.
 - (2) The Attorney General; General.
 - (3) The Director of the Division of Social Services, Department of Health and Human Services; Services.
 - (4) The Director of the State Bureau of Investigation; Investigation.
 - (5) The Director of the Division of Maternal and Child Health of the Public Health, Department of Health and Human Services; Services.
 - (6) The Superintendent of Public Instruction; Instruction.
 - (7) The Director of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, of Child and Family Well-Being, Department of Health and Human Services: Services.
 - (8) The Director of the Administrative Office of the Courts; Courts.
 - (9) The pediatrician appointed pursuant to G.S. 7B-1402(b) to the Task Force; Force.
 - (10) A public member, appointed by the Governor; and Governor.
 - (11) The Team Coordinator.

The ex officio members other than the Chief Medical Examiner may designate a representative from their departments, divisions, or offices to represent them on the State Team."

SECTION 3.3. G.S. 122C-113(b1) reads as rewritten:

"(b1) The Secretary shall cooperate with the State Board of Education and the Division of Juvenile Justice of the Department of Public Safety in coordinating the responsibilities of the Department of Health and Human Services, the State Board of Education, the Division of Juvenile Justice of the Department of Public Safety, and the Department of Public Instruction for adolescent substance abuse programs. The Department of Health and Human Services, through its Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Services and its Division of Child and Family Well-Being, in cooperation with the Division of Juvenile Justice of the Department of Public Safety, shall be responsible for intervention and treatment in non-school based programs. The State Board of Education and the Department of Public Instruction, in consultation with the Division of Juvenile Justice of the Department of

Public Safety, shall have primary responsibility for in-school education, identification, and intervention services, including student assistance programs."

SECTION 3.4. G.S. 122C-142.2(g) reads as rewritten:

- "(g) The Rapid Response Team shall be comprised of representatives of the Department of Health and Human Services from the Division of Social Services; the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services; the Division of Child and Family Well-Being; and the Division of Health Benefits. Upon receipt of a notification from a director, the Rapid Response Team shall evaluate the information provided and coordinate a response to address the immediate needs of the juvenile, which may include any of the following:
 - (1) Identifying an appropriate level of care for the juvenile.
 - (2) Identifying appropriate providers or other placement for the juvenile.
 - (3) Making a referral to qualified services providers.
 - (4) Developing an action plan to ensure the needs of the juvenile are met.
 - (5) Developing a plan to ensure that relevant parties carry out any responsibilities to the juvenile."

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PART IV. LAWS PERTAINING TO THE DIVISION OF HEALTH SERVICE REGULATION

MEDICAL CARE COMMISSION CLARIFICATION OF POWERS AND DUTIES SECTION 4.1. G.S. 143B-165 reads as rewritten:

"§ 143B-165. North Carolina Medical Care Commission – creation, powers and duties.

There is hereby created the North Carolina Medical Care Commission of the Department of Health and Human Services with the power and duty to promulgate adopt rules and regulations to be followed in the construction and maintenance of public and private hospitals, medical centers, and related facilities with the power and duty regulated under Chapters 131D and 131E of the General Statutes; to adopt, amend and rescind rules and regulations—under and not inconsistent with the laws of the State as necessary to carry out the provisions and purposes of this Article. Article; and to protect the health, safety, and welfare of the individuals served by these facilities.

- (1) The North Carolina Medical Care Commission has the duty to shall adopt statewide plans for the construction and maintenance of hospitals, medical centers, and related facilities, facilities regulated under Chapters 131D and 131E of the General Statutes, or such other plans as may be found desirable and necessary in order to meet the requirements and receive the benefits of any applicable federal legislation with regard thereto-legislation.
- (2) The Commission is authorized to may adopt such rules and regulations as may be necessary to carry out the intent and purposes of Article 13-4 of Chapter 131-131E of the General Statutes of North Carolina. Statutes.
- (3) The Commission may adopt such reasonable and necessary standards with reference thereto as may be proper to cooperate fully with the Surgeon General or other agencies or departments of the United States and the use of funds provided by the federal government as contained and referenced in Article 13 of Chapter 131 of the General Statutes of North Carolina.
- (4) The Commission shall have has the power and duty to approve projects in the amounts of grants-in-aid from funds supplied by the federal and State governments for the planning and construction of hospitals and other related medical facilities according to the provisions of Article 13-in accordance with Articles 4 and 5 of Chapter 131–131E of the General Statutes of North Carolina. Statutes.
- (5) Repealed by Session Laws 1981 (Regular Session, 1982), c. 1388, s. 3.

