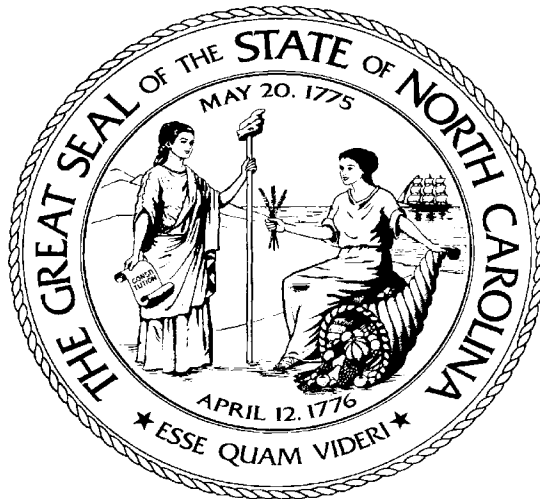


**NORTH CAROLINA  
STUDY COMMISSION ON AGING**



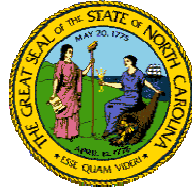
**REPORT TO THE  
GOVERNOR AND THE 2009 REGULAR SESSION OF THE  
2009 GENERAL ASSEMBLY**

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## *North Carolina Study Commission On Aging*

January, 2009

To: Governor Beverly Perdue  
Lieutenant Governor Walter Dalton, 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 2009 Regular Session of the 2009 General Assembly

Attached is a report from the North Carolina Study Commission on Aging submitted pursuant to North Carolina General Statute §120-187. The report contains recommendations and proposed legislation from the North Carolina Study Commission on Aging based on study conducted after the adjournment of the 2008 Regular Session of the General Assembly.

Respectfully submitted,

---

Senator Vernon Malone  
Co-Chair

---

Representative Jean Farmer-Butterfield  
Co-Chair

# North Carolina Study Commission On Aging

## 2008-2009 Membership List

### President Pro Tempore's Appointments

Senator Vernon Malone, Co-Chair

Senator Stan Bingham

Senator Katie Dorsett

Senator James Forrester

Senator A.B. Swindell, IV

Mr. Anthony Peace

Mr. John Eller

Ms. Jean Reaves

### Ex Officio:

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Long Term Care and Family Services,  
Department of Health and Human Services

### Clerks:

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919/733-5880

Ruth Merkle  
919/733-5898

### Speakers' Appointments

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Representative Bob F. England, MD

Representative Garland Pierce

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Mr. David Lowa

Mr. Edd Nye

### Staff:

Theresa Matula,  
Shawn Parker,  
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Research Division  
919/733-2578

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<b><a href="#">2009-SHZ-1</a></b>	AN ACT TO DIRECT THE DIVISION OF HEALTH SERVICE REGULATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES TO REVIEW RECOMMENDATIONS FROM THE DISABILITY AND ELDERLY EMERGENCY MANAGEMENT (DEEM) TASK FORCE AND TO TAKE APPROPRIATE ACTION TO STRENGTHEN DISASTER PLANNING AND DISASTER PREPAREDNESS FOR LONG-TERM CARE FACILITIES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.
<b><a href="#">2009-SHZ-2</a></b>	AN ACT TO APPROPRIATE ADDITIONAL FUNDS FOR THE HOME AND COMMUNITY CARE BLOCK GRANT, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.
<b><a href="#">2009-SHZ-3</a></b>	AN ACT TO APPROPRIATE FUNDS FOR CERTIFIED SENIOR CENTERS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.
<b><a href="#">2009-SHZ-4</a></b>	AN ACT TO APPROPRIATE FUNDS TO ENACT A PILOT PROGRAM TO ASSESS PROPOSED IMPROVEMENTS TO THE ADULT PROTECTIVE SERVICES STATUTES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.
<b><a href="#">2009-SHZ-5</a></b>	AN ACT TO DIRECT THE DIVISION OF MEDICAL ASSISTANCE, DIVISION OF PUBLIC HEALTH, AND DIVISION OF AGING AND ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES TO COLLABORATE WITH THE UNIVERSITY OF NORTH CAROLINA – CHAPEL HILL AND EAST CAROLINA UNIVERSITY SCHOOLS OF DENTISTRY, THE NORTH CAROLINA DENTAL SOCIETY, AND CURRENT SPECIAL CARE DENTAL PROVIDERS, TO EXAMINE DENTAL CARE OPTIONS, AS RECOMMENDED BY THE NORTH

CAROLINA STUDY COMMISSION ON AGING.

[2009-SHZ-6](#) AN ACT TO APPROPRIATE FUNDS TO THE DIVISION OF PUBLIC HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES, FOR THE PURCHASE OF ADDITIONAL MOBILE DENTAL UNITS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

[2009-SHZ-7](#) AN ACT TO APPROPRIATE FUNDS TO THE STATE ADULT DAY CARE FUND AND TO THE HOME AND COMMUNITY CARE BLOCK GRANT TO PROVIDE A RATE INCREASE FOR ADULT DAY SERVICES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

[2009-SHZ-8](#) AN ACT TO APPROPRIATE FUNDS TO THE DIVISION OF AGING AND ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, FOR PROJECT C.A.R.E. (CAREGIVER ALTERNATIVES TO RUNNING ON EMPTY) WHICH PROVIDES SUPPORT FOR INDIVIDUALS WITH DEMENTIA AND THEIR CAREGIVERS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

[2009-SHZ-9](#) AN ACT TO DIRECT THE UNIVERSITY OF NORTH CAROLINA INSTITUTE ON AGING AND THE DIVISION OF AGING AND ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO TAKE A LEADERSHIP ROLE IN HELPING NORTH CAROLINA PREPARE FOR INCREASED NUMBERS OF OLDER ADULTS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

[2009-SQZ-1](#) AN ACT TO DIRECT THE DIVISION OF HEALTH SERVICE REGULATION, DIVISION OF MEDICAL ASSISTANCE, AND THE DIVISION OF AGING AND ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO ASSEMBLE A WORKGROUP TO DEVELOP STRATEGIES TO ADDRESS ISSUES OF MIXED POPULATIONS IN ADULT CARE HOMES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

[2009-RDZ-7](#) AN ACT TO DIRECT THE DIVISION OF AGING AND ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO ANALYZE AND REPORT ON THE EXPERIENCES OF THE DIVISION'S PILOT PROGRAM ON MEDICATION SAFETY IN ADULT CARE HOMES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

# PREFACE

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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. 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 2008-2009 interim. The Commission met on five occasions and held public hearings in Lake Lure, North Carolina, and Lumberton, North Carolina. The public hearings were conducted in October and provided citizens with an opportunity to speak to Commission members about programs and services for older adults. Based on reports and presentations received by the Commission and comments expressed by citizens, the Study Commission on Aging presents the recommendations contained in this report.

# EXECUTIVE SUMMARY

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The North Carolina Study Commission on Aging met five times and conducted two public hearings during the 2008-2009 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 2009 Session of the 2009 General Assembly:

## **Recommendation 1: Strengthen Disaster Planning for Long-Term Care Facilities**

In response to the Disability and Elderly Emergency Management (DEEM) Task Force recommendations, the Study Commission on Aging recommends that the General Assembly direct the Division of Health Service Regulation, Department of Health and Human Services, to review the DEEM recommendations, take appropriate action to strengthen disaster planning and disaster preparedness for long-term care facilities, and to report to the Study Commission on Aging and the Joint Select Committee on Emergency Preparedness and Disaster Management Recovery, on or before March 1, 2010.

## **Recommendation 2: Additional HCCBG Funds**

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$2,500,000 for both FY 2009-2010 and FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services, for the Home and Community Care Block Grant (HCCBG).

## **Recommendation 3: Senior Center Funding**

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$750,000 for both FY 2009-2010 and FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services for certified senior centers.

## **Recommendation 4: Adult Protective Services Pilot Program**

The Study Commission on Aging recommends that the General Assembly appropriate \$2,208,763 for FY 2009-2010 and \$2,162,409 for FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services, to fund a two-year pilot program to assess proposed changes to the adult protective services statutes, and require the Division to make an interim report in April 2010, and a final report on the evaluation of the pilot by October 1, 2011.

## **Recommendation 5: Special Care Dentistry**

**5a.** The Study Commission on Aging supports continued efforts by the Division of Medical Assistance, Department of Health and Human Services, to increase the number of dental care providers serving special care populations.

**5b.** The Study Commission on Aging recommends that the General Assembly direct the Division of Medical Assistance, Division of Public Health, and the Division of Aging and Adult Services, Department of Health and Human Services, to collaborate with the UNC and ECU Schools of Dentistry, the North Carolina Dental Society, and current special care providers to examine the limited dental care options for special care populations and to make recommendations for improvement to the Study Commission on Aging and the Public Health Study Commission on or before February 1, 2010.

**5c.** The Study Commission on Aging recommends that the General Assembly appropriate \$200,000 for both FY 2009-2010 and FY 2010-2011, to the Division of Public Health, Department of Health and Human Services, to purchase an additional mobile dental unit in each fiscal year for a new or existing non-profit mobile dental care provider who must operate the 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.



**Recommendation 6: Adult Day Care Reimbursement Rate Increase**

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$1,059,561 for both FY 2009-2010 and FY 2010-2011, to the Division of Aging and Adult Services, Department of Health and Human Services to provide a \$5.00 per day rate increase for adult day care and adult day health care.

**Recommendation 7: Funds for Project C.A.R.E.**

The Study Commission on Aging recommends that the General Assembly appropriate \$500,000 for both FY 2009-2010 and FY 2010-2011, to the Division of Aging and Adult Services, Department of Health and Human Services, to fund Project C.A.R.E. with the intent that this funding shall become part of the continuation budget.

**Recommendation 8: Preparing for Increased Numbers of Older Adults**

The Study Commission on Aging recommends that the UNC Institute on Aging and the Division of Aging and Adult Services, Department of Health and Human Services, take a leadership role in helping North Carolina prepare for increased numbers of older adults by: 1) organizing and facilitating meetings of gerontologists, researchers, county representatives, directors of Area Agencies on Aging, and providers of State services, to collectively identify and prioritize issues the State needs to address; and 2) working with the Association of County Commissioners, the UNC School of Government, higher education departments of municipal and regional planning and their partners, and Area Agencies on Aging to establish a website containing: a) information on fostering retiree and volunteer involvement, and b) models of local planning efforts, in order to assist municipalities in addressing accessibility and service delivery for increasing numbers of older adults. The Institute on Aging and the Division of Aging and Adult Services shall make progress reports to the Governor and the Study Commission on Aging on or before March 1, 2010, and on or before November 1, 2010.

**Recommendation 9: Adult Care Home Mixed Population Workgroup**

The Study Commission on Aging recommends that the General Assembly direct the Division of Health Service Regulation, the Division of Medical Assistance, and the Division of Aging and Adult Services, Department of Health and Human Services, to assemble a workgroup of adult care home specialists and long-term care ombudsmen that work with adult care homes serving significant populations of both mentally ill residents and the frail elderly, to develop short-term and long-term strategies for improving the quality of care for all residents, and to make recommendations to the Study Commission on Aging and the Joint Legislative Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on or before August 1, 2010.

**Recommendation 10: Adult Care Home Quality Improvement Pilot Program on Medication Safety**

The Study Commission on Aging recommends that the General Assembly direct the Division of Aging and Adult Services, Department of Health and Human Services, for FY 2009-2010 and FY 2010-2011, to use the recurring funding associated with the Adult Care Home Quality Improvement Program to accomplish the following: 1) a post pilot analysis to determine whether medication safety is sustained after the initial phases of the medication safety pilot program and to develop findings on what fosters or prohibits sustained improvements; 2) utilization of the lessons learned from this medication safety pilot to deliver medication safety training sessions, train the trainer programs, or online training in adult care homes that did not participate in the pilot program; 3) evaluation of the effectiveness of this training; and 4) an interim report to the Study Commission on Aging on or before February 1, 2010, with a final report due on or before October 1, 2010.

### **Recommendation 11: Support for Changes to Guardianship Laws**

The Study Commission on Aging supports the seven remaining recommendations that have not yet been enacted from the report of the House Study Committee on State Guardianship Laws to the 2007 North Carolina House of Representatives.

# Aging North Carolina: The 2008 Profile, Updated

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

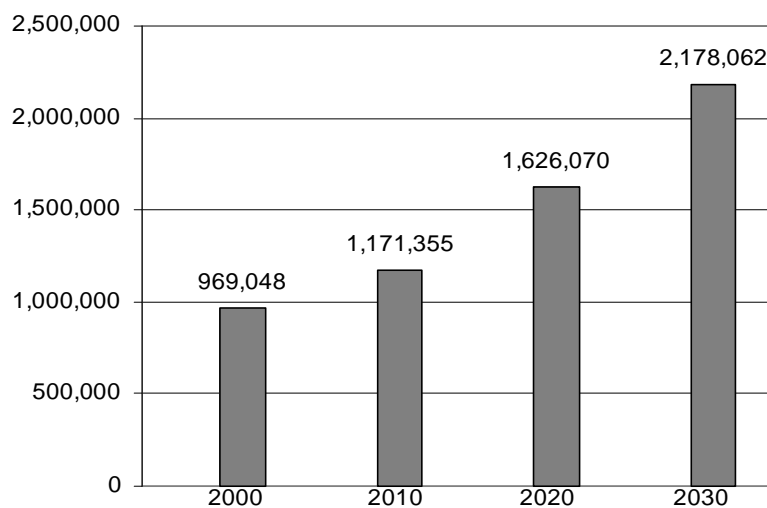
## North Carolina's Demographic Shift

North Carolina remains in the midst of a significant demographic change as the state's 2.3 million baby boomers (those born between 1946 and 1964) are beginning 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 17.5 percent or 2.2 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 in 2006, the oldest boomers (i.e., born in 1946) became eligible to receive services under the Older Americans Act, and as of January of this year, some of the oldest boomers began receiving their first Social Security payments.

