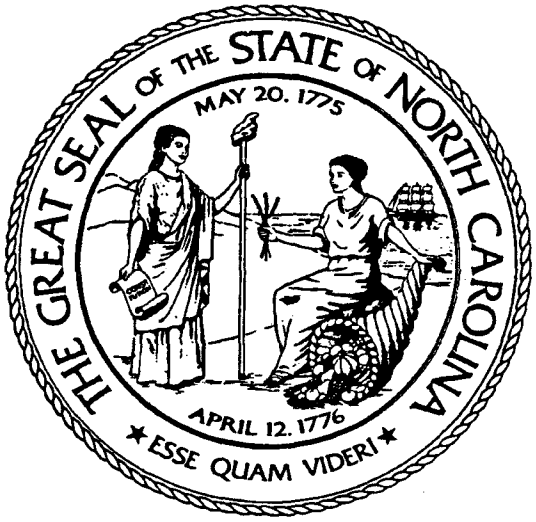
NORTH CAROLINA
STUDY COMMISSION ON AGING



REPORT TO THE
GOVERNOR AND THE 1991 GENERAL ASSEMBLY
OF NORTH CAROLINA
1991 SESSION

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January 30, 1991

TO: President of the Senate James C. Gardner
Speaker of the House Josephus L. Mavretic
Members of the 1991 General Assembly
Governor James G. Martin

Attached is the Report to the North Carolina General Assembly, 1991 Session, from the North Carolina Study Commission on Aging, pursuant to North Carolina General Statute 120-187, which reads: "The Commission shall report to the General Assembly and the Governor the results of its study and recommendations."

The North Carolina Study Commission on Aging presents to you findings and recommendations based on extensive study and public hearings. The Commission has held eleven (11) meetings, including two public hearings. Proposed legislation is contained within this Report.

Respectfully submitted,

Senator Betsy L. Cochrane

Representative Betty H. Wiser

Cochairs - North Carolina Study Commission on Aging

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EXECUTIVE SUMMARY

The North Carolina Study Commission on Aging is an independent commission created by the Study Commissions and Committees Act of 1987, Chapter 873, Section 13.1. The charge to this 17 member Commission is to study issues of availability and accessibility of health, mental health, social, and other services needed by older adults.

The Commission met eleven (11) times since its Report to the Governor and the 1989 General Assembly. Included in those meetings were public hearings in Winston-Salem and Greenville. The Commission has worked to establish a new and substantial forum for North Carolina's concerns about older adults.

The Commission found that the primary areas of need were still in in-home and caregiver services and other community-based care services. Institutional costs are still rising at a much more rapid rate than appropriations for community-based services. In its final report the North Carolina Study Commission on Aging makes fourteen (14) recommendations.

RECOMMENDATIONS

1. That the 1991 General Assembly index the amount of the exemption and the income eligibility threshold for the homestead exemption with the aim of stabilizing the property tax burden for the low income elderly or permanently disabled.
2. That the 1991 General Assembly continue its funding of the $2,000,000 to improve transportation services for the elderly and handicapped.
3. That the 1991 General Assembly expand Medicaid coverage for the Aged, Blind, and Disabled by designating all Supplemental Security Income beneficiaries automatically eligible for Medicaid Coverage and increasing the income eligibility guidelines for Aged, Blind, and Disabled individuals to 75 percent of the federal poverty guidelines.

4. That the 1991 General Assembly assure quality care for all types of home care through the passage of home care licensing legislation.
5. That the 1991 General Assembly appropriate $215,000 in FY 1991-92 and $433,000 on FY 1992-93 to increase the amount of time of the fourteen (14) part-time ombudsmen to the amount of time each of the 18 regions needs to adequately protect rest home and nursing home patients.
6. That the 1991 General Assembly continue its funding of the comprehensive system of in-home services and community-based services for the elderly that was proposed by the Commission and first funded by the General Assembly in the 1988 Session.
7. That the 1991 General Assembly increase funding by five percent each year of the biennium for in-home aide services and caregiver support services. The additional funding should require local match. The appropriation would be $3,010,629 for FY 1991-92 and 6,075,712 for FY 1992-93.
8. That the 1991 General Assembly should appropriate $80,000 for each year of the biennium to be divided equally among the four Alzheimer's chapters in North Carolina
9. That the 1991 General Assembly continue the appropriation to support the Division of Aging in contracting with the Duke Alzheimer's Family Support Program.
10. That the 1991 General Assembly direct the North Carolina Medical Care Commission and the Social Services Commission to establish standards governing the care of Alzheimer's and related dementia patients in nursing homes and rest homes
11. That the Division of Aging in conjunction with the Division of Social Services and educational institutions develop additional Alzheimer's and related

dementia training for in-home and long-term care providers of health care and human services.

12. That the 1991 General Assembly continue to support the Alzheimer's unit at the Black Mountain Center and that the Alzheimer's Subcommittee of the North Carolina Study Commission on Aging study developing other such special care units at selected sites across the State.
13. That the 1991 General Assembly encourage and support the University of North Carolina to coordinate and expand its research, teaching, and extension activities by appropriating $100,000 to fund one position to be located within the General Administration of the University.
14. That the Commission should concentrate its future efforts in finding effective ways of developing the elderly's potential power, power as consumers, as producers, as a major work force and as shapers of policies affecting all.

INTRODUCTION

The North Carolina Study Commission on Aging is an independent commission created by the Study Commissions and Committees Act of 1987, Chapter 873, Section 13.1 (see appendix A). This Act adds a new General Statute Chapter 120, Article 21. The charge to this 17 member Commission is to study issues of availability and accessibility of health, mental health, social, and other services needed by older adults. The new law gives the Commission authority to obtain information from all State offices, agents, agencies, and departments, pursuant to G. S. 120-19, as if it were a committee of the General Assembly.

Beyond the general charge contained in G. S. 120-180, the Commission was assigned some very specific duties. In making the study, the Commission was to:

1. Study the needs of older adults in North Carolina;
2. Assess the current status of the adequacy of the delivery of health, mental health, social, and other services in North Carolina;
3. Collect current and long-range data on the older adult population and disseminate this data on an ongoing basis to agencies and organizations that are concerned with the needs of older adults;
4. Develop a comprehensive data base relating to older adults, which may be used to facilitate both short-range and long-range agency planning for services for older adults and for delivery of these services;
5. Document and review requests of federal, State, regional, and local governments for legislation or appropriations for services for older adults, and make recommendations after review;
6. Evaluate long-term health care and its non-institutional alternatives;
7. Propose a plan for the development and delivery of State services for older adults that, if implemented, would, over 10 years, result in a comprehensive, cost-effective system of services for older adults;

8. Study all issues and aspects of gerontological concerns and problems, including but not limited to Alzheimer's disease; and,
9. Carry out any other evaluations the Commission considers necessary to perform its mandate.

The Commission membership was established to consist of 17 members as follows:

1. The Secretary of the Department of Human Resources or his delegate shall serve ex officio as a non-voting member;
2. Eight shall be appointed by the Speaker of the House of Representatives, five being members of the House of Representatives at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults; and,
3. Eight shall be appointed by the President of the Senate, five being members of the Senate at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults.

A list of the current membership is attached as Appendix B.

NORTH CAROLINA'S OLDER ADULTS

The following is a summary of trends and principal characteristics of North Carolina's older adult population. The information presented is drawn from the 1980 Census, the 1988 Current Population Survey and population projections provided by the State Data Center. More detailed information is included in the State Data Center monograph, Older Adults: 1980 Census and Geographic Patterns of North Carolina's Elderly Population prepared by Stephen Birdsall at UNC-CH. The analysis was done by the Division of Aging. (See PP 69-83 in Aging Services Guide for Legislators for graphs and charts relating to text.)

As we approach the next century, North Carolina will share in a national trend which projects marked increases in the population living beyond 65 years of age. The population of older adults in North Carolina is projected to exceed the national average by the year 2000 (13.7% in North Carolina compared to a national average of 13%). The number of persons aged 65 or older in North Carolina was approximately 225,000 in 1950; in 1980 this increased to 603,000; and from population projections for the year 2010, we can expect almost 1,200,000 North Carolinians will be 65+ years of age. As a proportion of our population, older adults comprised 5.5% of the population in 1950, 10.25% of the population in 1980 and is expected to reach 15.2% in 2010. Even more striking is the rate of increase in the proportion of the population 85+. In 1950 this age group comprised .2% of the population, in 1980 it grew to .7% and population projections for 2010 indicate an increase to 2.2% or approximately 169,000 persons. The 85+ population is noteworthy because of the potential impact on service needs due to higher impairment levels associated with advanced age.

The distribution of older adults in each of North Carolina's counties varies considerably across the State. While 10.25% of the State's population was 65+ in 1980, 80 counties had higher proportions than the State average. Counties with the largest overall populations tended to have smaller proportions of elderly which held

down the State average. Mecklenburg, Guilford, Forsyth, Wake, Buncombe, Gaston, Durham, Rowan, Alamance, and Cumberland counties had the greatest numbers of older adults while Polk, Macon, Henderson, Clay, Perquimans, Moore, Cherokee, Chowan, Warren, and Haywood had the highest proportions of older adults. As can be noted, rural counties tend to have the highest proportions of older adults. With few exceptions, the northeastern, northwestern, and southwestern areas contained counties with higher than average proportions of older adults. The piedmont and southern coastal plain contained counties with proportions lower than average and these counties were, for the most part, North Carolina's more urban counties.

As noted, many older adults live in rural settings in North Carolina. Urban and rural settings each present unique considerations related to the needs of older adults and the ability of communities to plan and provide services. In 1980, 29.65% of older adults were defined as living in urban settings, 8.13% lived in rural farm settings, and 62.22% lived in rural nonfarm settings. Clearly the older adult population is predominantly rural and less urban than the total population.

In 1980, for the 65+ age group, just over 80% of the population was white and 61% of the population was female. White women made up more than half the population 65+ and almost 60% of the population 85 and older. Minority women, like white women, outnumber their male counterparts increasingly as they age. Women made up over 62% of the nonwhite population 65+ and over 70% of those 85 and older. This proportion of women and minorities in the older adult population is an important factor to consider particularly with respect to increased levels of poverty, social support, and a variety of other characteristics related to service needs.

In 1980 over 95% of the 65+ population lived in households, leaving just under 5% living in group quarters or institutional care. For those living in households, 70% were living in families and approximately 26% lived alone. With respect to gender,

women are much more likely to live alone due to greater likelihood of widowhood. Even without a spouse, however, men are still less likely than women to live alone. A little more than half (56%) of unmarried men 65+ lived alone compared to 66% of unmarried women.

The median family income in 1980 for families where the householder was 65 years of age and older was $10,145. This represents approximately 60% of the median family income for all families ($16,792). According to the 1988 Current Population Survey, older adults living at or below poverty comprised almost 21% of the elderly population in North Carolina and is almost double the poverty rate for the national average (12.2%). In 1987 it was estimated that older adults in North Carolina were more likely than children to be living in poverty--21% of older adults compared to 19% of children.

Examination of race and gender related to likelihood of poverty reveals that the highest rates of poverty occur among people who are older, female, and minority. In 1987 poverty rates range from 10.7% among white men 65-69 to 47.4% for the population of minority women 75 and older. Women average poverty rates about 9 percentage points higher than men in the same race and age categories and minorities average poverty rates almost double those of whites for the same age and gender.

PROCEEDINGS

The North Carolina Study Commission on Aging, established by statute (G.S. 120-180 to 120-188) represents an expanded capacity for the General Assembly. For the first time there has been created a vehicle for long-range planning, for overall policy development, for evaluation and accountability, and for consensus and expertise among legislative members on aging issues. To this end, the Commission met eleven times during the course of its deliberations; two of these meetings were public hearings held in Greenville and Winston-Salem. The dates, locations, and foci of all the meetings are listed in Appendix C.

The initial meeting of the Commission was dedicated to organizational functions and to Commission education regarding demographics of aging, the structure of aging services in North Carolina, and an update on the major initiatives of the Commission from the past session. The Commission heard a report on Senate Bill 1559,ratified in 1988 by the General Assembly, Second Session, 1988. A summary of this legislation is attached as Appendix D.

The organizational structure and functioning of the Division of Aging was reviewed by the Commission. The present antecedent of the current Division of Aging was the Special Coordination Committee on Aging established in 1956 by Governor Luther Hodges. In 1977 the General Assembly established the Division of Aging within the Department of Human Resources as a part of the Secretary's Office. The Division of Aging was given full line division status in August 1988. It no longer functions as a section within the Office of the Secretary.

The Division of Aging funded approximately 250 local providers in the 1989-90 fiscal year, consisting of health departments, senior centers, social services departments, home health agencies, etc. The composition of this $33.5 million budget is about 85% federal monies, 10% State monies, and 5% local monies and is allocated on the basis of a complex formula composed from a number of factors. Many of the people served

are below the poverty level. The Older Americans Act prohibits charging a fee, but it does provide that individuals can contribute, and usually about $1.5 million is collected through voluntary contributions. (See Appendix E for a more complete description of the Division of Aging).

The first meeting, December 6, 1989, was devoted to reviewing the functions and programs of the Division of Aging. The next two meetings were spent reviewing aging programs by other state agencies. These agencies that have aging components or services are:

* North Carolina System of Community Colleges
* Department of Economic and Community Development
  - Job Training and Partnership Act
* Elderhostel
* Department of Environment, Health, and Natural Resources
  - Division of Adult Health
  - Division of Parks and Recreation
* North Carolina Housing Finance Agency
* Department of Human Resources
  - Division of Economic Opportunity
  - Division of Facility Services
  - Division of Medical Assistance
  - Division of Mental Health, Developmental Disabilities, and Substance Abuse
  - Division of Services for the Blind
  - Division of Services for the Deaf and Hard of Hearing
  - Division of Social Services
  - Division of Vocational Rehabilitation

* Department of Insurance
* Department of Public Instruction
* Office of State Personnel
* University of North Carolina

After hearing the excellent presentations made by the various aging programs, the Commission realized that there was no compilation of data and information of this nature in one document that provides information on all the agencies that serve the aging population. There was also a need expressed by the legislators on the Commission for a source document that would help them better serve constituents with questions related to aging services and programs. Therefore the Cochairs recommended the development of a resource book that would make this information available.

At the direction of the Commission, the information from the January 24th and 25th, 1990, meetings and subsequent Commission meetings has been collected, compiled and published. The primary purpose of the publication is to introduce the State's aging programs and services and available resources in North Carolina to legislators, community leaders, program professionals, citizens, and older adults themselves. Since it is an introduction only, many local community programs that are funded through federal agencies are not included. No attempt was made to identify the many private agency or organization programs and other informal programs and services throughout the State.

The resource book developed by the Commission, Aging Services Guide for Legislators, is an addendum to this Report and is available from the Legislative Library.

The Commission strongly felt from the beginning of its deliberations that it must move the hearing process away from Raleigh in order to achieve a balanced and broad view of aging issues and needs. Therefore the Commission conducted public hearings

in Greenville on February 22, 1990 and Winston-Salem on February 26, 1990. Many persons would never have been able to address the Commission if the Commission had met only in Raleigh.

The Commission members discussed priorities for the public hearings and it was decided:

* To use the assistance of area aging administrators and service providers in the planning of these hearings;
* To permit individual citizens to speak on whatever topic they felt important to them; and
* To permit as many individual citizens as possible to speak.