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- (6) The Commission has the duty to shall adopt rules and regulations and standards with respect to establishing standards for the licensure, inspection, and operation of, and the provision of care and services by, the different types of hospitals to be licensed under the provisions of Article 13A-Articles 2 and 5 of Chapter 131-131E of the General Statutes of North Carolina. Statutes.
- The Commission is authorized and empowered to-may adopt such rules and regulations, rules, not inconsistent with the laws of this State, as may be required by the federal government for to secure federal grants-in-aid for medical facility services and licensure which may be made available to the State by the federal government. licensure. This section is to-shall be liberally construed in order that the State and its citizens may benefit from such grants-in-aid.
- (8) The Commission shall adopt such rules and regulations, rules, consistent with the provisions of this Chapter. All rules and regulations not inconsistent with the provisions of this Chapter heretofore adopted by the North Carolina Medical Care—Commission since the enactment of Chapter 131E of the General Statutes that are not inconsistent with the provisions of this Chapter shall remain in full force and effect unless and until repealed or superseded by action of the North Carolina Medical Care—Commission. All rules and regulations—adopted by the Commission shall be enforced by the Department of Health and Human Services.
- (9) The Commission shall have the power and duty to may adopt rules and regulations with regard to concerning emergency medical services in accordance with the provisions of Article 26–7 of Chapter 130–131E and Article 56 of Chapter 143 of the General Statutes of North Carolina. Statutes.
- (10) The Commission shall have the power and duty to shall adopt rules for the operation of nursing homes, as defined by Article 6 of Chapter 131E of the General Statutes.
- (11) The Commission is authorized to may adopt such-rules as may be necessary to carry out the provisions of Part C of Article 6, and Article 10, establish standards for the licensure, inspection, and operation of, and the provision of care and services by, facilities licensed under Articles 6 and 10 of Chapter 131E of the General Statutes of North Carolina. Statutes.
- The Commission shall adopt rules, including temporary rules pursuant to G.S. 150B-13, rules providing for the accreditation of facilities that perform mammography procedures and for laboratories evaluating screening pap smears. Mammography accreditation standards shall address, but are not limited to, the quality of mammography equipment used and the skill levels and other qualifications of personnel who administer mammographies and personnel who interpret mammogram results. The Commission's standards shall be no less stringent than those established by the United States Department of Health and Human Services for Medicare/Medicaid coverage of screening mammography. These rules shall also specify procedures for waiver of these accreditation standards on an individual basis for any facility providing screening mammography to a significant number of patients, but only if there is no accredited facility located nearby. The Commission may grant a waiver subject to any conditions it deems necessary to protect the health and safety of patients, including requiring the facility to submit a plan to meet accreditation standards.
- (13) The Commission shall have the power and duty to shall adopt rules establishing standards for the inspection and licensure of licensure, inspection,

and operation of, and the provision of care and services by, adult care homes 1 2 and operation of adult care homes, as defined by Article 1 of Chapter 131D of 3 the General Statutes, and for personnel requirements of staff employed in 4 adult care homes, except where when rule-making authority is assigned by 5 law to the Secretary. The Commission shall adopt rules establishing standards for the following 6 <u>(14)</u> 7

- with respect to facilities used as multiunit assisted housing with services, as defined by Article 1 of Chapter 131D of the General Statutes:
 - Registration and deregistration.
 - Disclosure statements. b.
 - Agreements for services. <u>c.</u>
 - Personnel requirements. <u>d.</u>
 - Resident admissions and discharges." e.

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PART V. LAWS PERTAINING TO THE DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES

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TECHNICAL CHANGES/POPULATIONS COVERED BY LME/MCOS

SECTION 5.1.(a) G.S. 122C-115 reads as rewritten:

"§ 122C-115. Duties of counties; appropriation and allocation of funds by counties and cities.

. . .

- Beginning on the date that capitated contracts under Article 4 of Chapter 108D of the (e) General Statutes begin, July 1, 2021, LME/MCOs shall cease managing Medicaid services for all Medicaid recipients other than recipients described in G.S. 108D-40(a)(1), (4), (5), (6), (7), (10), (11), (12), and (13). who are enrolled in a standard benefit plan.
 - Until BH IDD tailored plans become operational, all of the following shall occur: (e1)
 - LME/MCOs shall continue to manage the Medicaid services that are covered (1) by the LME/MCOs under the combined 1915(b) and (c) waivers for Medicaid recipients described in G.S. 108D-40(a)(1), (4), (5), (6), (7), (10), (11), (12), and (13). who are covered by the those waivers and who are not enrolled in a standard benefit plan.
 - The Division of Health Benefits shall negotiate actuarially sound capitation (2) rates directly with the LME/MCOs based on the change in composition of the population being served by the LME/MCOs.
 - Capitation payments under contracts between the Division of Health Benefits (3) and the LME/MCOs shall be made directly to the LME/MCO by the Division of Health Benefits.
- Entities-LME/MCOs operating the BH IDD tailored plans under G.S. 108D-60 may (f) continue to manage the behavioral health, intellectual and developmental disability, and traumatic brain injury services for any Medicaid recipients described in G.S. 108D-40(a)(4), (5), (7), (10), (11), (12), and (13) under any contract with the Department in accordance with G.S. 108D-60(b). who are not enrolled in a BH IDD tailored plan."

