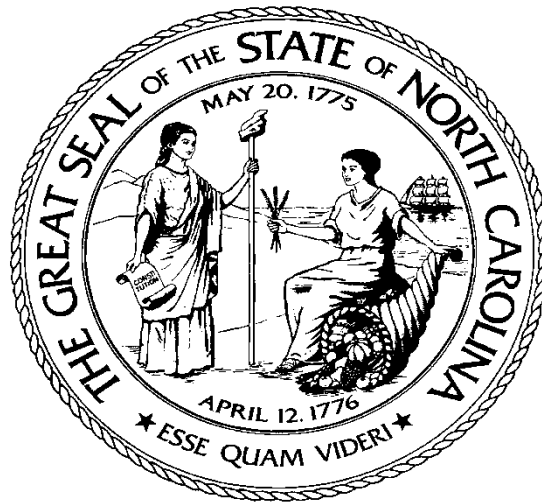


**NORTH CAROLINA**  
**STUDY COMMISSION ON AGING**



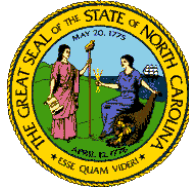
**REPORT TO THE**  
**GOVERNOR AND THE 2011 REGULAR SESSION**  
**OF THE 2011 GENERAL ASSEMBLY**

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## *North Carolina Study Commission On Aging*

January 26, 2011

To: Governor Beverly Perdue  
Lieutenant Governor Walter Dalton, President of the North Carolina Senate  
Senator Phil Berger, President Pro Tempore of the North Carolina Senate  
Representative Thom Tillis, Speaker of the North Carolina House of Representatives  
Members of the 2011 Regular Session of the 2011 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 2010 Regular Session of the 2009 General Assembly.

Respectfully submitted,

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Senator A.B. Swindell, IV  
Co-Chair

---

Representative Jean Farmer-Butterfield  
Co-Chair

# North Carolina Study Commission On Aging

## 2010-2011 Membership List

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Senator Katie Dorsett

Senator James Forrester

Senator Joe Sam Queen

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Mr. Anthony Peace

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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Wanda Kay  
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<a href="#">2011-SHZ-2</a> AN ACT TO DIRECT THE CONSUMER PROTECTION DIVISION, DEPARTMENT OF JUSTICE, TO COORDINATE A TASK FORCE ON FRAUD AGAINST OLDER ADULTS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	
<a href="#">2011-SHZ-8</a> AN ACT TO REQUIRE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY RECOMMENDATION 3.1 FROM THE NORTH CAROLINA INSTITUTE OF MEDICINE TASK FORCE ON THE CO-LOCATION OF DIFFERENT POPULATIONS IN ADULT CARE HOMES TO ASSESS THE FEASIBILITY AND IMPLEMENTATION TIMELINE OF A PILOT PROGRAM AIMED AT TRANSITIONING ADULT CARE HOME RESIDENTS TO INDEPENDENT COMMUNITY-BASED HOUSING, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	

[2011-SHZ-5](#) AN ACT TO APPROPRIATE FUNDS TO INCREASE THE AVAILABILITY OF HOUSING OPTIONS FOR NORTH CAROLINIANS WITH DISABILITIES, BASED ON RECOMMENDATION 3.2 FROM THE NORTH CAROLINA INSTITUTE OF MEDICINE TASK FORCE ON THE CO-LOCATION OF DIFFERENT POPULATIONS IN ADULT CARE HOMES, AND AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

[2011-SHZ-1](#) AN ACT TO APPROPRIATE FUNDS TO SUPPORT PRE-ADMISSION SCREENING, ASSESSMENT, AND CARE PLAN DEVELOPMENT IN ADULT CARE HOMES AND FACILITIES LICENSED UNDER CHAPTER 122C OF THE GENERAL STATUTES, BASED ON RECOMMENDATION 4.1 FROM THE NORTH CAROLINA INSTITUTE OF MEDICINE TASK FORCE ON THE CO-LOCATION OF DIFFERENT POPULATIONS IN ADULT CARE HOMES, AND AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

[2011-SHZ-6B](#) AN ACT TO REQUIRE THE DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO ESTABLISH A PILOT TRAINING PROGRAM USING GERIATRIC/ADULT MENTAL HEALTH SPECIALTY TEAMS TO CONDUCT TRAINING IN ADULT CARE HOMES ON PREVENTING THE ESCALATION OF BEHAVIORS LEADING TO CRISIS, BASED ON RECOMMENDATION 5.1 FROM THE NORTH CAROLINA INSTITUTE OF MEDICINE TASK FORCE ON THE CO LOCATION OF DIFFERENT POPULATIONS IN ADULT CARE HOMES, AND AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

[2011-SHZ-9](#) AN ACT TO DIRECT THE DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO COORDINATE A PILOT PROGRAM TO EVALUATE THE EFFECTIVENESS OF CRISIS INTERVENTION TRAINING IN A LIMITED NUMBER OF ADULT CARE HOMES, BASED ON RECOMMENDATION 5.2 FROM THE NORTH CAROLINA INSTITUTE OF MEDICINE TASK FORCE ON THE CO LOCATION OF DIFFERENT POPULATIONS IN ADULT CARE HOMES, AND AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

[2011-SHZ-7](#) AN ACT TO EXTEND THE TASK FORCE DEVELOPING GUIDELINES FOR CONSUMERS TO USE WHEN PURCHASING A HEARING AID, 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, and 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 2010-2011 interim. The Commission met on two occasions. Based on reports and presentations received by the Commission, 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 two times during the 2010-2011 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 2011 Session of the 2011 General Assembly:

## **Recommendation 1: Maintain HCCBG Funding**

The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior Home and Community Care Block Grant (HCCBG) funding levels during FY 2011-12 and FY 2012-13.

## **Recommendation 2: Maintain Funding for Project C.A.R.E., Senior Centers, and Adult Protective Services**

The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior funding levels during FY 2011-12 and FY 2012-13 for Project C.A.R.E., Senior Centers, and Adult Protective Services.

## **Recommendation 3: Baby Boomer Preparation**

The Study Commission on Aging recommends that the General Assembly amend S.L. 2009-407 to extend for five years the annual reporting on issues the State needs to address in preparation for the aging baby boomer generation.

## **Recommendation 4: Nurse Aide Training**

The Study Commission on Aging recommends that the Department of Health and Human Services continue efforts to transition the nurse aide curriculum and training from task performance to patient-focused care in order to clarify the relationship between tasks and patient care. The Study Commission on Aging also recommends the Department of Health and Human Services strengthen both initial training and training in response to G.S. 143B-139.5B to improve patient care and decrease the likelihood of serious or tragic consequences for patients.

## **Recommendation 5: Direct Care Worker Wage and Benefit Study**

The Study Commission on Aging recommends that the General Assembly establish a study of wages and benefits paid to direct care workers, and methods to increase the direct care worker supply and retention, in order to meet the needs of aging baby boomers and individuals with disabilities.

## **Recommendation 6: Task Force on Fraud Against Older Adults**

The Study Commission on Aging recommends that the General Assembly establish a task force to examine issues related to fraud against older adults which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Department of Justice; Banking Commission; NC Senior Consumer Fraud Task Force; NC Association of County Directors of Social Services; and other associations as approved by the Consumer Protection Division.



### **Recommendation 7: Co-Location Task Force - Adult Care Home to Independent Supported Housing**

In response to recommendation 3.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to study the Task Force recommendation to assess the feasibility and implementation timeline of a pilot program aimed at transitioning adult care home residents to independent community-based housing and to report on the results of the study.

### **Recommendation 8: Co-Location Task Force - Appropriation to Increase Housing Options**

Consistent with recommendation 3.2 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly appropriate ten million dollars (\$10,000,000) in additional funding in FY 2011-12 and FY 2012-13 to the North Carolina Housing Finance Agency for the North Carolina Housing Trust Fund to increase housing options, especially those options available to individuals with disabilities.

### **Recommendation 9: Co-Location Task Force - Appropriation for Standardized Preadmission Screening, Assessment, and Care Planning**

Consistent with recommendation 4.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly appropriate nine hundred thousand dollars (\$900,000) in recurring funds for FY 2011-12 and FY 2012-13, two hundred twenty-eight thousand dollars (\$228,000) in non-recurring funds in FY 2011-12, and two hundred five thousand dollars (\$205,000) in non-recurring funds in FY 2012-13, to the Department of Health and Human Services, to support implementation of a standardized preadmission screening, assessment, and care planning process for each individual in an adult care home or facility licensed under Chapter 122C of the General Statutes.

### **Recommendation 10: Co-Location Task Force - Adult Care Home Direct Care Worker Training**

In response to recommendation 5.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services, to establish a pilot training program using Geriatric/Adult Mental Health Specialty Teams to conduct training in adult care homes on preventing the escalation of behaviors leading to crisis and to report on the pilot.

In response to recommendation 5.2 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Department of Health and Human Services, to coordinate a pilot program to evaluate the effectiveness of crisis intervention training in a limited number of adult care homes and a report on the pilot.

**Recommendation 11: Co-Location Task Force - Support**

The Study Commission on Aging supports the recommendations contained in the report from the Task Force on the Co-Location of Different Populations in Adult Care Homes and urges the designated entities to undertake these recommendations.

**Recommendation 12: Extend the Task Force on Guidelines for Consumers with Hearing Loss**

The Study Commission on Aging recommends that the General Assembly amend S.L. 2010-121, to extend the work to develop guidelines for consumers seeking information and assistance in the treatment of hearing loss and the purchase of a hearing aid.

# AGING NORTH CAROLINA: The 2011 Profile

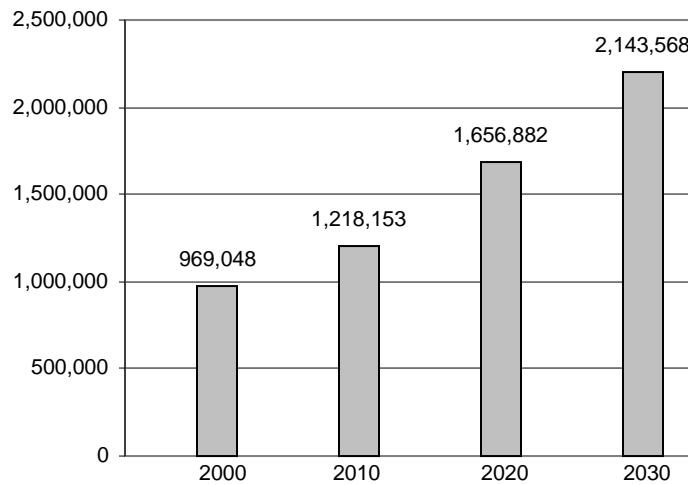
*Prepared by the Department of Health and Human Services, Division of Aging and Adult Services*

**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 12.7 percent. By 2030, the proportion should reach 17.6 percent, or 2.1 million older North Carolinians, including the surviving boomers who will be between ages 66 and 84. Figure A shows the milestones of the baby boomers expressed in terms of some major federal and state age-related programs (eligibility age in parenthesis).

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

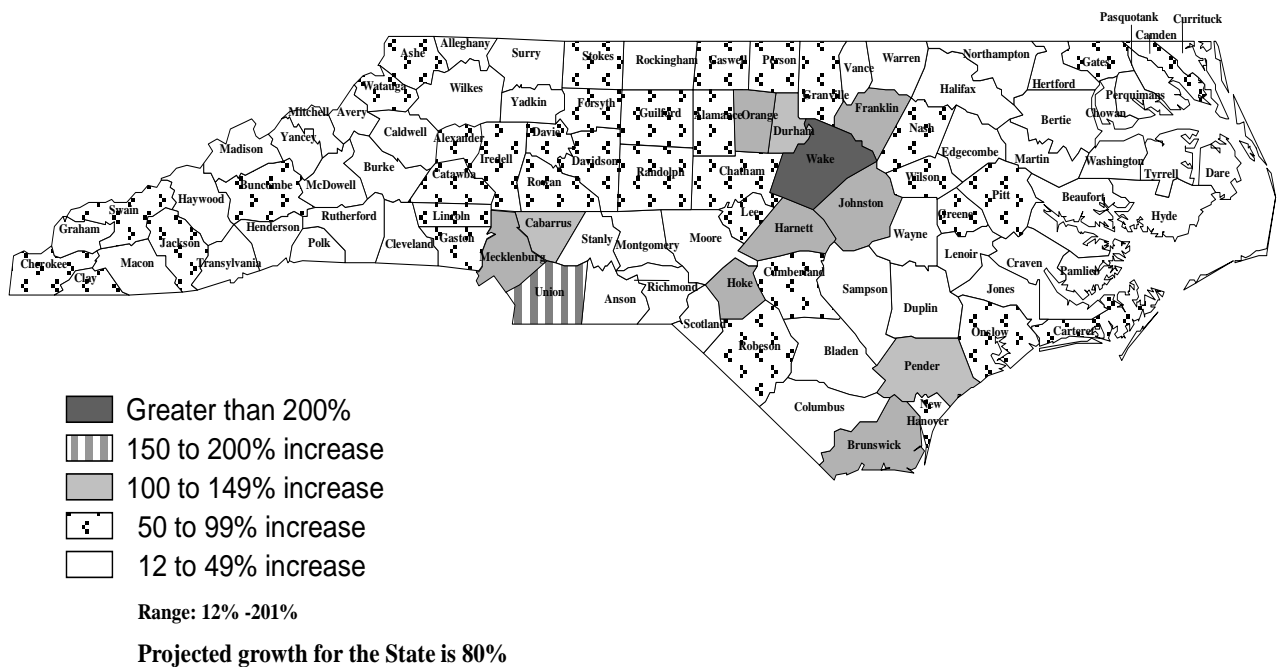


Based on 2009, Office of State Budget and Management, projections April 2000-July 2030

