NORTH CAROLINA

STUDY COMMISSION ON AGING

REPORT TO THE GOVERNOR AND THE 2007 REGULAR SESSION OF THE 2007 GENERAL ASSEMBLY

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North Carolina
Study Commission On Aging

January 24, 2007

To: Governor Michael Easley
Lieutenant Governor Beverly Perdue, President of the North Carolina Senate
Senator Marc Basnight, President Pro Tempore of the North Carolina Senate
Representative Joe Hackney, Speaker of the North Carolina House of Representatives
Members of the 2007 Regular Session of the 2007 General Assembly

Attached is a report from the North Carolina Study Commission on Aging submitted to you pursuant to North Carolina General Statute §120-187. The North Carolina Study Commission on Aging presents to you findings and recommendations based on study conducted after the adjournment of the 2006 Regular Session of the General Assembly. Proposed legislation is contained within this report.

Respectfully submitted,

Senator Charlie S. Dannelly
Co-Chair

Representative Beverly M. Earle
Co-Chair

North Carolina Study Commission On Aging

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PREFACE

Chapter 120, Article 21, of the North Carolina General Statutes, charges the North Carolina Study Commission on Aging with studying and evaluating the existing system of delivery of State services to older adults, and recommending an improved system of delivery to meet the present and future needs of older adults. The Commission consists of 17 members. Of these members, eight are appointed by the Speaker of the House of Representatives, eight are appointed by the President Pro Tempore of the Senate, and the Secretary of the Department of Health and Human Services or the Secretary's designee serves as an ex officio, non-voting member.

This report represents the work of the North Carolina Study Commission on Aging during the 2006-2007 interim. The Study Commission on Aging met on nine occasions and held public hearings in Charlotte and Burlington. The Commission studied a variety of topics that impact a wide range of programs and services for older adults in North Carolina.

EXECUTIVE SUMMARY

The North Carolina Study Commission on Aging met nine times and conducted two public hearings during the 2006-2007 interim. In response to the study and evaluation of services to older adults, the North Carolina Study Commission on Aging makes the following recommendations to the Governor and the 2007 Session of the 2007 General Assembly:

Recommendation 1: Support for Senior Centers

The Study Commission on Aging recommends that the General Assembly appropriate an additional $500,000 for FY 07-08 and $500,000 for FY 08-09 to the Senior Center General Purpose fund to provide additional support for Senior Centers.

Recommendation 2: Expand Dental Care for Special Care Populations

The Study Commission on Aging recommends that the General Assembly appropriate $200,000 for FY 07-08 to the Department of Health and Human Services, Division of Public Health, to purchase an additional mobile dental unit for a new or existing non-profit mobile dental care provider to serve special care populations in geographic areas of the State that are not currently served by mobile dental units. The Department shall report to the Commission on the status of this project by September 1, 2008.

The Study Commission on Aging recommends that the General Assembly require the Board of Governors of The University of North Carolina to study the feasibility of requiring one or more of the Board of Governors' Dental Scholarship-Loan Program slots be dedicated to individuals who will predominately serve special care populations, primarily disabled individuals and the elderly, and to report findings and recommendations to the Commission by January 15, 2008.

Recommendation 3: Expand Health Care Personnel Registry/Funds

The Study Commission on Aging recommends that the General Assembly expand the Health Care Personnel Registry to include any unlicensed staff of a health care facility that has direct access to residents, clients, or their property, and appropriate an additional $1,700,000 for FY 07-08 and $1,700,000 for FY 08-09 to add staff and improve upon existing allegation response times.

Recommendation 4: Support Project C.A.R.E.

The Study Commission on Aging recommends that the General Assembly appropriate $500,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for FY 07-08, and $500,000 for FY 08-09, to fund Project C.A.R.E. which provides support to individuals with dementia and their caregivers.

Recommendation 5: Additional HCCBG Funds

The Study Commission on Aging recommends that the General Assembly appropriate an additional $5,000,000 to the Department of Health and Human Services for FY 07-08 and $5,000,000 for FY 08-09 for the Home and Community Care Block Grant (HCCBG).

Recommendation 6: Amend the Penalty Review Committee Statutes

The Study Commission on Aging recommends that the General Assembly enact legislation to change the Penalty Review Committee process.

Recommendation 7: Study Safe Transportation of Passengers in Wheelchairs

The Study Commission on Aging recommends that the General Assembly direct the Department of Transportation to study appropriate methods of transporting passengers seated in wheelchairs, to develop guidelines for the installation and use of wheelchair tiedown systems, and to report findings and recommendations to the Study Commission on Aging and the Joint Legislative Transportation Oversight Committee by February 1, 2008.

Recommendation 8: Adult Protective Services Pilot Program

The Study Commission on Aging recommends that the General Assembly appropriate $1,492,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for FY 07-08 and $1,930,000 for FY 08-09 to enact a pilot program to assess proposed changes to the adult protective services statutes and to report on the evaluation of the pilot by March 1, 2009.

Recommendation 9: Study Medically Needy Income Standard

The Study Commission on Aging recommends that the General Assembly enact legislation to require the Department of Health and Human Services, Division of Medical Assistance, to study the medically needy income standard and determine the best method of increasing the standard while providing improved consistency across long-term care settings and report to the Study Commission on Aging by September 1, 2008.

Recommendation 10: Support for NC Rx

The Study Commission on Aging supports the NC Rx program, funded through the Health and Wellness Trust Fund, which assists seniors having difficulty paying for prescription drugs, and expresses gratitude for the SHIIP program and the many volunteer organizations that provide information to citizens enrolling in Medicare prescription drug programs.

Recommendation 11: Funds for Mentally Ill Housing Options

In response to the Commission on Aging and Mental Health Oversight Subcommittee report, the Study Commission on Aging recommends that the General Assembly appropriate to the Department of Health and Human Services and the Housing Finance Agency, $1,506,600 for FY 07-08, to provide rental assistance for at least 250 units, and $3,013,200 for FY 08-09, to continue rental assistance for the units in FY 07-08 and to provide rental assistance for at least an additional 250 units, which shall increase the availability of housing options for North Carolinians with disabilities, particularly for those individuals that are transitioning out of State psychiatric hospitals and those that are transitioning out of long-term care facilities.

Recommendation 12: Study Housing Concerns and Staff Training Required for Mixed Populations

In response to the Commission on Aging and Mental Health Oversight Subcommittee report, the Study Commission on Aging recommends that the General Assembly direct the Department of

Health and Human Services, Division of Facility Services, Division of Aging and Adult Services, and the Division of Mental Health, to analyze the rules and regulations in North Carolina and in other states regarding the provision of appropriate care and the housing of residents with mental illness in the same facility vicinity as those without mental illness. The Department shall also analyze and recommend appropriate staff training requirements to enable direct care workers in long-term care facilities to simultaneously provide appropriate care to mentally ill residents and those that are not mentally ill. The Department shall present findings, recommendations, and any required statutory or rule changes to the Study Commission on Aging and the Joint Legislative Mental Health Oversight Committee by March 1, 2008.

Recommendation 13: Increase SA In-Home Slots

In response to the Commission on Aging and Mental Health Oversight Subcommittee report, the Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to increase the total number of State/County Special Assistance In-Home Program slots to 2000 in FY 07-08.

Recommendation 14: Support for the Transitional Residential Treatment Program and for LME Notification of Mental Health Determination Using the Uniform Screening Tool

In response to the Commission on Aging and Mental Health Oversight Subcommittee report, the Study Commission on Aging expresses support for development, by the Department of Health and Human Services, of a "Transitional Residential Treatment Program" to provide 24-hour residential treatment and rehabilitation for mentally ill adults who have a pattern of difficult behaviors that exceed the capabilities of traditional community residential settings, and support the continued development of a Uniform Screening Tool, including the requirement that the appropriate Local Management Entities (LMEs) be notified of the status of the individual's mental health and the admission of that individual to a facility.

Recommendation 15: Authorize Star-Rated Certificate Rules

The Study Commission on Aging recommends that the General Assembly enact legislation to give the Medical Care Commission the authority to adopt rules allowing the issuance of star-rated certificates to adult care homes and to appropriate to the Department of Health and Human Services, Division of Facility Services, $153,000 for FY 07-08, to be used for salaries for two positions and for database enhancement, and $108,000 for FY 08-09, for salaries and database maintenance, for implementation of the Star Rating system.

Recommendation 16: Funds for WIN A STEP UP

The Study Commission on Aging recommends that the General Assembly appropriate to the Department of Health and Human Services, Division of Facility Services, $200,000 for FY 07-08 and $200,000 for FY 08-09 to develop and pilot a WIN A STEP UP (**W**orkforce **I**mprovement for **N**ursing **A**ssistants: **S**upporting **T**raining, **E**ducation, and **P**ayment for **U**pgrading **P**erformance) Program for nurse aides employed by home care agencies; to appropriate $200,000 for FY 07-08 and $325,000 for FY 08-09, in addition to fine and penalties collections provided by the Division, to continue the program in nursing homes; and to direct the WIN A STEP UP Program to study the feasibility of becoming a self-sustaining program and to report to the House and Senate Appropriations Subcommittees on Health and Human Services by May 1, 2008. The WIN A STEP UP program shall continue to enhance and enrich curriculum components with information and exercises involving appropriate care for individuals with dementia, anxiety, depression, and other severe mental health problems.

Recommendation 17: Support Recommendations from the House Study Committee on State Guardianship Laws

The Study Commission on Aging supports the recommendations of the House Study Committee on State Guardianship Laws.

Aging North Carolina:
The 2007 Profile

Prepared by the Department of Health and Human Services, Division of Aging and Adult Services

North Carolina's Demographic Shift: North Carolina is in the midst of a significant demographic change as the state's 2.3 million baby boomers (those born between 1946 and 1964) begin to enter retirement age. Today, the proportion of the state's population who are seniors, ages 65 and older, is roughly 12 percent. By 2030, when the youngest baby boomers are retirement age, the proportion should reach 17.7 percent or 2.1 million older North Carolinians including the surviving boomers who will be between ages 66 and 84. The figure below shows the milestones of the baby boomers expressed in terms of some major federal and state age-related programs (eligibility age in parenthesis). For example, last year (2006), the oldest boomers (i.e., born in 1946) became eligible to receive services under the Older Americans Act.

Baby Boomer Milestones

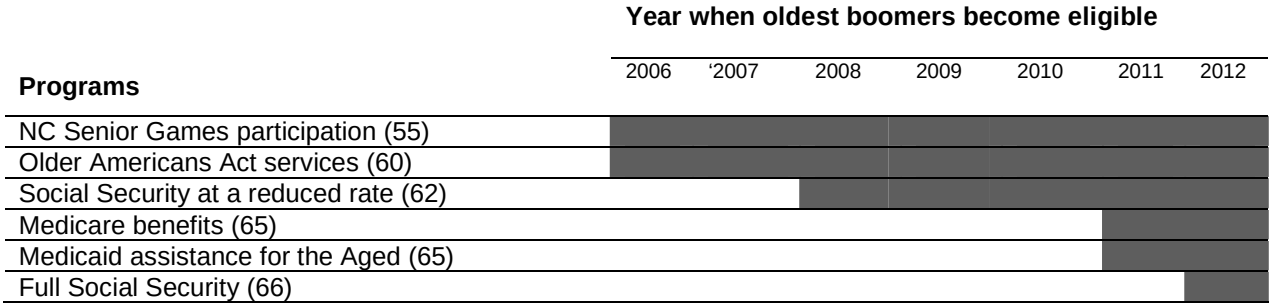
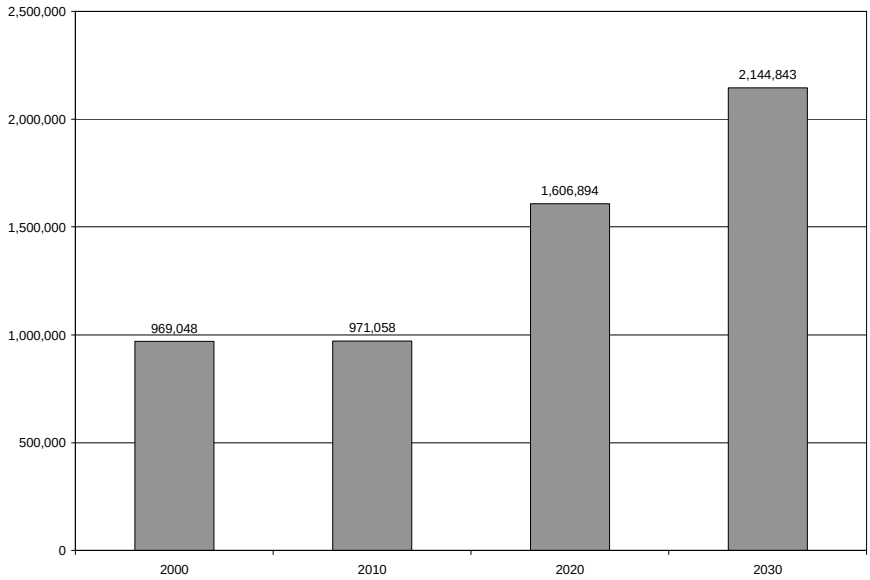


Figure A: Growth of Older North Carolinians Age 65+ (2000-2030)



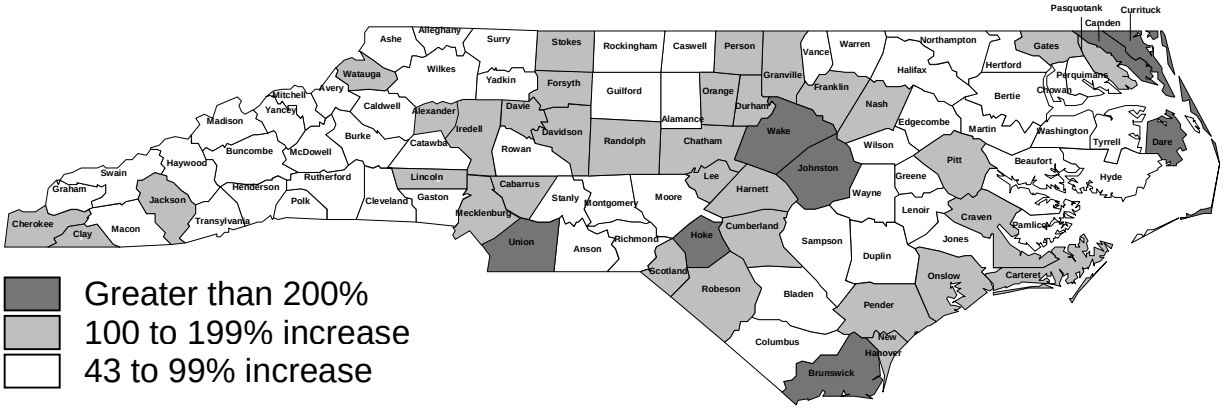
The impact of the aging baby boomers is clearly indicated in the projected growth of North Carolinians age 65+ between 2010 and 2030 as shown in Figure A. [1] As that bar graph shows, there is little expected growth in the older population between 2000 and 2010. This is because the Great Depression and World War II were times when the entire country experienced the

lowest birth rates the country had ever experienced up until that time. The small number of people born during those two times (1929 to 1945) will be 65 to 81 years old in 2010. Because of retirement migration to North Carolina, we will not see an actual decline in the number of older adults in that period, as some states will, but the growth will be modest.

Figure B shows the projected growth of the older population by county between 2000 and 2030. During this period, growth for the state as a whole is projected at 50 percent, while the population 65 and older is expected to grow 121 percent, and the population 85 and older, 144 percent. [1]

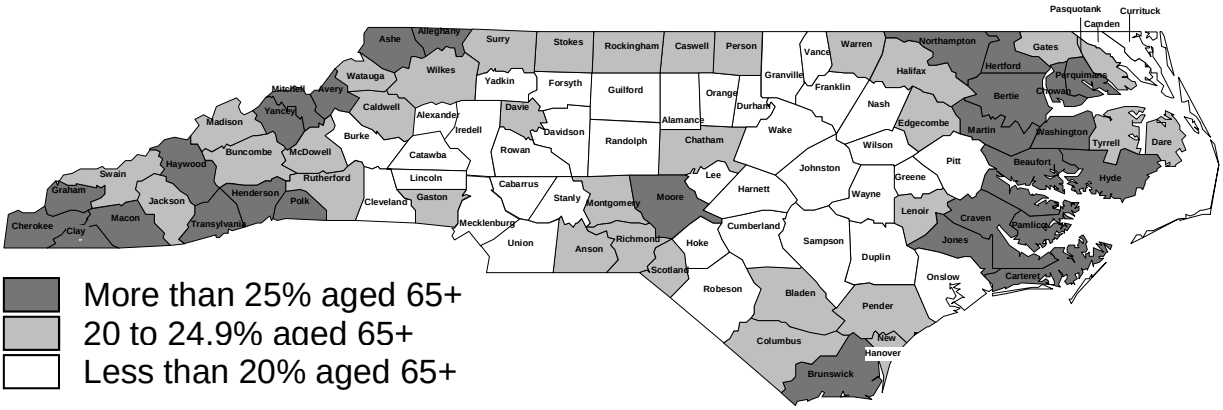
The eight counties with more than 200 percent growth can be divided into two very different categories. Union, Wake, Johnston, and Hoke are experiencing rapid growth in their overall population as expanding parts of metropolitan areas, and they will remain relatively "young" (The proportion of their population projected to be over 65 is lower than that of the state as a whole.) The remaining four counties—Brunswick, Camden, Currituck, and Dare—by contrast, are projected to see disproportionate growth in their aging population. Brunswick and Dare, in particular, are projected to have substantially higher percentages of older adults (26.4 percent and 24.1 percent respectively), compared to 17.7 percent for the state as a whole.

Figure B. Projected Growth of Population Ages 65 and Older from 2000 to 2030



Based on 2000 Census counts (www.census.gov) and April 2030 projections (2006, Demographic Unit, Office of State Budget and Management

Figure C. Percent of County Population Projected to Be Ages 65 and Older in 2030



Note: The proportion in the state is 17.7%
Based on April 2030 projections (2006, Demographic Unit, Office of State Budget and Management

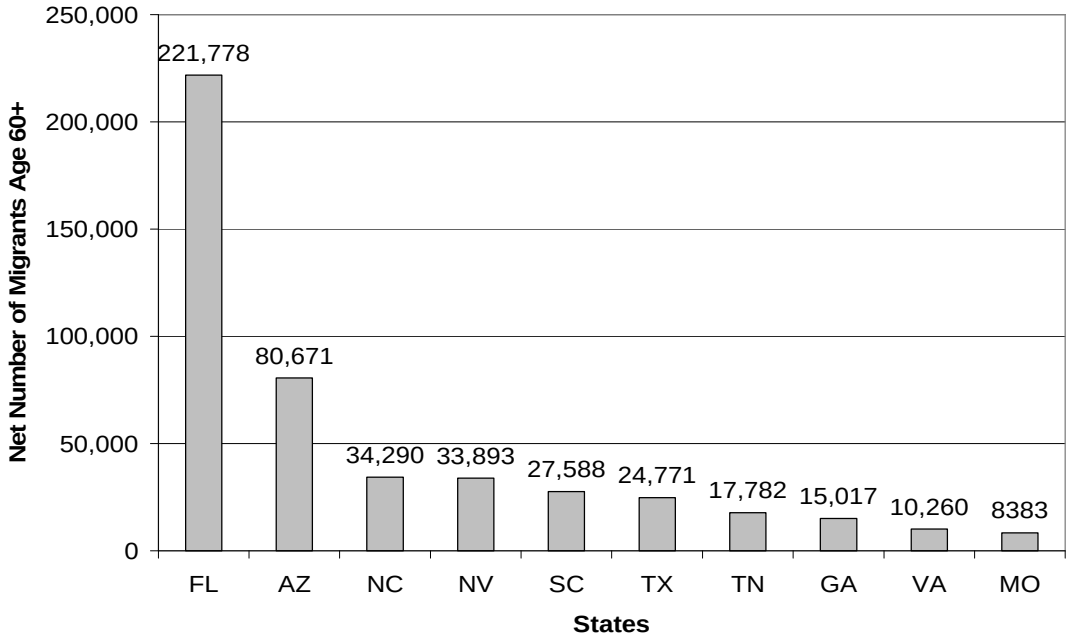
Figure C shows the counties that will have the largest concentration of older adults in 2030. All are in areas attractive to retirees, but many are also counties that will continue to lose younger residents because of modest economic opportunities.

