

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2019

H.B. 822
Apr 16, 2019
HOUSE PRINCIPAL CLERK

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HOUSE BILL DRH10464-MR-113

Short Title: Comprehensive Behavioral Health Plan. (Public)

Sponsors: Representatives Insko, Ball, and Quick (Primary Sponsors).

Referred to:

1 A BILL TO BE ENTITLED
2 AN ACT TO REVISE THE STATE PLAN FOR MENTAL HEALTH, DEVELOPMENTAL
3 DISABILITIES, AND SUBSTANCE ABUSE TO ENSURE THE STATE DEVELOPS A
4 COMPREHENSIVE PLAN THAT PROVIDES A MISSION, A VISION, GOALS,
5 OBJECTIVES, OVERSIGHT, AND ACCOUNTABILITY FOR THE BEHAVIORAL
6 HEALTH CARE SYSTEM IN THIS STATE.

7 The General Assembly of North Carolina enacts:

8
9 **PART I. COMPREHENSIVE PLAN FOR BEHAVIORAL HEALTH SERVICES**

10 **SECTION 1.(a)** The General Assembly finds that the Department of Health and
11 Human Services (Department) has the responsibility to provide a framework, direction,
12 oversight, and accountability for the State-funded behavioral health care system. The General
13 Assembly further finds that without clearly articulated goals as a basis for accountability, the
14 State- and locally funded behavioral health care system cannot operate as a structured and unified
15 system designed to meet the needs and expectations of the people of this State, and that a
16 Comprehensive Plan is needed to ensure those needs and expectations are met.

17 **SECTION 1.(b)** Article 4 of Chapter 122C of the General Statutes is amended by
18 adding a new section to read:

19 **"§ 122C-102A. Comprehensive Plan for Behavioral Health Services.**

20 (a) Purpose of State Comprehensive Plan. – The Department shall develop and
21 implement a State Comprehensive Plan for Behavioral Health Services in this State. For purposes
22 of the Comprehensive Plan, behavioral health services shall include mental health,
23 developmental disabilities, substance abuse, and traumatic brain injury services. The purpose of
24 the State Comprehensive Plan is to provide a framework to ensure the Department can oversee
25 and monitor Medicaid, NC Health Choice, and other State-funded behavioral health services,
26 managed by LME/MCOs and health care providers. The Comprehensive Plan shall be submitted
27 to the Joint Legislative Oversight Committee on Health and Human Services and the Joint
28 Legislative Oversight Committee on Medicaid and NC Health Choice no later than January 31
29 of each year.

30 The Department shall ensure the Comprehensive Plan is implementable and shall facilitate
31 cooperation and support from LME/MCOs, county programs, behavioral health service
32 providers, and consumers in developing the mission, vision, goals, and objectives of the
33 Comprehensive Plan. In order to increase the ability of the State, LME/MCOs, county programs,
34 and behavioral health providers, to successfully implement the Comprehensive Plan, the
35 Department shall not adopt or implement policies that are inconsistent with the Comprehensive
36 Plan.



1 **(b) Content of the Comprehensive Plan.** – The Comprehensive Plan shall include all of
2 the following:

- 3 **(1)** A mission, developed by the Department, that clearly states the purpose and
4 priorities of Medicaid, NC Health Choice, and other State-funded behavioral
5 health services.
- 6 **(2)** A 10-year vision of the future, developed by the Department, as it pertains to
7 the State behavioral health system and the individuals served by that system
8 if the mission of the Comprehensive Plan is achieved.
- 9 **(3)** Three-year goals, developed by the Department in collaboration with
10 LME/MCOs, that identify the areas where results will be achieved relative to
11 the mission and vision of the Comprehensive Plan.
- 12 **(4)** Specific, measurable 12-month objectives that will be achieved to support the
13 goals of the Comprehensive Plan.
- 14 **(5)** Activities to be undertaken to attain the objectives outlined in the
15 Comprehensive Plan. Each should identify at least the following specifics:
- 16 **a.** The activity to be undertaken.
- 17 **b.** The person or parties responsible for undertaking the activity.
- 18 **c.** A time line for completing the activity.
- 19 **d.** Identification of the end of the activity and indications for determining
20 that the activity has been accomplished.

21 **(c) Assessment to Support Development of the Comprehensive Plan.** – To support the
22 development of the Comprehensive Plan, the Department shall complete an assessment of the
23 adequacy of the current system, an identification of need or areas of improvement, proposed
24 solutions, and progress updates for all of the following:

- 25 **a.** Staffing levels, training, and competency in the Division of
26 MH/DD/SA, the Division of Health Benefits, the LME/MCOs, and
27 relevant behavioral health providers.
- 28 **b.** Access to behavioral health services provided by the most appropriate
29 provider measured by at least all of the following standards:
- 30 **1.** Geographic location.
- 31 **2.** Travel time.
- 32 **3.** Wait time for appointments.
- 33 **4.** Emergency department hold times.
- 34 **c.** Solvency, financial management, and financial performance of the
35 LME/MCOs, including strategic and operational plans, and
36 reinvestment plans approved by the Department.
- 37 **d.** Need and utilization of behavioral health services broken down by
38 covered population and service type.
- 39 **e.** Coordination and integration of behavioral health care services,
40 including communication with, from, and between providers.
- 41 **f.** Appropriateness of services and treatment effectiveness.