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 B. [1]

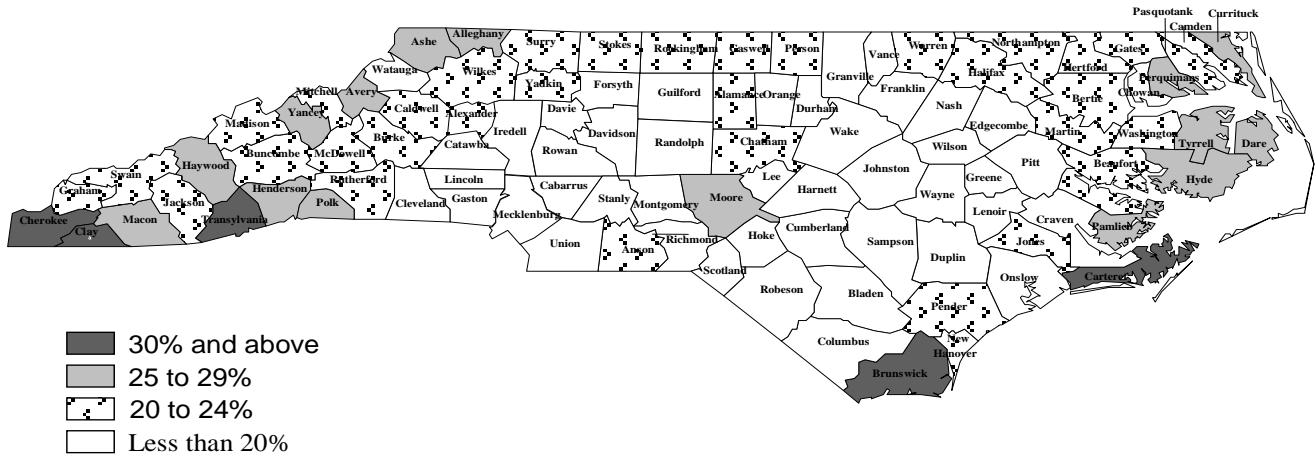
Figure C shows the projected growth of the older population by county between 2009 and 2030. During this period, the population 65 and older for the State is expected to grow 80 percent, and the population 85 and older, 59 percent. [1] There are twelve counties with expected growth of the older adult population at more than 100 percent. Of these, the two expected to experience the greatest increase are Wake at 200 percent and Union with 159 percent, reflecting the continued growth of the Raleigh and Charlotte Metropolitan Areas. As the figure shows, the counties adjacent to Wilmington (New Hanover) are also expecting growth.

**Figure C. Projected Growth of Population Ages 65 and Older from 2009 to 2030**



Source: Based on 2009 and 2030 projections from Office of State Budget and Management, May 2010

**Figure D. Percent of County Population Projected to be Ages 65 and Older in 2030**



**Range: 10% - 36%**  
**Projection for the state is 18%**

Source: Based on 2030 projections from Office of State Budget and Management, May 2010

Figure D shows the counties that will have the largest concentration of older adults in 2030. The proportion of the State population made up of older adults aged 65+ for the State will be 18 percent. Most of them are in areas attractive to retirees, but many are also counties that may 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. Several factors contribute to the different rates of aging of the State’s 100 counties.

- 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 and are experiencing greater growth.
- 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 a greater increase in the immigrant and refugee population. [2]

Along with other Sunbelt states (Florida, South Carolina, Texas, Tennessee, Georgia, and Virginia), North Carolina remains a popular destination for people of all ages, including seniors. [3]

The table below compares later-life migrants, both those native to North Carolina and those born outside the State, to resident seniors. Later-life migrants are non-institutionalized persons over the age of 60 who reportedly have moved across state lines. In 2006, among North Carolinians aged 60 and older, an estimated 27,606 had arrived from out of state within the previous year. 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. [4]

**Table 1. 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 with regard to 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 77.9 years. The North Carolinians who are age 60 today are expected to live, on average, an additional 22.8 years to almost 83 years old. Generally, women live longer than men and whites live longer than persons of other racial groups. [5]

**Table 2. Life Expectancies (in Years) by Age Group, Gender, and Race**

Age Groups	NC Combined	White		African-American	
		Male	Female	Male	Female
(At Birth)	77.9	76.0	81.1	71.3	77.8
60-64	22.8	21.3	24.6	18.8	23.1
65-69	19.0	17.6	20.5	15.7	19.4
70-74	15.5	14.1	16.7	13.1	15.9
75-79	12.3	11.1	13.2	10.6	12.8
80-84	9.5	8.6	10.1	8.3	9.8
85+	7.2	6.4	7.6	6.3	7.3

Source: NC Center for Health Statistics. *Life Expectancy in North Carolina, 2009*

**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***

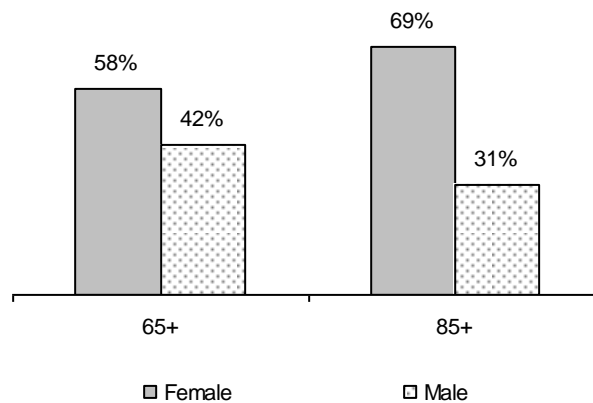
**Population:** North Carolina ranks tenth among states in the number of persons age 65 and older and tenth in the size of the entire population. [6]

- Estimated NC population age 65+ in 2009: 1,188,989 (12.7 percent of total population)
- Estimated NC population age 85+ in 2009: 150,539 (1.6 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, poverty, residence, rurality, disability, health status, grandparents raising grandchildren, and veteran status.

**Gender:** Older women represent 58 percent of the 65+ age group and 69 percent of the 85+ age group in 2009. [7]

**Figure E. Percentage of Older Adults by Gender and Age**



**Marital Status:** Since women live longer than men, aging brings the increasing likelihood of widowhood, for women. 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. Data show that being unmarried (widowed, divorced, separated, or never married) increases a woman's vulnerability to poverty. [8]

**Table 3. Unmarried Older Adults by Gender and Age Group**

	Age 65-74	Age 75-84	Age 85+
Unmarried Women in NC	46.9	67.9	90.6
Unmarried Men in NC	24.8	30.1	50.6

Source: American Community Survey (2005-2009). Table B12002.

**Ethnicity/Race:** Altogether 18.8 percent of persons age 65+ are members of ethnic minority groups in North Carolina. Compared to the nation as a whole, North Carolina's population age 65+ includes a larger proportion that are African American (15.6 percent in NC compared to 8.4 percent nationally) and a smaller proportion of Latinos (1.2 percent in NC compared to 6.5 percent nationally). American Indians, Asian Americans, and other ethnic groups account for 2.1 percent of the age group 65 and older. [9]

**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. (See the Demographic Shift section for the information on life expectancy.) [10]

**Table 4. 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	4.7	8.5	14.0	21.9
Age Group 75+	6.5	12.2	18.8	29.1

Source: American Community Survey (2005-2009). 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 and 2007, 282,000 immigrants arrived to the State. [11] The number of refugees arriving to the State has also increased; about 4,292 refugees arrived between 2005 and 2007 from different countries. [12] Exact numbers of older adults among these various immigrant groups are not available. Many of them face language barriers, social isolation, problems in accessing health care and other programs/services. [13]

**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. [14] This has implications for both helping some older adults be responsible for



their own needs (e.g., through 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. [15] Furthermore, about 5,000 North Carolina homeowners and renters age 65+ lacked complete plumbing facilities in their homes in 2000. [16]

**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. [17] 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 Texas's (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 contingent. 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. [18]

**Disability:** In North Carolina, 39.0 percent of the non-institutionalized civilian population age 65 and older reported having one or more disabilities—40.2 percent of women and 37.4 percent of men, according to the 2009 American Community Survey. [19] This high estimate includes all people who report one or more of the following problems: (1) being deaf or having “serious difficulty hearing,” (2) being blind or having “serious difficulty seeing even when wearing glasses,” (3) having serious difficulty with walking or climbing stairs, (4) serious difficulty concentrating, remembering or making decisions; (5) difficulty dressing, or bathing, or (6) difficulty doing errands alone.

**Health Status:** Heart disease is the leading cause of death among older adults both nationwide and in North Carolina with cancer and stroke, coming second and third on the list. [20] 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. [21] 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). [21] Diabetes mellitus is the sixth leading cause of death for North Carolina's older 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. [22]

**Table 5. Five Leading Causes of Death among North Carolinians Age 65+**

<b>Rank</b>	<b>Cause</b>
1	Heart diseases
2	Cancer
3	Cerebrovascular diseases
4	Chronic lower respiratory diseases
5	Alzheimer's disease

Source: NC Center for Health Statistics (2009). *Leading Causes of Death – 2009*.

The 2009 Behavioral Risk Factor Surveillance System (BRFSS) shows that among people age 65 and older, 20.2% said that their general health status is fair (compared to 10.5% nationally) and 9.9% as poor (compared to 3.7% nationally). [23]

**Grandparents Raising Grandchildren:** According to the 2005-2009 American Community Survey there were 89,622 NC grandparents who reported that they had one or more grandchildren living with them under 18 years old *for whom they were responsible*. This represents nearly half of all grandparents whose grandchildren live with them. [24]

**Veteran Status:** Of the estimated 741,429 veterans living in NC in 2008, over 260,069, or 35 percent, were age 65 and older. [25] The group of veterans from the Vietnam era contains proportionally more members with a disability than survivors of earlier wars due to quicker and more advanced medical treatment. The Veterans Administration has frequently written about the aging of the veterans as a major challenge to its health care system in coming years. [26]

In summary, North Carolina has a large, economically and ethnically diverse older population. With this diversity come both special assets and special challenges. Even the most vulnerable older adults often give as much to their communities as they receive. Nevertheless, we must be aware that those who face disabilities, disparities of income and health care, and the responsibilities of caring for grandchildren are more likely to need public services and supports. While meeting these disparate needs of today's older adults, our State is also witnessing the first minor steps of the transition of the baby boomers into retirement ages. This will transform the age structure of the State and bring a new generation of older adults with some of the same historic 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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## January 13, 2011

The North Carolina Study Commission on Aging met on Thursday, January 13, 2011, at 10:00 a.m. in Room 544 of the Legislative Office Building. Representative Jean Farmer-Butterfield presided. Following introductions, Sara Kamprath, Commission staff, presented a status report of the Study Commission on Aging's recommendations to the Governor and the 2010 General Assembly. Next, the Commission heard from Theresa Matula, Commission staff, who provided: 1) a summary of other substantive legislation related to older adults enacted during the 2010 Session, 2) a tentative meeting schedule before the convening of the 2011 Session, and 3) the proposed Commission budget. The Commission voted to approve the proposed budget.

Dennis Streets, Director, Division of Aging and Adult Services, Department of Health and Human Services (DHHS), presented information on programs and services for older adults. He also provided a progress report required by S.L. 2009-407. In the report on S.L. 2009-407 Mr. Streets provided information on the six regional Governor's Aging Policy Roundtables; updated the Commission on the preliminary findings of the Assessment of the State's Readiness for Aging Population required by the Governor's Executive Order No. 54; and the themes from the October 2010 Governor's Conference on Aging.

Mr. Streets then presented a report, required by S.L. 2010-31, Section 10.35B, on the use of the \$200,000 appropriated for the 2010-2011 fiscal year for Alzheimer's-related activities consistent with Project C.A.R.E. (Caregiver Alternatives to Running on Empty). The funds were allocated based on three criteria: 1) funding for an immediate and important Project C.A.R.E. goal; 2) other resources are not available to the goal; and 3) it provided a direct benefit to family caregivers whenever possible.