Numerous issues were brought to the attention of the Commission. Many of the recommendations contained in this Report are distilled from information presented at the public hearings. Appendix F contains a listing of these issues brought to the Commission. The following summary will give some indication of the scope of the hearings and the information placed before the Commission. A complete record of the testimony is on file with the Commission. The following two points illustrate the issues:

1. Community-Based Services - Currently, North Carolina spends five times more on institutional care for the elderly than on community-based care. The non-institutional system has not received adequate attention in North Carolina. Even though progress has been made in the programs to prevent unnecessary institutionalization, information obtained from these hearings indicated to the Commission that there are still certain weaknesses in the community-based services which include:
    * The need for a more comprehensive long-term care policy that emphasizes keeping the person at home as long as possible;

* The need for increased community-based long-term care services that match the level of care with the level of need;
* The need for coordinated data collection and analysis, planning, funding, service delivery, and evaluation of services that are client-focused;
* The need for universally applied and enforced effective standards of care;
* The need for the public sector to involve the informal support network and private sector in the provision of long-term care;
* The need for families to be able to participate without penalty in a system of cost-sharing;
* The need to redirect present reimbursement patterns that are biased toward institutionalization;
* The need for both provider and consumer education and involvement in the development of long-term care resources and programs; and
* The need for an effective system focused on preventive health practices and preparation for old age.

2. Transportation - One of the highest priorities expressed at the Commission public hearings was the need for new transportation services, particularly to help meet the increasing need for medical services. In addition, important groundwork for a new system of delivering transportation services had been laid through earlier study commissions and introduced into the 1987 Session of the General Assembly as Senate Bill 58. There is a great need to supplement existing sources of support for transportation services for the elderly, as well as for the handicapped.

ALZHEIMER'S SUBCOMMITTEE

The North Carolina Study Commission on Aging in its Report to the 1989 General Assembly recommended that the statutes creating the Commission be amended to include a requirement that an Alzheimer's Subcommittee be a permanent part of the Commission. As a result, G.S. 120-186.1 was enacted and provides for the permanent Alzheimer's Subcommittee. The Cochairs of the Commission on Aging appointed a Subcommittee to carry out the mandate of the General Assembly. A list of the membership of this Subcommittee is attached as Appendix G. The following summarizes the proceedings of the Subcommittee for its report to the Commission on Aging.

At the first meeting on March 19, 1990, the Subcommittee identified the following issues affecting Alzheimer's victims, families, and caregivers as being those to be addressed in its deliberations:

1. Home and Community Care
    * Expansion of in-home services (respite, chore, in-home health aide) and financing of these services;
    * Additional funding for adult day care and adult day health programs;
    * Protective service for abuse, neglect or exploitation of victims;
    * Additional dementia training for providers of health care and human services;
    * Expansion and enhancement of CAP program; and
    * Increased support for caregivers and family.
2. Institutional Care
    * CON process and need for additional nursing home beds.

* Discrimination in admission and retention against dementia victims with behavioral or physical problems who require extra care in long-term care facilities.
* Inadequate supply of available nurses, assistants, and aides; inadequately trained staff;
* Establishing state standards for units providing special care for Alzheimer's victims;
* Use of heavy physical and pharmacological restraints of victims; and
* Increased and enforced penalties for violations of licensing requirements, care standards, or patient rights.

3. General Concerns
   * Consolidating and streamlining the process of accessing the system;
   * Strengthening ombudsman program;
   * Increased funding to the four Alzheimer's Chapters for education, advocacy, public information, and family support; and
   * Funding for Duke Alzheimer's Family Support Program for continued technical assistance and family support services.

At the second meeting on April 24, 1990, the Subcommittee received an overview of the Department of Human Resources Advisory Committee on Home and Community Care's Progress Report which pertains to the delivery of home and community care services for the older adult population. While the report did not include any specific provisions for victims of Alzheimer's or related dementia, all the services will be available to them.

The Subcommittee heard a report on the Division of Aging's plan for Alzheimer's support activities, which includes continuing the contract between the Department of Human Resources and the Duke Aging Center Family Support Program of the Duke

University Medical Center for the Duke Program to provide assistance to the four Alzheimer's Association Chapters in the State and to professionals and family caregivers of persons suffering from dementia in our State through information and referral, education and training, and consultation services. The Division itself also plans to continue to provide training and educational activities to the aging network personnel on Alzheimer's and related dementia and to provide family support activities.

The Subcommittee also heard a progress report on the Black Mountain Center's Alzheimer's unit, the results of the Duke Long Term Care Resources Program's study of delayed discharges of older patients from hospitals, the process of Certificate of Need and its pros and cons, and a report on Medicaid.

At the last meeting on October 4, 1990, the Subcommittee heard from representatives of the four North Carolina Alzheimer's Chapters who placed in priority order issues previously identified. As a result, the Subcommittee compiled a list of recommendations which includes two categories: (1) Alzheimer's and (2) other general concerns.

The Subcommittee's recommendations were presented to the Study Commission on Aging on October 5, 1990. This list is included in this report as Appendix H.

COMMITTEE ON HOME AND COMMUNITY CARE

One of the fundamental weaknesses in the delivery of services to older adults has been the fragmentation of these services among agencies and groups without a sufficient coordinated planning effort. This theme has been evident in many of the issues that have been brought to the attention of the committees and commissions on aging over the past ten years. Therefore, the 1989 Session of the General Assembly established a Committee to investigate this issue with a report date of March 1, 1991. The Commission has solicited a number of progress reports about the work of this

Committee since it may have a far-reaching impact on alleviating service fragmentation and client intake duplication associated with in-home and community-based support services for older adults and their families.

Therefore, House Bill 1008, Chapter 457 of the 1989 Session Laws, established the Advisory Committee on Home and Community Care for the purpose of developing a more coordinated and visionary system of care for North Carolina's rapidly growing older adult population. The Advisory Committee on Home and Community Care is comprised of a broad based group representing organizations and advocacy groups with a keen interest in aging issues. The Secretary of the Department of Human Resources serves as chairman with membership including major DHR divisions, the Division of Adult Health Services, the Institute of Medicine, institutions of higher education, local service providers representing aging, social services, and health agencies, the County Commissioners Association, Area Agencies on Aging, the Association on Aging, the Association for Home Care and other advocacy organizations, as well as representatives from the North Carolina Senate and House of Representatives. Appendix I contains the names of the members of the Advisory Committee on Home and Community Care.

The Committee was charged with making recommendations to DHR in response to the program and policy goals outlined in the legislation which are intended to build upon the strengths of the existing service delivery system and alleviate services fragmentation. Specifically, recommendations are to address the following: identification of a core set of services to support functionally impaired older adults; the availability of services in the least restrictive environment; a coordinated aging services budget, including establishment of common funding streams and identification of new resources needed; development of common service definitions; standards and procedures for the delivery of services to older adults administered by DHR; and

recommendations for the design of coordinated home and community care demonstration projects for the high-risk elderly.

Significant progress was reported to the Commission in meeting the stated goals of House Bill 1008. Detailed progress to be outlined in the March 1, 1991, report will include the following components:

1. Defining the system of care designed to meet the service and community needs of the well, at-risk and high-risk elderly.
2. Recommending State funding to facilitate a minimum State response to meet the needs of the high-risk elderly through a local lead agency, managed care approach. This coordinated care approach will also extend the ability of the State to respond to the needs of the high-risk elderly by requiring participants to share in the cost of services, based upon ability to pay.
3. Recommending the development of a Home and Community Care Block Grant consisting of specific State and federal resources targeted to older adults. This will simplify funding and State and local administration of aging programs.
4. Developing of a uniform service definition and standard, uniform eligibility criteria and reporting procedures for the delivery of in-home aide services administered by the DHR in support of older adults.
5. Compiling of the State Aging Services Budget.

As a package, these actions will strengthen the ability of the service delivery system to respond effectively to the needs of high-risk and at-risk older adults and their family caregivers. These actions build upon the strengths of the existing service delivery system in designing a framework which will lead to more comprehensive planning at the local, regional and State levels to alleviate services fragmentation and develop a more coordinated and visionary system of care.

FINDINGS AND RECOMMENDATIONS

RECOMMENDATION 1

The Commission recommends that the 1991 General Assembly index the amount of the exemption and the income eligibility threshold for the homestead exemption with the aim of stabilizing the property tax burden for the low income elderly or permanently disabled. (See Appendix J)

The Commission finds that the existing property tax exemption for low income elderly or disabled homeowners does not reflect the impact of periodic revaluations on this group of taxpayers. The present law permits a $12,000 exemption of property values for homeowners who are age 65 or older or who are totally and permanently disabled. These households must have an annual disposable income of $11,000 or less. Since the amount of the exemption and the income eligibility figure are fixed in the law, the value of the exemption is eroded by changes in economic conditions.

The proposal in Appendix J would make the following changes to the current law:

1. The homestead exemption amount would increase for the next taxable year from $12,000 to $15,000;
2. Effective for the taxable year 1992 the exemption amount used in a county would increase each time the county makes a real property evaluation and would be based on the county's appraised value of property resulting from an appraisal;
3. The exemption amount would change in a county only when the county reappraises property and the amount of the exemption may vary from county to county;
4. The income limit would increase by the percentage by which the federal government increase social security benefits the preceding year; and
5. Unlike the exemption amount, the income limit would be the same for all counties and would be adjusted annually.

Based on the fiscal report prepared for the Finance Committees in June of 1989, the revenue loss attributable to the one-time increase in the exemption amount assuming all eligible permanent residences had a pre-exemption assessed value of more than $15,000, would be no more than $4.0 million statewide. Of this amount $2.0 million would be reimbursed to counties out of the State General Fund and $2.0 million would be absorbed by local units. The impact of the increase in the exemption level would be approximately $2.0 million per year. Of this amount 50 percent would be reimbursed to counties and cities from the State.

RECOMMENDATION 2

The Commission recommends that the 1991 General Assembly continue its funding of $2,000,000 to improve transportation services for the elderly and handicapped. (See Appendix K)

Over the period of its existence, the commission has heard from many persons defining many problems affecting the elderly. One of the persistent problems of the elderly has been transportation and related questions. It permeates many other issues relating to the elderly and handicapped. In essence, the elderly cannot get to and from the places they need to go. In rural areas, they are sometimes so isolated they cannot get to a telephone to request transportation that may be available. Even in urban areas, the elderly generally live in residential locations, poorly serviced by public transit. Many speakers have stated that "transportation for the elderly needs to be provided not purely for getting from here to there but also as an antidote for the entire process of aging."

Because of these concerns, a number of federal programs began to fund bits and pieces of these transportation needs and the State began efforts in the mid-seventies to streamline human service transportation. By that time, the proliferation of human

service programs which allowed expenditures for transportation was apparent. In the Spring of 1978, a Governor's Committee on Rural Public Transportation was established to study the situation. Due to the findings of that committee, the Public Transportation Division of the Department of Transportation in conjunction with county government and local human service agencies, undertook to produce transportation plans for each of the State's 100 counties. As a result there exists a reasonable degree of coordination and cost effectiveness in most counties. Ample equipment is available.

With these factors as background, the Legislative Research Commission's Committee on Aging reported to the General Assembly that State operating money was needed to expand transportation to the elderly and handicapped. The Study Commission on Aging made a proposal to the 1987 General Assembly, 1988 Session, for operating assistance that would go to all 100 counties. The 1989 General Assembly finally approved these funds, providing two million dollars from highway funds specifying that one million dollars was to be divided equally by the 100 counties. The remaining one million dollars was to be divided based on the elderly and handicapped population in each county and the density of each county.

The Commission has reviewed the program and finds that it is meeting the purposes of the legislation. Sixty-eight and one-half percent (68.5%) of the purchased trips have been provided to the elderly. These trips have been for a variety of reasons: education, employment, social, medical, personal, shopping, and nutrition. The three largest were: medical, 13 percent; shopping and personal, 21 percent; and nutrition, 47 percent.

The Department of Transportation administers the program at no cost to the program. The entire appropriation has gone into the apportionment to the counties.

RECOMMENDATION 3

The Commission recommends that the General Assembly expand Medicaid coverage for the Aged, Blind, and Disabled Citizens by:

1. **Designating all Supplemental Security Income (SSI) beneficiaries automatically eligible for Medicaid coverage; and**
2. **Increasing the income eligibility guidelines for Aged, Blind, and Disabled individuals to 75 percent of the federal poverty guidelines.**

Due to very tight eligibility rules, less than one-third of North Carolina's poor enroll in Medicaid each year. For those who do qualify, Medicaid provides good benefits. However, eligibility is restricted to the very poorest individuals: current income eligibility levels are set at roughly 35 to 45 percent of poverty, depending on family size. North Carolina does have a "spend down" provision, meaning that medical bills can be subtracted from income to determine eligibility. Thus, even people with incomes above poverty can qualify if they have high medical bills. As a consequence, nearly one-fourth of Medicaid eligibles have incomes above poverty, but these individuals may have to spend 50 percent or more of their income to qualify. The options under Medicaid that the State has exercised over the years and the very low eligibility threshold makes it very difficult for the Aged, Blind, and Disabled to receive the medical care that they need.

The Aged Blind and Disabled in North Carolina are getting varying amounts of benefits under Medicaid, depending on their type of income and the amount. This is due to options exercised by North Carolina in earlier years. In 1972 Congress decided to replace State-administered assistance programs for the Aged, Blind, and Disabled with a federal program called Supplemental Security Income (SSI). Under the old program the Aged Blind and Disabled had automatically received Medicaid and it was anticipated that they would also automatically receive Medicaid under SSI. However, a

number of states, including North Carolina, felt that they could not afford to provide the assistance to the additional eligible who would qualify. Therefore, North Carolina chose the option given to them by federal statute to be more restrictive in their Medicaid program.

The Commission finds that now is the time to change our status so that the State would be able to provide Medicaid automatically to every person in North Carolina who receives Supplemental Security Income. There are approximately 144,000 individuals who receive SSI and today the Medicaid program does not cover all of these individuals: only about 85,000 of these individuals are covered. Many of those persons receive a combination of income. They are receiving some SSI and they may also be receiving some Social Security. SSI is not counted to establish their Medicaid eligibility, but Social Security does count. So many of the Aged Blind or Disabled can qualify, but they are having to spend down their incomes in order to reach the Medicaid income levels, which are very low. This new Medicaid option would improve the ability of our Aged Blind and Disabled to obtain the necessary medical care that they need to have a more independent and productive life.

The Commission also finds that as part of this plan the General Assembly should, as a minimum step, place the income level for Medicaid at 75 percent of the federal poverty guideline. This would allow an individual to retain about $400 of income. This would allow the poorest of the elderly, blind and disabled to get Medicaid and still retain a small amount of income to pay living expenses.

Because the federal poverty guidelines are so low, the Commission suggests that the North Carolina General Assembly should, as a matter of fairness, raise the medically needy income level beyond the 75% level to 100% of the federal poverty guideline. This would give access to medical care to many of North Carolina's most needy citizens--the aged, blind, and disabled.

RECOMMENDATION 4

The Commission recommends that the General Assembly assure quality care for all types of home care through the passage of home care licensing legislation. (See Appendix L)

In 1989 there was a bill introduced into the General Assembly at the request of the Study Commission on Nursing to license both home care agencies and nursing pools. The General Assembly passed the provisions related to nursing pools but referred the provisions on home care to the Study Commission on Aging for further study. Currently, only Medicare-certified home health agencies are licensed by the State to provide in-home services.

After thorough deliberation, the Commission finds that there should be a single level of licensure for all types of agencies that provide home care services. Currently, North Carolina has only licensure for home health. The agencies that are covered by the law are only agencies that receive reimbursement from Medicare and Medicaid. With the great expansion of home care in recent years, there are many kinds of agencies that are providing home care services that are not covered, for example:

1. Home health agencies that do not receive Medicare and Medicaid;
2. Agencies that provide continuous care nursing;
3. Agencies that provide in-home aide services; and
4. Agencies that provide very sophisticated services such as intravenous technologies.

