2011

AGING STUDY COMMISSION

MINUTES

NORTH CAROLINA STUDY COMMISSION ON AGING

Tuesday, January 25, 2011
2:00 pm
Legislative Office Building, Room 544

The North Carolina Study Commission on Aging met on Tuesday, January 25, 2011, at 2:00 pm in Room 544 of the Legislative Office Building, Raleigh, North Carolina. Members present were: Senators Bingham and Dorsett; Representatives Pierce and Weiss; Mr. John Eller; Mr. Anthony Peace; Ms. Joan Pellettier; Ms. Jean Reaves; and Ms. Maria Spaulding. Staff also in attendance was Susan Barham, Joyce Jones, Sara Kamprath, Theresa Matula, Mr. Shawn Parker; and commission assistant Delta Prince.

Representative Jean Farmer-Butterfield, co-chair, called the meeting to order and recognized the Sgt. At Arms, staff members, and committee assistant.

Dr. Angela Bright Pearson, North Carolina State Hearing Aid Dealers and Fitters Board, made a presentation on "Guidelines for Consumers Purchasing Hearing Aids (S.L. 2010-121, HB 1705), which required the Board to coordinate a Task Force that will develop guideless for consumers to use when purchasing a hearing aid, as recommended by the North Carolina Study Commission on Aging.

In cooperation with the Board, Dr. Pearson noted that the Task Force has developed a brochure to be placed on their website and printed by individuals as needed. The Task Force is asking the General Assembly for nonrecurring funds of $10,000 for the initial printing of the brochures. This will result in the printing of approximately 20,000 colored brochures (based on a unit cost of $0.50) to provide to senior centers, retirement communities, various state and private agencies dealing with individual who experience hearing loss, and licensed hearing care professionals in the state. Dr. Pearson stated that this provision of the initial costs would provide the Task Force time to determine and develop the best practices in making future printing self-supportive. The Task Force also recommends that it continues its work for one year in order to further address the numerous needs of people with hearing loss in North Carolina. The Task Force would like to work with various state organizations to protect the citizens and address the issue of the purchasing hearing aids through the internet from those not licensed to do business in North Carolina and from whom face-to-face services cannot be provided to a resident of North Carolina. Dr. Pearson also noted that the Task Force would like to investigate and be able to make recommendations to the General Assembly concerning means of financial assistance for the purchase of hearing aids for all people with hearing loss in North Carolina.

Senator Dorsett had concerns about the correlation between the cost and quality of hearing aids and the distribution of the brochures presented by the Task Force. According to Dr. Pearson, cost factors involve individual evaluation of hearing loss and the lifestyle of the person wearing a hearing aid. Hearing aid fittings generally require ongoing services and appointments, which factor into the cost as well. Senator Dorsett also wanted to know if Medicaid or Medicare assisted in the cost of hearing aids, to which Dr. Pearson replied they do not.

Representative Weiss thanked Dr. Pearson for the work that the Task Force had already done, but noted that the checklist provided in the brochure should include a statement concerning the discussion of cost of hearing aids and that information be provided in writing to consumers so that they could compare prices. She also noted that the brochure implies that hearing aids are the only devices available for hearing loss. Representative Weiss stressed that fact that this information should be

geared towards consumer protection rather than used as a marketing tool. Representative Weiss also asked if the Commission could have more time to review the request of the Task Force before asking the General Assembly for $10,000 in funding. Neither the Commission nor the Task Force wanted the brochure to be misleading or confusing to the consumer. A copy of the Report of House Bill 1705 (S.L.2010-121) Task Force and the brochure developed by the Task Force is attached and made a part of these minutes.

Ms. Theresa Matula, Commission Staff, Research Division presented the proposed changes to recommendations which were approved at the January 13, 2011, Study Commission on Aging meeting. Changes to incorporate into the final report are underlined in the attached documents and made a part of these minutes.

A brief summary of the proposed changes and background information on recommendations from the Study Commission on Aging are as follows:

- Recommendation 1: Maintain HCCBG Funding (no changes).

- Recommendation 2: Maintain Funding for Project CARE, Senior Centers, **and Adult Protective Services.**

- Recommendation 3: Baby Boomer Preparation (no changes).

- Recommendation 4: Nurse Aide Training – **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 (no changes).

- 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 on Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, **Department of Justice**; Banking Commission; **NC Senior Consumer Fraud Task Force; and NC Association of County Directors of Social Services**.

- 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 (no changes).

- Recommendation 9: Co-Location Task Force – Appropriation for Standardized Preadmission Screening Assessment, and Care Planning (no changes).

- Recommendation 10: Co-Location Task Force – Adult 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 (no changes).

- **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**.

Ms. Matula also reviewed the Draft Report to the Governor and the 2011 Regular Session of the 2011 General Assembly noting recommendations already approved, but not including the final recommendations which will be added upon approval by the Commission.

- Bill Draft 2011-SHz-3 [v.2], Extend Reporting on Baby Boomer Preparations pertains to Recommendation 3.
- Bill Draft 2011-SHz-4 [v.1], Direct Care Worker Wage and Benefit Study pertain to Recommendation 5.
- Bill Draft 2011-SHz-2 [v.2], Task Force on Fraud Against Older Adults pertains to Recommendation 6.
- Bill Draft 2011-SHz-8 [v.3], DHHS Study of IOM Task Force Recommendation 3.1 pertains to Recommendation 7.
- Bill Draft 2011-SHz-5 [v.2], Housing Funds for Individuals with Disabilities pertains to Recommendation 8.
- Bill Draft 2011-SHz-1 [v.3], ACH & 122C Screening and Assessment Funds pertain to Recommendation 9.
- Bill Draft 2011-SHz-6B [v.3], GAST Training Pilot pertains to Recommendation 10 (626 ACH and 614 FCH = 1240 facilities multiplied by 3 (training opportunities for each facility) = 3720 training opportunities per year). Section 1(a), line 16 of Bill Draft 2011-SHz-6B [v.3], approval is needed to replace "local management entity (LME)" with "catchment area."
- Bill Draft 2011-SHz-9 [v.4], ACH Pilot on Crisis Intervention Training pertains to Recommendation 11.
- Bill Draft 2011-SHz-7 [v.1], Extend Hearing Loss Task Force pertains to Recommendation 12.

All bill drafts will be included in final recommendations are required. A copy of the Draft Report is attached and made a part of these minutes.

Senator Bingham asked if the Attorney General already had authority to initiate prosecutions for fraud against older adults. Ms. Matula was unsure, but will get the information to the Commission as soon as possible.

Senator Dorsett asked to clarify the status of the changes to guidelines to the Hearing Loss Task Force before implementation. Ms. Matula noted that this Task Force does not need the approval of the General Assembly to implement any guidelines, but the Commission could amend the bill draft to request that the Task Force not implement the guidelines until they report back to the Commission by November 15, 2011.

Members of the Commission had concerns as to whether all of the participating sponsors of the North Carolina Consumers' Guide on Hearing Loss and Hearing Aids met and agreed with the content of the brochure. Ms. Mary Bethel, AARP and Mr. Jeff Mobley, Division of Services for the Deaf and Hard of Hearing, who are both members of this task force agreed to take the recommendations of the Commission concerning the consumer protection piece of the brochure and tweak the language as needed.

Representative Farmer-Butterfield wanted to be sure that upon completion of the brochure that it be available on various websites throughout the state. Representative Weiss asked if the Task Force ever considered the possibility of grant funding for the brochure due to budget constraints already existing in the General Assembly.

Ms. Jean Reaves reminded the Commission of her request to add the Division of Veterans Affairs to Recommendation 6, Task Force on Fraud Against Older Adults. The Commission agreed to keep the Consumer Protection Division, Department of Justice as the entity that approves other agencies and associations as noted by Representative Farmer-Butterfield when she asked to add a statement at the end of Recommendation 6 stating "and other agencies as applicable."

Representative Garland Pierce made a motion to approve the report with the recommended changes as noted. The motion was seconded by Senator Dorsett, and with a show of hands the Commission unanimously approved the Draft Report. The Commission also approved the minutes from the January 13, 2010, meeting.

Representative Farmer-Butterfield thanked the staff and members of the Commission for their hard work over the years. The Commission recognized Senator Katie Dorsett and Senator Sam Joe Queen for their many years of service to the State of North Carolina and the North Carolina Study Commission on Aging.

The Visitor Registration Sheets are also attached and made a part of these minutes.

This meeting adjourned at 4:00 pm.

Delta F. Prince

Representative Jean Farmer-Butterfield
Presiding Chair

Delta F. Prince
Commission Assistant

NORTH CAROLINA STUDY COMMISSION ON AGING

Thursday, January 13, 2011
10:00 am
Legislative Office Building, Room 544

The North Carolina Study Commission on Aging met on Thursday, January 13, 2011, at 10:00 am in Room 544 of the Legislative Office Building. Members present were Representative Jean Farmer-Butterfield, Co-Chair; Senator Katie G. Dorsett; Senator James S. Forrester; Representative Garland E. Pierce; Representative Jennifer Weiss; Ms. Jean Reaves; Ms. Mary P. Barker; Ms. Joan Pelletier; and Ms. Patricia E. Sprigg. Staff also in attendance were Ms. Susan Barham; Ms. Joyce Jones; Ms. Sara Kamprath; Ms. Theresa Matula; Mr. Shawn Parker and committee assistant Delta Prince. Ms. Ruth Merkle served in the absence of committee assistant Wanda Kay.

Co-Chair Jean Farmer-Butterfield introduced the members and recognized the sargeants-at-arms and committee assistants. She called the meeting to order and recognized staff members Sara Kamprath and Theresa Matula to report on the first items on the Agenda:

Summary of Substantive 2010 Legislation Related to Aging; the 2010 Study Commission Recommendation Status Report; Tentative Meeting Schedule & Presentation of Commission Budget.

Sara Kamprath spoke briefly on the study committee's list of recommendations to the 2010 regular session (see attachment II(a)):

- **Recommendation 1: Maintain HCCBG Funding**. This recommendation did not require legislation.
- **Recommendation 2: Maintain Funding for Senior Centers, Project CARE, and Other Vital Support Programs and Services.** This recommendation did not require legislation.
- **Recommendation 3: Hearing Loss Treatment Task Force.** In response to this recommendation, HB 1705 and SB 1203 were introduced and S.L. 2010-121 (HB 1705) was enacted.
- **Recommendation 4: Review of Nurse Aid Training Requirements.** In response to this recommendation, HB 1732 and SB 1191 were introduced and S.L. 2010-69 (SB 1191) was enacted.
- **Recommendation 5: Long-Term Care Partnership Program.** In response to this recommendation, HB 1704 and SB 1193 were introduced and S.L. 2010-68 (SB 1193) was enacted.
- **Recommendation 6: Include a Dentist on the Commission on Children with Special Health Care Needs**. In response to this recommendation, HB 1694 and SB 1204 were introduced, and S.L. 2010-12 (HB 1694) was enacted.
- **Recommendation 7: Special Needs Dental Care Workforce.** In response to this recommendation, HB 1693 and SB 1194 were introduced and S.L. 2010-92 (HB 1693) was enacted.

- **Recommendation 8: Medicaid Dental Services.** In response to this recommendation, HB 1692 and SB 1192 were introduced and S.L. 2010-88 (HB 1692) was enacted.
- **Recommendation 9: Additional Mobile Dental Units.** This recommendation did not require legislation.
- **Recommendation 10: Refining Aging and Long-Term Care Statutes in NC.** In response to this recommendation, HB 1698 and SB 1190 were introduced and S.L. 2010-66 (HB 1698) was enacted.
- **Recommendation 11: Adult Day Care Participation Program.** In response to this recommendation, HB 1703 and SB 1189 were introduced and S.L. 2010-93 (HB 1703) was enacted.

A more detailed explanation of these recommendations are attached and made a part of these Minutes.

Theresa Matula presented a summary on the substantive legislation related to Aging (see attachment II(b)):

- **Commission on Children With Special Needs – Dentist.** S.L. 2012-12 (HB 1694), adds a member to the Commission on Children with Special Health Care Needs.
- **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.
- **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."
- **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.
- **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).
- **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.
- **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.
- **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 Divison of Aging and Adult Services,

Department of Health and Human Services, to annually develop and implement a plan or Project C.A.R.E.

- **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 amendments. 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.
- **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.
- **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 of arrangements 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.
- **Prohibit 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 part with Medicaid funds; or purchase, lease, order, arrange for, or recommend the purchase, lease, or order of any good, facility, service, or item paid for in whole or 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 exempt certain conduct and activity deemed acceptable by the Federal Government.

Ms. Matula added that the Commission's recommendations also included legislation and funding for several studies, including:

- **Study Medicaid Provider Rates;**
- **Nurse Aide Training Review;**
- **Medicaid Dental/Special Needs Population;**
- **Adult Day Care Criminal Record Check Process;**
- **Continuing Care Retirement Community Care/Home Care;**
- **Joint Legislative Health Care Oversight Committee Studies.**

New/ Independent Studies Commissions Included:

- **Develop Special Needs Dental care Workforce;**
- **Consumer Guidelines for Hearing Aid Purchases.**

Additionally, 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.

A more detailed explanation of the **2010 Substantive Legislation Related to Aging** is attached and included with these Minutes.

Ms. Matula followed her report on the legislation with a presentation of the estimated budget for the 2011 Study Commission. She reported that the budget for the 2010 session was $50,000, but the budget for 2011 has been reduced to $15,000.

The Chair asked if there were any questions on the budget before a committee vote. Ms. Pelletier asked why there were astericks included in the some sections of the budget. Ms. Matula explained that the projected expenses in those sections were based on the average salary of two committee clerks and the estimated travel expenses of the members. There being no further questions, Senator Forrester moved to approve the budget. There was a second and the 2011 budget for the Study Commission on Aging was approved. A copy of the approved budget is included with these Minutes (see attachment II(c)).

Following approval of the budget, the Chair introduced Mr. Dennis Streets, Director of Aging and Adult Services, Department of Health and Human Services (DHHS). Mr. Streets presented an update on Aging Programs and Services, discussed North Carolina's preparations for aging Baby Boomers, and reported on the development plan and implementation of Project C.A.R.E. A detailed explanation of his presentation and accompanying handouts from the Department of Health and Human Services are included with these Minutes (see attachments III(a), III(b), III(c), and III(d)).

Mr. Streets presented some noteworthy statistics and gave a quick overview of the status of some programs and services, including:

- The state's population of residents aged 60-plus and 75-plus grew by 34% and 25% between July 1, 2000 and June 30, 2010.
- Eighty percent of Home and Community Block Grants (HCCBG) funds are used for meals, Home Health Aides, and transportation. Since SFY 2000-2001, overall funding has increased about 24% and State funds have increased about 16%, but service unit costs have also increased.
- The waiting list of individuals waiting for programs or services is estimated at between 16,000-17,000.
- S.L. 2009-407 (SB 195) called on the UNC Institute on Aging and DAAS to help the State prepare for an increased numbers of older adults.
- Executive Order No 54 – Focus on Assessment of Studies, plans and reports; aging of State's workforce and response; and effect on policies, programs and services;
- Aging Liaison Role;
- Preliminary Assessment Findings.

Additionally, Mr. Streets included recommendations from the Governor's Conference on Aging and the Governor's Regional Roundtables on Building a Liveable and Senior-Friendly North Carolina. He also discussed the challenges of caregiving and explained the basics of Project C.A.R,E, a program to provide consumer-directed respite to and support to caregivers of people with dementia. Finally, Mr. Streets reported on the factors affecting an aging North Carolina, presented the legislative priorities of the senior Tar Heel Legislature,

and addressed funding priorities and other recommendations of the Governor's Advisory Council.

The Chair thanked Mr. Streets for his presentation and opened the floor for questions. Senator Dorsett reported that she has yet to receive a ruling from the IRS regarding a requirement that retirees in North Carolina must wait six months before returning to work. Mr. Streets replied that he would follow-up with the IRS.

Jean Reaves asked about programs to help seniors become more techno-savvy, and to make programs and services more accessible. Mr. Streets responded that the state is looking into ways to use technology better.

Representative Annie Mobley, a visitor at the meeting, spoke about the policy of a training program for older adults that require them to be terminated from a subsidized job after four years. She expressed concern that many of the workers who are terminated are the sole breadwinner for their family.

Mr. Street remarked that she was probably referring to a federal program administered by the US Department of Labor that provides job training for persons 50 and older.

Jean Reaves added that the termination policy is in place because individuals are there for training purposes only, and they are not expected to stay in a subsidized job placement program beyond two years.

Representative Farmer-Butterfield expressed concern about the turn-around time for Medicaid Personal Care Services. Mary Barker stated that she too has heard from her constituents about the considerable delays in getting approval.

The next item on the Agenda was a report on Co-Location in Adult Care Homes, presented by Pam Silberman, President and CEO of the North Carolina Institute of Medicine. The Study Commission convened a task force to study the issue of placing individuals with mental illness, intellectual and developmental disabilities or Alzheimer disease/dementia in adult and family care homes. These residents comprise 64% of all ACH residents and more than 75% of residents ages 18 to 64. Her overview included a background on the North Carolina Institute of Medicine, the charge of the Task Force, background on the issue, and task force recommendations.

Ms. Silberman concluded that if there was more support and treatment in the community for persons with mental health or behavioral issues there would be fewer people in adult care homes with these problems. A detailed copy of her presentation is attached and included with these Minutes (see attachments IV(a) and IV(b)).

Senator Forrester asked if the FL 2, a mental health assessment form, has been changed. Ms. Silberman responded that it was still a one-page form.

Representative Weiss commented that this was not the first time the issue of housing persons with mental illnesses in adult care homes has come up, and that this commission needs to address the problems both in the short and long-term.

Mary Barker asked if a medical doctor fills out part of the FL 2 form and a mental health professional fills out the other. Ms. Silberman responded that the level one screening is done by a medical doctor and the level two screening by a mental health professional.

Jean Reaves echoed Representative Weiss' comments, stating that as a member of a county advisory board she believes there is insufficient communication with the Local Management Entities (LME's). She asked what is being done to address those concerns. Ms. Silberman recommended that the LME's and ACH providers meet annually to discuss any issues or concerns.

The Chair recognized Jean Reaves, who asked if there were any Medicaid barriers that may have been addressed in the report. Ms. Silberman replied that that issue was not raised by the task force.

Following Ms. Silberman's presentation, the Chair introduced Ran Coble, Executive Director of the NC Center for Public Policy, to speak on the issue of Fraud against the Elderly.

Mr. Coble spoke briefly about the Center and discussed demographic trends in the growth of the aging population in North Carolina. He described how con artists and scammers target the elderly and offered recommendations for preventing fraud and abuse against this vulnerable group of people. Mr. Coble also addressed two other issues for the commission to address during the 2011 legislative session – workforce shortages in nursing and other health care fields, and ways to tap seniors as volunteers.

A detailed presentation of his remarks are attached and included with the Minutes (see attachment V(a).

Following his presentation, the Chair opened the floor for comments. Jean Reaves commented about the large numbers of veterans living in North Carolina and remarked that Veterans from the Vietnam War are dying at a greater rate than those who served in WWII.

The Chair thanked Mr. Coble and introduced Mr. Jesse Goodman of the Division of Health Service Regulation, DHHS, to speak on S.L. 2019-69 (SB 1191). This law directs the Division of Health Service Regulation to coordinate a review of the education and training requirements for Nurse Aides, as recommended by the NC Study Commission on Aging. (See attachment VI(a)).

Mr. Goodman presented the final report of a study committee convened to review and make necessary recommendations on the appropriate levels of education and training for nurse aides in North Carolina. He remarked that hospitals and other health-care facilities are moving toward more patient-centered care, and warned that by the year 2016, we will need 46,000 more nurses in North Carolina. He concluded his report by stating there is a high turnover rate for nurse-

aides in health care facilities for the elderly. A detailed copy of his report is attached and included as part of these Minutes (see attachments VI(b) and VI(c)).

Representative Farmer-Butterfield recommended that Mr. Goodman provide an abstract of the committee's report for the Commission. Representative Weiss commented on Recommendation number three (3), as presented by the study committee. She concurred with the report that wages are critical and that increases in reimbursement rates should go to direct care workers.