Pam Silberman, President and CEO, NC Institute of Medicine, presented a report on short-term and long-term strategies to address issues within adult care homes that provide residence to persons who are frail and elderly and to persons suffering from mental illness, as required by S.L. 2009-451, Section 10.78ff(3). Ms. Silberman presented the following recommendations that required action by the General Assembly:

- Develop a pilot program to provide opportunities for persons residing in adult care homes to move into independent supported housing.
- Appropriate \$10 million in additional recurring funding to the NC Housing Finance Agency to increase funding to the NC Housing Trust Fund.
- Provide funding and direct DHHS to require adult care homes and family care homes, and mental health, developmental disability, and substance abuse group homes to use standardized preadmission screenings, assessments, and care planning.
- Enact legislation to require all adult care homes and family care homes to receive geriatric/adult mental health specialty team (GAST) training on identified topics at least three times per year.
- Require all adult and family care home direct care workers, personal care aides, medication aides, and supervisors to be trained and to pass the competency exam for state-approved crisis intervention training by June 2013.

Ran Coble, Executive Director, NC Center for Public Policy Research, presented information on preventing and reducing fraud committed against the older adults in North Carolina. The Center had the following four recommendations for action by the General Assembly:

- Clarify and strengthen the laws to support a broader system of protection for older adults for abuse and fraud.
- Establish a study commission to examine how the NC Commissioner of Banks, the financial management industry, and law enforcement agencies can partner to prevent fraud against the elderly.
- Require reporting on the Statewide incidence and prevalence of fraud and mistreatment of the elderly.
- Give the NC Attorney General the authority to initiate prosecutions for fraud against the elderly.

Jesse Goodman, with the Division of Health Service Regulation, DHHS, presented a report required by S.L. 2010-69 on a review of the education and training requirements for nurse aides. The report found that State-approved Nurse Aide I training programs follow or exceed federal requirements and require student proficiency in 69 skills. The report contained the following three recommendations to improve the nurse aid workforce in NC:

- Continue to update the Nurse Aide I curriculum to reflect a move from task performance to patient-centered care.
- Support the activities of DHHS to use the Personal and Home Care Aide State Training grant funds to develop, pilot, and evaluate additional training needed by direct care workers employed in long-term care settings.
- Recommend that the General Assembly study wage and benefit issues that impact supply and retention of direct care workers in long-term care settings.

The final presentation given by Theresa Matula, Commission staff, were the draft recommendations for the Commission's consideration. The draft recommendations represented a range of issues presented to the Commission. Ms. Matula presented 11 recommendations with background information for each recommendation. The recommendations were based on presentations the Commission had just heard. She explained that once the Commission approved the recommendations, including bill drafts as applicable, they would be compiled in a report to the Governor and the 2011 General Assembly. During the meeting, Commission members suggested some changes to the draft recommendations and approved the recommendations as amended.

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&sFolderName=\2011%20Interim%20Commission%20Meetings\1-13-11%20Meeting>.

### **January 25, 2011**

The North Carolina Study Commission on Aging met on Tuesday, January 25, 2011 at 2:00 p.m. in Room 544 of the Legislative Office Building. Representative Farmer-Butterfield was the presiding Co-Chair. During the meeting, the Commission heard a report on guidelines for consumers purchasing hearing aids. Next, Theresa Matula, Commission staff reviewed the Commission's draft report to the Governor and the 2011 Regular Session of the 2011 General Assembly. The Commission voted to approve the draft report as amended.

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&sFolderName=\2011%20Interim%20Commission%20Meetings\1-25-11%20Meeting>.

# 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 2011 Session of the 2011 General Assembly. Each recommendation is followed by background information and any corresponding legislative proposals appear in [Appendix B](#) of this report.

## **Recommendation 1: Maintain HCCBG Funding**

The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior Home and Community Care Block Grant (HCCBG) funding levels during FY 2011-12 and FY 2012-13.

## **Background 1: Maintain HCCBG Funding**

During the January 13, 2011 meeting, Dennis Streets, Director, Division of Aging and Adult Services, gave an update on services provided under the Home and Community Care Block Grant (HCCBG). Mr. Streets reminded members that there was a \$2,200,000 reduction in the State funds appropriated for FY 10-11 due to a required departmental budget reduction in response to the budget crisis. This budget reduction has been compounded by increased costs per unit. The result is a 16.5% decrease in the total service units and a 9.7% decrease in the number of clients served. Unfortunately, the current wait list for services funded by the HCCBG is estimated between 16,000-17,000 individuals. The top two services requested are in-home aides and home delivered meals.

The HCCBG, established by G.S.143B-181.1(a)(11), includes federal funds, State funds, local funds (required local match), and a consumer contribution component (client cost sharing). 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).

According to the Division of Aging and Adult Services, FY 2010-11 funding sources for the HCCBG are as follows: \$22,532,940 (36.21%) Federal Older Americans Act, \$1,834,077 (2.95%) Federal Social Services Block Grant, \$29,522,308 (47.44%) State Appropriations\*, \$5,987,199 (9.62%) Required Local Match, \$2,356,600 (3.79%) Client Cost Sharing. (\*The State Appropriations reflect a \$2,200,000 non-recurring SFY 10-11 departmental budget reduction.)

Although the lengthening waiting lists for services and the increasing numbers of older adults support increased funding, the Study Commission on Aging recognizes the budget challenge facing the State and recommends that the General Assembly and the Governor maintain prior Home and Community Care Block Grant (HCCBG) funding levels during FY 2011-12 and FY 2012-13.

### **Recommendation 2: Maintain Funding for Project C.A.R.E., Senior Centers, and Adult Protective Services**

The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior funding levels during FY 2011-12 and FY 2012-13 for Project C.A.R.E, Senior Centers, and Adult Protective Services.

### **Background 2: Maintain Funding for Project C.A.R.E., Senior Centers, and Adult Protective Services**

During the January 13, 2011 meeting, the Commission heard a presentation from Dennis Streets, Director, Division of Aging and Adult Services, DHHS on Project C.A.R.E. (Caregiver Alternatives to Running on Empty). Pursuant to S.L. 2010-31, Section 10.35B, Mr. Streets presented information on the plan to use the \$200,000 in recurring funds to support Alzheimer's related activities and Project C.A.R.E. Project C.A.R.E. supports caregivers of individuals with dementia. The following services are available: in-home needs assessments; counseling; information; assistance finding and selecting respite; funds for in-home personal care, adult day services, and respite; training and educational resources; and connections with Area Agencies on Aging and Alzheimer's Association Chapters. Research has shown the toll that caregiving takes on the caregiver. Programs like Project C.A.R.E. support caregivers, which in turn support the wishes of older adults who desire to remain in their homes. Project C.A.R.E. has received national recognition as a model for caregiver support.

There are 162 Senior Centers located in 97 North Carolina counties. (Gates, Henderson, and Hoke counties do not have Senior Centers.) Of the 162 Senior Centers, 71 are Centers of Excellence and 6 are Centers of Merit. The top two primary funding sources for Senior Centers are the Home and Community Care Block Grant (HCCBG) and the local government. State General Purpose funds are the 3rd largest source of funding. In Fiscal Year 2009-10, the State appropriation was \$1.27 million with 162 centers receiving funds ranging from \$4,218 to \$12,653 based on certification status. Over the past five years, there has been a \$300,000 decrease in State support and the required local match has increased from 10% to 25%. Approximately two-thirds of the Senior Centers charge fees for some programs and one-half offer scholarships to programs that charge fees.

Article 6, Chapter 108A, of the General Statutes contains the laws on protection of abused, neglected, or exploited disabled adults. G.S. 108A-101(n) defines protective services as services provided by the State or other government or private organizations or individuals which are

necessary to protect the disabled adult from abuse, neglect, or exploitation. The General Assembly established the State Adult Protective Services (APS) Fund in 1999, recognizing the need for additional resources to assist county departments of social services in carrying out the important statutorily mandated service required by Article 6, Chapter 108A. The two million dollar (\$2,000,000) State appropriation has remained unchanged since 1992, and currently supports about 31 Full Time Equivalent (FTE) APS social work positions in 52 counties. This funding is the only source of State support for adult protective services and is essential to county Departments of Social Services (DSSs) in their efforts to protect vulnerable adults, especially as the number of APS reports continues to grow. Statewide, county DSSs received 18,378 APS reports in FY 2009-10. APS reports have increased an average of 9% per year over the past four years, including many first-time reports.

The Study Commission on Aging recognizes the importance of Project C.A.R.E., Senior Centers, and Adult Protective Services as programs that keep older adults in their communities and keep them safe. Therefore the Commission recommends that the General Assembly and the Governor maintain prior Project C.A.R.E., Senior Center, and Adult Protective Services funding levels during FY 2011-12 and FY 2012-13.

### **Recommendation 3: Baby Boomer Preparation**

The Study Commission on Aging recommends that the General Assembly amend S.L. 2009-407 to extend for five years the annual reporting on issues the State needs to address in preparation for the aging baby boomer generation.

### **Background 3: Baby Boomer Preparation**

On January 13, 2011, the Study Commission on Aging heard a presentation by Dennis Streets on the actions taken in response to S.L. 2009-407 (SB 195). S.L. 2009-407, effective August 5, 2009, directed 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 the increased numbers of older adults due to the aging of the baby boomer generation and the influx of elderly retirees to the State. The law requires: 1) identifying and prioritizing issues for the State to address; 2) sharing information on fostering retiree and volunteer involvement toward addressing the needs increased numbers of older adults; and 3) sharing models of local planning efforts to assist municipalities in addressing accessibility and service delivery for increasing numbers of older adults.

On March 30, 2010, Governor Perdue signed Executive Order 54 to require a serious examination of the State's readiness to meet the opportunities and challenges of the State's older adult population. <http://www.governor.state.nc.us/NewsItems/ExecutiveOrderDetail.aspx?newsItemID=1013>

Mr. Streets reported on the efforts undertaken which include: an assessment of the State's readiness for an aging population; regional roundtables; and the Governor's Conference on Aging. The assessment included State agencies, the Board of Governors of the UNC System, the State Board of Community Colleges, and the State Board of Education. The regional roundtables were held across the State to identify critical issues requiring policy and programmatic responses. More than 600 individuals participated and each roundtable focused on a different major area relevant to older adults and their families and communities. Areas included: health and aging, economics of aging, access and choice in services and supports, life engagement and contributions, homes and neighborhoods, and safe communities. The full report can be found at:



[http://www.aging.unc.edu/service/preparing/PolicyRoundtableSummary\\_full.pdf](http://www.aging.unc.edu/service/preparing/PolicyRoundtableSummary_full.pdf). An Executive Summary can be found at: [http://www.aging.unc.edu/service/preparing/PolicyRoundtableSummary\\_exec.pdf](http://www.aging.unc.edu/service/preparing/PolicyRoundtableSummary_exec.pdf). The Governor's Conference on Aging took place October 13-15, 2010 and presented an opportunity to share information from the State's readiness assessment and the regional roundtables. Information shared and gathered during the Conference will guide the State Aging Plan for 2011-15.

The Commission is excited by the involvement of so many individuals working to identify issues that North Carolina must address to ensure safe, healthy, productive, and engaging environments for older adults. S.L. 2009-407 required progress reports to the Governor and the North Carolina Study Commission on Aging on or before March 1, 2010 and November 1, 2010. Because the work to help North Carolina prepare for increased numbers of older adults has only just begun, the Study Commission on Aging recommends that the General Assembly amend S.L. 2009-407 to extend for five years the annual reporting on issues the State needs to address in preparation for the aging baby boomer generation by enacting [2011-SHz-3](#). The extension will also coincide with the time period covered by the State Aging Plan.

#### **Recommendation 4: Nurse Aide Training**

The Study Commission on Aging recommends that the Department of Health and Human Services continue efforts to transition the nurse aide curriculum and training from task performance to patient-focused care in order to clarify the relationship between tasks and patient care. The Study Commission on Aging also recommends the Department of Health and Human Services strengthen both initial training and training in response to G.S. 143B-139.5B to improve patient care and decrease the likelihood of serious or tragic consequences for patients.

#### **Background 4: Nurse Aide Training**

On January 13, 2011, the Study Commission on Aging heard a presentation on nurse aide training by Jesse Goodman, Division of Health Service Regulation, Department of Health and Human Services. S.L. 2010-69 required the Division of Health Service Regulation to coordinate a review of the education and training requirements for nurse aides. In conducting the review, the Division was required to include an equal number of representatives from the Division of Health Service Regulation; Division of Aging and Adult Services; the North Carolina Board of Nursing; the North Carolina Community College System; the Direct Care Workers Association of North Carolina; the North Carolina Medical Society; the North Carolina Health Care Facilities Association; the North Carolina Hospital Association; the Association for Home and Hospice Care of North Carolina; the North Carolina Assisted Living Association; the North Carolina Association of Long Term Care Facilities; the North Carolina Association of Non-Profit Homes for the Aging; and individuals representing residents in long term care.

The report presented by Mr. Goodman included three recommendations. The two following recommendations were related to training: 1) continue efforts to update the Nurse Aide I curriculum to reflect a move in training focus from task performance to more patient centered care, and to 2) utilize the Personal and Home Care Aide State Training grant to facilitate the development and assessment of additional training to address specific needs of other populations being served by direct care workers.