SECTION 5.1.(b) G.S. 108D-60(b) reads as rewritten:

"(b) The Department may contract with entities operating BH IDD tailored plans under a capitated or other arrangement for the management of behavioral health, intellectual and developmental disability, and traumatic brain injury services for any recipients excluded from PHP coverage under G.S. 108D-40(a)(4), (5), (7), (10), (11), (12), and (13). who are not enrolled in a BH IDD tailored plan."

SECTION 5.1.(c) G.S. 122C-3 reads as rewritten:

"§ 122C-3. Definitions.

The following definitions apply in this Chapter:

...

(2b) "Behavioral Behavioral health and intellectual/developmental disabilities tailored plan" plan or "BH BH IDD tailored plan" has the same meaning as plan. — As defined in G.S. 108D-1.

...

(29b) "Prepaid Prepaid health plan" has the same meaning as plan. — As defined in G.S. 108D-1.

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- (35b) Specialty services. Services that are provided to consumers from low-incidence populations.
- (35c) State or Local Consumer Advocate. The individual carrying out the duties of the State or Local Consumer Advocacy Program Office in accordance with Article 1A of this Chapter.
- (35d) Standard benefit plan. As defined in G.S. 108D-1.
- (35e) State Plan. The State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services.
- (35e)(35f) State resources. State and federal funds and other receipts administered by the Division.

. . . .

CHANGES TO EFFECTUATE RENAMING OF DIVISION

SECTION 5.2.(a) G.S. 143B-138.1(a)(4) reads as rewritten:

"(4) Division of Mental Health, Developmental Disabilities, and Substance Abuse Use Services."

SECTION 5.2.(b) Throughout the General Statutes, the Revisor of Statutes shall replace the phrase "Division of Mental Health, Developmental Disabilities, and Substance Abuse Services" with the phrase "Division of Mental Health, Developmental Disabilities, and Substance Use Services."

SECTION 5.2.(c) Throughout the General Statutes, the Revisor of Statutes shall replace the phrase "MH/DD/SAS" with the phrase "MH/DD/SUS."

PART VI. LAWS PERTAINING TO THE DIVISION OF PUBLIC HEALTH

EXPANSION OF PERMISSIBLE USES FOR NEWBORN SCREENING EQUIPMENT REPLACEMENT AND ACQUISITION FUND

SECTION 6.1. G.S. 130A-125(d) reads as rewritten:

"(d) The Newborn Screening Equipment Replacement and Acquisition Fund (Fund) is established as a nonreverting fund within the Department. Thirty-one dollars (\$31.00) of each fee collected pursuant to subsection (c) of this section shall be credited to this Fund and applied to the Newborn Screening Program to be used as directed in this subsection. The Department shall not use monies in this Fund for any purpose other than to purchase or replace purchase, replace, maintain, or support laboratory instruments, equipment, and information technology systems used in the Newborn Screening Program. The Department shall notify and consult with the Joint Legislative Commission on Governmental Operations whenever the balance in the Fund exceeds the following threshold: the sum of (i) the actual cost of new equipment necessary to incorporate conditions listed on the RUSP into the Newborn Screening Program and (ii) one hundred percent (100%) of the replacement value of existing equipment used in the Newborn Screening Program. Any monies in the Fund in excess of this threshold shall be available for expenditure only upon an act of appropriation by the General Assembly."

EXPANSION OF QUALIFIED PROFESSIONALS ELIGIBLE TO SERVE AS COUNTY MEDICAL EXAMINERS

SECTION 6.2. G.S. 130A-382 reads as rewritten:

"§ 130A-382. County medical examiners; appointment; term of office; vacancies; training requirements; revocation for cause.