There are several factors that contribute to the different rates of aging of the state's 100 counties [2]. These include:

- Rural-to-urban migration of young adults continues to age rural counties.
- Large metropolitan counties attract large numbers of persons from outside the state as well as from rural counties.
- The large metropolitan counties are experiencing greater growth among younger adults than they are among older adults.
- A large number of older adults with higher incomes are retiring in some western and coastal counties, and other counties with attractions to specific groups of older adults (e.g. golf courses).

Although decreases in both fertility and mortality are the major factors in the aging of the state's population, migration also plays a key role. As shown in Figure D, North Carolina ranked third nationally as a retirement migration destination with a net migration number of 34,290 among older adults (60+) in the five-year period between 1995 and 2000. Along with other Sunbelt states (Florida, South Carolina, Texas, Tennessee, Georgia, and Virginia) North Carolina remains a popular destination for people of all ages, including seniors. [3] The latest data estimates that 22,893 older adults (60+) relocated to North Carolina from other states and abroad in just one year between 2004 and 2005 [4]. That means that in 2005, 17 out of every 100 people 60 and older living in the state had been living out of the state the year before.

Figure D: Top Ten States with Net Number of Migrants Age 60+ (1995-2000)



According to the most recent life tables from the NC State Center for Health Statistics, if age-specific mortality remains unchanged, babies born today in North Carolina are expected to live, on average, to the age of 75.6 years. The North Carolinians who are age 60 today are expected to live, on average, an additional 20.8 years to almost 81 years old. Generally, women live longer than men and whites live longer than persons of other racial groups. However, at the oldest ages, African Americans, in particular, have a life expectancy that is the same or slightly greater than that of whites. This is known as the "crossover effect." [5]

Life Expectancies (in Years) by Age Group, Gender, and Race

	NC	White		All other Races*	
Age Groups	Combined	Male	Female	Male	Female
(At Birth)	75.6	73.8	79.6	68.0	75.8
60-64	20.8	19.0	22.9	16.8	21.5
65-69	17.1	15.4	18.9	13.8	17.8
70-74	13.7	12.2	15.1	11.1	14.5
75-79	10.6	9.3	11.6	8.8	11.4
80-84	7.9	6.8	8.5	6.7	8.6
85+	5.4	4.5	5.7	4.8	6.0

*This group is primarily African American, but other much smaller racial groups including Asian and American Indian, are included. Source: NC Center for Health Statistics (2002). *Healthy Life Expectancy in North Carolina, 1996-2000*

What Are the Implications of this Shift? The aging of the population is a national and international trend, and North Carolina, like the rest of the world, must be prepared to reap the benefits and face the challenges of an older population. Government faces decisions about the allocation of public resources from a tax base that may experience slowed growth, especially in many aging rural counties. People must consider living and caregiving arrangements in light of smaller nuclear and extended families. The health, human service, employment, and education systems must adapt to the changing needs and interests of the seniors of today and tomorrow. The business and faith communities as well as others must identify and respond to the challenges and opportunities of these demographic shifts.

In the 2003-2007 State Aging Services Plan, the NC Division of Aging and Adult Services introduced a new initiative–Livable and Senior-Friendly Communities–to raise awareness of the aging of our population and to promote North Carolina's communities becoming senior-friendly as well as livable for all people through collaboration among citizens, agencies, organizations, and programs, in both the public and private arenas. This initiative will form the core around which the 2007–2011 State Aging Services Plan will be organized. A livable and senior-friendly community in North Carolina will draw on the talents and resources of active seniors while enhancing services for those who are vulnerable because of their health, economic hardships, social isolation, or other conditions. A livable and senior-friendly community will work to address a wide range of issues and concerns (e.g., air quality, housing, long-term care services, employment, and enrichment opportunities) that, as a whole, affect the quality of life of seniors and others in the community. Also, a livable and senior-friendly community will assure stewardship of its resources to meet the needs of today's seniors, while helping baby boomers and younger generations prepare for the future.

Demographic Highlights

Population: North Carolina ranks tenth among states in the number of persons age 65 and older and eleventh in the size of the entire population. [6] The fast pace of growth of the state's older population is evident in a US Census Bureau's release in which North Carolina was ranked fourth nationally in the increase of the number of older persons age 65+ (47,198 in NC) between April 2000 and July 2003. Only three other states (California, Texas, and Florida) reported a greater increase among their older populations. Even so, when combined with the equally strong growth in other age groups, North Carolina continues to maintain an overall healthy demographic balance among the generations, as it is thirty-eighth among states in the proportion of the population over 65. [7]

- Estimated NC population age 65+ in 2006: 1,050,849 (12.0 percent of total population)
- Estimated NC population age 85+ in 2006: 131,612 (1.5 percent of the total population)

Diversity and Disparity: North Carolina is rich in diversity, but its citizens face challenges because of the disparity that exists among all populations, including older adults. Some important differences among NC's older adults relate to gender, marital status, ethnicity/race, residence, rurality, disability, health status, grandparents raising grandchildren, and veteran status.

1. Gender: Older women represent 58.9 percent of the 65+ age group and 71.1 percent of the 85+ age group. [8] The higher rate of poverty among older women remains a primary issue today. For example, women age 75+ are twice as likely to be poor as men the same age. [9]

- Marital Status: Because men have shorter life expectancy, and because they tend to marry younger women, at ages 65 and older, women are more than twice as likely to be unmarried as men in their age group. [10] Data show that being unmarried (widowed, divorced, separated, or never married) increases a woman's vulnerability to poverty. According to the Social Security Administration, in 2004 fully 74 percent of unmarried beneficiaries of either sex rely on Social Security for half or more of their income (compared to 64 percent of married beneficiaries) and 43 percent rely on Social Security for 90 percent or more of their income compared to 21 percent of their married counterparts. [11]

Percent Unmarried by Age Group

	Age 65-74	Age 75-84	Age 85+
Unmarried Women in NC	45.0	65.0	89.6
Unmarried Men in NC	20.9	26.0	41.4

Source: American Community Survey (2006). *Table B12002.*

- Ethnicity/Race: Altogether 18.7 percent of persons age 65+ are members of ethnic minority groups in North Carolina. [12] Compared to the nation as a whole, North Carolina's population age 65+ includes a larger proportion who are African American (15.7 percent in NC compared to 8.3 percent nationally) and a smaller proportion of Latinos (1.1 percent in NC compared to 6.2 percent nationally). American Indians, Asian Americans, and other ethnic groups account for 1.9 percent of the age group 65 and older. In North Carolina as well as nationally, older adults from most ethnic minority groups show both a higher poverty rate and a lower life expectancy when compared with the non-Latino white population. Poverty rates for the two largest racial groups are shown in the table below. [Note: See the Demographic Shift section for the information on life expectancy.]

Percent Below Poverty Level for the Older Population of North Carolina by Gender, Race, and Age Group

	White		African American	
	Male	Female	Male	Female
Age Group 65 - 74	4.3	8.8	15.6	24.6
Age Group 75+	7.7	15.3	25.4	30.8
Data from 2005 American Community Survey reflecting poverty in 2004.				

- Residence: The 2000 Census showed that in North Carolina, 81.4 percent of householders ages 65 and older owned their homes (with or without mortgage), yet among homeowners in that age group, over 61,000 reported incomes for 1999 that were below poverty. This figure means that 11.8 percent of the homeowners over age 65 were poor, compared to 7.5 percent for homeowners of all age groups. [13] This has implications for both helping some older adults be responsible for their own needs (e.g. reverse mortgages) and for the need for property tax relief to older adults. Among renters age 65+ who provided information, 63.2 percent, or 72,739 households, spent more than 30 percent of their household income on rent [14]. Furthermore, 5,000 North Carolina homeowners and renters age 65+ lacked

complete plumbing facilities in their homes. [15]

- Rurality: Among all age groups, 39.8 percent of North Carolina residents live in rural areas compared to only 21.0 percent for the country as a whole. [16] The percentage among older adults is no doubt higher (based on the percentages of older adults in the predominantly rural counties), but there is no age-specific figure available. In 2000, North Carolina's rural population (3,202,238) was almost as large as the one in Texas (3,647,747), the state with the largest number of rural residents in the nation. Not only was North Carolina's rural population among the largest in terms of numbers, but the state also reported the highest proportion (39.8 percent) of rural population among the 20 most populous states in the nation. While 11 other states reported higher proportions of rural population, ranging from 40.7 percent to 61.8 percent, all of these states are much smaller in total population than North Carolina. Thus, North Carolina is unique among more populous states in having so large a rural contingency. At the same time North Carolina has made the transition away from an agricultural economy so that only 1.1 percent of its people live on farms, only slightly more than the 1.0 percent for the nation as a whole. A 2002 report from Making a Difference in Communities (MDC) highlights a long list of challenges that rural residents and their communities face—isolation by distance, lagging infrastructure, sparse resources that cannot adequately support education and other public services, and weak economic competitiveness. [17]
- Disability: In North Carolina, 43.0 percent of the non-institutionalized civilian population ages 65 and older reported having one or more disabilities by the US Census definition—44.4 percent of women and 41.0 percent of men, according to the 2005 American Community Survey. [18] The Census Bureau defines disability as "a long-lasting physical, mental, or emotional condition that makes it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering. This condition can also impede a person from being able to go outside the home alone or to work at a job or business." This definition is very broad and leads to counting a number of people who, indeed, have difficulties but are able to function independently and would not meet the average person's perception of a person with a disability.

- Health Status: Heart disease is the leading cause of death among older adults both nationwide and in North Carolina with cancer and stroke, second and third on the list. [19] In particular, the coastal plain region of North Carolina has the fourth highest stroke death rate in the nation and is labeled by some as the Buckle of the Stroke Belt [20]. African Americans and other racial minorities are at substantially higher risk for certain chronic conditions such as heart disease, stroke, and diabetes (a major contributor to heart disease, stroke, and other conditions). [5] Diabetes mellitus is the sixth leading cause of death for the older North Carolina population in general, but like stoke, it is a more serious threat to the African American community, being the fourth highest cause of death in African Americans of all ages in our state [19].

Five Leading Causes of Death among North Carolinians Age 65+

Rank	Cause
1	Heart diseases
2	Cancer
3	Cerebrovascular diseases including stroke
4	Chronic lower respiratory diseases
5	Alzheimer's disease

Source: NC Center for Health Statistics (2006). *Leading Causes of Death – 2005.*

An important factor in health status is physical activity. A sedentary life style is known to increase a person's risk of heart disease, diabetes, and other chronic conditions. Unfortunately, in a multi-year study North Carolinians age 65+ were ranked 48th among the 50 states in physical activity with nearly 40 percent of residents aged 65 and older reporting that they did not engage in any physical activity in the past month. [21] The 2005 Behavioral Risk Factor Surveillance System (BRFSS) shows that nearly 70 percent of adults in that age group do not participate in recommended levels of physical activity [22]. The BRFSS also shows over one third of people age 65+ say that their general health status is fair or poor.

- Grandparents Raising Grandchildren: According to the 2005 American Community there were 82,149 NC grandparents who reported that they had one or more grandchildren living with them *for whom they are responsible*. This represents nearly half of all grandparents whose grandchildren live with them and 1.7 percent of all North Carolina grandparents. Among those grandparents responsible for their grandchildren, over 49 percent live in households in which neither parent of the child is present. [23] According to AARP, 47 percent of NC grandparents responsible for their grandchildren are African American; 2 percent are Hispanic/Latino; 2 percent are American Indian or Alaskan Native; and 47 percent are white [24]. Given the relative sizes of these populations, it is clear that this is an even larger issue in the African American community than among other ethnic groups.[24]

- Veteran Status: Of the estimated 756,216 veterans living in NC in 2006, over 262,000, or 35 percent, were age 65 and older. Another 255,000 (34 percent) were ages 50 to 65, most of whom were Vietnam-era veterans. [25]. The group of veterans from the Vietnam-era contains proportionally more disabled members than survivors of other wars due to quicker and more advanced medical treatment. [26] The Veterans Administration has frequently written about the aging of the veterans as a major challenge to its health care system in coming years.

In summary, North Carolina has a large, economically and ethnically diverse older population. With this diversity come both special assets and special challenges. Even the most vulnerable older adults often give as much to their communities as they receive. Nevertheless, we must be aware that those who face disabilities, disparities of income and health care, and the responsibilities of caring for grandchildren are more likely to need public services and supports. While meeting these disparate needs of today's older adults, our state is also witnessing the first minor steps of the transition of the baby boomers into retirement ages. This will transform the

age structure of the state and bring a new generation of older adults with some of the same historic challenges, but also new attitudes, new challenges, and new resources.

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[25] US Department of Veterans' Affairs *VetPop2004 Version 1.0 State and National Tables (yearly projections)* http://www1.va.gov/vetdata/docs/1l.xls

[26] US Department of Veterans' Affairs (2002) *VA History in Brief http://webpages.charter.net/wisconsinlegion-7thdistrict/VA_History.htm#Vietnam_War*

Pertinent Web Sites for Related Information

- NC Division of Aging and Adult Services (http://www.dhhs.state.nc.us/aging/demo.htm)
- Demographics Unit, NC Office of Budget and Management (http://demog.state.nc.us/)
- NC State Center for Health Statistics (http://www.schs.state.nc.us/SCHS/)
- US Census Bureau (http://www.census.gov)

COMMISSION PROCEEDINGS

September 12, 2006

The North Carolina Study Commission on Aging met on Tuesday, September 12, 2006, at 10:00 a.m.. in Room 643 of the Legislative Office Building. Senator Charlie Dannelly presided. He introduced Senator Katie Dorsett as the Commission member replacing Senator Julia Boseman, who resigned. At this meeting, the Commission heard several updates concerning legislative actions of interest to seniors and the potential Commission work schedule for the coming interim.

Mr. Shawn Parker, Aging Commission Staff, was the first presenter. He provided members with a handout entitled Summary of Substantive Legislation Related to Aging. (Appendix A.) Mr. Parker stated that within the Appropriations Act, Senate Bill 1741, there are number provisions that impact older adults specifically relating to the utilization of Medicaid, housing, and healthcare issues. Mr. Parker explained that Theresa Matula would provide an overview of legislation recommended by the Study Commission on Aging later in the meeting, but beyond bills specifically endorsed by the Commission, the General Assembly enacted legislation that expanded the Special Assistance In-Home program, increased from Class 1 to Class A1 the penalty for committing assault or battery upon a handicapped person, and created a Stroke Advisory Council within the Justus Warren Heart and Stroke Prevention Task Force.

Mr. Parker told Commission members that there were also a number of studies established including: studies of the following topics: regulation of pharmacy benefit management, geriatric care providers, the feasibility of establishing a prescription drug cost management office, rural health care access and needs, the Fair Housing Act, and no-fault compensation for injuries to elderly and disabled persons.

Ms. Carol Shaw, Commission Staff, gave a presentation on budget actions affecting older adults. She furnished members with a handout on funds appropriated in S.L. 2006-66 and provided a breakdown for the use of those funds. Ms. Shaw stated that there was over $10 million appropriated for housing for disabled persons and funding for the Housing Trust Fund was increased by $5 million. Both of these items were left off the list and could potentially affect the elderly.

Ms. Theresa Matula, Commission Staff, provided members with a handout entitled 2006 Recommendation Status Report. (Appendix A.) Ms. Matula told Commission members that 8 of the 12 recommendations made in 2006 were enacted by the General Assembly. The recommendations that were not enacted included reenacting the long-term care insurance tax credit, providing additional funds for the Housing Trust Fund, and expanding the Health Care Personnel Registry.

Ms. Matula continued by handing out a list of potential future meeting dates for the Commission. She also presented information on the possibility of working with the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services. On August 29, 2006, the co-chairs of the Study Commission on Aging sent a letter to Representative Verla C. Insko and Senator Martin L. Nesbitt, Co-chairs of the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services requesting assistance in addressing issues related to serving mentally ill individuals residing in long-term care (LTC) facilities. A copy of the letter is contained in Appendix B.

September 27, 2006

The North Carolina Study Commission on Aging met on September 27, 2006, at 10:00 a.m. in Room 643 of the Legislative Office Building. Representative Earle was the presiding Co-Chair. Topics covered during this meeting include: current and future long term care facility screening and assessment, geriatric mental health specialty teams, and the Department of Health and Human Services recommendation for a study of residential choices and treatment options for individuals with mental illness.

The first presentation was by Lynne Perrin, Division of Medical Assistance, Department of Health and Human Services (DHHS). She presented information on current and future long-term care facility screening and assessment. Ms. Perrin reported that a contract has been awarded for the design and implementation of a Uniform Screening Program. The Department plans rapid development and testing of the program with an implementation date of September 2007. The goal of the new uniform screening program is to ensure timely and appropriate placement of Medicaid recipients. Objectives of the program are to: reduce inappropriate placements; reduce paperwork of referring agencies; provide a clearer picture of the applicant's needs to providers to whom the applicant shall be referred; provide recipients with a clearer set of service options responsive to their current needs and to encourage choice; reduce the costs of screening through streamlined processes, procedures, automation, consolidation of screening responsibilities and attendant staffing reductions; and foster the creation of a more coherent, comprehensive system of long term care services.

The second presentation was on Geriatric Mental Health Specialty Teams. The presenters on this topic were Bonnie Morell, with the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, DHHS, and Barbara Warren, a geriatric mental health specialty team member employed with New River Behavioral Healthcare. Dr. Morell provided the Commission with a brief history of the Geriatric Mental Health Specialty Teams, the responsibilities, and the location and staffing of teams. She reported that in January 2007, funding will be made available so that teams may add an additional position to focus on needs related to younger adults in long term care and the names of the teams will change to Mental Health Specialty Teams. Ms. Warren provided further explanation of the types of services provided by a Geriatric Mental Health Specialty Team.

The meeting concluded with Jackie Sheppard, Department of Health and Human Services Assistant Secretary for Long-Term Care and Family Services, discussing the Department's plans for a study of residential choices and treatment options for individuals with mental illness.

October 3, 2006

The North Carolina Study Commission on Aging conducted the first of two public hearings this interim on October 3, 2006, at 10:00 a.m. in the John Robert Kernodle Senior Activities Center in Burlington, North Carolina. Representative Earle was the presiding Co-Chair. At this hearing, forty (40) people spoke to Commission members about a number of concerns including: Senior Center funding, Senior Games, funding for the Home and Community Care Block Grant and support for Project C.A.R.E. (See Appendix C. for the Public Hearing Summary.)

October 11, 2006

The North Carolina Study Commission on Aging met on Wednesday, October 11, 2006, at 10:00 a.m. in Room 544 of the Legislative Office Building. Representative Beverly Earle was the presiding Co-Chair. At this meeting, the Commission heard presentations on Special Care Units,

Adult Day Care Awareness, and Adult Protective Services Task Force Collaboration.

The first presenter was Mr. Doug Barrick with the Division of Facility Services Adult Care Licensure Section, Department of Health and Human Services (DHHS). He furnished Commission members with a handout entitled Adult Care Home Alzheimer's Special Care Units (SCU). He stated that special care units are defined as any section, wing, r hallway within an adult care home separated by closed doors from the rest of the home, or a program provided by an adult care home that is designated or advertised especially for the care of residents with Alzheimer's Disease, or related disorders.

Ms. Carol Shaw, Commission Staff, was the next presenter. She furnished Commission members with a brief presentation and handout entitled Recent Changes in Reimbursement for Special Care Units (SCU). She stated that in October of 2002, DHHS established an Adult Care Home Cost Modeling Committee which met for two years. The report from the Committee recommended that reimbursement modeling should account for resident mix and facility size. Also, the Committee concluded that reimbursement models should differentiate between the traditional adult care home resident and those in SCUs to reflect the higher staffing need of SCUs, and rates should reflect the different costs associated with types of facilities based on populations served and the staffing levels required.

