



This Bill Analysis reflects the contents of the bill as it was presented in committee.

# HOUSE BILL 512: Monitor Implementation of TBI Waiver.

2017-2018 General Assembly

<b>Committee:</b>	House Health	<b>Date:</b>	April 25, 2017
<b>Introduced by:</b>	Rep. Torbett	<b>Prepared by:</b>	Theresa Matula Committee Staff
<b>Analysis of:</b>	PCS to First Edition H512-CSSH-19		

**OVERVIEW:** House Bill 512 would require the Department of Health and Human Services (Department) to report quarterly on the status and implementation of the 1915(c) waiver for individuals with traumatic brain injury (TBI) to the Joint Legislative Oversight Committee on Medicaid and NC Health Choice; the Joint Legislative Oversight Committee on Health and Human Services; the chairs of the Senate Appropriations Committee on Health and Human Services; the chairs of the House of Representatives Committee on Appropriations, Health and Human Services; and the Fiscal Research Division. The Department is also required to adopt rules or medical coverage policies relating to service programs for individuals with TBI, develop a best practice model and strive to maintain adequate reimbursement rates. The bill would become effective when it becomes law.

The PCS makes only technical changes.

**BILL ANALYSIS:** House Bill 512 requires the Department of Health and Human Services (Department) to report quarterly on the status and implementation of the 1915(c) waiver for individuals with traumatic brain injury (TBI) to the:

- Joint Legislative Oversight Committee on Medicaid and NC Health Choice;
- Joint Legislative Oversight Committee on Health and Human Services;
- Chairs of the Senate Appropriations Committee on Health and Human Services;
- Chairs of the House of Representatives Committee on Appropriations, Health and Human Services; and the
- Fiscal Research Division.

The Department is also required to do the following three things:

1. Adopt rules or medical coverage policies relating to service programs for individuals with TBI, including setting standards that ensure that individuals with brain injuries who require residential treatment receive appropriate, effective and high-quality treatment in community-based residential settings
2. Develop a best practice model system that includes a comprehensive continuum of care, short-term and long-term treatments, rehabilitation options, and home and community support services.
3. Strive to maintain adequate reimbursement rates for residential and community-based care programs that serve individuals with traumatic brain injury.

**EFFECTIVE DATE:** House Bill 512 becomes effective when it becomes law.

Karen Cochrane-Brown  
Director



Legislative Analysis  
Division  
919-733-2578

# House PCS 512

Page 2

**BACKGROUND:** [1915\(c\) Waivers for Home and Community Based Services](#) allow states to meet the needs of people who prefer to get long-term care services and support in their home or community rather than an institutional setting.

## **S.L. 2015-241, Section 12H.6:**

### **TRAUMATIC BRAIN INJURY MEDICAID WAIVER**

**SECTION 12H.6.(a)** The Department of Health and Human Services, Division of Medical Assistance and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (Department), shall submit to the Centers for Medicare and Medicaid Services a request for approval of the 1915(c) waiver for individuals with traumatic brain injury (TBI) that the Department designed pursuant to Section 12H.6 of S.L. 2014-100, which the Joint Legislative Oversight Committee on Health and Human Services recommended as part of its December 2014 report to the General Assembly, and which is further described in the Department's February 1, 2015, report to the General Assembly.

**SECTION 12H.6.(b)** The Department shall report to the Joint Legislative Oversight Committee on Health and Human Services on the status of the Medicaid TBI waiver request and the plan for implementation no later than December 1, 2015. The Department shall submit an updated report by March 1, 2016. Each report shall include the following:

- (1) The number of individuals who are being served under the waiver and the total number of individuals expected to be served.
- (2) The expenditures to date and a forecast of future expenditures.
- (3) Any recommendations regarding expansion of the waiver.

**SECTION 12H.6.(c)** Of the funds appropriated to the Department of Health and Human Services, Division of Medical Assistance, one million dollars (\$1,000,000) for fiscal year 2015-2016 and two million dollars (\$2,000,000) for fiscal year 2016-2017 shall be used to fund the Medicaid TBI waiver.

**SECTION 12H.6.(d)** The waiver and any State Plan amendments required to implement this section shall not be subject to the 90-day prior submission requirement of G.S. 108A-54.1A(e).

The NCGA received an interim report on December 1, 2015 and a final report on March 1, 2016.