Training was also a possible factor in recent tragedies involving adult care home residents. The incidents involved blood glucose monitoring and precautions to prevent the spread of hepatitis B.

In response to this situation, the Division of Health Service Regulation plans to address infection control processes during spring training scheduled pursuant G.S. 143B-139.5B.

**§ 143B 139.5B. Department of Health and Human Services – provision for joint training.**

The Department of Health and Human Services shall offer joint training of Division of Health Service Regulation consultants, county DSS adult home specialists, and adult care home providers. The training shall be offered no fewer than two times per year, and subject matter of the training should be based on one or more of the 10 deficiencies cited most frequently in the State during the immediately preceding calendar year. The joint training shall be designed to reduce inconsistencies experienced by providers in the survey process, to increase objectivity by DHSR consultants and DSS specialists in conducting surveys, and to promote a higher degree of understanding between facility staff and DHSR consultants and DSS specialists in what is expected during the survey process.

The Study Commission on Aging recommends that the Department of Health and Human Services continue efforts to transition the nurse aide curriculum and training from task performance to patient-focused care in order to clarify the relationship between tasks and patient care. Strengthening both initial training and training in response to G.S. 143B-139.5B will improve patient care and decrease the likelihood of serious or tragic consequences for patients.

**Recommendation 5: Direct Care Worker Wage and Benefit Study**

The Study Commission on Aging recommends that the General Assembly establish a study of wages and benefits paid to direct care workers, and methods to increase the direct care worker supply and retention, in order to meet the needs of aging baby boomers and individuals with disabilities.

**Background 5: Direct Care Worker Wage and Benefit Study**

On January 13, 2011, the Study Commission on Aging heard a presentation by Jesse Goodman, Division of Health Service Regulation, Department of Health and Human Services, on S.L. 2010-69 which required the Division of Health Service Regulation to coordinate a review of the education and training requirements for nurse aides. The third recommendation contained in the report on S.L. 2010-69 was for the General Assembly to consider the establishment of a study focusing on wages and benefits paid to direct care workers. In addition to a study on the wages and benefits, the report recommended studying possible improvements to the State's Medicaid and State/County Special Assistance payment policies that reward providers who achieve NC NOVA special licensure status.

In the past, the Commission has shown support for direct care workers and for NC NOVA (North Carolina New Organizational Vision Award) designation. NC NOVA is a special State license awarded to home care agencies, adult care homes, and nursing facilities that meet workplace standards more rigorous than minimum licensure requirements in an effort to support their direct care workers on the job. Employers voluntarily invest in their direct care workers by focusing on improving the workplace. NC NOVA was created in order to help attract a sufficient number of quality direct care workers to meet current and future demand and is the first program of its kind in the country.

The Study Commission on Aging recommends that the General Assembly establish a study of wages and benefits paid to direct care workers, and methods to increase the direct care worker supply and retention, in order to meet the needs of aging baby boomers and individuals with disabilities by enacting [2011-SHz-4](#).

## **Recommendation 6: Task Force on Fraud Against Older Adults**

The Study Commission on Aging recommends that the General Assembly establish a task force to examine issues related to fraud against older adults which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Department of Justice; Banking Commission; NC Senior Consumer Fraud Task Force; NC Association of County Directors of Social Services; and other associations as approved by the Consumer Protection Division.

### **Background 6: Task Force on Fraud Against Older Adults**

Ran Coble, Director, NC Center for Public Policy Research, spoke to the Study Commission on Aging during the meeting on January 13, 2011. Mr. Coble shared that: North Carolina ranks 24<sup>th</sup> among the 50 states in the number of fraud complaints per capita and 21<sup>st</sup> in the number of identity theft complaints per capita. He also discussed the percentage of identity theft complaints and fraud complaints for individuals over 50 years of age.

The NC Center for Public Policy Research made the four recommendations below aimed at preventing and reducing fraud committed against older adults.

- The Center recommends that the General Assembly clarify and strengthen the laws to support a broader system of protection for older adults for abuse and fraud.
- The Center recommends that the legislature require reporting on the statewide incidence and prevalence of fraud and mistreatment of older adults.
- The Center recommends that the General Assembly establish a study commission to examine how the N.C. Commissioner of Banks, the financial management industry, and law enforcement agencies can partner to prevent fraud against older adults.
- The Center recommends that the legislature give the state Attorney General the authority to initiate prosecutions for fraud against older adults.

The Study Commission on Aging is concerned about fraud against older adults and recommends that the General Assembly establish a task force to examine issues related to fraud against older adults which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Department of Justice; Banking Commission; NC Senior Consumer Fraud Task Force; NC Association of County Directors of Social Services; and other associations as approved by the Consumer Protection Division by enacting [2011-SHz-2](#). This task force should evaluate and research the four recommendations from the NC Center for Public Policy Research and report recommendations back to the Commission.

## **Recommendation 7: Co-Location Task Force - Adult Care Home to Independent Supported Housing Pilot Program**

In response to recommendation 3.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Department of Health and Human Services to study the Task Force recommendation to assess the feasibility and implementation timeline of a pilot program aimed at transitioning adult care home residents to independent community-based housing and to report on the results of the study.

### **Recommendation 8: Co-Location Task Force - Appropriation to Increase Housing Options**

Consistent with recommendation 3.2 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly appropriate ten million dollars (\$10,000,000) in additional funding in FY 2011-12 and FY 2012-13 to the North Carolina Housing Finance Agency for the North Carolina Housing Trust Fund to increase housing options, especially those options available to individuals with disabilities.

### **Recommendation 9: Co-Location Task Force - Appropriation for Standardized Preadmission Screening, Assessment, and Care Planning**

Consistent with recommendation 4.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly appropriate nine hundred thousand dollars (\$900,000) in recurring funds for FY 2011-12 and FY 2012-13, two hundred twenty-eight thousand dollars (\$228,000) in non-recurring funds in FY 2011-12, and two hundred five thousand dollars (\$205,000) in non-recurring funds in FY 2012-13, to the Department of Health and Human Services, to support implementation of a standardized preadmission screening, assessment, and care planning process for each individual in an adult care home or facility licensed under Chapter 122C of the General Statutes.

### **Recommendation 10: Co-Location Task Force - Adult Care Home Direct Care Worker Training**

In response to recommendation 5.1 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Health and Human Services, to establish a pilot training program using Geriatric/Adult Mental Health Specialty Teams to conduct training in adult care homes on preventing the escalation of behaviors leading to crisis and to report on the pilot.

In response to recommendation 5.2 from the Task Force on the Co-Location of Different Populations in Adult Care Homes report, the Study Commission on Aging recommends that the General Assembly direct the Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Department of Health and Human Services, to coordinate a pilot program to evaluate the effectiveness of crisis intervention training in a limited number of adult care homes and a report on the pilot.

### **Recommendation 11: Co-Location Task Force - Support**

The Study Commission on Aging supports the recommendations contained in the report from the Task Force on the Co-Location of Different Populations in Adult Care Homes and urges the designated entities to undertake these recommendations.

### **Background 7, 8, 9, 10, 11: Co-Location Task Force Recommendations**

The State has struggled to provide appropriate levels of community support, care, and housing to individuals with mental illness. The Study Commission on Aging has heard numerous presentations related to the issue of whether an adult care home is an appropriate housing and care

option for individuals with a primary diagnosis of mental illness and for the frail elderly residents traditionally residing in adult care homes. In 2008, the Commission made a recommendation to support screening residents prior to adult care home admission followed by a more thorough assessment and care plan development. In 2008, the Commission requested a report on the most appropriate and cost effective way to provide training for adult care home direct care workers on the care of individuals with mental illness. The Commission has also required studies and heard reports on appropriate adult care home staff training levels for those staff caring for residents with a mental illness. In 2004 and 2007, the Commission recommended additional funding for housing for individuals with a mental illness.

S.L. 2009-451, Section 10.78ff(3), required the NC Institute of Medicine (IOM) to study short term and long term strategies to address issues within adult care homes that provide residence to persons who are frail and elderly and to persons suffering from mental illness. The IOM was required to make an interim report to the Governor's Office, the Joint Legislative Health Care Oversight Committee, and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services no later than January 15, 2010. The report was to include recommendations and proposed legislation, and a final report with findings, recommendations, and suggested legislation was to be issued to the 2011 General Assembly upon its convening. The NCIOM Task Force on the Co-Location of Different Populations in Adult Care Homes met and released a report in January 2011. The report contains nine recommendations. Task Force recommendations mentioned above (3.1, 3.2, 4.1, 5.1, and 5.2) represent some of the nine recommendations.

The Study Commission on Aging has a history of supporting many of the recommendations identified in the report of the NCIOM Task Force on the Co-Location of Different Populations in Adult Care Homes. The Commission makes specific recommendations in response to Task Force recommendations 3.1, 3.2, 4.1, 5.1, and 5.2. by recommending the General Assembly enact [2011-SHz-8](#), [2011-SHz-5](#), [2011-SHz-1](#), [2011-SHz-6B](#), [2011-SHz-9](#), and urging other designated entities to undertake the remaining recommendations.

### **Recommendation 12: Extend the Task Force on Guidelines for Consumers with Hearing Loss**

The Study Commission on Aging recommends that the General Assembly amend S.L. 2010-121, to extend the work to develop guidelines for consumers seeking information and assistance in the treatment of hearing loss and the purchase of a hearing aid.

### **Background 12: Extend the Task Force on Guidelines for Consumers with Hearing Loss**

During the meeting on January 25, 2011, the Study Commission on Aging heard a presentation of the report in response to S.L. 2010-121.

The report from the task force contained four recommendations:

- Develop a public education campaign, including the development of brochures for people affected with hearing loss.
- Continue the task force for one more year to further address the needs of people with hearing loss.
- Work with organizations across the State to protect the citizens of North Carolina and address the issue of purchasing of hearing aids through the internet from those not licensed to do business in the State of North Carolina and from whom face-to-face services cannot be provided to a North Carolina resident.

- Investigate and make recommendations to the General Assembly regarding the provision of financial assistance for the purchase of hearing aids to North Carolina residents with hearing loss.

The Study Commission on Aging appreciates the work of the task force and supports their request for continuation by recommending that the General Assembly amend S.L. 2010-121 to extend the task force and provide another reporting opportunity through the enactment of [2011-SHz-7](#).

# APPENDICES

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# APPENDIX A

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# *2010 Recommendation Status Report*

North Carolina Study Commission on Aging  
Recommendations  
to the  
2010 Regular Session



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

*December 10, 2010*

## ***2010 RECOMMENDATION STATUS REPORT***

<b>RECOMMENDATION</b>	<b>RESULT</b>
<p><b><u>Recommendation 1: Maintain HCCBG Funding</u></b></p> <p>The Study Commission on Aging recommends the General Assembly and the Governor maintain funding levels appropriated for FY 2010-2011 to the Department of Health and Human Services for the Home and Community Care Block Grant (HCCBG).</p>	<p>This recommendation did not require legislation.</p>
<p><b><u>Recommendation 2: Maintain Funding for Senior Centers, Project C.A.R.E., and Other Vital Support Programs and Services</u></b></p> <p>The Study Commission on Aging recommends the General Assembly and the Governor maintain current funding levels for senior centers and Project C.A.R.E. as well as many other vital programs that provide aging services and support systems for older adults and their families.</p>	<p>This recommendation did not require legislation.</p>
<p><b><u>Recommendation 3: Hearing Loss Treatment Task Force</u></b></p> <p>The Study Commission on Aging recommends the General Assembly direct the Hearing Aid Dealers and Fitters Board to coordinate a task force including representatives of the Division of Services for the Deaf and Hard of Hearing in the Department of Health and Human Services, the Consumer Protection Division of the Office of Attorney General, and other interested stakeholders, to: 1) develop recommended guidelines for consumers seeking assistance in the treatment of hearing loss, 2) make recommendations on the best way to disseminate these guidelines, and 3) report to the Study Commission on Aging on or before October 15, 2010.</p>	<p>In response to this recommendation, HB 1705 and SB 1203 and were introduced.</p> <p>S.L. 2010-121 (HB 1705) requires the Hearing Aid Dealers and Fitters Board to coordinate a task force to develop guidelines for consumers seeking information and assistance in the treatment of hearing loss and the purchase of a hearing aid. On or before November 15, 2010, the Board is required to report findings and recommendations, including methods to disseminate hearing aid purchasing guidelines, to the North Carolina Study Commission on Aging.</p>