Ms. Shannon Crane, Adult Day Care Consultant, Division of Aging, DHHS, was the next presenter. Ms. Crane told Commission members that enacted legislation required the Division of Aging and Adult Services and the Division of Medical Assistance to provide education and training, if necessary, to ensure that Community Alternatives Program (CAP) case managers are aware of adult day health services; and to report on the status of the Partners in Caregiving Study recommendations. Ms. Crane stated that the Division of Aging and Adult Services (DAAS) and CAP met in early June of 2006. She explained that the following issues had already been implemented:

- A general information sheet was generated for CAP case managers and consultants and was posted on the website;
- A special CAP section was developed on the DAAS website;
- A system providing CAP notification of new adult day health programs was developed; and
- Notices to adult day health programs were mailed which included information on the CAP case manager(s), encouraged programs to provide brochures and other information to individuals, and encouraged adult day health program directors and/or their board members to join the CAP advisory meeting in their area.

Further, Ms. Crane provided that initiatives in progress include:

- Department of Medical Assistance (DMA)-CAP plans to contact representatives of the Office of Research Demonstrations and Rural Health Development to discuss educating the Community Care Networks;
- A presentation by DAAS Adult Day Services staff to be included as a part of the day set aside for CAP Case managers at the next Association of Home and Hospice Care Conference; and
- DMA-CAP tracking of the effectiveness of this awareness campaign through both numbers enrolled in and expenditures to adult day health programs.

Ms. Suzanne Merrill, Adult Services Section Chief, Division of Aging and Adult Services, DHHS, provided copies of the Adult Protective Services Task Force Report to the Commission. Ms. Merrill stated that the report was prepared in response to Session Law 2005-23. This law directed the Adult Protective Services (APS) Task Force to collaborate with stakeholders and

others interested in improving APS and report those finding to this Commission and the House Study Committee on Guardianship Laws. After collaborating, reviewing feedback, and researching other states' APS laws and policies, recommendations were developed to strengthen North Carolina's APS Program.

Next, Ms. Nancy Warren, Adult Services Program Administrator, Division of Aging and Adult Services, DHHS, continued the presentation by reviewing the core recommendations from the APS Task Force. Mr. John Eller, Director, Mecklenburg County Department of Social Services (DSS) for Adults Division, spoke briefly on the importance of implementing the changes recommended. Ms. Jan Elliott, Director of the Scotland County DSS, told Commission members that the North Carolina Association of County Directors of Social Services Board endorsed the APS Clearinghouse Model in September of 2006. She stated that implementation of the model requires adequate funding and that the directors support a pilot as the first step. As such the pilot would provide a phased-in approach allowing fine tuning and funding processes to take place over several years.

October 17, 2006

The North Carolina Study Commission on Aging conducted the second public hearing this interim at 10:30 a.m. on October 17, 2006, at the Shamrock Senior Center in Charlotte, North Carolina. Senator Charlie Dannelly was the presiding Co-Chair. The Commission heard from thirty-three (33) individuals during this hearing.

The issues mentioned with greatest frequency at both public hearings were: Support for Senior Centers, Increase/Continue Support for Senior Games, Increase/Continue Funding for Alzheimer's and Project C.A.R.E., Increase Funding for the Home and Community Care Block Grant, Resolving Issues Related to Mentally Ill in Long-Term Care Facilities, and Increased Funding/Support for Senior Friendly Housing. (See Appendix C for the Public Hearing Summary.)

October 25, 2006

The North Carolina Study Commission on Aging met at 10:00 a.m. on October 25, 2006, in Room 643 of the Legislative Office Building. Representative Beverly Earle presided. Ms. Theresa Matula, Commission Staff, presented the Commission with an overview of comments made by members of the public at the two public hearings conducted during the interim. Public Hearings took place on October 3, 2006 at the John R. Kernodle Senior Activities Center in Burlington, and on October 17, 2006 at the Shamrock Senior Center in Charlotte.

Dr. Bill Milner and Dr. Ford Grant, with Access Dental Care, and Carolinas Health Care/Carolinas Mobile Dentistry, presented the Commission with information relating to the provision of dental care to older adults. Drs. Milner and Grant provided information about the operations of non-profit mobile dental care units currently serving the special care population which includes patients who have intellectual or physical disabilities. Drs. Milner and Grant also spoke about the great need for this type of dental service and the challenges faced by providers.

Barbara Ryan, Division of Facility Services, Department of Health and Human Services (DHHS), presented the Commission with information on two separate topics. The first topic was the Penalty Review Committee. Ms. Ryan provided an overview of legislative changes to the Penalty Review Committee (PRC) process resulting from Session Law 2005-276, Section 10.40A(1). Ms. Ryan explained some of the challenges brought about by the 2005 statutory changes and presented recommendations for continued refinement of the PRC process. Ms. Ryan then presented the Commission with a status report of the online posting of violations and

penalties levied by the Adult Care Section.

November 15, 2006

The North Carolina Study Commission on Aging met on November 15, 2006, at 10:00 a.m. in Room 544 of the Legislative Office Building. Representative Beverly Earle called the meeting to order and presided until Senator Dannelly arrived. During the meeting, the Commission heard presentations on the Community Alternatives Program for Disabled Adults (CAP/DA), Special Assistance In-Home Slots, securing wheelchairs in vans, liability insurance for long-term care facilities, and registered sex offenders in long-term care facilities.

Prior to the presentations, Theresa Matula, Commission Staff, provided information and handouts on dental care in North Carolina and the new North Carolina (NC) Rx program. Ms. Matula gave the Commission a copy of the 2005 NC Oral Health Summit Access to Dental Care Report as a follow-up to questions on the distribution of dentists. She also provided a handout, containing excerpts from the report, on dental issues of interest to the Commission. The Commission also received information, a copy of the application, and contacts for the new NC Rx senior prescription drug assistance program.

Tracy Colvard with the Division of Medical Assistance, Department of Health and Human Services (DHHS), presented information on the Community Alternatives Program for Disabled Adults (CAP/DA) as required by S.L. 2006-109. Session Law 2006-109 was enacted in response to a previous Commission recommendation and required the Department to examine the Community Alternatives Program for Disabled Adults (CAP/DA) in light of issues identified in the Medicaid Institutional Bias Study, and to make an interim report of its findings to the Commission on or before August 30, 2006, and a final report on or before August 30, 2007. Mr. Colvard reported on the number of CAP/DA slots across the State and the utilization of these slots. The Commission discussed the situation with Mr. Colvard, including reasons why the utilization rate may not be higher in some counties.

The next presenter was Geoff Santoliquido with the Division of Aging and Adult Services, DHHS. He provided the Commission information about the status of Special Assistance (SA) In-Home slots. Mr. Santoliquido gave a history of the SA In-Home Slots and discussed efforts to support and promote the program.

The Commission then heard from Dr. Robert Sullivan regarding the issue of securing wheelchairs in vans for safe passenger transport. Dr. Sullivan explained that while certified passenger restraint systems are mandated for adults and children seated in vans, there is no law regulating restraint systems for persons seated in wheelchairs. He pointed out that the majority of incidents involving persons transported in wheelchairs occur during ordinary driving maneuvers, not during a collision. He presented further observations about the situation based on incident reports filed with the Division of Facility Services by nursing homes. The material he distributed contained information and research on wheelchair tie down systems and letters of support from a number of organizations.

Next the Commission heard from Jeff Weber, an attorney with Anderson Weber & Henry on the issues of liability insurance for long term care facilities. In response, Bill Hale, with the Department of Insurance provided the Commission with a list of the North Carolina General Statutes that require liability insurance.

Mr. Weber also spoke on the topic of registered sex offenders residing in long-term care facilities. Ben Popkin, Commission Staff, followed this presentation with a summary of a General Accounting Office (GAO) report on, LTC Facilities: Information on Residents Who Are

Sex Offenders or Are Paroled for Other Crimes.

December 13, 2006

The North Carolina Study Commission on Aging met in Room 643 of the Legislative Office Building at 10:00 a.m. on December 13, 2006. Representative Beverly Earle presided.

Dennis Streets, Director, Division of Aging and Adult Services, Department of Health and Human Services (DHHS), presented the Commission with recommendations addressing biases identified by the North Carolina Institutional Bias Study Report, as required by Session Law 2006-110. Recommendations were developed in collaboration with providers and advocates of home and community-based services and were presented to the Commission in the form of a summary report.

Karisa Derence, Division of Aging and Adult Services, DHHS, presented the Commission with information relating to the NC Alzheimer's Demonstration Program, Project C.A.R.E. (Caregiver Alternatives to Running on Empty). The goal of Project C.A.R.E. is to "increase access, choice, use, and quality of respite care to low-income rural and minority communities." The project is currently serving ten counties in the western region of the State, with plans to expand to additional counties upon receipt of pending expansion grants. However, Ms. Derence explained that the grant funding for Project C.A.R.E. in the western part of the State is ending in June 2007.

Steve Freedman, Division of Aging and Adult Services, DHHS, presented the Commission with information on the State's 163 recognized Senior Centers. Senior Centers are designated as community focal points by the Older Americans Act and provide a wide range of services and activities to the State's older adults. Mr. Freedman provided detail on the funding of Senior Centers, with particular attention to the Senior Center Outreach and General Purpose Fund, which is used to support senior center operation and development costs.

January 3, 2007

The North Carolina Study Commission on Aging met on Wednesday, January 3, 2007, at 9:30 a.m. in Room 643 of the Legislative Office Building. Senator Charlie Dannelly presided. At this meeting, the Commission heard several reports and updates concerning ongoing programs.

Suzanne Merrill and Emily Saunders, Division of Aging and Adult Services, Department of Health and Human Services (DHHS) presented a progress report on the Quality Improvement Consultation Program for adult care homes. Ms. Merrill reported to the Commission that the Program is comprehensive and addresses multiple facets as directed by the authorizing legislation. She spoke on how a stakeholder task force was developed, met, and concluded that medication safety should be chosen as a priority for the Quality Improvement Program.

Jeff Horton, Division of Facility Services (DFS), DHHS, provided the Commission with a report overview on the plan for developing a Star Rating System for adult care homes. Mr. Horton reported that the focus of the report was on which factors should be considered in determining a facility's star rating. The factors included: results from inspections conducted by DFS, administrative actions taken against the facility, voluntary participation in quality improvement initiatives, and achieving NC NOVA designation. For the Star Rating System to be effective, Mr. Horton stated that statutory authority to promulgate rules would be required, as well as appropriations to provide additional staff resources to fulfill this initiative.

Ms. Angela Floyd, Division of Medical Assistance, DHHS, provided the Commission with an update on the newly established Long Term Care Insurance Partnership Program. Ms. Floyd

indicated that this program was established by Session Law 2006-66 and is an alliance between the Division of Medical Assistance, DHHS, and the Department of Insurance. The goal of the partnership is to provide incentives for the purchase of private long term care insurance.

Dr. Bob Konrad, Cecil G Sheps Center, University of North Carolina, presented on the WIN A STEP UP Program. Dr. Konrad explained that the Program was established to address North Carolina's nurse aide turnover rate. The Program is a partnership between DHHS and the UNC Institute on Aging with active participation from the nursing home industry. The objectives of the program are to upgrade the skill base of nursing assistants, and to increase their career commitment and job satisfaction. Dr. Konrad requested $450,000 to bring the program back to original funding levels and to develop a pilot program for the growing home health sector.

Next, Ms. Laura Hopkins, Vice President of Ameriplus, Amerigroup Corp, presented on approaches to Medicaid services to the aged, blind, and disabled; and long term care populations. Ms. Hopkins gave an overview of her managed care organization, Amerigroup, and stated that they are currently serving over 1 million members in ten states. Ms. Hopkins went on to explain four models of care that states use to provide access to health care for Medicaid SSI recipients and the benefits of using a coordinated approach and a managed care model.

Mr. Ben Popkin, Commission Staff, provided to the Commission the findings and recommendations from the Joint Subcommittee on Mentally Ill Residents in Adult Care Homes, which is the Subcommittee formed by the Study Commission on Aging and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services.

January 9, 2007

The North Carolina Study Commission on Aging met in Room 643 of the Legislative Office Building at 10:00 a.m. on January 9, 2007. Representative Beverly Earle presided over the first half of the meeting.

The first item on the agenda was a presentation by Committee staff of the recommendations from the House Study Committee on State Guardianship Laws. Representative Alice Bordsen, Co-Chair of the Committee, spoke briefly on the mission and proceedings of the Committee. Wendy Ray, Drupti Chauhan, and Erika Churchill, Committee Staff, then presented the Committee's final report to the members of the Commission, including presentation of Study Committee's recommendations to the 2007 House of Representatives. The Commission discussed the Committee's recommendations at length. Senator Dannelly then assumed the Chair and presided over the remainder of the meeting.

Theresa Matula, Commission Staff, presented the Commission with draft recommendations based on presentations and input from the public hearings conducted during the interim. Ms. Matula read each proposed recommendation, provided background detail for each, and responded to questions. Members of the Commission engaged in a full discussion of the draft recommendations, incorporated changes, and voted to approve the recommendations as amended. The Commission then directed staff to prepare a report in preparation for a final meeting on January 23, 2007.

January 23, 2007

The North Carolina Study Commission on Aging met on January 23, 2007, at 10:00 a.m. in Room 643 of the Legislative Office Building. Senator Dannelly was the presiding Co-Chair. During the meeting, staff reviewed the Commission's draft report to the Governor and the 2007 Regular Session of the 2007 General Assembly.

COMMISSION RECOMMENDATIONS

The North Carolina Study Commission on Aging makes the recommendations presented in this section to the Governor and the 2007 Session of the 2007 General Assembly. Each recommendation is followed by background information, and any corresponding legislative proposals appear Appendix D of this report.

Recommendation 1: Support for Senior Centers

The Study Commission on Aging recommends that the General Assembly appropriate an additional $500,000 for FY 07-08 and $500,000 for FY 08-09 to the Senior Center General Purpose fund to provide additional support for Senior Centers.

Background 1: Support for Senior Centers

Increasing funding and support for Senior Centers was the most frequently mentioned item during the public hearings conducted on October 3, 2006 in Burlington and on October 17, 2006 in Charlotte. The Senior Tar Heel Legislature, the Governors Advisory Council on Aging, and the NC Coalition on Aging all support additional funding for Senior Centers. Further, the demographics in North Carolina indicate a continued need for senior centers.

On December 13, 2006, the Commission heard a presentation by the Division of Aging and Adult Services on Senior Centers. According to the Division, Senior Centers are designated as community focal points through the Older Americans Act. Services offered through Senior Centers include: health and wellness programs, arts and humanities, intergenerational programs, employment assistance, transportation services, and volunteer opportunities. The National Institute of Senior Centers defines a Senior Center as a, "place where older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in and with the Center and the community." The Division reports that there are currently 163 recognized Senior Centers in North Carolina. Primary sources of funding are: 1) the Home and Community Care Block Grant, 2) local government, and 3) the State's Senior Center General Purpose and Outreach Funds. According to the Division, federal and State funding is not sufficient to develop and sustain senior centers, effective centers must achieve strong private and public support locally. A 2002 Senior Center Capacity Survey [see http://www.ncdhhs.gov/aging/scenters/websurvey.pdf] reported that while 92% of centers rely on State funds in their budgets, their most widespread primary funding sources are local government and the Home and Community Care Block Grant. According to the Division, State support of Senior Centers is most effective when it is used as a tool to help focus their development and growth so that they are becoming prepared for the future while continuing to serve today's seniors.

The State supports Senior Centers by funding the Senior Center Outreach and General Purpose funds. The Senior Center General Purpose fund was initiated in 1997, and is used for any purpose that supports operations or development including: equipment purchases/repairs, building maintenance, supplies, administrative costs, activities, and construction. The State appropriation for the 2006-2007 fiscal year (FY) is $1,265,316 for Senior Center General Purpose funding and $100,000 for Senior Center Outreach. An additional 25% local cash or in-kind match is required for State funds. Senior Centers receive funding in "shares" – one share for uncertified centers (117 centers), two shares for Centers of Merit (8 centers), and three shares for Centers of Excellence (38 centers). The value of the share amount decreases as the number of Senior Centers increases and as centers become Centers of Merit or Centers of Excellence. The shares for the 2006-2007 FY

translated to: $5,123 for Uncertified Centers, $10,245 for Centers of Merit, and $15,368 for Centers of Excellence. Based on the current number of Centers, the appropriation of an additional $500,000 would translate to an additional $2,024 per share per year.

Recommendation 2: Expand Dental Care for Special Care Populations

The Study Commission on Aging recommends that the General Assembly appropriate $200,000 for FY 07-08 to the Department of Health and Human Services, Division of Public Health, to purchase an additional mobile dental unit for a new or existing non-profit mobile dental care provider to serve special care populations in geographic areas of the State that are not currently served by mobile dental units. The Department shall report to the Commission on the status of this project by September 1, 2008.

The Study Commission on Aging recommends that the General Assembly require the Board of Governors of The University of North Carolina to study the feasibility of requiring one or more of the Board of Governors' Dental Scholarship-Loan Program slots be dedicated to individuals who will predominately serve special care populations, primarily disabled individuals and the elderly, and to report findings and recommendations to the Commission by January 15, 2008.

Background 2: Expand Dental Care for Special Care Populations

On October 25, 2006, the Commission heard presentations by Dr. Bill Milner and Dr. Ford Grant on non-profit mobile dental care units that are currently serving North Carolina's special care population. Carolinas Health Care/Carolinas Mobile Dentistry has two mobile dental units serving the Charlotte area, and Access Dental Care has two mobile dental units serving the Greensboro area. The mobile dental care units provide special care dental services to frail elderly and developmentally disabled populations. According to Dr. Milner, the nonprofit practice is the most workable model to date. The nonprofit practice model has been expanded to: accept special needs patient referrals from local providers; serve the rapid influx of retirees in North Carolina; relieve the gap in service from the deinstitutionalization of the mental health hospital system; and support special care patients, families, local providers, and organizations representing special needs patients.

Currently, the mobile dental units are primarily serving the residents of skilled nursing facilities, intellectually and mentally disabled (MR/DD) group home residents attending day centers, and individuals with intellectual and developmental disabilities that live at home in the community. According to information provided by Dr. Milner, the clinics have three sources of revenue: private pay patients, which constitute approximately twenty percent (20%) of the patients seen; Medicaid patients, which accounts for approximately eighty percent (80%) of the patients seen; and a retainer fee. According to Dr. Milner the retainer fee is required for the non-profits to breakeven in the treatment of more time intensive special needs patients. The mobile dental units enter into a contract with entities at a rate of $6.00/bed/month to provide on-site dental care. The providers report that there is a waiting list for those wanting on-site dental services and there are only two areas of the State in which these services are available.

During the presentation, Drs. Milner and Grant suggested that the State: 1) support and expand comprehensive quality programs; 2) coordinate services using the existing network; and 3) train a statewide workforce of medical and dental providers. Dr. Milner reported that an additional $200,000 would provide the funding to expand the program to cover an additional service region.

In order to better serve this population, recruitment efforts need to be expanded and training opportunities increased for special care dental providers who will serve patients regardless of the disability. A special set of dental and interpersonal skills are required to serve this population.

North Carolina does not currently have a formal dental program to train special care providers. UNC-Chapel Hill School of Dentistry provides students with exposure to the special care patient through short student rotations and courses.

On November 15, 2006, the Commission received a copy of the 2005 NC Oral Health Summit Access to Dental Care Summit Proceedings and Action Plan along with excerpts from the Plan. The information showed the distribution of dentists by county and information on dental services to institutional and other difficult-to-serve populations

The Board of Governors' Dental Scholarship-Loan Program is funded by the General Assembly and provides an annual stipend of $5,000 plus tuition, mandatory fees, medical insurance, laptop computer and required dental equipment. This program is available to students who have been admitted to the UNC-Chapel Hill School of Dentistry, demonstrate a financial need, and have a desire to practice dentistry in North Carolina. The above recommendation requires the Board of Governors to study the feasibility of requiring one or more of the Dental Scholarship-Loan Program slots to be dedicated to individuals who will predominately serve special care populations, primarily disabled individuals and the elderly. There are a total of 32 slots in the Dental Scholarship-Loan Program, eight slots for each of the four classes in the four-year program.