- (a) The Chief Medical Examiner shall appoint two or more county medical examiners for each county for a three-year term. In appointing medical examiners for each county, the Chief Medical Examiner shall give preference to physicians licensed to practice medicine in this State but may also appoint licensed the following professionals:
 - (1) <u>Dentists, physician assistants, nurse practitioners, nurses, or emergency physical therapists as long as the appointee is licensed to practice in this State.</u>
 - (2) <u>Emergency</u> medical technician technicians or paramedics credentialed under G.S. 131E-159.
 - (3) Pathologists' assistants certified by the American Society for Clinical Pathology.
 - (4) Pathologists' assistants or medicolegal death investigators certified by a nationally recognized certifying body determined by the Chief Medical Examiner to have an appropriate certification process for pathologists' assistants or medicolegal death investigators to demonstrate readiness to serve as a county medical examiner.

A medical examiner may serve more than one county. The Chief Medical Examiner may take jurisdiction in any case or appoint another medical examiner to do so.

(a1) During a state of emergency declared by the Governor or by a resolution of the General Assembly pursuant to G.S. 166A-19.20, or by the governing body of a municipality or county pursuant to G.S. 166A-19.22, the Chief Medical Examiner may appoint temporary county medical examiners to serve until the expiration of the declared state of emergency. In appointing temporary county medical examiners pursuant to this subsection, the Chief Medical Examiner may appoint any individual determined by the Chief Medical Examiner to have the appropriate training, education, and experience to serve as a county medical examiner during a declared state of emergency.

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PART VII. LAWS PERTAINING TO THE DIVISION OF SOCIAL SERVICES

ALIGNMENT OF TIME LINE FOR COUNTY TANF PLAN SUBMISSIONS

SECTION 7.1.(a) G.S. 108A-24(1e) reads as rewritten:

"(1e) "County Plan" is the <u>biennial triennial Work First Program plan prepared</u> by each Electing County pursuant to this Article and submitted to the Department for incorporation into the State Plan that also includes the Standard Work First Program."

SECTION 7.1.(b) G.S. 108A-27.3(a)(12) reads as rewritten:

"(12) Develop, adopt, and submit to the Department a biennial_triennial_County Plan;"

SECTION 7.1.(c) G.S. 108A-27.4(a) reads as rewritten:

"(a) Each Electing County shall submit to the Department, according to the schedule established by the Department and in compliance with all federal and State laws, rules, and regulations, a biennial triennial County Plan."

AMENDMENT OF CHILD ABUSE AND NEGLECT SCHOOL POSTERS

SECTION 7.2.(a) G.S. 115C-12(47) reads as rewritten:

