

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2019

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HOUSE BILL 822  
PROPOSED COMMITTEE SUBSTITUTE H822-PCS10701-TR-10

Short Title: Comprehensive Behavioral Health Plan.

(Public)

Sponsors:

Referred to:

April 18, 2019

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 THE PUBLICLY FUNDED BEHAVIORAL**  
10 **HEALTH SYSTEM**

11 **SECTION 1.(a)** The General Assembly finds that the Department of Health and  
12 Human Services (Department) has the responsibility to provide direction, oversight, and  
13 accountability for the publicly funded behavioral health care system that operates as a structured  
14 and unified system designed to meet the needs and expectations of the people of this State, and  
15 that a Comprehensive Plan is needed to ensure transparency, board understanding, and that the  
16 needs of covered populations and expectations of the State are met. The General Assembly  
17 further finds that work across State agencies and with external partners will unify goals and  
18 coordinate the delivery of care and will support improved behavioral health and wellness for  
19 North Carolinians. Finally, in order to promote transparency and collaboration, the General  
20 Assembly directs the Department to produce a Comprehensive Plan for the Publicly Funded  
21 Behavioral Health System.

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

24 **"§ 122C-102A. Comprehensive Plan for the Publicly Funded Behavioral Health System.**

25 (a) Purpose of State Comprehensive Plan. – The Department shall develop and  
26 implement a State Comprehensive Plan for the Publicly Funded Behavioral Health System. For  
27 purposes of the Comprehensive Plan, behavioral health services shall include mental health,  
28 developmental disabilities, substance abuse, and traumatic brain injury services. The purpose of  
29 the Comprehensive Plan is to provide a framework to ensure the Department can oversee and  
30 monitor publicly funded behavioral health services, including Medicaid and NC Health Choice,  
31 county-funded programs, and federally funded programs. The initial Comprehensive Plan shall  
32 be submitted for review to the Joint Legislative Oversight Committee on Health and Human  
33 Services no later than January 31, 2020. No later than January 31 of each subsequent year, the  
34 Department shall submit updates to the Comprehensive Plan, in accordance with this section.

35 The Department shall ensure the Comprehensive Plan is implementable and that all  
36 stakeholders, including LME/MCOs, prepaid health plans, county programs, and behavioral



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1 health service providers and consumers, are fully engaged in developing the mission, vision,  
2 goals, and objectives of the Comprehensive Plan. In order to successfully implement the  
3 Comprehensive Plan, the Department shall only adopt or implement policies that are consistent  
4 with the Comprehensive Plan.

5 (b) Content of the Comprehensive Plan. – The Comprehensive Plan shall include all of  
6 the following, to be developed by the Department with input from stakeholders:

- 7 (1) A mission that clearly states the purpose and priorities of the publicly funded  
8 behavioral health system, including Medicaid and NC Health Choice.
- 9 (2) A 10-year vision of a future State behavioral health system if the mission of  
10 the Comprehensive Plan is achieved. The vision shall be reviewed, at a  
11 minimum, every three years and updated as appropriate to meet the  
12 then-current needs of the covered populations and the expectations of the State  
13 for the publicly funded behavioral health system.
- 14 (3) Three-year goals that identify the areas where results will be achieved relative  
15 to the mission and vision of the Comprehensive Plan over the corresponding  
16 three years. Goal statements shall be reviewed annually in conjunction with a  
17 review of the Comprehensive Plan objectives and updated as appropriate  
18 based on then-current needs of the covered populations and the expectations  
19 of the State for the publicly funded behavioral health system.
- 20 (4) Specific, measurable 12-month objectives that will be achieved to support the  
21 goals of the Comprehensive Plan. The Department shall submit updated  
22 objectives as part of the annual updates submitted pursuant to subsection (a)  
23 of this section.

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

- 28 (1) Staffing levels, training, and competency in the Division of MH/DD/SAS, the  
29 Division of Health Benefits, the LME/MCOs, prepaid health plans, and  
30 relevant behavioral health providers.
- 31 (2) Access to behavioral health services provided by specific standards that may  
32 include:
  - 33 a. Geographic location.
  - 34 b. Travel time.
  - 35 c. Wait time for appointments.
  - 36 d. Emergency department hold times.
  - 37 e. Reduction in the waiting lists for services.
  - 38 f. Engagement in social determinants of health.
  - 39 g. Other standards, as determined by the Department.
- 40 (3) Solvency, financial management, and financial performance of the  
41 LME/MCOs, including strategic and operational plans, and reinvestment  
42 plans approved by the Department.
- 43 (4) Need and utilization of the behavioral health system broken down by covered  
44 population, service type, and funding source.
- 45 (5) Coordination and integration of behavioral health care services, including  
46 communication with, from, and between providers, LME/MCOs, and prepaid  
47 health plans.
- 48 (6) Appropriateness of services and treatment effectiveness.