The Study Commission on Aging recommends that the General Assembly appropriate $200,000 to purchase an additional mobile dental unit to serve special care populations in geographic areas of the State that are not currently served, and require the Board of Governors of The University of North Carolina to study the feasibility of requiring one or more of the Dental Scholarship-Loan Program slots be dedicated to individuals who will predominately serve special care populations.

Recommendation 3: Expand Health Care Personnel Registry/Funds

The Study Commission on Aging recommends that the General Assembly expand the Health Care Personnel Registry to include any unlicensed staff of a health care facility that has direct access to residents, clients, or their property, and appropriate an additional $1,700,000 for FY 07-08 and $1,700,000 for FY 08-09 to add staff and improve upon existing allegation response times.

Background 3: Expand Health Care Personnel Registry/Funds

The Health Care Personnel Registry contains the names of health care personnel (aides providing hands-on care: adult care home personal aides that supervise or perform specific tasks, nurse aides, in-home aides, in-home personal care aides who provide hands-on services, and unlicensed assistant personnel who provide hands-on care) working in health care facilities that have been subject to findings, or accused and an investigation is required, for the following acts:

- Neglect or abuse of a resident in a health care facility or person to whom home care (G.S. 131E-136) or hospice services (G.S. 131E-201) are being provided.
- Misappropriation of the property of a resident in a health care facility or resident of a place where home care or hospice services are being provided.
- Misappropriation of the property of the health care facility.
- Diversion of drugs belonging to a health care facility or to a patient or client.
- Fraud against a health care facility or against a patient or client for whom the employee is providing services.

Individuals subject to the provisions of the Health Care Personnel Registry are defined by statute. G.S. 131E-256(b) defines entities that are considered "health care facilities" and G.S. 131E-256(c) defines individuals that are considered "health care personnel."

During the prior interim, on January 18, 2006, in response to S.L. 2005-276, Section 10.40A(q), the

Department of Health and Human Services presented a report that recommended an expansion of the Health Care Personnel Registry and information on the need for additional staff resources. The additional staffing is needed process the increased number of allegation reports as a result of the proposed expansion, and to manage enacted expansions over the last five years. (The Department reported that in the last five years, allegations have increased 280% and there has been a 62% increase in cases needing investigations.) The Department estimated that it needs $1.7 million for: 18 investigator positions, 3 regional supervisor/investigator positions, and 6 administrative support positions.

The Study Commission on Aging made a recommendation to the General Assembly reflecting the above request. In response, Senate Bill 1275 and House Bill 2050 were introduced during the 2006 Session. Senate Bill 1275 was referred to the Senate Committee on Health Care where a committee substitute was adopted and the bill was referred to the Senate Committee on Appropriations/Base Budget. House Bill 2050 received a favorable report in the House Committee on Aging and was referred to the House Committee on Appropriations. These bills expanded the definition of "health care personnel" to be defined as any unlicensed staff of a health care facility that has direct access to residents, clients, or their property. (Direct access includes any health care facility unlicensed staff that during the course of employment has the opportunity for direct contact with an individual or an individual's property, when that individual is a resident or person to whom services are provided.) However, the funding was not appropriated during the 2006 Session and the Department expressed reluctance in implementing further expansion of the Health Care Personnel Registry without additional staff. As such, the Study Commission on Aging recommends that the General Assembly expand the Health Care Personnel Registry to include any unlicensed staff of a health care facility that has direct access to residents, clients, or their property, and appropriate an additional $1,700,000 for additional staff in an effort to improve upon existing allegation response times

Recommendation 4: Support Project C.A.R.E.

The Study Commission on Aging recommends that the General Assembly appropriate $500,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for FY 07-08, and $500,000 for FY 08-09, to fund Project C.A.R.E. which provides support to individuals with dementia and their caregivers.

Background 4: Support Project C.A.R.E.

Increasing/continuing funding and support for Alzheimer's caregivers and Project C.A.R.E. was the third most frequently mentioned item during the public hearings conducted on October 3, 2006, in Burlington and on October 17, 2006, in Charlotte. On December 13, 2006, the Commission heard a presentation from the Division of Aging and Adult Services and the Western Carolina Alzheimer's Association on Project C.A.R.E. (Caregiver Alternatives to Running on Empty). The Division of Aging and Adult Services has been awarded two (2) three-year federal Project C.A.R.E. grants since 2001. Project C.A.R.E., which provides support to caregivers of persons with dementia, has currently been implemented in ten western counties and has served over 1,500 families through 90 local provider agencies. Currently, over 450 Project C.A.R.E. families rely on the program to support their efforts to provide long-term care at home. The Project involves the Division of Aging and Adult Services, the Duke Center for the Study of Aging and Human Development Family Support Program, the Western Carolina Chapter of the Alzheimer's Association, the Mecklenburg County Department of Social Services, and several Area Agencies on Aging.

Project C.A.R.E is a community based public/private partnership that provides access to dementia-

specific respite care and support for families. The goal of Project C.A.R.E. is to increase the quality, access, choice, and use of respite care to underserved, low-income rural and minority communities. Project C.A.R.E. is based on a family consultant model and includes the following features: quick response to family needs, in-home assessment and individualized care, a family-centered holistic approach, personal relationships offering ongoing support, links to community resources and network building, and quality control. According to the Division of Aging and Adult Services, in 2000, an estimated 132,329 older adults in North Carolina had mild, moderate, or severe Alzheimer's disease. By 2025, the total number is expected to increase by 91% to 253,176. More than 70% of people with Alzheimer's are cared for at home by unpaid family and friends. In order to continue their care, families need a strong network of community support that includes dementia-specific information, respite care, counseling, problem-solving skills, training, and educational resources.

Project C.A.R.E. currently operates with a budget of $545,454 (federal grant plus local match), however federal funding for the existing program will be terminated at the end of the federal grant cycle on June 30, 2007. The Department of Health and Human Services, Division of Aging and Adult Services needs $500,000 to sustain Project C.A.R.E. activities in ten western counties. If $500,000 is appropriated, there would be a 25% matching requirement in the amount of $166,666, for total funds amounting to $666,666. It is anticipated that the level of local interest and current activity in services in the ten county area will yield sufficient funding to meet matching requirements. Funding is used for direct respite services (51%), for administrative cost (8.5%), and for the cost of family care consultants and the services of the Duke Family Support Program. (The Division contracts with Duke to: train Family Care Consultants, provide information and assistance personnel, make site visits to ensure quality, and to support the Division in policy development related to the program. The Family Care Consultants provide the direct services of case management and counseling and therefore, these are considered direct service costs and not administrative expenses.)

An additional advantage to this appropriation is the possibility that if the State provides funds for the existing program infrastructure and service capacity, North Carolina will be eligible to receive another $1 million three-year federal grant through the United States Administration on Aging Alzheimer's Disease Demonstration Grants to States Program. This new federal funding would then be used to replicate Project C.A.R.E. in eastern North Carolina, moving toward the ultimate goal of statewide expansion.

Recommendation 5: Additional HCCBG Funds

The Study Commission on Aging recommends that the General Assembly appropriate an additional $5,000,000 to the Department of Health and Human Services for FY 07-08 and $5,000,000 for FY 08-09 for the Home and Community Care Block Grant (HCCBG).

Background 5: Additional HCCBG Funds

Preserve and expand the Home and Community Care Block Grant (HCCBG) was another frequently mentioned issue during the public hearings conducted by the Commission. The Senior Tar Heel Legislature and NC Coalition on Aging are both requesting an increase of $5 million for the HCCBG, and the Governor's Advisory Council on Aging is requesting and additional $10 million.

In 2006, through Senate Bill 1273 and House Bill 2056, the Study Commission on Aging recommended that the General Assembly appropriate an additional $5 million in funding for the Home and Community Care Block Grant (HCCBG). The General Assembly responded by providing $4,000,000 in recurring funding for the HCCBG. According to the Division of Aging

and Adult Services, all of the $4 million that was appropriated has been allocated and it is anticipated that the funds will help meet about 3,000 service needs this year. However the need continues with 10,800 waiting for services, primarily in-home aide and home-delivered meals.

The HCCBG, established by G.S.143B-181.1(a)(11), is the consolidation of several funding sources (i.e., the Older Americans Act, the Social Services Block Grant in support of respite care, portions of the State In-Home and Adult Day Care funds, and other relevant State appropriations). The HCCBG includes federal funds, State funds, local funds, and a consumer contribution component. It gives counties discretion, flexibility, and authority in determining services, service levels, and service providers; and streamlines and simplifies the administration of services.

With input from older adults, county commissioners approve an annual funding plan that defines services to be provided, the funding levels for these services, and the community service agencies to provide these services. Counties can select from among 18 eligible services including: Adult Day Care, Adult Day Health Care, Care Management, Congregate Nutrition, Group Respite, Health Promotion and Disease Prevention, Health Screening, Home Delivered Meals, Housing and Home Improvement, Information and Assistance, In-Home Aide, Institutional Respite Care, Mental Health Counseling, Senior Center Operations, Senior Companion, Skilled Home (Health) Care, Transportation, and Volunteer Program Development. Counties make the decision on which services to provide, however congregate nutrition and home-delivered meals are provided in almost every county under the HCCBG.

Any person age 60 and older is eligible for services under the HCCBG. However, the HCCBG program places an emphasis on reaching those most in need of services (the Older Americans Act (OAA) gives priority to serving the "socially and economically needy" -with particular attention to low income minority elderly and older individuals residing in rural areas). Additionally, the OAA calls for reaching out to older individuals with severe disabilities, limited English-speaking ability, and Alzheimer's disease or related disorders (and caregivers of these individuals).

The focus of the HCCBG is to support the frail elderly in their preference to be cared for at home; improve and maintain the physical and mental health of older adults; assist older adults and their caregivers with accessing services and information; provide relief to family caregivers so that they can continue their caregiving; and allow older adults to remain actively engaged with their communities.

The Study Commission on Aging recognizes the importance of services funded by the Home and Community Care Block Grant and recommends that the General Assembly appropriate an additional $5,000,000.

Recommendation 6: Amend the Penalty Review Committee Statutes

The Study Commission on Aging recommends that the General Assembly enact legislation to change the Penalty Review Committee process.

Background 6: Amend the Penalty Review Committee Statutes

On October 25, 2006, the Commission heard a presentation on the Penalty Review Committee (PRC) process. S.L. 2005-276, Section 10.40A(l), amended the Penalty Review Committee to provide that it must meet at least semiannually to review violations and penalties imposed by the Adult Care Licensure Section; provide a forum for residents, guardians or families of residents, local department of social services, and providers; and make recommendations to the Department for changes in policy, training, or rules as a result of its review and publish a report. The revised process requires the Department to notify families or guardians of affected residents of the right to request a review of the Department's penalty decision before the decision becomes final and further

requires the Penalty Review Committee to meet to conduct the review and inform the family member or guardian of the results within 60 days of the receipt of a review request. This modified PRC process allows those individuals (or families) who request the PRC the opportunity for one within 60 days.

The changes resulted in the statute requiring notification to families (not residents). However, because of state and national laws regarding the release of healthcare and personal information, and the fact that state and county inspection reports must be legally defensible and thus provide very specific information regarding the resident's status and details diagnosis, behavior, and received treatments and medications, the Department was advised by the Attorney General's office that informed consent was needed for release of information to the family unless the family member is a legal guardian or has Power of Attorney (POA) for the resident. As a result, the statutory changes became more difficult and time consuming to implement. Additionally the Department reported that residents and family members thus far are not generally requesting the PRC and therefore the meetings are occurring less frequently – out of 51 families notified, only four requested PRCs and two actually attended. The statutory changes actually made the process more difficult and time consuming to implement. The Department suggested that the process be amended to delete the semiannual meeting requirements; to provide public notice of meetings via the website and to parties involved; and to require the licensed provider to post notices of a scheduled PRC meeting in a conspicuous place available to residents, family members and the public. During the presentation, Commission members expressed interest in notifying guardians and those with Power of Attorney for residents that are involved.

Recommendation 7: Study Safe Transportation of Passengers in Wheelchairs

The Study Commission on Aging recommends that the General Assembly direct the Department of Transportation to study appropriate methods of transporting passengers seated in wheelchairs, to develop guidelines for the installation and use of wheelchair tiedown systems, and to report findings and recommendations to the Study Commission on Aging and the Joint Legislative Transportation Oversight Committee by February 1, 2008.

Background 7: Study Safe Transportation of Passengers in Wheelchairs

On November 15, 2006, the Commission heard a presentation on wheelchair transportation safety restraints. During the presentation, the Commission learned that transportation of passengers seated in wheelchairs within motor vehicles is a relatively new experience and that while certified passenger restraint systems are mandated for adults and children seated in vans, there is no law regulating restraint systems for persons seated in wheelchairs. The presentation pointed out that the majority of incidents involving persons transported in wheelchairs occur during ordinary driving maneuvers, and do not involve a collision. Statistical tabulations often omit these events since police are rarely summoned and the injured are driven for medical care by the vehicle operator. However, the Division of Facility Services tabulates incident reports filed by nursing homes which yields the following insights: 1) problems occur despite well-intentioned efforts to secure the chairs and apply restraints; 2) van operators lack knowledge that wheelchairs must be specifically designed for use in vehicles, restraint systems must be property attached to the chair, and restraint systems must be property applied to the passenger seated in the chair; 3) and finally, the situation resembles that of child safety restraints.

The report distributed to the Commission included letters from the following entities expressing support for exploring the safe transport of individuals in wheelchairs: The University of North Carolina Highway Safety Research Center, NC Health Care Facilities Association, AARP of North Carolina, NC Coalition on Aging, the Governor's Advisory Council on Aging, and the Senior Tar

Heel Legislature.

The presentation offered the following solutions from research by the University of Michigan Traffic Research Institute:
1) Whenever possible, transfer the rider to a seat and use the seatbelt.

2) If transfer to a seat is not possible, use a wheelchair and tiedown system that protects the occupant.

a. Use a Transit Wheelchair (WC/19 compliant) with securement points for tiedown straps, arm rests that permit the lap belt to cross the pelvis and a shoulder strap to cross the chest.
b. Secure the wheelchair to the vehicle with four tiedown straps.
c. Apply both lap and shoulder belts to the rider. The seatbelt must fit snugly cross the pelvis and be anchored at a 45 degree angle on each side. The shoulder strap must be in contact with the middle of the chest and shoulder and it must avoid contact with the neck.

Based on the presentation, the Study Commission on Aging recommends that the General Assembly direct the Department of Transportation to study appropriate methods of transporting passengers seated in wheelchairs.

Recommendation 8: Adult Protective Services Pilot Program

The Study Commission on Aging recommends that the General Assembly appropriate $1,492,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for FY 07-08 and $1,930,000 for FY 08-09 to enact a pilot program to assess proposed changes to the adult protective services statutes and to report on the evaluation of the pilot by March 1, 2009.

Background 8: Adult Protective Services Pilot Program

On October 11, 2006, the Commission received a report, prepared in response to S.L. 2005-23, which directed the Adult Protective Services (APS) Task Force to collaborate with stakeholders and others interested in improving APS, and to report those findings to the Study Commission on Aging and the House Study Committee on Guardianship Laws. The APS Clearinghouse Model: NC's System of Protection, is the product of a collaborative effort among the Division of Aging and Adult Services, the NC Association of County Directors of Social Services, representatives from the Attorney General's office, stakeholders, and other interested parties. The presentation focused on nine core recommendations. The goals of the APS Clearinghouse Model are to: increase North Carolina's ability to reach out to citizens to offer voluntary services, enable the State to respond to high risk situations before harm occurs and provide the opportunity to assist older adults who are victimized, but not incapacitated; allow APS to intervene before the adult's health deteriorates to life-threatening levels; and allow APS to provide information and services to a greater number of adults.

The first step in the implementation of the APS Clearinghouse Model requires a pilot of the APS Clearinghouse Model. This requires funding for staff in county departments of social services to carry out the pilot and funding for 3 staff positions in the Division of Aging and Adult Services (DAAS) to plan and conduct the pilot. The total budget for the pilot in FY 07-08 is $1,492,027, broken down as follows: $1,212,805 for county staff (24.103 FTEs for 9-months), $154,472 for DAAS staff (3.0 FTEs for 9-months), $18,000 for public education, $6,750 for essential services, and $100,000 for evaluation of the pilot. The total budget for the pilot in FY 08-09 is $1,930,107, broken down as follows: $1,617,308 for county staff, $188,049 for DAAS staff, $18,000 for public education, $6,750 for essential services, and $100,000 for evaluation of the pilot. Funds designated as essential services would be used for basic safety, health, or housing needs in a crisis situation while a Medicaid or Special Assistance application is pending. These essential services funds are

used to help alleviate immediate mistreatment experienced by vulnerable adults. It is anticipated that the evaluation would be performed by a contractor selected through the RFP process. The contractor would be on board from the beginning to: define the focus of the overall evaluation; identify measurement tools; determine outcomes; determine a valid sample of county DSSs to participate in the pilot; and to collect, track and analyze data.

In response to the information the Commission received on the APS Clearinghouse Model, the Commission recommends that the General Assembly appropriate funding for a pilot program to assess proposed changes to the adult protective services statutes and to require a report on the evaluation of these changes.

Recommendation 9: Study Medically Needy Income Standard

The Study Commission on Aging recommends that the General Assembly enact legislation to require the Department of Health and Human Services, Division of Medical Assistance, to study the medically needy income standard and determine the best method of increasing the standard while providing improved consistency across long-term care settings and report to the Study Commission on Aging by September 1, 2008.

Background 9: Study Medically Needy Income Standard

During the prior interim, the Commission heard presentations on the Medicaid Institutional Bias Study. The study was mandated by Section 10.3 of S.L. 2004-124 for the purpose of identifying any bias that favors support for individuals in institutional settings over support for individuals living at home.

In response to a Commission recommendation, S.L. 2006-110 was enacted and required the Department of Health and Human Services to collaborate with providers and advocates of home and community-based long-term care services to review the Institutional Bias report and make recommendations on ways to address the identified biases. On November 15, 2006, the Commission heard a presentation on the Community Alternatives Program for Disabled Adults (CAP/DA) in response to S.L. 2006-109. A number of the biases identified in the Institutional Bias report involved the CAP/DA program. On December 13, 2006, the Commission heard a presentation on recommendations to address two of the biases. One of the identified biases stated that medically needy requirements leave little money for persons to pay for living expenses if they prefer to remain in the community, while institutions provide room and board. It was recommended that the medically needy income standard be increased from the current monthly standard of $242 to a level at least comparable to the national average Supplemental Security Income (SSI). On February 9, 2006, in response to a request, the Commission received a memo from the Division of Medical Assistance indicating the medically needy income limits by state in 2002. This information indicated that NC had the seventh lowest rate and that the average rate was $416. During the December 2006 presentation, the Department reported that there was consensus among stakeholders that while adjusting the medically needy income standard is an important goal for NC, it should not be at the expense of adequate funding for the existing service system. It was recommended that stakeholder concern about financial feasibility could be addressed by studying whether Medicaid can cover some rather than all services and the consideration of a phased adjustment of the standard over time. As such, the Commission recommends that the General Assembly enact legislation to require the Department of Health and Human Services, Division of Medical Assistance, to study the medically needy income standard and determine the best method of increasing the standard while providing improved consistency across long-term care settings.

Recommendation 10: Support for NC Rx

The Study Commission on Aging supports the NC Rx program, funded through the Health and Wellness Trust Fund, which assists seniors having difficulty paying for prescription drugs, and expresses gratitude for the SHIIP program and the many volunteer organizations that provide information to citizens enrolling in Medicare prescription drug programs.

Background 10: Support for NC Rx

Because prescription drug costs can be a significant burden for older adults, the Commission actively monitored North Carolina Senior Care and the federal Medicare Part D program. The Commission has heard numerous presentations on the efforts of the Seniors' Health Insurance Information Program (SHIIP) to reach those in need of prescription drug plan information and assistance. The Commission is appreciative of the efforts of SHIIP and numerous other volunteers who have provided information to North Carolina citizens and helped them to navigate programs that provide prescription drug assistance.