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1	"(47)	Duty Regarding Child Abuse and Neglect The State Board of Education, in
2		consultation with the Superintendent of Public Instruction, shall adopt a rule
3		requiring information on child abuse and neglect, including age-appropriate
4		information on sexual abuse, to be provided by public school units to students
5		in grades six through 12. This rule shall also apply to high schools under the
6		control of The University of North Carolina. Information shall be provided in
7		the form of (i) a document provided to all students at the beginning of each
8		school year and (ii) a display posted in visible, high-traffic areas throughout
9		each public secondary school. The document and display shall include, at a
0		minimum, the following information:
1		a. Likely warning signs indicating that a child may be a victim of abuse
12		or neglect, including age-appropriate information on sexual abuse.
13		b. The telephone number used for reporting abuse and neglect to the
4		department of social services in the county in which the school is
15		located, in accordance with G.S. 7B-301.
6		c. A statement that information reported pursuant to sub-subdivision b.
17		of this subdivision shall be held in the strictest confidence, to the extent
18		permitted by law, pursuant to G.S. 7B-302(a1).
9		d. Available resources developed pursuant to G.S. 115C-105.51,
20		including the anonymous safety tip line application."
21	SECT	TION 7.2.(b) This section is effective when it becomes law and applies
22 23	beginning with th	ne 2023-2024 school year.
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24		ION FOR APPLICATION OF FEDERALLY MANDATED TOOLS TO
25	ENFORCE CHI	LD SUPPORT PAYMENTS
26	SECT	TION 7.3.(a) G.S. 110-129 reads as rewritten:
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26 27 28 29 30 31	SECT "§ 110-129. Defi As used in thi	TON 7.3.(a) G.S. 110-129 reads as rewritten: initions. s Article: "Financial Management Services" (FMS) means the unit of the U.S.
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26 27 28 29 30 31 32 33	SECT " § 110-129. Defi As used in thi (6a)	TION 7.3.(a) G.S. 110-129 reads as rewritten: initions. s Article: "Financial Management Services" (FMS) means the unit of the U.S. Department of the Treasury, which, under federal law, offsets certain federal payments to satisfy support arrears. "Internal Revenue Service" (IRS) means the unit of the U.S. Department of
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26 27 28 29 30 31 32 33 34 35 36	SECT "§ 110-129. Defi As used in thi (6a) (9a)	"Internal Revenue Service" (IRS) means the unit of the U.S. Department of the Treasury, which, under federal law, offsets certain federal payments to satisfy support arrears. "Internal Revenue Service" (IRS) means the unit of the U.S. Department of the Treasury, which, under federal law, offsets income tax refunds against certain support arrears.
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26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47	SECT "§ 110-129. Defi As used in thi (6a) (9a) (12a) " SECT "(a) In add Human Services, Department shall (10)	"Tinancial Management Services" (FMS) means the unit of the U.S. Department of the Treasury, which, under federal law, offsets certain federal payments to satisfy support arrears. "Internal Revenue Service" (IRS) means the unit of the U.S. Department of the Treasury, which, under federal law, offsets income tax refunds against certain support arrears. "Offset" means withholding by the IRS or FMS of all or part of an income tax refund or certain federal payments due an obligor and remitting payments to the federal Office of Child Support Enforcement for transmittal to the State. TION 7.3.(b) G.S. 110-129.1(a) reads as rewritten: Itition to other powers and duties conferred upon the Department of Health and Child Support Enforcement Program, by this Chapter or other State law, the have the following powers and duties: Certify obligors to the federal Office of Child Support Enforcement for the Passport Denial Program under G.S. 110-143.
26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48	SECT "§ 110-129. Defi As used in thi (6a) (9a) (12a) SECT "(a) In add Human Services, Department shall	"Financial Management Services" (FMS) means the unit of the U.S. Department of the Treasury, which, under federal law, offsets certain federal payments to satisfy support arrears. "Internal Revenue Service" (IRS) means the unit of the U.S. Department of the Treasury, which, under federal law, offsets income tax refunds against certain support arrears. "Offset" means withholding by the IRS or FMS of all or part of an income tax refund or certain federal payments due an obligor and remitting payments to the federal Office of Child Support Enforcement for transmittal to the State. TION 7.3.(b) G.S. 110-129.1(a) reads as rewritten: Itition to other powers and duties conferred upon the Department of Health and Child Support Enforcement Program, by this Chapter or other State law, the have the following powers and duties: Certify obligors to the federal Office of Child Support Enforcement for the Passport Denial Program under G.S. 110-143. Certify to the federal Office of Child Support Enforcement determinations that
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- 1 under 42 U.S.C. § 664(b)(2) if the arrears are assigned to the State and 45 C.F.R. § 303.72(a)(2) if the arrears are not assigned to the State.
 - (12) Certify obligors to the federal Office of Child Support Enforcement for the Administrative Offset Program under G.S. 110-144."

SECTION 7.3.(c) Article 9 of Chapter 110 of the General Statutes is amended by adding the following new sections to read:

"§ 110-143. Passport Denial Program.

- (a) Participation. The Department of Health and Human Services shall participate in the federal Passport Denial Program for the denial, revocation, or limitation of an obligor's passports under 42 U.S.C. § 654(31) and 42 U.S.C. § 652(k).
- (b) <u>Certification. The Department shall annually certify to the federal Office of Child Support Enforcement (OCSE) an obligor in a IV-D case whose support arrears exceed the federally mandated threshold in 42 U.S.C. § 654(31). The OCSE shall transmit the certification to the U.S. Department of State pursuant to the federal Passport Denial Program.</u>
- (c) Notice. The Department shall send written notice of the certification to the obligor at the obligor's last known address. The notice shall advise the obligor of all of the following:
 - (1) The amount of the arrears as of the date of the notice.
 - (2) The possibility that the obligor's passport may be denied, revoked, or restricted by the U.S. Department of State.
 - (3) The procedure to contest the certification.
- (d) Appeal. Within 60 days of the date the notice is placed in the mail to the obligor, the obligor may file a contested case petition with the North Carolina Office of Administrative Hearings to contest the certification. The contested case shall be conducted in accordance with Article 3 of Chapter 150B of the General Statutes. The obligor may contest the certification only if one of the following applies:
 - (1) An arrearage does not exist.
 - (2) An arrearage does exist, but never exceeded the federally mandated threshold.
 - (3) There is a claim of mistaken identity.
- (e) <u>Withdrawal of Certification. The Department shall notify the OCSE if the obligor's support arrears are paid in full.</u>

"§ 110-144. Administrative Offset Program.

