



NORTH CAROLINA
COUNCIL OF
COMMUNITY
PROGRAMS

**NC Council of Community Programs'
2009 Legislative Priorities**

Fund Expansion of Hospital Pilots and Discharge Best Practices – In November of 2007, four LMEs (Centerpoint, Mecklenburg, Smoky, & Western Highlands) were funded by the General Assembly to participant in the state’s hospital pilot project in an effort to reduce admissions to state psychiatric hospitals and ADATCs and improve the quality and efficacy of the discharge process. The LME Hospital Liaison position is the key component of the program. With appropriate funding and the implementation of best practices, the LMEs pilots have successfully:

- reduced the number of admissions to state psychiatric hospitals,
- reduced bed day utilization, and
- shifted the use of state psychiatric hospitals from inappropriate short-term stays (7 days or less) to appropriate long-term stays.

The Council supports the expansion of the hospital pilot program statewide and request recurring funding in the amount of \$6.2 million. The implementation of the pilot program statewide will improve the quality of care for consumers and yield savings for the state.

Community Capacity - Request funding to fully fund services that are currently underfunded such as walk-in centers, facility-based crisis, mobile crisis, forensic evaluations, etc. Underfunded services force LMEs to make decisions that result in reducing availability of other critical services.

Implementation of Transition of Medicaid UR/UM to LMEs – Statute requires the DHHS to transition Medicaid UR/UM from the current private vendor to LMEs (30% population under LME purview) by July 1, 2009. The Council supports an implementation window between July 1, 2009 and September 30, 2009 to allow LMEs sufficient time to carefully transition on a staggered basis. The state is scheduled to select LMEs by January of 2009.

Allow Multi-county LMEs to Participate in the State Health Plan to Save Money & Direct Savings toward Services –State dollars are used to purchase expensive health coverage for LME employees since LMEs are not authorized to participate in the State Health Plan which offers a lower premium. GS 122C-116 identifies LMEs as local political subdivision of the State. The Council supports the authorization of multi-county LMEs to participate in the State Health Plan. The Council projects 1400 employees would participate in the State Health Plan which would result in a savings of \$4.2 million based on the aforementioned assumptions. The savings by individual LMEs shall be directed to services or care coordination activities.