The proposed legislation would bring all of the above types of services under single licensure with common standards. Therefore, the bill defines what would be covered under the law. This would be any agency that provides home care services in the home setting and would include the following categories: nursing, physical

therapy, speech therapy, occupational therapy, respiratory therapy, medical social work, infusion nursing, and in-home aides.

The bill would also cover the following points:

* All home care agencies would have to meet the same North Carolina laws and regulations. The regulations would be based on the State's current regulations for home health agencies, with some modifications. The regulations would be developed with a "core" set of requirements for all agencies, and then specific service requirements for different levels of service.
* Sole practitioners or nursing registries tht disclose certain information to clients would not be licensed.
* Local government agencies (such as county health departments and DSS agencies) that provide home care services would be required to meet the home care licensure regulations. The licensure requirements would not apply to traditional public health services such as health promotion, preventive health and community health, as defined by the Public Health Standards.
* Agencies that are already certified by Medicare or accredited by JCAHO, NLN, National Home Caring Council or the North Carolina Accreditation Commission for In-Home Aide Services should not be subject to state licensure surveys for those services for which they are already accredited or certified, since this would be duplicative.
* The law would prohibit providers from using the terms "home care agency", "home health agency", or other derivatives unless they are licensed.

The Commission finds that licensure is the best way to ensure that every citizen in North Carolina is guaranteed quality in home services and that standards are applied regardless of who is paying for the service. The Commission also finds that a

reasonable license fee may be appropriate for those home care agencies not deemed to meet licensure through accreditation.

RECOMMENDATION 5

The Commission recommends and supports the efforts of the Division of Aging to secure funding to increase the amount of time of the 14 regional part-time ombudsmen to the amount of time needed in each of the regions that does not have a full-time ombudsman. (See Appendix M)

With the Division of Aging as the administrator, the Long Term Care Ombudsman Program began in North Carolina in 1975. Five types of long term care facilities come under the Ombudsman program:

1. Skilled nursing home facilities;
2. Intermediate care facilities;
3. Homes for the aged;
4. Family care homes; and
5. Group homes for developmentally disabled adults.

At the present time North Carolina has eighteen ombudsman positions with fourteen part-time and four full-time positions in Charlotte, Greensboro, the Research Triangle, and Winston-Salem, all of which administered under a three-tiered system under the Division of Aging. They are administratively located within the Council of Governments throughout the State. The three-tiered system is as follows:

1. State long-term care ombudsman who have primary responsibility for administration of the program.
2. Regional Ombudsman positions at the area level who are responsible for training and support of the Community Advisory Committees.

3. Local Nursing Home and Domiciliary Home Community Advisory Committees that involve over 1200 volunteers.

The Ombudsman Program was established in State Statute by the 1989 General Assembly. Earlier legislation was passed by the General Assembly establishing the Community Advisory Committees. As mandated by statute, there is a Community Advisory Committee for each nursing home and rest home in the State. The Ombudsman Program coupled with the Community Advisory Committees is designed to enable each county to develop programs relevant to the needs of nursing home and rest home patients in that county and also to resolve complaints at the local level. If the Committees are unable to resolve complaints, the Division of Facility Services is contacted for nursing home problems and the local social services department may be contacted for rest home complaints.

The interrelationship between the Ombudsman Program and the Community Advisory Committee system has been extremely beneficial to the institutionalized elderly in this State. Because of the growth of the Program, the Commission finds that now is the time to strengthen the program by increasing the amount of time for all of the part-time regional ombudsmen. The projected cost for the 1991-92 fiscal year will be $215,000 and $433,000 for the 1992-93 fiscal year.

RECOMMENDATION 6

The Commission recommends that the 1991 General Assembly continue its funding of the comprehensive system of in-home services and community-based services for the elderly that was proposed by the Commission and first funded by the General Assembly in the 1988 Session.

The State of North Carolina spends some five times more on institutional care for the elderly than on community-based care, even though four out of every five frail

elderly persons live at home, dependent upon family members, church groups, and other informal caregivers. The State has not given adequate attention to the in-home and community-based systems of service. The 1988 Session of the General Assembly recognized this fact through the funding of community-based care. This funding has been continued for the 1989-91 fiscal years.

The Commission strongly believes that the 1991 General Assembly must continue to fund this community-based system designed to lead to a more coordinated and more visionary system of in-home and community-based care for older adults. This omnibus funding package includes the following elements:

1. In-home Services - This money buys much needed additional in-home services, such as chore, homemaker, home-health aide, and personal care services.
2. Caregiver Support - This money is used for services to support family caregivers of elderly persons with functional disabilities, whether physical or mental, who want to stay in their home rather than be institutionalized, but who need assistance with the activities of daily living in order to be able to remain at home. These services are administered and delivered in a way that build new bridges within the currently fragmented system of funding such services, rather than perpetuate the fragmented system. The funds for service are for both traditional respite care and for innovative kinds of services such as:
    * Respite care services, under the rules adopted by the Department of Human Resources on behalf of the Division of Aging;
    * Respite care and adult day care services, under the rules adopted pursuant to Title IIIB of the Older Americans Act;

* Stipends for senior companions, modeled after the federal Senior Companion Program;
* Related services that meet needs not now adequately addressed by respite care, adult day care, or stipends for senior companions.

3. Senior Centers - This money could be used to provide services in areas currently underserved or unserved. Some monies would also be available for capital improvements.
4. Program Development for Emerging Needs - This money is designed to boost the strategic planning capacity of local aging agencies.

RECOMMENDATION 7

The Commission recommends that the 1991 General Assembly increase funding by 5 percent each year of the biennium for in-home aide services and caregiver support services. This additional funding should require local match. The appropriation would be $3,010,629 for FY 1991-92 and $6,075,712 for FY 1992-93. (See Appendix N)

The 1988 General Assembly provided the first significant state funding to the Division of Aging for a comprehensive system of in-home services and community based services for the elderly. One of these categories was in-home aide services and the funding level was $720,000. Over the two years of funding 4,300 functionally impaired older adults have been provided with 201,000 hours of services.

The largest category of funding in the 1988 package was $1,008,000 for caregiver support which included a number of services, such as respite care, home-delivered meals, adult day care, medical transportation, senior companion, and mental health counseling. Over the two years that the Division has had this funding, they have served almost 5,400 individuals providing over 402,000 units of service.

In the last two years, funding has remained constant while costs of services have gone up. From statistics provided by the Division of Aging, 3,175 fewer clients are being served than were served in 1988 and 1989. The results of the Commission's public hearings point to the critical shortage and need for these community services. Appendix G documents those needs brought to the Commission by North Carolina citizens.

Therefore, the Commission brings to the attention of the General Assembly this growing need for increased funding for in-home aide and caregiver support services. This approach makes sense not only because our older citizens wish to remain in their communities as long as possible, but because institutional care is more costly. The appropriation would make up for lost units of service and also increase services to existing clients by 5 percent each year of the biennium.

RECOMMENDATION 8

The Commission recommends that the 1991 General Assembly appropriate $80,000 for each year of the biennium, to be divided equally among the four Alzheimer's chapters in North Carolina. (See Appendix O)

Once thought to be a mental illness affecting only the elderly, Alzheimer's disease is now considered a physical ailment, but it is not considered part of the natural aging process. There are approximately 60,000 men and women in North Carolina who are victims. The 24-hour care which victims require often strains family relationships as well as life savings.

The four North Carolina chapters of the Alzheimer's Association are among the few resources available to provide assistance, information, and support for these victims, their families, and caregivers. The State must continue to support the Alzheimer's chapters in their efforts to provide these necessary resources.

RECOMMENDATION 9

The Commission recommends that the 1991 General Assembly continue to support the Division of Aging in contracting with the Duke Alzheimer's Family Support Program to continue to provide technical assistance and family support services.

The Division of Aging has developed and maintained a program of training and support for families of Alzheimer's and related dementia victims. Each year since 1984 the General Assembly has appropriated $50,000 to the Division for this purpose. These appropriations have been used to contract with the Duke Aging Center Family Support Program of the Duke University Medical Center to provide a statewide central resource facility which provides assistance to the four Alzheimer's Association Chapters, professionals, and family caregivers. The Program provides information and referral, education and training, and consultation services and is an important element of the Alzheimer's network.

RECOMMENDATION 10

The Commission recommends that the 1991 General Assembly direct the North Carolina Medical Care Commission and the Social Services Commission to establish State standards governing the care of Alzheimer's and related dementia patients in nursing homes and rest homes and make a report to the Study Commission on Aging. (See Appendix P)

While victims in the early stages of Alzheimer's and related dementia have the physical capacity to perform many tasks, they are unable to remember how or when to do so. Soon victims suffer from serious problems with thinking, memory, learning, orientation, perception and judgment. They are often disruptive and difficult to

manage and easily become agitated or paranoid. Developing physical disorders and the above-mentioned behavior demand that victims have constant supervision and assistance and create the need for specialized services and standards of care.

Because Alzheimer's and related dementia victims do require extra care, all long-term care facilities are not always able to meet their needs and are not always eager to accept them as patients or to keep them as the disease progresses.

State standards of care shall address the following issues:

* Discrimination in admission and retention against Alzheimer's and related dementia patients with behavioral or physical problems who require extra care in long-term care facilities and how this discrimination can be eliminated;
* Ensuring an adequate supply and training of nurses, assistants, and aides;
* Setting standards for the use of heavy physical and pharmacological restraints of victims;
* Encouraging other alternatives for the use of heavy physical and pharmacological restraints;
* Enforcement of and increased penalties for violations of licensing requirements, care standards, or patient rights; and
* Any other issues related to Alzheimer's and related dementia victims.

RECOMMENDATION 11

The Commission recommends that additional Alzheimer's and related dementia training be provided for providers of health care and human services for both in-home care and long-term care.

The Commission finds there are inadequate opportunities for training for both institutional and family caregivers of Alzheimer's patients. The Commission suggests that the Division of Aging, in conjunction with the Division of Social Services and

educational institutions, help to develop resources to fulfill this need. The Division shall make a report to the Aging Study Commission on development of a training program.

RECOMMENDATION 12

The Commission recommends that the General Assembly continue to support the Alzheimer's unit at the Black Mountain Center and that the Alzheimer's Subcommittee study developing other such special care units at selected sites across the State.

The 1987 and 1989 General Assemblies recognized the lack of long-term care facilities available for Alzheimer's and related dementia victims and appropriated funds to the Black Mountain Center to be used specifically for renovating and developing a portion of the building into such a special care unit. Although the Black Mountain Center currently serves all citizens of the State, it may not be easily accessible to families in all parts of the State; therefore, there is a need to develop other units in strategic locations which would create easier access for all citizens to the same level of special care. Upon its completion, the Black Mountain facility will be a state-of-the-art unit and may serve as a pilot program in developing other special care facilities.

RECOMMENDATION 13

The Commission recommends that the 1991 General Assembly encourage and support the University of North Carolina to respond to the demographics of North Carolina's aging population by coordinating and expanding their research, teaching and extension activities in gerontology and all related fields that would:

1. **Encourage active involvement by older adults in activities which benefit both individuals and communities;**

2. **Promote healthy lifestyles among citizens of all ages which help them envision and enhance the likelihood of long, healthy lives for themselves and other family members;**
3. **Promote financial and emotional well-being among tomorrow's older citizens by helping today's young and middle-aged adults comprehend and accept responsibility for making informed decisions for a future which includes the probability of becoming a family caregiver and the possibility of personal dependency.**
4. **Develop research and extension capacity to help family members of older, dependent adults to reduce the stresses of informal caregiving.**
5. **Develop increased planning capacity to determine the need for training programs responsible for serving older adults.**
6. **Promote training of professionals in a timely fashion who work with older adults.**
7. **Promote the economics of employing older adults.**
8. **Promote the results of aging programs already within the University of North Carolina.**
9. **Develop resources center for geriatric materials.**

These objectives would be accomplished through the funding of one position for the University of North Carolina to be placed within the General Administration of the University System. (See Appendix Q)

Each of our citizens should have the opportunity to live the later years of life with dignity and enjoyment, free of preventable hardships which so many now experience. There is reason to believe that such a goal can be reached through a well-balanced program of research, education and service. In addition to these humanitarian considerations, there are valid economic reasons for suggesting that a major investment

be made in such a program. It is more efficient to prevent functional dependency as long as possible so that the individual may live at home than to provide institutional care for preventable problems.

North Carolina's expanding elderly populations create a whole new dimension in our society. The "longevity revolution" so quietly occurring and lasting until 2030-2040 becomes the dynamic factor in a complete transformation of America and North Carolina into a predominantly aging and experienced society. We must begin now to plan with vision to discover and develop to the fullest this great human resource possessed, through aging, of a diversity of knowledge, skill, expertise essential to our total economy and the cultural enrichment of our heritage.

RECOMMENDATION 14

The Commission should concentrate its future efforts in finding effective ways of developing our elderly's potential power, power as consumers, as producers, as major work force and as shapers of policies affecting all of us.

By the beginning of the next century the elderly population will account for at least 18 percent of the total population in the United States and will, necessarily, be the major work force. In brief, by 2020-2036 there will not be a work force sufficient for our economic needs unless it comes from those aged 60 and over. We are on the threshold of a totally strange phenomenon in the history of this nation--a graying nation, and a graying world.

A name has been given to this new period in the life of the nation. It is the "Age of Gerontocracy", the "rulership of the elderly". The health of America's economy, the increasing strain on our resources to support Social Security, pensions, and welfare benefits, and the growing problem of older persons to keep up with inflation--all require new policies that will stop discarding older persons as useless or dependent,

unproductive and "dropouts" from the world they helped to make and will still powerfully affect through their increasing numbers. Older persons and their society create a new image of themselves as an enriching and productive resource, self-sustaining, creative, essential to a nation which they largely brought into being. Such policies will demand vision, imagination, purpose and realistic planning, and the time is now.

Aside from the employment aspect of this numerical increase in persons age 60 and over is the resultant impact upon the economy as consumers. Because of their increasing numbers, they will be the major work force, and, thus the major earners of money. As the major earners, they become the major spenders and, naturally, the focus of the consumer market. Where presently the youth are the target of the consumer market, and are the major purchasers of certain clothing, of disco tapes and records, of certain entertainment features, of certain foods, this will change as the market shifts its focus to older buyers. Thus, both as work force and as buyers, the Older American becomes the greatest single force influencing the economy.

The baby boom of the 1946-57 era coupled with the "birth dearth" of the 70's will begin to create a "geriatric echo" about the year 2005, lasting until 2030 when it peaks. This explosion of gerontocratic situations will cause significant compelling changes in societal values, and it is time now to plan realistically for those changes, with the older people being the catalysts for changes making for progress.

Another vitally important factor must be reckoned with and planned for. Holding a position of hitherto unexplored and undeveloped power is the older woman. Outliving the male by some 7-8 years, the older woman becomes the majority within the larger majority of older citizens. She will thus dominate both the working force and the consumer market, and the quality of her involvement will determine the quality of our life as a nation.

Employment will become a major concern in this "longevity revolution" because it will be linked to income security. Employment for the older worker in the 2000's must not become entrapped in present-day employment policies and programs. For we are looking at an entirely new type of work force--a force full of expertise, knowledge, skills, attitudes, behaviors, but with limited energy levels, and with the older woman in the majority. Thus, the two essential factors which must be basic to the design of such employment options are (1) limitations on energy and strength, and (2) great talent and experience which age has enabled the older worker to accumulate. By joining these two factors together in the designing of new practices and work options, this nation will see a new vitality injected into its static economy, and the result upon the economy is one to dream about with hope and enthusiasm.