### Baby Boomer Milestones

Programs	Year when oldest boomers become eligible						
	2006	2007	2008	2009	2010	2011	2012
NC Senior Games participation (55)							
Older Americans Act services (60)							
Social Security at a reduced rate (62)							
Medicare benefits (65)							
Medicaid assistance for the Aged (65)							
Full Social Security (66)							

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



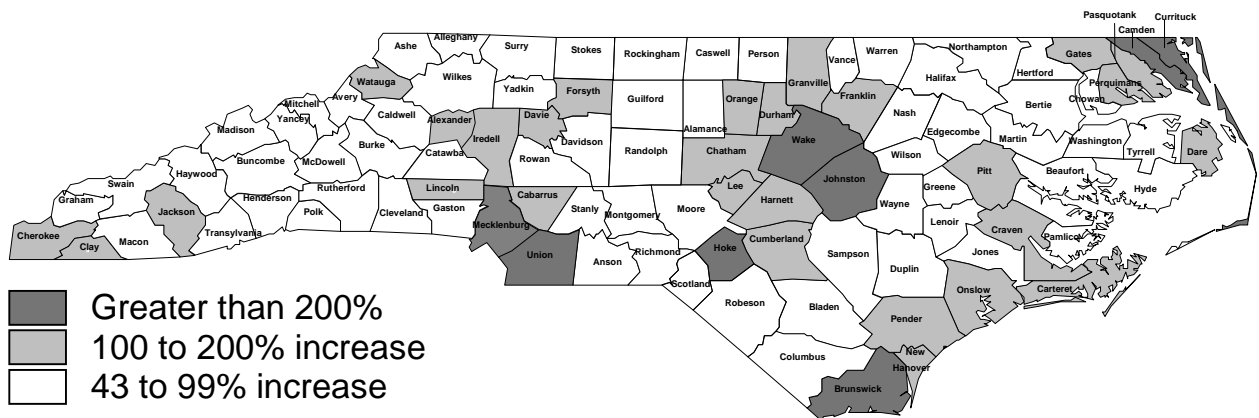
Based on 2008, Demographic Unit, Office of State Budget and Management, projections April 2000-2030

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]

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 55 percent, while the population 65 and older is expected to grow 125 percent, and the population 85 and older, 137 percent. [1]

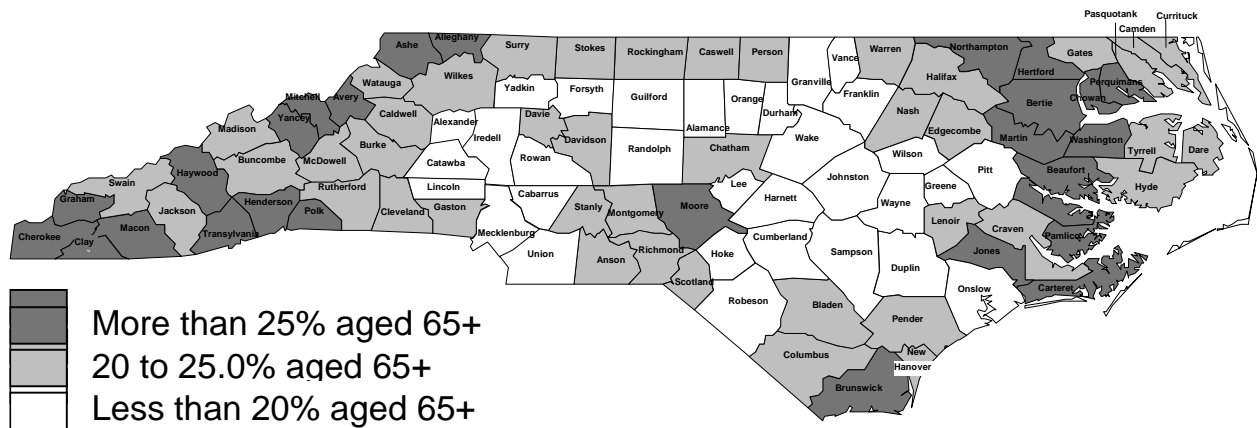
The eight counties with more than 200 percent growth can be divided into two very different categories. Union, Wake, Johnston, Mecklenburg and Hoke are experiencing rapid growth in their overall population as expanding parts of metropolitan areas, and they will remain relatively “young” (the proportion of their population projected to be over 65 is lower than that of the state as a whole.) The remaining three counties—Brunswick, Camden, and Currituck—by contrast, are projected to see disproportionate growth in their aging population. Brunswick, in particular, is projected to have substantially higher percentages of older adults (26.3 percent), compared to 17.5 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](http://www.census.gov)) and April 2030 projections (2007, 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 17.5%

Based on April 2030 projections (2007, Demographic Unit, Office of State Budget and Management)

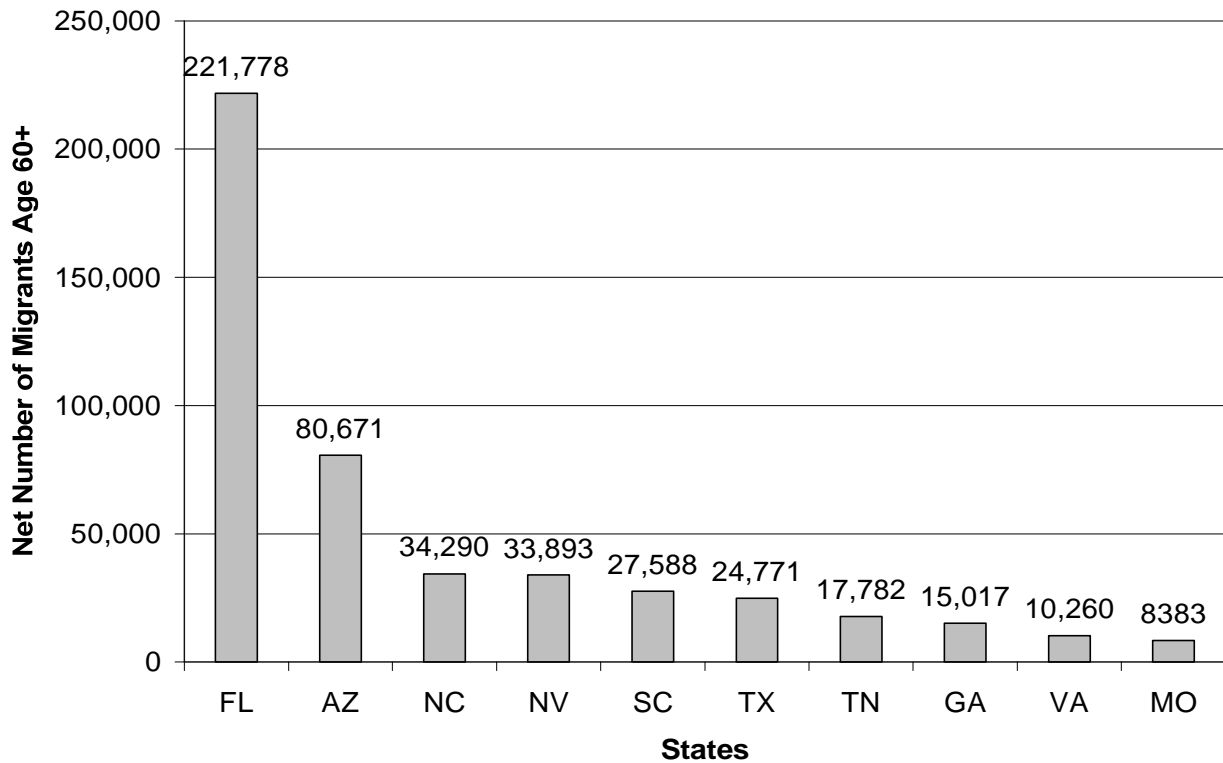
Figure C shows the counties that will have the largest concentration of older adults in 2030. All are in areas attractive to retirees, but many are also counties that will continue to lose younger residents because of modest economic opportunities.

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. 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).
- Some of the counties are also experiencing an increase in the immigrant and refugee population.

As shown in Figure D, North Carolina ranked third among states in the net-migration of retirees (34,290), as of the 2000 Census. An estimated 73,157 non-institutionalized later-life migrants had moved to our state between 1995-2000. [3] Later-life migrants are non-institutionalized persons over the age of 60 who reportedly have moved across state lines. Some are returning to North Carolina (NC natives). 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. [4]

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



The table below compares later-life migrants, both those native to North Carolina and those born outside the state, to resident seniors. In 2006, among non-institutionalized North Carolinians aged 60 and older, an estimated 27,606 had arrived from out-of-state within the previous year. [5] The data suggest that later-life migrants born outside North Carolina are somewhat younger, less likely to be disabled, nearly twice as likely to have a college degree, and report substantially higher family income.

**Demographic Profile of Later-Life Migrants and Resident Seniors for North Carolina as a Whole, 2006**

	Aged 60-64	Aged 65-74	Aged 75 and older	Disabled	Married	College Degree	White	Homeowner	Median Family Income
Later-life Migrants, non-natives	30.8%	42.8%	26.4%	37.5%	49.2%	34.5%	84.1%	48.4%	\$56,800
Later-life Migrants, NC natives	50.8%	33.7%	15.4%	34.4%	41.1%	25.4%	64.3%	68.0%	\$42,000
Resident Seniors	28.8%	39.5%	31.7%	39.4%	59.4%	19.0%	82.1%	80.8%	\$45,000

Source: 2006 American Community Survey Public Use Microdata Sample (PUMS)

The contributions of Dr. Don Bradley from East Carolina University to this report highlight aspects of later-life migration and suggest important implications for North Carolina of retirees moving to our state and within our state.

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. 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.” [6]

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

Age Groups	NC Combined	White		All other Races*	
		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. The initiative was also designed to encourage North Carolina’s communities toward becoming more 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 formed the core around which the *2007–2011 State Aging Services Plan* was 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 services and supports, employment, 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 good 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 tenth in the size of the entire population. [7] 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 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-seventh among states in the proportion of the population over 65. [8]

- Estimated NC population age 65+ in 2007: 1,087,442 (12.0 percent of total population)
- Estimated NC population age 85+ in 2007: 134,815 (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.

- Gender: Older women represent 58.7 percent of the 65+ age group and 70.9 percent of the 85+ age group. [9] 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. [10]
- 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. [11] 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 2005, 89% of married couples and 88% of nonmarried persons aged 65 or older received Social Security benefits.
- Social Security was the major source of income (providing at least 50% of total income) for 54% of aged beneficiary couples and 72% of aged nonmarried beneficiaries. It was 90% or more of income for 22% of aged beneficiary couples and 42% of aged nonmarried beneficiaries. [12]

### Percent Unmarried by Age Group

	Age 65-74	Age 75-84	Age 85+
Unmarried Women in NC	44.3	65.3	86.9
Unmarried Men in NC	23.7	26.7	43.2

Source: American Community Survey (2007). Table B12002.

- Ethnicity/Race: Altogether 19.0 percent of persons age 65+ are members of ethnic minority groups in North Carolina. [13] Compared to the nation as a whole, North Carolina’s population age 65+ includes a larger proportion who are African American (15.6 percent in NC compared to 8.3 percent nationally) and a smaller proportion of Latinos (1.3 percent in NC compared to 6.6 percent nationally). American Indians, Asian Americans, and other ethnic groups account for 2.0 percent of the age group 65 and older. [13]
- Race/Gender/Poverty: 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	4.6	8.9	15.9	22.5
Age Group 75+	6.0	12.2	19.2	34.7

Source: American Community Survey (2007). Table B17001A, B17001B

- **Immigrants/Refugees:** North Carolina has also been experiencing a rise in the immigrant population. Many of them are settling in urban areas, though other rural counties are also becoming their destination. In 2007, the state ranked 13<sup>th</sup> in the size of the foreign-born population and ranked 15<sup>th</sup> in the number of newly admitted immigrants in 2006. Between 2000-2007, 282,000 immigrants arrived to the state. [14] The number of refugees arriving to the state has also increased. About 4,292 refugees, who faced the fear of persecution, arrived between 2005-2007 from different countries. [15] There is lack of data of exact numbers of older adults of these various immigrant groups. Many of them face language barriers, social isolation, problems in accessing health care and other programs/services. [16]
- **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. [17] 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 [18]. Furthermore, 5,000 North Carolina homeowners and renters age 65+ lacked complete plumbing facilities in their homes. [19]
- **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. [20] 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. [21]
- **Disability:** In North Carolina, 43.4 percent of the non-institutionalized civilian population age 65 and older reported having one or more disabilities by the US Census definition—45.4

percent of women and 40.5 percent of men, according to the 2006 American Community Survey. [22] 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. [23] 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. [24] 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). [24] Diabetes mellitus is the sixth leading cause of death for the older North Carolina population in general, but like stroke, 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. [23]

**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 (2008). *Leading Causes of Death – 2006*.

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. [25] The 2005 Behavioral Risk Factor Surveillance System (BRFSS) shows that nearly 66 percent of adults in that age group do not participate in recommended levels of physical activity. [26] The BRFSS, 2007 also shows over one-third of people age 65+ say that their general health status is fair or poor. [27]

- **Grandparents Raising Grandchildren:** According to the 2007 American Community Survey there were 87,075 NC grandparents who reported that they had one or more grandchildren living with them under 18 years *for whom they are responsible*. This represents nearly half of all grandparents whose grandchildren live with them and 1.6 percent of all North Carolina grandparents. [28] 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. [29]

- **Veteran Status:** Of the estimated 773,630 veterans living in NC in 2007, over 265,946, or 34 percent, were age 65 and older. Another 260,953 (33 percent) were ages 50 to 65, most of whom were Vietnam-era veterans. [30] The group of veterans from the Vietnam-era contains proportionally more disabled members than survivors of earlier wars due to quicker and more advanced medical treatment. [31] 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 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 issues, but also new attitudes, challenges, opportunities, and resources.

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***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

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## September 24, 2008

The North Carolina Study Commission on Aging met on Wednesday, September 24, 2008, at 10:00 a.m. in room 1228 of the Legislative Building. Representative Jean Farmer-Butterfield presided. Following introductions, Theresa Matula, Commission staff, presented a tentative Commission meeting schedule and draft budget. The Commission approved the budget.

Next Ms. Matula presented a status report of the Study Commission on Aging's recommendations to the Governor and the 2008 General Assembly. A copy of the *2008 Recommendation Status Report* is included in [Appendix A](#). Ms. Matula also presented a document containing summaries of substantive legislation related to older adults and enacted during the 2008 Session. The *Summary of Substantive Legislation Related to Aging* is included in [Appendix A](#). Melanie Bush of the Fiscal Research Division provided an overview of 2009-2009 legislative budget actions. The *FY 2008-09 Aging-Related HHS Budget Items* document is also provided in [Appendix A](#).

Emily Young, with the Division of Emergency Management, Department of Crime Control and Public Safety, made a presentation on the recommendations from the Disability and Elderly Emergency Management (DEEM) Task Force. Recommendations from the DEEM Task Force are organized into the following six categories: Public Communication and Personal Preparedness; Education and Training; Registries of Individual; Transportation; Sheltering Considerations; Compliance to Laws, Regulations, and Monitoring. Ms. Young presented information on some of the issues examined by the Task Force. Two of the 16 recommendations pertain to long-term care facilities. Recommendation 15 pertains to improving long-term care facility disaster planning and Recommendation 16 pertains to improving the disaster resistance of facilities.