On November 15, 2006, the Commission heard a brief presentation on the new NC Rx program and received a list of toll free numbers and websites for additional information on the NC Rx program. NC Rx is a new premium assistance plan that provides up to $18 dollars per month toward the monthly premium of participating Medicare Prescription Drug Plans. (Currently, the lowest priced plan in North Carolina has a premium of $17.80.) The NC Rx program also screens income and assets of applicants to determine if they qualify for "extra help" from the federal assistance program. The Commission appreciates the efforts of the Health and Wellness Trust Fund in providing NC Rx and its predecessor, NC Senior Care.

Recommendation 11: Funds for Mentally Ill Housing Options

In response to the Commission on Aging and Mental Health Oversight Subcommittee report, the Study Commission on Aging recommends that the General Assembly appropriate to the Department of Health and Human Services and the Housing Finance Agency, $1,506,600 for FY 07-08, to provide rental assistance for at least 250 units, and $3,013,200 for FY 08-09, to continue rental assistance for the units in FY 07-08 and to provide rental assistance for at least an additional 250 units, which shall increase the availability of housing options for North Carolinians with disabilities, particularly for those individuals that are transitioning out of State psychiatric hospitals and those that are transitioning out of long-term care facilities.

Background 11: Funds for Mentally Ill Housing Options

On August 29, 2006, the Co-Chairs of the Study Commission on Aging wrote the Co-Chairs of the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, to ask for assistance in addressing issues related to serving mentally ill individuals residing in long-term care (LTC) facilities. As a result, a Subcommittee of the Commission and the Oversight Committee was appointed to bring a renewed focus to researching these issues. The Commission heard recommendations from the Subcommittee during their meeting on January 3, 2007. These recommendations were based in part on information received during the meetings outlined below.

On November 14, 2006, the Subcommittee heard from Dr. Bonnie Morell, Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Dr Morell addressed adult care services and presented the Subcommittee with information about current residential options for adults with mental illness. Last year, the public mental health system served over 174,000 adults with mental illness, 1,149 of whom lived in licensed mental health homes; 5,000 in adult care

homes (ACH); and many of the remainder lived independently in the community and received services. In order to live independently, these individuals must either receive a rent subsidy or have enough money to pay rent, and be able to receive necessary services as appropriate to their needs. Nationally, approximately ten percent (10%) of adults with serious mental illness need specialized housing.

During the course of its meetings, the Subcommittee also heard from several individuals representing a range of housing options available to adults with mental illness. Ms. Debra King, Executive Director of CASA (Community Alternatives for Supportive Abodes), an independent nonprofit housing development corporation which develops, owns and manages decent, safe and affordable housing for special populations in Wake County, spoke about her organization's experiences securing affordable housing in Wake County. Among the issues raised were – adequate funding, competing regulations, local land use policies, on-going operational dollars and public resistance to locating housing for adults with special needs near their own homes.

The Subcommittee also heard from John Tote, Executive Director of the Mental Health Association in North Carolina, Inc., the State's largest private, non-profit mental health organization. Mr. Tote gave a brief overview of the Association's Community-Based Residential Options, including the HOMES and HUD 202 and 811 programs, which provide funding for community-based group homes, apartment complexes, condominiums and scattered site housing for persons with severe and persistent mental illness. Additionally, the Subcommittee heard from Tommy Gund, Executive Director of Adventure Homes, Kenneth A. Burrow, Vice President Therapeutic Alternatives/Brookstone and Jay Poole, Visiting Assistant Professor, University of North Carolina at Greensboro.

The Study Commission on Aging appreciates the work and dedication of the Subcommittee and recommends that the General Assembly appropriate funding to increase the availability of housing options for North Carolinians with mental illness, particularly for those individuals that are transitioning out of State psychiatric hospitals and those that are transitioning out of long-term care facilities.

Recommendation 12: Study Housing Concerns and Staff Training Required for Mixed Populations

In response to the Commission on Aging and Mental Health Oversight Subcommittee report, the Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services, Division of Facility Services, Division of Aging and Adult Services, and the Division of Mental Health, to analyze the rules and regulations in North Carolina and in other states regarding the provision of appropriate care and the housing of residents with mental illness in the same facility vicinity as those without mental illness. The Department shall also analyze and recommend appropriate staff training requirements to enable direct care workers in long-term care facilities to simultaneously provide appropriate care to mentally ill residents and those that are not mentally ill. The Department shall present findings, recommendations, and any required statutory or rule changes to the Study Commission on Aging and the Joint Legislative Mental Health Oversight Committee by March 1, 2008.

Background 12: Study Housing Concerns and Staff Training Required for Mixed Populations

The Commission heard recommendations from the Study Commission on Aging and Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services Subcommittee during a meeting on January 3, 2007. These recommendations were based in part on information received during the meetings outlined below.

During the Subcommittee meeting on October 11, 2006, Jeff Horton, Chief Operating Officer of the Division of Facility Services (DFS), presented the Subcommittee with information about facilities for the mentally ill. Mr. Horton said that there was no level of care between the hospital inpatient setting, the adult care home setting, and independent living setting. DFS licenses 287 mental health facilities which are categorized as supervised living for adults with mental illness. These facilities are licensed to have two - six beds. There are 1,319 facilities for supervised living for adults with developmental disabilities, 300 are special mental retardation homes for adults with developmental disabilities.

Dr. Bonnie Morell, Division of MH/DD/SAS, provided the Subcommittee with data on the number of adults with mental illness living in adult care homes. Based on 2005 data, there were 24,831 residents in adult care homes and 5,000 of those had a mental illness of which 1,479 were under 50 years of age. Dr. Morell shared her belief that the main issue is not the resident's age, but whether or not they have a mental illness that is associated with behaviors that do not fit appropriately with the setting the person is in and the people with whom they are interacting. Data regarding State hospitals discharging patients to adult care homes showed that in Fiscal Year (FY) 2002, 5.5% of the discharges were to adult care homes, and in FY 2006 the number had decreased to 3.7%, which indicates that efforts are being made to provide appropriate placement upon discharge.

Barbara Ryan, from the Division of Facility Services, told the Subcommittee that out of the 582 adult care homes that renewed their licenses in September of 2005, 115 had a population of 50% or greater mentally ill residents. Out of the 546 family care homes which have two-six beds, 222 had 50% or greater with a diagnosis of mental illness.

In addition to the presentations heard by the Subcommittee, the Commission as a whole heard a presentation on September 27, 2006, regarding the Department's recommendation for a Study of Residential Choices and Treatment Options for Individuals with Mental Illness.

The Study Commission on Aging appreciates the work by the Subcommittee. In response to the Subcommittee's report, the Commission recommends that the General Assembly direct the Department of Health and Human Services, Division of Facility Services, Division of Aging and Adult Services, and the Division of Mental Health, to work together to analyze the rules and regulations in North Carolina and in other states regarding the provision of appropriate care and the housing of residents with mental illness in the same facility vicinity as those without mental illness; and to analyze and recommend appropriate staff training requirements for direct care workers in long-term care facilities.

Recommendation 13: Increase SA In-Home Slots

In response to the Commission on Aging and Mental Health Oversight Subcommittee report, the Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to increase the total number of State/County Special Assistance In-Home Program slots to 2000 in FY 07-08.

Background 13: Increase SA In-Home Slots

On November 15, 2006, the Commission heard a presentation on Special Assistance In-Home Slots. The Special Assistance (SA) In-Home Program provides an alternative to adult care home placement for individuals who can live at home safely with additional support services. Participation is voluntary on the part of the county departments of social services. Individuals who wish to receive an SA In-Home payment must have income below the federal poverty level; be eligible for Medicaid; be eligible for SA; have an FL-2 indicating a need for Adult Care Home level of care; and have an assessment and service plan that indicates the individual can live safely

at home with services. Participating counties receive an allocation authorizing a certain number of participants or slots. The distribution of the program across the State and the number of SA In-Home slots has steadily risen since the authorization of 400 slots for a demonstration project in Section 11.21 of S.L. 1999-237. During the last two years, slots were increased to 1,000 in Section 10.39 of S.L. 2005-276, and most recently the number of slots increased from 1000 to 1500 with the enactment of S.L. 2006-156.

The Study Commission on Aging received recommendations from the Study Commission on Aging and Joint Legislative Mental Health Oversight Committee Subcommittee during the January 3, 2007 meeting. The Subcommittee also considered the SA In-Home program and presented a recommendation that DHHS increase the maximum number of assignments to the special assistance in-home program to 2,000 persons.

In response to the presentations to the Study Commission on Aging, and the recommendation by the Subcommittee, the Commission recommends that the General Assembly direct the Department of Health and Human Services to increase the total number of State/County Special Assistance In-Home Program slots to 2000 in the 2007-08 fiscal year.

Recommendation 14: Support for the Transitional Residential Treatment Program and for LME Notification of Mental Health Determination Using the Uniform Screening Tool

In response to the Commission on Aging and Mental Health Oversight Subcommittee report, the Study Commission on Aging expresses support for development, by the Department of Health and Human Services, of a "Transitional Residential Treatment Program" to provide 24-hour residential treatment and rehabilitation for mentally ill adults who have a pattern of difficult behaviors that exceed the capabilities of traditional community residential settings, and support the continued development of a Uniform Screening Tool, including the requirement that the appropriate Local Management Entities (LMEs) be notified of the status of the individual's mental health and the admission of that individual to a facility.

Background 14: Support for the Transitional Residential Treatment Program and for LME Notification of Mental Health Determination Using the Uniform Screening Tool

Prior to the work of the Subcommittee, during the meeting on September 27, 2006, the Commission heard presentations on current and future long-term care facility screening and assessment, including the implementation of the Uniform Screening Tool.

The Commission received recommendations from the Study Commission on Aging and Joint Legislative Mental Health Oversight Committee Subcommittee during the January 3, 2007 meeting. These recommendations were based in part on information received during the meetings outlined below.

At the Subcommittee's meeting on November 14, 2006, Dr. Michael Lancaster, Chief of Clinical Policy, Division of MH/DD/SAS, Department of Health and Human Services (DHHS), presented the Subcommittee with information about two types of long term care facilities currently providing housing for adults with mental illness. Nursing Facilities provide care for persons who have health conditions for which medical and nursing care is indicated – over 40% of the nursing facility population has a psychiatric or mood disorder diagnosis. Adult Care Homes provide residential care for older adults or adults with disabilities whose primary need is a home and the personal care their age and disability requires – over 40% of the adult care home population carries an active diagnosis of mental illness. Dr. Lancaster then described ongoing efforts to develop a "Transitional Residential Treatment Program" to provide 24-hour residential treatment and rehabilitation for adults who have a pattern of difficult behaviors, related to mental illness, which exceed the

capabilities of traditional community residential settings.

In the Subcommittee meeting on October 11, 2006, Julia Bick from the Office of the Secretary of the Department of Health and Human Services gave an overview of the Department's report on the *Study of Mentally Ill Residents in Long Term Care Facilities.* The Department has already implemented certain initiatives presented in their report. Beginning January 1, 2007, funding will be made available to expand the mental health specialty teams to hire an additional position to focus on the needs of younger adults in long term care setting. The Department is currently developing an RFP to identify/locate the population and the needs of the population within the adult care home system and the mental health system. While this study is underway, the Department is moving forward to develop aspects of the plan focusing on the need for a higher level of supervision and support along with a separate program to provide adequate staffing and treatment to address the needs of this population. A draft service definition (which may be covered as a Medicaid service) has been proposed to address the high end of this continuum. The Department reported this would be a small community-based facility (Residential Treatment Model) if approved by the Centers for Medicaid and Medicare Services (CMS), or funded as a State service if supported by the legislature. The facility, with 12 beds or less, would treat those not meeting the criteria for admittance to a State hospital but having problematic behavior not being adequately treated in an adult care home.

Additionally, Julia Budzinski, Division of Medical Assistance, DHHS, reported to the Subcommittee on Uniform Screening and addressed several initiatives that directly affect adult care homes, including a Uniform Screening program for all Medicaid long term care services and a future integrated assessment system. There will be one form to replace the multiple forms involved with the eight separate existing processes. The new form will be a web-based program which should reduce inappropriate placements, reduce paperwork, and provide a better picture of the population's needs. Ms. Budzinski said that the goal was to provide people with the correct service, to increase choice, and to provide appropriate placement. The system will be web-based and the pilot program should be implemented by the first of the year.

The Commission appreciates the work of the Subcommittee and expresses support for development of a "Transitional Residential Treatment Program" to provide 24-hour residential treatment and rehabilitation for mentally ill adults who have a pattern of difficult behaviors that exceed the capabilities of traditional community residential settings, and support for the continued development of a Uniform Screening Tool, including the requirement that the appropriate Local Management Entities (LMEs) be notified of the status of the individual's mental health and the admission of that individual to a facility.

Recommendation 15: Authorize Star-Rated Certificate Rules

The Study Commission on Aging recommends that the General Assembly enact legislation to give the Medical Care Commission the authority to adopt rules allowing the issuance of star-rated certificates to adult care homes and to appropriate to the Department of Health and Human Services, Division of Facility Services, $153,000 for FY 07-08, to be used for salaries for two positions and for database enhancement, and $108,000 for FY 08-09, for salaries and database maintenance, for implementation of the Star Rating system.

Background 15: Authorize Star-Rated Certificate Rules

Session Law 2005-276, Section 10.41, required the Department of Health and Human Services to develop a plan for implementing a star-rating system for adult care homes to improve quality of care. On January 3, 2007, the Commission received a report and heard a presentation on this requirement. Consensus from stakeholder input concluded that the rating should be based on a

number of factors including the following:

1. The facility's compliance with adult care home statutes and rules utilizing results from inspections conducted by the Division of Facility Services;
2. Any administrative action(s) taken against the facility, beginning with the first inspection for which the star-rating would be based, as a result of non-compliance with applicable statues and rules;
3. Voluntary participation of the adult care home in any Department approved quality improvement initiatives; and
4. Whether or not the facility had achieved North Carolina New Organizational Vision Award (NC NOVA) designation pursuant to G.S. 131E, Article 5, Part 6.

The Department indicated that in order to issue star-rating certificates to adult care homes beginning January 1, 2009, they would need passage of legislation consistent with the above recommendation by June 30, 2007.

The Division has identified two costs with the Star Rating system:

1. Salaries for a Facility Survey Consultant and a support position (Processing Assistant IV). The cost of these positions will be $102,942. These staff will work to implement the Star Rating system, specifically working with the Division of Information Resource Management, DHHS, to enhance the licensing database to accommodate star-rating system information and the printing of certificates. The staff will also be responsible for developing rules for adoption by the Medical Care Commission, developing internal policies for system implementation, developing and maintaining a website that contains star-rating information, and training staff of the Division of Facility Services (DFS) and county Departments of Social Services on the system.

2. The second cost is for enhancement and maintenance of the data base for the Star Rating system. The anticipated cost of enhancement to the database currently used by DFS to maintain licensing information and to allow tracking for star-rating certificates will be $50,000 (non-recurring) in FY 2007-08. The cost for maintenance of the database is estimated at $5,000 annually.

The appropriation need for FY 07-08 is $152,942 (salaries plus database enhancement) and $107,942 (salaries plus database maintenance) for FY 08-09.

The Commission recognizes the value that an evaluation system would provide for consumers and recommends that the General Assembly enact legislation to give the Medical Care Commission the authority to adopt rules allowing the issuance of star-rated certificates to adult care homes and to provide the funds necessary to support the system.

Recommendation 16: Funds for WIN A STEP UP

The Study Commission on Aging recommends that the General Assembly appropriate to the Department of Health and Human Services, Division of Facility Services, $200,000 for FY 07-08 and $200,000 for FY 08-09 to develop and pilot a WIN A STEP UP (**W**orkforce **I**mprovement for **N**ursing **A**ssistants: **S**upporting **T**raining, **E**ducation, and **P**ayment for **U**pgrading **P**erformance) Program for nurse aides employed by home care agencies; to appropriate $200,000 for FY 07-08 and $325,000 for FY 08-09, in addition to fine and penalties collections provided by the Division, to continue the program in nursing homes; and to direct the WIN A STEP UP Program to study the feasibility of becoming a self-sustaining program and to report to the House and Senate Appropriations Subcommittees on Health and Human Services by May 1, 2008. The WIN A STEP UP program shall continue to enhance and enrich curriculum components with information and exercises involving appropriate care for individuals with dementia, anxiety, depression, and other

severe mental health problems.

Background 16: Funds for WIN A STEP UP

On January 3, 2007, the Commission heard a presentation on the WIN A STEP UP program which seeks to enhance care for nursing home residents by reducing the turnover rate for nursing home aides. During the program, nurse aides complete a 30-hour curriculum, agree to continue working for their employer, and are rewarded with a bonus or salary increase. Additionally, frontline supervisors are trained to help improve their style of management and communication with nurse aides. According to the presentation, the objectives of the program are to upgrade the skill base of nursing assistants, increase career commitment and job satisfaction, and provide rewards and recognition to WIN A STEP UP participants.

The current funding source for WIN A STEP UP is fine and penalty money collected from nursing homes as a part of the nursing home inspection and enforcement process that the Division of Facility Services conducts as a contractor for the federal government. The money must only be used for programs which have an impact on the quality of care for nursing home residents. The amount the Division has to spend has grown smaller during the past two years. Additionally, while WIN A STEP UP is a good program, the Division reports that it wants to begin spending the funds on other programs to try additional innovative ways to improve quality. As such it was envisioned that WIN A STEP UP would begin to obtain funding from other sources.

Prior to the 2006-07 Fiscal Year (FY) the WIN A STEP UP program had a budget of approximately $450,000, funded with collections from fines and penalties. The breakdown of expenditures in FY 05-06 is as follows: 45% Personnel; 33% Nursing Assistant Stipends for completion of education modules; 7% Program Travel; 5% Program Tracking; Communication, Student Support; 4% Program Supplies (Curriculum printing, manuals, pins, certificates, training materials); 3% Consultant Expenses; 3% Retention Bonuses to participants.

During FY 06-07, of the $250,000 received from the Division of Facility Services, $205,000 went to the WIN A STEP UP program and $45,000 was for other data/research services. The WIN A STEP UP program anticipates receiving the following from the Division of Facility Services collected through fines and penalties: $250,000 in FY 07/08, $125,000 in FY 08-09, and no funding FY 09-10. For FY 07-08, WIN A STEP UP requested $250,000 and $325,000 for FY 08/09 in appropriations from the General Assembly. The success of the WIN A STEP UP program has allowed increased program efficiency: the State's cost share for WIN A STEP UP has decreased from 59.5% to 47.7% and the employer share has increased from 40.5% to 52.3%; the $1000 facility incentive has been eliminated; and the participant stipend per completed module has decreased from $70 to $35. It is anticipated that WIN A STEP UP could become self-sustaining at some point in the future.

During the Commission's meeting on January 3, 2007, information was also presented on developing a WIN A STEP UP pilot program for aides employed by home care agencies. The Commission expressed support for funding this endeavor during the meeting on January 9, 2007. The two year project for developing WIN A STEP UP for the home health aides would consist of adapting the current nursing home curriculum, field testing the program, and evaluating of the program's impact. Specific activities would include: curriculum adaptation, coaching supervision workshops, implementation, and evaluation. Development of a WIN A STEP UP program for home health aides would require $200,000 for Fiscal Year 2007-08 and the same amount for FY 08-09.

Recommendation 17: Support Recommendations from the House Study Committee on State Guardianship Laws

The Study Commission on Aging supports the recommendations of the House Study Committee on State Guardianship Laws.