- (a) Participation. The Department of Health and Human Services shall participate in the federal Administrative Offset Program for the offset of certain federal payments under 31 C.F.R. § 285.1.
- (b) Certification. The Department shall annually certify to the federal Office of Child Support Enforcement (OCSE) an obligor in a IV-D case whose support arrears are (i) equal to or greater than one hundred fifty dollars (\$150.00) if the arrears are assigned to the State and (ii) equal to or greater than five hundred dollars (\$500.00) if the arrears are not assigned to the State.
- (c) Notice. At least 30 days before certification, the Department shall send written notice of the certification to the obligor at the obligor's last known address. The notice shall advise the obligor of all of the following:
 - (1) The amount of the arrears as of the date of the notice.
 - (2) The possibility that the obligor may have certain federal payments offset by FMS.
 - (3) The procedures to contest the certification.

Without further notice to the obligor, the Department shall provide OCSE with updates to adjust the amount of arrears to reflect any payments or additional arrears that accrue after the date of certification.

(d) Appeal. – Within 60 days of the date the notice is placed in the mail to the obligor, the obligor may file a contested case petition with the North Carolina Office of Administrative Hearings to contest the certification. The contested case shall be conducted in accordance with

Article 3 of Chapter 150B of the General Statutes. The obligor may contest the certification only if either of the following applies:

- (1) The amount of arrears stated in the notice is incorrect.
- (2) There is a claim of mistaken identity."

1 2

AUTHORIZATION FOR DSS TO GRANT EXCEPTIONS FOR EQUIVALENT CHILD WELFARE TRAINING COMPLETED IN ANOTHER STATE

SECTION 7.4. G.S. 131D-10.6A reads as rewritten:

"§ 131D-10.6A. Training by the Division of Social Services required.

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- (b) The Division of Social Services shall establish minimum training requirements for child welfare services staff. The minimum training requirements established by the Division are as follows:
 - (1) Child welfare services workers shall complete a minimum of 72 hours of preservice training before assuming direct client contact responsibilities. In completing this requirement, the Division of Social Services shall ensure that each child welfare worker receives training on family centered practices and State and federal law regarding the basic rights of individuals relevant to the provision of child welfare services, including the right to privacy, freedom from duress and coercion to induce cooperation, and the right to parent.
 - (2) Child protective services workers shall complete a minimum of 18 hours of additional training that the Division of Social Services determines is necessary to adequately meet training needs.
 - (3) Foster care and adoption workers shall complete a minimum of 39 hours of additional training that the Division of Social Services determines is necessary to adequately meet training needs.
 - (4) Child welfare services supervisors shall complete a minimum of 72 hours of preservice training before assuming supervisory responsibilities and a minimum of 54 hours of additional training that the Division of Social Services determines is necessary to adequately meet training needs.
 - (5) Child welfare services staff shall complete 24 hours of continuing education annually. In completing this requirement, the Division of Social Services shall provide each child welfare services staff member with annual update information on family centered practices and State and federal law regarding the basic rights of individuals relevant to the provision of child welfare services, including the right to privacy, freedom from duress and coercion to induce cooperation, and the right to parent.
- (c) The Division of Social Services may grant an exception in whole or in part to the requirement under subdivision (1) of this subsection (b)(1) of this section to child welfare workers who satisfactorily meet either of the following:
 - (1) Satisfactorily complete or are enrolled in a masters or bachelors program after July 1, 1999, from a North Carolina social work program accredited pursuant to the Council on Social Work Education. The program's curricula must cover the specific preservice training requirements as established by the Division of Social Services.
 - (2) Have child welfare work experience in another state and have completed child welfare training equivalent to training in this State.
- (d) The Division of Social Services shall ensure that training opportunities are available for county departments of social services and consolidated human service agencies to meet the training requirements of this subsection.subsection (b) of this section."

"3.

CLARIFICATION OF WHO SETS MAXIMUM DAILY RATE FOR ADULT DAY CARE SERVICES

SECTION 7.5. G.S. 143B-153(2a)b.3. reads as rewritten:

Maximum rates of payment for the provision of social services, except there shall be no maximum statewide reimbursement rate for adult day care services, adult day health services, and the associated transportation services, as these reimbursement rates shall be determined at the local level by the county department of social services or a designee of the board of county commissioners to allow flexibility in responding to local variables."

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PART VIII. LAWS PERTAINING TO THE DIVISION OF VOCATIONAL REHABILITATION SERVICES

CHANGES TO EFFECTUATE RENAMING OF DIVISION

SECTION 8.1. G.S. 108A-26 reads as rewritten:

"§ 108A-26. Certain financial assistance and in-kind goods not considered in determining assistance paid under Chapters 108A and 111.

Financial assistance and in-kind goods or services received from a governmental agency, or from a civic or charitable organization, shall not be considered in determining the amount of assistance to be paid any person under Chapters 108A and 111 of the General Statutes provided that such financial assistance and in-kind goods and services are incorporated in the rehabilitation plan of such person being assisted by the Division of Vocational Rehabilitation Services Employment and Independence for People with Disabilities or the Division of Services for the Blind of the Department of Health and Human Services, except where such goods and services are required to be considered by federal law or regulations."