The next presentation was on the Home and Community Care Block Grant (HCCBG). Gary Cyrus, Division of Aging and Adult Services, Department of Health and Human Services; Candie Rudzinski, Director, Randolph County Senior Adults Association; Alan Winstead, Director, Wake County Meals on Wheels; and Patrice Roesler, NC Association of County Commissioners made presentations. Mr. Cyrus presented information on the 18 eligible services and a breakdown of the types of individuals that were served through the HCCBG. He pointed out that of the 18 services, 12 are "core" long-term care services and that 93% of the funds over which counties have discretion go to these core services. Mr. Cyrus provided information on the forces affecting the future of the HCCBG which include increasing costs to provide services and increasing numbers of older adults. He pointed out that \$9.1 million is needed to address the current waiting list. Ms. Rudzinski and Mr. Winstead spoke to the Commission about how HCCBG funds impact Randolph and Wake Counties. They also mentioned some of the challenges they face which mirror those mentioned by Mr. Cyrus. They also thanked the Commission for their past support of increased HCCBG funding. The Commission then heard from Patrice Roesler with the NC Association of County Commissioners. Ms. Roesler spoke about the following issues faced by counties: the strengths and challenges in planning, setting priorities, unmet needs, and funding for increasing numbers of older adults.

The final item on the agenda was an update on adult protective services by Nancy Warren, Division of Aging and Adult Services, Department of Health and Human Services. Ms. Warren presented information on the amount of federal dollars spent on abuse and neglect: 91% of which is for Child Abuse, 7% for Domestic Abuse, and 2% for Elder Abuse. She also presented several articles from various sources on the prevalence and incidence of cases of elder abuse. Ms. Warren reported that it is estimated that for every one case of elder abuse reported, about five or more cases go

unreported, and that older adults who are abused are three times more likely to die within ten years. Next, Ms. Warren reviewed the current adult protective services (APS) system and areas that were identified by the APS task force as needing change.

For a period of time, the agenda and handouts for this meeting are available on the internet at: <http://www.ncleg.net/gascritps/DocumentSites/browseDocSite.asp?nID=38>. (Look under 2008-09 Interim Committee Meetings, 9-24-08 Meeting.)

### **October 14, 2008**

The North Carolina Study Commission on Aging conducted the first of two public hearings this interim on October 14, 2008 at 10:00 a.m. in the Community Hall, located inside the Municipal Center/Town Hall, Lake Lure, North Carolina. Representative Farmer-Butterfield presided over the public hearing. At this hearing, the Commission heard from thirty-four (34) speakers. Issues mentioned most frequently at this hearing were: Increase HCCBG Funds, Increase Senior Center Funds, Provide Recurring Funding for Project C.A.R.E., Address Issues Related to Mentally Ill in Adult Care Homes/Mixing Populations. [Appendix B](#) contains a frequency distribution of the public hearing comments.

### **October 23, 2008**

The North Carolina Study Commission on Aging met on Thursday, October 23, 2008 at 10:00 a.m. in Room 544 of the Legislative Building. Senator Malone was the presiding Co-Chair for the start of the meeting and then Representative Farmer-Butterfield presided.

The first presentation was by Ms. Betsy Lee White with Access Dental Care. Ms. White thanked the Commission for their past support of special care dental programs. Her presentation featured an overview of the types of services provided by Access Dental and the types of patients served. Ms. White pointed out that there is no consistent access to dental care for the more than 200,000 North Carolinians who are homebound or live in long-term care facilities. She informed the Commission that these individuals are of all ages and have a variety of complicated intellectual and physical disabilities which make dental treatment more challenging and often more complex due to the lack of regular dental visits. Ms. White shared the following three recommendations with the Commission: 1) Support the NC Division of Medical Assistance's efforts to increase provider participation through the enhancement of Medicaid reimbursements for dental providers that provide comprehensive dental care to special care populations. 2) Appoint a task force that includes representatives from the UNC and ECU Schools of Dentistry, the North Carolina Dental Society and current special care providers to study special care dental workforce issues. 3) Appropriate \$400,000 for a new or existing nonprofit mobile dental provider to purchase and operate a 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.

Continuing with information on dental care for special populations, Dr. Mark Casey, Dental Director, Division of Medical Assistance, Department of Health and Human Services, made a presentation entitled, *Access to Medicaid Dental Services for Elderly and Special Care Recipients*. Dr. Casey said that the people with disabilities and the institutionalized aged often have more dental disease, more missing teeth, and more difficulty obtaining dental care than other segments of the population, persons with developmental disabilities residing in community have significant unmet oral health needs, and the situation is worse for the aged and disabled living in rural and remote areas. Dr. Casey spoke about the trends and barriers that affect access, provider workforce characteristics, and a strategy of developing a special needs code. The mission of a Special Needs Code (SNC) is to: create access to comprehensive care, reduce more costly hospital care, offer

training and limit the use of the code to trained providers, seek to provide care using the least restrictive techniques, create a statewide network and safety net, and develop multidisciplinary consultative resources. Use of the code would be restricted to dental providers that are credentialed through a particular process. This concept is currently used in New Mexico, Arizona, and South Carolina. Utah, California, and South Dakota have proposed adoption. The challenges for a SNC are information system limitations, the budgetary climate, and threats of audit from regulatory agencies.

Next the Commission heard an overview and update on adult day care. Steve Freedman, Division of Aging and Adult Services, Department of Health and Human Services (DHHS), presented an *Adult Day Services Funding Fact Sheet* which contained definitions of adult day and adult day health, the number and location of programs, current capacity, how adult day services are funded by the State, and current reimbursement rates compared to current cost reporting by adult day programs. There are currently 100 adult day programs across the State: 40 are social model programs, 56 are combination social and health model programs, and 4 are health only programs. The Home and Community Care Block Grant (HCCBG) and the State Adult Day Care Fund (SADCF) have a reimbursement rate of \$33.07 per day for adult day care and \$40.00 per day for adult day health. Providers report average costs as \$52.00 per day for adult day care, \$91.00 per day for adult day health only, and \$50.00 per day for adult day care/adult day health care models. The Commission then heard from Teresa Johnson, Executive Director, NC Adult Day Services Association, and Johnsie Barringer, the caregiver for an adult day care participant. Ms. Johnson requested the following actions from the Commission: 1) Reverse the mandate for National Accreditation of Adult Day Centers serving persons through the CAP-MR/DD Medicaid Waiver. 2) Reduce Medicaid expenditures by including Adult Day Health in the Medicaid State Plan. 3) Adjust the daily reimbursement rate for adult day service by \$5.00 per day. Mrs. Barringer gave a moving presentation on the impact of adult day services for a recipient and a caregiver. Even though in the Barringers' situation, they have to travel 100 miles a day to access an adult day program.

Steve Freedman, Division of Aging and Adult Services, DHHS, gave the Commission an update on Senior Centers and Project C.A.R.E.. Mr. Freedman presented information on the Senior Center Certification Program. There are two levels of certification: Center of Merit and Center of Excellence. Currently there are 164 Senior Centers in North Carolina, 61 are Centers of Excellence and 5 are Centers of Merit. The Division pointed out that demographics indicated a continued need for senior centers and that a process has been undertaken to evaluate the certification process. The evaluation revealed that certification process examines/promotes best practices in 5 major operational areas: 1) outreach and access to services; 2) programs and activities; 3) planning, evaluation, and input from older adults; 4) staffing; and 5) operations (including training) and physical plant. The evaluation found certified centers to be beneficial and recommended additional funding for certified centers. Mr. Freedman then gave the Commission an update on Project C.A.R.E.. Funding for Project C.A.R.E. was a recommendation from the Commission to the 2008 Session and \$500,000 in State funding was secured on a non-recurring basis. Mr. Freedman reminded the Commission that the goal of Project C.A.R.E. is to "increase quality, access, choice and use of respite and support services to low-income, rural and minority families caring for a person with dementia at home." It is a nationally recognized best practice model and has had demonstrated success for over seven years. On October 1, 2008, the Division received a new 3 year federal Alzheimer's demonstration grant to enhance family consultant services and expand the program into eastern North Carolina. However, there is a need to secure recurring State funding for Project C.A.R.E. in the 2009 Session.

For a period of time, the agenda and handouts for this meeting are available on the internet at: <http://www.ncleg.net/gascripts/DocumentSites/browseDocSite.asp?nID=38>. (Look under 2008-09

## **October 27, 2008**

The North Carolina Study Commission on Aging conducted a second public hearing on October 27, 2008, at 10:00 a.m. in the A.D. Lewis Auditorium, Robeson Community College, Lumberton, North Carolina. Senator Malone presided over the public hearing. At this hearing, the Commission heard from thirty-seven (37) speakers. Issues mentioned most frequently at this hearing were: Support for Senior Games, Increase Senior Center Funds, and Increase HCCBG Funds. [Appendix B](#) contains a frequency distribution of the public hearing comments.

## **November 12, 2008**

The North Carolina Study Commission on Aging met on Thursday, October 23, 2008 at 10:00 a.m. in Room 643 of the Legislative Office Building. Senator Vernon Malone was the presiding Co-Chair. The Commission members were joined by members of the Joint Study Committee on Local Social Services Issues who were charged with looking at the impact of demographic shifts, including growth in ethnic and elderly populations.

Theresa Matula, Commission staff, explained that the entire meeting would focus on the projected increase in the number of adults age 65+ in North Carolina and the State's need to prepare to meet the demands of this growing population. Ms. Matula gave background information on Senate Bill 1803/House Bill 2324 Statewide Aging Study which was a recommendation from the Commission to the 2008 General Assembly.

Next the Commission heard from Dennis Streets, Director, Division of Aging and Adult Services, Department of Health and Human Services, who presented the current forecasts for the numbers of adults age 65+ and the importance of planning to ensure that programs and services are provided for these individuals. Mr. Streets mentioned that today 28 counties have more persons age 60 and older than persons age 17 and younger. By 2030, this is projected to be the case in 75 counties. He also mentioned that between 2000-2030, population growth for the State as a whole is projected at 52.5%, while the population 65 and older is expected to grow 123%, and those 85 and older by 146%.

Next the Commission heard from Jim Mitchell, Professor of Sociology and Family Medicine, and Director of the Center on Aging, East Carolina University. Dr. Mitchell presented information on the anticipated changes to North Carolina's older adult population. He talked about immigration of such populations, why older people move, the top sending states for interstate migrants to coastal North Carolina, the reported disability of the 60+ population in coastal NC counties, and pointed out the many questions that cannot be answered with regard to older migrants.

The Commission heard presentations from Ashe County and from the Town of Davidson on what these communities have done to study, plan, and prepare for increased numbers of older adults. Jane Banks, Executive Director, Ashe Services for Aging, Inc., presented an overview of the process undertaken by Ashe County as they prepare to respond to increasing numbers of older adults. The Ashe County Aging Leadership Planning Team began their work in October 2006. Ashe's information gathering process included a survey tool, a series of focus groups and community meetings. This process allowed them to identify the top ten initiatives. Their ten initiatives consisted of: information and assistance, transportation, housing, healthy lifestyles, in-home care, repairs and maintenance, physical activity, satellite senior centers, safety, and assistance for caregivers. Next, the Commission heard the Town of Davidson's Aging in Place Task Force Recommendations. Gayla Woody, Director, Centralina Area Agency on Aging, introduced Dawn Blobaum, Assistant Town Manager, Town of Davidson, who presented information on the



planning process undertaken by the Town of Davidson. The mission of their task force is to, "Enhance Davidson's resources as a senior-friendly community." The presentation pointed out a four-step methodology: Educate the Task Force, Conduct a Community Survey, Research Options for Services and Service Delivery, and Make Recommendations to the Town Board. The Commission heard information on a number of the specific recommendations to make Davidson more senior-friendly.

The meeting ended with a panel discussion on opportunities, challenges, concerns, and recommendations to prepare for the increasing older adult population. The panel included: Mary Bethel, Associate State Director for Advocacy, AARP-NC; Dr. Victor Marshall, Director, UNC Institute on Aging; Rebecca Troutman, Intergovernmental Relations Director, North Carolina Association of County Commissioners; and Gayla Woody, President, NC Association of Area Agencies on Aging. The participants in the panel were asked to respond to three questions that they received prior to the meeting. The questions focused on the opportunities, challenges, or concerns the aging baby boomer generation will present; the plans the organization is undertaking to help ensure that the State is prepared to address the concerns of increased numbers of older adults; what responsibilities the State has to provide leadership; and the top three priorities with regard to the State's planning efforts. The participants provided a range of helpful information and all agreed on the importance of increasing the awareness of the need to plan for larger numbers of older adults and the need for technical assistance and resources when planning.

For a period of time, the agenda and handouts for this meeting are available on the internet at: <http://www.ncleg.net/gascritps/DocumentSites/browseDocSite.asp?nID=38>. (Look under 2008-09 Interim Committee Meetings, 11-12-08 Meeting.)

## **December 3, 2008**

The North Carolina Study Commission on Aging met on Wednesday, December 3, 2008, at 10:00 a.m. in Room 544 of the Legislative Office Building. Representative Jean Farmer-Butterfield presided. Presentation topics included: adult care homes quality improvement, community resources for aging and disabilities, a summary of public hearings, and the presentation of draft recommendations.

Suzanne Merrill, Division of Aging and Adult Services (DAAS), Department of Health and Human Services (DHHS), and Linda McNeill, The Carolinas Center for Medical Excellence, presented a report in response to S.L. 2005-276, Section 10.40A(p) on the Quality Improvement Consultation Program (QICP) for adult and family care homes developed by DAAS. The QICP focused on improving medication safety, administration, and documentation of medicine regimes in adult and family care homes. The program was successful in improving medication administration systems by providing training, consultation, and technical assistance to the pilot homes.

Alan Ackman, President, VieBridge, Inc., discussed the development of a new web service, ACHieve, for adult care homes that is designed to provide enhanced service coordination for residents through a uniform system of automated assessment, plan of care, and resident monitoring. The program is the result of a public and private partnership that includes adult care home providers and associations, the Division of Aging, the Division of Medical Assistance, and the Division of Health Service Regulation.

Sabrina Lea, Office of Long Term Services and Supports, Department of Health and Human Services, presented information on Community Resource Connections for Aging and Disabilities (CRC). In response to the 2001 recommendations by the North Carolina Institute of Medicine, the CRC provides information and access for people seeking long-term support and services by serving as uniform point of entry to the full range of long-term support options.

Theresa Matula, Commission staff, presented summaries of the issues most frequently mentioned during the public hearings on October 14, 2008 in Lake Lure and October 27, 2008 in Lumberton. [Appendix B](#) contains a frequency distribution of the public hearing comments.

