OVERVIEW: Section 9F.3 of S.L. 2021-180 requires local management entities/managed care organizations (LME/MCOs) to fund, in total, during each year of the 2021-2023 fiscal biennium, at least 90% of the level of single-stream services provided across the State during the 2014-2015 fiscal year. LME/MCOs cannot reduce funding for home and community-based services or services that support the 2012 settlement with the U.S. Department of Justice.

This section also requires the Division of Health Benefits, Department of Health and Human Services (DHHS), to transfer certain funds to the LME/MCOs, if the Office of State Budget and Management certifies a Medicaid and NC Health Choice annual budget surplus in any of the following fiscal years: 2020-2021, 2021-2022, and 2022-2023. The amount to be transferred in each fiscal year is the amount of the certified surplus or $30 million, whichever is less.

This section became effective July 1, 2021, and the language pertaining to the 2020-2021 fiscal year became retroactively effective June 30, 2021.