Background 17: Support Recommendations from the House Study Committee on State Guardianship Laws

On January 9, 2007, the Commission heard a presentation from the House Study Committee on the State Guardianship Laws. The House Study Committee on the State Guardianship Laws met seven times during the 2006 interim and made nine recommendations as follows:

> **Recommendation 1.** The Committee recommends that the terminology used in the statutes should be changed from "incompetent adult" to "incapacitated person" and the definition should be amended to base the determination of incompetence or incapacity on the person's functional abilities. This would allow guardianships to be tailored to the individual's needs and facilitate the use of limited guardianships where appropriate.
>
> **Recommendation 2.** The Committee recommends that the statutes be amended to add more detailed provisions setting out the powers, duties, and liabilities of guardians of the person.
>
> **Recommendation 3.** The Committee recommends that the General Assembly appropriate funds to cover guardianship services provided by county departments of social services, Local Management Entities (LMEs), local health departments, and county departments on aging, and to cover essential legal and medical consultation.
>
> **Recommendation 4.** The Committee recommends that independent counsel be provided to represent the respondent when there is a conflict between what the respondent wants and what the guardian ad litem feels is in the respondent's best interest.
>
> **Recommendation 5.** The Committee recommends that clerks of superior court be granted the authority to order law enforcement officers to transport alleged incompetents to necessary locations where the multi-disciplinary evaluation (MDE) will be performed if the alleged incompetent refuses to attend on their own.
>
> **Recommendation 6.** The Committee recommends that the total amount of personal property that can be sold without a court order be increased to $15,000.00.
>
> **Recommendation 7**. The Committee recommends that the Division of Motor Vehicles be authorized to not automatically revoke a driver's license of an incompetent, if the clerk of superior court recommends the incompetent be allowed to retain the driver's license.
>
> **Recommendation 8.** The Committee recommends that training be provided to all individuals involved in guardianship, including the guardians *ad litem* of alleged incompetents.
>
> **Recommendation 9.** The Committee recommends the creation of a joint legislative study commission on State guardianship laws comprised of both members and appointees of the House of Representatives and the Senate.

The Study Commission on Aging appreciates and supports the work of the House Study Committee on State Guardianship Laws.

APPENDICES

APPENDIX A

2006 Recommendation Status Report

North Carolina Study Commission on Aging
Recommendations
to the
2005 North Carolina General Assembly, 2006 Regular Session

Prepared by Staff for the
North Carolina Study Commission on Aging

September 12, 2006

2006 RECOMMENDATION STATUS REPORT

RECOMMENDATION	RESULT
<u>Recommendation 1:</u> Increase Adult Day Care Reimbursement Rates The Study Commission on Aging recommends that the General Assembly appropriate funds to the Adult Day Care Fund and to the Home and Community Care Block Grant for a $5.00 per day rate increase for adult day care and adult day health care.	In response to this recommendation, SB 1270 and HB 2058 were introduced and both were referred to House and Senate Appropriations Committees. • The General Assembly provided $1,043,750 in recurring funding for an increase in the daily rates for adult day care and adult day health care programs by $5.00. Of the total funds, $556,556 was allocated to the State Adult Day Care Fund and $487,194 was allocated to the Home and Community Care Block Grant Program.
<u>Recommendation 2:</u> Increase CAP Awareness of Adult Day Health Options and Update The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services, Division of Aging and Adult Services, and the Division of Medical Assistance, to provide education, and training if necessary, to ensure that case managers with the Community Alternatives Program (CAP) are aware of Adult Day Health Services and that this option is being considered in all situations appropriate for the client. The Department shall report by July 30, 2006, to the Study Commission on Aging on these efforts, and shall also provide a status report on changes implemented as a result of the Adult Day Services Study.	In response to this recommendation, SB 1278 and HB 2054 were introduced. • Senate Bill 1278 was enacted and S.L. 2006-108 directs the Department of Health and Human Services to ensure that Community Alternatives Program (CAP) case managers are aware of adult day health programs, and requires the Department to make a status report on the Partners in Caregiving study recommendations. The Department is required to report on the status of its activities under this act to the North Carolina Study Commission on Aging not later than July 30, 2006. The act became effective July 13, 2006.
<u>Recommendation 3:</u> Health Care Personnel Registry The Study Commission on Aging recommends that the General Assembly enact legislation and appropriate funding for staff support to expand the Health Care Personnel Registry to include unlicensed staff that have access to residents or clients and or their property and are employed in health care facilities as defined in G.S. 131E-256; and expand the definition of health care facilities to include all MH/DD/SAS day treatment programs, agencies and/or community service providers as defined in 10A NCAC 27G.0602(10)(b), which includes unlicensed MH/DD/SAS community based services providers and multiunit assisted housing with services as defined in G.S. 131D-2(7a); and prohibit health care facilities defined under G.S. 131E-256 from hiring any person who has a substantiated finding on the Health Care Personnel Registry.	In response to this recommendation, SB 1275 and HB 2050 were introduced. • SB 1275 was referred to the Senate Committee on Health Care. In the Senate Committee on Health care, a committee substitute for SB 1275 was adopted and once reported in, the bill referred to the Senate Committee on Appropriations/Base Budget. • HB 2050 received a favorable report in the House Committee on Aging and was referred to the House Committee on Appropriations.

RECOMMENDATION	RESULT
Recommendation 4: Telemonitoring Evaluation The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services, Division of Medical Assistance, to evaluate the use of telemonitoring equipment as a tool to improve the health of home-based individuals through increased monitoring and responsiveness resulting in increased stabilization rates and decreased hospitalization rates, the evaluation must include a representative number of older adults. The Department shall report to the Commission on the cost effectiveness of telemonitoring and the benefits to individuals and healthcare providers by August 1, 2007.	In response to this recommendation, SB 1280 and HB 2053 were introduced. • S.L. 2006-66, Sec. 10.9C (SB 1741, Sec. 10.9C), *allows* the Department of Health and Human Services, Division of Medical Assistance to implement a pilot program to evaluate the use of telemonitoring equipment in home care services and community-based long-term care services. The program must include a representative number of older adults and must evaluate the use of telemonitoring equipment as a tool to improve the health of home care clients and community-based long-term care clients through increased monitoring and responsiveness, and resulting in increased stabilization rates. The section requires the Department to report on the implementation of the pilot program and its findings on the cost-effectiveness of telemonitoring and the benefits to individuals and health care providers. The report must be made to the Study Commission on Aging, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division by July 1, 2007. This section became effective July 1, 2006. • Additionally, Senate Bill 1280 was enacted and varies from the above provision. S.L. 2006-194 *requires* the Department of Health and Human Services, Division of Medical Assistance, to implement a pilot program to evaluate the use of telemonitoring equipment in home and community based services and requires the Division to determine *remuneration* to home care agencies and other providers for participation. The program must include a representative number of older adults, be implemented by October 1, 2006, and evaluate the use of telemonitoring equipment as a tool to improve the health of home and community based recipients through increased monitoring and responsiveness, and resulting in increased stabilization rates and decreased hospitalization rates. The Department shall report to the Study Commission on Aging by August 1, 2007 and the report must include findings and recommendation on the cost-effectiveness of telemonitoring and the benefits to individuals and health care providers. The act also implements a one-year moratorium, beginning January 1, 2007, on the licensing of new home care agencies offering in-home aide services. However, the moratorium does not prevent the Department from issuing licenses to certified home health agencies or to agencies that need a new license for an existing home care agency being acquired. This act became effective August 3, 2006.

RECOMMENDATION	RESULT
Recommendation 5: LTC Ombudsman The Study Commission on Aging recommends that the General Assembly appropriate funding for 10 Long Term Care Ombudsman positions and related travel expenses.	In response to this recommendation SB 1271 and HB 2057 were introduced. • SB 1271 was referred to the Senate Committee on Appropriations/Base Budget. • HB 2057 was referred to the House Committee on Appropriations. • The General Assembly provided $492,136 in recurring funding for eight long-term care ombudsman positions including benefits and travel and $100,000 for a contract for the Quality Improvement Program authorized in Section 10.40A(p) of S.L. 2005-276. Additionally, S.L. 2006-221, Sec. 13B (SB 198, Sec. 13B) clarifies that of the funds appropriated to the Department of Health and Human Services for Long Term Care Quality Improvement must be allocated to the Area Agencies on Aging to support eight regional long term care ombudsman positions including benefits and travel and $100,000 for a contract for the Quality Improvement Program authorized in S.L. 2005-276, Section 10.40A(p). This section also clarifies that the long term care ombudsman positions are not State positions.
Recommendation 6: NC NOVA Special Licensure Designation The Study Commission on Aging recommends that the General Assembly enact legislation implementing the North Carolina New Organizational Vision Award (NC NOVA) Special Licensure Designation in which long-term care providers may participate on a voluntary basis in an effort to improve recruitment, retention, development, and job satisfaction of the direct care workforce, and improve the care provided to long-term care clients, residents, and patients.	In response to this recommendation, SB 1277 and HB 2055 were introduced. • SB 1277 was enacted and S.L. 2006-104 establishes the North Carolina New Organizational Vision Award (NC NOVA). NC NOVA is a voluntary special licensure designation that will be rewarded to adult care homes, home care agencies, and nursing homes that have been determined through written and on-site review, by an independent review organization, to have met a comprehensive set of workplace related interventions intended to improve the recruitment and retention, quality, and job satisfaction of direct care staff, and the care provided to long-term care clients and residents. The NC NOVA program will be implemented by the Department of Health and Human Services. This act becomes effective January 1, 2007.

RECOMMENDATION	RESULT
Recommendation 7: Housing The Study Commission on Aging recommends that the General Assembly appropriate an additional $10 million dollars for the Housing Trust Fund with $4 million of the total amount going to the Urgent Repair Program to provide grants for emergency home repairs for elderly homeowners and other homeowners with special needs.	In response to this recommendation, SB 1272 and HB 2051 were introduced. • SB 1272 was referred to the Senate Committee on Appropriations/Base Budget. • HB 2051 was referred to the House Committee on Appropriations.
Recommendation 8: Posting of Fines and Penalties for LTC Facilities The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services, Division of Facility Services to post by October 15, 2006, the substantiated infractions, fines, and penalties assessed to long-term care facilities.	In response to this recommendation, SB 1274 and HB 2059 were introduced. • SB 1274 was referred to the Senate Committee on Health Care. • HB 2059 received a favorable report in the House Committee on Aging, passed 2nd and 3rd reading in the House and was sent to the Senate where it was referred to the Senate Committee on Health Care. *Note: The Division of Facility Services has indicated that they plan have fines and penalties posted online by October 1, 2006 and they plan to update them monthly.*
Recommendation 9: LTC Insurance Tax Credit The Study Commission on Aging recommends that the General Assembly enact House Bill 118 or Senate Bill 37 Reenact Long-Term Care Insurance Tax Credit.	HB 118 was referred to the House Committee on Finance and SB 37 was referred to the Senate Committee on Finance.

RECOMMENDATION	RESULT
<u>Recommendation 10:</u> Medicaid Institutional Bias – CAP/DA Slots The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to review the CAP/DA program including slot distribution and re-distribution to ensure that the CAP/DA waiting list is managed as efficiently as possible, identification and alleviation of identified biases, implementation of a uniform screening/assessment tool, and other strategies to ensure maximum operational efficiency and effectiveness for those individuals qualifying for CAP/DA services, and to make an interim report to the Study Commission on Aging by August 30, 2006 and a final report by August 30, 2007.	In response to this recommendation, SB 1276 and HB 2055 were introduced. • SB 1276 was enacted and S.L. 2006-109 requires the Department of Health and Human Services to review and report on the Community Alternatives Program for Disabled Adults (CAP/DA) in response to the institutional bias report. The report must include actions taken and planned by the Department in response to each bias identified in the institutional bias study. The inclusion of the following information is also required in the report: ➢ Information on the utilization of CAP/DA slots, including a history of slots used per year over the last 10 years and the anticipated need during the next 10 years. ➢ A description of the CAP/DA slot allocation formula; and a breakdown of slots by county, including the reallocation of any unused slots. ➢ Strategies to ensure that the CAP/DA waiting list is managed as efficiently as possible, including consideration of whether there should be an expiration date tied to unused slots so that they may be reallocated in a timely manner to areas with waiting lists. ➢ Implementation of a uniform screening/assessment tool and other strategies to ensure maximum operation efficiency and effectiveness for those individuals qualifying for CAP/DA services. This should include information on whether the lists should be prioritized by risk of institutionalization. The Department must submit an interim report to the NC Study Commission on Aging on or before August 30, 2006, and a final report on or before August 30, 2007. The act became effective July 13, 2006. *Note: The Department has requested an extension on the interim reporting date to November 1, 2006.*

RECOMMENDATION	RESULT
<u>Recommendation 11:</u> Medicaid Institutional Bias – Recommendations to Address Biases The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to work with providers and advocates of home and community based services to review the North Carolina Institutional Bias Study Report prepared by The Lewin Group and to make recommendations on ways to address the biases identified in the report and to report to the Study Commission on Aging by October 15, 2006.	In response to this recommendation, SB 1279 and HB 2052 were introduced. • SB 1279 was enacted and S.L. 2006-110 directs the Department of Health and Human Services to collaborate with providers and advocates of home and community-based services to make recommendations addressing the biases identified in the institutional bias report prepared by The Lewin Group. (Institutional bias refers to the policies and practices within Medicaid that make it easier for a beneficiary to access institutional care than services in home and community based settings.) The Department is required to report its findings and recommendations to the NC Study Commission on Aging on or before October 15, 2006. This act became effective July 13, 2006.
<u>Recommendation 12:</u> Additional Funds for Home and Community Care Block Grant The Study Commission on Aging recommends that the General Assembly appropriate an additional $5 million in funding for the Home and Community Care Block Grant (HCCBG).	In response to this recommendation, SB 1273 and HB 2056 were introduced. • SB 1273 was referred to the Senate Committee on Appropriations/Base Budget. • HB 2056 was referred to the House Committee on Appropriations. • The General Assembly provided $4,000,000 in recurring funding for the Home and Community Care Block Grant.

Summary of Substantive Legislation Related to Aging

North Carolina General Assembly

2006 Session

Prepared by Staff for the:
North Carolina Study Commission on Aging

Enacted Legislation

Change Progress Report Date: Quality Improvement Consultation Program for Adult Care Homes

S.L. 2006-66, Sec. 10.1 (SB 1741, Sec. 10.1), amends S.L. 2005-276, Section 10.40A(p), to require the progress report on the Quality Home Improvement Consultation Program on or before January 1, 2007, (previously April 1, 2006). The report must be submitted to the Study Commission on Aging, the Senate Appropriations Committee on Health and Human Services, and to the House of Representatives Subcommittee on Health and Human Services, and must address the following topics:

- Principles and philosophies that are resident-centered and promote independence, dignity, and choice for residents;
- Approaches to develop continuous quality improvement with a focus on resident satisfaction and optimal outcomes;
- Dissemination of best practice models that have been used successfully elsewhere;
- A determination of the availability of standardized instruments, and their use to the extent possible, to assess and measure adult care home performance according to quality of life indicators;
- Utilization of quality improvement plans for adult care homes that identify and resolve issues that adversely affect quality of care and services to residents. The plans include agreed upon time frames for completion of improvements and identification of needed resources;
- Training required to equip county departments of social services' staff to implement the Program;
- A distinction of roles between the regulatory role of the Department's Division of Facility Services and the quality improvement consultation and monitoring responsibilities of the county departments of social services; and
- Identification of staffing and other resources needed to implement the Program.

Transfer of Assets Rewrite

S.L. 2006-66, Sec. 10.5 (SB 1741, Sec. 10.5)Repeals GS 108A-58 and enacts GS 108A-58.1 to update provisions on ineligibility for Medicaid assistance based on transfer of assets for less than fair market value. Incorporates provisions provided by federal law. Allows waiver of penalty if Department determines it would impose an undue hardship.

Pilot Projects to Control Cost and Improve Quality of Care for Aged, Blind, and Disabled Medicaid Recipients

S.L. 2006-66, Sec. 10.7A (SB 1741, Sec. 10.7A) expands the scope of the Community Care of NC care management model, to provide that the initiatives may include pilot projects to control costs and improve care for the aged, blind, and disabled recipients of Medicaid. Also amends section 10.14 of SL 2005-276 to authorize use of funds for grants through the Office of Rural Health and Community Care for cost containment programs

Extend Effective Date on Changes to Liens on Real Property for Purposes of Estate Recovery Under Medicaid

S.L. 2006-66, Sec. 10.9 (SB 1741, Sec. 10.9) revises the implementation date of the Health Coverage for Workers with Disabilities Act, which was created by Section 10.18 of S.L. 2005-276. The section of the act calling for its implementation will now become effective on July 1, 2007.

DHHS to Study Strategies to Offset the Cost to Pharmacists of Providing Service to Medicaid Recipients Enrolled in Medicare Part D

S.L. 2006-66, Sec. 10.9D (SB 1741, Sec. 10.9D) directs the Department of Health and Human Services to study issues relating to the provision of pharmacy services to Medicaid recipients enrolled in Medicare Part D and to develop strategies to assist pharmacists to provide services to this population. Specific items to be addressed include the special circumstances of pharmacists providing services to long-term care facilities and the impact of the Deficit Reduction Act of 2005 on the payment for generic drugs under Medicaid. Findings and recommended strategies will be reported not later than April 1, 2007 to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division.

Private-Public Long-Term Care Partnership Program

S.L. 2006-66, Sec. 10.10 (SB 1741, Sec. 10.10), directs the Department of Health and Human Services to develop a North Carolina Long-Term Care Partnership Program in an effort to reduce future Medicaid costs for long-term care by delaying or eliminating dependence on Medicaid. The Department must structure the program in accordance with federal laws and guidelines for qualified State long-term care partnerships. Prior to submitting the Program for federal approval of the State Plan amendment, the Department must submit the proposed Program to the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services and the Fiscal Research Division. The Program is prohibited from becoming effective until it is reviewed in accordance with this section.

Independent-And Supportive-Living Apartments Initiative

S.L. 2006-66, Sec. 10.30 (SB 1741, Sec. 10.30), requires that the independent and supportive living apartments for persons with disabilities constructed from funds appropriated in this act must be affordable to persons with incomes at the Supplemental Security Income level. The section further provides that if the North Carolina Housing Finance Agency is able to finance the apartments for less than the amount appropriated, any remaining funds, as well as any interest earned on the amount appropriated, may be used to finance additional apartments, group homes, and transitional housing for individuals with disabilities.

Special Assistance In-Home Assignments

S.L. 2006-156 (HB 2576) allows the Department of Health and Human Services to use funds appropriated for the 2006-2007 fiscal year to increase the maximum number of assignments to the special assistance in-home program to 1,500 persons.

Assault Handicapped/Increase Penalty

S.L. 2006-179 (SB 488) increases from Class 1 to Class A1 the penalty for committing assault or battery upon a handicapped person. The range of punishment for a Class 1 misdemeanor is a minimum of 1-45 days of community service with a maximum of up to 120 days active, depending on the person's prior record. The range of punishment for a Class A1 misdemeanor is 1-150 days, with the possibility of an active sentence even if the person has no prior convictions.

This act becomes effective December 1, 2006, and applies to offenses committed on or after that date.*

Stroke Advisory Council

S.L. 2006-197 (HB 1860) directs the Justus-Warren Heart Disease and Stroke Prevention Task Force to establish and maintain a Stoke Advisory Council. The Council will advise the Task Force regarding the development of a statewide system of stroke care.

Studies

Legislative Research Commission

Pharmacy Benefits Manager

The Legislative Research Commission may study issues regarding the regulation of pharmacy benefit management.

Joint Legislative Health Care Oversight Committee

Geriatric Care Providers

The Joint Legislative Health Care Oversight Committee to study the methods of increasing the number of geriatric care providers in the State.

Prescription Drug Cost Management Office

The Committee may study the feasibility of establishing an Office for Prescription Drug Cost Management ("Office") in the Department of Administration or other appropriate State agency to manage the cost of prescription drugs incurred by State agencies and programs that cover or provide prescription drugs. The responsibilities of the Office shall include negotiating prescription drug price discounts with participating pharmaceutical manufacturers and pharmacists for prescription drugs paid for, in whole or in part, with State funds.

Rural Health Care Access and Needs

The Committee may study, in consultation with the Department of Health and Human Services, Office of Research, Demonstrations, and Rural Health Development, the health care needs in rural areas of the State and other health professional shortage areas of the State without inpatient services and with a high percentage of uninsured residents

State Fair Housing Act Study

The North Carolina Human Relations Commission is required to study whether the State Fair Housing Act should be amended to make it an unlawful discriminatory housing practice to refuse to enter into a residential real estate transaction with a person based upon the fact that the person receives public assistance due to age or physical or mental disability. The Commission shall report its findings and recommendations to the 2007 General Assembly upon its convening.