Next, Ms. Matula presented draft recommendations for the Commission's consideration. The draft recommendations represented a range of programs and issues heard by the Commission during the interim. Ms. Matula presented 10 recommendations with background information for each and explained that once the Commission approved the recommendations, they would be compiled into a report that would also include bill drafts as applicable, for the Governor and the 2009 General Assembly. During this meeting, the Commission approved the 10 recommendations. The Commission also discussed the possible inclusion of a Commission recommendation to support recommendations from the House Study Committee on State Guardianship Laws but delayed action pending a written recommendation to consider at the final meeting in January

For a period of time, the agenda and handouts for this meeting are available on the internet at: <http://www.ncleg.net/gascritps/DocumentSites/browseDocSite.asp?nID=38>. (Look under 2008-09 Interim Committee Meetings, 12-3-08 Meeting.)

### **January 15, 2009**

The North Carolina Study Commission on Aging met on Thursday, January 15, 2009 at 10:00 a.m. in Room 544 of the Legislative Office Building. Representative Farmer-Butterfield was the presiding Co-Chair. During the meeting, staff reviewed the Commission's draft report to the Governor and the 2009 Regular Session of the 2009 General Assembly. The Commission voted to approve the draft report as amended.

# COMMISSION RECOMMENDATIONS

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The North Carolina Study Commission on Aging makes the recommendations presented in this report to the Governor and the 2009 Session of the 2009 General Assembly. Each recommendation is followed by background information, and any corresponding legislative proposals appear in [Appendix C](#) of this report.

## **Recommendation 1: Strengthen Disaster Planning for Long-Term Care Facilities**

In response to the Disability and Elderly Emergency Management (DEEM) Task Force recommendations, the Study Commission on Aging recommends that the General Assembly direct the Division of Health Service Regulation, Department of Health and Human Services, to review the DEEM recommendations, take appropriate action to strengthen disaster planning and disaster preparedness for long-term care facilities, and to report to the Study Commission on Aging and the Joint Select Committee on Emergency Preparedness and Disaster Management Recovery, on or before March 1, 2010.

### **Background 1: Strengthen Disaster Planning for Long-Term Care Facilities**

During the September 24, 2008 meeting, the Study Commission on Aging heard a presentation on recommendations from the Disability and Elderly Emergency Management (DEEM) Task Force. The DEEM Initiative was co-chaired by Secretary Brian Beatty, Department of Crime Control and Public Safety, Secretary Dempsey Benton, Department of Health and Human Services, and Allison Breedlove, Disability Advocate. The work of the DEEM Task Force was designed to coincide with Sections 1 and 2 of S.L. 2008-162 (HB 2432) which directed the Division of Emergency Management, in consultation with the North Carolina Association of County Commissioners, to study and develop plans to enhance disaster management capabilities at the county level. The Disability and Elderly Emergency Management's Report of Recommendations contains 16 recommendations, including the following two:

- Recommendation 15, Improve Long-Term Care Facility Disaster Planning, contains the following suggested actions:
  - The term "appropriate agency" should be clarified within the current rule for Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SA) facilities.
  - Require long-term care facilities to use the North Carolina Health Care Facilities Association's "All Hazards Planning and Resource Manual" as a template for hazards planning.
  - Document distribution of their current disaster plan to residents and caregivers.
  - Submit plans to explain under what circumstances a long-term care facility would need to shelter-in-place.
  - Require long-term care facilities to maintain generator(s) with adequate fuel, and a full supply of medicine, water and food for at least 72 hours for each resident.
- Recommendation 16, Improve Disaster Resistance of Facilities, contains suggested actions to prohibit the construction of long-term care facilities in storm surge areas, near industrial plants containing hazardous chemicals or radioactive materials, or in otherwise disaster-prone locations. The report recommends a legislative study commission be appointed to review regulations, rules, and laws. However, it is possible that this process can be begun by the

Division of Health Service Regulation through an examination of the scope of the problem with regard to facilities currently in operation, by looking at what other states might do with regard to facility construction, and a review of current building code requirements impact this issue.

The Study Commission on Aging recommends that the General Assembly enact [2009-SHz-1](#) to require the Division of Health Service Regulation, Department of Health and Human Services, to review the DEEM recommendations and take appropriate action to strengthen disaster planning and disaster preparedness for long-term care facilities and to report to the Study Commission on Aging and the Joint Select Committee on Emergency Preparedness and Disaster Management Recovery.

## **Recommendation 2: Additional HCCBG Funds**

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$2,500,000 for both FY 2009-2010 and FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services, for the Home and Community Care Block Grant (HCCBG).

## **Background 2: Additional HCCBG Funds**

During the September 24, 2008 meeting, the Study Commission on Aging heard an update from the Division of Aging and Adult Services, Department of Health and Human Services, on the Home and Community Care Block Grant (HCCBG). The Commission also heard from representatives in Randolph County and Wake County and from the Association of County Commissioners about the importance of this program to elderly citizens in North Carolina. At this meeting, the Commission also learned that the 2008 General Assembly approved \$2,000,000 in additional funding for the HCCBG for the 2007-2008 fiscal year.

The HCCBG, established by G.S.143B-181.1(a)(11), 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. The focus of the HCCBG is to support the frail elderly that are 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.

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 decide 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 because the Older Americans Act (OAA) gives priority to serving the "socially and economically needy" and focuses particular attention on the low income minority elderly and on 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).

Increasing Home and Community Care Block Grant (HCCBG) Funds tied for the most frequently mentioned item during the public hearings in Lake Lure on October 14, 2008 and in Lumberton on October 27, 2008. Increasing the HCCBG is also a recommendation of both the North Carolina Senior Tar Heel Legislature and the Governor's Advisory Council on Aging. The Senior Tar Heel Legislature recommends increasing the HCCBG by \$5 million dollars and the Governor's Advisory Council recommends increasing it by \$7 million.

According to the Division of Aging and Adult Services, \$31,878,452 has been authorized for the Home and Community Care Block Grant for the 2008-2009 State fiscal year. Of the \$31,878,452 authorized, \$29,878,452 has been allocated. Although the General Assembly approved a \$2 million funding increase for the HCCBG for the 2007-2008 fiscal year, the increased funds have not been distributed to the counties. Due to the current economy, the Governor requested State agencies to hold back funds a certain percentage of their budgets. Since the Division of Aging and Adult Services, Department of Health and Human Services, had not allocated the increased HCCBG funding, this funding is being held.

The Study Commission on Aging is aware of the increasing numbers of older adults, increased needs due to the current economy, and the increased cost of providing services and recommends that the General Assembly increase funding for the HCCBG by enacting [2009-SHz-2](#).

### **Recommendation 3: Senior Center Funding**

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$750,000 for both FY 2009-2010 and FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services for certified senior centers.

### **Background 3: Senior Center Funding**

The Division of Aging and Adult Services presented the Commission with an update on senior centers during the October 23, 2008 meeting. A portion of the presentation focused on the Senior Center Certification Program which is a voluntary, self-evaluation process designed to strengthen capacity of senior centers by providing measurable indicators. The process examines and promotes best practices in the following five major operational areas:

1. Outreach and access to services.
2. Programs and activities.
3. Planning, evaluation and input from older adults.
4. Staffing.
5. Operations (including training) and physical plant.

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 of senior centers including: equipment purchases or repairs, building maintenance, supplies, administrative costs, activities, and construction.

There are two levels of certification: Center of Merit and Center of Excellence. Of the 164 senior centers in North Carolina, 61 (37%) are Centers of Excellence and 5 (3%) are Centers of Merit. Senior Centers receive funding in "shares" – one share for uncertified centers, two shares for Centers of Merit, and three shares for Centers of Excellence.

Research has found that certified senior centers are significantly more likely to serve more men, ethnic minority groups, the oldest old, and those with sensory impairments. A survey conducted by the Division of Aging and Adult Services found that 40% of the centers surveyed indicated that

increased funding alone, or in combination with other benefits, was the greatest benefit of certification.

Senior Centers are recognized as focal points in the community for older adults. In the coming years, these centers will be serving increasing numbers of older adults and will be required to offer a wider range of programs to meet the diversity represented in the baby boomer generation and generations before it. Increased funding for senior centers tied as the most frequently mentioned item during the recent public hearings. The Senior Tar Heel Legislature recommends a \$2 million increase in senior center funding and the Governor's Advisory Council on Aging recommends an additional \$1 million in funding.

As mentioned above, the State supports senior centers by funding the Senior Center Outreach and General Purpose funds.

- For the 2008-2009 State fiscal year, Senior Center Outreach Funding is: \$100,000. Senior Center Outreach funds are distributed evenly to all 17 AAA regions and amounted to \$5,882 per region this year.
- Total General Purpose funding is \$1,687,088, broken out as follows:
  - State Funding: \$1,265,316
  - Local Funding Match: \$421,772
    - The distribution for General Purpose Funds for 2008-2009 is as follows:
      - \$4,363 for noncertified centers (98 centers)
      - \$8,726 for Centers of Merit (6 centers)
      - \$13,090 for Centers of Excellence (60 centers)

The Commission on Aging recognizes the vital role that senior centers play in North Carolina communities and the beneficial impact of centers becoming certified. Therefore, the Commission recommends the General Assembly encourage senior centers to become certified by providing an additional funding incentive for certified centers through enactment of [2009-SHz-3](#).

#### **Recommendation 4: Adult Protective Services Pilot Program**

The Study Commission on Aging recommends that the General Assembly appropriate \$2,208,763 for FY 2009-2010 and \$2,162,409 for FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services, to fund a two-year pilot program to assess proposed changes to the adult protective services statutes, and require the Division to make an interim report in April 2010, and a final report on the evaluation of the pilot by October 1, 2011.

#### **Background 4: Adult Protective Services Pilot Program**

The Division of Aging and Adult Services presented an overview of adult protective services generally, and the Adult Protective Services (APS) Pilot Program during the September 24, 2008 meeting.

During the presentation, A Fact Sheet from the National Center on Elder Abuse was given to the Commission. The Fact Sheet contained the following bulleted points from studies about the prevalence of elder abuse:

- According to the best available estimates, between 1 and 2 million Americans, age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection.

- Data on elder abuse in domestic settings suggest that 1 in 14 incidents, *excluding* incidents of self-neglect, come to the attention of authorities.
- Current estimates put the overall reporting of financial exploitation at only 1 in 25 cases, suggesting that there may be at least 5 million financial abuse victims each year.

The Division's presentation noted that North Carolina was one of the first states to enact the elder abuse law contained in Article 6, Chapter 108A of the General Statutes. Under North Carolina's current system, all reports of abuse, neglect and exploitation must be made to county departments of social services.

An Adult Protective Services (APS) Task Force met from 2002-2006 and issued a report. The APS Clearinghouse Model: NC's System of Protection, is the product of the 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. Recommendations from the report included funding to design, evaluate, and implement a time-limited pilot program of APS reform. The funding recommendation includes increased staff for nine pilots in county departments of social services, public awareness and education campaigns, essential services, and an evaluation. The goals of the APS Clearinghouse Model are to: increase NC's ability to reach out to citizens to offer voluntary services; enable NC 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.

Enacting and funding the Adult Protective Services (APS) Clearinghouse Model Pilot was the fourth most frequently mentioned item during the public hearings in the Fall of 2008. The Governor's Advisory Council on Aging also includes a recommendation for the Adult Protective Services Clearinghouse Model in their recommendations to the 2009 General Assembly. The Commission urges the General Assembly to protect some of North Carolina's most vulnerable citizens and once again recommends the authorization and funding of an adult protective services pilot program using the recommendations of the task force by enacting [2009-SHz-4](#).

### **Recommendation 5: Special Care Dentistry**

#### **Recommendation 5a: Division of Medical Assistance Continue Efforts to Increase Dental Care Providers for Special Care Populations**

The Study Commission on Aging supports continued efforts by the Division of Medical Assistance, Department of Health and Human Services, to increase the number of dental care providers serving special care populations.

#### **Recommendation 5b: Collaboration to Improve Dental Care Options for Special Care Populations**

The Study Commission on Aging recommends that the General Assembly direct the Division of Medical Assistance, Division of Public Health, and the Division of Aging and Adult Services, Department of Health and Human Services, to collaborate with the UNC and ECU Schools of Dentistry, the North Carolina Dental Society, and current special care providers to examine the limited dental care options for special care populations and to make recommendations for improvement to the Study Commission on Aging and the Public Health Study Commission on or before February 1, 2010.

## **Recommendation 5c: Additional Mobile Dental Units**

The Study Commission on Aging recommends that the General Assembly appropriate \$200,000 for both FY 2009-2010 and FY 2010-2011, to the Division of Public Health, Department of Health and Human Services, to purchase an additional mobile dental unit in each fiscal year for a new or existing non-profit mobile dental care provider who must operate the 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.

## **Background 5: Special Care Dentistry**

On October 23, 2008, the Study Commission on Aging heard presentations from the Division of Medical Assistance on Access to Medicaid Dental Services for Elderly and Special Care Recipients. The presentation pointed out that people with disabilities and the institutionalized aged often have more dental disease, more missing teeth, and more difficulty obtaining dental care than other segments of the population. Persons with developmental disabilities residing in community settings have significant unmet health care needs, including oral health needs, and the situation is worse for the aged and disabled living in rural and remote areas. The presentation pointed out that a 2000 Surgeon General's report, *Oral Health in America*, noted that although there have been gains in oral health status for the population as a whole, they have not been evenly distributed across subpopulations. Profound disparities for dental care exist among racial and ethnic minorities, individuals with disabilities, elderly persons, and individuals with complicated medical and social conditions. The Medicaid program in North Carolina is one of a minority of states that offers comprehensive dental benefits for adults. The Division's presentation also explored the possible use of a Special Needs Code for behavior management.

Additionally, the Commission also heard a presentation from Access Dental Care on Dental Care for Special Populations. The Commission heard that the mission of Access Dental Care is to: provide comprehensive dental care at a level equal to that in the community, provide education to all care providers, produce data for research, and work with policymakers to make dental care more accessible for special needs populations. When Access Dental Care provides care through a mobile dental unit they are responsible for the following: scheduling regular visits to the facility, billing for all treatment rendered, providing education for facility staff on daily oral care, communicating treatment needs to responsible parties, and Medicaid prior approvals. Facilities they serve have the following responsibilities: paying a program fee of \$6.00/bed/month, providing a 20'x20' space with electrical outlets and a sink for the dental team to use as a treatment area on the day of the visit, providing a liaison to assist the dental team, and supporting the facility staff with a daily oral hygiene program. The following is a breakdown of the type of care provided by Access: 68% preventive and diagnostic, 12% restorative, 12% oral surgery, 5% removable prosthetics, 3% periodontal, <1% endodontic, and <1% fixed prosthetics. The presentation by Access reminded the Commission that oral health is related to systemic health including the following issues: diabetes, heart disease, respiratory disease, prosthetic devices, behavioral and psychosocial status, osteoporosis, breast cancer, prostate cancer, and Paget's disease. Access Dental Care also made three requests which are represented by the Commission's recommendations on special care dentistry. The Commission recommends that the General Assembly enact [2009-SHz-5](#) requiring collaboration on special care dentistry issues and [2009-SHz-6](#) providing dental funding for special care populations

## **Recommendation 6: Adult Day Care Reimbursement Rate Increase**

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$1,059,561 for both FY 2009-2010 and FY 2010-2011, to the Division of Aging and Adult



Services, Department of Health and Human Services to provide a \$5.00 per day rate increase for adult day care and adult day health care.

