



# SENATE BILL 608: I/DD Services Waiting List Transparency.

2017-2018 General Assembly

<b>Committee:</b>	Senate Health Care. If favorable, re-refer to Rules and Operations of the Senate	<b>Date:</b>	April 20, 2017
<b>Introduced by:</b>	Sens. Tucker, Krawiec, Horner	<b>Prepared by:</b>	Jennifer Hillman Staff Attorney
<b>Analysis of:</b>	First Edition		

**OVERVIEW:** *Senate Bill 608 would require local management entities/managed care organizations (LME/MCOs) to report certain information pertaining individuals on the waiting lists for the NC Innovations Medicaid waiver and for State-funded services for individuals with intellectual and developmental disabilities to the Department of Health and Human Services (DHHS) twice a year. The bill would also require DHHS to annually report to the General Assembly consolidated information from the LME/MCO reports to assist with funding priorities.*

**CURRENT LAW / BACKGROUND:** LME/MCOs are regional, local governmental entities responsible for managing the delivery of publicly-funded services to individuals with intellectual and developmental disabilities through contracts with DHHS. LME/MCOs manage Medicaid services that are available to these individuals through the NC Innovations waiver as well as services for these individuals that are funded with only State funds. G.S. 122C-115.4(b)(8) requires LME/MCOs to maintain a waiting list of individuals with intellectual and developmental disabilities who are in need of these Medicaid and State-funded services but who are not receiving them. The waiting list for the NC Innovations waiver is also referred to as the Registry of Unmet Needs. G.S. 122C-115.4(b)(8) also requires LME/MCOs to report waiting list data annually to DHHS.

**BILL ANALYSIS:** The bill would require each LME/MCO to report every six months, beginning October 1, 2017, to DHHS on the number of individuals on the waiting lists for the NC Innovations Medicaid waiver and for State-funded services for individuals with intellectual and development disabilities. For each individual on the waiting lists, the LME/MCO would be required to provide information about the individual that includes: (1) age, (2) ethnicity, (3) living arrangement, (4) length of time on the waiting list, (5) services needed, (6) co-occurring mental health or substance abuse needs, (7) primary and secondary disabilities, and (8) county of residence.

The bill would require DHHS to consolidate the information received from all of the LME/MCOs, to remove all personally-identifying information, and to report the consolidated information to the General Assembly on January 1 of each year, in order to assist with funding priorities of the General Assembly.

The reporting requirements established in the bill would end once behavioral health services for Medicaid recipients are no longer excluded from the capitated Medicaid contracts that are required by Medicaid reform legislation, S.L. 2015-245.

**EFFECTIVE DATE:** This bill would be effective when it becomes law.

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