

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2013**

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HOUSE BILL 5

Short Title: Temporary Funding Extension for Group Homes. (Public)

Sponsors: Representatives Dollar and Burr (Primary Sponsors).

For a complete list of Sponsors, refer to the North Carolina General Assembly Web Site.

Referred to: Appropriations.

January 31, 2013

A BILL TO BE ENTITLED
AN ACT REQUIRING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO
PROVIDE TEMPORARY, SHORT-TERM FINANCIAL ASSISTANCE TO GROUP
HOMES SERVING RESIDENTS WHO LOSE ELIGIBILITY FOR
MEDICAID-COVERED PERSONAL CARE SERVICES.

The General Assembly of North Carolina enacts:

SECTION 1.(a) As used in this act, "group home" means any facility that (i) is licensed under Chapter 122C of the General Statutes, (ii) meets the definition of a supervised living facility under 10A NCAC 27G .5601, and (iii) serves adults whose primary diagnosis is mental illness or a developmental disability but may also have other diagnoses.

SECTION 1.(b) The Department of Health and Human Services shall provide temporary, short-term financial assistance in the form of a monthly payment to a group home on behalf of a resident who loses eligibility for Medicaid covered personal care services (PCS) after an independent assessment conducted prior to December 31, 2012, due to Medicaid State Plan changes in PCS eligibility criteria specified in Section 10.9F of S.L. 2012-142, as amended by Section 3.7 of S.L. 2012-145 and Section 70 of S.L. 2012-194. Notwithstanding any other provision of law, the Department shall make this monthly payment from the thirty-nine million seven hundred thousand dollars (\$39,700,000) appropriated for the 2012-2013 fiscal year and designated in Section 10.23A(f) of S.L. 2012-142, as amended by Section 3.6 of S.L. 2012-145, subject to all of the following requirements and limitations:

- (1) The amount of the monthly payments authorized by this act shall not exceed six hundred ninety-four dollars (\$694.00) per month for each resident who becomes ineligible for Medicaid-covered PCS after an independent assessment conducted prior to December 31, 2012, due to Medicaid State Plan changes in PCS eligibility criteria specified in Section 10.9F of S.L. 2012-142, as amended by Section 3.7 of S.L. 2012-145 and Section 70 of S.L. 2012-194, for a period not to exceed three months for each resident. At the expiration of this three-month period, the monthly payment for each resident shall be reduced by twenty-five percent (25%) and shall not exceed five hundred twenty dollars and fifty cents (\$520.50) per month per resident.
- (2) The Department shall make monthly payments authorized by this act to a group home on behalf of a resident only during the period commencing February 1, 2013, and ending June 30, 2013.
- (3) The Department shall make monthly payments authorized by this act only to the extent sufficient funds are available from the thirty-nine million seven



- 1 hundred thousand dollars (\$39,700,000) appropriated for the 2012-2013
2 fiscal year and designated in Section 10.23A(f) of S.L. 2012-142, as
3 amended by Section 3.6 of S.L. 2012-145.
- 4 (4) The Department shall not make monthly payments authorized by this act to a
5 group home on behalf of a resident during the pendency of an appeal by or
6 on behalf of the resident under G.S. 108A-70.9A.
- 7 (5) The Department shall terminate all monthly payments pursuant to this
8 section on June 30, 2013, or upon depletion of the thirty-nine million seven
9 hundred thousand dollars (\$39,700,000) appropriated for the 2012-2013
10 fiscal year and designated in Section 10.23A(f) of S.L. 2012-142, as
11 amended by Sec. 3.6 of S.L. 2012-145, whichever is earlier.
- 12 **SECTION 2.** This act is effective when it becomes law and expires on June 30,
13 2013.