### **Background 6: Adult Day Care Reimbursement Rate Increase**

During the October 23, 2008 meeting, the Study Commission on Aging received an update on adult day care from the Division of Aging and Adult Services, heard concerns expressed by the NC Adult Day Services Association, and heard a presentation by a caregiver with a loved one that benefits from the services of adult day care.

Adult day care provides supervision to adults with cognitive or physical disabilities for less than 24 hours in a place other than their usual residence. Adult day health services provide supervision and health care monitoring by a nurse to adults with cognitive or physical disabilities for less than 24 hours in a place other than their usual residence. There are 100 adult day programs in 55 North Carolina counties: 40 adult day care (social model programs), 56 adult day care/adult day health (combination programs), and 4 adult day health programs.

Adult day services are funded by State dollars through the Home and Community Care Block Grant (HCCBG), the State Adult Day Care Fund (SADCF), and through the Community Alternatives Program (CAP/DA and CAP/MR-DD) under Medicaid. Medicaid covers adult day health services under CAP/DA and CAP/MR-DD Waivers.

In the 2007-08 fiscal year, the HCCBG provided funding for 1,008 clients to be served by adult day care and adult day health care. In the 2007-08 fiscal year, the SADCF provided funding to serve 1,380 clients in adult day care and adult day health care. Of all adult day participants, 68% receive public funding and there are currently 115 North Carolinians waiting for assistance to attend adult day services.

Using a one year data collection cycle, the Division of Aging and Adult Services reported that based on provider reported costs: adult day care costs providers \$52.00 per day, adult day health costs providers \$91.00 per day, and the combination model costs \$50.00 per day. (According to the Division, the four adult day health model programs often serve profoundly developmentally disabled adults which causes the costs to be significantly higher than the combination models which often serve a group of individuals that are not as disabled.) The rate the State pays for adult day care is \$33.07 per day and \$40.00 per day for adult day health care. The difference between the cost to providers and the rate the State pays is approximately \$19 for adult day care and \$41 for adult day health care.

During the presentation on October 23, the North Carolina Adult Day Services Association requested that the daily reimbursement rate for adult day services be increased by five dollars (\$5.00) per day

Increased funding and support for adult day services was the fifth most frequently mentioned item during the public hearings in the fall of 2008. The Study Commission on Aging recognizes the importance of respite for caregivers and the savings to the State for delayed or avoided institutionalization and recommends the General Assembly support an increase in adult day care and adult day health care reimbursement rates, by enacting [2009-SHz-7](#).

### **Recommendation 7: Funds for Project C.A.R.E.**

The Study Commission on Aging recommends that the General Assembly appropriate \$500,000 for both FY 2009-2010 and FY 2010-2011, to the Division of Aging and Adult Services, Department of Health and Human Services, to fund Project C.A.R.E. with the intent that this funding shall become part of the continuation budget.

## **Background 7: Funds for Project C.A.R.E.**

The Study Commission on Aging recommended that the 2008 Session of the General Assembly appropriate \$500,000 for the 2008-2009 fiscal year, to fund Project C.A.R.E. (Caregiver Alternatives to Running on Empty) which provides support to individuals with dementia and their caregivers. The budget contained \$500,000 for FY 2008-2009 in non-recurring funding for Project C.A.R.E. This funding sustained existing program sites serving 14 western and piedmont counties.

On October 23, 2008, the Study Commission on Aging heard an update on Project C.A.R.E. from the Division of Aging and Adult Services, Department of Health and Human Services. The Division reminded the Commission that the goal of Project C.A.R.E. is to increase quality, access, choice and use of respite and support services to low-income rural and minority families caring for a person with dementia at home. The program provides an annual spending cap of \$2,500 per family, a variety of care options (including adult day, group respite, and private or agency in-home care or overnight residential respite), and it is consumer-directed and flexible. During the presentation, the Division pointed out that Project C.A.R.E. is a nationally recognized best practice model with demonstrated success for over seven years. The program has an impact on families with a loved one who has dementia by strengthening the capacity to provide care at home longer, without jeopardizing the caregiver's health and well-being. It increases business and dementia care training for local respite care providers, and it develops dementia-capable networks in communities that have an increased knowledge, understanding, and awareness of dementia, and the needs of caregivers. Project C.A.R.E. also saves State money by delaying or preventing early institutionalization.

On October 1, 2008, the Division of Aging and Adult Services received a new 3-year federal Alzheimer's demonstration grant. The new federal project will enhance Project C.A.R.E. Family Consultant services and expand the program into eastern North Carolina. The initial expansion prioritizes counties with high numbers of low-income, rural, and/or minority families with an ultimate goal of statewide implementation.

Providing recurring funds for Project C.A.R.E. was the third most frequently mentioned item during the public hearings conducted in October, 2008. The Governor's Advisory Council on Aging and the North Carolina Senior Tar Heel Legislature both support funding for Project C.A.R.E.

On October 1, 2008, the Commission learned that the new federal funds can no longer be used for traditional respite care services. The Commission recognizes the benefits of Project C.A.R.E. and realizes that recurring State funds are critical to ensure the availability of respite care services to Project C.A.R.E. families. The Commission recommends the General Assembly support Project C.A.R.E. through enactment of [2009-SHz-8](#) which seeks to provide recurring funding.

## **Recommendation 8: Preparing for Increased Numbers of Older Adults**

The Study Commission on Aging recommends that the UNC Institute on Aging and the Division of Aging and Adult Services, Department of Health and Human Services, take a leadership role in helping North Carolina prepare for increased numbers of older adults by: 1) organizing and facilitating meetings of gerontologists, researchers, county representatives, directors of Area Agencies on Aging, and providers of State services, to collectively identify and prioritize issues the State needs to address; and 2) working with the Association of County Commissioners, the UNC School of Government, higher education departments of municipal and regional planning and their partners, and Area Agencies on Aging to establish a website containing: a) information on fostering retiree and volunteer involvement, and b) models of local planning efforts to assist municipalities in addressing accessibility and service delivery for increasing numbers of older adults. The Institute

on Aging and the Division of Aging and Adult Services shall make progress reports to the Governor and the Study Commission on Aging on or before March 1, 2010, and on or before November 1, 2010.

### **Background 8: Preparing for Increased Numbers of Older Adults**

On November 12, 2008, the Study Commission on Aging was joined by the Joint Study Committee on Local Social Services Issues for a meeting devoted to the State's preparation for increased numbers of older adults.

During this meeting the members of both the Commission and the Joint Committee heard presentations on the history of SB 1803 and HB 2324 Statewide Aging Study. These bills were recommended to the 2008 General Assembly by the Commission, but were not enacted. The bills were in response to a report required by S.L. 2007-355, Section 2. The report presented by the Division of Aging and Adult Services on January 24, 2008, recommended a statewide study. In response the Commission recommended SB 1803 and HB 2324 which established a 21-member steering committee to oversee the design and implementation of surveys and studies that would guide policy and program development in an effort to ready North Carolina for its growing older adult population. The 2008 bills contained an appropriation for \$175,000 to fund positions to support the steering committee and \$3,820,000 to fund surveys and local planning efforts.

Next, the November 12 meeting featured a presentation by the Director of the Division of Aging and Adult Services on current forecasts and the importance of planning. It was noted that between 2000 and 2030 the population growth for the State as a whole is projected at 52.5%, while the population age 65 and older is expected to grow 123% and those age 85 and older by 146%. The presentation also pointed out that a national report, *The Maturing of America: Getting Communities on Track for An Aging Population*, cited that, "...only 46% of American communities have started addressing the needs of the rapidly increasing aging population." It was mentioned that the report concluded, "that local governments...as yet do not have the policies, programs or services in place to promote the quality of life and the abilities of older adults to live independently and contribute to their communities for as long as possible..."

The Commission and the Joint Committee heard from the Director of the Center on Aging, East Carolina University, on anticipated changes in North Carolina's older adult population and suggestions on ways to prepare. The Commission and Joint Committee heard from Ashe County and the Town of Davidson on their local planning efforts, the processes they used, their findings, and how they plan to implement changes. The meeting closed with a panel discussion featuring representatives from AARP-NC, UNC Institute on Aging, North Carolina Association of County Commissioners, and the NC Association of Area Agencies on Aging. The panel participants agreed on the importance of increasing the awareness of the need to plan for larger numbers of older adults and the need for technical assistance and resources when planning.

Due to the current economy, it is unclear whether the State would be able to support a 21-member steering committee and the appropriations required by the 2008 Session bills, SB 1803 and HB 2324. Regardless of the economic situation, the need to prepare remains. As such, the Commission recommends that the State rely on the strength and leadership of the UNC Institute on Aging and the Division of Aging and Adult Services to pull together researchers and educators connected to the State's institutions of higher education and the leadership of Area Agencies on Aging, counties, and local communities to collectively identify and prioritize issues the State needs to address, and to establish a website containing information on retiree and volunteer involvement and models of local planning efforts. The Commission believes this could be accomplished by enacting [2009-SHz-9](#).

### **Recommendation 9: Adult Care Home Mixed Population Workgroup**

The Study Commission on Aging recommends that the General Assembly direct the Division of Health Service Regulation, the Division of Medical Assistance, and the Division of Aging and Adult Services, Department of Health and Human Services, to assemble a workgroup of adult care home specialists and long-term care ombudsmen that work with adult care homes serving significant populations of both mentally ill residents and the frail elderly, to develop short-term and long-term strategies for improving the quality of care for all residents, and to make recommendations to the Study Commission on Aging and the Joint Legislative Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on or before August 1, 2010.

### **Background 9: Adult Care Home Mixed Population Workgroup**

Several studies have been conducted on the issue of mentally ill residents in adult care homes, a number of avenues have been explored, and there are several efforts underway, including development and implementation of a screening tool. However, addressing issues related to mentally ill individuals in adult care homes or the mixing of frail elderly individuals and young mentally ill individuals continues to be an issue of concern. This issue was the third most frequently mentioned item during the public hearings conducted by the Commission this fall. The Commission recognizes that adult care home specialists and long-term care ombudsmen are often involved in the issues that are created by the combination of young mentally ill individuals and the frail elderly. These employees may also be some of the State's best resources for solutions because they are familiar with the issues and with the rules and regulations for adult care homes. As such, the Commission sees merit in assembling a workgroup of adult care home specialists and long-term care ombudsmen to develop short-term and long-term strategies for improving the quality of care for all residents and recommends enactment of [2009-SQz-1](#).

### **Recommendation 10: Adult Care Home Quality Improvement Pilot Program on Medication Safety**

The Study Commission on Aging recommends that the General Assembly direct the Division of Aging and Adult Services, Department of Health and Human Services, for FY 2009-2010 and FY 2010-2011, to use the recurring funding associated with the Adult Care Home Quality Improvement Program to accomplish the following: 1) a post pilot analysis to determine whether medication safety is sustained after the initial phases of the medication safety pilot program and to develop findings on what fosters or prohibits sustained improvements; 2) utilization of the lessons learned from this medication safety pilot to deliver medication safety training sessions, train the trainer programs, or online training in adult care homes that did not participate in the pilot program; 3) evaluation of the effectiveness of this training; and 4) an interim report to the Study Commission on Aging on or before February 1, 2010, with a final report due on or before October 1, 2010.

### **Background 10: Adult Care Home Quality Improvement Pilot Program on Medication Safety**

On December 3, 2008, the Study Commission on Aging heard a presentation on the Adult Care Home Quality Improvement Consultation Program pilot on medication safety. The pilots involved the voluntary participation of Departments of Social Services (DSS) from the following counties: Alamance, Buncombe, Nash, and Rutherford. The pilot featured two phases, Phase I took place from May 2007 to February 2008 and included 19 adult care homes and 8 family care homes. Phase II is taking place from January 2008 to June 2009 and includes 29 adult care homes and 25 family care homes. Both Phases involved 10 DSS Quality Improvement Consultants. The pilot program focus included: improved medication safety, administration and documentation in adult and family care homes; fostering partnership and collaboration among the pilot participants and

DSS staff in an effort to improve care; and a non-regulatory approach providing consultation and technical assistance. Both phases of the pilot program showed improvements in elements of medication management and safety. Challenges of the program include high staff turnover in the homes, an initial lack of "buy in" and a realization of the benefits of the program, difficulty keeping staff in the homes engaged in the program, and issues related to ability of the DSS consultants to build trust while monitoring the homes.

The presentation highlighted the following program strengths: increased resident satisfaction and knowledge of medications, emphasis on resident rights, ongoing medication management training for staff increased knowledge and skills, and the sharing of knowledge among homes, as well as others. The presentation reported that DSS consultants and adult and family care home staff value the Quality Improvement Program, medication administration systems are showing improvement, and residents and families report increased satisfaction with medications. Total funding for the pilot was \$364,000, which included \$264,000 in non-recurring funds and \$100,000 in recurring funds for a contract with the Carolinas Center for Medical Excellence. Those staff involved with the pilot believe that continued funding of the program in existing homes is required in order to sustain improvements.

While the pilot has shown improvement with medication safety, the annual cost for the homes in four counties and the need for continued funding after they finish the pilot makes statewide expansion somewhat cost prohibitive. However, there may have been lessons learned during this pilot that can be utilized by staff in all adult care homes. Therefore, the Commission recommends that the \$100,000 in recurring funding be used to provide a post pilot analysis to determine whether medication safety is sustained after the active pilot program has ceased. This analysis should be used to develop findings on what fosters or prohibits sustained improvements. Using the lessons learned from this pilot, the recurring funds should also be used to deliver and evaluate the effectiveness of medication safety training sessions and train the trainer programs in adult care homes that did not participate in the pilot program. The Commission's recommendation could be accomplished through the enactment of [2009-RDz-7](#).

### **Recommendation 11: Support for Changes to Guardianship Laws**

The Study Commission on Aging supports the seven remaining recommendations that have not yet been enacted from the report of the House Study Committee on State Guardianship Laws to the 2007 North Carolina House of Representatives.

#### **Background 11: Support for Changes to Guardianship Laws**

The House Study Committee on State Guardianship Laws met seven times between August 22, 2006 and November 16, 2006. The Committee made nine recommendations to the 2007 House of Representatives. On January 3, 2007, the Study Commission on Aging heard a presentation on the recommendations from the House Study Committee on State Guardianship Laws. The Study Commission on Aging's report to the 2007 Session of the General Assembly contained the following recommendation: "The Study Commission on Aging supports the recommendations of the House Study Committee on State Guardianship Laws."