SECTION 8.2. G.S. 111-11.1 reads as rewritten:

"§ 111-11.1. Jurisdiction of certain Divisions within the Department of Health and Human Services.

For the purpose of providing rehabilitative services to people who are visually impaired, the Division of Services for the Blind and the Division of Vocational Rehabilitation Services Employment and Independence for People with Disabilities shall develop and enter into an agreement specifying which agency can most appropriately meet the specific needs of this client population. If the Divisions cannot reach an agreement, the Secretary of Health and Human Services shall determine which Division can most appropriately meet the specific needs of this client population."

SECTION 8.3. G.S. 122C-22(a)(7) reads as rewritten:

'(7) Persons subject to rules and regulations of the Division of Vocational Rehabilitation Services. Employment and Independence for People with Disabilities."

SECTION 8.4. G.S. 131D-2.3 reads as rewritten:

"§ 131D-2.3. Exemptions from licensure.

The following are excluded from this Article and are not required to be registered or obtain licensure under this Article:

- (1) Facilities licensed under Chapter 122C or Chapter 131E of the General Statutes; Statutes.
- (2) Persons subject to rules of the Division of Vocational Rehabilitation Services;Employment and Independence for People with Disabilities.
- (3) Facilities that care for no more than four persons, all of whom are under the supervision of the United States Veterans Administration; Administration.

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- (4) Facilities that make no charges for housing, amenities, or personal care service, either directly or indirectly; and indirectly.
- (5) Institutions that are maintained or operated by a unit of government and that were established, maintained, or operated by a unit of government and exempt from licensure by the Department on September 30, 1995."

SECTION 8.5. G.S. 143-545.1(a) reads as rewritten:

"(a) Policy. – Recognizing that disability is a natural part of human experience, the State establishes as its policy that individuals with physical and mental disabilities should be able to participate to the maximum extent of their abilities in the economic, educational, cultural, social, and political activities available to all citizens of the State. To implement this policy, the Department of Health and Human Services shall establish and operate comprehensive and accountable programs of vocational rehabilitation and independent living for persons with disabilities. These programs are to be administered by the Division of Vocational Rehabilitation Services-Employment and Independence for People with Disabilities in collaboration with the Division of Services for the Blind, which conducts vocational rehabilitation and independent living programs for individuals who are blind or visually impaired, pursuant to Chapter 111 of the General Statutes and the rules of the Commission for the Blind adopted pursuant to G.S. 143B-157. The programs so provided shall be administered according to the following principles:

...."

···· CECTION O C C

SECTION 8.6. G.S. 143-547 reads as rewritten:

"§ 143-547. Subrogation rights; withholding of information a misdemeanor.

23 .

- (b) In furnishing a person rehabilitation services, including medical case services under this Chapter, the Division of Vocational Rehabilitation Services Employment and Independence for People with Disabilities is subrogated to the person's right of recovery from:
 - (1) Personal insurance;
 - (2) Worker's Compensation;
 - (3) Any other person or personal injury caused by the other person's negligence or wrongdoing; or
 - (4) Any other source.
- (c) The Division of Vocational Rehabilitation Services' Employment and Independence for People with Disabilities' right to subrogation is limited to the cost of the rehabilitation services provided by or through the Division for which a financial needs test is a condition of the service provisions. Those services that are provided without a financial needs test are excluded from these subrogation rights.
- (d) The Division of Vocational Rehabilitation Services Employment and Independence for People with Disabilities may totally or partially waive subrogation rights when the Division finds that enforcement would tend to defeat the client's process of rehabilitation or when client assets can be used to offset additional Division costs.
- (e) The Division of Vocational Rehabilitation Services <u>Employment and Independence</u> for People with <u>Disabilities may</u> adopt rules for the enforcement of its rights of subrogation.
- (f) It is a Class 1 misdemeanor for a person seeking or having obtained assistance under this Part for himself or another to willfully fail to disclose to the Division of Vocational Rehabilitation Services Employment and Independence for People with Disabilities or its attorney the identity of any person or organization against whom the recipient of assistance has a right of recovery, contractual or otherwise."

SECTION 8.7. G.S. 143-548 reads as rewritten:

"§ 143-548. Vocational State Rehabilitation Council.