APPENDICES

APPENDIX A

PART XIII.-----COMMISSION ON AGING

Sec. 13.1. Chapter 120 of the General Statutes is amended by adding a new Article to read:

"Article 21.

"The North Carolina Study Commission on Aging.

"**§ 120-180. Commission; creation.**--The North Carolina Study Commission on Aging is created to study and evaluate the existing system of delivery of State services to older adults and to recommend an improved system of delivery to meet the present and future needs of older adults. This study shall be a continuing one and the evaluation ongoing, as the population of older citizens grows and as old problems faced by older citizens magnify and are augmented by new problems.

"**§ 120-181. Commission; duties.**--The Commission shall study the issues of availability and accessibility of health, mental health, social, and other services needed by older adults. In making this study the Commission shall:

(1) Study the needs of older adults in North Carolina;

(2) Assess the current status of the adequacy and of the delivery of health, mental health, social, and other services to older adults;

(3) Collect current and long range data on the older adult population and disseminate this data on an ongoing basis to agencies and organizations that are concerned with the needs of older adults;

(4) Develop a comprehensive data base relating to older adults, which may be used to facilitate both short and long range agency planning for services for older adults and for delivery of these services;

(5) Document and review requests of federal, State, regional, and local governments for legislation or appropriations for services for older adults, and make recommendations after review;

(6) Evaluate long-term health care and its non-institutional alternatives;

(7) Propose a plan for the development and delivery of State services for older adults that, if implemented, would, over 10 years, result in a comprehensive, cost-effective system of services for older adults;

(8) Study all issues and aspects of gerontological concerns and problems, including but not limited to Alzheimer's Disease; and

(9) Carry out any other evaluations the Commission considers necessary to perform its mandate.

"**§ 120-182. Commission; membership.**--The Commission shall consist of 17 members, as follows:

(1) The Secretary of the Department of Human Resources or his delegate shall serve ex officio as a non- voting member;

(2) Eight shall be appointed by the Speaker of the House of Representatives, five being members of the House of Representatives at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults; and

(3) Eight shall be appointed by the President of the Senate, five being members of the Senate at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults.

Any vacancy shall be filled by the appointing authority who made the initial appointment and by a person having the same qualifications. All initial appointments shall be made within one calendar month from the effective date of this Article. Members' terms shall last for two years. Members may be reappointed for two

consecutive terms and may be appointed again after having been off the Commission for two years.

"**§ 120-183. Commission; meetings.**--The Commission shall have its initial meeting no later than October 1, 1987, at the call of the President of the Senate and Speaker of the House. The President of the Senate and the Speaker of the House of Representatives shall appoint a cochairman each from the membership of the Commission. The Commission shall meet upon the call of the cochairmen.

"**§ 120-184. Commission; reimbursement.**--The Commission members shall receive no salary as a result of serving on the Commission but shall receive necessary subsistence and travel expenses in accordance with the provisions of G.S. 120-3.1, G.S. 138-5 and G.S. 138-6, as applicable.

"**§ 120-185. Commission; public hearings.**--The Commission may hold public meetings across the State to solicit public input with respect to the issues of aging in North Carolina.

"**§ 120-186. Commission; authority.**--The Commission has the authority to obtain information and data from all State officers, agents, agencies and departments, while in discharge of its duties, pursuant to the provisions of G.S. 120-19, as if it were a committee of the General Assembly. The Commission shall also have the authority to call witnesses, compel testimony relevant to any matter properly before the Commission, and subpoena records and documents, provided that any patient record shall have patient identifying information removed. The provisions of G.S. 120-19.1 through G.S. 120-19.4 shall apply to the proceedings of the Commission as if it were a joint committee of the General Assembly. In addition to the other signatures required for the issuance of a subpoena under this section, the subpoena shall also be signed by the cochairmen of the Commission. Any cost of providing information to the Commission not covered by G.S. 120-19.3 may be reimbursed by the Commission from funds appropriated to it for its continuing study.

"**§ 120-187. Commission; reports.**--The Commission shall report to the General Assembly and the Governor the results of its study and recommendations. A written report shall be submitted to each bienniel session of the General Assembly at its convening.

"**§ 120-188. Commission; staff; meeting place.**--The Commission may contract for clerical or professional staff or for any other services it may require in the course of its on-going study. At the request of the Commission, the Legislative Services Commission may supply members of the staff of the Legislative Services Office and clerical assistance to the Commission as the Legislative Services Commission considers appropriate.

The Commission may, with the approval of the Legislative Services Commission, meet in the State Legislative Building or the Legislative Office Building."

Sec. 13.2. There is appropriated from the General Fund to the Legislative Services Commission the sum of fifty thousand dollars ($50,000) for the 1987-88 fiscal year and the sum of fifty thousand dollars ($50,000) for the 1988-89 fiscal year, to fund the first two years of the Commission's study established by this Part.

APPENDIX B

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APPENDIX C

MEETINGS OF THE NORTH CAROLINA STUDY COMMISSION ON AGING
1989-90 FISCAL YEAR

	Date/Location	Focus of Meeting
1.	December 6, 1989 Raleigh	Organizational Issues; Division of Aging Report
2.	January 24, 1990 Raleigh	Presentation by State Agencies; NCSU Agriculture Extension Service; and UNC-Chapel Hill
3.	January 25, 1990 Raleigh	Support Services for Dependent Older Adults
4.	February 22, 1990 Greenville	Public Hearing
5.	February 26, 1990 Winston-Salem	Public Hearing
6.	March 19, 1990 Raleigh	Volunteer Programs Reports; Alzheimer's Subcommittee Report; Discussion of Summary of Legislative Recommendations
7.	April 5, 1990 Raleigh	Discussion of Funding Request to the 1990 Session of the General Assembly; Progress Report of Department of Human Resources Advisory Council on Home and Community Care; Joined LRC Study Commission on Nursing Homes and Rest Homes
8.	August 30, 1990 Raleigh	Presentations from Seniors-Helping-Seniors Programs
9.	August 31, 1990 Raleigh	Educational Programs for the Elderly; Discussion of Legislative Recommendations
10.	October 5, 1990 Raleigh	Presentations and Discussions by Association of Home Care; Transportation for the Elderly; Alzheimer's Subcommittee Recommendations; Homestead Exemption Legislation; Medicaid and Medicare; Division of Aging Report; Commission's Recommendations to the General Assembly
11.	December 4, 1990 Raleigh	Consideration and Approval of Report

Executive Summary

Senate Bill 1559 was designed to "lead to a more coordinated and more visionary system of in-home and community-based care for older adults, while also meeting urgent needs". The intent of this legislation has been met in significant ways as described below:

In-Home Aide Services

- Funding provided by Senate Bill 1559 for in-home aide services was used to meet urgent needs of North Carolinians. 1422 individuals in 56 counties received chore services for a total of 87,840 hours. 591 individuals in 29 counties received homemaker/home health aide services. The majority of these individuals had been placed on waiting lists because of limited funding.

- Chore service was funded over homemaker/home health aide service on a 2 to 1 basis.

- More than 80% of the recipients of these services are over the age of 70. Almost half are over the age of 80.

- The majority of the recipients of in-home aide services are females, and 3/4 have annual incomes below the federal poverty level.

- 83 counties received in-home aide services funding through Senate Bill 1559. 56 counties funded chore service and 29 funded homemaker/home health aide service. For many of these counties, as noted on page 23, Senate Bill 1559 is the sole source of funding provided through the Division of Aging for these essential services.

- Primary characteristics of service provider agencies for in-home services are: 30% private non-profit, 5% private for-profit, and 65% public.

Caregiver Support Services

- The intent of Senate Bill 1559 caregiver support service funding is to provide "services that support family caregivers of elderly persons with functional disabilities, whether physical or mental, who want to stay in their homes rather than be institutionalized but who need assistance with the activities of daily living in order to be able to remain at home." The following numbers of individuals received Senate Bill 1559 funding for caregiver support services through June 30, 1989 in 92 counties:

Adult Day Care	91
Adult Day Health Care	27
Case Management	109
Home Delivered Meals	1404
Home Improvement and Repair	195
Medical Transportation	404

Mental Health Counseling	29
Respite Care Service	1511
Stipends for Senior Companions	18

- Respite care which provides needed relief to family caregivers of dependent older adults who cannot be left alone is the service funded most often with the discretionary caregiver support service funding. Senate Bill 1559 is the sole source of Division of Aging administered funds for respite care in 25 counties. Senate Bill 1559 supplemented existing funding for respite care in 34 additional counties.

- Over 1/3 of family caregivers receiving respite care services are over the age of 70 and another 1/3 are between age 60 and 70.

- Almost 1/4 of family caregivers work outside the home. Therefore, respite care provides not only needed relief from caregiving tasks, but also is an important service related to the caregivers ability to economically support his or her family.

- The majority of caregivers receiving respite care services are female (77%). Nearly all caregivers are family members: 47% are the spouse of the dependent older adult and another 36% are the child.

- Home delivered meals is the second highest funded caregiver support service receiving 19% of the total funding available. The average recipient is 80 years old and with an income below the federal poverty level.

- Primary characteristics of service provider agencies for caregiver support services are: 42% private non-profit, 9% private for-profit, and 49% public.

Other findings and conclusions including recommendations to decrease fragmentation in planning for in-home and caregiver support services can be found in Chapter II of this report.

Senior Center Development, Outreach, and Capital Improvements

- Senate Bill 1559 funding has aided the development and maintenance of senior centers. 34 senior centers in 33 counties have made capital improvements to ensure safety, to prevent further deterioration or to improve accessibility. Senate Bill 1559 funded the total costs of capital improvement in over 1/3 of the senior centers and an average of 50% of the total costs in the remaining centers.

- 10 counties began construction of senior centers. Five of these counties do not currently have a senior center.

- 44 senior centers expanded services such as health promotion and screening, nutrition education, literacy and adult basic education, insurance education, and assistance in

Mental Health Counseling	29
Respite Care Service	1511
Stipends for Senior Companions	18

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- 44 senior centers expanded services such as health promotion and screening, nutrition education, literacy and adult basic education, insurance education, and assistance in

accessing other social services to underserved or unserved areas.

The Division of Aging has outlined several findings and conclusions regarding the continued growth and stability of senior centers.

- While start-up and capital improvements funding will continue to be needed to some degree, the most urgent funding need is state support for operational costs of senior centers that meet specified standards. If multipurpose senior centers are to be focal points for services to older adults, stability of operations must be ensured.

- Future state funding should recognize the diverse needs of senior centers and appropriate funds that can be used flexibly--either for development, capital improvement, or operational costs.

- Multipurpose senior centers receiving state and/or federal funds should be required to meet certification standards. Certification standards should be based on the national "industry model" developed by the National Institute for Senior Centers. Legislation would be needed to require certification.

- The Division of Aging should be responsible for developing certification standards and for certifying senior centers as meeting requirements to receive state and/or federal funds, if authorized by legislation.

Other specific findings and conclusions related to Senior Centers can be found in Chapter III of this report.

Program Development/Local Strategic Planning

A range of activities has been implemented with Senate Bill 1559 funding for development of local strategic planning capacities.

- Gaps in services have been identified. New activities have been initiated including: development of Alzheimer's family support systems, outreach services to link older adults to information on available services, publicity efforts involving the aging network, and regional conferences for older adult consumers and their families to make them aware of services and programs available.

- The need to develop both housing options and counseling initiatives related to housing needs for older adults has been identified as a major "gap" in existing services.

- More needs to be done to develop adequate local strategic planning capacities in each county. Area Agencies on Aging need full time local strategic planning capabilities to assist counties in the development of local plans for services to older adults. Local plans, developed according

to Division of Aging guidelines, would form the basis for Area Agency Plans and ultimately for a State Aging Plan.

- Continuation of local strategic planning funding, as authorized by Senate Bill 1559, is essential to achieve the local and state strategic planning as envisioned by Senate Bill 1559.

Other findings and conclusions related to Program Development can be found in Chapter IV of this report.

Summary

Senate Bill 1559 funding represents a significant incremental increase in resources to support critical areas of services to older adults. While this report reflects that progress has been made in "meeting urgent needs", it is believed that recommendations and the course of action contained on pages 28-29, 40-42, and 47-50 will "lead to a more coordinated and more visionary system of in-home and community-based care for older adults".

These action steps will reduce fragmentation and strengthen current service delivery systems in significant ways:

- First, the Department of Human Resources, Division of Aging, has made a renewed commitment to carry out planning for services to older adults.

- Second, the Department of Human Resources and the Division of Aging have identified structures to achieve a more coordinated and visionary system of state level planning.

- Third, means have been specified to strengthen local planning for in-home and caregiver support services to older adults.

- Fourth, the Division of Aging has outlined a way to strengthen designation of local focal points for services to older adults.

- Fifth, noting the priority for strengthening the existing service delivery system, a foundation for strengthening multipurpose senior centers and development of certification standards for centers has been outlined. Funding to support operational costs of senior centers is vital if senior centers are to effectively become focal points for services to older adults.

Conclusion:

These recommendations have been made recognizing the strength in the diversity of counties and service providers that attribute positively to a statewide plan for in-home and caregiver support services for older adults. Further, recommendations have been made with a view toward coaxing more results from existing systems. Priority for future funding should be given to building an adequate supply of essential services in every community.

Financing of in-home and family caregiver support services at a level where they constitute an effective delivery response to the long term care needs of older adults must continue to receive priority. The Division of Aging believes that the most immediate objective is the development of a comprehensive array of institutional, community, and home-based services for older adults and their families. Senate Bill 1559 has aided, in important ways, in meeting this objective.

The Department of Human Resources
Division of Aging
December, 1989

I. History and Establishment of the Division of Aging

A. On September 12, 1956, Governor Luther H. Hodges appointed a Special Coordinating Committee on Aging. This committee continued in the advisory capacity under succeeding Governors until 1965 when the General Assembly created the Governor's Coordinating Council on Aging. The Council was designated to administer Title III of the 1965 Older Americans Act.

B. In 1965, the North Carolina General Assembly created the Governor's Coordinating Council on Aging, placed within the Department of Administration, as a state coordination and advocacy agency for older adults. In 1972, as part of State Government reorganization, the Governor's Coordinating Council on Aging was shifted to the Department of Human Resources. At this time, it was placed under the direction of the Secretary. In 1977, the General Assembly established the Division of Aging within the Department of Human Resources (DHR), as a part of the Secretary's Office.

C. The Division of Aging was given full line Division status effective August 15, 1988 and no longer functions as a section within the Office of the Secretary. This was a positive step to provide quality programs for North Carolina older citizens. Full line status of the Division provides a more effective mechanism to ensure leadership and coordination of aging related programs across all Divisions of the Department of Human Resources.

II. Purpose and Primary Responsibilities

A. GS 143B-181.1 requires among other things that the Division of Aging:
- o review current programs for older adults and to make recommendations to the Secretary, DHR, the N.C. General Assembly, and Governor; principal agency for planning.
- o collect and disseminate data on aging
- o educate communities about needs, resources, and opportunities for older adults
- o coordinate government programs with private agency programs
- o promote employment opportunities

B. Division of Aging is to administer Older Americans Act, Title III funding, and administer the State Plan for Title III. The Division also is to serve as an effective and visible advocate for older adults. So, within this context, DoA administers Title III, State

appropriations, and a small amount of Social Service Block Grant funds to carry out its responsibilities.