RECOMMENDATION	RESULT
<p><b><u>Recommendation 4: Review of Nurse Aide Training Requirements</u></b></p> <p>The Study Commission on Aging recommends the General Assembly direct the Division of Health Service Regulation, Department of Health and Human Services (DHHS), to coordinate a review involving an equal number of representatives from the Division of Aging and Adult Services, DHHS; the NC Board of Nursing; the Direct Care Workers Association; NC Health Care Facilities Association; NC Hospital Association; NC Home and Hospice Care Association; and representatives of residents in long-term care; to assess the current training requirements for nurse aides and to recommend any necessary changes to the Study Commission on Aging on or before November 1, 2010.</p>	<p>In response to this recommendation, HB 1732 and SB 1191 were introduced.</p> <p>S.L. 2010-69 (SB 1191) directs the Division of Health Service Regulation, Department of Health and Human Services (DHHS), to coordinate an evaluation of the education and training requirements for nurse aides. On or before November 1, 2010, the Division must report findings and recommendations regarding the appropriate levels of nurse aide education and training to the North Carolina Study Commission on Aging.</p>
<p><b><u>Recommendation 5: Long-Term Care Partnership Program</u></b></p> <p>The Study Commission on Aging recommends the General Assembly enact legislation to develop a Long-Term Care Partnership (LTCP) program for North Carolina and direct the Division of Medical Assistance, Department of Health and Human Services, to pursue a State Plan amendment allowing the operation of the LTCP program.</p>	<p>In response to this recommendation, HB 1704 and SB 1193 were introduced.</p> <p>S.L. 2010-68 (SB 1193) establishes the North Carolina Long-Term Care Partnership Program (Program) to be administered by the Division of Medical Assistance, Department of Health and Human Services, with assistance from the Department of Insurance.</p>
<p><b><u>Recommendation 6: Include Dentist on the Commission on Children with Special Health Care Needs</u></b></p> <p>The Study Commission on Aging recommends the General Assembly expand the membership of the Commission on Children with Special Health Care Needs to include a dentist.</p>	<p>In response to this recommendation, HB 1694 and SB 1204 were introduced.</p> <p>S.L. 2010-12 (HB 1694) adds a member to the Commission on Children with Special Health Care Needs. This additional member will be recommended by the North Carolina Dental Society, appointed by the Governor, and must be a licensed dentist who provides services to children with special needs.</p>

RECOMMENDATION	RESULT
<p><b><u>Recommendation 7: Special Needs Dental Care Workforce Development</u></b></p> <p>The Study Commission on Aging recommends the General Assembly direct the North Carolina Area Health Education Centers (AHEC) Program to: 1) work with the dental schools at The University of North Carolina – Chapel Hill and East Carolina University, the North Carolina Community College System, and current special care dental providers to increase the available workforce willing to treat North Carolina special care populations; 2) work with the NC State Board of Dental Examiners to explore the feasibility of allowing dental students, dental hygiene students, and assisting students the opportunity to receive training in long-term care facilities under the direction of non-profit special care dental organizations; and 3) report to the Study Commission on Aging on or before August 1, 2011.</p>	<p>In response to this recommendation, HB 1693 and SB 1194 were introduced.</p> <p>S.L. 2010-92 (HB 1693) directs the North Carolina Area Health Education Centers (AHEC) Program to coordinate efforts to increase the number of dental care providers for individuals with special needs. On or before August 1, 2011, the AHEC Program must report findings and recommendations to the North Carolina Study Commission on Aging and the Public Health Study Commission.</p>
<p><b><u>Recommendation 8: Medicaid Dental Services</u></b></p> <p>The Study Commission on Aging recommends the General Assembly maintain Medicaid funding for dental services and direct the Division of Medical Assistance and the Division of Public Health to: 1) explore the feasibility of expanding Medicaid dental services to include reimbursement for evidenced-based fluoride and periodontal therapies for high risk adults with special health care needs, 2) explore the implementation of facility code policies that would allow certified providers to bill for each patient seen in a long-term care facility or group home on the date of service, and 3) report on or before November 15, 2011 to the Study Commission on Aging.</p>	<p>In response to this recommendation, HB 1692 and SB 1192 were introduced.</p> <p>S.L. 2010-88 (HB 1692) directs the Divisions of Medical Assistance and Public Health, Department of Health and Human Services, to study issues that would facilitate dental care and improved dental outcomes for individuals with special needs. On or before November 15, 2011, the Department must report findings and recommendations to the North Carolina Study Commission on Aging and the Public Health Study Commission.</p>

RECOMMENDATION	RESULT
<p><b><u>Recommendation 9: Additional Mobile Dental Units</u></b></p> <p>The Study Commission on Aging recommends the Department of Health and Human Services and the special care mobile dental providers explore private grants and public federal government funding options for the purchase of additional mobile dental units to serve special care populations.</p>	<p>This recommendation did not require legislation.</p>
<p><b><u>Recommendation 10: Refining Aging and Long-Term Care Statutes in NC</u></b></p> <p>The Study Commission on Aging recommends the General Assembly update and refine North Carolina's General Statutes on aging and long-term care.</p>	<p>In response to this recommendation, HB 1698 and SB 1190 were introduced.</p> <p>S.L. 2010-66 (HB 1698) amends inconsistent and antiquated statutory language and incorporates references to "long-term services and supports" and "person-centered services" as current programs and services. The amendments also incorporate the use of "Community Resource Connections for Aging and Disabilities," which is the name North Carolina has adopted for their aging and disability resource centers.</p>
<p><b><u>Recommendation 11: Adult Day Care Participant Protection</u></b></p> <p>The Study Commission on Aging recommends the General Assembly amend North Carolina's General Statutes to strengthen the authority of the Department of Health and Human Services to ensure that unfit individuals are prohibited from operating or working in adult day care programs.</p>	<p>In response to this recommendation, HB 1703 and SB 1189 were introduced.</p> <p>S.L. 2010-93 (HB 1703) requires the Division of Aging and Adult Services, Department of Health and Human Services, to study the issue of criminal history record checks for current and prospective owners, operators, and volunteers of adult day care programs and adult day health services programs. On or before November 1, 2010, the Division is required to report findings and recommendations to the North Carolina Study Commission on Aging.</p>

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

North Carolina General Assembly  
**2010 Session**



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

December 10, 2010

## **Commission on Children With Special Needs - Dentist**

S.L. 2010-12 (HB 1694) adds a member to the Commission on Children with Special Health Care Needs. This additional member will be recommended by the North Carolina Dental Society, appointed by the Governor, and must be a licensed dentist who provides services to children with special needs.

This act became effective June 23, 2010. (TM)

## **Report on DHHS Position Eliminations**

S.L. 2010-31, Sec. 10.5A (SB 897, Sec. 10.5A) allows the Secretary of the Department of Health and Human Services to achieve greater savings by adjusting the position reductions prescribed in the Joint Conference Committee Report. On or before March 1, 2011, the Secretary is required to report on position reductions to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division. The report must include the number of positions, both vacant and filled, that are eliminated for the 2010-11 fiscal year and the savings generated by the elimination.

This section became effective July 1, 2010. (TM)

## **State-County Special Assistance Consolidating Changes**

S.L. 2010-31, Sec. 10.19A (SB 897, Sec. 10.19A) changes references in the law from "State-county special assistance for adults" to "State-county special assistance." Assistance may be granted to any person who is 65 years of age and older, to any person between the ages of 18 and 65 who is permanently and totally disabled, and to any person who is legally blind according to definitions of a blind person under North Carolina laws governing aid to the blind.

This section became effective July 1, 2010. (TM)

## **Medicaid Fraud Prevention**

S.L. 2010-31, Sec. 10.26 (SB 897, Sec. 10.26) authorizes the Department of Health and Human Services (Department) to create a fraud prevention program that uses information, lawfully obtained from State and private databases, to develop a fraud risk analysis of Medicaid providers and recipients. This information must be privileged and confidential, is not a public record pursuant to G.S. 132-1, and may be used only for investigative or evidentiary purposes related to violations of State or federal law and regulatory activities. All records and information obtained pursuant to this section must be destroyed after five years, unless there has been criminal, civil, or administrative action involving the records and information obtained.

The section authorizes the Department to modify or extend existing contracts to achieve Medicaid fraud prevention savings in a timely manner, subject to review and approval by the Secretary of the Department of Administration.

This section became effective July 1, 2010. (SP)

## **Medicaid Recipient Appeals Process**

S.L. 2010-31, Sec. 10.30 (SB 897, Sec. 10.30) creates a new Part 6A in Article 22 of Chapter 108A of the General Statutes to govern the process used by a Medicaid recipient to appeal an adverse determination made by the Department of Health and Human Services (Department). For recipients who have been denied, terminated, suspended, or reduced benefits, the section directs the Department to notify the recipient at least 10 days before the adverse determination is effective and to inform the recipient of the right to appeal the adverse determination. The recipient has 30 days to appeal and, if appealed, the appeal is a contested case to be heard by an administrative law judge. Prior to the hearing before the administrative law judge, mediation must be offered to the recipient. If mediation is successful, the mediator must inform the Department and the Office of Administrative Hearings (OAH) and the administrative law judge must dismiss the case. If mediation is unsuccessful, the administrative law judge

must hear the case and make a determination. The burden of proof in the hearing is the on recipient to show entitlement to a requested benefit or propriety of a requested action, and it is on the Department if the adverse determination being appealed is imposing a penalty or is reducing, terminating, or suspending a benefit previously granted. The final agency decision must be made within 20 days of the receipt of the administrative law judge's decision.

The section directs the Department and OAH to report to the House and Senate Appropriations Subcommittees on Health and Human Services; the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services; and the Fiscal Research Division, on the number, status, and outcome of contested Medicaid cases handled by OAH pursuant to the appeals process established in Part 6A of Article 2 of Chapter 108A of the General Statutes. The report must include information on the number of contested Medicaid cases resolved through mediations and through formal hearings, the outcome of settled and withdrawn cases, and the number of incidences in which the Division of Medical Assistance (DMA) reverses the decision of an administrative law judge, along with DMA's rationale for the reversal. The report must be submitted not later than October 1, 2011.

This section became effective July 1, 2010. (SP)

## Medicaid Changes

S.L. 2010-31, Sec. 10.35 (SB 897, Sec. 10.35) amends Sec. 10.68A of S.L. 2009-451, as amended by Sec. 5A of S.L. 2009-575, by making changes primarily to the following services: In-Home Care, Personal Care Services, Mental Health Residential Services, and Private Duty Nursing.

**In-Home Care** - The later of January 1, 2011, or approval by the Centers for Medicare and Medicaid Services (CMS) for elimination and replacement of Personal Care Services (PCS) and PCS-Plus, the Department of Health and Human Services, Division of Medical Assistance (DMA) will implement the provisions below.

- Replace PCS and PCS-Plus with the two new services listed below and provide a Medical Coverage Policy for each.
  - **In-Home Care for Children (IHCC)** which will provide families with services to help meet in-home care needs of children, including individuals under the age of 21 that are receiving comprehensive and preventive child health services through the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. In accordance with existing law establishing procedures for changing medical policy (G.S. 108A-54.2), an individual may qualify for up to 60 hours per month based on an assessment conducted by DMA, or designee, and a plan of care developed by the service provider and approved by DMA, or designee. Additional hours may be authorized under certain conditions.
  - **In-Home Care for Adults (IHCA)** which will provide services to assist with the following activities of daily living (ADLs) eating, dressing, bathing, toileting, and mobility for individuals 21 years of age or older who because of a medical condition, disability, or cognitive impairment, demonstrate unmet needs for a minimum of: (i) three of the five qualifying ADLs with limited hands-on assistance; (ii) two ADLs, one of which requires extensive assistance; or (iii) two ADLs, one of which requires assistance at the full dependence level. IHCA will serve individuals at the highest level of need for in-home care and who are able to remain safely in the home. Up to 80 hours of services may be provided per month with an assessment conducted by DMA, or designee, and a plan of care developed by the service provider and approved by DMA, or designee.
- Implement the limitations and restrictions below for IHCC and ICHA.
  - Services required by EPSDT must be provided to qualified recipients in the IHCC program.
  - Provided services must supplement, rather than supplant family roles and responsibilities.
  - Authorized services must be based on a needs assessment and must take into account care and services provided by family, public and private agencies, and informal caregivers. Available resources must be disclosed to the DMA assessor.
  - Services must be related to hands-on assistance or tasks to complete each qualifying ADL in accordance with the IHCC or IHCA assessment and plan of care.



