

**§ 122C-24.2. Regulatory oversight reporting.**

(a) The Division of Health Service Regulation (DHSR) shall establish a quality dashboard that addresses mental health, intellectual and developmental disabilities, and substance use services (MH/IDD/SUS) agency performance and identifies trends and outcomes of DHSR reviews.

(b) DHSR shall post the following data to its website on a monthly basis beginning January 31, 2024:

- (1) The number of MH/IDD/SUS facility licenses granted by licensure type or licensure category, whichever shall apply.
- (2) Any identified trends regarding violations of review.
- (3) The 10 most frequently violated rules.
- (4) The 10 most frequently violated rules for each program type.
- (5) Top core cited rule areas.
- (6) The number of general citations issued requiring a corrective action plan.
- (7) The number of Type B violations cited.
- (8) The number of Type A2 violations cited.
- (9) The number of Type A1 violations cited.
- (10) The number of suspensions of admissions issued.
- (11) The number of revocations issued.
- (12) The number of summary suspensions issued.
- (13) The number and amount of monetary penalties issued.

(c) DHSR shall post the following data to its website on a quarterly basis beginning January 31, 2024:

- (1) A statement on how well it is complying with the statutory requirement of G.S. 122C-24.1 that reports of violations be sent to facilities within 15 working days of the investigation.
- (2) The number of informal appeals and number of contested cases filed pursuant to the provisions of Chapter 150B of the General Statutes.
- (3) The number of contested cases dismissed, number of contested cases upholding agency action, number of contested cases overturning agency action, and number of contested cases where agency action was upheld in part and overturned in part.

(d) DHSR shall make the following regulatory changes to promote transparency and enhanced communication with providers:

- (1) DHSR shall establish a workgroup in collaboration with providers to address ongoing concerns identified by DHSR and providers. These discussions may include clarification of clear rules of engagement and standard operating procedures.
- (2) DHSR shall make available annual training to providers and shall solicit feedback from providers and provider associations regarding topics and the scheduling of the annual training as identified by the workgroup.
- (3) DHSR shall align its review processes to reflect technology in electronic health records and accept documentation presented through the electronic health record. DHSR may also request that it be provided with a printed copy of portions of the electronic health record or that it be provided with electronic copies of the electronic health record. Both shall be provided as requested. (2023-80, ss. 1, 2.)