



- c. One member representing and recommended by the NC Association of Long Term Care Facilities.
- d. One member representing and recommended by Disability Rights NC.
- e. One member representing and recommended by the local Consumer and Family Advisory Committees.
- f. One member representing and recommended by the Council for Children's Rights.
- g. One member representing and recommended by a Behavioral Health Managed Care Organization.

**SECTION 2.(c)** The Task Force shall meet monthly, beginning the first month after the conclusion of the 2011-2012 session.

**SECTION 2.(d)** The Task Force shall have the following duties:

- (1) Align national accreditation required for providers and Behavioral Health Managed Care Organizations, licensing, State and federal regulatory functions, and State policy to eliminate contradictory or duplicative requirements.
- (2) Establish a consolidated review of DHHS oversight and regulatory functions, notwithstanding any complaint or grievance.
- (3) Align complaint and grievance review process and policy.
- (4) Establish coordination between DHHS divisions for abuse and neglect investigations to avoid current duplication.
- (5) Ensure compliance with CMS.

**SECTION 2.(e)** The Department shall provide monthly updates and reports to the Task Force related to:

- (1) Each division's regulatory functions.
- (2) Purpose of each of the identified regulatory function.
- (3) Amount of fees charged for the identified regulatory functions, along with the date and amount of the most recent fee increase.
- (4) Number of full-time equivalent positions dedicated to the identified regulatory functions, broken down by division.
- (5) Federal requirements for, or a federal component to, any of the identified regulatory functions.
- (6) Areas 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 2.(f)** The Task Force shall develop legislative recommendations to accomplish the four identified directives of the Task Force by April 2012.

**SECTION 3.** Effective January 1, 2012, the Department of Health and Human Services shall modify and consolidate LME endorsement, the Frequency and Extent of Monitoring Tool, and the Provider Monitoring Tool.

**SECTION 4.(a)** In order to minimize the creation of unfunded mandates, the Secretary shall direct a rate-setting memorandum be prepared for every change or adjustment made by DHHS in service definition, policy, rule, or provider requirements that impacts services provided in accordance with this act.

1           **SECTION 4.(b)** The Secretary shall dissolve North Carolina Treatment Outcomes  
2 Program Performance System (NC-TOPPS) Advisory Committee and establish a task force  
3 made up of division staff, Behavioral Health Managed Care Organizations, consumers, and  
4 providers to objectively evaluate the North Carolina Treatment Outcomes Program  
5 Performance System (NC-TOPPS) to improve the way data is accessible across services rather  
6 than site-specific to reflect valid comparisons of program outcomes by August 1, 2011.

7           **SECTION 4.(c)** The Secretary shall allow private sector development and  
8 implementation of an Internet-based, secure, and consolidated data warehouse and archive for  
9 maintaining corporate, fiscal, and administrative records of providers by September 1, 2011.  
10 This data warehouse shall not be used to store consumer records. Use of the consolidated data  
11 warehouse by the service provider agency is optional. Providers that choose to utilize the data  
12 warehouse shall ensure that the data is up to date and accessible to the regulatory body. A  
13 provider shall submit any revised, updated information to the data warehouse within 10  
14 business days after receiving the request. The regulatory body that conducts administrative  
15 monitoring must use the data warehouse for document requests. If the information provided to  
16 the regulatory body is not current or is unavailable from the data warehouse and archive, the  
17 regulatory body may contact the provider directly. A provider that fails to comply with the  
18 regulatory body's requested documents may be subject to an on-site visit to ensure compliance.  
19 Access to the data warehouse must be provided without charge to the regulatory body under  
20 this section.

21           **SECTION 5.** The Secretary shall review on an annual basis updates to policy made  
22 by the following national accrediting bodies: Council on Accreditation (COA), CARF  
23 International, Council on Quality and Leadership (CQL), the Joint Commission, NCQA, and  
24 URAC and shall take actions necessary to ensure that DHHS policy or procedural requirements  
25 do not duplicate the updated accreditation standards.

26           **SECTION 6.** This act is effective when it becomes law.