

# DHHS Regulatory Study: Presentation to the Legislative Oversight Committee on HHS

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# Legislative Report

## DHHS REGULATORY FUNCTIONS STUDY AND PLAN

**SECTION 10.17.(a)** The Department of Health and Human Services shall examine all regulatory functions performed by each of the divisions within the Department. By January 30, 2012, the Department shall make a report of its findings to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division. The report shall include all of the following:

- (1) A summary of each division's regulatory functions.
- (2) The purpose of each of the identified regulatory functions.
- (3) The amount of any fee charged for the identified regulatory functions, along with the date and amount of the most recent fee increase.
- (4) The number of full-time equivalent positions dedicated to the identified regulatory functions, broken down by division.
- (5) Whether there is a federal requirement for, or a federal component to, any of the identified regulatory functions.
- (6) Identification of overlap among the divisions within the Department and with other State agencies, with respect to the regulation of providers. For each area of overlap, the report shall specify all of the following:
  - a. The name of each division and State agency that performs the regulatory function.
  - b. How often each division or State agency performs the regulatory function.
  - c. The total amount of funds expended by each division or State agency to perform the regulatory function.

**SECTION 10.17.(b)** The Department of Health and Human Services shall develop a plan to consolidate regulatory functions performed by the various divisions within the Department. The plan shall identify proposed position eliminations and anticipated savings as a result of the consolidation. The Department shall not implement the plan or consolidate any of its regulatory functions except as directed by an act of the General Assembly.

## Working Definition for Regulatory Activity:

*“Any activity that DHHS undertakes in order to manage, review, enforce or verify that health and human service providers hold necessary licenses, certifications, accreditations, credentials, and/or required conditions for Medicaid and Health Choice participation.”*

Div.	Service Provider Type(s)	Regulatory Activity (1)	Legal Authority Citation (2) & (5)	Citation Text (excerpted)	Service	Authority Type
DAAS	Adult Day Services	Certification	10A NCAC 06P.0401	(2) Certification. The Division of Aging and Adult Services shall be responsible for all actions regarding initial certification and annual recertification of adult day care programs based on the report and recommendations of the county department of social services and the adult day care consultant in the central office.	Goal 4 Objectives 2a and 4a	NCAC
		Certification	Chapter 131D-6	<p>§ 131D-6. Certification of adult day care programs; purpose; definition; penalty.</p> <p>(a) It is the policy of this State to enable people who would otherwise need full-time care away from their own residences to remain in their residences as long as possible and to enjoy as much independence as possible. One of the programs that permits adults to remain in their residences and with their families is adult day care.</p> <p>(b) As used in this section "adult day care program" means the provision of group care and supervision in a place other than their usual place of abode on a less than 24-hour basis to adults who may be physically or mentally disabled. The Department of Health and Human Services shall annually inspect and certify all adult day care programs, under rules adopted by the Social Services Commission. The Social Services Commission shall adopt rules to protect the health, safety, and welfare of persons in adult day care programs. These rules shall include minimum standards relating to management of the program, staffing requirements, building requirements, fire safety, sanitation, nutrition, and program activities.</p> <p>Adult day care programs are not required to provide transportation to participants; however, those</p>	Goal 4 Objectives 2a and 4a	GS

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Sort Z to A

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Filter by Color

Text Filters

☒ Home Health Care Agencies

☒ Hospice Agencies

☒ Hospice Offices

☒ Hospices

☒ Hospitals

☒ In-Home Aides

☒ Inpatient Hospital Treatment for

☒ Intermediate Care Facilities

☒ Kidney Disease Treatment Cente

☐ Long-Term Care Assisted Living

OK

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Div.	Service Provider Type(s)	Regulatory Activity (1)	Fees (3)	FTEs (4)	Activity Budget	What Happens to Fee
DAAS			Registration Fees in Fee Report for State Administration (Fee ID 932, varying rates: \$25-\$196)	4.5 total roles 2.1 FTE		
				2 Adult Day Services Consultants work part-time (60% and 40%) on adult day services certifications, total 1 FTE.		
				2 FTE Program Compliance Representatives for HM certification (.1 FTE total; primary responsibility is monitoring County DSS offices).		
DAAS	Adult Day Services			.05 FTE In-home Aide Program Consultant. (10% of half-time employee)		
DAAS	Adult Day Services	Certification				

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Text Filters

☒

(Select All)

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Accreditation

☒

Administrative Actions

☒

Ambulance / Vehicle Permitting

☒

Appeals

☒

Appeals - Non-medical

☒

Approval

☒

Authorization

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Certificate of Need

☐

Certification

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# Data Gathered on DHHS Regulatory Activities

- Identified 8 Divisions with regulatory activities, 65 Total Provider Types, and 38 Total Regulatory Activities
- 45 out of 65 Provider Types were found subject to fewer than 10 Authorities

Division	# of Provider Types	# of Regulatory Activities
DAAS	2	1
DCD	1	7
DHSR	33	20
DMA	24	4
DMH/DD/SA	14	14
DPH	9	9
DSS	5	3
DVRS	1	1

# Highlights of Current Regulatory Streamlining Efforts in DHHS

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- DHSR established a scorecard for its Adult Care providers, which will extend the time between reviews for high-performing providers to two years.
- DMH/DD/SA is implementing a quality rating system, consistent with the expansion of managed care systems, that will extend the time between reviews for high-performing providers to three years.
- DPH through its Children's Environmental Health Branch has merged with the Health Hazards Control Unit, placing both programs in the same Division and creating efficiencies.
- DAAS established an electronic recertification process for its providers.

# Phase I: Streamlining Opportunities

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- Identify methods to streamline the **complaint intake** process across divisions.
- Improve communication and coordination for **visits** to and **informational requests** from providers.
- Expand risk-based monitoring by developing **provider scorecards** to reduce regulatory activities for compliant, high-quality providers

# Next Steps

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- Use database to identify essential regulatory activities and resources needed to effectively carry out those activities
- Expand efforts to identify areas of overlap and duplication.
- Begin review of child-placing agencies, identified as a high-priority group because regulatory activity crosses multiple Divisions.
- Continue to review rules or statutes to be modified or eliminated.
- Formalize existing streamlining efforts, Phase One and other opportunities to streamline the process into the DHHS Regulatory Plan.



Questions?