- Household chores not directly related to the qualifying ADLs, nonmedical transportation, financial management, and non-hands-on assistance (cueing, prompting, guiding, coaching, or babysitting) are not included under IHCC and IHCA.
- Essential errands necessary for the health and welfare of the recipient may be approved on a case-by-case basis by the DMA assessor when there is no family member, other individual, program or service available to meet the need.
- Admission process for IHCC and ICHA:
  - Recipient must be seen by primary or attending physician who is required to provide written authorization and referral for the service and written attestation to the medical necessity for the service.
  - DMA, or designee, performs assessments for admission, continuation of services, and change of status reviews. (The designee may not be an owner of a provider business, or provider of in-home or personal care services of any type.)
  - DMA, or designee, determines the recipient's degree of functional disability and level of unmet needs for hands-on personal assistance in the five qualifying ADLs and determines and authorizes the amount of service to be provided on a "needs basis".
- Take action to manage cost, quality, program compliance, and utilization of services provided under IHCC and IHCA including, but not limited to the following:
  - Priority independent reassessment of recipients before the anniversary date of their initial admission or reassessment of recipients likely to qualify for IHCC and IHCA programs.
  - Priority independent reassessment of recipients requesting a change of service provider.
  - Targeted reassessments of recipients prior to anniversary dates when the current provider assessment indicates they may not qualify for the program or for the amount of services currently being received.
  - Targeted reassessment of recipients receiving services from providers with a history of program noncompliance.
  - On-site reviews and recoupment of all identified overpayments or improper payments.
  - Recipient reviews, interviews, and surveys.
  - Mandated electronic transmission of referral forms, plans of care, reporting forms, and of uniform reporting forms for recipient complaints and critical incidents.
  - Use of automated systems to monitor, evaluate, and profile provider performance against established performance indicators.
  - Establish rules to implement requirements for home health agency surety bonds (42 C.F.R. Section 441.16).
- Timeline for Implementation if IHCC and IHCA.
  - Subject to the approval of the programs by CMS, the Division of Medical Assistance must make every effort to implement IHCC and IHCA by January 1, 2011.
  - The Division must ensure that individuals qualified for IHCC and IHCA do not have a lapse in service. When an independent reassessment has not been performed and the current assessment documents that the medical necessity requirements for IHCC or IHCA have been met, then an individual must be admitted on the basis of their current provider assessment.
  - In accordance with federal hearing requirements (42 C.F.R. Section 431.220(b)), prior to implementation of IHCC and IHCA, recipients in the PCS and PCS-Plus programs must be notified and discharged and these programs will terminate. However, recipients qualifying for IHCC and IHCA must be admitted and eligible to receive services immediately.

### **Personal Care Services**

- DHHS is required to conduct a study to determine the cost effectiveness, efficiencies gained, and challenges of transitioning the performance of independent assessments to Community Care of North Carolina for PCS, IHCC, or IHCA services. On or before January 1, 2011, the Department must report findings to the House of Representatives Appropriations Subcommittee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division.
- The Division of Medical Assistance (DMA) is required to study the incidence of fraud, waste, or abuse by Medicaid PCS providers and recipients and by Medicaid IHCC or IHCA providers and recipients. On or after January 1, 2011, and annually thereafter, the Division must report findings to the Senate Appropriations Committee on Health and Human Services, the House of

Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division.

### **Mental Health Services**

- The Department is required to study the effectiveness of the length of stay limitation and the number of children staying in Level II, II, and IV facilities. The Department must report findings to the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services on or before January 1, 2011 and provide update reports every six months for a three-year period on the number of children in these facilities.
- Following the sixteenth visit, the DMA must require prior authorization for outpatient mental health services for children.

### **Private Duty Nursing**

- The DMA must change Medicaid Private Duty Nursing (PDN) by restructuring the program to as follows:
  - Services provided only to qualified recipients under the age of 21.
  - Services must be authorized by the recipient's primary care or attending physician.
  - Services must be limited to 16 hours per day, unless additional services are required to correct or ameliorate defects and physical and mental illnesses and conditions defined by federal law (42 U.S.C. Section 1396d(r)(5).)
  - Services are based on an initial assessment and continuing need reassessments performed by an Independent Assessment Entity that does not provide PDN services and authorized in amounts that are medically necessary based on the recipient's medical condition, amount of family assistance, and other relevant conditions.
  - Services must be provided in accordance with a plan of care approved by DMA or designee.
  - A Home and Community Based Services Waiver for individuals dependent on technology to substitute for a vital body function must be developed and submitted to CMS.
  - Transition qualified recipients age 21 and older and currently receiving PDN to waiver services provided under the Technology Dependent Waiver upon approval by CMS and the Medicaid Clinical Coverage Policy.

This section became effective July 1, 2010. (TM)

## **Medicaid Waiver for Assisted Living**

S.L. 2010-31, Sec. 10.35A (SB 897, Sec. 10.35A) requires the Division of Medical Assistance, DHHS, to develop and implement either a Home and Community Based Services assisted living program or an Assisted Living Services program under the State Medicaid Plan in an effort to continue Medicaid funding of PCS to individuals living in adult care homes. The division must determine which program to implement based on analysis of which alternative best addresses resident needs and federal requirements. The Division is required to apply for program approval to the Centers for Medicare and Medicaid Services by August 10, 2010. By January 1, 2011, the Division must report on the program to the Joint Legislative Commission on Governmental Operations, the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division.

This section became effective July 1, 2010. (TM)

## **Project C.A.R.E. (Caregiver Alternatives to Running On Empty)**

S.L. 2010-31, Sec. 10.35B (SB 897, Sec. 10.35B) directs the Division of Aging and Adult Services, Department of Health and Human Services, to annually develop and implement a plan for Project C.A.R.E. (Caregiver Alternatives to Running on Empty). Beginning October 1, 2010, and annually thereafter, the Division must report to the Governor's Advisory Council on Aging, the North Carolina Study Commission on Aging, and the Fiscal Research Division.

This act became effective July 1, 2010. (TM)

## Update Long-Term Care Statutes

S.L. 2010-66 (HB 1698) amends inconsistent and antiquated statutory language and incorporates references to "long-term services and supports" and "person-centered services" as current programs and services. The amendments also incorporate the use of "Community Resource Connections for Aging and Disabilities," which is the name North Carolina has adopted for their aging and disability resource centers.

This act became effective July 8, 2010. (TM)

## Implement Long-Term Care Partnership Program

S.L. 2010-68 (SB 1193) establishes the North Carolina Long-Term Care Partnership Program (Program) to be administered by the Division of Medical Assistance, Department of Health and Human Services, with assistance from the Department of Insurance. The Program allows an individual who applies for long-term care Medicaid and who has a qualified long-term care partnership policy ("qualified policy") to protect a portion of the individual's assets from consideration for the purposes of:

- determining eligibility for enrollment into long-term care Medicaid (resource disregard), and
- estate recovery actions for payment of care provided to the enrollee, once they are deceased (resource protection).

The amount protected under both resource disregard and resource protection will be equal to the dollar amount of benefits actually paid to or on behalf of the individual under the qualified policy from the date the qualified policy was issued to the date the individual applied for long-term care Medicaid.

In order to be considered a qualified long-term care partnership policy, the following must apply:

- The policy meets multiple federal requirements.
- The policy is issued on or after the effective date of the Act.
- The policy covers an insured individual that is a resident of North Carolina, or a state with a reciprocal partnership program.
- The policy includes specified inflation protection coverage.
- The policy includes specified disclosure notices to the policy holder or insured regarding the application of resource disregard and resource protection.

Additionally, the act:

- Authorizes the Department of Health and Human Services to adopt rules and amendments to the Medicaid State Plan to allow for resource disregard at long-term care Medicaid eligibility determination and resource protection at estate recovery.
- Authorizes the Department of Health and Human Services to enter into reciprocal agreements with other states that enter into a national reciprocity agreement to extend the resource disregard and resource protection to residents of the State who purchased, or purchased and used, a qualified long-term care policy in another state.
- Authorizes the Department of Insurance to adopt rules conforming State long-term care policies and certificates to the requirements of federal law and regulations and to adopt rules to provide for implementation and administration of the Partnership Program.
- Requires insurers to provide policy holders with certain disclosure notices relating to loss of qualified policy status.
- Provides that within 180 days of the date when an insurance company starts to offer qualified policies, the insurer must offer to holders of existing long-term care insurance policies issued on or after February 8, 2006, a onetime offer to exchange the existing policy for a qualified policy. A qualified policy issued as a result of this exchange is to be treated as newly issued and is eligible for qualified policy status.
- Allows the Commissioner to share "identifying information" related to the long-term care partnership program with other state and federal agencies, the National Association of Insurance Commissioners, and any entity contracting with the federal government under the partnership program.

This act becomes effective the later of January 1, 2011, or 60 days after the approval of the Medicaid State Plan amendment. (TM)

## **Continuing Care Retirement Community/Home Care**

S.L. 2010-128, Sec. 1-4 (SB 354, Sec. 1-4) amends the law on Continuing Care Retirement Communities (CCRC) to allow the provision or arrangement of home care services to an individual who has entered into a continuing care contract with a provider but is not yet receiving lodging with the provider. A contract to provide continuing care without lodging must specify the procedures for determining when the individual will transition to receiving both lodging and health-related services.

A CCRC that wishes to provide or arrange for the provision of continuing care services without lodging must submit the following to the Department of Insurance:

- An application to offer continuing care services without lodging.
- An amended disclosure statement with the type and a description of the services that will be provided without lodging, the target market, and the fees to be charged.
- A copy of the written service agreement containing those provisions as prescribed in current law.
- A summary of an actuarial report that presents the impact of providing continuing care services without lodging on the overall operation of the CCRC.
- A financial feasibility study prepared by a certified public accountant showing the financial impact of providing continuing care services without lodging on the applicant and the continuing care retirement facility or facilities. The study must include a statement of activities reporting the revenue and expense details for providing continuing care services without lodging, as well as, any impact the provision of these services will have on operating reserves.
- Evidence of a license to provide home care services, or a contract with a licensed home care agency for the provision of home care services, to those individuals under the continuing care services without lodging program.

Additionally, the act increases from \$500 to \$1000, the application fee for a continuing care license. This act became effective July 21, 2010, the fee increase also became effective July 21, 2010 and applies to applications filed on or after that date.

See **Studies** in this Chapter for a summary of Section 5 of this act. (TM)

## **Prohibit Medicaid Fraud – Kickbacks**

S.L. 2010-185 (SB 675) makes it a Class I felony to knowingly and willfully solicit or receive remuneration including kickbacks, bribes, or rebates in return for or to induce a person to:

- Refer an individual to a person for the furnishing, or arranging of the furnishing, of an item or service paid for in whole or in part with Medicaid funds.
- Purchase, lease, order, arrange for, or recommend the purchase, lease, or order of any good, facility, service, or item paid for in whole or in part with Medicaid funds.

The act exempts contracts between the State and public or private agencies that have the responsibility to refer persons to Medicaid providers and exempts certain conduct and activity deemed acceptable by the federal Government.

This act becomes effective December 1, 2010. (SP)

## **Studies**

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

#### **Study Medicaid Provider Rates**

S.L. 2010-31, Sec. 10.25 (SB 897, Sec. 10.25) directs the Department of Health and Human Services (Department) to study or contract out for a study of reimbursement rates for Medicaid providers and program benefits. The study must include:

- A comparison of Medicaid reimbursement rates in North Carolina with reimbursement rates in surrounding states and with rates in two additional states.

- A comparison of Medicaid program benefits in North Carolina with program benefits provided in surrounding states and with rates in two additional states. Selected provider rates must be studied for the initial report.

The section directs the Department to report its initial findings to the Governor, the Senate Appropriations Committee on Health and Human Services, the House of Representatives Appropriations Subcommittee on Health and Human Services, and the Fiscal Research Division by April 1, 2011.

This section became effective July 1, 2010. (SP)

## **Nurse Aide Training Review**

S.L. 2010-69 (SB 1191) directs the Division of Health Service Regulation, Department of Health and Human Services (DHHS), to coordinate an evaluation of the education and training requirements for nurse aides. While conducting the evaluation, the Division must include an equal number of representatives from the following entities:

- Division of Health Service Regulation, DHHS.
- Division of Aging and Adult Services, DHHS.
- North Carolina Board of Nursing.
- North Carolina Community College System.
- Direct Care Workers Association of North Carolina.
- North Carolina Medical Society.
- North Carolina Health Care Facilities Association.
- North Carolina Hospital Association.
- Association for Home and Hospice Care of North Carolina.
- North Carolina Assisted Living Association.
- North Carolina Association of Long Term Care Facilities.
- North Carolina Association of Non-Profit Homes for the Aging.
- Individuals representing residents in long-term care.

On or before November 1, 2010, the Division must report findings and recommendations regarding the appropriate levels of nurse aide education and training to the North Carolina Study Commission on Aging.

This act became effective July 8, 2010. (TM)

## **Medicaid Dental/Special Needs Population**

S.L. 2010-88 (HB 1692) directs the Divisions of Medical Assistance and Public Health, Department of Health and Human Services, to study issues that would facilitate dental care and improved dental outcomes for individuals with special needs. The study must examine, but is not limited to:

- The feasibility and anticipated impact of expanding Medicaid dental services to include reimbursement for evidence-based topical fluoride treatment and other chemotherapeutic agents used to prevent periodontal disease in high-risk adults with special health care needs.
- The feasibility and anticipated impact of implementing facility code policies to allow certified providers to bill for each patient seen in a long-term care facility or group home on the date of the service.

On or before November 15, 2011, the Department must report findings and recommendations to the North Carolina Study Commission on Aging and the Public Health Study Commission.

This act became effective July 11, 2010. (TM)

## **Adult Day Care Criminal Record Check Process**

S.L. 2010-93 (HB 1703) requires the Division of Aging and Adult Services, Department of Health and Human Services, to study the issue of criminal history record checks for current and prospective owners, operators, and volunteers of adult day care programs and adult day health services programs. The study should include the following:

- Identifying the positions that warrant a criminal history record check.
- Developing a process for conducting the criminal history record check.