C. Other statutory provisions governing the Division of Aging are:
1. 143B.181.2 Assistant Secretary for Aging
2. 143B.181.3 Policy Act for the Aging
3. 143B.181.4 Responsibility for Policy

III. Service Delivery Structure

The Aging Network, comprised of the Division of Aging, 18 Area Agencies on Aging and approximately 250 local providers consisting of Councils on Aging, Senior Centers, Home Health Agencies, Health Departments, Social Services Departments, Community Hospitals. 51% of these are public agencies, while 49% are private non-profit and private for profit. In addition, July 1989 as a part of the provider network, 77 counties had established Departments of Aging, Councils on Aging or lead agencies on aging.

IV. Area Agencies on Aging

The Older Americans Act requires that the states designate Area Agencies on Aging (AAA). The AAAs are housed in the Council of Governments or Lead Regional Organizations. The Act specifies that the AAAs are to carry out a wide range of functions including advocacy, planning, evaluation, and monitoring of service provision. The Older Americans Act stresses that the aging network would ensure the development of comprehensive community based services in each county to assist older adults in leading independent, meaningful lives within their own homes and communities as long as possible.

V. Allocation of Funds

A. DoA allocates funds to AAAs on basis of a formula. The formula is made up of the general population, economically disadvantaged, minority, and rural population. Some State funding may be allocated on a different basis if statutorily authorized.

B. The Area Agencies on Aging, on a competitive bid basis, award funds to providers within each county of the region. Providers respond to a formal Invitation for Bids and are selected on the basis of performance, capability, and costs.

C. Eligibility: Persons 60+ and their spouses are eligible. Income is not a factor; however, the Older Americans Act gives emphasis to serving those with greatest economic need, low income, minorities, moderately impaired, and the frail elderly.

D. Voluntary Contributions totaled $1.5 m in SFY 88-89. These contributions were used to expand services by provider agencies.

VI. Budget

The Division of Aging administers programs and services funded by Title III of the Older Americans Act, (of which 85% is federal, 5% is state, and 10% is local), State Appropriation, Social Services Block Grant (Respite Care: $330,000), and Title V of the Older Americans Act. (employment program). In addition, the Division has received federal grants in the past year totaling:

- Total $33.5 m for this SFY 88-89
  -68% federal
  -26% state
  - 6% local

- In-Home Services: 19% Chore; Homemaker/Home Health Aide; Respite
- Transportation: 12%
- Congregate/Home Delivered Meals: 38%
- Legal: 2%
- Ombudsman: 2%
- State Adm.: ~~15%~~
- Other: 12%

VII. Programs and Services Administered by the Division of Aging

A. Provision of Meals (Home Delivered and in group settings)
   1. SFY 89-90, 50,600 persons will be served
   2. This represents 5.3 million meals provided
   3. Funded by 85% federal funds, 5% state and 10% local funds.

B. In-Home Services

   1. In-Home Aide Services

The Division of Aging funds three in-home aide services: Chore, Homemaker-Home Health Aide and Respite Care.

Chore and Homemaker-Home Health Aide: Services which assist functionally impaired older adults by providing essential home management and/or health related tasks which are necessary to enable the older adult to remain at home safely.

Respite Care: A service which provides temporary relief to primary caregivers caring for impaired older adults who cannot be left alone. Respite care may be delivered in-home or in an institutional setting.

In-home aide services are performed by trained paraprofessionals (unlicensed personnel). Depending upon the tasks to be performed, nursing supervision may, or may not, be required.

Projections for in-home aide services related to funding levels (federal and state), projected clients and projected units of services for FY 89-90 are indicated below:

Service	Funding Level	Projected Clients	Projected Units Provided
Chore	$3,301,861	5350	559,000 hours
H-HHA	$ 788,641	1260	53,750 hours
Respite	$1,095,898	1860	167,569 hours

2. Adult Day Care is a service which provides supervision, rehabilitation and socialization to impaired and/or frail older persons in a group setting during the day.

Adult Day Care provides a service whereby the older person may also maximize functional capacities, receive a mid-day meal and snacks, be involved in activities which promote health and well being and provide respite to primary caregivers.

Service	Funding Level	Projected Clients	Projected Units Provided
Adult Day	$ 98,580	125	7015 (days)

C. Transportation

1. Transportation is funded for medical, nutritional, and other reasons.

2. 20,550 persons will be provided transportation in SFY 89-90 for over 2m trips.

D. Employment

1. Since 1977, the Division of Aging has been funded by the U.S. Department of Labor to administer the Title V Senior Community Service Employment Program. The purpose of this funding is to provide employment for low-income persons. To be selected for enrollment, an individual must:

- Be 55 years old or older,
- Have an income that's at or below the poverty level, or
- Be unemployed or underemployed.

2. Participants are assigned to job training positions with public and private non-profit agencies where they work part-time an average of twenty hours weekly and are paid at or above the minimum wage. In addition to wages, other benefits include:

Annual physical examinations,

Supportive Services,
Development of new careers,
Placement into unsubsidized jobs,
Training,etc.

3. a. Funding is 90% federal and 10% local
   b. 515 persons, working over 400,000 hours, will be serviced during SFY 89-90.

4. Local sponsors representing public, private non-profit agencies are:

E. Senior Center Operations and Development

1. Senior Center Operations is the provision of Title III Older Americans Act funds to a community-based multipurpose senior center to offset a portion of their operating costs incurred in serving older persons.

   Need - These funds are needed to help stabilize the operating budget of a senior center in order that the center may provide opportunities to older persons to become more involved within their community, increase socialization and reduce unnecessary institutionalization.

   Projected persons to be served through 6/30/89 - 26,300. Funds budgeted - $849,792; federal, state and local funds budgeted.
   Number of centers funded - 36

2. Senior Center Development is the provision of Title III Older Americans Act funds for the acquisition, construction, expansion, or renovation of multipurpose senior center, or the purchase of equipment for a senior center.

   Need - To provide safe and comfortable physical facilities with adequate space and equipment in order to support a diverse program of services and activities.

   Funds budgeted - $125,484; federal, state and local funds.

3. State funded senior center capital improvements funding provides renovation and construction funding for senior center facilities.

   Need - Many of the senior centers in the state have been in need of renovations and building updates. This need is beginning to diminish sustained state funds for ties purpose has been available for 3 years.

   Funds budgeted - $364,139.

Number of centers funded - 31

4. Senior Center Outreach/Development funding provides funding to senior centers in order to reach unserved and underserved elderly with senior center services or to develop new senior centers.

Need - Many elderly are unable to attend a senior center due to poor health or lack of transportation. Senior center outreach seeks to bring basic senior center services such as information and referral and health maintenance activities to these people. In addition, some senior centers which are nearing the construction phase or are currently under construction or renovation need cash awards in order to develop multipurpose facility.

State agency funding budgeted 0 $418,413.

47 centers are receiving outreach funding and 8 centers are receiving development funding.

F. Legal Services are provided through Title III Older Americans Act funding in order to provide older persons with basic legal representation in noncriminal matters.

Need - Many older persons, especially low income and minorities are in need of legal counsel in matters which include will preparation, social security benefits, guardianship and other issues related to long term care. Private attorneys and legal services corporations are contracted to provide these services.

Projected persons to be served through 6/30/89 - 3.667

Number of attorney hours funded - 10,873

Funds Budgeted for 89-90 - $328,451

G. Long-Term Care Ombudsman Program

1. The Older Americans Act mandates that each state establish a Long-Term Care Ombudsman Program to advocate on behalf of residents in long-term care facilities and to facilitate resolution of complaints. Senate Bill 80 (Chapter 403) was ratified by the 1989 General Assembly. This legislation establishes the Office of State-Long Term Care Ombudsman and the Office of Regional Long-Term Care Ombudsman as well as defines the duties of each.

2. The responsibilities of the State Long-Term Care Ombudsman mandated by Chapter 403 include the following:

(1) Promote community involvement with long-term care providers and residents of long-term care facilities

and serve as liaison between residents, residents' families, facility personnel, and facility administration;
(2) Supervise the Long-Term Care Ombudsman Program;
(3) Certify regional ombudsmen;
(4) Attempt to resolve complaints made by or on behalf of individuals who are residents of long-term care facilities;
(5) Provide training and technical assistance to regional ombudsmen;
(6) Establish procedures for appropriate access by regional ombudsmen to long-term care facilities and residents' records including procedures to protect the confidentiality of these records;
(7) Analyze data relating to complaints and conditions in long-term care facilities to identify significant problems and recommend solutions;
(8) Prepare an annual report;
(9) Prepare findings regarding public education and community involvement efforts and innovative programs being provided in long-term care facilities; and
(10) Provide information to public agencies, legislators and others

3. Regional Ombudsmen duties mandated by Chapter 403 include the following:

(1) Promote community involvement with long-term care facilities and residents of long-term care facilities and serve as a liaison between residents, residents' families, facility personnel, and facility administration;
(2) Receive and attempt to resolve complaints made by or on behalf of residents in long-term care facilities;
(3) Collect data about the number and types of complaints handled;
(4) Work with long-term care providers to resolve issues of common concern and promote increased community involvement;
(5) Offer assistance to long-term care providers in staff training regarding residents' rights;
(6) Report regularly to the Office of State Ombudsman about the data collected and about the activities of the Regional Ombudsman;
(7) Provide training and technical assistance to the community advisory committees; and
(8) Provide information to the general public on long-term care issues.

4. In North Carolina, the State Long-Term Care Ombudsman is located in the Division of Aging within the Department of Human Resources and is responsible for administration and supervision of the Program statewide. Regional ombudsman positions are located in 18 Area Agencies on Aging.

5. The projected number of complaints for the 1989-90 fiscal year is 2,000. Last year, approximately 61% of the complaints involved skilled nursing facilities, 33% involved domiciliary facilities, and the remainder involved guardians, family, others.

6. Major problem areas:
   a. Ombudsman program investigates complaints relating to administrative actions adversely affecting health, safety, rights of residents. The program works closely with regulatory agencies such as Division of Facility Services and Division of Social Services.

   b. Not a regulatory function but an advocacy function. Last year, 1/5 of the complaints received were referred to regulatory agencies. 4/5 of the complaints were handled by the ombudsman.

   c. Primary areas of complaints are food (insufficient amounts; special diets not followed, preferences not considered): Financial (not informed of charges; access to personal funds; Lack of proper equipment (wheelchairs not available, etc)

H. Other Significant Initiatives

Families provide the majority of care needed by older persons living in the community. Eighty percent of the care needed by older adults experiencing limitations with day-to-day tasks comes from the family. It is estimated that approximately 186,000 North Carolina households have caregivers who provide personal care in the home for an older, chronically ill or disabled family member or friend.

In recognition of the increasingly important role that caregivers play in meeting the needs of chronically ill and disabled older persons in our population and of the fact that caregivers need support in their efforts, the Division of Aging has established a Caregiver Support Initiative. The six objectives of the Initiative are:

1. Develop an educational/marketing campaign to educate caregivers about available resources and services.

2. Provide or coordinate with other agencies and groups to offer training for aging network personnel related to enhancing caregiver support services.

3. Design a strategy for working with businesses, industries and other employers to enhance support services/resources provided to employed caregivers.

4. Design and implement a volunteer interfaith support program to provide relief for primary caregivers of frail older adults and to provide needed services to older adults living independently. A component of this program will be a clergy education initiative designed to train ministers in working with older adults and their families.

5. Continue to play a leadership role in efforts to strengthen the Alzheimer's support activities in the state.

6. Serve as a resource to outside agencies and groups with existing caregiver support programs, such as the N.C. Agricultural Extension Services elder Care Program, to help enhance their programs.

Alzheimer's Disease Support Activities

The North Carolina Division of Aging has taken an active role in advocating for programs and services for the state's 50,000 Alzheimer's Disease victims and their families since 1983. A staff person at the agency has been designated to provide information and referral to persons contacting the Division of Aging with questions related to Alzhiemer's and about resources for victims and their caregivers. This staff person has also been given the responsibility to coordinate advocacy efforts for the Division related to developing and strengthening family support activities.

In 1984 the Division of Aging sought state funds to be used to develop a program of training and support for families of victims of Alzheimer's. The General Assembly appropriated $50,000 to the Division of Aging for this purpose. These funds have been appropriated to the Division each year since 1984. Since 1984 the division has used this appropriation to contract with the Duke Aging Center Family Support Program of the Duke University Medical Center to fund a statewide central resource facility which provides assistance to the four Alzheimer's Association Chapters in the state and to professionals and family caregivers of persons suffering from dementia in our state. The Duke Program provides information and referral, education and training, and consultation services. Some highlights of the 1988-89 contract with the Duke Family Support Program include the following:

- 854 calls were received through the toll-free hotline
- 1,107 requests for information were responded to by mail
- 54 presentations were made at training sessions and educational programs which reached 5,730 people
- 4 issues of the Caregiver newsletter were prepared and distributed to the 8,000 people on the mailing list
- 17 educational programs were presented for Alzheimer's Association Chapters or support groups and assistance was provided in locating speakers for 50 chapter and support group presentations.

The Division has sponsored numerous training activities designed to education aging network personnel about Alzheimer's and to strengthen their involvement in Alzheimer's family support program activities. Many of the local support group facilitators in the state are staff of Area Agencies on aging or local councils on aging/senior centers.

The Division of Aging's staff person working with Alzheimer's related matters works closely with the four Alzheimer's Association Chapters in the state. The Division also participates in special activities and advocacy efforts designed to focus attention on the needs of Alzhiemer's victims and their families such as getting the Governor to proclaim November of each year as "Alzheimer's Disease Awareness Month in North Carolina".

This year the agency has facilitated a committee which has developed a curriculum to train aides in long-term care facilities in understanding dementia and caring for residents in facilities who suffer from dementia. In September of 1989 the Division received a grant for $12,920 from The Administration on Aging to train aides working in nursing homes, domiciliary care facilities, adult day care/day health programs, and home care program about Alzheimer's and the care of persons with this disease.

In FY 88-89 the Division provided a total of $16,400 (ranged from $1,900 to $6,000 per chapter) to the four Alzheimer's Association Chapters to support local caregiver support activities. In addition, several Area Agencies on Aging in the state used state funds they received through Senate Bill 1559 to support local Alzheimer's caregiver support initiatives. Three of the four chapters also received state discretionary funding for support costs.

This fiscal year the General Assembly appropriated $50,000 in state funds to be distributed in equal grants of $12,500 each to the four Alzheimer's Association chapters in the state. This money was dispersed by the Division of Aging to the Chapters on September 11.

Major Areas for Future Initiative

I. Planning

A. House Bill 69 ratified during the last session of the General Assembly requires the Division to submit a State Aging Services Plan in 1991 and every two years thereafter.

B. A number of structures are in place to produce the plan.

1. The Division, utilizing an advisory committee representing state agencies, local service providers, educational institutions, state level associations and others provided a detailed

written report to the General Assembly in March, 1989. This report, among other things outlined key findings related to services fragmentation for older adults.

A plan of action was outlined to coordinate planning for aging services. The Division of Aging as a lead agency on planning has taken a number of steps to define the planning process.