The Study Commission on Aging's report to the 2008 Session of the General Assembly contained the following recommendation: "The Study Commission on Aging recommends that the General Assembly enact legislation to authorize the Division of Motor Vehicles to consider recommendations from the clerk of court in determining drivers license revocation of an incompetent individual, and to raise the ceiling on the amount of personal property a guardian is allowed to sell without court order, which are both based on recommendations from the House Study Committee on State Guardianship Laws to the 2007 General Assembly." The Study

Commission on Aging's recommendation represented recommendations 6 and 7 from the House Study Committee on State Guardianship. Laws on both of these issues were enacted during the 2008 Session.

The remaining seven recommendations from the House Study Committee on State Guardianship Laws have not been enacted:

**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 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.

# APPENDICES

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# APPENDIX A

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# *2008 Recommendation Status Report*

North Carolina Study Commission on Aging  
Recommendations  
to the  
2008 Regular Session



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

*September 24, 2008*

## ***2008 RECOMMENDATION STATUS REPORT***

<b>RECOMMENDATION</b>	<b>RESULT</b>
<p><b><u>Recommendation 1: Senior Center Funds</u></b></p> <p>The Study Commission on Aging recommends that the General Assembly appropriate an additional \$500,000, for the 2008-2009 fiscal year, to the Senior Center General Purpose Fund with the intent that it shall become part of the continuation budget.</p>	<p>In response to this recommendation, HB 2183 and SB 1642 and were introduced and both were referred to House and Senate Appropriations Committees.</p> <p>No additional funding was approved.</p>
<p><b><u>Recommendation 2: Additional HCCBG Funds</u></b></p> <p>The Study Commission on Aging recommends that the General Assembly appropriate an additional \$2,500,000 to the Department of Health and Human Services, for the 2008-2009 fiscal year, for the Home and Community Care Block Grant (HCCBG).</p>	<p>In response to this recommendation, HB 2184 and SB 1643 were introduced.</p> <p>The budget contains \$2,000,000 in additional HCCBG funding for 2008-2009.</p>
<p><b><u>Recommendation 3: Funds for Project C.A.R.E.</u></b></p> <p>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 the 2008-2009 fiscal year, to fund Project C.A.R.E. (Caregiver Alternatives to Running on Empty) which provides support to individuals with dementia and their caregivers.</p>	<p>In response to this recommendation, HB 2325 and SB 1831 were introduced.</p> <p>The budget contains \$500,000 in Non-Recurring funding for Project C.A.R.E.</p>

RECOMMENDATION	RESULT
<p><b>Recommendation 4: Adult Protective Services Pilot Program</b></p> <p>The Study Commission on Aging recommends that the General Assembly appropriate \$1,497,087 to the Department of Health and Human Services, Division of Aging and Adult Services, for the 2008-2009 fiscal year, to enact the first year of a two-year pilot program to assess proposed changes to the adult protective services statutes and to report to the Study Commission on Aging on the evaluation of the pilot by March 1, 2010.</p>	<p>In response to this recommendation, HB 2399 and SB 1751 were introduced and referred to House and Senate Appropriations Committees.</p> <p>No funding was approved.</p>
<p><b>Recommendation 5: Statewide Aging Study</b></p> <p>The Study Commission on Aging recommends support for a comprehensive, five-year statewide study of the older adult population and the State's readiness to respond to the coming wave of older adults by recommending that the General Assembly take the following steps: establish an appointment process for a steering committee; appropriate \$175,000 to the Department of Health and Human Services, Division of Aging and Adult Services, for the establishment of two positions to support the work of the study; appropriate \$3,820,000 to the Division of Aging and Adult Services, for the 2008-2009 fiscal year, to fund the first year of the study; and direct the Department of Health and Human Services, Division of Aging and Adult Services, to make annual reports to the General Assembly on the status of the study.</p>	<p>In response to this recommendation, HB 2324 and SB 1803 were introduced. HB 2324 received a favorable report in the House Aging Committee and was referred to House Appropriations. SB 1803 was referred to the Senate Rules Committee.</p> <p>Part 9, S.L. 2008-181, provides that the NC Study Commission on Aging may study the State's Readiness to Respond to the coming Wave of Older Adults. The provision contains portions of HB 2324 and SB 1803 and provides that the Commission may report its findings and recommendations to the 2009 General Assembly.</p>

RECOMMENDATION	RESULT
<p><b>Recommendation 6: Adult Care Home Residents</b></p> <p><b>Recommendation 6a: Adult Care Home Admission Screening Process</b>  The Study Commission on Aging recommends that the General Assembly appropriate \$1,764,000, for the 2008-2009 fiscal year, to the Department of Health and Human Services, Division of Medical Assistance, to design, develop, and implement on a pilot basis, a screening process for mental health and developmental disability conditions as part of the adult care home admission process. The process shall duplicate the nursing facility admission process and shall consist of an automated screening tool and where indicated a face-to-face assessment by a mental health or developmental disabilities professional. The Division of Medical Assistance shall report on the design, development, and piloting of the screening process for mental health and developmental disability conditions as part of the adult care home admission process on or before October 15, 2008.</p> <p><b>Recommendation 6b: Transitional Residential Treatment Program Pilot Sites</b>  The Study Commission on Aging recommends that the General Assembly appropriate \$567,084, for 2008-2009 fiscal year, to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, to fund three (3) geographically diverse Transitional Residential Treatment Program pilot sites, which shall begin in January 2009.</p> <p><b>Recommendation 6c: Care of Individuals with Mental Illness Training for Direct Care Workers in Adult Care Homes</b>  The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services, Division of Health Service Regulation, Division of Medical Assistance, and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services to work with adult care home providers to build on recent studies to determine the most appropriate and cost effective way to provide training on the care of individuals with mental illness to direct care workers in adult care homes by tailoring the training to resident assessment results and utilizing web-based formats as appropriate, and to provide an interim report to the Study Commission on Aging by November 1, 2008, and a final report by November 1, 2009.</p> <p><b>Recommendation 6d. Assessment and Service Plan Development for Adult Care Home Residents</b>  The Study Commission on Aging recommends that the General Assembly appropriate \$580,000, for the 2008-2009 fiscal year, to the Department of Health and Human Services, Division of Medical Assistance, to support assessment and service plan development for adult care home residents and to provide an interim report by November 1, 2008, and a final report by November 1, 2009.</p>	<p>In response to this recommendation, HB 2401 and SB 1809 were introduced and referred to Appropriations Committees.</p> <p>The budget provides \$198,846 in Recurring funding and \$1,905,648 in Non-Recurring funding to implement a mental health screening program for residents of adult care homes.</p>

RECOMMENDATION	RESULT
<p><b>Recommendation 7: Support for a Reward System for Adult Care Homes with High Ratings</b></p> <p>The Study Commission on Aging expresses support for the creation of a reward system for adult care homes that achieve high ratings and at the appropriate time, the Commission anticipates supporting the concepts outlined in the Department's report on S.L. 2007-544, Section 3(d).</p>	<p>No bill was needed for this recommendation.</p>
<p><b>Recommendation 8: Support for Respite Care</b></p> <p>The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services, Division of Aging and Adult Services, to study the adequacy of service standards and funding for group respite services, and whether opportunities exist to streamline and enhance the provision of respite services; direct the Division of Medical Assistance, Department of Health and Human Services, to study the feasibility of providing respite care as a State Plan Service, and provide a report on both issues to the Commission on Aging by November 1, 2009.</p>	<p>In response to this recommendation, HB 2398 and SB 1807 were introduced. HB 2398 passed third reading in the House and was referred to the Senate Rules Committee. SB 1807 was referred to the Senate Rules Committee.</p> <p>Part 14, S.L. 2008-181, directs the Department of Health and Human Services, Division of Aging and Adult Services to study the adequacy of service standards and funding for group respite services. The Division of Medical Assistance is required to study including respite services as part of the Medicaid State Plan. The Department is required to report on or before November 1, 2009.</p>
<p><b>Recommendation 9: Study Older Adult Hearing Loss</b></p> <p>The Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to study the current and anticipated impact of hearing loss on North Carolina's older adult population and the availability and access to qualified professionals for treatment and hearing aid purchase assistance for low income individuals; to develop an inventory of the technology available to assist individuals; and to evaluate resources and programs available in other states, with a report to the Study Commission on Aging by November 1, 2008.</p>	<p>In response to this recommendation, HB 2182 and SB 1644 were introduced and referred to House and Senate Rules Committees.</p> <p>Part 12, S.L. 2008-181, directs the Department of Health and Human Services to study issues relating to hearing loss in older adults in North Carolina and to present findings and recommendations to the Study Commission on Aging on or before November 1, 2009.</p>

RECOMMENDATION	RESULT
<p><b><u>Recommendation 10: Criminal Background Checks for Nursing Home Administrators</u></b></p> <p>The Study Commission on Aging recommends that the General Assembly enact legislation to give the North Carolina Board of Nursing Home Administrators the authority to require a criminal history record check for nursing home administrator license applicants.</p>	<p>In response to this recommendation, HB 2397 and SB 1753 were introduced.</p> <p>S.L. 2008-183 authorizes the NC State Board of Examiners for Nursing Home Administrators to obtain criminal history record checks of applicants for licensure as nursing home administrators.</p>
<p><b><u>Recommendation 11: Support Guardianship Study Recommendations</u></b></p> <p>The Study Commission on Aging recommends that the General Assembly enact legislation to authorize the Division of Motor Vehicles to consider recommendations from the clerk of court in determining drivers license revocation of an incompetent individual, and to raise the ceiling on the amount of personal property a guardian is allowed to sell without court order, which are both based on recommendations from the House Study Committee on State Guardianship Laws to the 2007 General Assembly.</p>	<p>In response to this recommendation, HB 2391 and SB 1805 were introduced. S.L. 2008-</p> <p>S.L. 2008-182 authorizes the Division of Motor Vehicles to consider recommendations from the Clerk of Court in determining whether to revoke the drivers license of a person adjudicated incompetent under the guardianship laws.</p> <p>Also in response to this recommendation, HB 2390 and SB 1750 were introduced.</p> <p>S.L. 2008-87 raises the ceiling on the total amount of personal property a guardian is allowed to sell without a court order under the laws pertaining to guardianship.</p>
<p><b><u>Recommendation 12: Study Safe Transport of Passengers in Wheelchairs</u></b></p> <p>The Study Commission on Aging recommends that the General Assembly enact House Bill 93, Transport of Individuals in Wheelchairs Study, as it directs the Department of Transportation to study appropriate methods of transporting passengers seated in wheelchairs, to develop guidelines for the installation and use of wheelchair tie-down systems, and to report findings and recommendations to the Study Commission on Aging and the Joint Legislative Transportation Oversight Committee.</p>	<p>S.L. 2008-121 directs the Department of Transportation to study issues relating to individuals being transported in vehicles while seated in wheelchairs and report to the Study Commission on Aging and the Joint Legislative Transportation Oversight Committee by February 1, 2009.</p>

<p><b>Recommendation 13: Study Medically Needy Income Standard</b></p> <p>The Study Commission on Aging recommends that the General Assembly enact House Bill 92, Medicaid Income Limits Level Study, as it requires 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.</p>	<p>No action was taken on HB 92 during the 2008 Session.</p>
<p><b>Recommendation 14: Long Term Care Insurance Tax Credit</b></p> <p>The Study Commission on Aging recommends that the General Assembly increase the Long-Term Care Insurance Tax Credit to 75% of the premiums paid by the purchaser up to a maximum of \$1000.</p>	<p>In response to this recommendation, HB 2404 and SB 1808 were introduced. House Bill 2404 received a favorable report in the House Aging Committee and was referred to the House Finance Committee. Senate Bill 1808 was referred to the Senate Finance Committee.</p>
<p><b>Recommendation 15: Establish MAHS Registration Fee/Penalty for Failing to Register</b></p> <p>The Study Commission on Aging recommends that the General Assembly enact legislation to require facilities meeting the definition of multiunit assisted housing with services (MAHS) register annually with the Division of Health Services Regulation, authorize the Division to charge a fee of up to \$350 per registration, and make it a Class 3 misdemeanor punishable only by fine for failing to register.</p>	<p>In response to this recommendation, HB 2409 and SB 1804 were introduced.</p> <p>S.L. 2008-166 requires Multiunit Assisted Housing with Services (MAHS) programs to register annually with the Division of Health Service Regulation and authorizes the Department of Health and Human Services establishes registration fees and a schedule of fines for failure to register.</p>
<p><b>Recommendation 16: Special Assistance Income Disregard Study</b></p> <p>The Study Commission on Aging recommends the Department of Health and Human Services, Division of Aging and Adult Services, and Division of Medical Assistance, study whether North Carolina can implement an income disregard policy for current Special Assistance and Medicaid recipients who are adversely impacted due to cost of living or other income increases.</p>	<p>In response to this recommendation, HB 2410 and SB 1811 were introduced.</p> <p>S.L. 2008-161 directs the Department of Health and Human Services, Division of Aging and Adult Services and Division of Medical Assistance, to study implementation of an income disregard policy for current State/County Special Assistance and Medicaid recipients who are adversely impacted due to Cost of Living or other income increases.</p> <p>(Note: S.L. 2008-184 pertaining to this issue was also enacted.)</p>

# **Summary of Substantive Legislation Related to Aging**

North Carolina General Assembly

**2008 Session**



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

September 24, 2008



## **Enacted Legislation**

### **Raise Ceiling on Personal Property Sale/Guardian**

S.L. 2008-87 (HB 2390) increases the cumulative amount of personal property the guardian of an incompetent ward or a minor ward may sell, lease or exchange without a court order from \$1500 over the duration of the guardianship estate to \$5000 per accounting period.

This act becomes effective October 1, 2008. (WR)

### **State County Special Assistance**

S.L. 2008-107, Sec. 10.2 (HB 2436, Sec. 10.2) provides that effective January 1, 2009, the maximum monthly Special Assistance rate for residents in adult care home facilities is \$1,207 per month per resident, unless adjusted by the Department of Health and Human Services.

This section became effective July 1, 2008. (TM)

### **Health Care Facility Construction Project Fee Increases**

S.L. 2008-107, Sec. 29.5 (HB 2436, Sec. 29.5) increases the fees the Department of Health and Human Services charges for the review of health care facility project plans and construction to ensure compliance with State law. The section increases health care facility project fees for hospitals, nursing homes, adult care homes, ambulatory surgical facilities, psychiatric facilities, and residential construction projects.