Representative Weiss also expressed concerned about insufficient training in infection-control procedures, and whether the situation in the assisted living facility in Mt Olive, where four patients died after contracting Hepatitis B, will reinforce the need for additional training in medication management and infection control. As a follow-up, Representative Weiss asked that the commission make it a requirement that staff members in adult care facilities who are responsible for administering medication are thoroughly trained before handling products and drugs.

Mr. Goodman acknowledged that Medication Aides must pass a competency exam and have it signed off by a Registered Nurse (RN) or Pharmacist.

Representative Weiss followed up with a recommendation that this commission compare the evaluation system used in our State with those used in other states.

Jean Reaves inquired if there is any oversight for Medication Aides beyond training. She commented that a staff member is not required to be a Certified Nurses Aid (CNA) to pass out medications in an adult care home.

There being no further comments or questions for Mr. Goodman, the Chair recognized Theresa Matula for a presentation of draft recommendations for consideration. A detailed explanation of these recommendations is attached and include with these Minutes (see attachment VII(a)).

Ms. Matula presented 11 recommendations for adoption by the commission:

- **Recommendation 1: Maintain HCCBG Funding**
- **Recommendation 2: Maintain Funding for Senior Centers and Project C.A.R.E.**
- **Recommendation 3: Baby Boomer Preparation**
- **Recommendation 4: Nurse Aid Training**
- **Recommendation 5: Direct Care Worker Wage and Benefit Study**
- **Recommendation 6: Task Force on Fraud Against the Elderly**
- **Recommendation 7: Co-Location Task Force – Adult Care Home to Independent Supported Housing Pilot Program**
- **Recommendation 8: Co-Location Task Force – Appropriation to Increase Housing Options**
- **Recommendation 9: Co-Location Task Force – Appropriation for Standardized Preadmission Screening, Assessment, and Care Planning**
- **Recommendation 10: Co-Location Task Force – Adult Care Home Direct Care Worker Training**
- **Recommendation 11: Co-Location Task Force – Support**

The Chair asked if there was a motion to adopt the recommendations. Representative Weiss motioned to adopt with changes as discussed and incorporated for the next meeting. Senator Dorsett seconded, and the Chair opened the floor to discussion on the recommendations.

Representative Weiss suggested that **Recommendation 6** include advocacy groups for seniors, such as Legal Aide and the Justice Center. Ms. Matula said that staff will work with Representative Weiss in incorporating additional members for the Task Force.

Representative Weiss was recognized for a follow-up and requested that language be added to **Recommendation 4** to include increased training requirements and oversight for Medication Aides. Ms. Matula stated that **Recommendation 4** does not include Medication Aides; that needs to be addressed in a draft bill. Representative Weiss commented that the legislature needs to beef up requirements for Medication Aides and that this commission should draft a bill for it. Representative Weiss asked to include a recommendation to address medication aides. The Chair directed Representative Weiss to work with Theresa and other staff to draft a recommendation for the next meeting.

The Chair recognized Mary Bethel of AARP, who suggested that the Task Force on Fraud Against the Elderly include a senior consumer fraud expert on the panel. Dick Hatch, a member of AARP, recommended that Helen Farmer chair the Task Force.

Jean Reaves recommended that the State Division of Veterans Affairs be included in **Recommendation 6** (Task Force on Fraud Against the Elderly). The Chair stated that without objection, that that group be added to the Task Force.

There being no further discussion on the recommendations, The Chair asked if there was a motion to approve the Minutes from the following meetings: March 24, 2010; April 1, 2010; April 22, 2010; and May 11, 2010. Jean Reaves moved to adopt the Minutes as a group as presented. The motion passed.

The meeting was adjourned at 1:20 pm.

Representative Jean Farmer-Butterfield Co-Chair	Ruth Merkle Committee Clerk

Agenda

North Carolina Study Commission on Aging

Tuesday, January 25, 2011
2:00 p.m.
Legislative Office Building
Room 544

I. Welcome and Comments

Representative Jean Farmer-Butterfield, Cochair
Senator A.B. Swindell, Cochair

II. Guidelines for Consumers Purchasing Hearing Aids (S.L. 2010-121)

Angela Bright Pearson, NC State Hearing Aid Dealers and Fitters Board

III. Presentation of Draft Report

Theresa Matula, Commission Staff, Research Division, NCGA

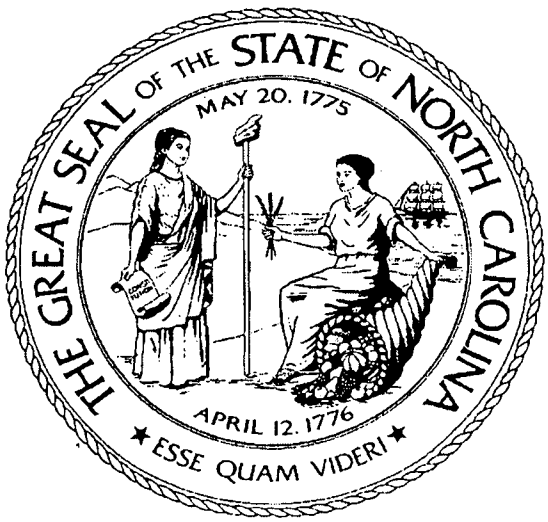
IV. Discussion and Vote on Report

V. Review and Approval of Minutes: 1/13/11

NORTH CAROLINA

STUDY COMMISSION ON AGING

DRAFT



DRAFT

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

A LIMITED NUMBER OF COPIES OF THIS REPORT IS AVAILABLE FOR DISTRIBUTION THROUGH THE LEGISLATIVE LIBRARY.

ROOMS 2126, 2226
STATE LEGISLATIVE BUILDING
RALEIGH, NORTH CAROLINA 27611
TELEPHONE: (919) 733-7778

OR

ROOM 500
LEGISLATIVE OFFICE BUILDING
RALEIGH, NORTH CAROLINA 27603-5925
TELEPHONE: (919) 733-9390

North Carolina Study Commission On Aging

2010-2011 Membership List

President Pro Tempore's Appointments

Senator Albin B. Swindell, IV, Co-Chair

Senator Stan Bingham

Senator Katie Dorsett

Senator James Forrester

Senator Joe Sam Queen

Mr. John Eller

Mr. Anthony Peace

Ms. Jean Reaves

Speakers' Appointments

Representative Jean Farmer-Butterfield, Co-Chair

Representative Alice Bordsen

Representative Bob F. England, MD

Representative Garland Pierce

Representative Jennifer Weiss

Ms. Mary Barker

Ms. Joan Pellettier

Ms. Patricia Sprigg

Ex Officio:
Ms. Maria Spaulding, Deputy Secretary,
Long-Term Care and Family Services,
Department of Health and Human Services

Clerks:
Delta Prince
919/733-5649

Wanda Kay
919/733-5898

Staff:
Theresa Matula,
Sara Kamprath,
Shawn Parker,
Susan Barham
Research Division
919/733-2578

Melanie Bush
Fiscal Division
919/733-4910

Joyce Jones
Bill Drafting Division
919/733-6660

TABLE OF CONTENTS

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, 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

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

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 Senior Centers and Project C.A.R.E.

The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior Senior Center and Project C.A.R.E. 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.

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. 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.

Recommendation 6: Task Force on Fraud Against the Elderly

The Study Commission on Aging recommends that the General Assembly establish a task force to examine issues related to fraud against the elderly which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Office of the Attorney General; and the Banking Commission.

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

Consistent with 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 establish a pilot program to evaluate the costs, quality, consumer satisfaction, and patient outcomes of a program that supports individuals who are in an adult care home but desire to move to independent supported housing.

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.

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

Consistent with recommendations 5.1 and 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 Geriatric/Adult Mental Health Specialty Teams in the Department of Health and Human Services to provide training on person-centered thinking and de-escalation skills to adult care home staff; and that the General Assembly require all adult care home direct care workers, including all aides and supervisors, to pass a crisis intervention training competency exam.

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.

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

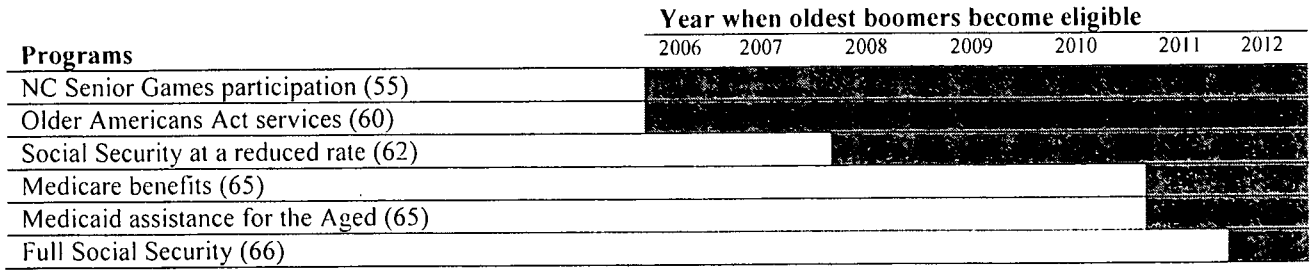
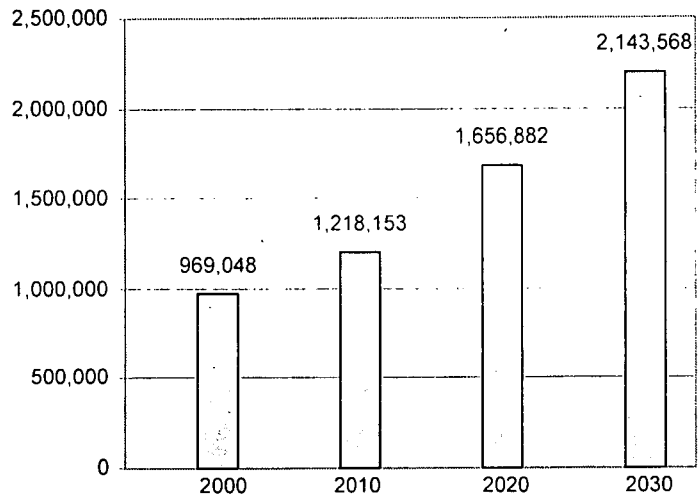


Figure B: Growth of Older North Carolinians Age 65+ (2000-2030)

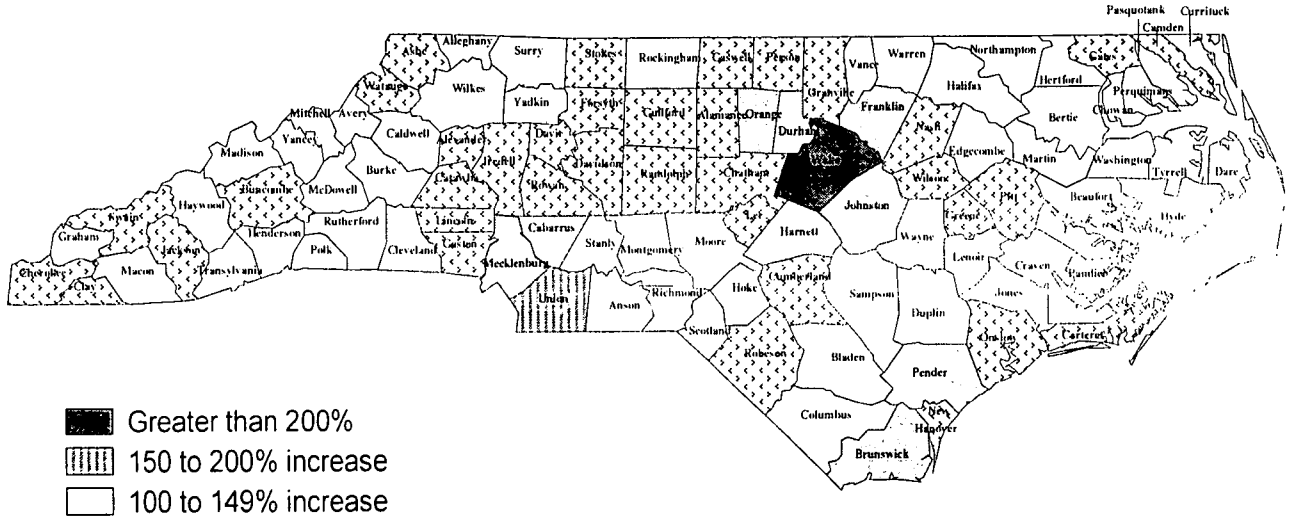


Based on 2009, Office of State Budget and Management, projections April 2000-July 2030

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]

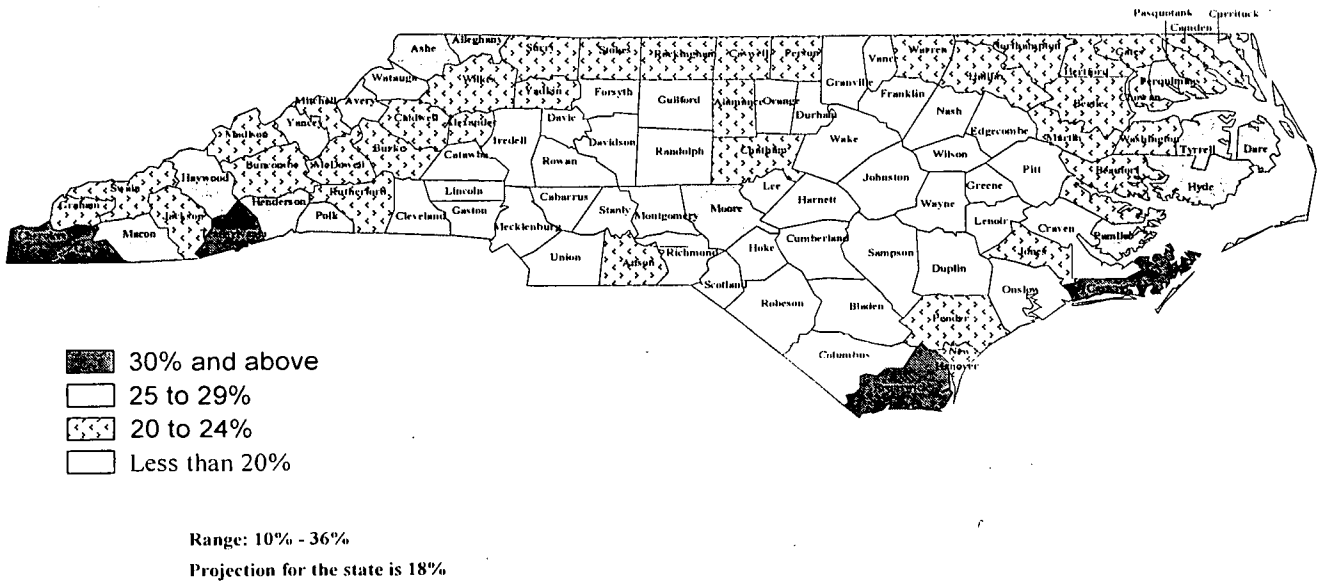
Figure C shows the projected growth of the older population by county between 2009 and 2030. During this period, the population 65 and older for the State is expected to grow 80 percent, and the population 85 and older, 59 percent. [1] There are twelve counties with expected growth of the older adult 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



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

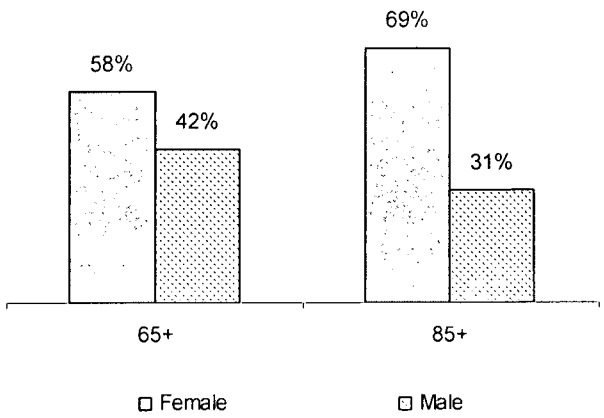
Population: North Carolina ranks tenth among states in the number of persons age 65 and older and tenth in the size of the entire population. [6]

- 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 13th in the size of the foreign-born population and ranked 15th 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+

Rank	Cause
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.

Sources of Information

[1] Office of State Budget and Management (2010). Population Estimates and Projections. Projected County Totals. http://www.osbm.state.nc.us/demog/prsage.html

[2] NC Division of Aging and Adult Services (2010). *The Aging of North Carolina: The 2003-2007 North Carolina Aging Services Plan*

[3] Charles Longino (2009). *States Ranked by the Net Number of Migrants Age 60+, 1985-1990 and 1995-2000*

[4] *Data provided by Dr. Don Bradley from East Carolina University, 2008.* http://www.ncdhhs.gov/aging/demograpic/EastCarolinaUniversity_Report_LterLifeMigrationFlows.pdf

[5] NC Center for Health Statistics (2009). *Healthy Life Expectancy in North Carolina, 2009.*

[6] US Census Bureau. *2005-2009 American Community Survey.* B01001. Sex by Age. Total Population

[7] Office of State Budget and Management (2010). Population Estimates and projections. County/state projections: Age, Race and Sex Projections.

[8] US Census Bureau (2010). *2005-2009 American Community Survey.* Table B12002.

[9] US Census Bureau (2010) *2005-2009 American Community Survey* Table B01001A- B01001H

[10] US Census Bureau (2010). *2005-2009 American Community Survey* Table B17020B, B17020A

[11] Center for Immigration Studies, 2007. Immigrants in the United States, 2007: A profile of America's Foreign-Born Population. Center for Immigration Studies. Retrieved on Sep 16, 2008 from http://www.cis.org/immigrants_profile_2007

[12] U.S. Department of Homeland Security, Office of Immigration Statistics. Refugees and Asylees:2007, Annual Flow Report, July 2008. Retrieved on Sep 10, 2008 from http://www.dhs.gov/xlibrary/assets/statistics/publications/ois_rfa_fr_2007.pdf

[13] Lowman. S., Hunter, R., Reddy, S.(2008). Immigrant Elders in NC: Challenges and Opportunities. NC Medical Journal. 69 (5).

[14] US Census Bureau (2003). *Census 2000 Summary File 3.* Tables HCT2 and HCT24

[15] US Census Bureau (2003). *Census 2000 Summary File 3.* Table H71

[16] NC State Library (2003). Special tabulation from the Census 2000 data as requested by the NC Division of Aging and Adult Services.

[17] US Census Bureau (2003). *Census 2000 P5 (Summary File 3).*

[18] Making a Difference in Communities in the Sought (MDC) (2002). *State of the South 2002.*

[19] US Census Bureau (2010). *2009 American Community Survey.* Table B18001.

[20] NC State Center for Health Statistics (2010). *Leading Causes of Death-2009 http://www.schs.state.nc.us/SCHS/deaths/lcd/2008/pdf/TblsA-F.pdf.*

[21] Tri-State Stroke Network. (2006) Facts and Statistics: Stroke in the United States http://www.tristatestrokenetwork.org/facts.html#buckle

[22] NGA Center for Best Practices (2004). *Measuring the Years: State Aging Trends & Indicators.*

[23] NC State Center for Health Statistics (2010). *Behavioral Risk Factor Surveillance Calendar Year 2009 Results. Exercise; Health Status; http://www.schs.state.nc.us/SCHS/*

[24] US Census Bureau (2010). *2005-2009 American Community Survey.* Table B10050.

[25] US Census Bureau (2010). *2005-2009 American Community Survey.* Table B21001

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

Pertinent Web Sites for Related Information

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

COMMISSION PROCEEDINGS

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 Statement'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 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

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 Senior Centers and Project C.A.R.E.

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

Background 2: Maintain Funding for Senior Centers and Project C.A.R.E.

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.

The Study Commission on Aging recognizes the importance of Project C.A.R.E. and Senior Centers as programs support efforts to keep older adults in their communities and recommends that the General Assembly and the Governor maintain prior Senior Center and Project C.A.R.E. 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 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 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. An Executive Summary can be found at: 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. 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. 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.

