GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2015

H.B. 684 Apr 13, 2015 HOUSE PRINCIPAL CLERK

D

H

1 2

3

4

5

6

7

8

9

10

11

12

13

14

15

16 17

18

19

20

21

22

23

24

25

26 27

28

29

30

31

32

33 34

HOUSE DRH10251-TR-22 (03/25)

Short Title: Medicaid County of Origin. (Public)

Sponsors: Representatives Avila, Lambeth, Hager, and Malone (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT TO PROVIDE FOR LOCAL MANAGEMENT ENTITIES/MANAGED CARE ORGANIZATIONS (LME/MCOS) USING SINGLE CASE AGREEMENTS IN LIEU OF COMPREHENSIVE PROVIDER CONTRACTS WITH BEHAVIORAL HEALTH PROVIDERS LOCATED OUTSIDE THE LME/MCO'S CATCHMENT AREA SERVING NO MORE THAN TWO OF THE LME/MCO'S ENROLLEES AND TO ADJUST THE COUNTY OF RESIDENCE FOR MEDICAID ELIGIBILITY FOR LME/MCO ENROLLEES.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Department of Health and Human Services (Department) shall develop, in consultation with local management entities/managed care organizations (LME/MCOs), a single case agreement template, which shall be a streamlined agreement between a single provider of behavioral health services and an LME/MCO to serve a single patient. The single case agreement template shall reduce administrative burden on the provider, and shall comply with all requirements of State and federal laws and regulations. Beginning July 1, 2015, LME/MCOs shall use the single case agreement template in lieu of a comprehensive provider contract when all of the following conditions are met:

- (1) The behavioral health provider's site of service delivery is located outside of the geographical catchment area of the LME/MCO.
- (2) The behavioral health provider is serving no more than two enrollees of the LME/MCO.

SECTION 1.(b) Medicaid providers providing services pursuant to a single case agreement shall be considered a network provider for purposes of Chapter 108D of the General Statutes.

SECTION 2. Effective July 1, 2017, the county of residence for Medicaid eligibility for all LME/MCO enrollees, as defined in G.S. 108D-1(7), shall be as follows:

- (1) For adults 18 years of age and older, the county of residence.
- (2) For children, the county of residence of the parent or legal guardian.
- (3) For children who are in the custody of the county department of social services, the county of the department of social services.

For purposes of determining the county of residence for Medicaid eligibility for all LME/MCO enrollees, a change in residence for adults occurs when the individual moves to any private residence or facility at which the person is expected to live continuously for more than 60 days.

SECTION 3. This act is effective when it becomes law.