This section became effective July 1, 2008. (SB)

### **Disabled Veterans and Their Surviving Spouses**

S.L. 2008-107, Sec. 29.11 (HB 2436, Sec. 29.11) establishes a property tax homestead exclusion for disabled veterans and their unmarried surviving spouses equal to the first \$45,000 of the property's appraised value. An owner who receives this exclusion is may not receive other property tax relief.

This section becomes effective for taxes imposed for taxable years beginning on or after July 1, 2009. (CA)

### **Expand Definition of Home Care Services**

S.L. 2008-127 (HB 964) increases the annual license fee for home care agencies from \$350 to \$400. Additionally, it expands the definition of home care services to include the following:

- In-home companion, sitter, and respite care services provided to an individual.
- Homemaker services provided in combination with in-home companion, sitter, respite, or other home care services.

The act provides that as used within Part 3 of Chapter 131E, the term "sitter" does not include child care facilities licensed under Chapter 110 (Child Welfare); the term "respite care" does not include facilities or services licensed under Chapter 122C (Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985); and the terms "in-home companion, sitter, and respite care services" are not within the definition of home care services if they are certified by the Department of Health and Human Services as not providing hands-on care and administered on a voluntary basis.

The section of the act containing the fee increase becomes effective January 1, 2009. The section of the act that expands the definition of home care services becomes effective January 1, 2010. The remainder of the act became effective July 28, 2008. (SP)

## **Multiunit Assisted Housing Services Registration Fee**

S.L. 2008-166 (HB 2409) requires multiunit assisted housing with services (MAHS) programs to register annually with the Division of Health Service Regulation, Department of Health and Human Services, and requires the Department to charge each MAHS program a nonrefundable annual registration fee of \$350. Under the act, any individual or corporation that establishes, conducts, manages, or operates a MAHS program that fails to register is guilty of a Class 3 misdemeanor and upon conviction is subject to a fine of \$50 for the first offense and not more than \$500 for each subsequent offense.

This act becomes effective January 1, 2010. (TM)

## **Revocation of Drivers License When Person Adjudicated Incompetent**

S.L. 2008-182 (HB 2391) requires that when a person has been adjudicated incompetent under the State's incompetency and guardianship laws and the Commissioner of Motor Vehicles is making a determination as to whether the person is competent to operate a motor vehicle, the Commissioner must consider the recommendations of the clerk of court regarding whether the incompetent person should be allowed to retain driving privileges.

This act becomes effective October 1, 2008, and applies to persons adjudicated incompetent on or after that date. (BC)

## **Nursing Home Administrators Criminal History**

S.L. 2008-183 (HB 2397) authorizes the North Carolina State Board of Examiners for Nursing Home Administrators to obtain criminal history record checks of applicants for licensure as nursing home administrators, as recommended by the North Carolina Study Commission on Aging.

**Definitions.** - The act sets out definitions for the following terms:

- Applicant.
- Criminal history.
- Criminal History Record Check.
- Convictions.
- Denial of Licensure.
- Limited Immunity.

**Criminal History Record Check.** - The Board must require a criminal history record check (record check) of all applicants, and refusal to consent to a record check may constitute grounds for denial of licensure. Further requirements of the Board are as follows:

- The Board must provide to the North Carolina Department of Justice (DOJ) all of the following:
  - The fingerprints of the applicant to be checked.
  - A form signed by the applicant consenting to the record check and use of fingerprints and other identifying information required by State or National Repositories.
  - Any other information required by DOJ.
- The Board must keep all information obtained pursuant to this act confidential.
- The Board must collect any fees required by DOJ and remit those fees to the DOJ for expenses associated with the record check.

**Convictions.** - A conviction of one or more offenses revealed by the record check shall not bar licensure automatically. The Board must consider the following factors regarding the conviction:

- The level of seriousness of the crime.
- The date of the crime.
- The age of the applicant at the time of the conviction.
- The circumstances surrounding commission of the crime, if known.
- The nexus between the criminal conduct of the applicant and the job duties of the position to be filled.

- The applicant's prison, jail, probation, parole, rehabilitation, and employment records since the date the crime was committed.
- The subsequent commission by the applicant of a crime listed in definition of criminal history.

**Denial of Licensure.** - If the Board refuses to issue or renew a license based on information obtained in a criminal history check, the following is required of the Board:

- The Board must disclose to the applicant the information contained in the criminal history record check that is relevant to the Board's actions.
- The Board shall not provide a copy of the criminal history record check to the applicant.
- An applicant has the right to appear before the Board to appeal the Board's decision. An appearance before the Board shall constitute an exhaustion of administrative remedies in accordance with existing statute.

**Limited Immunity.** - The Board, its officers, and employees acting in good faith and in compliance with this act will be immune from civil liability for its actions based on information provided in an applicant's criminal history record check.

**Criminal history record checks of applicants for licensure as nursing home administrators.** - The act authorizes the DOJ to provide criminal histories to the Board of any applicant for licensure as a nursing home administrator. The following guidelines and procedures are established:

- The Board must include in its request to the DOJ:
  - The fingerprints of the applicant to be checked.
  - A form signed by the applicant consenting to the record check and use of fingerprints and other identifying information required by State or National Repositories.
  - Any other information required by DOJ.
- The applicant's fingerprints will be forwarded to the State Bureau of Investigation for a State criminal record check and the State Bureau of Investigation must forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check.
- The DOJ may charge a fee not exceeding the actual cost of locating, editing, researching, and retrieving the information to offset the cost incurred in conducting a record check.

This act becomes effective December 1, 2008. (JC)

## Special Assistance/Income Disregard

S.L. 2008-184 (SB 1796) provides that the eligibility of Special Assistance residents residing in an adult care home on and after July 1, 2009, must not be adversely affected due to Social Security, Supplemental Security Income (SSI), Veteran, and Railroad Retirement annual Cost of Living Adjustments (COLAs). The act applies only to cases where Special Assistance income eligibility is affected by Social Security, SSI, Veteran, and Railroad Retirement COLAs and is not intended to render a Special Assistance recipient eligible if all other eligibility requirements are not met. The act specifies that the maximum monthly rate for these residents must be the same for all other residents according to the provisions set forth in the current Operations Appropriations Act, as amended. The Department of Health and Human Services must apply for the approvals, if any, which are necessary to implement the policy change directed in this act.

This act became effective August 6, 2008.

**Note:** Also see the summary of S.L. 2008-161 (HB 2410) Special Assistance Income Disregard Study under the Studies heading of this document. (TM)

## Certified Retirement Community Program

S.L. 2008-188 (SB 1627) creates the North Carolina Retirement Community Program in the 21<sup>st</sup> Century Communities of the Department of Commerce to promote the State as a retirement destination. The Program will develop a scoring system to determine which North Carolina communities will qualify as certified retirement communities. Upon certification, the 21<sup>st</sup> Century Communities will provide staff training and marketing guidance for each community. Communities must seek re-certification every five years by reapplying for the

program and submitting data demonstrating the program's effectiveness. The Department of Commerce and the Second Career Center of Robeson County will create a pilot program to implement the Program for the City of Lumberton.

The provisions of this act creating a pilot program in Robeson County become effective October 1, 2008; the remainder of this act becomes effective July 1, 2010. (HF)

## **Studies**

### **Referrals to Existing Commissions/Committees**

#### **Study on the State's Readiness to Respond to Increasing Numbers of Older Adults Residing in North Carolina**

S.L. 2008-181, Part IX (HB 2431, Part IX) authorizes the North Carolina Study Commission on Aging to evaluate the State's readiness to respond to the increasing number of older adults residing in North Carolina. In conducting this study the Commission may:

- Identify information and resources to provide needs assessment, planning, and delivery of services and programs to current and future older adults.
- Oversee the design and implementation of a:
  - Consumer Needs, Assets, and Expectations Assessment.
  - State and Local Awareness and Preparedness Assessment.
  - Process to strengthen State and local planning.
- Identify and secure studies of related issues, such as retirement migration patterns, that impact the planning process for North Carolina's older adult population.

The Commission may report its findings with any recommended legislation to the 2009 Regular Session of the General Assembly upon its convening.

This part became effective August 4, 2008. (SP)

### **Referrals to Departments, Agencies, Etc.**

#### **Transport of Individuals in Wheelchair Study**

S.L. 2008-121 (HB 93) directs the Department of Transportation to study issues relating to the vehicular transportation of individuals seated in wheelchairs and to report its findings and recommendations to the North Carolina Study Commission on Aging and the Joint Legislative Transportation Oversight Committee by February 1, 2009.

This act became effective July 28, 2008. (BC)

#### **Special Assistance Income Disregard Study**

S.L. 2008-161 (HB 2410) directs the Division of Aging and Adult Services and the Division of Medical Assistance, within the Department of Health and Human Services, to study implementation of an income disregard policy for current State/County Special Assistance and Medicaid residents who are adversely impacted due to cost of living or other income increases. On or before October 1, 2009, the Divisions must report findings and recommendations to the Study Commission on Aging, the Senate Appropriations Committee on Health and Human Services, and the House of Representatives Appropriations Subcommittee on Health and Human Services.

This act became effective August 3, 2008.

**Note:** Also see the summary of S.L. 2008-184 (SB 1796) Special Assistance/Income Disregard under the Enacted Legislation heading of this document. (TM)

## **Study Issues Relating to Hearing Loss in Older Adults in North Carolina**

S.L. 2008-181, Part XII (HB 2431, Part XII) directs the Division of Services for the Deaf and Hard of Hearing to study the impact of hearing loss on North Carolina's older adult population. Specific items to be addressed include the availability of qualified professionals for diagnosis and treatment, access to hearing aid purchase assistance programs for low income individuals, development of an inventory of adaptive technologies, and an examination of resources and programs available in other states. The Department must present its findings to the North Carolina Study Commission on Aging no later than November 1, 2009.

This part became effective August 4, 2008. (SP)

## **Study the Feasibility of Operating a Licensed Adult Care Home in a Public Housing Facility**

S.L. 2008-181, Part XIII (HB 2431, Part XIII) directs the Division of Aging and Adult Services and the Division of Medical Assistance, within the Department of Health and Human Services, to study the feasibility and possible savings to the State of operating a licensed adult care home in a public housing facility. The study must determine the following:

- Whether this model is needed to complement the care options currently available to older adults in North Carolina.
- Whether this model is allowable under current State and federal laws and rules and, if not, what changes are needed.
- How State-County Special Assistance and federal public housing subsidies would work together and whether this could result in a reduced State-County Special Assistance rate for these types of entities and possible savings for the State.

On or before August 1, 2009, the Department must report findings and recommendations to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and to the Study Commission on Aging.

This part became effective August 4, 2008. (TM)

## **Study Issues Relating to Respite Care**

S.L. 2008-181, Part XIV (HB 2431, Part XIV) directs the Division of Aging and Adult Services to study the adequacy of service standards and funding for group respite services and directs the Division of Medical Assistance to study the feasibility of including respite services as part of the Medicaid State Plan. The Department must present findings and recommendations to the North Carolina Study Commission on Aging by November 1, 2009.

This part became effective August 4, 2008. (SP)

## **FY 2008-09 Aging-Related HHS Budget Items**

### **Division of Aging and Adult Services**

- **Project CARE**
  - \$500,000 NR to replace existing federal funding for Project CARE, a respite-care program for caregivers of persons with Alzheimer's disease and dementia.
- **Home and Community Care Block Grant**
  - \$2 million R for the Home and Community Care Block Grant, the main source of in-home and community-based services for seniors in local communities.

### **Division of Central Management and Support**

- **Project NOVA**
  - \$75,000 NR for the NC New Order Vision Award, part of the star-rating certification of Adult Care Homes.

### **Division of Health Service Regulation**

- **Construction Review**
  - \$787,918 R and \$34,100 NR for 8 positions in the Construction Review Section to provide for a more timely review of construction plans for health care and local confinement facilities. The cost of these positions is offset by increased construction review fees.
- **Section 10.16A Adult Care Home Training/Technical Assistance**
  - Allocates \$35,000 of funds appropriated to DHSR for the Adult Care Home Quality Improvement Consultation program.
  - Also allocates funds for training and technical assistance to implement the star rating certificate program and to fund the development and implementation of training activities by the NC adult care home provider associations.

### **Division of Public Health**

- **Stroke Prevention**
  - \$450,000 NR for the Stroke Advisory Council, a public awareness campaign, and identification of stroke rehabilitation services throughout the State.
- **Osteoporosis Education**
  - \$75,000 NR for a grant-in-aid to the North Carolina Osteoporosis Foundation for public education and awareness activities.
- **North Carolina Arthritis Patient Services**
  - \$50,000 NR to support the North Carolina Arthritis Patient Services program.

### **Division of Medical Assistance**

- **Management of Chronic Care by CCNC**

- (\$29.4 million) R in savings by expanding management of care for the aged, blind, and disabled.
- **Mental Health Screenings and Assessments in Adult Care Homes**
  - \$1.9 million NR and \$198,846 R to implement a mental health screening program for residents of adult care homes.
  - NR funds will allow for 7,800 evaluations in FY 2008-09.
  - R funds will provide 850 evaluations/year in future years.
- **Money Follows the Person Administrative Funding**
  - \$59,186 R for two positions to implement the federal Money Follows the Person grant.
  - (\$262,709) NR in savings generated by transition individuals from long-term care facilities to community-based services.
- **Section 10.36(d)(21) Personal Care Services**
  - Eliminates the requirement for prior authorization for personal care services. Payment is in accordance with the NC Medicaid State Plan.

#### **Division of Social Services**

- **State/County Special Assistance**
  - (\$2.5 million) R reduction based on the anticipated level of spending for FY 2008-09.
  - \$2.8 million to increase the State/County Special Assistance rate from \$1,173 to \$1,207 per month, effective January 1, 2009. Counties will provide matching funds, resulting in a total funding increase of \$5,707,272.