2. An advisory committee established by HB 1008 ratified in the last session of the General Assembly is in place to advise DHR on issues related to Home and Community Care. Membership is shown as attachment I. The purpose of the advisory committee is to find ways to alleviate services fragmentation and prevent client in-take duplication for older adults. Major DHR Divisions which provide services to older adults such as DFS, DSS, DMA, DVR are represented. Substantial efforts are underway a) to obtain consistency in service definitions and standards, eligibility criteria, reporting requirements for programs administered by diverse DHR Divisions; b) to design demonstration projects for at risk older adults as required by the legislation. This was a major area of study by the Study Commission on Aging last year and culminated with the Institute of Medicine with the assistance of UNC-Center for Aging Research and Educational Services making recommendations to the Commission concerning state models to obtain more effective service delivery and care planning for older adults. HB 1008 required that further work to done to design these projects. The report outlining the scope of the design and cost estimated will be presented to the full Advisory Committee on December 19.

3. Information and Referral Projects funded by the 1988 session of the General Assembly through SB 1559 and continued by the last session of the General Assembly will be reviewed again by the Duke Long-Term Care Resources Program under contract with the Division of Aging. A copy of the first Duke report was submitted to the Study Commission on Aging last year.

4. The Division of Aging has entered into contracts with the Duke Long-Term Care Resources Center and the UNC-Center for Aging Research and Development for assistance in activities pertaining to development of the State Aging Services Plan. These activities will result in development of profiles for each county regarding needs and expenditures for services in the county as well as priorities for future needs. Area Agencies on Aging will play significant roles in assisting counties to develop local plans.

5. The Division applied for a grant from the Kate B. Reynolds Health Care Trust.

6. A working committee has been developed to assist the Division identifying critical strategic planning issues and to develop an operational framework to develop them.

II. Expansion of In-home and Caregiver Support Services

1. waiting list exists in every county.
2. 3/4 older people receiving these services are over the age of 70 and 1/2 are over 80. This is the fastest growing population in N.C.
3. Standards of quality of care and training/qualifications of personnel providing in-home care.

III. Senior Centers

There is limited support for operation of senior centers which limits the ability of the centers to make long term plans.

IV. Work on other areas outlined in HB 1008

1. Compilation of a State Aging Services budget to coordinate existing program funding.

2. Legislative report on progress due to General Assembly 3-1-90.

3. State Aging Services Plan due to General Assembly 3-1-89.

COMMUNITY BASED SERVICE ISSUES

(NOTE: NUMBERS LISTED UNDER DATE BOXES INDICATES THE NUMBER OF SPEAKERS SUPPORTING THE ISSUE)

	Jan 24	Jan 25	Feb 22	Feb 26
1. Develop single portal of entry with the establishment of case management that would assess care needs and allow plan to be implemented.		2	3	4
2. Stabilize and increase transportation services included responsive, fixed route and recreational.		1	3	3
3. State Personnel Commission ruling related to chore workers.			1	1
4. Failing septic systems for low income.			1	1
5. Increased and expanded in-home services such as chore, personal care, home health, senior companions, respite and more public money for their support that should include partial help for middle class. Mental Health and developmental disabilities services should be included.	1	5	5	6
6. Comprehensive system of care at the community level that can respond to needs of all older adults--support DHR Advisory Committee on Home and Community Care--HB 1008.			1	1
7. Regulation of all home health providers by the State.				1
8. More counseling at the time of application for Medicaid is needed on such subjects as transfer of assets, etc.			1	
9. More housing for senior citizens with on site support in the areas of health, nutrition, and social services.		2	1	1
10. Once initial application process is complete and eligibility is determined it would help if Food Stamp Office would provide client an option of telephone interview, conduct home visits if necessary, or mail food stamps if necessary.			1	
11. State should develop early detection and treatment program for diabetes because a large number of poor elderly have this disease.			1	
12. Develop a system to use older adults as volunteers to help other older adults--State should fund RSVP.		1	1	3

13. Special needs for alzheimers patients and their families--improved and expanded in-home and respite, affordable nursing services, information assistance and support for families, support for employed caregivers.

14. Services and support for caregivers to include financial incentives and career development.

15. Medicaid system must be more streamlined to avoid unnecessary delays.

16. Medicaid must be able to reimburse more than 80 hrs./month through personal care services to further prevent or delay institutionalization.

17. Legislative resolution supporting Notch reform to be sent to Congress.

18. Extended insurance to cover both nursing home and community care.

19. Legislature should address catastrophic illness for older adults.

20. Focus on maximum development and utilization of Elder Resources.

21. The Division of Aging should buy into an ongoing national long term care survey that would provide good reliable procedures for doing local estimations by classification of dependency.

22. More people should accept responsibility for themselves and their family.

23. Listen to care providers to find out first hand what is needed.

24. Help to serve the needs of at-home dependent older adults by entrancing their ability to maintain the care network they have built and avoid the high personal and financial costs of institutionalization.

25. Formalize the involvement of public health at state and local levels in planning and delivering health related services for older adults.

pat

Jan 24	Jan 25	Feb 22	Feb 26
		1	3
	1		1
			1
			1
			1
			2
			1
			1
	1		
	1		
	1		
	1		
1			

FUNDING ISSUES FOR COMMUNITY BASED SERVICES

	Jan 24	Jan 25	Feb 22	Feb 26
1. Continue funding Senior Games.			4	3
2. There should be state funding to provide research and on-site sewer project to repair failing septic tanks. Support HB 159 and SB 1198.			1	1
3. Continue funding components identified in SB 1559 first passed in 1988.			1	
4. Increased number of slots and funding for adult day care.			1	2
5. Increased funding for congregate meals.			2	2
6. Continued and increased funding for Senior Centers development, outreach, and management.			3	1
7. Increased funding for the Division of Social Services for needs assessment, counseling, in-home services, family adjustment and protection.			1	
8. Simplify system for obtaining funds to serve elderly so that so much administrative monies are not used.		1	1	
9. The State should raise the present $242/month income guideline for Medicaid to a more reasonable amount (HB 383, SB 286).			1	1
10. Address inequity in bid process under Older Americans Act.				1
11. Uniform annual audit requirement among AAA.				1
12. Medicaid pushes people toward institutions. To counteract establish a program like AFCD for older persons who need limited amounts of funds to assist with basic food and housing not to exceed what the state and county would have paid in rest home payments.				1
13. Better pension plans.				1
14. Tax credits and other incentives for families to allow them to care for relatives at home.				1
15. Change Division of Aging funding formula.				1
16. Older adults need assistance with fuel and power payments.				1

Jan 24	Jan 25	Feb 22	Feb 26
			1
			1
	1		

17. Fund pilot projects joining with business to find various ventures where the elderly's expertise will provide the ideas and plans for new business development.

18. Provide Medicaid to all S.S.I. recipients approximately 66,500 elderly, blind, and disabled individuals receiving S.S.I. are not covered by Medicaid.

19. Reimbursement for services at levels that assure an adequately paid and trained work force.

patl

EDUCATION, TRAINING AND PLANNING ISSUES

	Jan 24	Jan 25	Feb 22	Feb 26
1. More resident advocates should be on boards, committees and commissions affecting older adults.			1	
2. Do not allow nursing aides who are required to take training to be allowed to have test read to them.			1	
3. Support a level of gerontology and training that would promote an infusion of gerontological awareness across disciplines beyond the current slow growth on North Carolina University campuses.			1	1
4. Outreach efforts in educating older adults and their families about local or state programs and payment mechanisms that are available.		1	1	
5. Education of youth and younger older adults about healthy lifestyle regarding health promotion and disease prevention.	1		1	1
6. To meet challenge of rapidly increasing elderly population we need adequate planning now.			2	1
7. Raise intellectual level of adult day centers.				1
8. Regulation under the Older Americans Act require that information and referral be provided without funding. This lack of funding should be considered by the commission.				1
9. Education for care givers.	2			1
10. Add gerontologist to N.C.S.U. Extension staff to give leadership to the development and management of educational programs to help elders, caregivers, and their families.	1			
11. Enhanced operating budget support for home economics staff across the state to coordinate and deliver effective elder care programs.	1			
12. Special coordinator in the Division of Aging to identify the needs of the aging, deaf, and hard of hearing.	1			

Jan 24	Jan 25	Feb 22	Feb 26
1			
1			
		1	
	1		

13. Financially support the further development and expansion of the Office of State Personnel PREPARE Program.

14. Review the policy that subsidizes the Community College services for the elderly.

15. Public policy should address those most at risk leading to coordinated services and resources through local planning under the authority of the county commissioners.

16. Creative policies to encourage more involvement of the private sector in order to expand resources available.

INSTITUTIONAL ISSUES - REST HOMES

	Jan 24	Jan 25	Feb 22	Feb 26
1. Inadequate guidelines for dispensing and safekeeping of medicines in rest homes.			3	
2. Residents in rest homes are required to be seen by a physician only once a year.			1	
3. Medicaid reimbursable items which rest homes are required to make available may not be getting to residents because there is no system in place to require their purchase.			1	
4. Ten (10) hour requirement for group activities for residents of rest homes is limited and not specific enough.			2	
5. For rest homes there are minimal food standards and minimal staff training on food preparation.			1	
6. Privacy as specified in Patient Bill of Rights is still not provided in many Rest Homes.			1	
7. Mixing of elderly patients with developmentally and mentally disabled. Separate living conditions should be provided that meet each person's mental and physical needs.			1	1
8. Under G.S. 122C the Domiciliary Home Advisory Committees are excluded from certain D.D. homes.			1	
9. Fund community colleges to use their physical therapy training programs to go into rest homes.			1	
10. Intervene in proposal before Social Services Commission that would change regulation pertaining to staffing of rest home from licensed capacity basis to daily resident census. (by SS Commission)				2
11. Raise $34 personal allowance in rest homes.				1

pat2

INSTITUTIONAL ISSUES - NURSING HOMES

Jan 24	Jan 25	Feb 22	Feb 26
			4
1			
			1

1. Repeal CON.

2. Nursing Home Care should be designed to meet the needs of the hard of hearing.

3. Improve nursing homes by increasing the staff/patient ratio increasing the number of health workers and increasing the number of beds.

pat3

INSTITUTIONAL ISSUES - GENERAL

	Jan 24	Jan 25	Feb 22	Feb 26
1. Lack of a range of effective enforcement mechanisms for nursing homes and rest homes. North Carolina's receivership law should be rewritten to fit long term care facilities.			1	1
2. Develop a type of facility for transitional care for the frail elderly who do not need acute care but are not ready to return to their place of residence.				1
3. The State should license certain facilities for the elderly such as room and board and assisted living.				1
4. Expand function and funding for ombudsman program.			1	1
5. Review the policy that subsidizes community college services for the elderly.	1			
6. Regulation of agencies that provide nursing, nursing aide and sitter services, and other agencies that provide services to older adults.			1	1

pat4

APPENDIX G

NORTH CAROLINA STUDY COMMISSION ON AGING
SUBCOMMITTEE ON ALZHEIMER'S

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APPENDIX H

ALZHEIMER'S SUBCOMMITTEE RECOMMENDATIONS
TO THE STUDY COMMISSION ON AGING
OCTOBER 5, 1990

Alzheimer's Category

1. Increase funding to the four Alzheimer's Chapters from $50,000 for the four to $50,000 per chapter.

2. Continue funding the Duke Alzheimer's Family Support Program to provide continued technical assistance and family support services.

3. Eliminate discrimination in admission and retention against Alzheimer's/dementia victims with behavioral or physical problems who require extra care in long-term care facilities.

4. Establish state standards for special care units for Alzheimer's victims including but not limited to:

   (a) Ensuring adequate training and supply of available nurses, assistants, and aides;

   (b) Encouraging alternatives and setting standards for the use of heavy physical and pharmacological restraints of victims; and

   (c) Increasing and enforcing penalties for violations of licensing requirements, care standards, or patient rights.

5. Provide additional Alzheimer's/dementia training for providers of health care and human services.

6. Instruct the Alzheimer's Subcommittee to study implementing Alzheimer's special care units (such as the Black Mountain Facility) across the state in the future.

Other General Concerns

1. Provide additional funding for:

   (a) Expanding in-home services (respite, chore, in-home health aide);

   (b) Improving adult day care by adding counties and increasing the daily rate from $13 to $20; and

   (c) Improving adult day health programs by increasing the daily rate to $28.

2. Increase support for caregivers and families by changing the eligibility standard of respite care and by increasing the number of hours provided from 48 to 100.

3. Provide protective service for abuse, neglect or exploitation of victims.

4. Consolidate and streamline the process of accessing the system.

5. Strengthen the ombudsman program through increased funding, additional positions, and expansion of the program.

6. Expand and enhance the CAP (Community Assistant Program).

APPENDIX I

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DHR ADVISORY COMMITTEE ON HOME AND COMMUNITY CARE

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APPENDIX J

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

S/H **D**

ASC-RB91-7
THIS IS A DRAFT 16-NOV-90 15:55:01

Short Title: Index Homestead Exemption. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO INDEX THE AMOUNT OF THE PROPERTY TAX HOMESTEAD EXEMPTION AND THE AMOUNT OF THE INCOME LIMIT FOR ELIGIBILITY FOR THE EXEMPTION.

The General Assembly of North Carolina enacts:

Section 1. G.S. 105-277.1 reads as rewritten:

"**§ 105-277.1. Property classified for taxation at reduced valuation.**

(a) ~~The following class of property~~ Real property or a manufactured home owned and occupied by a qualifying owner as the owner's permanent residence is designated a special class of property under Article V, Sec. 2(2) of the North Carolina Constitution and ~~shall be assessed for taxation as follows.~~ is taxable in accordance with this section. The amount of the appraised value of a permanent residence that equals the index amount for the county in which the residence is located is excluded from taxation.

The index amount is fifteen thousand dollars ($15,000) for each county until the county's first horizontal adjustment or reappraisal of real property that is effective on or after July 1, 1992. Upon the effective date of a county's first horizontal adjustment or reappraisal effective on or after July 1, 1992, the index amount for that county is the amount in effect before the

effective date of the horizontal adjustment or reappraisal plus or minus a percentage of this amount that equals the average percentage increase or decrease in the appraised value of real property in the county resulting from the horizontal adjustment or reappraisal, rounded to the nearest one hundred dollars ($100.00). The index amount effective upon a county's horizontal adjustment or reappraisal remains the county's index amount until the county's next horizontal adjustment of residential property or revaluation.

The Department of Revenue shall determine the percentage increase or decrease in real property values resulting from a horizontal adjustment or reappraisal from sales assessment ratio studies made under G.S. 105-289(h), shall calculate a new index amount to be in effect in a county when a horizontal adjustment or reappraisal becomes effective in the county, and shall notify the assessor of the county of the new amount by April 15 of the year in which the amount becomes effective.

~~The first twelve thousand dollars ($12,000) in assessed value of real property, or a mobile home, owned by a North Carolina resident and occupied by the owner as his permanent residence shall not be assessed for taxation if, as of January 1 of the year for which the benefit of this section is claimed:~~

~~(1) The owner is either 65 years of age or older or is totally and permanently disabled; and~~

~~(2) The owner's disposable income for the preceding calendar year did not exceed eleven thousand dollars ($11,000); and~~

~~(3) The owner makes the required application.~~

~~For married applicants residing with their spouses, the disposable income of both spouses must be included, whether or not the property is in both names.~~

(a1) A 'qualifying owner' is an owner who, as of January 1 of the taxable year for which the benefit of this section is claimed:

(1) Was a North Carolina resident;

(2) Was at least 65 years old or totally and permanently disabled; and

(3) Had an aggregate household income for the immediately preceding calendar year of not more than the income eligibility amount.

