

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017**

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SENATE BILL 472

Short Title: Streamline CAP/CDSA Services Pilot. (Public)

Sponsors: Senators Lee and Smith-Ingram (Primary Sponsors).

Referred to: Rules and Operations of the Senate

March 30, 2017

1 A BILL TO BE ENTITLED
2 AN ACT TO IMPLEMENT A PILOT PROGRAM AUTHORIZING TRILLIUM HEALTH
3 RESOURCES TO MANAGE AND OPERATE, WITHIN ITS SPECIFIED CATCHMENT
4 AREA, THE COMMUNITY ALTERNATIVES PROGRAM FOR CHILDREN, THE
5 COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS, AND
6 SERVICES CURRENTLY PROVIDED THROUGH CHILDREN'S DEVELOPMENTAL
7 SERVICES AGENCIES.

8 The General Assembly of North Carolina enacts:

9 **SECTION 1.(a)** The Department of Health and Human Services (DHHS), in
10 collaboration with Trillium Health Resources, shall implement a pilot program to coordinate
11 the management of community-based long-term services and supports for children and adults
12 with disabilities and fragile medical conditions. Under this pilot program, Trillium Health
13 Resources shall assume management and operation of the Community Alternatives Program for
14 Children (CAP/C) and Community Alternatives Program for Disabled Adults (CAP/DA) for
15 individuals within the catchment area in which Trillium Health Resources operates the
16 1915(b)/(c) waiver. Further under the pilot program, Trillium Health Resources shall assume
17 management of services required by Part C of the Individuals with Disabilities Education Act
18 currently provided through the Children's Developmental Services Agencies (CDSAs) for
19 individuals within the Trillium Health Resources catchment area. Capitation payments shall be
20 made to Trillium Health Resources for the management of these assumed services.

21 The pilot project authorized under this section shall begin operating on January 1,
22 2018, or upon approval by the Centers for Medicaid and Medicare Services, whichever is later.
23 The pilot program shall last for 36 months.

24 **SECTION 1.(b)** DHHS shall submit any appropriate waivers required for this pilot
25 program as well as any State Plan Amendments, amendments to the 1915(b)/(c) waiver,
26 amendments to the CAP/C waiver, amendments to the CAP/DA waiver, or any other
27 documents to the Centers for Medicare and Medicaid Services that are necessary to implement
28 this section.

29 **SECTION 2.** No later than October 1, 2017, DHHS shall submit to the Joint
30 Legislative Oversight Committee on Medicaid and NC Health Choice and the Joint Legislative
31 Oversight Committee on Health and Human Services a status report on the implementation of
32 the pilot program authorized under Section 1 of this act. The report shall include a time line for
33 implementation, any identified funding needs, and any legislative recommendations.

34 **SECTION 3.** No later than 24 months after operations begin, DHHS shall submit
35 the results of an independent evaluation of the initial operation of the pilot program authorized
36 in Section 1 of this act to the Joint Legislative Oversight Committee on Medicaid and NC



1 Health Choice and the Joint Legislative Oversight Committee on Health and Human Services.
2 In selecting an independent evaluator, DHHS, with the collaboration of Trillium Health
3 Resources, shall select an institution in the University of North Carolina System. The contract
4 for the independent evaluation shall require that the costs be paid by Trillium Health
5 Resources. The independent evaluation shall include all of the following:

- 6 (1) General information on the population served under the pilot project,
7 including a comparison of the pilot program population with the population
8 being served prior to operation of the pilot program.
- 9 (2) Outcome data for the population served under the pilot project, including
10 any key indicators or measures used for assessing the outcome. This
11 outcome data for the pilot project population should be compared to any
12 available outcome data available for the populations served prior to
13 operation of the pilot program.
- 14 (3) A comparison of spending on services provided through CAP/C, through
15 CAP/DA, and through the CDSAs prior to the pilot project and during the
16 operation of the pilot project. Where possible, the evaluation should identify
17 the services provided and the costs associated with each service.
- 18 (4) Receipts by source and fund transfers by source prior to and during the pilot
19 project.
- 20 (5) A discussion of any problems encountered and solutions implemented or
21 recommendations for solutions.

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