

Regulatory Report

January 17, 2019

TO: Hospital CEO, Government Relations Office, Director of Planning

FROM: Mike Vicario, Vice President of Regulatory Affairs (919-677-4233, mvicario@ncha.org)

SUBJECT: NC Regulatory Topics

1. Periodic Review of DMH/DD/SAS Rules

N.C. General Statute §150B-21.3A requires state agencies and commissions to review existing rules every 10 years. The Department of Health and Human Service has initiated the review process for several rules for mental health, developmental disabilities, and substance abuse facilities and services. For more information, see

 $https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_150B/GS_150B-21.3A.html \ and \ https://www2.ncdhhs.gov/dhsr/rules/hb74/index.asp.$

- A public comment period for rules in 10A NCAC 27G (Community Facilities and Services) is open until Feb. 19, 2019.
- A public comment period for rules in 10A NCAC 28F, 10A NCAC 28G, 10A NCAC 28H, 10A NCAC 28I, 10A NCAC 29C and D (State Operated Facilities and Services), is open until Feb.26, 2019, and 15A NCAC 18A (sanitation) is open until March 4, 2019.

2. North Carolina Register Report: Jan. 2, 2019 (See https://www.ncoah.com/rules/register/)

Proposed Rule Changes: Medical Assistance Administration

Proposed re-adoption of 47 rules for quality assurance, application processing, eligibility requirements, and Medicaid certification, correction of eligibility and redetermination of eligibility. (10A NCAC 22J .0106 is subject to legislative review – NCHA will participate in the upcoming hearing.)

Public Hearing Date:	Jan. 25, 2019
Public Comment period ends:	May 1, 2019
Proposed Effective Date:	Jan. 1, 2019

Proposed Rule Changes: Respiratory Care Board

Proposed rule to enable the Board to expend funds in the event of a suspension of this authority pursuant to G.S. 93B-2(d).

Public Hearing Date:	Jan. 17, 2019
Public Comment period ends:	March 4, 2019
Proposed Effective Date:	May 1, 2019

3. North Carolina Register Report: Jan. 15, 2019

This issue of the NC Register does not include rules affecting hospitals.

4. State Health Coordinating Council End-Stage Renal Disease Dialysis Facilities Meeting

On Jan. 16, the **State Health Coordinating Council** held an End-Stage Renal Disease (ESRD) Dialysis Facilities Interested Parties Meeting. This was the second meeting held to inform and address any concerns from providers related to incorporation of the dialysis chapters into the State Medical Facilities Plan. Division of Health Service Regulation (DHSR) representatives discussed the rationale for making the change, based in part on a requirement that a public hearing process, currently lacking, be included in the planning process. They presented a model with lowered occupancy rate requirements that they indicated would address growth needs. Other options discussed included more opportunities to apply and a special need petitioning process.

Dialysis industry representatives expressed concerns that the flexibility provided by the current semiannual process is needed to ensure needed growth, and that the proposed model would not be adequate. They also discussed some of their financial challenges, including smaller facility operations, low Medicare reimbursements and establishing third shifts when existing stations reach capacity. SHCC and DHSR staff agreed to meet to discuss alternative proposals, if they comply with the annual planning process, by Feb. 13.