- Designating the entity responsible for requesting the criminal history record check.
- Designating the entity responsible for paying for the criminal history record check.
- Determining whether a State or a national criminal history record check, or both, is performed.
- Defining the relevant offenses that indicate an individual's fitness to have responsibility for the safety and well-being of program participants.
- Any other issues deemed appropriate.

On or before November 1, 2010, the Division is required to report findings and recommendations to the North Carolina Study Commission on Aging.

This act became effective July 11, 2010. (TM)

## **Continuing Care Retirement Community/Home Care**

S.L. 2010-128, Sec. 5 (SB 354, Sec. 5) requires the Department of Insurance and the Department of Health and Human Services to identify statutory, regulatory, or practical barriers that prevent or discourage individuals that contract with continuing care retirement communities from receiving home care services. An interim report must be provided on or before November 1, 2010, and a final report on or before September 1, 2010, to the North Carolina Study Commission on Aging and the Joint Legislative Health Care Oversight Committee.

This section became effective July 21, 2010.

See **Enacted Legislation** in this Chapter for a summary of Sections 1-4 of this act. (TM)

## **Joint Legislative Health Care Oversight Committee Studies**

S.L. 2009-152, Part III (SB 900, Part III) authorizes the Joint Legislative Health Care Oversight Committee to study the following issues and report its findings with any recommended legislation to the 2011 Regular Session of the General Assembly upon its convening:

- The feasibility of establishing a State Diabetes Coordinator.
- A collaborative project for reducing medical malpractice costs and claims.
- The impact of revised eligibility requirements for Personal Care Services on seniors and disabled citizens.

This part became effective July 10, 2010. (SB)

## **New/Independent Studies/Commissions**

### **Develop Special Needs Dental Care Workforce**

S.L. 2010-92 (HB 1693) directs the North Carolina Area Health Education Centers (AHEC) Program to coordinate efforts to increase the number of dental care providers for individuals with special needs. Efforts must include, but are not limited to:

- Identifying opportunities to increase the dental care workforce available to treat individuals with special needs by working with the State's dental schools, the Community College System, and current dental providers serving individuals with special needs. These opportunities must include, but are not limited to, options that could be undertaken without additional funding.
- Working with the North Carolina State Board of Dental Examiners to explore the feasibility of allowing dental students, dental hygiene students, and assisting students to receive training in long-term care facilities under the direction of nonprofit special care dental organizations.

On or before August 1, 2011, the AHEC Program must report findings and recommendations to the North Carolina Study Commission on Aging and the Public Health Study Commission.

This act became effective July 11, 2010. (TM)

## **Consumer Guidelines for Hearing Aid Purchases**

S.L. 2010-121 (HB 1705) requires the Hearing Aid Dealers and Fitters Board to coordinate a task force to develop guidelines for consumers seeking information and assistance in the treatment of hearing loss and the purchase of a hearing aid. The task force will include the following:

- A licensed practicing fitter and seller of hearing aids, recommended by NC Hearing Aid Dealers and Fitters Board.
- A consumer of hearing aids, recommended by the Division of Services for the Deaf and Hard of Hearing.
- A practicing audiologist, recommended by the NC Board of Examiners for Speech and Language Pathologists and Audiologists.
- A physician who treats patients with hearing loss, recommended by the NC Medical Board.
- A representative of the Division of Services for the Deaf and Hard of Hearing, Department of Health and Human Services.
- A representative of the Consumer Protection Division, recommended by the Office of Attorney General.
- Other interested stakeholders.

On or before November 15, 2010, the Board is required to report findings and recommendations, including methods to disseminate hearing aid purchasing guidelines, to the North Carolina Study Commission on Aging.

This act became effective July 20, 2010. (TM)

## **Legislative Research Commission**

### **Require Long-Term Care Facilities to Carry Liability Insurance**

S.L. 2010-152, Sec. 2.14 (SB 900, Sec. 2.14) permits the Legislative Research Commission to study whether long-term care facilities should be required to carry liability insurance. The study should consider the following:

- Whether State law adequately protects the ability to receive just compensation if actions are taken to shield personal or business assets.
- Whether a long-term care facility should carry liability insurance as a condition of licensure.
- Whether other states require long-term care facilities to carry liability insurance as a requirement for licensure.

This act became effective July 22, 2010. (TM)

# APPENDIX B

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GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

U

D

BILL DRAFT 2011-SHz-3 [v.2] (01/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
1/20/2011 11:53:48 AM

Short Title: Extend Reporting on Baby Boomer Preparations. (Public)

Sponsors: .

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO AMEND THE ACT THAT DIRECTED THE UNIVERSITY OF NORTH  
3 CAROLINA INSTITUTE ON AGING, AND THE DIVISION OF AGING AND  
4 ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES,  
5 TO PROVIDE LEADERSHIP 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.** Sections 1 and 2 of S.L. 2009-407 read as rewritten:

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

- 15 (1) Organizing and facilitating meetings of gerontologists, researchers,  
16 county representatives, directors of area agencies on aging, and  
17 providers of State services, to collectively identify and prioritize issues  
18 for the State to address. Tasks may include, but are not limited to, the  
19 items listed below.  
20 a. Consolidating information gathered during 2010 Aging Policy  
21 Roundtables, Key Informant Surveys, and the Governor's  
22 Conference on Aging into specific issues.  
23 b. Identifying broad activities undertaken and future action needed  
24 for the most critical issues.  
25 c. Prioritizing these issues on an annual basis, with input from the  
26 Governor's Advisory Council on Aging, so that the Department  
27 of Health and Human Services and the General Assembly will  
28 have direction on those issues that are most critical for the State  
29 to address.

1 (2) Working with the North Carolina Association of County  
2 Commissioners, the University of North Carolina School of  
3 Government, higher education departments of municipal and regional  
4 planning and their partners, and area agencies on aging to establish a  
5 Web site containing:

6 a. Information on fostering retiree and volunteer ~~involvement, and~~  
7 involvement because utilizing volunteers will help local  
8 governments and the State respond to needs that are unmet as a  
9 result of fiscal limitations.

10 b. Models of local planning efforts, in order to assist  
11 municipalities in addressing accessibility and service delivery  
12 for increasing numbers of older adults.

13 **SECTION 2.** The University of North Carolina Institute on Aging, and the Division  
14 of Aging and Adult Services, Department of Health and Human Services, shall make  
15 progress reports on the activities required by this act to the Governor and to the North  
16 Carolina Study Commission on Aging on or before March 1, 2010, ~~and~~ on or before  
17 November 1, ~~2010-2010~~, and to provide annual updates on the activities required by this  
18 act on or before October 1 from 2011 through 2015."

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

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011**

U

D

**BILL DRAFT 2011-SHz-4 [v.1] (01/13)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)**

**1/18/2011 2:50:54 PM**

Short Title: Direct Care Worker Wage and Benefit Study.

(Public)

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Sponsors: .

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Referred to:

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1 A BILL TO BE ENTITLED  
2 AN ACT TO DIRECT A STUDY OF DIRECT CARE WORKER WAGES AND  
3 BENEFITS TO EXAMINE WAYS TO REDUCE TURNOVER AND ADDRESS  
4 THE ANTICIPATED DIRECT CARE WORKER SHORTAGE RESULTING  
5 FROM INCREASED DEMAND FROM AGING BABY BOOMERS, AS  
6 RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON  
7 AGING.

8 The General Assembly of North Carolina enacts:

9 **SECTION 1(a).** The Division of Health Service Regulation, Department of  
10 Health and Human Services, shall coordinate a study of direct care worker wages and  
11 benefits and the impact these have on the supply of prospective employees and  
12 employee turnover. The study shall include representatives from the Division of Health  
13 Service Regulation, Division of Aging and Adult Services, and the Division of Medical  
14 Assistance, Department of Health and Human Services; the Labor Market Information  
15 Division, Employment Security Commission; the North Carolina Board of Nursing; the  
16 Direct Care Workers Association of North Carolina; the North Carolina Medical  
17 Society; the North Carolina Health Care Facilities Association; the North Carolina  
18 Hospital Association; the Association for Home and Hospice Care of North Carolina;  
19 the North Carolina Assisted Living Association; the North Carolina Association of  
20 Long Term Care Facilities; the North Carolina Association of Non-Profit Homes for the  
21 Aging.

22 **SECTION 1(b).** Consistent with recommendation three contained in the  
23 report on S.L. 2010-69, the study shall focus on wages and benefits paid to direct care  
24 workers and ways to increase the supply of direct care workers and to reduce turnover  
25 rates. The study shall examine, but is not limited to, the elements listed below.

26 (1) Rates of pay and benefits currently offered by those entities that  
27 employ direct care workers.

- 1 (2) Direct care worker turnover rates found in those entities that  
2 employ direct care workers.  
3 (3) Research indicating what factors increase retention of direct  
4 care workers.  
5 (4) Research indicating whether there is an optimal combination of  
6 salary and benefits that reduces direct care worker turnover and  
7 examples of where those levels have been effective at lowering  
8 turnover.  
9  
10 (5) Research indicating whether merit pay results in improved job  
11 performance and reduces turnover of direct care workers.  
12 (6) Possible changes to Medicaid and State/County Special  
13 Assistance that could reward direct care workers of providers  
14 who achieve NC NOVA special licensure status.  
15 (7) Whether individuals receiving unemployment could be trained  
16 as direct care workers.  
17 (8) Ways the State could encourage an increase in the supply of  
18 direct care workers.

19 **SECTION 1(c).** The Division of Health Service Regulation shall report the  
20 results of this study to the North Carolina Study Commission on Aging on or before  
21 October 1, 2012.

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

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011**

**U**

**D**

**BILL DRAFT 2011-SHz-2 [v.3] (01/13)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)**

**1/25/2011 4:48:51 PM**

Short Title: Task Force on Fraud Against Older Adults.

(Public)

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Sponsors: .

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Referred to:

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A BILL TO BE ENTITLED

1 AN ACT TO DIRECT THE CONSUMER PROTECTION DIVISION,  
2 DEPARTMENT OF JUSTICE, TO COORDINATE A TASK FORCE ON FRAUD  
3 AGAINST OLDER ADULTS, AS RECOMMENDED BY THE NORTH  
4 CAROLINA STUDY COMMISSION ON AGING.  
5

6 Whereas, the Federal Trade Commission reports that North Carolina ranks 24<sup>th</sup>  
7 among the 50 states in the number of fraud complaints per capita and 21<sup>st</sup> in the number  
8 of identity theft complaints per capita; and

9 Whereas, the Federal Trade Commission reports that for 2008, consumers over  
10 age 50 account for 26% of identity theft complaints and 30% of fraud complaints; and

11 Whereas, the March 2010, North Carolina Center for Public Policy Research  
12 publication on issues involving older adults contained a segment that highlighted issues  
13 involving fraud against older adults in North Carolina; Now, therefore,  
14 The General Assembly of North Carolina enacts:

15 **SECTION 1.(a)** The Consumer Protection Division, Department of Justice,  
16 shall coordinate a Task Force on Fraud Against Older Adults. The Task Force shall  
17 include representatives from the Consumer Protection Division, Department of Justice;  
18 Division of Aging and Adult Services, Department of Health and Human Services;  
19 North Carolina Senior Consumer Fraud Task Force; North Carolina Association of  
20 County Directors of Social Services; the Banking Commission; and other associations  
21 as approved by the Consumer Protection Division.

22 **SECTION 1.(b)** The Task Force shall include, but should not be limited to,  
23 examination of the following issues:

- 24 (1) Identifying, clarifying, and strengthening laws to provide older  
25 adults a broader system of protection against abuse and fraud.  
26 (2) Establishing a statewide system to enable reporting on incidents  
27 of fraud and mistreatment of older adults.

- 1 (3) Identifying opportunities for partnership among the Banking  
2 Commission, the financial management industry, and law  
3 enforcement agencies to prevent fraud against older adults.  
4 (4) Granting the Attorney General authority to initiate prosecutions  
5 for fraud against older adults.

6 **SECTION 1.(c)** The Task Force shall make an interim report to the North  
7 Carolina Study Commission on Aging on or before November 1, 2011 and a final report  
8 including findings, recommendations, and draft legislation on or before October 1,  
9 2012.

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

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011**

**U**

**D**

**BILL DRAFT 2011-SHz-8 [v.3] (01/13)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
1/21/2011 10:18:55 AM**

Short Title: DHHS Study of IOM Task Force Recom 3.1.