# APPENDIX B

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Lake Lure  
October 14, 2008

Lumberton  
October 27, 2008

**NC  
Study Commission  
On Aging  
Public Hearings  
Fall 2008**

## Background Information

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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 2008 Public Hearings

Date	Location	Number of Speakers
October 14, 2008	Lake Lure, NC	34
October 27, 2008	Lumberton, NC	37

The issues mentioned with the greatest frequency at both public hearings were:

- Increase Home and Community Care Block Grant Funds (18)
- Increase Senior Center Funds (18)
- Support for Senior Games (17)
- Provide Recurring Funding for Project C.A.R.E. (14)
- Address Issues Related to Mentally Ill in Adult Care Homes/Mixing Populations (14)
- Enact & Fund Adult Protective Services Clearinghouse Model Pilot (8)
- Increase Funds/Support for Adult Day Care (7)
- Support for Respite Care Programs (7)

## Frequency of Issues Expressed by Speakers

	LAKE LURE	LUMBERTON	TOTAL
ISSUES	FREQUENCY	FREQUENCY	FREQUENCY
Increase HCCBG Funds	12	6	18
Increase Senior Center Funds	9	9	18
Increase Funds/Support for Adult Day Care	7	0	7
Increase Funds for Area Agencies on Aging	1	2	3
Provide Recurring Funding for Project C.A.R.E.	9	5	14
Support for Senior Games	0	17	17
Enact & Fund Adult Protective Services Clearinghouse Model Pilot	4	4	8
Increase Funds for New & Existing Special Care Dental Programs	1	0	1
Increase Funds/ Continue Study for Guardianship Services	3	2	5
Increase Transportation Funding for Seniors	1	1	2
Support for Palliative Care	2	0	2
Convert Some Adult Care Homes to Serve Only Mentally Ill	2	0	2
Address Issues Related to Mentally Ill in Adult Care Homes/ Mixing Populations	9	5	14
Provide Appropriate Housing for Mentally Ill, No Mixing of Elderly and Mentally Ill	3	0	3
Support for Home & Hospice Care	4	0	4
Support Alternatives that Allow Older Adults to Remain at Home	1	0	1
Support for Respite Care Programs	4	3	7
Increase Funds for Weatherization and Heat Source Repair	1	0	1
Support for Homestead Act/ Property Tax Relief for Seniors	4	2	6
Support for Overnight Respite in Adult Day Care & Study Group for Lifespan Respite	2	0	2
Support for Advanced Care Planning	1	0	1
Support for Long-Term Care Ombudsman Program	0	3	3
Expand NC Support for Prescription Drug Coverage	2	5	7
Increase Funds for In-Home Services to Reduce Waiting Lists	0	1	1
Work More Creatively With Existing Funding	1	0	1
Provide Funding for Non-Elderly Disabled	1	0	1
Increase Personal Needs Allowance	0	1	1
Support for Nutrition Programs – Home Delivered Meals & Congregate Nutrition	2	2	4
Support for Addressing the Needs of Disabled Older Adults	0	2	2
Support for Special Assistance In-Home Program	1	0	1

# APPENDIX C

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**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009**

**U**

**D**

**BILL DRAFT 2009-SHz-1 [v.1] (12/03)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
12/11/2008 10:59:12 AM**

Short Title: Strengthen Disaster Planning/LTC Facilities.

(Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DIVISION OF HEALTH SERVICE REGULATION,  
DEPARTMENT OF HEALTH AND HUMAN SERVICES TO REVIEW  
RECOMMENDATIONS FROM THE DISABILITY AND ELDERLY  
EMERGENCY MANAGEMENT (DEEM) TASK FORCE AND TO TAKE  
APPROPRIATE ACTION TO STRENGTHEN DISASTER PLANNING AND  
DISASTER PREPAREDNESS FOR LONG-TERM CARE FACILITIES, AS  
RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON  
AGING.

The General Assembly of North Carolina enacts:

**SECTION 1.** The Division of Health Service Regulation, Department of Health and Human Services shall review recommendations from the Disability and Elderly Emergency Management (DEEM) Task Force, and shall take appropriate action to strengthen disaster planning and disaster preparedness for long-term care facilities. The Division of Health Service Regulation shall report findings, action taken, and any further recommendations to the North Carolina Study Commission on Aging and the Joint Select Committee on Emergency Preparedness and Disaster Management Recovery on or before March 1, 2010.

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

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009**

**U**

**D**

**BILL DRAFT 2009-SHz-2 [v.1] (12/03)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
12/11/2008 11:12:55 AM**

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

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Sponsors: .

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Referred to:

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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 two million five hundred thousand dollars (\$2,500,000) for the 2009-2010 fiscal  
year, and the sum of two million five hundred thousand dollars (\$2,500,000) for the  
2010-2011 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, 2009.





**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009**

**U**

**D**

**BILL DRAFT 2009-SHz-4 [v.1] (12/03)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
12/11/2008 12:27:11 PM**

Short Title: Funds for Adult Protective Services Pilot. (Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

1  
2 AN ACT TO APPROPRIATE FUNDS TO ENACT A PILOT TO ASSESS  
3 PROPOSED IMPROVEMENTS TO THE ADULT PROTECTIVE SERVICES  
4 STATUTES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY  
5 COMMISSION ON AGING.

6 The General Assembly of North Carolina enacts:

7       **SECTION 1.** There is appropriated from the General Fund to the  
8 Department of Health and Human Services, Division of Aging and Adult Services, the  
9 sum of two million two hundred nine thousand dollars (\$2,209,000) for the 2009-2010  
10 fiscal year, and the sum of two million two hundred thousand dollars (\$2,200,000) for  
11 the 2010-2011 fiscal year, to implement a pilot program to assess proposed  
12 improvements to the adult protective services statutes. The proposed improvements  
13 include implementation of the Adult Protective Services Clearinghouse Model which is  
14 intended to enhance the capacity of county departments of social services in responding  
15 to the needs of abused, neglected, or exploited adults. The Division shall make a status  
16 report to the North Carolina Study Commission on Aging on or before February 1,  
17 2010, and a final report on the evaluation of the pilot on or before November 1, 2010.

18       **SECTION 2.** This act becomes effective July 1, 2009.

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009**

**U**

**D**

**BILL DRAFT 2009-SHz-5 [v.3] (12/03)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
1/6/2009 10:52:10 AM**

Short Title: Special Care Dentistry Collaboration. (Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DIVISION OF MEDICAL ASSISTANCE, DIVISION OF PUBLIC HEALTH, AND DIVISION OF AGING AND ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO COLLABORATE WITH THE UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL AND EAST CAROLINA UNIVERSITY SCHOOLS OF DENTISTRY, THE NORTH CAROLINA DENTAL SOCIETY, AND CURRENT SPECIAL CARE DENTAL PROVIDERS, TO EXAMINE DENTAL CARE OPTIONS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

**SECTION 1.** The Division of Medical Assistance, Division of Public Health, and Division of Aging and Adult Services in the Department of Health and Human Services shall collaborate with the University of North Carolina at Chapel Hill and the East Carolina University Schools of Dentistry, the North Carolina Dental Society, and current providers of special care dentistry services, to examine current dental care options for special care populations. The collaboration of these groups shall result in suggestions for ways to improve the availability of services for special care populations. These groups shall report findings and recommendations to the North Carolina Study Commission on Aging and the Public Health Study Commission on or before February 1, 2010.

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

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009**

**U**

**D**

**BILL DRAFT 2009-SHz-6 [v.1] (12/03)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
12/11/2008 3:48:36 PM**

Short Title: Dentistry Funds for Special Care Populations. (Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO THE DIVISION OF PUBLIC HEATH,  
DEPARTMENT OF HEALTH AND HUMAN SERVICES, FOR THE PURCHASE  
OF ADDITIONAL MOBILE DENTAL UNITS, 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 Division of Public Health, Department of Health and Human Services, the sum of two hundred thousand dollars (\$200,000) for the 2009-2010 fiscal year, and the sum of two hundred thousand dollars (\$200,000) for the 2010-2011 fiscal year, to be used by a new or existing nonprofit mobile dental care provider to purchase an additional mobile dental unit to serve special care populations, the frail elderly, and individuals with disabilities, in geographic areas of the State that are not currently served by mobile dental units.

**SECTION 2.** This act becomes effective July 1, 2009.

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009**

U

D

**BILL DRAFT 2009-SHz-7 [v.2] (12/03)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
2/4/2009 11:42:42 AM**

Short Title: Increase Adult Day Care Reimbursement Rate.

(Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

1  
2 AN ACT TO APPROPRIATE FUNDS TO THE STATE ADULT DAY CARE FUND  
3 AND TO THE HOME AND COMMUNITY CARE BLOCK GRANT TO  
4 PROVIDE A RATE INCREASE FOR ADULT DAY SERVICES, AS  
5 RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON  
6 AGING.

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.** There is appropriated from the General Fund to the Division  
9 of Aging and Adult Services, Department of Health and Human Services, the sum of  
10 one million fifty-nine thousand five hundred sixty-one dollars (\$1,059,561) for the  
11 2009-2010 fiscal year, and the sum of one million fifty-nine thousand five hundred  
12 sixty-one dollars (\$1,059,561) for the 2010-2011 fiscal year, to be used to increase the  
13 rate paid to adult day care and adult day health care provided to clients. Of these funds,  
14 five hundred sixty-one thousand three hundred fifty-seven dollars (\$561,357) shall be  
15 placed in the State Adult Day Care Fund, and four hundred ninety-eight thousand two  
16 hundred four dollars (\$498,204) shall be placed in the Home and Community Care  
17 Block Grant. The rate for adult day care and adult day health care shall be increased by  
18 no less than five dollars (\$5.00) per day per client.

19 **SECTION 2.** This act becomes effective July 1, 2009.

. GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009

U

D

BILL DRAFT 2009-SHz-8 [v.1] (12/03)

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)**  
**12/11/2008 4:12:17 PM**

Short Title: Project C.A.R.E. for Dementia Funds.

(Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

1  
2 AN ACT TO APPROPRIATE FUNDS TO THE DIVISION OF AGING AND ADULT  
3 SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, FOR  
4 PROJECT C.A.R.E. (CAREGIVER ALTERNATIVES TO RUNNING ON  
5 EMPTY) WHICH PROVIDES SUPPORT FOR INDIVIDUALS WITH  
6 DEMENTIA AND THEIR CAREGIVERS, AS RECOMMENDED BY THE  
7 NORTH CAROLINA STUDY COMMISSION ON AGING.

8 The General Assembly of North Carolina enacts:

9       **SECTION 1.** There is appropriated from the General Fund to the Division  
10 of Aging and Adult Services, Department of Health and Human Services, the sum of  
11 five hundred thousand dollars (\$500,000) for the 2009-2010 fiscal year, and the sum of  
12 five hundred thousand dollars (\$500,000) for the 2010-2011 fiscal year to fund Project  
13 C.A.R.E., which provides support to individuals with dementia and their caregivers

14       **SECTION 2.** This act becomes effective July 1, 2009.

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009**

**U**

**D**

**BILL DRAFT 2009-SHz-9 [v.2] (12/03)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
1/6/2009 10:50:52 AM**

Short Title: Preparations for Aging Baby Boomers. (Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

1  
2 AN ACT TO DIRECT THE UNIVERSITY OF NORTH CAROLINA INSTITUTE ON  
3 AGING, AND THE DIVISION OF AGING AND ADULT SERVICES,  
4 DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO TAKE A  
5 LEADERSHIP ROLE IN HELPING NORTH CAROLINA PREPARE FOR  
6 INCREASED NUMBERS OF OLDER ADULTS, AS RECOMMENDED BY THE  
7 NORTH CAROLINA STUDY COMMISSION ON AGING.

8 The General Assembly of North Carolina enacts:

9       **SECTION 1.** The University of North Carolina Institute on Aging, and the  
10 Division of Aging and Adult Services, Department of Health and Human Services, shall  
11 help the State prepare for increased numbers of older adults, due to the aging of the  
12 baby boomer generation and the influx of elderly retirees into the State. Activities shall  
13 include, but are not limited to, the following:

14       a. Organizing and facilitating meetings of gerontologists, researchers, county  
15 representatives, directors of Area Agencies on Aging, and providers of State services, to  
16 collectively identify and prioritize issues for the State to address.

17       b. Working with the Association of County Commissioners, the UNC School of  
18 Government, higher education departments of municipal and regional planning and their  
19 partners, and Area Agencies on Aging to establish a website containing:

- 20               (1) information on fostering retiree and volunteer involvement, and  
21               (2) models of local planning efforts, in order to assist  
22 municipalities in addressing accessibility and service delivery  
23 for increasing numbers of older adults.

24       **SECTION 2.** The University of North Carolina Institute on Aging, and the  
25 Division of Aging and Adult Service, Department of Health and Human Services, shall  
26 make progress reports on the activities required by this act to the Governor and to the

- 1 North Carolina Study Commission on Aging on or before March 1, 2010 and on or
- 2 before November 1, 2010.
- 3           **SECTION 3.** This act is effective when it becomes law.

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009**

U

D

**BILL DRAFT 2009-SQz-1 [v.4] (12/31)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
1/15/2009 4:49:24 PM**

Short Title: DHHS Workgroup on Mixed Populations ACH .

(Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

1  
2 AN ACT TO DIRECT THE DIVISION OF HEALTH SERVICE REGULATION,  
3 DIVISION OF MEDICAL ASSISTANCE, AND THE DIVISION OF AGING AND  
4 ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES,  
5 TO ASSEMBLE A WORKGROUP TO DEVELOP STRATEGIES TO ADDRESS  
6 ISSUES OF MIXED POPULATIONS IN ADULT CARE HOMES, AS  
7 RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON  
8 AGING.

9 The General Assembly of North Carolina enacts:

10 **SECTION 1.** The Division of Health Service Regulation, Division of  
11 Medical Assistance, and the Division of Aging and Adult Services in the Department of  
12 Health and Human Services shall convene a workgroup to develop short-term and long-  
13 term strategies to address issues within adult care homes that provide residence to  
14 persons that are frail and elderly and to persons suffering from mental illness. The  
15 workgroup shall include adult care home specialists and long-term care ombudsmen.  
16 The Department shall report on the activities of the workgroup along with any  
17 recommendations to the Study Commission on Aging and the Joint Legislative  
18 Committee on Mental Health, Developmental Disabilities, and Substance Abuse  
19 Services on or before August 1, 2010.

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



**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2009**

**U**

**D**

**BILL DRAFT 2009-RDz-7 [v.1] (01/02)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
1/2/2009 3:43:43 PM**

Short Title: Adult Care Home Medication QI Pilot Analysis.

(Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DIVISION OF AGING AND ADULT SERVICES,  
DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO ANALYZE AND  
REPORT ON THE EXPERIENCES OF THE DIVISION'S PILOT PROGRAM ON  
MEDICATION SAFETY IN ADULT CARE HOMES, AS RECOMMENDED BY  
THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

**SECTION 1.** The Division of Aging and Adult Services, Department of Health and Human Services, shall use available recurring funds of the Adult Care Home Quality Improvement Program to accomplish the following:

- (1) Conduct a post-pilot analysis of the sustainability and lessons learned of the medication safety pilot program.
- (2) Build on lessons learned by the pilot program to develop medication safety training sessions, trainer training sessions, or online training modules for adult care homes not participating in the pilot program.
- (3) Evaluate the effectiveness of any training sessions offered.

**SECTION 2.** The Division of Aging and Adult Services, Department of Health and Human Services, shall deliver an interim report of their findings and progress on the items in Section 1 to the Study Commission on Aging on or before February 1, 2010, and a final report of all findings, lessons learned and recommendations, if any, to the Study Commission on Aging on or before October 1, 2010.

**SECTION 3.** This act becomes effective July 1, 2009.