Background 4: Nurse Aide Training

On January 13, 2011, the Commission on Aging heard a presentation by Jesse Goodman, Division of Health Service Regulation, Department of Health and Human Services, on nurse aide training. 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 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 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 designation. NC NOVA is a special State license awarded to home care agencies, adult care homes, and nursing facilities that meet more rigorous workplace standards to support their direct care workers on the job than the minimum requirements for a long-term care license. Employers voluntarily invest in their direct care workers by focusing on improving the workplace. NC NOVA was created in order to help attract sufficient 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.

Recommendation 6: Task Force on Fraud Against the Elderly

The Study Commission on Aging recommends that the General Assembly establish a task force to examine issues related to fraud against the elderly which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Office of the Attorney General; and the Banking Commission.

Background 6: Task Force on Fraud Against the Elderly

Ran Coble, Director, NC Center for Public Policy Research, spoke to the Study Commission on Aging during the January 13, 2011 meeting. Mr. Coble shared the following with the Commission:

> "North Carolina ranks 28th among the 50 states in the number of fraud complaints per capita and 21st in the number of identity theft complaints per capita. The Federal Trade Commission says that people over 50 account for more than a third (35%) of all consumer fraud complaints and 28 percent of all identify theft complaints."

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

- 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 the elderly.
- 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 the elderly.
- The Center recommends that the legislature give the state Attorney General the authority to initiate prosecutions for fraud against the elderly.

The Study Commission on Aging is concerned about fraud against the elderly and recommends that the General Assembly establish a task force to examine issues related to fraud against the elderly which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Office of the Attorney General; and the Banking Commission. 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

Consistent with 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 establish a pilot program to evaluate the costs, quality, consumer satisfaction, and patient outcomes of a program that supports individuals who are in an adult care home but desire to move to independent supported housing.

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.

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

Consistent with recommendations 5.1 and 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 Geriatric/Adult Mental Health Specialty Teams in the Department of Health and Human Services to provide training on person-centered thinking and de-escalation skills to adult care home staff; and that the General Assembly require all adult care home direct care workers, including all aides and supervisors, to pass a crisis intervention training competency exam.

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. (G.S. 131D-2.15 requires facilities to conduct and complete an assessment of each resident within 72 hours of admission.) 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. and urges other designated entities to undertake the remaining recommendations.

APPENDICES

APPENDIX A

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

Recommendation	Result
Recommendation 1: Maintain HCCBG Funding 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).	This recommendation did not require legislation.
Recommendation 2: Maintain Funding for Senior Centers, Project C.A.R.E., and Other Vital Support Programs and Services 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.	This recommendation did not require legislation.
Recommendation 3: Hearing Loss Treatment Task Force 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.	In response to this recommendation, HB 1705 and SB 1203 and were introduced. 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.

RECOMMENDATION	RESULT
<u>Recommendation 4:</u> Review of Nurse Aide Training Requirements 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.	In response to this recommendation, HB 1732 and SB 1191 were introduced. 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.
<u>Recommendation 5:</u> Long-Term Care Partnership Program 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.	In response to this recommendation, HB 1704 and SB 1193 were introduced. 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.
<u>Recommendation 6:</u> Include Dentist on the Commission on Children with Special Health Care Needs 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.	In response to this recommendation, HB 1694 and SB 1204 were introduced. 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.

RECOMMENDATION	RESULT
<u>Recommendation 7:</u> Special Needs Dental Care Workforce Development 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.	In response to this recommendation, HB 1693 and SB 1194 were introduced. 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.
<u>Recommendation 8:</u> Medicaid Dental Services 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.	In response to this recommendation, HB 1692 and SB 1192 were introduced. 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.

COMMENDATION	RESULT
<u>Recommendation 9:</u> Additional Mobile Dental Units 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.	This recommendation did not require legislation.
<u>Recommendation 10:</u> Refining Aging and Long-Term Care Statutes in NC The Study Commission on Aging recommends the General Assembly update and refine North Carolina's General Statutes on aging and long-term care.	In response to this recommendation, HB 1698 and SB 1190 were introduced. 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.
<u>Recommendation 11</u>: Adult Day Care Participant Protection 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.	In response to this recommendation, HB 1703 and SB 1189 were introduced. 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.

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

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:

A BILL TO BE ENTITLED

AN ACT TO AMEND THE ACT THAT DIRECTED THE UNIVERSITY OF NORTH CAROLINA INSTITUTE ON AGING, AND THE DIVISION OF AGING AND ADULT SERVICES, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO PROVIDE LEADERSHIP IN HELPING NORTH CAROLINA PREPARE FOR INCREASED NUMBERS OF OLDER ADULTS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. Sections 1 and 2 of S.L. 2009-407 read as rewritten:

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

(1) Organizing and facilitating meetings of gerontologists, researchers, county representatives, directors of area agencies on aging, and providers of State services, to collectively identify and prioritize issues for the State to address. Tasks may include, but are not limited to, the items listed below.

a. Consolidating information gathered during 2010 Aging Policy Roundtables, Key Informant Surveys, and the Governor's Conference on Aging into specific issues.

b. Identifying broad activities undertaken and future action needed for the most critical issues.

c. Prioritizing these issues on an annual basis, with input from the Governor's Advisory Council on Aging, so that the Department of Health and Human Services and the General Assembly will have direction on those issues that are most critical for the State to address.

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

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

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

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

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

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)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

AN ACT TO DIRECT A STUDY OF DIRECT CARE WORKER WAGES AND BENEFITS TO EXAMINE WAYS TO REDUCE TURNOVER AND ADDRESS THE ANTICIPATED DIRECT CARE WORKER SHORTAGE RESULTING FROM INCREASED DEMAND FROM AGING BABY BOOMERS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1(a). The Division of Health Service Regulation, Department of Health and Human Services, shall coordinate a study of direct care worker wages and benefits and the impact these have on the supply of prospective employees and employee turnover. The study shall include representatives from the Division of Health Service Regulation, Division of Aging and Adult Services, and the Division of Medical Assistance, Department of Health and Human Services; the Labor Market Information Division, Employment Security Commission; the North Carolina Board of Nursing; 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.

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

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

(2) Direct care worker turnover rates found in those entities that employ direct care workers.

(3) Research indicating what factors increase retention of direct care workers.

(4) Research indicating whether there is an optimal combination of salary and benefits that reduces direct care worker turnover and examples of where those levels have been effective at lowering turnover.

(5) Research indicating whether merit pay results in improved job performance and reduces turnover of direct care workers.

(6) Possible changes to Medicaid and State/County Special Assistance that could reward direct care workers of providers who achieve NC NOVA special licensure status.

(7) Whether individuals receiving unemployment could be trained as direct care workers.

(8) Ways the State could encourage an increase in the supply of direct care workers.

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

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.2] (01/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/19/2011 1:26:14 PM

Short Title: Task Force on Fraud Against Older Adults. (Public)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

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.

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

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

Whereas, the March 2010, North Carolina Center for Public Policy Research publication on issues involving older adults contained a segment that highlighted issues involving fraud against older adults in North Carolina; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Consumer Protection Division, Department of Justice, shall coordinate a Task Force on Fraud Against Older Adults. The Task Force shall include representatives from the Consumer Protection Division, Department of Justice; Division of Aging and Adult Services, Department of Health and Human Services; North Carolina Senior Consumer Fraud Task Force; North Carolina Association of County Directors of Social Services; and the Banking Commission.

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

(1) Identifying, clarifying, and strengthening laws to provide older adults a broader system of protection against abuse and fraud.

(2) Establishing a statewide system to enable reporting on incidents of fraud and mistreatment of older adults.

(3) Identifying opportunities for partnership among the Banking Commission, the financial management industry, and law enforcement agencies to prevent fraud against older adults.

(4) Granting the Attorney General authority to initiate prosecutions for fraud against older adults.

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

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.

(3) The policy implications, impact on current programs, and cost of developing and implementing an additional Special Assistance program option that would be similar to the existing Special Assistance in-home program but exempt from the limits established in S.L. 2007-323. The Department should explore whether this program could be targeted to address concerns the Task Force raised on co-location.

(4) A timeline for implementing the pilot with all of the above elements in place, or a timeline for phased implementation of the pilot. This timeline shall include evaluation of the pilot as described in the Task Force recommendation.

(5) The fiscal requirements necessary to provide technical assistance to adult care homes interested in creating financially viable models to support people living more independently as recommended by the Task Force.

(6) The existence of statutory and regulatory barriers to independent living for people with disabilities.

(7) The goal and intended outcome of this pilot program.

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

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

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011

U D

BILL DRAFT 2011-SHz-5 [v.2] (01/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/20/2011 1:31:36 PM

Short Title:	Housing Funds for Indiv. with Disabilities.	(Public)
Sponsors:	.	
Referred to:		

A BILL TO BE ENTITLED

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.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the North Carolina Housing Finance Agency for the North Carolina Housing Trust Fund, the sum of ten million dollars ($10,000,000) for the 2011-12 fiscal year and for the 2012-13 fiscal year, to finance additional housing options for individuals with disabilities.

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

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011

U D

BILL DRAFT 2011-SHz-1 [v.3] (01/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/20/2011 1:43:12 PM

Short Title: ACH & 122C Screening & Assessment Funds. (Public)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

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, 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.

The General Assembly of North Carolina enacts:

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

SECTION 1 (b). The Department shall require the use of a preadmission screening tool which must provide information on the individual's diagnosis, assistance with activities of daily living, degree of supervision, and any conditions that could pose a threat to the health or safety of others. Individuals identified during the preadmission screening with a mental health problem, substance use disorder, cognitive impairment, or intellectual disability must receive a more thorough assessment by a trained mental health, substance abuse, or developmental disability professional. The Department should develop time standards to ensure that admissions are not unreasonably delayed due to the screening process. This preadmission screening and assessment information shall be used by the facility and Local Management Entity (LME) to develop a person-centered care plan for each individual.

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

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

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011

U D

BILL DRAFT 2011-SHz-6B [v.3] (01/13)

(THIS IS A DRAFT AND IS NOT READY FOR INTRODUCTION)
1/21/2011 3:55:43 PM

Short Title: GAST Training Pilot. (Public)

Sponsors:

Referred to:

A BILL TO BE ENTITLED

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.

The General Assembly of North Carolina enacts:

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

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

SECTION 1(b). The Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Department of Health and Human Services, shall evaluate the effectiveness of the pilot training program. The Division shall also determine whether the existing Geriatric/Adult Mental Health Specialty Teams have the resources to expand this training Statewide, the possibility of incorporating this training into the current training delivered by the teams, and any associated costs. On or before September 1, 2012, the Division shall report to the North Carolina Study Commission on Aging, and to the Joint Legislative

Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services on the effectiveness of the pilot and recommendations for expansion to all adult care homes licensed by the State.

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

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

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

SECTION 3. This act is effective when it becomes law.

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)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

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.

The General Assembly of North Carolina enacts:

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

SECTION 1.(b) The Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Department of Health and Human Services, shall evaluate the effectiveness of the crisis intervention training required by this section and report on or before March 1, 2012, to the North Carolina Study Commission on Aging and the Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services. The report shall include: the number of adult care homes participating in the pilot, the criteria used to select the pilot participants, the number of staff that received training, the number of staff successfully completing the competency evaluation, the source that provided the training, the evaluation of training effectiveness, and a recommendation on whether the training should be expanded and how best to expand it to additional adult care homes.

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

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2011

U 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)

Sponsors: .

Referred to:

A BILL TO BE ENTITLED

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.

The General Assembly of North Carolina enacts:

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

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

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

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

- Are services such as regular checkups, cleanings, follow-up visits, and orientation sessions included in the cost of the hearing aids or will I pay for them separately?
- Is there a trial period during which I can evaluate hearing aids? If so, is this free or is there a charge?
- How does the hearing aid work with the telephone and other assistive devices?
- Does the hearing aid contain a telecoil and if so, is it activated?
- Will the hearing care professional check my insurance status and coverage provisions as well as provide information about resources that might assist with payment if needed?
- Will written information on care and maintenance, installation of batteries, warranties/loss and damage coverage, and other information discussed be given to me?
- Did I receive a copy of a written statement which describes the products and services to be provided and their cost?

Please note: It is important to read every word of the contract before signing. Do not sign anything you do not understand.

- What happens if I have a problem with the hearing aids?

For additional information on hearing loss/hearing aids, contact:

1) NC Division of Services for the Deaf and the Hard of Hearing
2301 Mail Service Center, Raleigh, NC 27699-2301
Physical Address: Woodoak Building GL-3
1100 Navaho Drive, Raleigh, NC 27609
Phone: 1-800-851-6099 (Voice/TTY) Fax: (919) 855-6872
Website: www.ncdhhs.gov/dsdhh

2) Your local hearing care professional

Who should I consult if I feel that I have been treated unfairly in the process of obtaining hearing aids?

There are three agencies that can assist you with your written complaint:

1) North Carolina Hearing Aid Dealers and Fitters Board:
PO Box 97833, Raleigh, NC 27624-7833
Phone: (919) 834-3661 Fax: (919) 834-3665
Email: info@nchalb.org

2) North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists
PO Box 16885, Greensboro, NC 27416-0885
Phone: (336) 272-1828 Fax: (336) 272-4353
Email: scapps@ncboeslpa.org

3) Department of Justice- Attorney General's Office,
Consumer Protection Division
9001 Mail Service Center, Raleigh, NC 27699-9001
Phone: (919) 716-6000 Fax: (919) 716-6050
Website: www.ncdoj.gov

This publication is the result of a mandate by the NC General Assembly to ensure that consumers have information about the treatment of hearing loss and the purchase of hearing aids.

The following contributed to its development:

- NC State Hearing Aid Dealers and Fitters Board
- NC Department of Health and Human Services,
Division of Services for the Deaf and the Hard of Hearing
- NC Attorney General's Office, Consumer Protection Division
- NC Board of Examiners for Speech and Language Pathologists and Audiologists
- AARP North Carolina
- Hearing Loss Association of North Carolina
- North Carolina Association of Hearing Care Professionals
- American Academy of Audiology- North Carolina

North Carolina Consumers' Guide on Hearing Loss and Hearing Aids

You're not alone...

Over one million North Carolina residents have hearing loss and can benefit from the use of hearing aids. Less than half of these individuals have sought help. If you have any of the following symptoms, have your hearing tested by a North Carolina licensed hearing care professional.

- You hear, but have trouble understanding all the words in a conversation.
- People seem to mumble, speak indistinctly, or speak too softly.
- You often ask people to repeat themselves.
- You have difficulty understanding conversation in groups/crowds.
- You find telephone conversation increasingly difficult.
- Your family complains that you play the TV too loudly.
- You experience ringing or other noises in your ears.

Untreated hearing loss can have significant consequences:

- Avoidance or withdrawal from social situations
- Irritability, anger, fatigue, stress, and depression
- Increased risk to personal safety
- Diminished speech understanding
- Reduced job performance and earning power
- Impaired memory and ability to learn new tasks

"Use it or lose it".

Every year that your hearing loss goes untreated, research suggests you will lose more and more of your ability to understand speech. This is critical when you are trying to understand the difference between words which are very similar, such as "three" and "free". This is why individuals often "hear, but don't understand". The sooner you begin wearing hearing aids, the more successful you will be at understanding conversations throughout your lifetime.

How do I get started?

First, have your hearing checked. In North Carolina, this may be done by an audiologist, hearing instrument specialist, or physician. If your hearing test reveals that your hearing loss requires medical attention (approximately 5% of cases), your hearing care professional will advise you to seek medical attention. However, 95% of the time, hearing loss does not require medical attention. In this case, your hearing care professional can provide expertise and recommendations regarding hearing aids.

Finding a Professional

To find a hearing care professional in your area, you may look in your local phone book in the yellow pages under audiologists or hearing aids. You may also ask your physician, friends, or family members to refer you to someone. Once you have chosen a professional, you should verify that the professional is licensed in North Carolina by contacting one of the following North Carolina licensure boards:

North Carolina Hearing Aid Dealers and Fitters Board
www.nchalb.org Phone: (919) 834-3661)

or the

North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists
www.ncboeslpa.org Phone: (336) 272-1828).

Remember, the professional you choose will work with you for many years to come. It is very important that you feel comfortable and trust them.

Selecting hearing aids

There is no single hearing aid suitable for all types of hearing loss; therefore, your hearing care professional will recommend the most appropriate options for you. The hearing aids recommended depend on the nature and extent of your hearing loss. It is also important that the hearing aid technology you choose match your lifestyle and listening needs. The primary objective is to select hearing instruments that will best meet your communication needs. See the Consumer's Checklist on the next page for important questions you should ask when purchasing hearing aids. In addition, it is very helpful to bring someone with you to assist you during this important decision making process. Purchasing hearing aids through the mail or internet is strongly discouraged. Hearing aids should be purchased from a North Carolina licensed hearing care professional, who will provide the proper evaluation, selection, fitting, and follow-up services. These services are considered essential for your overall success.

Expectations and Outcomes

While hearing aids make sounds easier to hear, they will not restore normal hearing. Hearing aids re-introduce you to many of the sounds you have been missing. It takes time to relearn these sounds. Some people adjust quickly; others take longer. Your outcome with hearing aids will vary by the type and degree of your hearing loss, accuracy of evaluation, and proper fit. Your ability to adapt to hearing aids is the most important factor for your success.

Consumer's Checklist to Purchasing Hearing Aids

- What are the qualifications (educational background, training, experience) of the professional I will be seeing?
- Were you given a hearing screening or a hearing evaluation? Hearing screenings (pass/fail) are a quick and easy way to find out if you need in depth testing for hearing loss, and are widely available at little or no cost. Hearing evaluations determine the degree, type, and configuration of hearing loss, and assist with determining whether you are a good candidate for hearing aids.
- Have the results of my hearing test been thoroughly explained to me?
- Does my hearing test show that I need one or two hearing aids?
- Has my hearing care professional discussed my goals for hearing better?
- How will hearing aids help me hear better?
- Are there certain models of hearing aids that will be easier to use?
- What are the most appropriate hearing aids for me? What is the cost?
- What are other recommendations for hearing aids?
- What are the special features of hearing aids and their additional costs? (telecoil, directional microphones, volume control, noise management, feedback control, wireless capabilities)
- What are my preferences regarding style, cost, size, and durability?

designed for Wallet

Peterson

North Carolina Consumers' Guide on Hearing Loss and Hearing Aids

You're not alone...

Over one million North Carolina residents have hearing loss and can benefit from the use of hearing aids. Less than half of these individuals have sought help. If you have any of the following symptoms, have your hearing tested by a North Carolina licensed hearing care professional:

- You hear, but have trouble understanding all the words in a conversation.
- People seem to mumble, speak indistinctly, or speak too softly.
- You often ask people to repeat themselves.
- You have difficulty understanding conversation in groups/crowds.
- You find telephone conversation increasingly difficult.
- Your family complains that you play the TV too loudly.
- You experience ringing or other noises in your ears.

Untreated hearing loss can have significant consequences:

- Avoidance or withdrawal from social situations
- Irritability, anger, fatigue, stress, and depression
- Increased risk to personal safety
- Diminished speech understanding
- Reduced job performance and earning power
- Impaired memory and ability to learn new tasks

"Use it or lose it".

Every year that your hearing loss goes untreated, research suggests you will lose more and more of your ability to understand speech. This is critical when you are trying to understand the difference between words which are very similar, such as "three" and "free". This is why individuals often "hear, but don't understand". The sooner you begin wearing hearing aids, the more successful you will be at understanding conversations throughout your lifetime.

How do I get started?

First, have your hearing checked. In North Carolina, this may be done by an audiologist, hearing instrument specialist, or physician. If your hearing test reveals that your hearing loss requires medical attention (approximately 5% of cases), your hearing care professional will advise you to seek medical attention. However, 95% of the time, hearing loss does not require medical attention. In this case, your hearing care professional can provide expertise and recommendations regarding hearing aids.