The income eligibility limit is the same for every county. Until July 1, 1992, the limit is eleven thousand dollars ($11,000). For taxable years beginning on or after July 1, 1992, the limit is the amount for the preceding year increased by the

same percentage of this amount as the percentage by which the federal government increased the benefits under Titles II and XVI of the Social Security Act during the calendar year preceding the year in which the determination of a new income limit is made, rounded to the nearest one hundred dollars ($100.00). On or before September 1 of each year, the Department of Revenue shall determine the income eligibility amount to be in effect for the taxable year beginning the following July 1 and shall notify the assessor of each county of the amount to be in effect for that taxable year.

(b) Definitions. -- When used in this section, the following definitions shall apply:

(1) 'Aggregate household income' means the total disposable income of all the persons who maintain a permanent residence in the same household.

(2) 'Disposable income' means gross income, as defined in G.S. 105-134.1(5), plus all interest on tax exempt bonds.

(2a) An 'owner' of property means a person who holds legal or equitable title to the property, ~~either individually or~~ whether individually, as a tenant by the entirety, a joint tenant, or a tenant in common, or as the holder of a life estate or an estate for the life of another. Property owned and occupied by husband and wife as tenants by the entirety shall be entitled to the full benefit of this classification notwithstanding that only one of them meets the age or disability requirements ~~herein provided~~ of this section. If the residence is a ~~mobile~~ manufactured home and is jointly owned by husband and wife, it shall be treated as property held by the entirety. When property is owned by two or more persons other than husband and wife and one or more of ~~such~~ the owners qualifies for this classification, each qualifying owner shall be entitled to the full amount of the exclusion not to exceed his or her proportionate share of the valuation of the property. No part of an exclusion available to one co-owner may be claimed by any other co-owner and in no event shall the total exclusion allowed to a qualifying residence ~~(including the household personal property therein) exceed twelve thousand dollars ($12,000).~~ exceed the index amount.

~~(2) "Disposable income" means adjusted gross income as defined for North Carolina income tax purposes in G.S. 105-141.3 plus all other moneys received from every source other than gifts or inheritances received from a spouse, lineal ancestors, or lineal descendants.~~

~~(2a) Repealed by Session Laws 1985 (Reg. Sess., 1986), c. 982, s. 20.~~

(3) 'Permanent residence' means legal residence. It includes the dwelling, the dwelling site, not to exceed one acre, and related improvements. The dwelling may be a single family residence, a unit in a multi-family residential complex or a ~~mobile~~ manufactured home. Notwithstanding the occupancy requirements of this classification, an otherwise qualified applicant shall not lose the benefit of the exclusion because of a temporary absence from his or her permanent residence for reasons of health, or because of an extended absence while confined to a rest home or nursing home, so long as the residence is unoccupied or occupied by the applicant's spouse or other dependent.

(4) A 'totally and permanently disabled person' means one who has a physical or mental impairment ~~which~~ that substantially precludes him from obtaining gainful employment and ~~such impairment~~ appears reasonably certain to continue without substantial improvement throughout his lifetime.

(c) Application. -- ~~Applications for the exclusions provided by this section are to be filed during the regular listing period, but, shall~~ An application for the exclusion provided by this section should be filed during the regular listing period, but may be filed and must be accepted at any time up to and through April 15 ~~of the calendar~~ preceding the tax year for which ~~they are to be effective~~ the exclusion is claimed. When property is owned by two or more persons other than husband and wife and one or more of them qualifies for this exclusion, each ~~such~~ owner shall apply separately for his or her proportionate share of the exclusion.

(1) Elderly Applicants. -- Persons 65 years of age or older may apply for this exclusion by entering the appropriate information on a form made available by the assessor under G.S. 105-282.1.

(2) Disabled Applicants. -- Persons who are totally and permanently disabled may apply for this exclusion by (i) entering the appropriate information on a form made available by the assessor under G.S. 105-282.1 and (ii) furnishing acceptable proof of their disability. Such proof shall be in the form of a certificate from a physician licensed to practice medicine in North Carolina or from a governmental agency authorized to determine qualification for disability benefits. After a disabled applicant has qualified for this classification, he or she shall not be required to furnish an additional certificate unless the applicant's disability is reduced to the extent that the applicant could no longer be certified for the taxation at reduced valuation."

Sec. 2. G.S. 105-309(f) reads as rewritten:

"(f) The following information shall appear on each abstract, or on an information sheet distributed with the abstract. (The abstract or sheet must include the address and telephone number of the assessor below the notice required by this subsection):

'PROPERTY TAX RELIEF FOR ELDERLY AND PERMANENTLY DISABLED PERSONS.

North Carolina excludes from property taxes ~~the first twelve thousand dollars ($12,000)~~ (assessor insert amount, if amount known, or words "a portion", if amount not known) of the ~~in assessed~~ appraised value of certain property owned by North Carolina residents aged 65 or older or totally and permanently disabled whose ~~disposable~~ aggregate household income does not exceed ~~eleven thousand dollars ($11,000)~~ (assessor insert amount). The exclusion covers real property, or a ~~mobile~~ manufactured home, occupied by the owner as his permanent residence. ~~Disposable~~ Aggregate household income includes all moneys received by every member of the household, other than gifts or inheritances received from a spouse, a lineal ~~ancestors,~~ ancestor, or a lineal ~~descendants.~~ descendant.

If you received this exclusion in (assessor insert previous year), you do not need to apply again unless you have changed your permanent residence. If you received the exclusion in (assessor insert previous year) and your ~~disposable~~ aggregate household income in (assessor insert previous year) was above ~~eleven thousand dollars ($11,000)~~ (assessor insert amount), you must notify the assessor. If you received the exclusion in (assessor insert previous year) because you were totally and

permanently disabled and you are no longer totally and permanently disabled, you must notify the assessor. If the person receiving the ~~exemption~~ exclusion in (assessor insert previous year) has died, the person required by law to list the property must notify the assessor. Failure to make any of the notices required by this paragraph before April 15 will result in penalties and interest.

If you did not receive the exclusion in (assessor insert previous year) but are now eligible, you may obtain a copy of an application from the assessor. It must be filed by April 15.'"

Sec. 3. This act is effective for taxes imposed for taxable years beginning on or after July 1, 1991.

HISTORY OF PROPERTY TAX
HOMESTEAD EXEMPTION IN NORTH CAROLINA

Effective Year	Action
1972	Excluded first $5,000 in appraised value of real property used as principal place of residence by retired owner, aged 65 years or older, whose disposable income from all sources was less than $3,5000.
1974	(1) Substantially enlarged the class of property entitled to the exclusion. (2) Increased the income eligibility limit from $3,500 to $5,000. (3) Excluded social security benefits from the definition of disposable income.
1976	(1) Expanded eligible taxpayers to include permanent and totally disabled taxpayers regardless of age. (2) Increased the income eligibility limit from $5,000 to $7,500. (3) Re-included social security benefits in the definition of disposable income.
1978	(1) Increased the exemption amount from $5,000 to $7,500. (2) Increased the income eligibility limit from $7,500 to $9,000.
1982	(1) Increased the exemption amount from $7,500 to $8,500. (2) Established a mechanism for the State to reimburse cities and counties 15% of the revenue loss from the homestead exemption. (3) Replaced the annual application requirement with a one-time application (unless the taxpayer's eligibility changes).
1986	(1) Increased the exemption amount from $8,500 to $10,000. (2) Increased the income eligibility limit from $9,000 to $10,000. (3) Provided for the State to reimburse cities and counties 35% of the revenue loss from the homestead exemption.
1987	(1) Increased the exemption amount from $10.000 to $12,000. (2) Increased the income eligibility limit from $10.000 to $11,000. (3) Provided for the State to reimburse cities and counties 50% of the revenue loss from the homestead exemption.

HOW REVALUATION AFFECTS TAXPAYERS WHO RECEIVE THE BENEFITS OF THE HOMESTEAD EXEMPTION

In the following examples, assume that the true value of the house and lot is $60,000. In the year prior to revaluation, the property is appraised at 50% of its fair market value. In the year of revaluation, it is appraised at 95% of its fair market value.

Homeowner with no property tax relief:

	Year Prior to Reval	Year of Reval
Assessed Val	$30,000	$57,000
Tax Rate	x .0080	x .0050
TAX DUE	$ 240	$ 285

In this example, the homeowner's taxes will increase $45, or approximately 19%.

Homeowner with homestead exemption as presently provided:

	Year Prior to Reval	Year of Reval
Assessed Val	$30,000	$57,000
Exclusion	- 12,000	- 12,000
Taxable Val	18,000	45,000
Tax Rate	x .0080	x .0050
TAX DUE	$ 144	$ 225

In this example, the homeowner's taxes will increase $81, or approximately 56%.

Homeowner with homestead exemption where amount is indexed:

Under the bill, the amount of the exemption would be set for each county based on increases in the county's appraised value of property resulting from a reappraisal. The amount of the exemption would automatically change by the proportion by which the appraised value of real property changes, based on the sales assessment ratio studies done by the Department of Revenue. In this example, the amount of the exemption would increase by 45% effective in the year the reappraisal becomes effective.

	Year Prior to Reval	Year of Reval
Prop Val	$30,000	$60,000
Exclusion	- 12,000	- 22,800
Taxable Val	18,000	34,200
Tax Rate	x .0080	x .0050
TAX DUE	$ 144	$ 171

In this example, the homeowner's taxes will increase $27, or approximately 19%. This percentage of increase equals the percentage of increase realized by the homeowner who is not receiving tax relief. This percentage is attributable to the shift caused by the revaluation. The inflationary shift has been removed.

SUMMARY

A BILL TO BE ENTITLED AN ACT TO INDEX THE AMOUNT OF THE PROPERTY TAX HOMESTEAD EXEMPTION AND THE AMOUNT OF THE INCOME LIMIT FOR ELIGIBILITY FOR THE EXEMPTION

The existing property tax exemption for low income elderly and disabled homeowners does not reflect the impact of periodic revaluations. Since the amount of the exemption and the income eligibility figure are fixed by law, the value of the exemption is eroded by changes in economic conditions. Therefore this bill would make the following changes in the current law:

1. The homestead exemption amount would increase for the next taxable year from $12,000 to $15,000;
2. Effective for the taxable year 1992 the exemption amount used in a county would increase each time the county makes a real property evaluation and would be based on the county's appraised value of property resulting from an appraisal;
3. The exemption amount would change in a county only when the county reappraises property and the amount of the exemption may vary from county to county;
4. The income limit would increase by the percentage by which the federal government increases social security benefits the preceding year; and
5. Unlike the exemption amount, the income limit would be the same for all counties and would be adjusted annually.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

D

90C-RY-002
THIS IS A DRAFT 19-NOV-90 10:55:18

Short Title: Transportation Appropriation. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR THE NORTH CAROLINA ELDERLY AND HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the Highway Fund to the Department of Transportation the sum of $2,000,000 for the 1991-92 fiscal year and $2,000,000 for the 1992-93 fiscal year to provide funds for the North Carolina Elderly and Handicapped Transportation Assistance Program established under G.S. 136-44.27.

Sec. 2. This act becomes effective July 1, 1991.

SUMMARY

A BILL TO BE ENTITLED AN ACT TO APPROPRIATE FUNDS FOR THE NORTH CAROLINA ELDERLY AND HANDICAPPED TRANSPORTATION ASSISTANCE PROGRAM

One of the persistent problems of the elderly in North Carolina has been the lack of transportation. It permeates many other issues relating to the elderly and handicapped as has been reported the Commission in a number of public hearings. With these factors as background, the Commission reported to the 1987 General Assembly that State operating money was needed to expand transportation to the elderly and handicapped that was being provided by federal and local funds. The 1989 General Assembly finally approved these funds, providing two million dollars from highway funds, specifying that one million dollars was to be divided equally by the 100 counties. The remaining one million dollars was to be divided based on the elderly and handicapped population in each county and the density of each county.

The Commission has reviewed the program and finds that it is meeting the purposes of the legislation as established in G. S.136-44.27. Sixty-eight and one-half percent (68.5%) of the purchased trips have been provided to the elderly. These trips have been for a variety of reasons: education, employment, social, medical, personal, shopping, and nutrition. The three largest were: medical, 13 percent; shopping and personal, 21 percent; and nutrition, 47 percent.

The purpose of this bill is to reauthorize funding of the program at the same $2 million level for each year of the biennium. The Department of Transportation administers the program at no cost to the program. The entire appropriation will go to the counties.

APPENDIX L

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

S/H **D**

90d-sf-003
THIS IS A DRAFT 2-JAN-91 10:35:38

Short Title: Home Care Licensing. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO AMEND THE HOME HEALTH LICENSURE ACT.

The General Assembly of North Carolina enacts:

Section 1. Chapter 131E of the General Statutes reads as rewritten:

"Part C. Home ~~Health~~ Care Agency Licensure Act.

"§131E-135. Title; purpose.

(a) This Part shall be known as "Home ~~Health~~ Care Agency Licensure Act."

(b) The purpose of this Part is to establish licensing requirements for home ~~health~~ care agencies.

"§131E-136. Definitions.

As used in this Part, unless otherwise specified:

(1) 'Commission' means the North Carolina Medical Care Commission.

(2) 'Home ~~health~~ care agency' means a private or public organization which provides home ~~health~~ care services.

(3) 'Home ~~health~~ care services' means ~~health care and medical services and medical supplies~~ any of the following services which are provided to an individual by a home ~~health~~ care agency or by others under arrangements with the agency, ~~on a~~

~~visiting basis,~~ in a place of temporary or permanent residence used as an individual's ~~home. The services may include but are not limited to the following:~~ home:

a. ~~Part-time or intermittent nursing~~ Nursing care provided by or under the supervision of a registered nurse;

b. Physical, ~~occupational~~ occupational, respiratory or speech therapy;

c. Medical social ~~services, home health aid services, and other therapeutic services;~~ services;

d. ~~Medical supplies, other than drugs and biologicals, and the use of medical appliances.~~ In-home aide services that involve hands-on care to an individual; and

e. Infusion nursing services.

The term does not include: health promotion; preventative health and community health services provided by public health departments without reimbursement from third party payors or from the individual served; hospices licensed under Article 10 of Chapter 131E of the General Statutes when providing care to a hospice patient; an individual who engages solely in providing his own individual services to another individual; or nursing registries if the registry discloses to a client or the client's responsible party, before providing any services, that (i) it is not a licensed home care agency, and (ii) it does not make any representations or guarantees concerning the training, supervision, or competence of the personnel provided.

"**§131E-137. Home health services to be provided in all counties.**

(a) Every county shall provide ~~home health services as defined in this Part.~~ part-time, intermittent home care nursing services, and at least one of the following home care services: part-time, intermittent physical therapy, occupational therapy, speech therapy, medical social work, or home health aide services.

(b) For purposes of this section, ~~home health~~ these services shall be as defined in ~~this Part,~~ subsection (a) of this section, except that these services may be provided by any organization listed in subsection (c) of this section.

(c) ~~Home health~~ These services may be provided by a ~~county health department, by a district health department, by a home health~~ home care agency licensed under this ~~Part, or by a public agency.~~ Part. The county may provide ~~home health~~ these services by contract with another ~~health department or with a home health agency or public agency~~ home care agency in another county.

(d) Repealed by Session Laws 1985, c. 8, s. 1, effective July 1, 1985.

"**§131E-138. Licensure requirements.**

(a) No person or governmental unit shall operate a home ~~health~~ care agency without a license obtained from the Department.

~~(b) An applicant shall provide nursing service and at least one other home health service, as stated in G.S. 131E-136(3).~~

(c) An application for a license shall be available from the Department, and each application filed with the Department shall contain all information requested by the Department. A license shall be granted to the applicant upon a determination by the Department that the applicant has complied with the provisions of this Part and the rules promulgated by the Commission under this Part.

(d) The Department shall renew the license in accordance with the rules of the Commission.

