



# HOUSE BILL 248: Sunset CABHAs/Ombudsman Changes/DHHS Study.

2017-2018 General Assembly

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<b>Committee:</b>	Senate Rules and Operations of the Senate	<b>Date:</b>	June 26, 2017
<b>Introduced by:</b>	Reps. Dobson, Presnell, White, Carney	<b>Prepared by:</b>	Theresa Matula
<b>Analysis of:</b>	Third Edition		Committee Staff

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**OVERVIEW:** *House Bill 248 does the following three things: 1) sunsets the Critical Access Behavioral Health Agencies (CABHAs); 2) makes changes to the adult care home and nursing home community advisory committees and the duties of the Office of the State Long-Term Care Ombudsman Program to conform to federal changes; and 3) requires the Department of Health and Human Services to study Public Law 113-51, HIV Organ Policy Equity (HOPE) Act and the Final Safeguards and Research Criteria publication by the US Department of Health and Human Services and the National Institutes of Health to determine any necessary public health safeguards, regulations, and statutory changes and to submit findings and recommendations to the Oversight Committee on or before January 1, 2018. The bill would become effective when it becomes law.*

**BILL ANALYSIS:**

**Section 1: Sunset Critical Access Behavioral Health Agencies (CABHAs)** – As a result of changes in service delivery, services currently provided by CABHAs will be able to be provided by other service providers which may potentially increase beneficiaries' access to those services.

**Section 1(a)** repeals Session Law 2012-171 which pertains solely to CABHAs and specifically lists the services each CABHA must provide and the staffing requirements.

**Sections 1(b) and (c)** remove references to "Critical Access Behavioral Health Agencies" in G.S. 108C-3(e)(3) and (g)(2) pertaining to Medicaid and Health Choice provider screening and enrollment.

**Section 1(d)** directs the Department of Health and Human Services, Division of Medical Assistance to submit a State Plan Amendment request to the Centers for Medicare and Medicaid Services to remove references to CABHAs.

**Section 1(e)** provides that notwithstanding any law to the contrary, providers enrolled as CABHAs as of the date of the act becomes law must remain in the provider screening, enrollment, and revalidation categorical risk level of "moderate" for 12 months from the date the act becomes law.

**Section 2: Office of State Long-Term Care Ombudsman Changes** – The federal Older Americans Act authorized Long-Term Care Ombudsman Programs. [North Carolina's Long-Term Care Ombudsman Program](#) consists of an Office of the State Long-Term Care Ombudsman and Offices of the Regional Long-Term Care Ombudsman housed in Area Agencies on Aging. Ombudsmen assist residents of long term care facilities in exercising their rights and attempt to resolve grievances between residents, families and facilities, in addition to other services for older adults and their families.<sup>1</sup> S.L. 2015-220, Section 2, made changes to the Long-Term Care Ombudsman Program to conform to federal changes. Section 2 of HB 248 makes additional amendments to conform to the federal changes. Section

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<sup>1</sup> 2015 [NC State Long-Term Care Ombudsman Program 2015 Report](#)

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2(a) of the bill amends the adult care home community advisory committee statute to specify that the committee members function as representatives of, and are accountable to, the Office of the State Long-Term Care Ombudsman. Section 2(b) amends the nursing home advisory committees in a similar manner. Both Section 2(a) and (b) provide that the training, certification, and designation is in accordance with 45 C.F.R. 1324.13(c)(2). Consistent with 45 C.F.R. 1324.11(e) and other similar provisions, Section 2(c) amends the duties of the Office of the State Long-Term Care Ombudsman Program to add the responsibility to designate, suspend, and remove the designation of volunteer representatives of the Office of the State Long-Term Care Ombudsman, including any community advisory committee appointees.

**Section 3: DHHS Study HOPE Act Safeguard and Research Criteria** – Section 3 of the bill would require DHHS to examine P.L. 113-51 HIV Organ Policy Equity (HOPE) Act, and the Final Safeguards and Research Criteria for transplantation of HIV-positive donor organs in HIV-positive recipients, published by the US Department of Health and Human Services and National Institutes of Health. The DHHS is required to determine public health safeguards, regulations and statutory changes necessary for consideration by the General Assembly. On or before January 1, 2018, the DHHS is required to submit a report of findings and recommendations, including any necessary statutory changes to the Oversight Committee.

**EFFECTIVE DATE:** The bill would become effective when it becomes law.