Finding a Professional

To find a hearing care professional in your area, you may look in your local phone book in the yellow pages under audiologists or hearing aids. You may also ask your physician, friends, or family members to refer you to someone. Once you have chosen a professional, you should verify that the professional is licensed in North Carolina by contacting one of the following North Carolina licensure boards: **North Carolina Hearing Aid Dealers and Fitters Board** Web: www.nchalb.org Phone: (919) 834-3661) or the **North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists** Web: www.ncboeslpa.org Phone: (336) 272-1828). Remember, the professional you choose will work with you for many years to come. It is very important that you feel comfortable and trust them.

Selecting hearing aids

There is no single hearing aid suitable for all types of hearing loss; therefore, your hearing care professional will recommend the most appropriate options for you. The hearing aids recommended depend on the nature and extent of your hearing loss. It is also important that the hearing aid technology you choose match your lifestyle and listening needs. The primary objective is to select hearing instruments that will best meet your communication needs. See the Consumer's Checklist on the next page for important questions you should ask when purchasing hearing aids. In addition, it is very helpful to bring someone with you to assist you during this important decision making process. Purchasing hearing aids through the mail or internet is strongly discouraged. Hearing aids should be purchased from a North Carolina licensed hearing care professional, who will provide the proper evaluation, selection, fitting, and follow-up services. These services are considered essential for your overall success.

Expectations and Outcomes

While hearing aids make sounds easier to hear, they will not restore normal hearing. Hearing aids re-introduce you to many of the sounds you have been missing. It takes time to relearn these sounds. Some people adjust quickly; others take longer. Your outcome with hearing aids will vary by the type and degree of your hearing loss, accuracy of evaluation, and proper fit. Your ability to adapt to hearing aids is the most important factor for your success.

Consumer's Checklist to Purchasing Hearing Aids

- What are the qualifications (educational background, training, experience) of the professional I will be seeing?
- Were you given a hearing screening or a hearing evaluation? Hearing screenings (pass/fail) are a quick and easy way to find out if you need in depth testing for hearing loss, and are widely available at little or no cost. Hearing evaluations determine the degree, type, and configuration of hearing loss, and assist with determining whether you are a good candidate for hearing aids.
- Have the results of my hearing test been thoroughly explained to me?
- Does my hearing test show that I need one or two hearing aids?
- Has my hearing care professional discussed my goals for hearing better?
- How will hearing aids help me hear better?
- Are there certain models of hearing aids that will be easier to use?
- What are the most appropriate hearing aids for me? What is the cost?
- What are other recommendations for hearing aids?
- What are the special features of hearing aids and their additional costs? (telecoil, directional microphones, volume control, noise management, feedback control, wireless capabilities)
- What are my preferences regarding style, cost, size, and durability?
- Are services such as regular checkups, cleanings, follow-up visits, and orientation sessions included in the cost of the hearing aids or will I pay for them separately?
- Is there a trial period during which I can evaluate hearing aids? If so, is this free or is there a charge?
- How does the hearing aid work with the telephone and other assistive devices?
- Does the hearing aid contain a telecoil and if so, is it activated?
- Will the hearing care professional check my insurance status and coverage provisions as well as provide information about resources that might assist with payment if needed?
- Will written information on care and maintenance, installation of batteries, warranties/loss and damage coverage, and other information discussed be given to me?
- Did I receive a copy of a written statement which describes the products and services to be provided and their cost?

Please note: It is important to read every word of the contract before signing. Do not sign anything you do not understand.

- What happens if I have a problem with the hearing aids?

For additional information on hearing loss/hearing aids, contact:

1) NC Division of Services for the Deaf and the Hard of Hearing
   2301 Mail Service Center, Raleigh, NC 27699-2301
   Physical Address: Woodoak Building GL-3
   1100 Navaho Drive, Raleigh, NC 27609
   Phone: 1-800-851-6099 (Voice/TTY) Fax: (919) 855-6872
   Website: www.ncdhhs.gov/dsdhh

2) Your local hearing care professional

Who should I consult if I feel that I have been treated unfairly in the process of obtaining hearing aids?

There are three agencies that can assist you with your written complaint:

1) North Carolina Hearing Aid Dealers and Fitters Board:
   PO Box 97833, Raleigh, NC 27624-7833
   Phone: (919) 834-3661 Fax: (919) 834-3665 Email: info@nchalb.org

2) North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists
   PO Box 16885, Greensboro, NC 27416-0885
   Phone: (336) 272-1828 Fax: (336) 272-4353 Email: scapps@ncboeslpa.org

3) Department of Justice- Attorney General's Office, Consumer Protection Division
   9001 Mail Service Center, Raleigh, NC 27699-9001
   Phone: (919) 716-6000 Fax: (919) 716-6050 **Website: www.ncdoj.gov**

This publication is the result of a mandate by the NC General Assembly to ensure that consumers have information about the treatment of hearing loss and the purchase of hearing aids.

The following contributed to its development:

- NC State Hearing Aid Dealers and Fitters Board
- NC Department of Health and Human Services,
  Division of Services for the Deaf and the Hard of Hearing
- NC Attorney General's Office, Consumer Protection Division
- NC Board of Examiners for Speech and Language Pathologists and Audiologists
- AARP North Carolina
- Hearing Loss Association of North Carolina
- North Carolina Association of Hearing Care Professionals
- American Academy of Audiology- North Carolina

Pearson

North Carolina State Hearing Aid Dealers and Fitters Board

Post Office Box 97833
Raleigh, North Carolina 27624-7833
Phone: 919.834.3661 - Facsimile: 919.834.3665
Email: info@nchalb.org

December 15, 2010

Senator William R. Purcell
Co-Chair, Joint Legislative Health Care Oversight Committee
North Carolina Senate
300 N. Salisbury Street, Room 625
Raleigh, NC 27603-5925

Representative Bob F. England, MD
Co-Chair, Joint Legislative Health Care Oversight Committee
North Carolina House of Representatives
300 N. Salisbury Street, Room 303
Raleigh, NC 27603-5925

Representative Jean Farmer-Butterfield
Co-Chair, North Carolina Study Commission on Aging
North Carolina House of Representatives
300 N. Salisbury Street, Room 528
Raleigh, NC 27603-5925

Senator A.B. Swindell
Co-Chair, North Carolina Study Commission on Aging
North Carolina Senate
300 N. Salisbury Street, Room 629
Raleigh, NC 27603-5925

RE: Report of House Bill 1705 Task Force

Dear Esteemed Legislators:

The North Carolina State Hearing Aid Dealers & Fitters Board ("the Board") makes the following report of the finding and recommendations of the Task Force which was coordinated by the Board in accordance with the North Carolina General Assembly Session Law 2010-121, House Bill 1705 ("HB1705").

As provided in HB1705, Section 1.(a), the Task Force is comprised of the following members[1]:

[1]Although Section 1.(a) provides that a physician who treats patients with hearing loss, as recommended by the North Carolina Medical Board, be appointed to the Task Force, the Medical Board was unable to fill the physician position on the Task Force. Therefore, no physician participated in the development of the Task Force findings and recommendations.

Jacqueline M. Jaloszynski, Au.D., Hearing Health Care Services, licensed audiologist and Secretary / Treasurer North Carolina State Hearing Aid Dealers & Fitters Board, *a licensed practicing fitter and seller of hearing aids, as recommended by the North Carolina State Hearing Aid Dealers & Fitters Board;*

Edwin L. Harless, Ph.D., *a practicing audiologist, as recommended by the North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists;*

Jeff Mobley, Hard of Hearing Services Manager, *a representative of the Division of Services of the Deaf and Hard of Hearing, Department of Health and Human services;*

M. Lynne Weaver, Assistant Attorney General, *a representative of the Consumer Protection Division, Office of the Attorney General;*

Julie Bishop, Vice President, Hearing Loss Association—North Carolina, *a consumer of hearing aids, as recommended by the Division of Services for the Deaf and Hard of Hearing, Department of Health and Human Services;*

And *other interested stakeholders*:

Mary Bethel, Associate State Director for Advocacy, AARP North Carolina;

Ray O. Bedsaul, a North Carolina licensed hearing care professional;

John Clell Hamm, President, North Carolina Association of Hearing Care Professionals, and a North Carolina licensed hearing care professional;

Angela Bright Pearson, Au.D., Private Practice Audiologist, Bright Audiology; and member of the North Carolina State Hearing Aid Dealers and Fitters Board.

The Task Force had their first meeting on August 30, 2010 and elected Angela Bright Pearson and Jacqueline M. Jaloszynski to serve as Co-Chairs of the Task Force. The members met together on three separate occasions. The members' work culminated in a user-friendly brochure giving guidelines to consumers seeking information and assistance in the treatment of hearing loss and the purchase of a hearing aid.

The Task Force requested additional time to complete the development of recommended guidelines, and so the North Carolina State Hearing Aid Dealers and Fitters Board secured an extension of time for reporting from both the North Carolina Study Commission on Aging and the Joint Legislative Health Care Oversight Committee to and including December 15, 2010.

The Task Force made a report of its work to the North Carolina State Hearing Aid Dealers and Fitters Board at the December 7, 2010 meeting of the Board, including providing a sample brochure of hearing aid purchasing guidelines, and a website version of the guidelines, which are attached hereto and incorporated herein as part of the report.

TASK FORCE FINDINGS

National statistics now reveal that, on average a person with hearing loss will wait between seven to 15 years before seeking treatment. As a result, untreated hearing loss can result in adverse effects on an individual's physical and mental well-being as well as one's quality of life. This has particularly been noted in older adults when studying not only overall health, but also social participation, isolation, and general safety ramifications.

A previous report to the General Assembly, entitled *The Impact of Hearing Loss on Older Adults in North Carolina,* (November 2009), indicates that the neglect to seek treatment for hearing loss in the State was not due to a lack of availability of professional services. It did indicate that the need for public education on hearing loss and effective treatment was needed throughout the State, particularly among the older adult population. The report presented a thesis that with extensive public education on hearing loss and effective treatment, an individual could feel more comfortable and secure in seeking treatment.

The Task Force concludes that the development and dissemination of a *North Carolina Consumers' Guide on Hearing Loss and Hearing Aids* will be most beneficial to consumers seeking information and assistance in the treatment of hearing loss and the purchase of a hearing aid, and that additional work is needed to address the numerous needs of people with hearing loss in the State of North Carolina.

RECOMMENDATIONS

The Task Force recommends work to develop a public education campaign, including the development of brochures for people affected with hearing loss. An initial brochure has been completed by the Task Force, entitled *North Carolina Consumers' Guide on Hearing Loss and Hearing Aids.* Time constraints do not allow the Task Force to complete additional brochures on topics such as *How to Use Hearing Aids Successfully* and *The Use of Assistive Listening Devices/Telecoils.*

The Task Force further recommends that this Task Force continue its work on other issues which need to be addressed in order to assist and protect the citizens of North Carolina. The Task Force submits that its continued work for one year, in order to further address the numerous needs of people with hearing loss in North Carolina, will be beneficial to the citizens of North Carolina.

The Task Force would like to work in tandem with the North Carolina State Hearing Aid Dealers and Fitters Board, The North Carolina Board of Examiners in Speech and Language Pathology and Audiology, the North Carolina Attorney General's Office, the North Carolina Division of Services for the Deaf and Hard of Hearing as well as other state organizations to protect the citizens of North Carolina and address the issue of the 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 resident of North Carolina.

The Task Force would like to investigate and be able to make recommendations to the General Assembly regarding means of financial assistance for the purchase of hearing aids for all people with hearing loss in the State of North Carolina.

The Task Force recommends the distribution of the completed *North Carolina Consumers' Guide to Hearing Loss and Hearing Aids* brochure by the following methods:

1. The printing of the brochure (sample attached) funded by an allocation from the General Assembly of $10,000.00 in nonrecurring funds for the initial printing. This will result in the printing of approximately 20,000 colored brochures (based on a unit cost of $0.50), to provide to senior centers, retirement communities, various state and private agencies dealing with individual who experience hearing loss, and licensed hearing care professionals in the state (to provide with patient appointment setting and confirmation). Provision of the initial costs will provide the Task Force time to determine and develop the best practices in making future printing self-supportive.

2. The disseminating of a ".pdf" version of the brochure to the following agencies and organizations for inclusion on their websites:

    - North Carolina State Hearing Aid Dealers and Fitters Board
    - North Carolina Board of Examiners for Speech and Language Pathologists and Audiologists
    - The North Carolina Association of Hearing Care Professionals
    - The North Carolina Speech, Language and Hearing Association
    - The North Carolina Chapter of the American Academy of Audiology
    - North Carolina Department of Health and Human Services, Division of Services for the Deaf and Hard of Hearing
    - North Carolina Department of Health and Human Services, Division of Aging and Adult Services
    - North Carolina Department of Health and Human Services, Division of Public Health

3. The offering of the same ".pdf" version of the brochure, as listed above, for placement on any private or state organization's website serving people with hearing loss upon request in writing to the North Carolina State Hearing Aid Dealers and Fitters Board.

In order to disseminate this information to all of those citizens who will benefit from the use of the *North Carolina Consumers' Guide to Hearing Loss and Hearing Aids*, the Task Force believes that both printed brochures and website versions are essential.

This report is respectfully submitted to the North Carolina Study Commission on Aging and the Joint Legislative Health Care Oversight Committee, pursuant to HB170 Section 1.(b), this the 15th day of December, 2010.

THE NORTH CAROLINA STATE HEARING AID DEALERS AND FITTERS BOARD

Edward E. Adkins, Jr.
President of the Board

Peterson

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

SESSION LAW 2010-121
HOUSE BILL 1705

AN ACT TO REQUIRE THE HEARING AID DEALERS AND FITTERS BOARD TO COORDINATE A TASK FORCE THAT WILL DEVELOP GUIDELINES FOR CONSUMERS TO USE WHEN PURCHASING A HEARING AID, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Hearing Aid Dealers and Fitters Board shall coordinate a task force to develop recommended guidelines for consumers seeking information and assistance in the treatment of hearing loss and the purchase of a hearing aid. The task force shall include a licensed practicing fitter and seller of hearing aids, as recommended by the NC Hearing Aid Dealers and Fitters Board; a consumer of hearing aids, as recommended by the Division of Services for the Deaf and Hard of Hearing, Department of Health and Human Services; a practicing audiologist, as recommended by the NC Board of Examiners for Speech and Language Pathologists and Audiologists; a physician who treats patients with hearing loss, as 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, Office of the Attorney General; and may include other interested stakeholders.

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

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

In the General Assembly read three times and ratified this the 9th day of July, 2010.

s/ Walter H. Dalton
President of the Senate

s/ Joe Hackney
Speaker of the House of Representatives

s/ Beverly E. Perdue
Governor

Approved 3:35 p.m. this 20th day of July, 2010

Recommendations from the Study Commission on Aging

Proposed Changes to Recommendations approved 1/13/11

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; and NC Association of County Directors of Social Services, and other agencies applicable

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.

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.

Background on Draft Recommendations from the Study Commission on Aging

Proposed Changes

Recommendation 1: Maintain HCCBG Funding

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

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

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. An Executive Summary can be found at: 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

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

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 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

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; and NC Association of County Directors of Social Services.

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 24th among the 50 states in the number of fraud complaints per capita and 21st 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; and NC Association of County Directors of Social Services 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.

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

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.

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

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.

Agenda

North Carolina Study Commission on Aging

Thursday, January 13, 2011
10:00 a.m.
Legislative Office Building
Room 544

I. Welcome and Comments

Representative Jean Farmer-Butterfield, Cochair
Senator A.B. Swindell, Cochair

II. Summary of Substantive 2010 Legislation Related to Aging
2010 Study Commission Recommendation Status Report
Tentative Meeting Schedule & Presentation of Commission Budget

Sara Kamprath, Commission Staff, Research Division, NCGA
Theresa Matula, Commission Staff, Research Division, NCGA

III. Update on Aging Programs and Services
Preparations for Aging Baby Boomers
Project CARE Plan Development/Implementation (S.L. 2010-31, Sec. 10.35B)

Dennis Streets, Director, Aging and Adult Services, DHHS

IV. Report on Co-Location in Adult Care Homes (S.L. 2009-451, Sec. 10.78ff(3))

Pam Silberman, President and CEO, Institute of Medicine

V. Fraud Against the Elderly

Ran Coble, Executive Director, NC Center for Public Policy

VI. Levels of Education and Training for Nurse Aides (S.L. 2010-69, (SB 1191))

Jesse Goodman, Division of Health Service Regulation, DHHS

VII. Presentation of Draft Recommendations for Consideration

Theresa Matula, Commission Staff, Research Division, NCGA

VIII Review and Approval of Minutes: 3/24/10, 4/1/10, 4/22/10, 5/11/10

IX. Next Meeting: January 25

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

Recommendation	Result
Recommendation 1: Maintain HCCBG Funding 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).	This recommendation did not require legislation.
Recommendation 2: Maintain Funding for Senior Centers, Project C.A.R.E., and Other Vital Support Programs and Services 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.	This recommendation did not require legislation.
Recommendation 3: Hearing Loss Treatment Task Force 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.	In response to this recommendation, HB 1705 and SB 1203 and were introduced. 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.

COMMENDATION	RESULT
<u>Recommendation 4:</u> Review of Nurse Aide Training Requirements 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.	In response to this recommendation, HB 1732 and SB 1191 were introduced. 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.
<u>Recommendation 5:</u> Long-Term Care Partnership Program 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.	In response to this recommendation, HB 1704 and SB 1193 were introduced. 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.
<u>Recommendation 6:</u> Include Dentist on the Commission on Children with Special Health Care Needs 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.	In response to this recommendation, HB 1694 and SB 1204 were introduced. 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.

RECOMMENDATION	RESULT
<u>Recommendation 7:</u> Special Needs Dental Care Workforce Development 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.	In response to this recommendation, HB 1693 and SB 1194 were introduced. 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.
<u>Recommendation 8:</u> Medicaid Dental Services 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.	In response to this recommendation, HB 1692 and SB 1192 were introduced. 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.

RECOMMENDATION	RESULT
Recommendation 9: Additional Mobile Dental Units 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.	This recommendation did not require legislation.
Recommendation 10: Refining Aging and Long-Term Care Statutes in NC The Study Commission on Aging recommends the General Assembly update and refine North Carolina's General Statutes on aging and long-term care.	In response to this recommendation, HB 1698 and SB 1190 were introduced. 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.
Recommendation 11: Adult Day Care Participant Protection 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.	In response to this recommendation, HB 1703 and SB 1189 were introduced. 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.