Study No-Fault Compensation for Injuries to Elderly and Disabled Persons

The Commissioner of Insurance, the North Carolina Industrial Commission and the Department of Health and Human Services may jointly study the utility, efficacy, and advisability of creating a system of no-fault

compensation, with such compensation based on scheduled amounts and subject to limits on total compensation paid, for injuries resulting from regular and ordinary course of care provided at nursing homes, homes for the elderly, other long-term care facilities, and assisted living facilities. If the study is conducted, the findings and recommendations must be presented to the 2007 General Assembly upon its convening.

Study Commission on Aging Recommendations

NC NOVA-Special Voluntary Licensure Designation

S.L. 2006-104 (SB 1277) establishes the North Carolina New Organizational Vision Award (NC NOVA). NC NOVA is a voluntary special licensure designation that will be rewarded to adult care homes, home care agencies, and nursing homes that have been determined through written and on-site review, by an independent review organization, to have met a comprehensive set of workplace related interventions intended to improve the recruitment and retention, quality, and job satisfaction of direct care staff, and the care provided to long-term care clients and residents. The NC NOVA program will be implemented by the Department of Health and Human Services.

Adult Day Awareness/Status of Study Recommendations

S.L. 2006-108 (SB 1278) directs the Department of Health and Human Services to ensure that Community Alternatives Program (CAP) case managers are aware of adult day health programs, and requires the Department to make a status report on the Partners in Caregiving study recommendations. The Department is required to report on the status of its activities under this act to the North Carolina Study Commission on Aging not later than July 30, 2006.

Pilot Program to Evaluate Telemonitoring in Equipment in Home Care Services

S.L. 2006-66, Sec. 10.9C (SB 1741, Sec. 10.9C), authorizes the Department of Health and Human Services, Division of Medical Assistance to implement a pilot program to evaluate the use of telemonitoring equipment. The evaluation will include a representative number of older adults and shall focus on whether or not the use of this equipment results in decreased hospital rates and increased stabilization rates for home-based individuals. The section requires the Department to report its findings to the Study Commission on Aging, the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division by July 1, 2007.

Note: Also see the summary in this Chapter of S.L. 2006-194 (SB 1280) DHHS Evaluate Telemonitoring/Home Care Licenses.

CAP/DA Review and Report

S.L. 2006-109 (SB 1276) requires the Department of Health and Human Services to review and report on the Community Alternatives Program for Disabled Adults (CAP/DA) in response to the institutional bias report. The report must include actions taken and planned by the Department in response to each bias identified in the institutional bias study. The inclusion of the following information is also required in the report:

Information on the utilization of CAP/DA slots, including a history of slots used per year over the last 10 years and the anticipated need during the next 10 years.

A description of the CAP/DA slot allocation formula; and a breakdown of slots by county, including the reallocation of any unused slots.

Strategies to ensure that the CAP/DA waiting list is managed as efficiently as possible, including consideration of whether there should be an expiration date tied to unused slots so that they may be reallocated in a timely manner to areas with waiting lists.

Implementation of a uniform screening/assessment tool and other strategies to ensure maximum operation efficiency and effectiveness for those individuals qualifying for CAP/DA services. This should include information on whether the lists should be prioritized by risk of institutionalization.

The Department must submit an interim report to the NC Study Commission on Aging on or before August 30, 2006, and a final report on or before August 30, 2007.

Review of NC Institutional Bias Report

S.L. 2006-110 (SB 1279) directs the Department of Health and Human Services to collaborate with providers and advocates of home and community-based services to make recommendations addressing the biases identified in the institutional bias report prepared by The Lewin Group. (Institutional bias refers to the policies and practices within Medicaid that make it easier for a beneficiary to access institutional care than services in home and community based settings.)

The Department is required to report its findings and recommendations to the NC Study Commission on Aging on or before October 15, 2006.

DHHS Evaluate Telemonitoring/Home Care Licenses

S.L. 2006-194 (SB 1280) requires the Department of Health and Human Services, Division of Medical Assistance to evaluate the use of telemonitoring equipment for home and community-based recipients by establishing a pilot program to be implemented by October 1, 2006. The Division of Aging will determine an appropriate remuneration to home care agencies participating in the pilot. The evaluation will include a representative number of older adults and shall focus on whether or not the use of this equipment results in decreased hospital rates and increased stabilization rates for home and community-based recipients and requires the Department to report its findings to the Study Commission on Aging by August 1, 2007.

This act also implements a one-year moratorium, beginning January 1, 2007, on the licensing of new home care agencies offering in home aide services. However, the moratorium does not prevent the Department from issuing licenses to certified home health agencies or to agencies that need a new license for an existing home care agency being acquired.

Note: Also see the summary in this Chapter of S.L. 2006-66, Sec. 10.9C (SB 1741, Sec. 10.9C), DHHS Pilot Program to Evaluate Telemonitoring in Equipment in Home Care Services.

Long Term Care Quality Improvement Program/Long Term Care Ombudsman Positions

S.L. 2006-221, Sec. 13B (SB 198, Sec. 13B) clarifies that of the funds appropriated to the Department of Health and Human Services for Long Term Care Quality Improvement must be allocated to the Area Agencies on Aging to support eight regional long term care ombudsman positions including benefits and travel and $100,000 for a contract for the Quality Improvement Program authorized in S.L. 2005-276, Section 10.40A(p). This section clarifies that the long term care ombudsman positions are not State positions.

** Trina Griffin contributed to the summary of SB 488*

APPENDIX B

North Carolina Study Commission On Aging

Legislative Building 16 West Jones Street Raleigh, NC 27601

August 29, 2006

Representative Verla C. Insko
Co-Chair, Joint Legislative Oversight Committee on
Mental Health, Developmental Disabilities, and Substance Abuse Services
Legislative Building
16 West Jones Street
Raleigh, NC 27601

Senator Martin L. Nesbitt
Co-Chair, Joint Legislative Oversight Committee on
Mental Health, Developmental Disabilities, and Substance Abuse Services
Legislative Office Building
300 N. Salisbury Street
Raleigh, NC 27603

Dear Verla and Martin:

As the Co-Chairs of the North Carolina Study Commission on Aging, we are writing to ask the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services for assistance in addressing issues related to serving mentally ill individuals residing in long-term care (LTC) facilities. Perhaps if your Committee and our Commission bring a renewed focus to researching these issues this interim we can develop solutions to better serve these residents.

The Study Commission on Aging has been looking into this issue over the last few years and we are committed to addressing it again this interim. During our second meeting this interim, the Study Commission on Aging plans to focus on Geriatric Mental Health Specialty Teams; the Department's progress toward an automated screening, assessment and care planning system; and perhaps other recommendations mentioned in the report resulting from S.L. 2004-124, Section 10.2.

One issue that may need further exploration is long-term care licensing categories. Session Law 2005-66 created a new adult care home licensure category for those facilities that serve individuals 55 years of age or older, and any adult with a primary diagnosis of Alzheimer's disease or other form of dementia. Perhaps the State needs to determine whether is possible for one facility to meet the needs of mentally ill individuals under the age of 55 residing in long-term care facilities, mentally ill individuals 55 years of age and older that reside in these facilities, and long-term care residents that suffer from dementia and Alzheimer's. Page 14 of the report for S.L. 2004-124, Section 10.2 indicated that, "At this time the Department does not support creating a separate licensure category for adult care homes that serve persons with mental illness." However, it may be that the range of knowledge and care required by this variety of residents, in addition to the other residents typically found in a long-term

care facility, presents a scope broader than the training typically found in long-term care providers and staff. If so, we wonder whether there is a way to achieve greater efficiency and effectiveness through some type of coordination of those residents that present similar care needs and that utilize similar services. Somewhat related to this idea of specialized care, the Study Commission on Aging plans to take a look at the current role of Special Care Units. However, it might be helpful for the State to examine how other states combine populations in long-term care facilities.

Additionally, page 8 of the report from S.L. 2004-124, Section 10.2 mentions that responsibilities of Local Management Entities (LMEs) include "responding to the needs of their communities including the needs of residents in long term care facilities." The structure of the mental health system, types and locations of providers, and the role of the LME, are not areas with which the Commission is a whole is knowledgeable. However, we wonder whether there is a way to strengthen the link between the mental health system and those residents in long-term care facilities.

In summary, we are requesting that the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services, join the Study Commission on Aging's renewed focus and study of issues related to mentally ill residents in long-term care facilities. Perhaps both your Committee and our Commission could even consider some joint recommendations to the General Assembly. As a starting point, perhaps elements of these joint recommendations might include the following requests:

- An examination of whether other states combine young mentally ill individuals with residents 55 years of age and older in long-term care facilities, and an exploration of whether the State should have several types of long-term care facilities to best serve individuals; and
- an examination of whether there is a way to strengthen identification, care coordination, and accountability between the mental health system and those individuals residing in long-term care facilities in need of mental health services.

We appreciate your Committee's efforts thus far in improving the lives of mentally ill residents in North Carolina. We hope that you might join us this interim in an exploration of the best ways to serve mentally ill individuals residing in long-term care facilities.

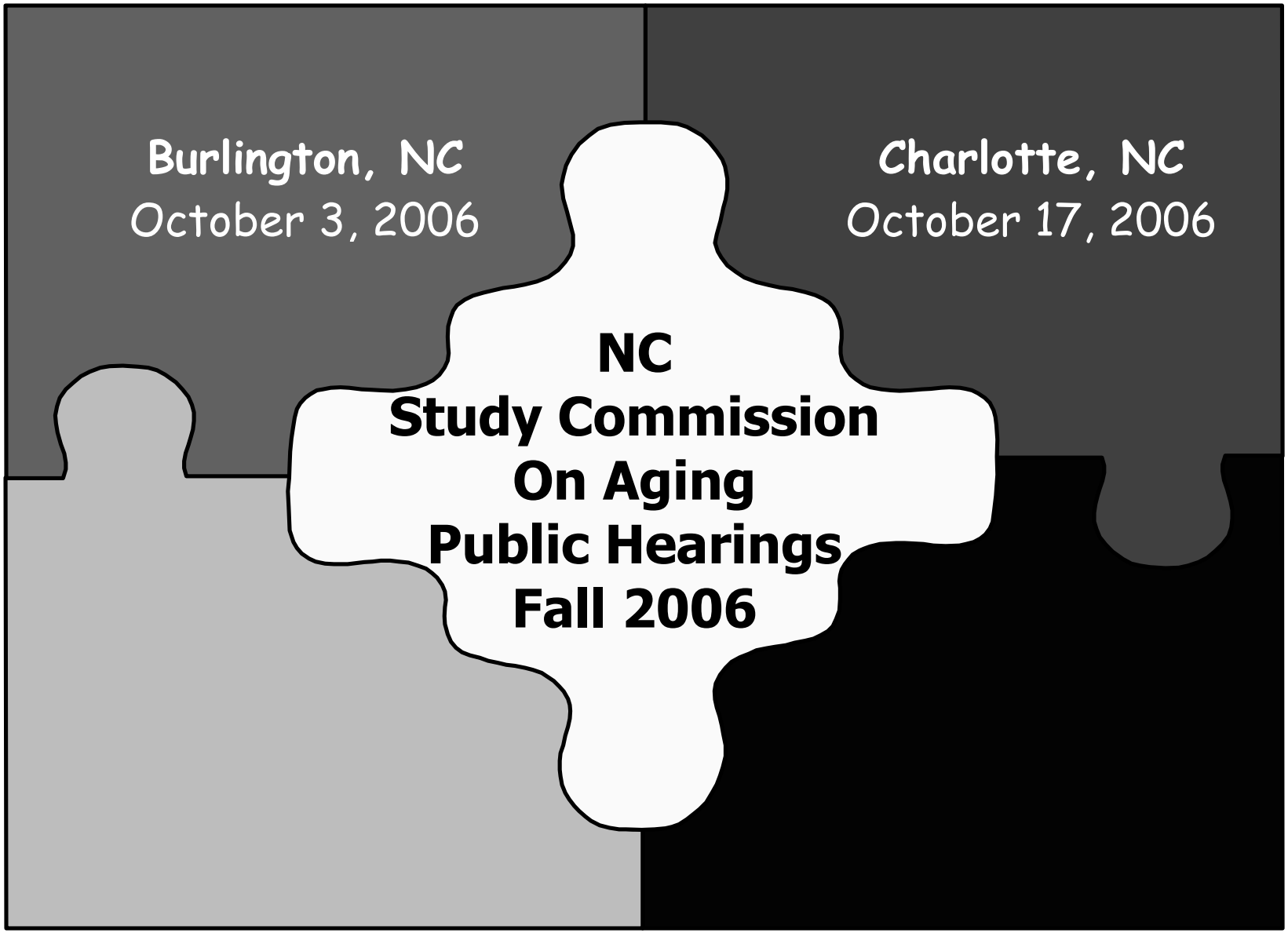
Sincerely,

Senator Charlie S. Dannelly
Co-Chair

Representative Beverly M. Earle
Co-Chair

c: Senator Austin Allran
Senator Stan Bingham
Senator Vernon Malone
Representative Alice Bordsen
Representative Debbie Clary
Representative Bob England
Representative Jennifer Weiss
Mr. Brad Allen
Ms. Linda Howard
Ms. Regina Duffy Fisher
Ms. Florence Gray Soltys
Mr. Sam Marsh
Ms. Judy Pelt

APPENDIX C


Burlington, NC
October 3, 2006
Charlotte, NC
October 17, 2006
NC
Study Commission
On Aging
Public Hearings
Fall 2006

Background Information

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. (G.S. 120-180)

The Commission may hold public meetings across the State to solicit public input with respect to the issues of aging in North Carolina. (G.S. 120-185)

Fall 2006 Public Hearings

Date	Location	Number of Speakers
October 3, 2006	Burlington, NC	40
October 17, 2006	Charlotte, NC	33

The issues mentioned with the greatest frequency were:

- **Increase Funding/Continue Support for Senior Centers (23)**
- **Increase/Continue Support for Senior Games (11)**
- **Increase /Continue Funding for Alzheimer's and Project C.A.R.E. (10)**
- **Increase Funding for Home and Community Care Block Grant (7)**
- **Resolve Issues Related to Mentally Ill in LTC Facilities (6)**
- **Increase Funding/Support for Senior Friendly Housing (6)**

NC Study Commission on Aging – Fall 2006 Public Hearings
Frequency of Issues Expressed by Speakers

	BURLINGTON	CHARLOTTE	TOTAL
PROGRAM SUPPORT			
Increase Funding for Home and Community Care Block Grant	5	2	7
Increase Funding for Home & Community Based Services	1		1
Increase Funding for Home Care		1	1
Increase Funding for Transportation Services	1	1	2
Increase Funding/Continue Support for Senior Centers	16	7	23
Support for Congregate and Home Delivered Meals for Seniors		1	1
Increase/Continue Support for Senior Games	9	2	11
Increase Medically Needy Income Limit	1		1
Increase Funding for Area Agency on Aging	2	2	4
Increase Funding /Expand Dental Care for Special Needs Population	2	1	3
Support for State/County Special Assistance (SA) In -Home	1		1
Eliminate Institutional Bias	1	1	2
Expand Win-A-Step Up to Home Care		1	1
Support for Community Alternatives Program for Disabled Adults (CAP/DA)	1	1	2
Decrease Social Worker Case Load	1		1
Increase Funding/Support for Senior Adult Planning	1	2	3
Strengthen Disaster Planning/Emergency Preparedness	1	1	2
Increase Support for Family Caregivers	2		2
Increase/Continue Funding for Alzheimer's and Project C.A.R.E.	6	4	10
HOUSING/TAXES			
Increase Funding/Support for Senior Friendly Housing	4	2	6
Support/ Increase Funding for NC Housing Trust Fund	2	1	3
Property Tax Relief/ Support for Homestead Exemption	1	1	2
Support Impact Fees	1		1

	BURLINGTON	CHARLOTTE	TOTAL
LONG-TERM CARE FACILITIES			
Require Increase in Nursing Hours of Care in Nursing Homes		1	1
Resolve Issues Related to Mentally Ill in LTC Facilities	3	3	6
Increase Funding/Support for Mentally Ill in LTC Facilities		4	4
Require Adequate Heating and Cooling Regulation in LTC Facilities	1		1
Increase Wages/ Support for Direct Care Workers	2		2
Provide Background Checks on Facility Administrators	1		1
Implement Star Rating System for Adult Care Homes		1	1
Support Resident Councils for Adult Care Homes	1		1
MEDICAL CARE/INSURANCE/ PRESCRIPTION DRUGS			
Support for Prescription Drug Assistance Program	1	2	3
Restore Long Term Care Insurance Tax Credit	2	1	3
Increase MDs that Accept Medicaid		1	1
Raise Medically Needy Income Limit	1	1	2
Establish Medical Malpractice Limits	1		1
Support for National and State Health Care System		1	1
OTHER			
Auto Insurance Discounts for Seniors Taking Driving Safety		1	1
Concern Regarding Financial Exploitation of Older Adults		2	2
Support for Victim Legal Assistance		1	1
Support for Judicial System Reform		1	1
Concern for Immigration Issues		1	1
Concern for Disabled Child Outliving Parent Caregiver		1	1
Totals	72	53	125

Prepared by Aging Commission Staff

APPENDIX D

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SHz-8 [v.3] (01/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/17/2007 10:47:52 AM

Short Title:	Senior Center Funds.	(Public)
Sponsors:	.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE ADDITIONAL FUNDS TO THE SENIOR CENTER GENERAL PURPOSE FUND, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Senior Center General Purpose Fund, the sum of five hundred thousand dollars ($500,000) for the 2007-2008 fiscal year, and the sum of five hundred thousand dollars ($500,000) for the 2008-2009 fiscal year, to be used as additional funding for Senior Centers.

SECTION 2. This act becomes effective July 1, 2007.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SHz-6 [v.5] (01/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/17/2007 10:48:46 AM

Short Title: Special Care Pop. Dentistry Funds and Study.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF PUBLIC HEALTH, FOR THE PURCHASE OF AN ADDITIONAL MOBILE DENTAL UNIT, AND TO REQUIRE THE BOARD OF GOVERNORS OF THE UNIVERSITY OF NORTH CAROLINA TO STUDY THE DEDICATION OF ONE OR MORE DENTAL SCHOLARSHIP-LOAN PROGRAM SLOTS TO DENTISTS SERVING SPECIAL CARE POPULATIONS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1.(a) There is appropriated from the General Fund to the Department of Health and Human Services, Division of Public Health, the sum of two hundred thousand dollars ($200,000) for the 2007-2008 fiscal year, to be used by a new or existing non-profit mobile dental care provider to purchase an additional mobile dental unit to serve special care populations, the frail elderly and developmentally disabled, in geographic areas of the State that are not currently served by mobile dental units.

SECTION 1.(b) The Department of Health and Human Services, Division of Public Health, shall report to the North Carolina Study Commission on Aging by September 1, 2008, on the status of the activities authorized in this section.

SECTION 2.(a) The Board of Governors of The University of North Carolina shall study the feasibility of permanently dedicating one or more of the Board of Governors' Dental Scholarship-Loan Program slots to individuals who will predominately treat special care populations, primarily developmentally disabled individuals and the elderly.

SECTION 2.(b) The Board of Governors shall report findings and recommendations on the study authorized in this section to the North Carolina Study Commission on Aging on or before January 15, 2008.

SECTION 3. This act becomes effective July 1, 2007.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SHz-3 [v.3] (11/15)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/17/2007 10:49:25 AM

Short Title: Health Care Personnel Registry/Funds.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO EXPAND THE HEALTH CARE PERSONNEL REGISTRY BY AMENDING THE DEFINITIONS OF HEALTH CARE FACILITIES AND HEALTH CARE PERSONNEL, AND TO APPROPRIATE FUNDS TO THE DIVISION OF FACILITY SERVICES FOR ADDITIONAL STAFFING, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 131E-256 reads as rewritten:

"**§ 131E-256. Health Care Personnel Registry.**

(a) The Department shall establish and maintain a health care personnel registry containing the names of all health care personnel working in health care facilities in North Carolina who have:

(1) Been subject to findings by the Department of:

a. Neglect or abuse of a resident in a health care facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.

b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.

c. Misappropriation of the property of a health care facility.

d. Diversion of drugs belonging to a health care facility or to a patient or client.

e. Fraud against a health care facility or against a patient or client for whom the employee is providing services.

