

Provision Number and Name	Recurring?	Report Purpose / Components	Report Recipients	Requires Collaboration?	Due to NCGA
Session Law 2015-241 SECTION 12C.10.(h) - Require Transfer of Certain Services to Eastern Band of Cherokee Indians	Quarterly Oct. 1 Jan. 1 Apr. 1 July 1	Beginning October 1, 2015, and quarterly thereafter, the Department shall report on the status of implementation of this section until implementation is complete. DMA shall submit any SPAs/waivers necessary for the delegation of authority and administrative transfer of function to the Eastern Band of Cherokee Indians or to effectuate the changes required by this section and Section 12C.3 of S.L. 2014-100. All SPAs/waivers submitted as allowed under this subsection shall have an effective date of April 1, 2017. DMA shall submit the SPAs/waivers allowed under this subsection and any related responses to CMS requests for additional information to the Eastern Band of Cherokee Indians for review prior to submission to CMS. If CMS does not approve the State Plan amendments and Medicaid waivers allowed by this subsection, the counties shall continue serving individuals living on the federal lands held in trust by the United States.	JLOC on HHS	Yes DHHS NCHC SNAP DSS	10/1/16 (9/30/16)
Session Law 2016-94 SECTION 12H.3A.(b) - Contract to Recover Certain Overpayments And Reporting on Prepayment Fraud	No	DMA shall report on a strategy for identifying and addressing prepayment fraud.	JLOC on Medicaid & NCHC	No	10/1/16 (9/30/16)
Session Law 2016-94 SECTION 12H.8.(a),(c) - Studies to be Conducted by the Division of Medical Assistance	No	DMA shall study the impact of covering, without cost-sharing, all of the adult preventive services recommended by USPSTF and ACIP in order to qualify for a one percentage point increase in the FMAP for preventative services. The study shall include a number of components (see provision). Should the Department, as a result of the study undertaken, adjust any rates, make any changes to services provided or cost-sharing requirements, or submit any State Plan amendments or requests to the Centers for Medicare and Medicaid, the Department shall submit a report detailing the changes.	JLOC on Medicaid & NCHC and FRD	No	No later than 30 days following changes
Session Law 2016-94 SECTION 12H.8.(b) - Studies to be Conducted by the Division of Medical Assistance	No	The Department shall study the adequacy of existing Medicaid rates paid for residential treatment services considering data collected in concert with residential treatment providers within the past two years and any other information available to the Department related to the following list (see provision).	N/A	Yes DAAS LME-MCOs	No Report Required - Need to determine internal timeline

Provision Number and Name	Recurring?	Report Purpose / Components	Report Recipients	Requires Collaboration?	Due to NCGA
Session Law 2016-94 SECTION 12H.9. - Study Medicaid Coverage for School-Based Health Services	No	<p>DMA shall conduct a study to identify all school-based health services that are eligible for Medicaid federal matching funds, but which currently are not reimbursable under North Carolina's Medicaid State Plan. The Department shall submit a report containing the following information related to each school-based health service identified:</p> <p>(1) An analysis of the fiscal impact both to the Department and to all local education agencies of adding Medicaid coverage for the school-based health service.</p> <p>(2) A description of any plans for adding coverage for the school-based health service, including the anticipated time line for submission of any State Plan Amendments to the Centers for Medicare and Medicaid Services.</p>	JLOC on Medicaid & NCHC and FRD	No	11/1/16
Session Law 2016-94 SECTION 12H.11 - Study Innovations Waiver to Address the Waitlist and Federal Changes	JLOC has to produce a report. DMA may need to provide information.	<p>The Joint Legislative Oversight Committee on Medicaid and NC Health Choice shall study policy issues pertaining to the delivery of services for people with intellectual and developmental disabilities. The study shall, at a minimum, include all of the following:</p> <p>(1) The causes and potential solutions for the growing waitlist for NC Innovations Waiver slots. Potential solutions to be studied include the following:</p> <p>a. Increasing the funding for the 1915(c) Innovations Waiver to result in more individuals served.</p> <p>b. Creating new support waiver slots as recommended in the March 2015 "Study Additional 1915(c) Waiver" report from the Department of Health and Human Services, Division of Medical Assistance, to the Joint Legislative Oversight Committee for Health and Human Services.</p> <p>c. Utilizing a 1915(i) waiver option and exploring how the 1115 waiver required for Medicaid transformation may assist in addressing current waitlist for services.</p> <p>(2) Issues surrounding single-stream funding and how single-stream funding is used to support services for people with intellectual and developmental disabilities.</p> <p>(3) Multiple federal mandates that will directly impact current services and supports for people with intellectual and developmental disabilities, including Home and Community-Based Services changes, the Work Force Innovations and Opportunities Act, and changes under section 14(c) of the federal Fair Labor Standards Act.</p> <p>(4) The coverage of services for the treatment of autism, including any State Plan amendment needed to address guidance issued by the Centers for Medicare and Medicaid Services.</p> <p>The Committee shall report its findings and any legislative proposals pertaining to services for individuals with intellectual and developmental disabilities to the 2017 General Assembly.</p>	Info to JLOC on Medicaid and NCHC		During 2017 legislative session.

Provision Number and Name	Recurring?	Report Purpose / Components	Report Recipients	Requires Collaboration?	Due to NCGA
Session Law 2016-94 SECTION 12H.15. - Evaluate Medicaid and NC Health Choice Behavioral Health Provider Classification	No	DMA, in collaboration with statewide behavioral health stakeholders, shall evaluate the classification of agencies providing behavioral health services, other than Critical Access Behavioral Health Agencies (CABHAs), as high categorical risk provider types in accordance with G.S. 108C-3(g)(2) and propose an evaluation tool to be used to classify the categorical risk of different categories of behavioral health agencies. The Department shall consider current federal and State law and include any recommended legislative changes. The Department shall report its findings and recommendations.	JLOC on Medicaid & NCHC	Yes DMH LME-MCOs Behavioral Health Stakeholders	12/1/16
Session Law 2016-94 SECTION 12H.17.(a) - Medicaid Eligibility Determination Timeliness	Annually for two years. Nov. 1, 2016 (SFY 15-16) and Nov. 1, 2017 (SFY 16-17)	DMA shall submit a report containing the following information: (1) The annual statewide percentage of Medicaid applications processed in a timely manner for the fiscal year. (2) The statewide average number of days to process Medicaid applications for each month in the fiscal year. (3) The annual percentage of Medicaid applications processed in a timely manner by each county department of social services for the fiscal year. (4) The average number of days to process Medicaid applications for each month for each county department of social services. (5) The number of months during the fiscal year that each county department of social services met the timely processing standards in Part 10 of Article 2 of NCGS 108A. (6) The number of months during the fiscal year that each county department of social services failed to meet the timely processing standards in Part 10 of Article 2 of NCGS 108A. (7) A description of all corrective action activities conducted by DHHS and county departments of social services in accordance with G.S. 108A-70.36. (8) A description of how DHHS plans to assist county departments of social services in meeting timely processing standards for Medicaid applications, for every county in which the performance metrics for processing Medicaid applications in a timely manner do not show significant improvement compared to the previous fiscal year.	JLOC on Medicaid & NCHC, JLOC on HHS, and FRD	Yes DSS DHHS	11/1/16