Theresa

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)

Theresa
Budget Approved

NORTH CAROLINA STUDY COMMISSION ON AGING

2011 COMMISSION BUDGET ESTIMATE

Prepared 1/7/11

1.	Legislative Members Subsistence $104 x 10 (*number of legislative members*) x 1 ½ (*Half of members using two days subsistence*) x 2 (*number of meetings*)	$3,120
2.	Non-Legislative Members Subsistence $102.75 x 6 (*number of non-legislative members*) x 1 ½ (*Half of members using two days subsistence*) x 2 (*number of meetings*)	$1,850
3.	Travel Expenses $58.00 * x 10 (*number of GA members*) x 2 (*number of meetings*) $66.00 ** x 6 (*number of public members*) x 2 (*number of meetings*) * Average 200 miles round trip x $.29 = $58.00 ** Average 200 miles round trip x $.33 = $66.00	$1,952
4.	Clerical Staff Average of $613 ** x 2 (*number of meetings*) ** $613 = average salary with benefits for 5 day work week	$1,226
5.	Professional Staff (To be used if other than legislative professional staff is employed)	$0
6.	Special Travel and Expenses	$200
7.	Postage and Telephone	$200
8.	Supplies	$250
9.	Copying and Printing	$1,500
10.	Reserve	$4,702
TOTAL		**$15,000**

Rev. 9/08

Study Commission on Aging

•Update on Aging Programs and Services
•Preparations for Aging Baby Boomers
•Project CARE Plan Development/Implementation (S.L. 2010-31, Sec. 10.35B)

Some Noteworthy Statistics

•More than 4 in 10 of those age 75+ have income less than 200% of poverty level
•More than 89,600 grandparents are responsible for [redacted] minor grandchildren
•More than a quarter of NC's population today are aging boomers (47-65 years old)
•Nearly a quarter of persons 65+ are Veterans; more than a third of NC's Veterans are 65+
•1 in 10 of 65+ households do not have a car
•About 385,000 residents age 65+ in NC are visually impaired or blind
•Over 170,000 older adults in NC currently have Alzheimer's or other dementia; by 2030, 288,000

Quick Overview of Status of Some Programs and Services

•Need for home and community services continues to stress HCCBG
•Growing pressure on Adult Protective Services
•Senior Centers trying to do more with less
•Special Assistance participation higher than projected

Overview of Home and Community Care Block Grant (HCCBG)—NC, a leader

•General Assembly established HCCBG in July 1992
•Combined federal Older Americans Act, Social Services Block Grant, and relevant State Appropriations
•Gave counties greater discretion and authority in determining services, service levels, and providers
•Counties choose among 18 eligible services
•Focus on supporting frail elderly at home, improving physical & mental health, assisting with access to services & information, providing family caregiver relief, and helping seniors remain active

Status of the Home and Community Care Block Grant

•Overall funding has increased about 24% since SFY 2000-01; State funds by about 16%—taking into account non-recurring reductions in allocated funds
•Statewide utilization/expenditure rate remains very high—99.1% in SFY 2009-10

•Service unit costs have increased
•Decrease in clients served (-9.7%) and total service units (-16.5%) between July 1, 2000 – June 30, 2010; while NC population age 60+ and 75+ grew by 34% and 25%
•Wait list estimated between 16-17,000

S.L. 2009-407 (SB 195)
•Called on UNC Institute on Aging and DAAS to help State prepare for increased numbers of older adults by:
❖Organizing and facilitating meetings to identify and prioritize issues for the State to address
❖Working with others to establish a web site with information on fostering retiree and volunteer involvement, and models of local planning efforts

Preparing for an Aging NC
www.aging.unc.edu/service/preparing/index.html

Governor's Regional Roundtables—*Building a Livable and Senior-Friendly North Carolina*
•Health and Aging
•Economics of Aging
•Access and Choice in Services and Supports
•Lifelong Engagement and Contributions
•Homes and Neighborhoods
•Safe Communities

Issues from Regional Roundtables—People want....
•Better linkages between health and home and community care providers
•Sufficient # of qualified professionals and paraprofessionals
•Access to preventive care
•Access to affordable dental and mental health care
•Education and training opportunities to retool older workers
•Supports to help people age in the community
•Clear information about the choices that individuals and family caregivers have
•Adequate transportation and housing
•More positive image of aging

Executive Order No. 54—Focus of Assessment
•Studies, plans and reports
•Aging of State's workforce and response
•Effect on policies, programs and services

•Use of technology and adaptive devices
•Adaptation of built environment
•Collaboration with other organizations
•Involvement of older adults, their families and caregivers
•Use of senior volunteers
•Upcoming challenges and issues
•Programs/activities underway to assist local communities

Aging Liaison Role
✓Attend orientation
✓Communicate purpose & expectations
✓Assure timely & informed completion of assessment
✓Serve as key contact
❖Attend & possibly present at Governor's Conference
❖Report to Governor's Advisory Council on Aging on request
❖Promote ongoing communications about aging matters
❖Participate in follow-up meetings to review results and help plan for local assessment
➢Coordinate collection and maintenance of information for public web-hub
➢Offer input for State Aging Plan
➢Help dispel myths and encourage consideration of aging perspective

***Preliminary* Assessment Findings**
Almost two-thirds have not produced any recent plans, reports, etc. related to aging
·89% know the # of employees eligible to retire; 72% know which departments/units will experience most critical brain drain; 6% have a plan to address this skills loss
·Nearly three-quarters say that there are not human resource policies that make it easier to retain older workers; and there are policies/practices that make it more difficult to hire back retirees to meet skill needs
·13% of agencies have staff spending some time focused on preparing for an aging workforce; while nearly three-quarters see the aging workforce as a real future challenge
·75% anticipate an increase in demand for their programs and services; 37% have made recent changes in how their implementation of these to accommodate this increased demand; 44% have not yet begun planning for this increased demand; 32% have a staff member who has some time designated to preparing for this increased demand
·Nearly two-thirds (60%) of the agencies do not directly solicit the view of older adults, their families, or caregivers, in helping shape programs/services
·Only 15% of agencies have volunteer programs that engage older adults to extend capacity of their workforce
·Only 13% offer staff elder care information

"As we all know — our state will see a huge wave of older citizens in the 21st century....We can't go over this wave — we can't go under it — we can't go around it. We must meet this challenge head-on. We must come up with creative solutions to make senior services work better for our aging population in these tight budget times." —Governor Perdue, remarks at Governor's Conference on Aging

Some views from the *Governor's Conference on Aging*—Themes for Health and Human Services

- Ease navigation of service system
- Help seniors stay at home as long as possible
- Assure quality residential/facility care when needed
- Promote flexibility in use of funds
- Strengthen linkage between health care and community service providers
- Expand health promotion and disease prevention
- Strengthen health care workforce
- Support informed planning [personal & community]

The *Governor's Conference on Aging*—Workforce & Economics of Aging

- Identify and promote workplace strategies
- Value retraining and retooling
- Recruit, train & retain aging and health care workforce
- Promote volunteerism
- Promote business of aging
- Support family caregivers
- Expand health promotion
- Support informed planning

The *Governor's Conference on Aging*—Some Other Themes

- Strengthen coordination among state and local agencies to reduce fragmentation
- Ensure universal access to lifelong learning opportunities
- Promote universal design in public and private housing
- Increase transportation options
- Increase participation among seniors, advocates, and public and private partners in planning and promoting livable and senior-friendly communities
- Encourage volunteerism as a resource, taking into account the different interests among the generations
- Promote prevention of abuse, neglect, and exploitation of older adults and people with disabilities
- Expand assessment and planning for aging readiness to the local, faith and business communities
- Educate all about aging issues and the complexities of care

The Challenge of Caregiving

•The detrimental effects of providing long-term care to a person with a serious illness or disability have emerged as a critical public health issue.

•Dementia caregivers, in particular, are exposed to chronic stress that is persistent and often uncontrollable and unpredictable—and generates tremendous physical and psychological strain.

The Importance of Caregiver Respite

•Family caregivers identify respite as one of their greatest needs.
•Respite care has been shown to reduce likelihood of abuse and neglect, help sustain family care capacity, and prevent or delay out-of-home placements.
•Respite represents a continuum of services based on individual needs.
•Dementia caregivers need sufficient and regular amounts of respite.
•Respite is most helpful before the caregiver becomes exhausted and overwhelmed.
•The most successful respite program offers flexibility and consumer control.

Basics of NC Project C.A.R.E.

•Since 2001, has used a family consultant approach to provide consumer-directed respite and comprehensive support to caregivers of people with dementia.

•Direct partners include the Duke Family Support Program, Mecklenburg DSS, Area Agencies on Aging, Park Ridge Health, and many other local providers.

•There are currently 5 program sites serving 25 counties.

•Recognized nationally as a best practice model and is supported by NC's aging advocates.

S.L. 2010-31, Sec. 10.35B

•DAAS was directed to develop and implement a plan for use of the $200,000 in recurring funds to support Alzheimer's-related activities consistent with Project C.A.R.E.
•DAAS used three basic criteria.
•DAAS has formed an ad-hoc Project C.A.R.E. Advisory Team that includes representation from the Governor's Advisory Council on Aging.
•Current use of the $200,000:
➢$60,000 to Park Ridge Health to help administer Project C.A.R.E. in western counties
➢$60,000 to Duke Family Support Program (up from $50,000) reflecting expanded role in support of Project C.A.R.E.
➢$80,000 for direct respite in support of Project C.A.R.E.
➢Funds are an important source of match for the federal Alzheimer's grant.

Potential Effect of Loss of $500,000 for Project C.A.R.E.

·**Impact of losing the $500K in state Project C.A.R.E. funds (includes the 11 additional counties added this fiscal year):**

·**59%** reduction in direct respite care funding (total respite funding for next fiscal year would be $250K: $356,250 less than the current level of $606,250)
·**59%** loss in number of families receiving respite care services from federal and state sources (from 243 to 100 families)
·**36%** loss in staff capacity (from 11 staff back to the original 7 FTE)
·**29%** loss in program reach (from 7 sites back to the original 5 program sites)
·**32%** reduction in counties served (from 34 back to 23 counties maximum)

·***Loss in expansion potential (i.e., planned expansion for FY11-12 via new federal grant funds):**

·**$125,000 less** in additional direct respite services funding
·**50** additional families would not receive respite care funding
·**8** additional counties would not be reached by Project C.A.R.E.
·**700** families would not be served overall – the proposed expansion from 23 counties to a total of 44 counties would have at least doubled the program's overall service capacity (respite and consultation services combined)

Factors Affecting an Aging North Carolina

- State budget shortfall and looming budget reductions
- Federal budget deficit
- Graying and browning of NC and US
- Future of health care reform, including the CLASS Act
- Political changes and influence of older voters

Senior Tar Heel Legislative Priorities

- Sustain and expand Project C.A.R.E.
- Support home and community-based services
- Support senior centers
- Mandate pre-employment and random drug testing for employees of nursing and assisted living facilities
- Promote dental care for frail elderly and adults with intellectual/developmental disabilities

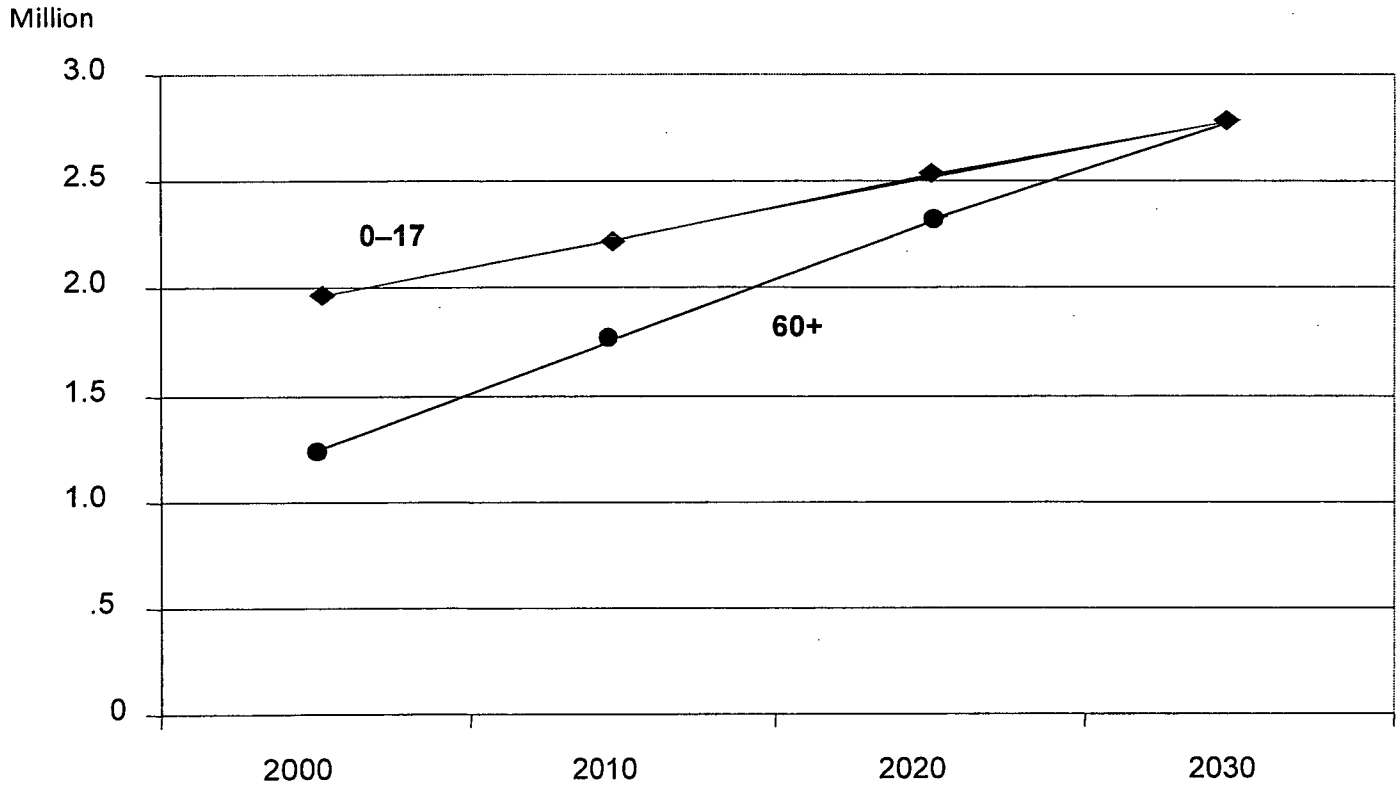
Governor's Advisory Council Recommendations—Funding-Related

·While the Council would support a $2 million non-recurring reduction in funds for the Home and Community Care Block Grant (HCCBG), the Council encourages:
➢sustaining funding for the HCCBG

➢maintaining funds sufficient to support Project C.A.R.E., to include continuing the $500,000 in non-recurring funds that are set to end June 30, 2011, and changing this to a recurring source of support.
•The Council encourages efforts to sustain funding for Senior Centers and Adult Protective Services.
•While mindful of the pressure for significant reductions in all areas, including the Medicaid optional services, the Council encourages consideration of the merits of both the Community Alternatives Program and adult dental services.
•While the Council continues to support NC Senior Games, it would support some reduction in State funding—its recommendation is a non-recurring reduction of up to 15% ($26,250).

Governor's Advisory Council Recommendations—Other
•The Council supports maintaining the mission of the Home and Community Care Block Grant in terms of supporting local planning and providing counties with discretion and authority in determining services, service levels, and providers tied to eligible services.
•The Council values its participation as a member of the Aging Assessment Team as identified in Executive Order No. 54, and supports ongoing efforts to develop and effectively use the new Corps of Aging Liaisons across state government.
•The Council encourages consideration of the recommendations of the North Carolina Public Policy Research Center in its studies of the aging population, to include examining: (1) how the Commissioner of Banks, the financial management industry, and law enforcement can further partner to prevent fraud against the elderly; and (2) the merits of giving the Attorney General the power to prosecute fraud against the elderly.
•Given the stressed resources of local service agencies, especially the private non-profits (e.g. senior centers, adult day service centers), the Council encourages ways to facilitate easier transfer of state surplus and donated equipment, furniture and supplies to these entities.
•The Council encourages the NC Commission on Volunteerism and Community Service to make every effort to support effective use of older persons and aging boomers as resources within organizations and communities across North Carolina.
•The Council encourages the university and community college systems to take steps to assure the availability of professional and paraprofessional direct care workers to meet the needs of our aging population.

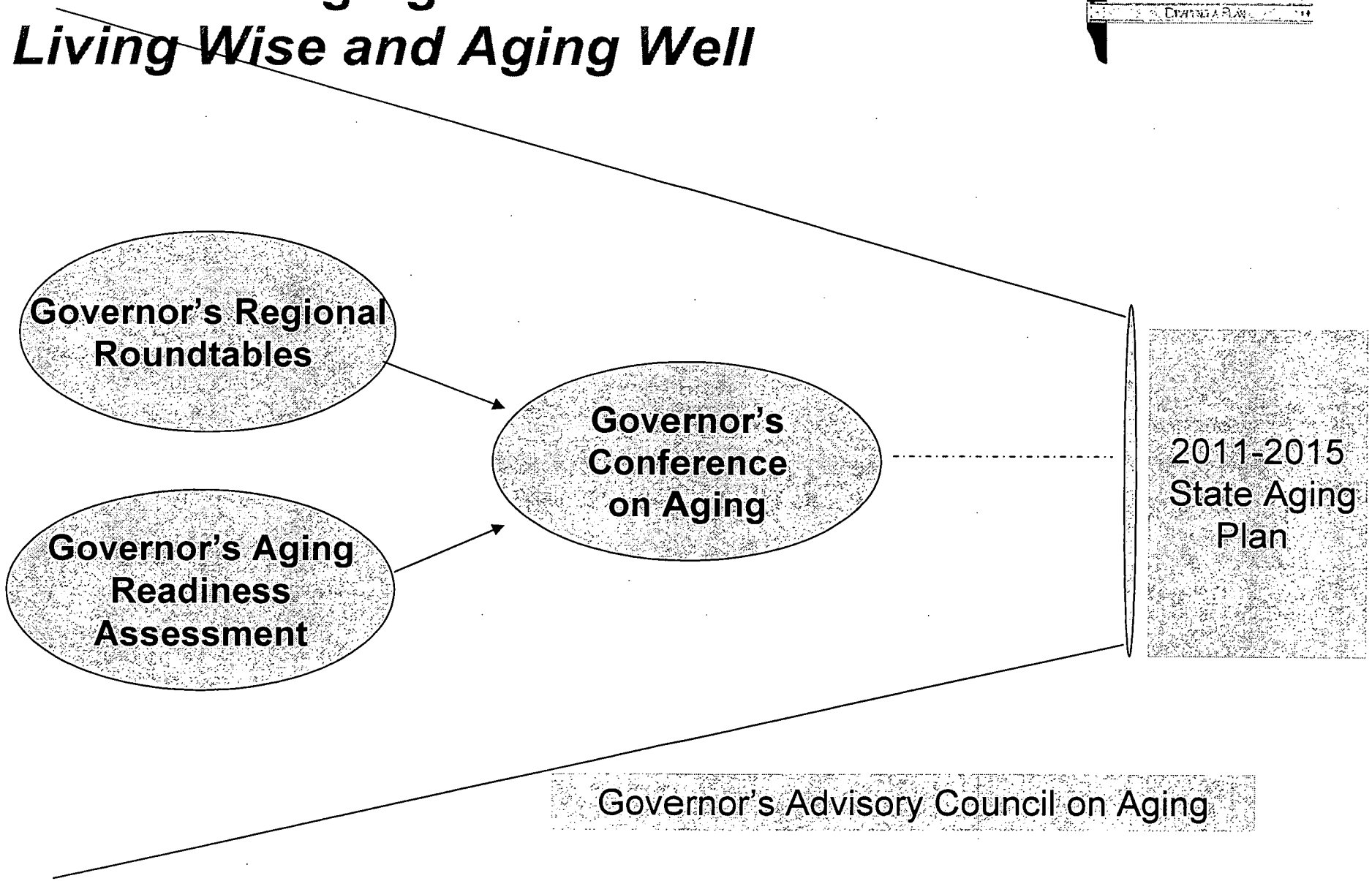
Growth of North Carolina Population 2000 to 2030



Source: NC State Data Center

Focus on Aging—
Living Wise and Aging Well

BUILDING A LIVABLE AND SENIOR-FRIENDLY NORTH CAROLINA
DRAFTING A PLAN



Reported Public Expenditures by Agency/Funding Source for Services to 60+, SFY 2009-10 [08-09]

Agency/ Funding Source	Total Expenditures	Percent of Total
Medical Assistance	$2,656,105,768 [$2.6b]	84.3% [83.7%]
Social Services*	$242,400,633 [$215m]	7.7% [6.9%]
Mental Health	$163,160,959 [$209m]	5.2% [6.7%]
Aging and Adult Services*	$72,900,863 [$68.5 m]	2.3% [2.2%]
Other Agencies	$17,613,172 [$18m]	0.5% [0.5%]
TOTAL	$3,152,181,395 [$3.15b]	100%

*DAAS administers $106,718,195 that is in the DSS budget; adjusted DAAS total is $179,619,058 or 5.7%; adjusted DSS total is $135,682,438 or 4.3%

North Carolina Department of Health and Human Services
Division of Aging and Adult Services
2101 Mail Service Center • Raleigh, North Carolina 27699-2101

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Dennis W. Streets
Director

MEMORANDUM

To:

The Honorable Jean Farmer-Butterfield
Co-Chair
Study Commission on Aging
North Carolina General Assembly
Room 528, Legislative Office Building
Raleigh, NC 27603

The Honorable A.B. Swindell
Co-Chair
Study Commission on Aging
North Carolina General Assembly
Room 629, Legislative Office Bldg.
Raleigh, NC 27603

ATTENTION: Theresa Matula

FROM: Dennis W. Streets

SUBJECT: SL2010-31, 10.35B

DATE: October 1, 2010

Pursuant to Section 10.35B of Session Law 2010-31 (Senate Bill 897), the Division of Aging and Adult Services (DAAS), Department of Health and Human Services, was directed to develop and implement a plan for use of the two hundred thousand dollars ($200,000) in recurring funds to support Alzheimer's-related activities consistent with the goals of Project Caregiver Alternatives to Running on Empty (Project C.A.R.E.). This report is to be submitted to the Governor's Advisory Council on Aging, the North Carolina Study Commission on Aging, and the Fiscal Research Division by October 1, 2010, for the 2010-2011 fiscal year, and then annually thereafter.