(Public)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED  
AN ACT TO REQUIRE THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY RECOMMENDATION 3.1 FROM THE NORTH CAROLINA INSTITUTE OF MEDICINE TASK FORCE ON THE CO-LOCATION OF DIFFERENT POPULATIONS IN ADULT CARE HOMES TO ASSESS THE FEASIBILITY AND IMPLEMENTATION TIMELINE OF A PILOT PROGRAM AIMED AT TRANSITIONING ADULT CARE HOME RESIDENTS TO INDEPENDENT COMMUNITY-BASED HOUSING, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

**SECTION 1(a).** The Department of Health and Human Services shall study Recommendation 3.1 from the North Carolina Institute of Medicine Task Force on the Co-Location of Different Populations in Adult Care Homes. The recommendation suggests that the Department develop a pilot program to evaluate the costs, quality, consumer satisfaction, and patient outcomes of a program that supports individuals who are in an adult or family care home and who want to move back into independent supported housing. The Department shall, but is not limited to, evaluate and report on the elements below that are contained in the recommendation.

- (1) The feasibility, fiscal implication, and appropriate timing of the submission of a Medicaid 1915(i) state plan amendment or 1915(c) Home and Community Based Services waiver to support individuals living in adult or family care homes for 90 or more days who would like to move back to more independent living arrangements.
- (2) The feasibility and cost of developing and implementing a process to evaluate residents of adult care homes to determine whether they can live independently in the community with services, supports, counseling, and transition services.

- 1 (3) The policy implications, impact on current programs, and cost of  
2 developing and implementing an additional Special Assistance  
3 program option that would be similar to the existing Special  
4 Assistance in-home program but exempt from the limits established in  
5 S.L. 2007-323. The Department should explore whether this program  
6 could be targeted to address concerns the Task Force raised on  
7 co-location.
- 8 (4) A timeline for implementing the pilot with all of the above elements in  
9 place, or a timeline for phased implementation of the pilot. This  
10 timeline shall include evaluation of the pilot as described in the Task  
11 Force recommendation.
- 12 (5) The fiscal requirements necessary to provide technical assistance to  
13 adult care homes interested in creating financially viable models to  
14 support people living more independently as recommended by the  
15 Task Force.
- 16 (6) The existence of statutory and regulatory barriers to independent living  
17 for people with disabilities.
- 18 (7) The goal and intended outcome of this pilot program.

19 **SECTION 1(b).** On or before October 1, 2012, the Department shall  
20 report on the elements outlined in this section to the North Carolina Study Commission  
21 on Aging and the Joint Legislative Oversight Committee on Mental Health,  
22 Developmental Disabilities and Substance Abuse Services.

23 **SECTION 2.** This act is effective when it becomes law.  
24





**GENERAL ASSEMBLY OF NORTH CAROLINA  
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U

D

**BILL DRAFT 2011-SHz-1 [v.4] (01/13)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
1/26/2011 10:02:23 AM**

Short Title: ACH & 122C Screening & Assessment 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 SUPPORT PRE-ADMISSION  
3 SCREENING, ASSESSMENT, AND CARE PLAN DEVELOPMENT IN ADULT  
4 CARE HOMES AND FACILITIES LICENSED UNDER CHAPTER 122C OF  
5 THE GENERAL STATUTES, BASED ON RECOMMENDATION 4.1 FROM  
6 THE NORTH CAROLINA INSTITUTE OF MEDICINE TASK FORCE ON THE  
7 CO-LOCATION OF DIFFERENT POPULATIONS IN ADULT CARE HOMES,  
8 AND AS RECOMMENDED BY THE NORTH CAROLINA STUDY  
9 COMMISSION ON AGING.

10 The General Assembly of North Carolina enacts:

11 **SECTION 1 (a).** There is appropriated from the General Fund to the  
12 Department of Health and Human Services, the sum of nine hundred thousand dollars  
13 (\$900,000) in recurring funds for the 2011-2012 fiscal year and the 2012-2013 fiscal  
14 year, two hundred twenty-eight thousand dollars (\$228,000) in non-recurring funds for  
15 the 2011-2012 fiscal year, and two hundred five thousand dollars (\$205,000) in  
16 non-recurring funds for the 2012-2013 fiscal year, to support implementation and use of  
17 standardized preadmission screening, resident assessment, and care plan development  
18 for adult care homes and facilities licensed under Chapter 122C of the General Statutes.

19 **SECTION 1 (b).** The Department shall require the use of a preadmission  
20 screening tool which must provide information on the individual's diagnosis, assistance  
21 with activities of daily living, degree of supervision, and any conditions that could pose  
22 a threat to the health or safety of others. Individuals identified during the preadmission  
23 screening with a mental health problem, substance use disorder, cognitive impairment,  
24 or intellectual disability must receive a more thorough assessment by a trained mental  
25 health, substance abuse, or developmental disability professional. The Department  
26 should develop time standards to ensure that admissions are not unreasonably delayed  
27 due to the screening process. This preadmission screening and assessment information

1 shall be used by the facility and Local Management Entity (LME) to develop a  
2 person-centered care plan for each individual.

3       Within one year of the implementation of preadmission screening, the Department  
4 shall begin requiring screening, assessment, and care plan development for residents  
5 that were not screened and assessed prior to admission.

6               **SECTION 2 .** This act becomes effective July 1, 2011.

7

**GENERAL ASSEMBLY OF NORTH CAROLINA**  
**SESSION 2011**

**U**

**D**

**BILL DRAFT 2011-SHz-6B [v.5] (01/13)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)**  
**1/26/2011 10:01:11 AM**

Short Title: GAST Training Pilot.

(Public)

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Sponsors: .

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Referred to:

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1 A BILL TO BE ENTITLED  
2 AN ACT TO REQUIRE THE DIVISION OF MENTAL HEALTH,  
3 DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE SERVICES,  
4 DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO ESTABLISH A  
5 PILOT TRAINING PROGRAM USING GERIATRIC/ADULT MENTAL  
6 HEALTH SPECIALTY TEAMS TO CONDUCT TRAINING IN ADULT CARE  
7 HOMES ON PREVENTING THE ESCALATION OF BEHAVIORS LEADING  
8 TO CRISIS, BASED ON RECOMMENDATION 5.1 FROM THE NORTH  
9 CAROLINA INSTITUTE OF MEDICINE TASK FORCE ON THE  
10 CO-LOCATION OF DIFFERENT POPULATIONS IN ADULT CARE HOMES,  
11 AND AS RECOMMENDED BY THE NORTH CAROLINA STUDY  
12 COMMISSION ON AGING.

13 The General Assembly of North Carolina enacts:

14 **SECTION 1(a).** The Division of Mental Health, Developmental Disabilities  
15 and Substance Abuse Services, Department of Health and Human Services, shall  
16 establish a pilot training program using the Geriatric/Adult Mental Health Specialty  
17 Teams (GAST) to provide training on preventing the escalation of behaviors leading to  
18 crisis. The training shall be piloted in a local management entity (LME) catchment area  
19 located within each of the three regions of the State. The pilot training program shall  
20 include all adult care homes located within the coverage area of the selected local  
21 management entities. Each adult care home shall be provided with at least three  
22 training opportunities per year. These three training opportunities shall be one and  
23 one-half (1.5) hours each and shall cover preventing the escalation of behaviors leading  
24 to crisis.

25 Employees of adult care homes covered by the pilot training program must  
26 attend at least one training session per year. Adult care home employees specifically  
27 required to attend training include: direct care workers, supervisors, and administrators,  
28 on all shifts. A list of employees, the type of training, and the date they attended training  
29 shall be maintained by the adult care home and the list shall be available for inspection.

1           **SECTION 1(b).** The Division of Mental Health, Developmental Disabilities  
2 and Substance Abuse Services, Department of Health and Human Services, shall  
3 evaluate the effectiveness of the pilot training program. The Division shall also  
4 determine whether the existing Geriatric/Adult Mental Health Specialty Teams have the  
5 resources to expand this training Statewide, the possibility of incorporating this training  
6 into the current training delivered by the teams, and any associated costs. On or before  
7 September 1, 2012, the Division shall report to the North Carolina Study Commission  
8 on Aging, and to the Joint Legislative Oversight Committee on Mental Health,  
9 Developmental Disabilities and Substance Abuse Services on the effectiveness of the  
10 pilot and recommendations for expansion to all adult care homes licensed by the State.

11           **SECTION 2.** Part 2, Article 1, of Chapter 131D of the General Statutes is  
12 amended by adding a new section to read:

13 **"§ 131D-4.9. Adult care home staff training.**

14 **Adult care homes licensed pursuant to this Chapter shall permit**  
15 **Geriatric/Adult Mental Health Specialty Teams to conduct staff training.**

16           **SECTION 3.** This act is effective when it becomes law.  
17

**GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011**

U

D

**BILL DRAFT 2011-SHz-9 [v.4] (01/13)**

**(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
1/21/2011 3:12:10 PM**

Short Title: ACH Pilot on Crisis Intervention Training.

(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 MENTAL HEALTH, DEVELOPMENTAL  
3 DISABILITIES AND SUBSTANCE ABUSE SERVICES, DEPARTMENT OF  
4 HEALTH AND HUMAN SERVICES, TO COORDINATE A PILOT PROGRAM  
5 TO EVALUATE THE EFFECTIVENESS OF CRISIS INTERVENTION  
6 TRAINING IN A LIMITED NUMBER OF ADULT CARE HOMES, BASED ON  
7 RECOMMENDATION 5.2 FROM THE NORTH CAROLINA INSTITUTE OF  
8 MEDICINE TASK FORCE ON THE CO-LOCATION OF DIFFERENT  
9 POPULATIONS IN ADULT CARE HOMES, AND AS RECOMMENDED BY  
10 THE NORTH CAROLINA STUDY COMMISSION ON AGING.

11 The General Assembly of North Carolina enacts:

12 **SECTION 1(a).** The Division of Mental Health, Developmental Disabilities  
13 and Substance Abuse Services, Department of Health and Human Services, shall  
14 coordinate a pilot program in ten adult care homes to evaluate the effectiveness of crisis  
15 intervention training. The pilot program shall be conducted in adult care homes  
16 identified as having a significant percentage of residents with a primary diagnosis of  
17 mental health problems and where crisis management has been a concern in the past.  
18 The Division shall consider modification of the current North Carolina Interventions  
19 (NCI) Prevention training to a one day training program appropriate for adult care home  
20 staff. The training shall be delivered to all direct care workers including personal care  
21 aides, medication aides, and supervisors employed by the participants in the pilot  
22 program. The training shall include a competency evaluation component.

23 **SECTION 1.(b)** The Division of Mental Health, Developmental Disabilities  
24 and Substance Abuse Services, Department of Health and Human Services, shall  
25 evaluate the effectiveness of the crisis intervention training required by this section and  
26 report on or before March 1, 2012, to the North Carolina Study Commission on Aging  
27 and the Joint Legislative Oversight Committee on Mental Health, Developmental

1 Disabilities and Substance Abuse Services. The report shall include: the number of  
2 adult care homes participating in the pilot, the criteria used to select the pilot  
3 participants, the number of staff that received training, the number of staff successfully  
4 completing the competency evaluation, the source that provided the training, the  
5 evaluation of training effectiveness, and a recommendation on whether the training  
6 should be expanded and how best to expand it to additional adult care homes.

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

8

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2011

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D

BILL DRAFT 2011-SHz-7 [v.1] (01/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)  
1/19/2011 3:12:03 PM

Short Title: Extend Hearing Loss Task Force.

(Public)

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Sponsors: .

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Referred to:

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1 A BILL TO BE ENTITLED  
2 AN ACT TO EXTEND THE TASK FORCE DEVELOPING GUIDELINES FOR  
3 CONSUMERS TO USE WHEN PURCHASING A HEARING AID, AS  
4 RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON  
5 AGING.

6 The General Assembly of North Carolina enacts:

7 **SECTION 1.** Section 1 of S.L. 2010-121 reads as rewritten:

8 "**SECTION 1.(a)** The Hearing Aid Dealers and Fitters Board shall  
9 coordinate a task force to develop recommended guidelines for consumers seeking  
10 information and assistance in the treatment of hearing loss and the purchase of a hearing  
11 aid. The task force shall include a licensed practicing fitter and seller of hearing aids, as  
12 recommended by the NC Hearing Aid Dealers and Fitters Board; a consumer of hearing  
13 aids, as recommended by the Division of Services for the Deaf and Hard of Hearing,  
14 Department of Health and Human Services; a practicing audiologist, as recommended  
15 by the NC Board of Examiners for Speech and Language Pathologists and Audiologists;  
16 a physician who treats patients with hearing loss, as recommended by the NC Medical  
17 Board; a representative of the Division of Services for the Deaf and Hard of Hearing,  
18 Department of Health and Human Services; a representative of the Consumer Protection  
19 Division, Office of the Attorney General; and may include other interested stakeholders.

20 **SECTION 1.(b)** The Hearing Aid Dealers and Fitters Board shall report the  
21 findings and recommendations of the task force, along with recommendations on  
22 methods to disseminate hearing aid purchasing guidelines, to the North Carolina Study  
23 Commission on Aging and the Joint Legislative Health Care Oversight Committee on or  
24 before November 15, ~~2010~~, 2010, and on or before November 15, 2011."

25 **SECTION 2.** This act is effective when it becomes law.  
26