(e) Each license shall be issued only for the premises and persons named in the license and shall not be transferable or assignable except with the written approval of the Department.

(f) The license shall be posted in a conspicuous place on the licensed premises.

(g) The Commission shall adopt rules to ensure that a home care agency shall be deemed to meet the licensure requirements and issued a license without further review or inspection if: (i) the agency is already certified or accredited by the Joint Commission on Accreditation of Healthcare Organizations, National League for Nursing, National Home Caring Council, North Carolina Accreditation Commission for In-Home Aide Services, or other entities recognized by the Commission; and (ii) the agency is certified or accredited for all of the home care services that it provides. The Department may, at its discretion, determine the frequency and extent of the review and inspection of home health agencies already certified as meeting federal requirements, but not more frequently than on an annual basis.

"**§131E-139. Adverse action on a license.**

(a) The Department may suspend, revoke, annul, withdraw, recall, cancel or amend a license when there has been a

substantial failure to comply with the provisions of this Part or the rules promulgated under this Part.

(b) The provisions of Chapter 150A of the General Statutes, The Administrative Procedure Act, shall govern all administrative action and judicial review in cases where the Department has taken the action described in subsection (a).

"**§131E-140. Rules and enforcement.**

(a) The Commission is authorized to adopt, amend and repeal all rules necessary for the implementation of this Part.

(a1) The Commission shall adopt rules that recognize the different types of home care services and shall adopt specific requirements for each type of service.

(b) The Department shall enforce the rules adopted or amended by the Commission with respect to home ~~health~~ care agencies.

"**§131E-141. Inspection.**

(a) The Department shall inspect home health agencies in accordance with rules adopted by the Commission to determine compliance with the provisions of this Part and the rules established by the Commission.

(b) Notwithstanding the provisions of G.S. 8-53, 'Communications between physician and patient,' or any other provision of law relating to the confidentiality of communications between physician and patient, the representatives of the Department who make these inspections may review any writing or other record in any recording medium which pertains to the admission, discharge, medication, treatment, medical condition, or history of persons who are or have been clients of the agency being inspected unless that client objects in writing to review of that client's records. Physicians, psychiatrists, nurses, and anyone else involved in giving treatment at or through an agency who may be interviewed by representatives of the Department may disclose to these representatives information related to any inquiry, notwithstanding the existence of the physician-patient privilege in G.S. 8-53, 'Communication between physician and patient,' or any other rule of law; Provided the client has not made written objection to this disclosure. The agency, its employees, and any person interviewed during these inspections shall be immune from liability for damages resulting from the disclosure of any information to the Department. Any confidential or privileged information received from review of records or interviews shall be kept confidential by the Department and not disclosed without written authorization of the client or legal representative, or unless disclosure is ordered by a court of competent jurisdiction. The Department shall

institute appropriate policies and procedures to ensure that this information shall not be disclosed without authorization or court order. The Department shall not disclose the name of anyone who has furnished information concerning an agency without the consent of that person. Neither the names of persons furnishing information nor any confidential or privileged information obtained from records or interviews shall be considered 'public records' within the meaning of G.S. 132-1, '"Public records" defined.' Prior to releasing any information or allowing any inspections referred to in this section, the client must be advised in writing by the licensed agency that the client has the right to object in writing to release of information or review of the client's records and that by an objection in writing the client may prohibit the inspection or release of the records.

"**§131E-141.1. Penalties for Violation.**

Any person establishing, conducting, managing, or operating any home care agency without a license is guilty of a misdemeanor and upon conviction is liable for a fine of not more than five hundred dollars($500.00) for the first offense and not more than five hundred dollars ($500.00) for each subsequent offense. Each day of a continuing violation after conviction shall be considered a separate offense.

"**§131E-142. Injunction.**

(a) Notwithstanding the existence or pursuit of any other remedy, the Department ~~may,~~ shall, in the manner provided by law, maintain an action in the name of the State for injunction or other process against any person or governmental unit to restrain or prevent the establishment, conduct, management or operation of a home ~~health~~ care agency with a license.

(b) If any person shall hinder the proper performance of duty of the Secretary or a representative in carrying out the provisions of this Part, the Secretary may institute an action in the superior court of the county in which the hindrance occurred for injunctive relief against the continued hindrance irrespective of all other remedies at law.

(c) Actions under this section shall be in accordance with Article 37 of Chapter 1 of the General Statutes and Rule 65 of the Rules of Civil Procedure.

Sec. 2. This act shall become effective January 1, 1992.

SUMMARY

A BILL TO BE ENTITLED AN ACT TO AMEND THE HOME HEALTH LICENSURE ACT

After hearing the evidence, the Commission finds that there should be a single level of licensure for all types of agencies that provide home care services. Currently, North Carolina has only licensure for home health. With the great expansion of home care in recent years, there are many kinds of agencies that are providing home care services that are not covered, for example:

1. Home health agencies that do not receive Medicare and Medicaid;
2. Agencies that provide continuous nursing care;
3. Agencies that provide in-home aide services; and
4. agencies that provide very sophisticated services such as intravenous technologies.

The proposed bill would bring all of the above types of services under single licensure with common standards regardless of who is paying for the service and covers the following points:

1. Based upon the current home health regulations, there would be developed a core set of requirements for all agencies, and then specific service requirements for different levels of service.
2. Sole practitioners or nursing registries that disclose certain information to their clients would not be licensed.
3. Local government agencies that provide home care services would be required to meet the home care licensure regulations but would not apply to traditional public health services such as health promotion, preventive health and community health.
4. Agencies that are already certified by Medicare or accredited by JCAHO, NLN, National Home Caring Council or the North Carolina Accreditation Commission for In- Home Aide Services shall not be subject to licensure for those services for which they are already accredited.

APPENDIX M

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

D

91-sf-005
(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Long-Term Care Ombudsman/Funds. (Public)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR THE LONG-TERM CARE OMBUDSMAN PROGRAM.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Department of Human Resources $215,000 for the 1991-92 fiscal year and the sum of $433,000 for the 1992-93 fiscal year for the Long-Term Care Ombudsman Program established by G.S. 143B-181.15 through G.S. 143B-181.25.

The funds shall be used for state support and for the fourteen regional ombudsman positions that are not full-time positions.

Sec. 2. This act becomes effective July 1, 1991.

SUMMARY

A BILL TO BE ENTITLED AN ACT TO APPROPRIATE FUNDS FOR THE LONG-TERM CARE OMBUDSMAN PROGRAM

The Ombudsman Program which was begun in North Carolina in 1975 is designed along with the Community Advisory Committees to enable each county to develop programs relevant to the needs of nursing home and rest home patients. One of the main functions of the Ombudsman Program is to resolve complaints relative to nursing homes and rest homes at the local level. The ombudsman is the first line of defense in insuring that all persons in nursing homes and rest homes receive quality care.

The interrelationship between the Ombudsman Program and the Community Advisory Committee system has been extremely beneficial to the institutionalized elderly in the State. Because of the proven benefits of this program, the Commission finds that now is the time to strengthen the program. At the present time North Carolina has eighteen ombudsman positions. Fourteen are part-time and four are full-time positions. The four full-time positions are in Charlotte, Greensboro, the Research Triangle, and Winston-Salem. The appropriation would be used to strengthen the State effort and increase the working hours of the part-time ombudsmen where appropriate. The projected cost for the 1991-92 fiscal year will be $215,000; and for the 1992-93 fiscal year, $433,000.

APPENDIX N

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

D

90d-sf-004
THIS IS A DRAFT 7-DEC-90 09:21:48

Short Title: In-Home Funds. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO INCREASE FUNDING FOR IN-HOME AIDE SERVICES AND CAREGIVER SUPPORT SERVICES.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Department of Human Resources the sum of $3,010,629 for the 1991-92 fiscal year and the sum of $6,075,712 for the 1992-93 fiscal year to fund in-home aide services and caregiver support services.

Sec. 2. These funds shall be matched by local funds as determined by the Department of Human Resources.

Sec. 3. This act becomes effective July 1, 1991.

SUMMARY

A BILL TO BE ENTITLED AN ACT TO APPROPRIATE FUNDS TO INCREASE FUNDING FOR IN-HOME AIDE SERVICES AND CAREGIVER SUPPORT SERVICES

The 1988 General Assembly provided the first significant State funding to the Division of Aging for a comprehensive system of in-home services and community based services for the elderly. One of these categories was in-home aide services and the funding level was $720,000. The largest category of funding in the 1988 package was 1,008,000 for caregiver support which included a number of services such as respite care, home-delivered meals, adult day care, medical transportation, senior companion, and mental health counseling.

In the past two years funding has remained constant while costs of services have gone up. From data, 3,175 fewer clients are being served than in 1988 and 1989. The results of the Commission's public hearings point to the critical shortage and need for these community services. Therefore the bill appropriates $3,010,629 for the 1991-92 fiscal year and $6,075,712 for the 1992-93 fiscal year. The appropriation would make up for lost units of service and also increase services to clients by 5 % each year of the bienniun. The appropriations shall be matched by local funds as determined by the Department of Human Resources.

APPENDIX O

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

D

91-sf-001
THIS IS A DRAFT 2-JAN-91 11:24:51

Short Title: Alzheimer's Association/Funds. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO THE ALZHEIMER'S ASSOCIATION.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Division of Aging, Department of Human Resources, the sum of $80,000 for the 1991-92 fiscal year and the sum of $80,000 for the 1992-93 fiscal year to be divided equally among the four chapters of the Alzheimer's Association of North Carolina.

Sec. 2. This act becomes effective July 1, 1991.

SUMMARY

A BILL TO BE ENTITLED AN ACT TO APPROPRIATE FUNDS TO THE ALZHEIMER'S ASSOCIATION CHAPTERS

This bill appropriates $80,000 for each year of the biennium to be divided equally among the following Alzheimer's chapters in North Carolina:

1. Western Alzheimer's Chapter
2. Southern Piedmont Alzheimer's Chapter
3. Eastern Alzheimer's Chapter
4. Triad Alzheimer's Chapter

The four North Carolina Chapters of the Alzheimer's Association are among the few resources available to the 60,000 persons in North Carolina who have the disease, their families and caregivers to provide assistance, information, and support. The State must continue to support these chapters in their efforts to provide these necessary resources

APPENDIX P

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

D

mlm
THIS IS A DRAFT 20-NOV-90 11:10:06

Short Title: Standards for Alzheimer's Special Care Units. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT REQUIRING THAT THE NORTH CAROLINA MEDICAL CARE COMMISSION AND THE SOCIAL SERVICES COMMISSION DRAFT RULES CONTAINING STATE STANDARDS FOR SPECIAL CARE UNITS IN NURSING HOMES AND REST HOMES FOR ALZHEIMER'S AND RELATED DEMENTIA PATIENTS AND THAT THESE COMMISSIONS MAKE A REPORT TO THE STUDY COMMISSION ON AGING.

Whereas, there are approximately 60,000 men and women in North Carolina who are victims of Alzheimer's disease and related dementia; and

Whereas, many of these people, who require specialized care, are being placed in nursing homes and rest homes where there is no specialized care for Alzheimer's and related dementia patients; and

Whereas, there are no State standards governing the care of Alzheimer's and related dementia patients in nursing homes and rest homes; Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. As used in this act, the term "special care unit" means a wing or hallway within a nursing home or rest home that is separated by closed doors from the rest of the nursing home or rest home and that is designed especially for residents with Alzheimer's disease and related dementia.

Sec. 2. The North Carolina Medical Care Commission shall adopt rules containing State standards for special care units in nursing homes for patients with Alzheimer's disease and related dementia. These standards shall include guidelines concerning the type of care provided in a special care unit, the type of resident who can be served on the unit, the ratio of residents to staff members, and the requirements for the training of staff members. The Commission shall make a report, which shall include these standards, to the North Carolina Study Commission on Aging, established by Article 21 of Chapter 120 of the General Statutes, by October 1, 1991.

Sec. 3. The Social Services Commission shall adopt rules containing State standards for special care units in rest homes for patients with Alzheimer's disease and related dementia. These standards shall include guidelines concerning the type of care provided in a special care unit, the type of resident who can be served on the unit, the ratio of residents to staff members, and the requirements for the training of staff members. The Commission shall make a report, which shall include these standards, to the North Carolina Study Commission on Aging, established by Article 21 of Chapter 120 of the General Statutes, by October 1, 1991.

Sec. 4. This act is effective upon ratification.

SUMMARY

A BILL TO BE ENTITLED AN ACT REQUIRING THAT THE NORTH CAROLINA MEDICAL CARE COMMISSION AND THE SOCIAL SERVICES COMMISSION DRAFT RULES CONTAINING STATE STANDARDS FOR SPECIAL CARE UNITS IN NURSING HOMES AND REST HOMES FOR ALZHEIMER'S AND RELATED DEMENTIA PATIENTS AND THAT THESE COMMISSIONS MAKE A REPORT TO THE STUDY COMMISSION ON AGING

As the disease progresses, Alzheimer's and related dementia victims may need extra care beyond care delivered in a home setting. This may require that the families or caregivers place the Alzheimer's patient in either a rest home or nursing home. There are currently no state standards governing the care of Alzheimer's and related dementia patients that can guide the families in their search for proper facilities for the patient. In fact, there have been reports that certain facilities are advertising as special Alzheimer's units without any definitive standards.

Therefore, this bill requires that the Medical Care Commission, which makes rules for nursing homes, and the Social Services Commission, which makes rules for rest homes, shall adopt rules containing State standards for special care units for patients with Alzheimer's disease and related dementia. These standards shall include:

1. Guidelines concerning the type of care provided in a special care unit;
2. The type of care provided in a special care unit;
3. The type of resident who can be served in the unit;
4. The ratio of staff to residents; and
5. The requirements for the training of staff members.

The Medical Care Commission and the Social Services Commission shall make a report, which shall include the standards, to the North Carolina Study Commission on Aging by October 1, 1991.

APPENDIX Q

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1989

D

90d-RY-031
THIS IS A DRAFT 26-NOV-90 15:03:08

Short Title: UNC Gerontology Coord./Funds. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO THE UNIVERSITY OF NORTH CAROLINA TO COORDINATE AND EXPAND EFFORTS IN RESEARCH, TEACHING, AND EXTENSION IN GERONTOLOGY.

Whereas, older citizens contribute significantly to the progress and general well-being of our State and nation; and

Whereas, The University of North Carolina presently carries out valuable research, teaching, and extension activities in gerontology and related fields; and

Whereas, The University of North Carolina needs to coordinate and expand its efforts in research, teaching, and extension in gerontology; Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Board of Governor's of The University of North Carolina the sum of $100,000 for the 1991-92 fiscal year and the sum of $100,000 for the 1992-93 fiscal year to provide funds to create the position of Gerontology Coordinator in the General Services Administration.

Sec. 2. This act becomes effective July 1, 1991.

SUMMARY

A BILL TO BE ENTITLED AN ACT TO APPROPRIATE FUNDS TO THE UNIVERSITY OF NORTH CAROLINA TO COORDINATE AND EXPAND EFFORTS IN RESEARCH, TEACHING AND EXTENSION IN GERONTOLOGY

The Commission finds that the University of North Carolina needs to expand its efforts in research, teaching and extension in issues related to gerontology. This expanded effort is required by the longevity revolution so quietly occurring and lasting until 2030-2040. This is transforming the nation and North Carolina into a predominantly aging and experienced society. Economics and other factors require that this new challenge be met so that we may remain as a productive society.

The bill appropriates to the Board of Governors $100,000 for each year of the biennium to create the position of Gerontology Coordinator in the General Services Administration.