(a) There is established the Vocational State Rehabilitation Council (Council) in support of the activities of the Division of Vocational Rehabilitation Services Employment and

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<u>Independence for People with Disabilities</u> to be composed of not more than 18 appointed members. Appointed members shall be voting members except where prohibited by federal law or regulations. The Director of the Division of Vocational Rehabilitation Services Employment and Independence for People with Disabilities and one vocational rehabilitation counselor who is an employee of the Division shall serve ex officio as nonvoting members. The President Pro Tempore of the Senate shall appoint six members, the Speaker of the House of Representatives shall appoint six members, and the Governor shall appoint five or six members. The appointing authorities shall appoint members of the Council after soliciting recommendations from representatives of organizations representing a broad range of individuals with disabilities. Terms of appointment shall be as specified in subsection (d1) of this section. Appointments shall be made as follows:

1 2

(b1) Additional Qualifications. – In addition to ensuring the qualifications for membership prescribed in subsection (a) of this section, the appointing authorities shall ensure that a majority of Council members are individuals with disabilities and are not employed by the Division of Vocational Rehabilitation Services. Employment and Independence for People with Disabilities.

PART IX. MISCELLANEOUS

MODIFICATION OF EDUCATIONAL REQUIREMENTS FOR REGISTERED ENVIRONMENTAL HEALTH SPECIALISTS

SECTION 9.1.(a) G.S. 90A-53 reads as rewritten:

"§ 90A-53. Qualifications and examination for registration as an environmental health specialist or environmental health specialist intern.

- (a) The Board shall issue a certificate to a qualified person as a registered environmental health specialist or a registered environmental health specialist intern. A certificate as a registered environmental health specialist or a registered environmental health specialist intern shall be issued to any person upon the Board's determination that the person:person satisfies all of the following criteria:
 - (1) Has made application to the Board on a form prescribed by the Board and paid a fee not to exceed one hundred dollars (\$100.00);(\$100.00).
 - (2) Is of good moral and ethical character and has signed an agreement to adhere to the Code of Ethics adopted by the Board; Board.
 - (3) Meets any of the following combinations of education and practice experience standards:
 - a. Graduated <u>from a baccalaureate with a bachelor's degree or</u> postgraduate degree <u>from a program</u> that is accredited by the National Environmental Health Science and Protection Accreditation Council (EHAC) and has one or more years of experience in the field of environmental health practice; or (EHAC).
 - b. Graduated from a baccalaureate or postgraduate degree program that is accredited by an accrediting organization recognized by the United States Department of Education, Council for Higher Education Accreditation (CHEA) with a bachelor's degree or postgraduate degree and meets both of the following:
 - 1. <u>Earned earned a minimum of 30 semester hours or its equivalent 45 quarter hours in the physical or biological sciences; and physical, biological, natural, life, or health sciences and has one</u>

Has two or more years of experience in the field of 1 2. 2 environmental health practice. 3 Graduated from a baccalaureate program rated as acceptable by the c. 4 Board and meets both of the following: with a bachelor's degree or postgraduate degree in public health and has one or more years of 5 6 experience in the field of environmental health practice. 7 Earned a minimum of 30 semester hours or its equivalent in the 1. 8 physical or biological sciences; and Has two or more years of experience in the field of 9 2. environmental health practice. 10 11 (4) Has satisfactorily completed a course in specialized instruction and training approved by the Board in the practice of environmental health; health. 12 Repealed by Session Laws 2009-443, s. 4, effective August 7, 2009. 13 (5) 14 Has passed an examination administered by the Board designed to test for (6) competence in the subject matters of environmental health sanitation. The 15 examination shall be in a form prescribed by the Board and may be oral, 16 17 written, or both. The examination for applicants shall be held annually or more 18 frequently as the Board may by rule prescribe, at a time and place to be 19 determined by the Board. A person shall not be registered if such person fails 20 to meet the minimum grade requirements for examination specified by the 21 Board. Failure to pass an examination shall not prohibit such person from 22 being examined at subsequent times and places as specified by the Board; andBoard. 23 24 (7) Has paid a fee set by the Board not to exceed the cost of purchasing the 25 examination and an administrative fee not to exceed one hundred fifty dollars 26 (\$150.00). 27 (b) The Board may issue a certificate to a person serving as a registered environmental 28 health specialist intern without the person meeting the full requirements for experience of a 29 registered environmental health specialist for a period not to exceed three two years from the date 30 of initial registration as a registered environmental health specialist intern, provided, the person 31 meets the educational requirements in G.S. 90A-53 and is in the field of environmental health 32 practice." 33 **SECTION 9.1.(b)** This section becomes effective October 1, 2023. 34

35 PART X. EFFECTIVE DATE

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SECTION 10.1. Except as otherwise provided, this act is effective when it becomes law.

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