

HOUSE BILL 478: Required Experience for MH/DD/SA QPs.

2017-2018 General Assembly

Committee:	House Health	Date:	April 5, 2017
Introduced by:	Reps. Dobson, S. Martin, K. Hall, Brisson	Prepared by:	Jennifer Hillman
Analysis of:	PCS to First Edition		Staff Attorney
	H478-CSTR-2		

OVERVIEW: The PCS to House Bill 478 would require the Department of Health and Human Services (DHHS) to amend the qualifications for Qualified Professionals in the mental health, developmental disabilities, and substance abuse services (MH/DD/SAS) system of care to count all years of full-time MH/DD/SAS experience toward the required number of years' experience, regardless of when the experience was obtained.

CURRENT LAW: Administrative rule 10A N.C.A.C. 27G .0104 and the Medicaid State Plan state the qualifications for Qualified Professionals within the MH/DD/SAS system of care. Currently, Qualified Professionals must have either one, two, or four years of full-time MH/DD/SAS experience after completing educational requirements. The number of years of MH/DD/SAS experience required depends on the whether the level of education attained is a master's degree or a bachelor's degree and whether the degree is in a human services field.

BILL ANALYSIS: The PCS makes technical and clarifying changes to the bill.

<u>Section 1</u> directs DHHS to amend the qualifications for Qualified Professionals that are established in rule, Medicaid clinical coverage policy, and in the Medicaid State Plan, to count all years of full-time MH/DD/SAS experience toward the number of years of MH/DD/SAS experience required based on the type of degree held and the field of study, regardless of whether the experience was obtained before or after completion of the degree. DHHS is required to submit any necessary State Plan amendments to the Centers for Medicare and Medicaid Services (CMS) by October 1, 2017.

EFFECTIVE DATE: The bill would be effective when it becomes law, and the required changes to the qualifications for Qualified Professions would not be effective until CMS approves the necessary Medicaid State Plan amendments.

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