

## 2010-2011 LOC RECOMMENDATIONS:

**DRAFT 1-13-11**

1. DHHS shall provide a **report no later than September 2012 on the implementation of Utilization Review for the CAP-MR/DD waiver by four designated LMEs.** Report should contain a cost comparison between the external contract and the LMEs to include training, monitoring and operation of the UR. The report would also include numbers of persons served and description of accountability measures to assure the accuracy of UR decisions.
2. By October 2011, DHHS shall develop and submit to CMS an application to operate a **TBI Medicaid Waiver.** The development of this waiver should be in concert and with the advice and guidance of the NC TBI Advisory Council. Funds sufficient to provide the match for this waiver are to be identified prior to the development of the waiver application and from those already appropriated state funds earmarked to be used to serve persons with TBI. Attention should be paid to the slot formula with regard to the funds available for this waiver.
3. The LOC recommends the General Assembly appropriate an additional \$10 million for the **expansion of local inpatient psychiatric beds** to allow purchase of an additional \_\_\_\_ beds out in the community. The DHHS shall report on the number, use and cost of these beds on a semi-annual basis beginning on October 1, 2012.
4. The DHHS shall report to the LOC by July 1, 2011 on the criteria and process being used to evaluate the fiscal, organizational and programmatic **efficacy of the implementation of the CABHA model. Beginning on October 1, 2010 and semi-annually thereafter, the DHHS shall report to the LOC on the results obtained from these measures.**
5. **The LOC recommends that the General Assembly enact legislation that directs the Department of Health and Human Services to develop and submit the following reports. All reports are to be provided to the LOC or any Committee that takes the place of the LOC:**
  - By September 1, 2011 the Department shall report on deaths that have occurred within state MH-DD-SA facilities, and, if known, the death of any former client of a facility who dies within 14 days of release from the facility
  - Annually, beginning October 1, 2011, the Department shall provide a status report on the expenditures and balance in the Mental Health Trust Fund
  - Annually, beginning July 1, 2011, the Department shall report on the strategic plan regarding how state and local resources shall be organized and used to provide services to persons with mental illness, developmental disabilities or substance abuse disease. Included will be criteria for the allocation of dollars, restrictions on how these dollars may be used, guidelines for utilization of funds and list of expenditures.

- Annually, beginning May 1, 2011, the department shall collect and report on LME fund balances.
  - Biannual report beginning January 1, 2012 the Department shall report on Statewide System Performance to include the following criteria:
    - Access to Services
    - Individualized Planning and Supports
    - Promotion of Best Practices
    - Consumer-Friendly Outcomes
    - Quality Management Systems
    - System Efficiency and Effectiveness
    - Equitable Allocation of Resources
    - Prevention and Early Intervention
    - Statewide System of Crisis Response for Adults and Children
    - Management of the Utilization of State Facilities
6. In the continuing effort to manage care and costs, the DHHS shall continue **expansion of the B-C Medicaid waiver**. The structure and operation of the BC sites shall be those that are allowable within Medicaid regulations and that are determined to cost the state the least and provide outcomes equal to or better than those achieved via the current system.
  7. By September 1, 2011, the DHHS shall provide to the LOC a comprehensive statewide report on the status of the use of **hospital emergency departments** by persons with mental illness. This report shall include numbers of persons, geographic location as well as average and range of length of stay. The report shall also contain a comprehensive plan for the reduction in length of stay.
  8. The DHHS shall **provide a comprehensive plan for the fair and equitable allocation of resources for all persons with developmental disability by July 1, 2011**. The allocation model shall be based on a reliable and valid statewide assessment of intensity of need of each person. These assessments must be administered by those who are not engaged in the delivery of services. Included in this plan shall be a standardized formula for the use of these data to determine eligibility for type and degree and array of services to include DD Center and private ICF-MR facilities. The DHHS shall renew the CAP-MR/DD waiver with the two currently operational tiers. The plan for allocation of resources shall begin implementation by January 1, 2012 and be fully implemented across the state no later than July 1, 2013. The DHHS shall report to the LOC on the implementation process semi-annually beginning October 1, 2011.
  9. By September 1, 2011 the DHHS shall report to the LOC on a comprehensive review of the current congregate **residential placements for children with developmental delay or intellectual and developmental disability aged 0-6** to include the newly transferred DD Center ICF-MR beds. This report shall include an overview of all service options for this group of children now and as they move through school age.

10. The DHHS shall revise the **DD Waiting List** process to assure that results of the process yield a simple, non-duplicated count of children and adults with I/DD across the state waiting for federally and state-funded services. The list shall be research-based to assure that the data collected reflect an accurate picture of those waiting for the categories of services currently available in NC. The collected data shall show the number of persons who are *potentially* eligible for the CAP-MR/DD waiver. DHHS shall report to the LOC on the revised process for collection of these data no later than September 1, 2011. The DHHS shall report these data to the LOC annually beginning September 30, 2012 and use these data to determine geographic, age and disability service gaps and plans to address these gaps.
11. The DHHS is directed to coordinate with the leadership of the Murdoch Developmental Center and its advisory committee to identify funding for the implementation of **a step-down unit for the BART program**. A report on the progress toward identifying funding and moving forward to develop this step-down unit shall be provided to the LOC on October 1, 2011 and quarterly thereafter until the unit is established.
12. By September 1, 2011 and annually thereafter, the DHHS shall report to the LOC on the progress in the **uniform use of evidence-based practices across all state operated psychiatric hospitals**.