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

- 1           (1)    Employment.
- 2           (2)    Education.
- 3           (3)    Homelessness.
- 4           (4)    Imprisonment.
- 5           (5)    Social determinants of health."

6           **SECTION 2.** If, by December 1 of the year before which the Comprehensive Plan  
7 is due, the Department identifies that the Comprehensive Plan (i) will not be submitted to the  
8 Joint Legislative Oversight Committee on Health and Human Services by the January 31 deadline  
9 or (ii) will not comply with the requirement of G.S. 122C-10A, then the Department shall engage  
10 the services of a pre-identified third-party vendor to complete the Comprehensive Plan and  
11 provide the completed Comprehensive Plan to the Department in time for the Department to  
12 report to the Joint Legislative Oversight Committee on Health and Human Services no later than  
13 January 31, 2020. The Department shall report to the Joint Legislative Oversight Committee on  
14 Health and Human Services that the vendor will be completing the Comprehensive Plan. No  
15 additional funds shall be appropriated for this purpose.

## 17 **PART II. TECHNICAL AND CONFORMING CHANGES**

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

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

20           "**(8b)** Comprehensive Plan. – The Comprehensive Plan for the Publicly Funded  
21           Behavioral Health System under G.S. 122C-102A."

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

23           **SECTION 3.(d)** G.S. 122C-3(38), as amended by Section 1 of S.L. 2019-76, reads  
24 as rewritten:

25           "(38) Targeted population. – Those individuals who are given service priority under  
26           the ~~State Comprehensive Plan.~~"

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

28           **SECTION 3.(f)** G.S. 122C-55(a4), as amended by Section 9A of S.L. 2019-81, reads  
29 as rewritten:

30           "(a4) An area authority or prepaid health plan may share confidential information regarding  
31 any client with any area facility, and any area facility may share confidential information  
32 regarding any client of that facility with the area authority or prepaid health plan, when the area  
33 authority or prepaid health plan determines the disclosure is necessary to develop, manage,  
34 monitor, or evaluate the area authority's or prepaid health plan's network of qualified providers  
35 as provided in G.S. 122C-115.2(b)(1)b., G.S. 122C-141(a), Article 3 of Chapter 108D of the  
36 General Statutes, the ~~State Comprehensive Plan~~, rules of the Secretary, and contracts between  
37 the facility and the Department. For the purposes of this subsection, the purposes or activities for  
38 which confidential information may be disclosed include, but are not limited to, quality  
39 assessment and improvement activities, provider accreditation and staff credentialing,  
40 developing contracts and negotiating rates, investigating and responding to client grievances and  
41 complaints, evaluating practitioner and provider performance, auditing functions, on-site  
42 monitoring, conducting consumer satisfaction studies, and collecting and analyzing performance  
43 data."

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

45           "**§ 122C-112.1. Powers and duties of the Secretary.**

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

- 47           (1)    Oversee development and implementation of the ~~State Comprehensive Plan~~  
48           for ~~Mental Health, Developmental Disabilities, and Substance Abuse~~  
49           Services; the Publicly Funded Behavioral Health System.

50           ...

1 (9) Provide ongoing and focused technical assistance to area authorities and  
 2 county programs in the implementation of the LME functions and the  
 3 establishment and operation of community-based programs. The technical  
 4 assistance required under this subdivision includes, but is not limited to, the  
 5 technical assistance required under G.S. 122C-115.4(d)(2). The Secretary  
 6 shall include in the ~~State-Comprehensive~~ Plan a mechanism for monitoring  
 7 the Department's success in implementing this duty and the progress of area  
 8 authorities and county programs in achieving these ~~functions~~.functions and  
 9 provide a detailed overview of the monitoring and oversight process to be in  
 10 place for prepaid health plans as it applies to management of services for  
 11 individuals with mental illness, intellectual and other developmental  
 12 disabilities, traumatic brain injury, and substance use disorders.

13 ...  
 14 (31) Ensure that the ~~State-Comprehensive~~ Plan for ~~Mental Health, Developmental~~  
 15 ~~Disabilities, and Substance Abuse Services~~ the Publicly Funded Behavioral  
 16 Health System is coordinated with the Medicaid State Plan and NC Health  
 17 Choice.

18 ...."  
 19 **SECTION 3.(h)** G.S. 122C-171(c) reads as rewritten:

20 "(c) The State CFAC shall undertake all of the following:  
 21 (1) Review, comment on, and monitor the implementation of the ~~State~~  
 22 Comprehensive Plan for ~~Mental Health, Developmental Disabilities, and~~  
 23 Substance Abuse Services.the Publicly Funded Behavioral Health System.

24 ...."  
 25 **SECTION 3.(i)** G.S. 122C-171(d) reads as rewritten:

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

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