At the meeting of the Governor's Advisory Council on Aging on September 21, 2010, Division Director Dennis Streets briefed the Council on the plans for use of these funds for the 2010-2011 fiscal year and invited the Council to select several of its members to work with the decision in planning for use of these funds in subsequent years. The Council agreed to have at least two members assist in this way.

For the current year, the Division determined allocation of the funds using three basic criteria: (1) funding addresses an immediate and important Project C.A.R.E. goal; (2) other resources are not available to meet this goal; and (3) there is direct benefit to family caregivers whenever possible. The allocation of funds identified below meets these criteria:

Fund Recipient	Funding Total	Rationale
Park Ridge Health	$60,000	Effective July 1, 2010, Park Ridge assumed responsibility for administering Project C.A.R.E. in much of western NC and also became the training and technical assistance hub for helping grow the program across the state. These funds help stabilize the project's needed programmatic support for these roles. [see http://www.parkridgehealth.org/experience-park-ridge/news-and-media/project-care-moves-park-ridge-hospital]
Duke Family Support Program	$60,000	This represents a $10,000 increase in the previous support received by the Duke Family Support Program ($50,000) and reflects the expanding role that the program plays in support of Project C.A.R.E. [see http://www.geri.duke.edu/service/dfsp/index.htm]
Unknown at this point; but will be used for respite services	$80,000	DAAS submitted a proposal to the U.S. Administration on Aging that included $80,000 of these funds to match another federal Alzheimer's grant. As proposed, these State funds would be used for direct respite services of family caregivers assisted through Project C.A.R.E. The federal grant funds do not support respite, which is a vital need of these caregivers. DAAS was just notified of the award of the grant. [See http://www.aoa.gov/AoAroot/Press_Room/For_The_Press/pr/archive/2010/September/09_27_10.aspx]
	$200,000	

Please contact me if there are any questions about this report, the use of these funds, or about Project C.A.R.E.

North Carolina Department of Health and Human Services
Division of Aging and Adult Services

Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Dennis W. Streets
Director

November 1, 2010

The Honorable Jean Farmer-Butterfield
Co-Chair
Study Commission on Aging
North Carolina General Assembly
Room 528, Legislative Office Building
Raleigh, NC 27603

The Honorable A.B. Swindell
Co-Chair
Study Commission on Aging
North Carolina General Assembly
Room 629, Legislative Office Building
Raleigh, NC 27603

Dear Representative Farmer-Butterfield and Senator Swindell:

We are pleased to present to you a progress report on Senate Bill 195 (Session Law 2009-407). The Division of Aging and Adult Services (DAAS) and the University of North Carolina Institute on Aging (IOA) have collaborated with a variety of key stakeholders to carry out the requirements called for in the legislation. We submitted our initial report to you on March 1, 2010.

Key Activities and Accomplishments

Governor's Policy Roundtables This past spring a series of six Governor's Aging Policy Roundtables were held across the state to identify critical issues that require effective policy and programmatic responses. These roundtables were offered through a collaborative effort of the Office of the Governor and her Advisory Council on Aging, the NC Division of Aging and Adult Services, the University of North Carolina (UNC) Institute on Aging, and the North Carolina Association of Area Agencies on Aging. More than 600 participated including older adults, aging boomers, caregivers, advocates, government officials, faith-based leaders, representatives from local businesses and organizations, educators, and researchers. Those who were unable to participate in person provided their input online.

Each roundtable focused on a different major area relevant to older adults and their families and communities: health and aging, the economics of aging, access and choice in services and supports, life engagement and contributions, homes and neighborhoods, and safe communities. These same areas framed the policy discussions at the Governor's Conference (described later in the report). All the issues identified at the roundtables were considered in the development of white papers/issue briefs written by content experts for use in the policy sessions at the Governor's Conference.

The Executive Summary of the Policy Roundtables with the top three issues can be found at:
http://www.aging.unc.edu/service/preparing/PolicyRoundtableSummary_exec.pdf

The Full Report with all issues can be found at:
http://www.aging.unc.edu/service/preparing/PolicyRoundtableSummary_full.pdf

Assessment of the State's Readiness for an Aging Population For the first time in North Carolina's history, the state is undertaking a serious examination of its readiness to meet the opportunities and challenges of an aging population. Through Executive Order 54 (http://www.governor.state.nc.us/NewsItems/ExecutiveOrderDetail.aspx?newsItemID=1013), Governor Perdue called upon her cabinet agencies to participate in this assessment and also encouraged other state agencies to do the same, including those under the authority of The Board of Governors of the UNC System, the State Board of Community Colleges, the State Board of Education, and the Council of State. The Governor instructed the Division of Aging and Adult Services and her Policy Office to work with the UNC Institute on Aging and her Advisory Council on Aging to carry out the assessment. All 50 state agencies included in the assessment have designated an Aging Liaison to assist with the assessment, the initial phase of which is focused on such topics as the aging of the workforce; implications for policies, planning, and resources; use of adaptive and smart technologies; modifications of the built environment; work with the private sector, local governments, and seniors themselves; and best practices. Preliminary results of the state assessment were used in shaping the policy sessions at the Governor's Conference, and a report on the assessment was provided in a plenary session at the conference. Governor Perdue is also encouraging completion of a local assessment, to be undertaken following the state-level assessment.

Key Informant Survey In preparation for the 2010 Governor's Conference on Aging, the NC Department of Health and Human Services and its Division of Aging and Adult Services shared the results of the Regional Roundtables with more than 120 opinion leaders/key informants/content experts and asked that they share their views via a web-based survey. More than 40 individuals responded. DAAS staff members organized and categorized the responses into the six topical areas, with an emphasis on actions the State could take. The informants were reminded of the serious economic and budget situation the State faces and the importance of identifying priorities and creative approaches to maximize the effect of available resources. Through the web-based survey, this diverse group of content experts and opinion leaders gave their ideas about existing policies and programs, immediate and longer-term actions that could make a positive difference without requiring new resources, and wise investments for the future of aging in the state that would require additional resources. Results of this survey were presented during the conference's policy sessions.

Results can be found at:
http://www.aging.unc.edu/nccoa/2010/presentations/key%20informant_10_6_10.pdf

Governor's Conference on Aging The Governor's Conference on Aging in North Carolina culminated a year of preparation and activities associated with Governor Perdue's *Living Wise and Aging Well* initiative. The Conference was held on October 13 -15 in Durham with record attendance of more than 650 older adults, aging boomers, aging service providers, faith and business leaders, advocates, academics, and other experts in the aging field and other disciplines. Information gathered from the policy roundtables, the state agency readiness assessment survey, and the content experts' survey was shared at the policy and plenary sessions to aid participants in recommending strategies to guide future state policy and programs. The recommendations of the conference participants will help draft the plan for building a more livable and senior-friendly North Carolina, and more specifically, the *State Aging Plan* for 2011–2015. Most importantly, it will lay the groundwork for day-to-day efforts to meet the challenges of our aging population and also realize the many benefits of a mature society. We must all share a commitment to what Governor Perdue set as our overarching goal: *Building a Livable and Senior-Friendly North Carolina for Living Wise and Aging Well.*

The Issue Briefs developed for the conference Policy Sessions can be found at:
http://www.aging.unc.edu/nccoa/2010/PolicyBriefs2010Booklet.pdf

The Preliminary Summary Report from the Policy Sessions can be found at:
http://www.aging.unc.edu/nccoa/2010/presentations/ReportsfromthePolicySessions.pdf

The Governor's welcome and Ran Coble's presentation can be found at:
http://www.aging.unc.edu/nccoa/2010video/ http . Ran Coble, executive director of the NC Public Policy Research Center, gave the opening keynote address for the conference. He highlighted some of the Center's nationally award winning work focused on the implications of an aging North Carolina (see http://www.nccppr.org/drupal/).

Should you have any questions regarding this work, please contact Joyce Massey-Smith at the Division of Aging and Adult Services at 919-733-8400 (Joyce.Massey-Smith@dhhs.nc.gov) and Bill Lamb at the UNC Institute on Aging at 919-966-9444 (bill_lamb@unc.edu).

Sincerely,

Dennis W. Streets, Director
NC Division of Aging and Adult Services

Dr. Peggye Dilworth-Anderson, Interim Co-Director
UNC Institute on Aging
Professor, Health Policy & Management
UNC School of Public Health

Dr. Mary H. Palmer, Interim Co-Director
UNC Institute on Aging
Helen W. & Thomas L. Umphlet Distinguished Professor in Aging
UNC School of Nursing

Pam

NCIOM Task Force on the Co-Location of Different Populations in Adult Care Homes

Presented to the North Carolina Study Commission on Aging

Pam Silberman, JD, DrPH
President & CEO
North Carolina Institute of Medicine

January 13, 2011

NCIOM North Carolina Institute of Medicine
shaping policy for a healthier state

Overview

- Background on the North Carolina Institute of Medicine
- Charge to the Task Force
- Background
- Task Force Recommendations

NCIOM

NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
  - Be concerned with the health of the people of North Carolina
  - Monitor and study health matters
  - Respond authoritatively when found advisable
  - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS 90-470

NCIOM

NCIOM Task Force on the Co-Location of Different Populations in Adult Care Homes

- In 2010 the North Carolina General Assembly asked the NCIOM to convene a Task Force to study:
  - Short- and long-term strategies to address issues within adult care homes that provide residence to persons who are frail/elderly and to persons with mental illness.
  - Section 10.78(ff) of Session Law 2009-451
- The Task Force met eight times between February and December of 2010

NCIOM

Task Force Funding

- Task Force funded through the Substance Abuse Prevention and Treatment Block Grant (SAPTBG) through the Center for Substance Abuse Treatment (CSAT)
  - Funded as part of the SAPTBG block grant that flows to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services

NCIOM

Task Force Membership

- **Co-Chairs**
  - **Jean Farmer-Butterfield**, Representative, North Carolina General Assembly
  - **John Snow, JD**, Senator, North Carolina General Assembly
  - **Maria F. Spaulding**, Deputy Secretary for Long-Term Care and Family Services, North Carolina Department of Health and Human Services
- There were 41 additional Task Force and Steering Committee Members

NCIOM

Task Force Report

- The final Task Force report will be delivered to the North Carolina General Assembly later this month
- Task Force developed nine recommendations with two designated as priority recommendations

NCIOM

Background on the Issue

- Although most people think of adult and family care homes (ACH) as homes for the frail elderly, actually the ACHs in North Carolina serve more than 18,000 residents with mental illness, intellectual and developmental disabilities, or Alzheimer disease/dementia.
  - Data is not currently captured on the numbers of people with a primary diagnosis of an addiction disorder
- These residents comprise 64% of all ACH residents and more than 75% of residents ages 18 to 64

NCIOM

Background on the Issue

- The placement of individuals with mental illness, substance abuse problems, intellectual and developmental disabilities, and other conditions that may result in serious behavioral problems can pose a threat to the health and safety of other residents and the staff of ACHs.
  - Serious behavioral problems include verbal or physical aggressiveness towards self or others, or inappropriate sexual behaviors

NCIOM

Background on the Issue

- ACHs may be suitable for the frail elderly or others who need assistance with activities of daily living (ie, dressing, bathing, feeding)
  - However, ACHs are not appropriate placements for people with significant behavioral problems
- Many individuals with disabilities have few other viable options if they need housing and support services

NCIOM

Background on the Issue

- Ideally the Task Force would like to see individuals with disabilities provided with a range of options to live more independently in their community with care and support services
  - This would promote self-sufficiency for younger people with disabilities
  - This would also help reduce problems created by the co-location of people with behavioral problems with the frail elderly or others with disabilities

NCIOM

Task Force Recommendations

- The Task Force developed both short-term recommendations to improve the current system and longer-term recommendations aimed at reducing or preventing the problem of co-location from occurring

NCIOM

Longer-Term Recommendations

- The longer-term recommendations focus on ensuring that individuals with disabilities have choices about where they live and the kinds of services and supports they receive by:
  - Making funding for housing more flexible
  - Developing more subsidized housing for individuals with disabilities
  - Increasing community based services and supports

NCIOM

Pilot Program (Rec. 3.1: PRIORITY)

- DHHS should develop a pilot program to provide opportunities for individuals residing in ACHs to move into independent supported housing
  - DHHS should
    - Submit a Medicaid home and community based (HCBS) waiver
    - Evaluate ACH residents to see if they can live independently
    - Evaluate the pilot and report back to the NCGA
  - As part of the pilot, NCGA should
    - Provide the same level of Special Assistance funding to those who move into independent housing as provided to those who live in ACHs
    - Appropriate $100,000 in SFY 2012-2014 to support technical assistance for ACH that want to transition to supported housing models

NCIOM

Increase Funding for Housing for Individuals with Disabilities
(Rec. 3.2)

- The NCGA should appropriate $10 million in additional recurring funding beginning in state fiscal year 2011 to the North Carolina Housing Finance Agency to increase funding to the North Carolina Housing Trust Fund.
  - A significant portion of the funding should be targeted for housing for individuals with disabilities.

NCIOM

Short-Term Recommendations

- The Task Force recognized the importance of working on *longer-term goals* of expanding housing options, and community-based services and support to help people with disabilities live more independently
- In the *short-term*, the Task Force recommended other changes to ensure the needs of people with disabilities and others in ACHs are being met. These changes include:
  - Screening, assessment, and care planning
  - Training requirements

NCIOM

Screening, Assessment and Care Planning

- The current system for screening residents before entry into ACHs, assessing their needs upon entry, and determining a treatment plan is inadequate.
  - ACHs need more complete and accurate information about a potential resident's health care needs, cognitive functioning, ability to perform activities of daily living, mental health, and behavioral problems *prior* to placement to ensure that placement is appropriate for the individual and other residents
  - Similar information is needed to develop a patient-centered treatment plan

NCIOM

Standardized Preadmission Screening and Assessment Instruments (Rec. 4.1: PRIORITY)

- The NCGA should direct the DHHS to require adult care homes and family care homes (ACH), and mental health, developmental disability, and substance abuse group homes (122C) to use standardized preadmission screenings, level of services determinations, assessments and care planning instruments.

NCIOM

Standardized Preadmission Screening and Assessment Instruments (cont'd)

- The system should include an initial screening to determine if a person has a mental health or substance abuse problems, or intellectual and developmental disabilities
  - If so, then the person should be subject to a more thorough screening to determine if the person has behavioral problems and/or needs wrap-around services from the LME
- Data should be available to ACH staff, service providers, LMEs, and state agencies
- NCGA should appropriate $900,000 in recurring funds (SFY 2012); and $228,000 (SFY 2012), $205,000 (SFY 2013) in non-recurring funds

NCIOM

Case-Mix Adjusted Payments (Rec. 4.3)

- DHHS should use the information obtained from validated assessment instruments (Rec 4.1) to develop case-mix adjusted payments for adult and family care homes and 122C facilities. Payments should be adjusted on the basis of the acuity of a person's needs for services and supports

NCIOM

Training

- Workers in ACHs receive varying degrees of training and specialization, but most of the training is focused on providing basic personal or medical care to individuals.
- Because individuals with disabilities account for more than 60% of residents of ACHs, more training on ways to interact with and to care for individuals with disabilities is needed to ensure the safety and well-being of residents and staff

NCIOM

Use Geriatric/Adult Mental Health Specialty Teams (GAST) to Provide Training in all ACHs (Rec. 5.1)

- NCGA already funds 20 GAST to provide training on a volunteer basis for any ACH with at least one resident with mental illness.
- Currently ACHs can accept or decline GAST training
- Recommendation: The North Carolina General Assembly should enact legislation to require all adult and family care homes (ACH) to receive geriatric/adult mental health specialty team (GAST) training at least three times per year.

NCIOM

ACH Staff Training and Competency in Crisis Prevention (Rec. 5.2)

- The NCGA should require all adult and family care home direct care workers, personal care aides, medication aides, and supervisors to be trained and to have passed the competency exam for state-approved crisis intervention training by June 2013.
- Note: These programs and competency exams already exist. ACH would bear the costs of educating staff.

NCIOM

Other Recommendations

- Create an Inventory of Community Housing Options for Individuals with Disabilities (could be done immediately) (Rec. 3.3)
- Local Management Entity Outreach and Education for Adult and Family Care Home Staff (Rec. 4.2)
- Pilot New Behavioral Health Training and Competency Examination Requirements for New Direct Care Workers (Rec. 5.3)

NCIOM

Create an Inventory of Community Housing Options for Individuals with Disabilities (Rec. 3.3. Could be done immediately)

- Local management entities should work with other agencies to develop a real-time inventory of community housing options, including 122C therapeutic mental health homes, substance abuse and developmental disability group homes, adult and family care homes, supported living arrangements, and independent living options, and make this inventory available to families.

NCIOM

Local Management Entity Outreach and Education for Adult and Family Care Home Staff (Rec. 4.2)

- The DMHDDSAS should require local management entities (LME) to hold an informational forum at least twice a year for staff of adult and family care homes (ACH) and geriatric adult specialty teams (GASTs). The LME forum should help ACH and GAST staff understand the LME's purpose and function, as well as the resources and services accessible through the LME, including crisis services.
- Division of Health Service Regulation should encourage all supervisors and managers to attend at least once a year

NCIOM

Pilot New Behavioral Health Training and Competency Examination Requirements for New Direct Care Workers (Rec. 5.3)

- North Carolina received a 3-year federal Personal and Home Care Aide State Training Program (PHCAST) grant
- Recommendation: DHHS should develop a standardized curriculum and competency test for new direct care workers as part of the federal PHCAST grant

NCIOM

For More Information

- Websites: www.nciom.org
  www.ncmedicaljournal.com
- Key contacts:
  - Pam Silberman, JD, DrPH, President & CEO
    919-401-6599 ext. 23 or pam_silberman@nciom.org
  - Berkeley Yorkery, MPP, Project Director
    919-401-6599 ext. 30 or byorkery@nciom.org

NCIOM

Key Issues in Aging Policy in North Carolina
Presentation to the North Carolina General Assembly's
Study Commission on Aging
by Ran Coble
Executive Director
N.C. Center for Public Policy Research
January 13, 2011
544 Legislative Office Building
Raleigh, NC

Good morning, and thank you for inviting me to be with you today. My name is Ran Coble, and I serve as Director of the N.C. Center for Public Policy Research. I'm going to do 3 things this morning: (1) first, tell you quickly about the Center for Public Policy Research; (2) second, talk about our research on key issues affecting the aging, particularly focusing on fraud committed against the elderly; and (3) third, give you recommendations on 2 other issues that you might also address in the 2011 legislative session.

I. ABOUT THE N.C. CENTER FOR PUBLIC POLICY RESEARCH

So first, a word about the N.C. Center for Public Policy Research. The Center is not a state agency but a private nonprofit that was formed in 1977 to study important public policy issues facing North Carolina.

Our 23-member Board of Directors is designed to mirror the population of North Carolina in terms of race, gender, geography, and political party affiliation in its proportions of Democrats, Republicans, and Independents on our Board.

The Center takes no government money but receives its funds from 4 sources – foundation grants, corporate contributions, sales of publications, and individual members and donors across the state. I want to thank Commission member Joan Pellettier for being a Center member.

I'm here today because we published research on aging issues in our journal, *North Carolina Insight*, earlier this year, and we've been invited to share our findings and recommendations with you today.