(2) Been accused of any of the acts listed in subdivision (1) of this subsection, but only after the Department has screened the allegation and determined that an investigation is required.

The Health Care Personnel Registry shall also contain all findings by the Department of neglect of a resident in a nursing facility or abuse of a resident in a nursing facility or misappropriation of the property of a resident in a nursing facility by a nurse aide that are contained in the nurse aide registry under G.S. 131E-255.

(a1) The Department shall include in the registry a brief statement of any individual disputing the finding entered against the individual in the health care personnel registry pursuant to subdivision (1) of subsection (a) of this section.

(b) For the purpose of this section, the following are considered to be "health care facilities":

(1) Adult Care Homes as defined in G.S. 131D-2.
(2) Hospitals as defined in G.S. 131E-76.
(3) Home Care Agencies as defined in G.S. 131E-136.
(4) Nursing Pools as defined by G.S. 131E-154.2.
(5) Hospices as defined by G.S. 131E-201.
(6) Nursing Facilities as defined by G.S. 131E-255.
(7) State-Operated Facilities as defined in G.S. 122C-3(14)f.
(8) Residential Facilities as defined in G.S. 122C-3(14)e.
(9) 24-Hour Facilities as defined in G.S. 122C-3(14)g.
(10) Licensable Facilities as defined in G.S. 122C-3(14)b.
(11) Multiunit Assisted Housing with Services as defined in G.S. 131D-2.
(12) Community-Based Providers of Services for the Mentally Ill, the Developmentally Disabled, and Substance Abusers that are not required to be licensed under Article 2 of Chapter 122C.
(13) Agencies providing in-home aide services funded through the Home and Community Care Block Grant Program in accordance with G.S. 143B-181.1(a)11.

(c) For the purpose of this section, the term "health care personnel" means any unlicensed staff of a health care facility that has direct access to residents, clients, or their property. Direct access includes any health care facility unlicensed staff that during the course of employment has the opportunity for direct contact with an individual or an individual's property, when that individual is a resident or person to whom services are provided.~~the following are considered to be "health care personnel":~~

~~(1) In an adult care home, an adult care personal aide who is any person who either performs or directly supervises others who perform task functions in activities of daily living which are personal functions essential for the health and well-being of residents such as bathing, dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating.~~
~~(2) A nurse aide.~~

~~(3) An in-home aide or an in-home personal care aide who provides hands-on paraprofessional services.~~

~~(4) Unlicensed assistant personnel who provide hands-on care, including, but not limited to, habilitative aides and health care technicians.~~

(d) Health care personnel who wish to contest findings under subdivision (a)(1) of this section are entitled to an administrative hearing as provided by the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days of the mailing of the written notice of the Department's intent to place its findings about the person in the Health Care Personnel Registry.

(d1) Health care personnel who wish to contest the placement of information under subdivision (a)(2) of this section are entitled to an administrative hearing as provided by the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case hearing shall be filed within 30 days of the mailing of the written notice of the Department's intent to place information about the person in the Health Care Personnel Registry under subdivision (a)(2) of this section. Health care personnel who have filed a petition contesting the placement of information in the health care personnel registry under subdivision (a)(2) of this section are deemed to have challenged any findings made by the Department at the conclusion of its investigation.

(d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.

(e) The Department shall provide an employer at a health care facility or potential employer at a health care facility of any person listed on the Health Care Personnel Registry information concerning the nature of the finding or allegation and the status of the investigation.

(f) No person shall be liable for providing any information for the health care personnel registry if the information is provided in good faith. Neither an employer, potential employer, nor the Department shall be liable for using any information from the health care personnel registry if the information is used in good faith for the purpose of screening prospective applicants for employment or reviewing the employment status of an employee.

(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

(h) The North Carolina Medical Care Commission shall adopt, amend, and repeal all rules necessary for the implementation of this section.

(i) In the case of a finding of neglect under subdivision (1) of subsection (a) of this section, the Department shall establish a procedure to permit health care personnel

to petition the Department to have his or her name removed from the registry upon a determination that:

(1) The employment and personal history of the nurse aid does not reflect a pattern of abusive behavior or neglect;

(2) The neglect involved in the original finding was a singular occurrence; and

(3) The petition for removal is submitted after the expiration of the one-year period which began on the date the petitioner's name was added to the registry under subdivision (1) of subsection (a) of this section."

SECTION 2. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Facility Services, the sum of one million seven hundred thousand dollars ($1,700,000) for the 2007-2008 fiscal year and one million seven hundred thousand dollars ($1,700,000) for the 2008-2009 fiscal year to establish positions to handle increases in allegations and investigations resulting from this act and prior acts expanding the coverage of the Health Care Personnel Registry.

SECTION 3. Section 1 of this act becomes effective January 1, 2008. Section 2 of this act becomes effective July 1, 2007. The remainder of this act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SHz-7 [v.2] (01/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/17/2007 10:50:00 AM

Short Title: Project C.A.R.E for Dementia Funds.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF AGING AND ADULT SERVICES, FOR PROJECT C.A.R.E. WHICH PROVIDES SUPPORT FOR INDIVIDUALS WITH DEMENTIA AND THEIR CAREGIVERS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging and Adult Services, the sum of five hundred thousand dollars ($500,000) for the 2007-2008 fiscal year, and the sum of five hundred thousand dollars ($500,000) for the 2008-2009 fiscal year, to fund Project C.A.R.E. which provides support to individuals with dementia and their caregivers.

SECTION 2. This act becomes effective July 1, 2007.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SHz-4 [v.4] (11/15)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/17/2007 10:50:31 AM

Short Title: Home & Community Care Block Grant Funds.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE ADDITIONAL FUNDS FOR THE HOME AND COMMUNITY CARE BLOCK GRANT, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging and Adult Services, the sum of five million dollars ($5,000,000) for the 2007-2008 fiscal year, and the sum of five million dollars ($5,000,000) for the 2008-2009 fiscal year, to be used as additional funding for the Home and Community Care Block Grant (HCCBG).

SECTION 2. This act becomes effective July 1, 2007.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SHz-11 [v.6] (01/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/17/2007 11:10:55 AM

Short Title:	Penalty Review Committee Changes.	(Public)
Sponsors:	.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO AMEND THE PENALTY REVIEW COMMITTEE PROCESS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 131D-34(h) reads as rewritten:

"(h) The Secretary shall establish a penalty review committee within the Department, which shall meet as often as needed, but no less frequently than once each quarter of the year, ~~at least semiannually to review violations and penalties imposed by the Adult Care Licensure Section; provide a forum for residents, guardians or families of residents, local department of social services, and providers; and make recommendations to the Department for changes in policy, training, or rules as a result of its review and publish a report.~~ to review administrative penalties assessed pursuant to this section and pursuant to G.S. 131E-129 as follows:

(1) The Secretary shall administer the work of the Committee and provide public notice of its meetings via website, and provide direct notice to the following parties involved in the penalties the Committee will be reviewing:

a. The licensed ~~provider;~~ provider, who upon receipt of the notice, shall post the notice of the scheduled Penalty Review Committee meeting in a conspicuous place available to residents, family members, and the public;

b. The local department of social services that is responsible for oversight of the facility involved;

c. The residents affected; and

d. ~~The families or guardians of the residents affected.~~ Those individuals lawfully designated by the affected resident to make health care decisions for the resident.

(2) The Secretary shall ensure that the Nursing Home/Adult Care Home Penalty Review Committee established by this subsection is comprised of nine members. At least one member shall be appointed from each of the following categories:

a. A licensed pharmacist;
b. A registered nurse experienced in long term care;
c. A representative of a nursing home;
d. A representative of an adult care home; and
e. Two public members. One shall be a "near" relative of a nursing home patient, chosen from a list prepared by the Office of State Long Term Care Ombudsman, Division of Aging, Department of Health and Human Services. One shall be a "near" relative of a rest home patient, chosen from a list prepared by the Office of State Long Term Care Ombudsman, Division of Aging, Department of Health and Human Services. For purposes of this subdivision, a "near" relative is a spouse, sibling, parent, child, grandparent, or grandchild.

(3) Neither the pharmacist, nurse, nor public members appointed under this subsection nor any member of their immediate families shall be employed by or own any interest in a nursing home or adult care home.

(4) Repealed by Session Laws 2005-276, s. 10.40A(l), effective July 1, 2005.

~~(4a) The Department of Health and Human Services shall notify families or guardians of affected residents of the right to request a penalty review committee review of the Department's penalty decision before the decision becomes final. Within 60 days of receipt of a request from a family member or guardian for review of the Department's penalty decision, the penalty review committee shall meet to conduct the review and shall inform the family member or guardian of the results of the review.~~

(4b) Prior to serving on the Committee, each member shall complete a training program provided by the Department of Health and Human Services that covers standards of care and applicable State and federal laws and regulations governing facilities licensed under Chapter 131D and Chapter 131E of the General Statutes.

(5) Each member of the Committee shall serve a term of two years. The initial terms of the members shall commence on August 3, 1989. The Secretary shall fill all vacancies. Unexcused absences from three consecutive meetings constitute resignation from the Committee.

(6) The Committee shall be cochaired by:

a. One member of the Department outside of the Division of Facility Services; and

b. One member who is not affiliated with the Department."

SECTION 2. This act becomes effective October 1, 2007.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SQz-6 [v.5] (01/10)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/23/2007 2:28:59 PM

Short Title: Transport of Indiv. in Wheelchair Study.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF TRANSPORTATION TO STUDY ISSUES RELATING TO INDIVIDUALS BEING TRANSPORTED IN VEHICLES WHILE SEATED IN WHEELCHAIRS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Transportation shall study issues relating to the vehicular transportation of individuals seated in wheelchairs. The study shall include reviewing appropriate methods of transporting passengers who remain seated in wheelchairs while in motor vehicles and developing guidelines for the installation and use of wheelchair tiedown systems. The Department shall report its findings and any recommendations to the North Carolina Study Commission on Aging and the Joint Legislative Transportation Oversight Committee not later than February 1, 2008.

SECTION 2. This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-RDz-5 [v.6] (01/10)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/24/2007 2:41:02 PM

Short Title: Funds for Adult Protect. Services Pilot Prog.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO ENACT A PILOT PROGRAM TO ASSESS PROPOSED CHANGES TO THE ADULT PROTECTIVE SERVICES STATUTES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging and Adult Services, the sum of one million four hundred ninety-two thousand dollars ($1,492,000) for the 2007-2008 fiscal year, and one million nine hundred thirty thousand dollars ($1,930,000) for the 2008-2009 fiscal year to design and implement a pilot program to assess proposed changes to the adult protective services statutes. The proposed changes include the implementation of an Adult Protective Services Clearinghouse Model that is intended to enhance the capacity of county departments of social services in responding to the needs of all abused, neglected, or exploited adults. The Department shall report on the evaluation of the pilot to the North Carolina Study Commission on Aging on or before March 1, 2009.

SECTION 2. This act becomes effective July 1, 2007.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SQz-5 [v.3] (01/10)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/15/2007 3:48:33 PM

Short Title: Medicaid Income Limits Level Study.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO REVIEW OPTIONS FOR INCREASING MEDICAID MEDICALLY NEEDY INCOME LIMITS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services, Division of Medical Assistance shall study the medically needy income standard. The study shall include determining a method for increasing the current standard while providing improved consistency across long-term care settings. The Department shall report its findings and recommendations to the North Carolina Study Commission on Aging not later than September 1, 2008.

SECTION 2. This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-RDz-7 [v.9] (01/10)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/24/2007 3:03:06 PM

Short Title: Funds for Housing Options for Mentally Ill.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO INCREASE AVAILABILITY OF HOUSING OPTIONS FOR NORTH CAROLINIANS WITH DISABILITIES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services the sum of one million five hundred six thousand six hundred dollars ($1,506,600) for the 2007-2008 fiscal year, and three million thirteen thousand two hundred dollars ($3,013,200) for the 2008-2009 fiscal year. The funds shall be used to increase the availability of housing options for North Carolinians with disabilities through the provision of rental assistance for both North Carolina Housing Finance Agency-financed apartments and other publicly-subsidized apartments, with priority given to those individuals that are transitioning out of State psychiatric hospitals and those that are transitioning out of long-term care facilities.

The Department of Health and Human Services and the North Carolina Housing Finance Agency shall collaborate to determine the most efficient and effective use of the appropriated funds and shall submit an interim report on the status of this funding to the North Carolina Study Commission on Aging on or before September 1, 2008, and a final report on or before September 1, 2009.

SECTION 2. This act becomes effective July 1, 2007.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-RDz-8 [v.3] (01/10)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/17/2007 11:04:49 AM

Short Title: Study Housing/Training-Mentally Ill in ACH.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY RULES AND REGULATIONS REGARDING HOUSING INDIVIDUALS WITH MENTAL ILLNESS IN THE SAME FACILITY VICINITY AS INDIVIDUALS WITHOUT MENTAL ILLNESS, AND TO RECOMMEND STAFF TRAINING REQUIREMENTS FOR DIRECT CARE WORKERS IN LONG TERM CARE FACILITIES TO PROVIDE APPROPRIATE CARE TO RESIDENTS WITH MENTAL ILLNESS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1(a). The Department of Health and Human Services, Division of Facility Services, Division of Aging and Adult Services, and Division of Mental Health, shall study rules and regulations in North Carolina and other states regarding the provision of appropriate care and housing of individuals with mental illness in the same facility vicinity with individuals without mental illness and shall make recommendations relating to the housing of these individuals.

SECTION 1(b). The Department of Health and Human Services, Division of Facility Services, Division of Aging and Adult Services, and Division of Mental Health, shall study the need for training direct care workers in long-term care facilities to provide appropriate care to facility residents with mental illness and facility residents without mental illness, and shall make recommendations for appropriate training of these workers.

SECTION 1(c). The Department of Health and Human Services shall present its findings and recommendations in response to the studies authorized in Section 1(a) and Section 1(b), along with any required statutory or rule changes, to the Study Commission on Aging and the Joint Legislative Oversight Committee on Mental

Health, Developmental Disabilities, and Substance Abuse Services on or before March 1, 2008.

SECTION 2. This act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SQz-3 [v.4] (01/10)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/15/2007 3:51:51 PM

Short Title:	Special Assistance In-Home Assign.	(Public)
Sponsors:	Unknown.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO INCREASE THE NUMBER OF ASSIGNMENTS TO THE SPECIAL ASSISTANCE IN-HOME PROGRAM OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. Funds appropriated to the Department of Health and Human Services for the 2007-2008 fiscal year may be used to increase the maximum number of assignments to special assistance in-home program to 2,000 persons.

SECTION 2. This act becomes effective July 1, 2007.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SHz-10 [v.8] (01/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/17/2007 10:58:52 AM

Short Title: ACH Star Rating Authorization/Funds.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE THE MEDICAL CARE COMMISSION TO ADOPT RULES ALLOWING THE ISSUANCE OF STAR-RATED CERTIFICATES TO ADULT CARE HOMES, AND TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF FACILITY SERVICES, FOR ADDITIONAL POSITIONS AND DATABASE ENHANCEMENT TO SUPPORT THE PROGRAM, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 131D-4.5 reads as rewritten:

"§ 131D-4.5. Rules adopted by Medical Care Commission.

The Medical Care Commission shall adopt rules as follows:

(1) Establishing minimum medication administration standards for adult care homes. The rules shall include the minimum staffing and training requirements for medication aides and standards for professional supervision of adult care homes' medication controls. The requirements shall be designed to reduce the medication error rate in adult care homes to an acceptable level. The requirements shall include, but need not be limited to, all of the following:
   a. Training for medication aides, including periodic refresher training.
   b. Standards for management of complex medication regimens.
   c. Oversight by licensed professionals.
   d. Measures to ensure proper storage of medication.

(2) Establishing training requirements for adult care home staff in behavioral interventions. The training shall include appropriate

responses to behavioral problems posed by adult care residents. The training shall emphasize safety and humane care and shall specifically include alternatives to the use of restraints.

(3) Establishing minimum training and education qualifications for supervisors in adult care homes and specifying the safety responsibilities of supervisors.

(4) Specifying the qualifications of staff who shall be on duty in adult care homes during various portions of the day in order to assure safe and quality care for the residents. The rules shall take into account varied resident needs and population mixes.

(5) Implementing the due process and appeal rights for discharge and transfer of residents in adult care homes afforded by G.S. 131D-21. The rules shall offer at least the same protections to residents as State and federal rules and regulations governing the transfer or discharge of residents from nursing homes.

(6) Establishing procedures for determining the compliance history of adult care homes' principals and affiliates. The rules shall include criteria for refusing to license facilities which have a history of, or have principals or affiliates with a history of, noncompliance with State law, or disregard for the health, safety, and welfare of residents.

(7) For the licensure of special care units in accordance with G.S. 131D-4.6, and for disclosures required to be made under G.S. 131D-8.

(8) For time limited provisional licenses and for granting extensions for provisional licenses.

(9) For the issuance to adult care homes of star-rated certificates, which shall contain a rating of one to five stars. The rating shall be based on the following:

a. Inspections and complaint investigations conducted by the Department to determine compliance with licensing statutes and rules.

b. Any Type A or Type B penalties, or other administrative actions, imposed on the facility by the Department.

c. Participation in any quality improvement programs approved by the Department.

d. The facility's attainment of the North Carolina New Organizational Vision Award special licensure designation authorized in Part 6, Article 5, of Chapter 131E. "

SECTION 2. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Facility Services, the sum of one hundred fifty-three thousand dollars ($153,000) for the 2007-2008 fiscal year, and the sum of one hundred eight thousand dollars ($108,000) for the 2008-2009 fiscal year. These funds shall be used to implement the Star Rating program in accordance with Section 1 of this act, including two new positions and enhancement and maintenance of a database for the program.

SECTION 3. Section 1 of this act becomes effective when it becomes law and requires the issuance of certificates beginning January 1, 2009. Section 2 of this act becomes effective July 1, 2007. The remainder of this act becomes effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2007

U **D**

BILL DRAFT 2007-SHz-9 [v.5] (01/09)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/24/2007 2:42:07 PM

Short Title: WIN A STEP UP Funds.	(Public)
Sponsors: .	
Referred to:	

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF FACILITY SERVICES, FOR THE WIN A STEP UP PROGRAM FOR NURSE AIDES EMPLOYED BY NURSING HOMES, AND FOR A PILOT OF THE WIN A STEP UP PROGRAM FOR NURSE AIDES EMPLOYED BY HOME CARE AGENCIES, AND TO REQUIRE A STUDY OF THE FEASIBILITY OF BECOMING A SELF-SUSTAINING PROGRAM, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1.(a) There is appropriated from the General Fund to the Department of Health and Human Services, Division of Facility Services, the sum of two hundred thousand dollars ($200,000) for the 2007-2008 fiscal year, and the sum of three hundred twenty-five thousand dollars ($325,000) for the 2008-2009 fiscal year, to be used in addition to fine and penalty collections provided by the Department, to continue the WIN A STEP UP (Workforce Improvement for Nursing Assistants: Supporting Training, Education, and Payment for Upgrading Performance) program for nurse aides employed by nursing homes.

SECTION 1.(b) There is appropriated from the General Fund to the Department of Health and Human Services, Division of Facility Services, the sum of two hundred thousand dollars ($200,000) for the 2007-2008 fiscal year, and the sum of two hundred thousand dollars ($200,000) for the 2008-2009 fiscal year, to be used to develop, pilot, and evaluate a WIN A STEP UP (Workforce Improvement for Nursing Assistants: Supporting Training, Education, and Payment for Upgrading Performance) program for nurse aides employed by home care agencies.

SECTION 1.(c) The WIN A STEP UP program shall continue to enhance and enrich curriculum components with information and exercises involving appropriate care for individuals with dementia, anxiety, depression, and other severe mental health problems.

SECTION 1.(d) The Department shall require the WIN A STEP UP program to study the feasibility of becoming a self-sustaining program and to report to the North Carolina Study Commission on Aging and the House and Senate Appropriations Subcommittees on Health and Human Services by May 1, 2008.

SECTION 2. This act becomes effective July 1, 2007.