42 **(d) Comprehensive Plan Outcomes Data.** – The Department shall define outcomes and
43 data to measure progress on goals and objectives contained in the Comprehensive Plan for at
44 least the following areas:

- 45 **a.** Employment.
- 46 **b.** Education.
- 47 **c.** Homelessness.
- 48 **d.** Imprisonment.
- 49 **e.** Social determinants of health."

50 **SECTION 2.** The Department of Health and Human Services shall identify a
51 third-party vendor to assist with the completion of the Comprehensive Plan, enacted in Section

1 of this act, in the event that the Department is unable to complete the Comprehensive Plan in a
2 timely manner. If, by January 1 of the year in which the Comprehensive Plan is due, the
3 Department identifies that the Comprehensive Plan (i) will not be submitted to the Joint
4 Legislative Oversight on Health and Human Services and the Joint Legislative Oversight
5 Committee on Medicaid and NC Health Choice by the January 31 deadline or (ii) will not comply
6 with the requirement of G.S. 122C-10A, then the Department shall engage the services of the
7 identified third-party vendor to complete the Comprehensive Plan. The Department shall report
8 to the Joint Legislative Oversight on Health and Human Services and the Joint Legislative
9 Oversight Committee on Medicaid and NC Health Choice that the vendor will be completing the
10 Comprehensive Plan and the anticipated deadline for completion. No additional funds shall be
11 appropriated for this purpose.
12

13 PART II. TECHNICAL AND CONFORMING CHANGES

14 SECTION 3.(a) G.S. 122C-102 is repealed.

15 SECTION 3.(b) G.S. 122C-3 is amended by adding a new subdivision to read:

16 "(8b) "Comprehensive Plan" means the Comprehensive Plan for Behavioral Health
17 Services under G.S. 122C-102A."

18 SECTION 3.(c) G.S. 122C-3(35d) is repealed.

19 SECTION 3.(d) G.S. 122C-3(38) reads as rewritten:

20 "(38) "Targeted population" means those individuals who are given service priority
21 under the State-Comprehensive Plan."

22 SECTION 3.(e) G.S. 122C-3(39) is repealed.

23 SECTION 3.(f) G.S. 122C-55(a4) reads as rewritten:

24 "(a4) An area authority or county program may share confidential information regarding
25 any client with any area facility, and any area facility may share confidential information
26 regarding any client of that facility with the area authority or county program, when the area
27 authority or county program determines the disclosure is necessary to develop, manage, monitor,
28 or evaluate the area authority's or county program's network of qualified providers as provided
29 in G.S. 122C-115.2(b)(1)b., G.S. 122C-141(a), the State-Comprehensive Plan, and rules of the
30 Secretary. For the purposes of this subsection, the purposes or activities for which confidential
31 information may be disclosed include, but are not limited to, quality assessment and improvement
32 activities, provider accreditation and staff credentialing, developing contracts and negotiating
33 rates, investigating and responding to client grievances and complaints, evaluating practitioner
34 and provider performance, auditing functions, on-site monitoring, conducting consumer
35 satisfaction studies, and collecting and analyzing performance data."

36 SECTION 3.(g) G.S. 122C-112.1 reads as rewritten:

37 "§ 122C-112.1. Powers and duties of the Secretary.

38 (a) The Secretary shall do all of the following:

39 (1) Oversee development and implementation of the State-Comprehensive Plan
40 for Mental Health, Developmental Disabilities, and Substance Abuse
41 Behavioral Health Services.

42 ...

43 (9) Provide ongoing and focused technical assistance to area authorities and
44 county programs in the implementation of the LME functions and the
45 establishment and operation of community-based programs. The technical
46 assistance required under this subdivision includes, but is not limited to, the
47 technical assistance required under G.S. 122C-115.4(d)(2). The Secretary
48 shall include in the State-Comprehensive Plan a mechanism for monitoring
49 the Department's success in implementing this duty and the progress of area
50 authorities and county programs in achieving these functions.

51 ...

1 (31) Ensure that the ~~State Comprehensive Plan for Mental Health, Developmental~~
2 ~~Disabilities, and Substance Abuse Behavioral Health Services~~ is coordinated
3 with the Medicaid State Plan and NC Health Choice.

4"

5 **SECTION 3.(h)** G.S. 122C-171(c) reads as rewritten:

6 "(c) The State CFAC shall undertake all of the following:

7 (1) Review, comment on, and monitor the implementation of the ~~State~~
8 ~~Comprehensive Plan for Mental Health, Developmental Disabilities, and~~
9 ~~Substance Abuse Behavioral Health Services.~~

10"

11 **SECTION 3.(i)** G.S. 122C-171(d) reads as rewritten:

12 "(d) The Secretary shall provide sufficient staff to assist the State CFAC in implementing
13 its duties under subsection (c) of this section. The assistance shall include data for the
14 identification of service gaps and underserved populations, training to review and comment on
15 the ~~State Comprehensive Plan~~ and departmental budget, procedures to allow participation in
16 quality monitoring, and technical advice on rules of procedure and applicable laws."

17 **SECTION 4.** This act is effective when it becomes law.