***

II. DEMOGRAPHIC TRENDS IN THE GROWTH OF THE AGING POPULATION IN NORTH CAROLINA

In terms of sheer numbers, the biggest demographic change in North Carolina is the aging of our population. In 1900, North Carolina had one of the nation's youngest populations with half our people younger than 18. Only 3½ percent of all Tar Heels then were 65 and older. Even in 1960, North Carolina was still an extremely young state with just 7 percent of all residents 65 or older. But now, North Carolina has about 1.2 million people who are 65 years old or older. That's about 13% of our population. Twenty-eight of North Carolina's 100 counties have more people over 60 than young people under 25.

But by 2030, our 65 and over population will almost double and constitute almost 18% of our population. In 4 counties, more than 30 percent of the people will be 65 and older – Carteret County on the coast, and Cherokee, Clay, and Transylvania counties in the mountains. In 15 other counties, more than a fourth of the people will be 65 and over. This includes 6 counties along the coast – Brunswick, Dare, Hyde, Pamlico, Perquimans, and Tyrrell; it includes Moore County in the Sandhills; and 8 counties in the mountains – Alleghany, Ashe, Avery, Haywood, Henderson, Macon, Polk, and Yancey counties. Three of these mountain counties are in Senator Queen's district.

The most obvious reason for this growth in the aging population is people are living longer. It used to be that men could expect to live about 68 years and women 72 years. But North Carolinians who are 65 years old today are expected to live, on average, to about 83 years old.

The second reason is that North Carolina is a retirement mecca. Older folks want to retire near our beaches, our mountains, and our golf courses in the Sandhills.

And, the third reason for this growth is the aging of the Baby Boomers – those born between 1946 and 1964. The Baby Boom generation is the second largest generation in American history. It is like a pig in a python, a big lump passing through the population, which creates various issues as it ages. For example, the Baby Boom generation created a huge demand for public school construction when it was young, and now Baby Boomers' children are having babies and creating a huge demand for day care. Soon, the aging of Baby

Boomers will accentuate the demand for nursing home care, pharmaceuticals, and all programs serving the elderly.

The number of people 65 and over will begin to explode as the first Baby Boomers start turning 65 this year. In North Carolina alone, more than 84,000 Baby Boomers will turn 65 this year. Globally, by 2050, the number of elderly will exceed the number of children for the first time in human history.

***

III. OPPORTUNITIES FOR THE LEGISLATIVE STUDY COMMISSION ON AGING IN 2011 AND BEYOND

Now I'm going to shift to 3 areas of opportunity for you as policymakers on aging issues in 2011 and the years ahead.

A. Preventing and Reducing Fraud Committed Against the Elderly in North Carolina

The first opportunity is to find ways to prevent and reduce fraud committed against the elderly. Let me explain what I'm talking about with four examples from our research.

First, a 92-year-old Army Colonel in Raleigh was bilked out of more than $227,000 by home repair con artists who brought in rotten pieces of wood and a jar of termites and convinced him that his perfectly sound attic needed substantial repairs. Later, the Colonel said he knew he'd been defrauded and he wanted to help prosecute the scammers. But, after a storm struck his neighborhood, the Colonel contracted with the same scammers again to make bogus repairs. The scammers then took another $22,000 of the Colonel's money.

Second, a man in Carrboro received an e-mail as part of a scam claiming that there was a problem with his online Bank of America checking account. The e-mail asked him to provide personal financial information and passwords to sensitive accounts. He did, and he became a victim of identity theft and fraud.

The third example involves former N.C. State University basketball player Hal Blondeau, who was a financial advisor with Morgan Keegan. In August, Blondeau was convicted of fraud after he bilked an elderly female client out of nearly $3 million.

The client, Martha Capps, had inherited $4 million in 1989 and turned it over to Blondeau to invest. Capps gave Blondeau power of attorney after she began to show early signs of Alzheimer's disease.

Blondeau dipped into Capps' account for a $350,000 beach house near Morehead City and $24,000 in wine and other personal expenses. The beach house was in Capps' name but would have been given to Blondeau upon her death. Blondeau pled guilty to taking $531,000 out of the nearly $3 million that the Capps' family says was stolen. He was sentenced to 36 months in prison and ordered to pay almost $423,000 in restitution.

The fourth example is the story of Mary and Fred who lived in the mountains of Western North Carolina and gave all of their discretionary income to the local church or to televangelist ministries. They saw a California evangelist on television who said he wanted to spread Christianity to the Middle East, and they started giving money to him. Over time, he started visiting them at their home. Eventually, Fred needed more care than Mary could provide at home, so he moved to a local nursing home.

One day, the minister visited them in the nursing home. He brought legal documents that had been drafted by a local attorney, and the minister asked them to sign health care powers of attorney, a general power of attorney, wills, and a deed to their house, retaining only a life estate. All of the money was to go to his ministry.

The owner of the nursing home called the sheriff. The documents were destroyed, the minister was chased out of the county, and Medicare fraud charges were filed. But, Fred passed away shortly thereafter, and Mary was not able to testify because of her mental capacity, so the charges were dropped.

The minister returned weeks later, and Mary signed the legal documents again. This time, there was no one there to protect her.

North Carolina ranks 28th among the 50 states in the number of fraud complaints per capita and 21st in the number of identity theft complaints per capita. The Federal Trade Commission says that people over 50 account for more than a third (35%) of all consumer fraud complaints and 28 percent of all identify theft complaints.

Many scam artists specifically target seniors because they are more likely to respond to telephone or door-to-door calls, they are more trusting of others, their memory can be poor, and their assets often are easily converted into cash.

We at the Center made 4 recommendations to prevent and reduce fraud committed against the elderly in North Carolina.

1. First, in 1973, North Carolina enacted the nation's first elder abuse law. But that act [Protection of the Abused, Neglected, and Exploited Disabled Adult Act] has not been updated since 1981. **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 act needs to be amended to include physical, emotional, and sexual abuse; financial exploitation; neglect; and abandonment of older adults. And, to make the state law consistent with the federal Older Americans Act, older adults should be defined as those over 60. To make sure this does not have an unforeseen budgetary impact, the Center recommends piloting the redefinition of Abused, Neglected, and Exploited Adults in Adult Protective Services programs in 9 counties and evaluating the results before making the new law apply statewide.

2. Second, **the Center recommends that the legislature require reporting on the statewide incidence and prevalence of fraud and mistreatment of the elderly.** North Carolina needs better data if we're going to tackle fraud against the elderly and know whether we're succeeding. We need to know who is perpetrating these crimes and how often so that we can better protect our senior citizens.

3. Third, **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 the elderly.** The purpose of the study commission would be to assess whether training for bank employees can help them recognize, report, and reduce the incidence of fraud against the elderly. We think banks are the first line of defense against these scams because they are in the best position to give consumers information at the key moment they need it – when they are depositing checks or withdrawing money.

Efforts in other states have demonstrated the value of bankers' roles in preventing fraud. For example, a bank in Illinois reduced losses to these scams by 85 percent by doing three simple things: (1) training the tellers to talk to seniors more fully when they ask questions and explain the difference between funds "being available" and the check "being good"; (2) handing everybody who comes in to deposit or withdraw $1,000 or more a flyer about fake check scams; and (3) using technology to try to flag suspicious checks.

There is a similar success in an arrangement between Ohio's Attorney General and its banks and credit unions. And, four states – California, Florida, Georgia, and Mississippi – require bank employees to specifically report financial abuse of elders. I don't know about you, but I don't like being behind Mississippi in anything.

Our county Departments of Social Services are seeing some opposition from some banks to share information. And, that's why we recommend that you establish a study commission to report to the 2012 or 2013 legislature so you can bring all the interested parties together and build consensus before introducing a particular piece of legislation in 2012 or 2013.

4. Fourth, **the Center recommends that the legislature give the state Attorney General the authority to initiate prosecutions for fraud against the elderly.** We're one of only four states that do not give its Attorney General any authority to initiate local prosecutions of any kind (North Carolina, Arkansas, Connecticut, and Texas). So, criminal prosecutions for fraud against the elderly have to be referred either to federal authorities or to local district attorneys. But both of these options have problems.

Many times, the dollar amount of the loss fails to satisfy the minimum amount needed for the federal government to prosecute. And, at the local level, district attorneys do not have enough funding or time to handle complex cases that can involve multiple jurisdictions. Often, one scammer will target seniors in several different counties across the state, and the losses to one person aren't significant in one county but add up to thousands of dollars overall.

Twenty-eight (28) states give their Attorney General the authority to initiate local prosecutions under certain statutes for particular crimes. In 18 other states, the Attorney General has the authority to initiate local

prosecutions on their own initiative upon request by the Governor, the legislature, a local prosecutor, or when it is in the state's best interest.

And, in another recent development, the Secretary of State's office recently announced its own initiative to train doctors to identify and report fraud against the elderly. Our hope is that the combination of these approaches – a tougher law; better reporting; the training of banks, doctors, and law enforcement to identify and report this crime; and an Attorney General with the power to prosecute scammers – together will all reduce and prevent fraud against the elderly in North Carolina. So, I hope you'll include our recommendations on ways to prevent and reduce fraud against the elderly in your recommendations to the 2011 legislature.

B. Addressing Our Work Force Shortages in Nurses and Other Health Care Workers

A second issue that affects the aging is work force shortages – shortages of nurses, doctors, social workers, pharmacists, physical therapists, and other health care workers. The question is, how can we attract people to work in these fields, and how can our public and private colleges, universities, and community colleges gear up quickly to help the state fill these shortages?

For example, North Carolina will need about 104,000 nurses by 2016 – about 25,000 more than we have now. Nearly a third of our current nurses are 41 to 50 years old, and most retire at age 55, so that means things are going to get worse fast in 5 to 10 years. The shortage will be much worse in our rural areas. And, the highest turnover rates (57%) are for nurses who work in long term care, the field of greatest need.

You don't have any extra money to step up production of nurses, but there are two things that this Commission could recommend to the 2011 General Assembly that will get more bang for your bucks – (1) evaluating the already existing loan forgiveness programs designed to produce more nurses, and (2) setting specific goals and deadlines for the number of nurses the state needs by, say, 2020. The Center recommends an evaluation of what are called work force loan forgiveness programs. These programs provide money for college in exchange for an individual's commitment to work in occupations or regions of the state that have difficulty attracting employees. Our state has 14 work force loan forgiveness programs that make loans to students to encourage them to go into nursing, other health professions, or other fields of shortage like teaching.

In 2005, these programs provided a total of $27.5 million to more than 4,200 (4,230) students in higher education institutions. By 2008-09, the programs cost almost $34 million for more than 6,000 (6,049) students.

But, one of our findings is that the state is not evaluating the effectiveness of these programs. We believe you should require in the 2011 budget bill that the legislature's Program Evaluation Division evaluate all the work force loan forgiveness programs and give you answers to these 4 questions by the 2012 session:

(1) To what degree do students honor their commitments to serve as nurses, teachers, etc.?

(2) How many participants drop out of loan repayment programs before fulfilling their work obligation?

(3) Do they attract people who might otherwise have not entered that occupation?

(4) Does the program help reduce work force shortages? (There are additional questions in our report you might also refer to the Program Evaluation Division).

To the credit of another legislative study committee on financial aid, and to the credit of the UNC System and Community College system, a great deal of progress is being made on consolidating 12 of those 14 work force loan forgiveness programs. This is important because the current system of 14 different programs with different sets of rules creates undue administrative burdens on all public universities, community colleges, and private colleges and universities and is especially cumbersome for the smaller institutions. It's also really confusing to parents and students.

But consolidation is only one goal. Your goal should be to evaluate the nursing and allied health loan forgiveness programs in particular and find out if they indeed are producing nurses who study and work in North Carolina.

We also suggest you set specific goals for the University System and Community Colleges and set a deadline for reaching your goals in producing more nurses and allied health workers.

C. The Positive Civic Contributions of the Aging in NC and Ways To Tap Seniors as Volunteers

Pat Sprigg, the CEO of Carol Woods Retirement Center and a member of this Commission, has been dealing firsthand with the shortage of nurses and other workers to serve seniors. She told me once about trying

to get a group of young people interested in careers in the field of aging. She asked them, "When I say the word 'elderly' to you, what do you think of?" She was really sad to hear that their answers were words like:

dementia,

wheelchairs,

they live in institutions,

decrepit,

depressed,

crabby, and

lonely.

The young people all had negative connotations of the aging, and that is a sobering challenge for all of us. And yet, when I visit Carol Woods, I always think, I'd like to live there someday. It's such a learning community.

That got me to thinking about some of the strengths of older adults and the opportunities here. For example, our Center for Public Policy Research has long supported measures to improve North Carolina's voter turnout, regardless of party. And who has the highest rate of voter turnout?

*Nationally, older adults born between 1910 and 1940 vote at nearly double the rate of younger generations (80-85% vs. 45-50%). They're also nearly twice as interested in politics, they return the Census at higher rates than other age groups, they're twice as likely to attend church regularly, twice as likely to work on a community project, more than twice as likely to trust other people, and they're almost three times as likely to read a daily newspaper. They're what former NBC News anchor Tom Brokaw called "The Greatest Generation."

*Volunteering among seniors has nearly doubled over the last quarter century. (*Bowling Alone*, p. 129). I fondly remember my mother and father, both over 80 years old volunteering to deliver Meals on Wheels in Alamance County in Representative Bordsen's district to those they called "old people."

*Those 70 and over also give the highest percentage of their income in charitable contributions to nonprofits in their communities.

These are all positive indicators of community engagement, positive measures of older people doing something for others. So seniors are a civic resource for our state – one I hope we'll take advantage of.

So one huge opportunity for the state is to better utilize our elderly as a civic resource – to tap seniors' talents in helping the state increase volunteerism, voter turnout, charitable contributions, and other forms of civic engagement. Now we've got to motivate Baby Boomers to meet the standards of the Greatest Generation, especially in volunteering.

And here's why: Overall, North Carolina ranks only 38th among the 50 states in volunteering, since only about a quarter of our citizens volunteer.

- We rank 37th in volunteering by those 65 and over (22%).
- We rank 34th in volunteering by Baby Boomers (28.5%).
- And, we rank a dismal 44th in volunteer retention rates (59.5%).
- Even more discouraging, our rate of volunteering has declined over the last two years.

Now, your opportunity here is that last December, Governor Perdue re-established the North Carolina Commission on Volunteerism and Community Service in Executive Order #41. This Commission then adopted a State Service Plan for 2010-2013 that specifically aims to harness the experience of Baby Boomers. We at the Center suggest that you ask the Commission to testify here and then work with them to discuss the best way to match seniors with opportunities to volunteer at nonprofits and public agencies. For example, what if you use Baby Boomers as volunteers in their own cars or vans to provide transportation services that are badly needed in rural areas?

***

As you consider these recommendations, we all have to remember that the state is short-term poor in its current budget challenges, but also remember that you must plan for the long term between now and 2030. Then you have to think, "What progress can we make in 2011-12 toward our long-term goals in 2030?"

So to summarize the opportunities and challenges, I think you should focus on these 3 things:

(1) First, identify ways to prevent and reduce fraud committed against the elderly;

(2) Second, identify ways to evaluate our already existing work force loan forgiveness programs and how well they're producing nurses and other health care workers;

(3) And third, work with the Governor's Commission on Volunteerism and Community Service to identify ways to utilize our elderly and soon-to-be-65 Baby Boomers as volunteers in producing services to seniors through local government agencies and nonprofit organizations.

These are all great opportunities, but if the state does not act soon, the sheer demographics of the Baby Boom will overwhelm you as policymakers and the state budget.

***

Thank you all for your public service, thank you for your interest in issues affecting our aging population, and thank you very much for inviting us to be with you today.

***

Mr. Chairman/Madam Chair,

I'd like to introduce Mebane Rash, an attorney and editor of our *North Carolina Insight* journal, who led our study of issues affecting the aging, and ask her to join me in answering your questions and hearing your comments.

Pam

Short- and Long-Term Solutions for Co-Location in Adult and Family Care Homes:

A Report of the NCIOM Task Force on the Co-Location of Different Populations in Adult Care Homes

January 2011

North Carolina Institute of Medicine
A report requested by the North Carolina General Assembly

Supported by funding from the North Carolina Department of Health and Human Services Division of Mental Health, Developmental Disabilities, and Substance Abuse Services through the North Carolina Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse & Mental Health Services Administration

NCIOM

North Carolina Insight

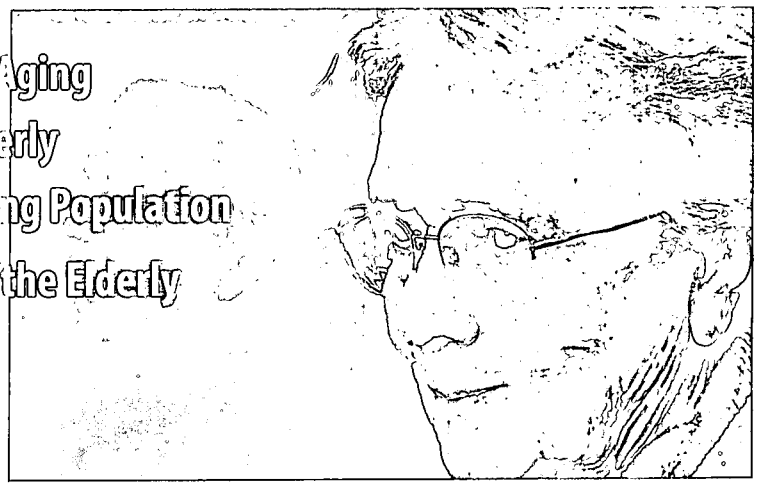
MARCH 2010 VOL. 23, NOS. 2-3

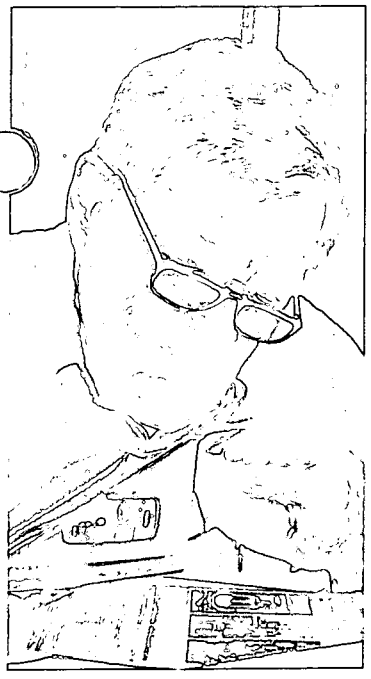
The Demographics of Aging

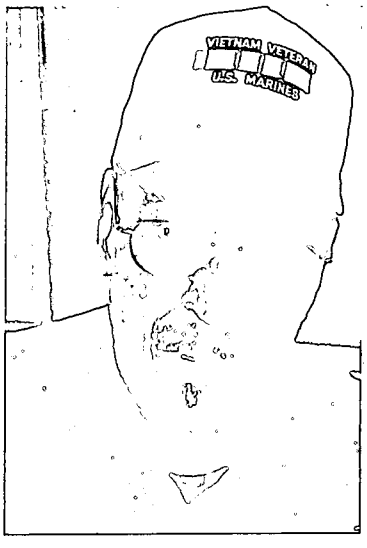
Fraud Against the Elderly

Medicaid and NC's Aging Population

Civic Contributions of the Elderly







The Art of Aging: Our Elders, Our State

NORTH CAROLINA CENTER FOR PUBLIC POLICY RESEARCH

Theresa

Draft Recommendations from the Study Commission on Aging

1/12/11

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 Senior Centers and Project C.A.R.E.

The Study Commission on Aging recommends that the General Assembly and the Governor maintain prior Senior Center and Project C.A.R.E. 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.

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. 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.

Recommendation 6: Task Force on Fraud Against the Elderly

The Study Commission on Aging recommends that the General Assembly establish a task force to examine issues related to fraud against the elderly which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Office of the Attorney General; and the Banking Commission.

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

Consistent with 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 establish a pilot program to evaluate the costs, quality, consumer satisfaction, and patient outcomes of a program that supports individuals who are in an adult care home but desire to move to independent supported housing.

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.

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

Consistent with recommendations 5.1 and 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 Geriatric/Adult Mental Health Specialty Teams in the Department of Health and Human Services to provide training on person-centered thinking and de-escalation skills to adult care home staff; and that the General Assembly require all adult care home direct care workers, including all aides and supervisors, to pass a crisis intervention training competency exam.

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 on Draft Recommendations from the Study Commission on Aging

1/12/11

Recommendation 1: Maintain HCCBG Funding

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 Senior Centers and Project C.A.R.E.

Recommendation 2: Maintain Funding for Senior Centers and Project C.A.R.E.

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

Background 2: Maintain Funding for Senior Centers and Project C.A.R.E.

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.

The Study Commission on Aging recognizes the importance of Project C.A.R.E. and Senior Centers as programs support efforts to keep older adults in their communities and recommends that the General Assembly and the Governor maintain prior Senior Center and Project C.A.R.E. 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 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 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. An Executive Summary can be found at: 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. 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. 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.

Background 4: Nurse Aide Training

On January 13, 2011, the Commission on Aging heard a presentation by Jesse Goodman, Division of Health Service Regulation, Department of Health and Human Services, on nurse aide training. 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

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 5: Direct Care Worker Wage and Benefit Study

On January 13, 2011, the 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 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 designation. NC NOVA is a special State license awarded to home care agencies, adult care homes, and nursing facilities that meet more rigorous workplace standards to support their direct care workers on the job than the minimum requirements for a long-term care license. Employers voluntarily invest in their direct care workers by focusing on improving the workplace. NC NOVA was created in order to help attract sufficient 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.

Recommendation 6: Task Force on Fraud Against the Elderly

The Study Commission on Aging recommends that the General Assembly establish a task force to examine issues related to fraud against the elderly which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Office of the Attorney General; and the Banking Commission.

Background 6: Task Force on Fraud Against the Elderly

Ran Coble, Director, NC Center for Public Policy Research spoke to the Study Commission on Aging during the January 13, 2011 meeting. Mr. Coble shared the following with the Commission:

> "North Carolina ranks 28th among the 50 states in the number of fraud complaints per capita and 21st in the number of identity theft complaints per capita. The Federal Trade Commission says that people over 50 account for more than a third (35%) of all consumer fraud complaints and 28 percent of all identify theft complaints."

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

- 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 the elderly.
- 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 the elderly.
- The Center recommends that the legislature give the state Attorney General the authority to initiate prosecutions for fraud against the elderly.

The Study Commission on Aging is concerned about fraud against the elderly and recommends that the General Assembly establish a task force to examine issues related to fraud against the elderly which should include representatives of the Division of Aging and Adult Services, Department of Health and Human Services; Consumer Protection Division, Office of the Attorney General; and the Banking Commission. 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.

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

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

Consistent with 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 establish a pilot program to evaluate the costs, quality, consumer satisfaction, and patient outcomes of a program that supports individuals who are in an adult care home but desire to move to independent supported housing.

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.

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

Consistent with recommendations 5.1 and 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 Geriatric/Adult Mental Health Specialty Teams in the Department of Health and Human Services to provide training on person-centered thinking and de-escalation skills to adult care home staff; and that the General Assembly require all adult care home direct care workers, including all aides and supervisors, to pass a crisis intervention training competency exam.

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. (G.S. 131D-2.15 requires facilities to conduct and complete an assessment of each resident within 72 hours of admission.) 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. and urges other designated entities to undertake the remaining recommendations.

Jesse

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

SESSION LAW 2010-69
SENATE BILL 1191

AN ACT TO DIRECT THE DIVISION OF HEALTH SERVICE REGULATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO COORDINATE A REVIEW OF THE EDUCATION AND TRAINING REQUIREMENTS FOR NURSE AIDES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Division of Health Service Regulation, Department of Health and Human Services, shall coordinate a review of the education and training requirements for nurse aides. In conducting the review, the Division shall 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 review shall include an evaluation of the current education and training requirements for nurse aides.

SECTION 1.(b) The Division of Health Service Regulation shall report findings and recommendations on the appropriate levels of education and training for nurse aides to the North Carolina Study Commission on Aging on or before November 1, 2010.

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

In the General Assembly read three times and ratified this the 30th day of June, 2010.

s/ Walter H. Dalton
President of the Senate

s/ Joe Hackney
Speaker of the House of Representatives

s/ Beverly E. Perdue
Governor

Approved 10:45 a.m. this 8th day of July, 2010

Jesse

Report

To The Members of the Legislative Study Commission on Aging on the Review of the Education and Training Requirements for Nurse Aide in North Carolina.

As Required In SL 2010-69

The North Carolina Department of Health and Human Services
Division of Health Service Regulation

October 31, 2010

TABLE OF CONTENTS

ATTACHMENTS

Response to Legislative Request

As directed by the North Carolina General Assembly and the Governor the Department of Health and Human Services, Division of Health Service Regulation convened a committee, membership included as Attachment B, to review and make necessary recommendations on the appropriate levels of education and training for nurse aides in North Carolina. This committee met two times resulting in the development of three areas of focus, two of which are currently underway to improve the nurse aide allied health profession and one specific recommendation to the Study Commission focusing on nurse aide wages and benefits.

The first meeting of the review committee was held on September 1, 2010, where an overview of the legislative charge to the committee was provided which stressed that the charge clearly stated that this effort was to review the education and training requirements for nurse aide and not other unlicensed direct care worker categories.

Presentations followed addressing the federal requirements for Nurse Aide I Training and Competency Program and the state's system for administering this program. This presentation identified that while the federal regulations require a minimum of 75 hours in training of which 16 must be clinical hours, North Carolina programs average 142 hour of which 91 are in laboratory and/or clinical settings. The presentation further covered other training opportunities for nurse aides those being, medication aide certification, geriatric aide certification and one currently under development for nurse aide home care specialty certification.

A second presentation was given by the NC Board of Nursing on two nurse aide training programs available to Nurse Aide I's, those being the Nurse Aide I +4 and Nurse Aide II programs. This presentation also included a discussion of the scope of practice, nurse supervision and task delegation requirements.

The third presentation focused on concerns with the current nurse aide requirements for listing on the Nurse Aide I Registry and on direct care worker training in other care settings. The primary focus of the presentation was on concerns that nurse aide training is not required prior to taking the Nurse Aide I competency exam. The presentation provided information on training requirements in other states and the number of training program hours required by those States.

The final presentation addressed the role the state Community College System plays in the licensing of proprietary schools that teach five or more students and what this process involves.
There was discussion by the members of the committee of the concerns that were identified with the primary focus being on the lack of training requirements, the number of training hours required, and a general discussion on the needs of new nurse aides entering the profession that would help keep these individuals in the profession and

reduce the overall high turnover rates. At the conclusion of this discussion the committee was charged to review the information presented and discussion that followed and come prepared to the next meeting with any recommendation that would improve the education and training requirements of nurse aides.

The second meeting of the committee was held on September 13, 2010, at which the members of the committee discussed their concerns, their perspectives on what needs or is currently being done in North Carolina to address these concerns and what other issues need to be addressed to further improve the overall nurse aide profession. There was discussion on the fact that federal regulations require persons who want to become a Nurse Aide I to either take and successfully complete a state approved nurse aide training and competency program or successfully complete a state approved nurse aide competency program. There was a concern by one of the committee members that because of this option that some persons were able to take and pass the competency exam without first having any training. This concern is based on data collected by the Division of Health Service Regulation as to the eligibility route persons use to register for North Carolina's Nurse Aide I Competency exam. The specific route that causes this concern is the exam "Challengers" route that is used by persons who have completed nurse aide training outside of North Carolina, or are listed on Nurse Aide Registries in other states, are EMT's, or other health professionals, or those with no nurse aide training. While the majority of the committee believes that a very small proportion of persons who use this eligibility route have not had nurse aide or related training the concern registered by one of the committee members is that without data to support this we can not be sure how many of these individuals are taking and passing the exam with no prior training. The specific concern expressed was that these persons are ill prepared to serve as nurse aides. Several committee members reminded the group that nurse aides must be directly supervised by a Register Nurse and that prior to delegating any task to the nurse aide the nurse must determine the nurse aide's competency to perform that task. After more discussion the committee decided that the "Challenger" eligibility route needed further study to determine if it is possible to identify those persons who have had no nurse aide or related training and what percentage of this group are actually able to pass the exam. The remainder of the meeting focused on the restructuring of the State's Nurse Aide I training curriculum to a more client centered focus and the need for the State to study ways to improve wages and benefits for the nurse aide profession.

Recommendations

The committee identified three areas of focus that are either currently underway or need to be addressed to help improve the nurse aide/direct care workforce in North Carolina.

1. Specifically related to the training and education of nurse aides the committee recognized the current and continued efforts by the Division of Health Service Regulation and the members of the State's Nurse Aide Advisory Committee to update the Nurse Aide I curriculum to reflect a move in training focus from task performance to more patient centered care. This effort, once completed, will not only prepare nurse aides to

perform various nursing and nursing related tasks being delegated to them by the Registered Nurse but will also help them to better understand the relationship between these tasks and the client's plan of care.

2. The committee also recognized that nurse aides work in many settings other than nursing homes, home care and hospitals that require more specific training in the care needs of those individuals being served in those settings. While the core nurse aide training and competency program provides a strong education and training foundation, additional training to address the specific needs of other populations being served in these other settings is essential. In recognition of this reality the North Carolina Department of Health and Human Service in cooperation with the NC Foundation for Advanced Health Programs and a broad based Partner Team applied for and have been selected as one of six states to receive a Personal and Home Care Aide State Training (PHCAST) grant. This effort is designed to develop, pilot, implement, and evaluate a four phase comprehensive training and competency program for direct care workers in long term care settings (Abstract attached). The Committee feels that many of the issues, such as the adequacy of current North Carolina Nurse Aide I training and competency requirements, that led the General Assembly to seek this review of nurse aide education and training requirements will be addressed as part of this grant effort. Therefore, the Committee strongly supports the focus of the grant program and expects, as the program moves forward, that recommendations for legislative actions will be forthcoming to implement various direct care workforce initiatives.

3. It has been widely documented that nationally, by 2016, there will be a need for one million additional direct care workers, nurse aides, home care/home health aides and personal care aides to care for aging baby boomers and growing numbers of people with disabilities. Specifically, it is estimated that North Carolina will need an additional 46,000 direct care workers by 2016. This tremendous demand and the challenges employers face in attracting workers to these jobs has lead the Committee to make a specific recommendation to the Study Commission on Aging to address the wage and benefit issues that directly impact supply, retention and high rates of direct care worker turnover in long term care setting. The Committee recommends that the General Assembly consider the establishment of a study focusing on wages and benefits paid to direct care workers and possible improvements to the State's Medicaid and State/County special assistance payment policies that rewards providers who achieve NC NOVA special licensure status:

ATTACHMENT A

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2009

SESSION LAW 2010-69
SENATE BILL 1191

AN ACT TO DIRECT THE DIVISION OF HEALTH SERVICE REGULATION, DEPARTMENT OF HEALTH AND HUMAN SERVICES, TO COORDINATE A REVIEW OF THE EDUCATION AND TRAINING REQUIREMENTS FOR NURSE AIDES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Division of Health Service Regulation, Department of Health and Human Services, shall coordinate a review of the education and training requirements for nurse aides. In conducting the review, the Division shall 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 review shall include an evaluation of the current education and training requirements for nurse aides.

SECTION 1.(b) The Division of Health Service Regulation shall report findings and recommendations on the appropriate levels of education and training for nurse aides to the North Carolina Study Commission on Aging on or before November 1, 2010.

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

In the General Assembly read three times and ratified this the 30th day of June, 2010.

s/ Walter H. Dalton
President of the Senate

s/ Joe Hackney
Speaker of the House of Representatives

s/ Beverly E. Perdue
Governor

ATTACTMENT B

Committee to Review Education and Training Requirements for Nurse Aides

Jesse Goodman	DHSR
Kathy Turner	DHSR
Donna White	Division of Aging and Adult Services
Linda Burhans	NC Board of Nursing
Sandy Spillman	Direct Care Workers Association of NC
Mike Vacario	NC Hospital Association
Lou Wilson	NC Association of Long Term Care Facilities
Polly Welsh	NC Healthcare Facilities Association
Kathie Smith	Association for Home and Hospice Care of NC
Peggy Smith	NC Assisted Living Association
Dr. LeRoy King	Friends of Residents of Long Term Care
Renee Batts	NC Community College System
Amy Whited (for Steve Keene)	NC Medical Society
Margaret Olson	NC Association for Non-Profit Homes for the Aging

Review of the Education and Training Requirements for Nurse Aides in North Carolina As Required by SL 2010-69

Jesse Goodman,
North Carolina Division of Health Service Regulation
December 16, 2010

Legislative Charge

- The Division of Health Service Regulation, Department of Health and Human Services, shall coordinate a review of the education and training requirements for nurse aides. The review shall include an evaluation of the current education and training requirements for nurse aides.

Committee to Review Education and Training Requirements for Nurse Aides

- Jesse Goodman- Division of Health Service Regulation
- Kathy Turner- Division of Health Service Regulation
- Donna White- Division of Aging and Adult Services
- Linda Burhans- NC Board of Nursing
- Sandy Spillman- Direct Care Workers Association of NC
- Mike Vacario- NC Hospital Association
- Lou Wilson- NC Association of Long Term Care Facilities
- Polly Welsh- NC Healthcare Facilities Association
- Kathie Smith- Association for Home and Hospice Care of NC
- Peggy Smith- NC Assisted Living Association
- Dr. LeRoy King- Friends of Residents of LongTerm Care
- Renee Batts- NC Community College System
- Amy Whited- NC Medical Society
- Margaret Olson- NC Association for Non-Profit Homes for the Aging

§ 131E-255. Nurse Aide Registry

(a) Pursuant to 42 U.S.C. § 1395i-3(e) and 42 U.S.C. § 1396r(e), the Department shall establish and maintain a registry containing the names of all nurse aides working in nursing facilities in North Carolina. The Department shall include in the nurse aide registry any findings by the Department of neglect of a resident in a nursing facility or abuse of a resident in a nursing facility or misappropriation of the property of a resident in a nursing facility by a nurse aide.

Federal Requirements for Nurse Aide I Training (NAT) Programs *42CFR483.151-152*

- State must review and approve or disapprove NAT programs upon re quest
- State must withdraw programs th at do not meet applicable requirements
- Approval good for 2 years

Federally Required Content for Nurse Aide I Training Programs

- Communication skills, infection control, safety/emergency procedures
- Promoting residents' independence and rights
- Basics nursing skills
- Personal care skills
- Mental health and social service needs
- Care of cognitively impaired residents
- Basic restorative services

Source: 42CFR483.152

Nurse Aide I Model Curriculum

- Developed in 1997 by DHSR in response to the federal regulations
- Updated in 2002; continued to reflect federal requirements, updated skills/procedures
- Research and stakeholder feedback began in 2009 to prepare for next revision

North Carolina State-approved Nurse Aide I Training Programs:

- Include all content required by federal government.
- Follow extensive curriculum developed by North Carolina or follow the Federal curricular requirements (*www.ncnar.org*).
- Require student proficiency in 69 skills.

NC state-approved* programs follow or exceed federal requirements:

Federal Curricular Hourly Requirements for Nurse Aide I Training	State-Approved Program Averages (data sampled)
Minimum Total - 75	Average Total – 142
Requirement includes at least 16 hours of supervised practical training (simulated lab or clinical experience)	Average hours supervised simulated lab – 48 Average hours of clinical experience - 43

*includes community college, licensed proprietary schools, hospitals, & nursing facilities

Types and Numbers of State-approved NA I Training Programs

School type	Number of State approved programs
High Schools	220
Community Colleges	298
Schools of Nursing	110
Proprietary Schools	27
Nursing Homes	7
Mental Health-State	3
Adult Care Homes	1
Hospitals	0

Federal Requirements for Competency Evaluation

(42CFR483.154)

- Choice of written or oral exam
- All course requirements in *42CFR483.152* addressed
- Demonstration of randomly drawn skills
- Skills performed in a lab setting comparable to setting of aide employment
- Evaluator is an RN with experience caring for elderly or chronically ill of any age
- Individual has 3 chances to take the exam

North Carolina Competency Evaluation Guidelines include:

- All federal guidelines/requirements.
- Required training or re-training in a state-approved program for any tester failing competency evaluation three times, before re-testing a fourth time.

NNAAP Exam

- National exam which measures minimal competence of entry-level nurse aides in their knowledge, skills, and abilities
- Written (also available as oral English and oral Spanish) and skills (performance) component
- Skills component: candidates must successfully complete five (5) randomly selected skills within 30 minutes
- Candidates who fail three times are required to complete state-approved training in order to continue testing
- Number of tests administered FY 2009-10 – **29,469**
  (number includes repeaters)

Federal Requirements for Nurse Aide In-service Training

- The skilled care facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews.
- The in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year and based on performance review and special needs of residents. *42CFR483(6)(8)*

In response to the federal regulations, the agency developed Continuing Education Modules to assist facilities in meeting the in-service requirements. Topics include:

- A More Empathic You
- Advanced Communication
- Being Part of a Team
- Fecal Impaction and Hydration
- Infection Control
- Me, Myself and I
- Prevention of pressure ulcers
- Principles of Adult Learning

Expanded Role of the Nurse Aide I in North Carolina

Type	Listing Requirements	Duties *(requires RN supervision)*	Number Active
Medication Aide	• 24-hour Board of Nursing (BON) approved course • State Med Aide Exam	Performs technical aspects of medication administration for certain types of medicines	1889 *(2/12/09)*
Geriatric Aide (began in 2009)	• State-approved Geriatric Aide course • Must be listed on Nurse Aide I Registry	Learn new concepts to help older adults: dementia, death/dying, stress management	22 *(2/12/09)*
Nurse Aide 1 + 4	Agency requests and trains their NA personnel in up to 4 Nurse Aide II skills (must be approved by Board of Nursing). Only applicable for that aide at that agency.	Any of the 4 NA II skills as approved, which includes more complex nursing skills emphasizing sterile technique in elimination, oxygenation, nutrition	419 Health Care Settings
Nurse Aide II (managed by BON)	• Must be listed on Nurse Aide I Registry •BON approved course •No substantiated findings •Fee	Performs more complex nursing skills emphasizing sterile technique in elimination, oxygenation, nutrition	17,183 *(2/12/09)*

Recommendations

- The committee identified three areas of focus that are either currently underway or need to be addressed to help improve the nurse aide/direct care workforce in North Carolina.

Recommendation One

Specifically related to the training and education of nurse aides the committee recognized the current and continued efforts by the Division of Health Service Regulation and the members of the State's Nurse Aide Advisory Committee to update the Nurse Aide I curriculum to reflect a move in training focus from task performance to more patient-centered care.

This effort, once completed, will not only prepare nurse aides to perform various nursing and nursing-related tasks being delegated to them by the Registered Nurse, but will also help them to better understand the relationship between these tasks and the client's plan of care.

Recommendation Two

The committee also recognized that nurse aides work in many settings other than nursing homes, home care and hospitals that require more specific training in the care needs of those individuals being served in those settings. While the core nurse aide training and competency program provides a strong education and training foundation, additional training to address the specific needs of other populations being served in these other settings is essential.

In recognition of this reality the North Carolina Department of Health and Human Services, in cooperation with the NC Foundation for Advanced Health Programs and a broad based Partner Team, applied for and have been selected as one of six states to receive a Personal and Home Care Aide State Training (PHCAST) grant.

Recommendation Two - continued

This effort is designed to develop, pilot, implement, and evaluate a four phase comprehensive training and competency program for direct care workers in long term care settings. The Committee feels that many of the issues, such as the adequacy of current North Carolina Nurse Aide I training and competency requirements, that led the General Assembly to seek this review of nurse aide education and training requirements will be addressed as part of this grant effort.

Therefore, the Committee strongly supports the focus of the grant program and expects, as the program moves forward, that recommendations for legislative actions will be forthcoming to implement various direct care workforce initiatives.

Recommendation Three

It has been widely documented that nationally, by 2016, there will be a need for one million additional direct care workers, nurse aides, home care/home health aides and personal care aides to care for aging baby boomers and growing numbers of people with disabilities. As for North Carolina, it is estimated that we will need an additional 46,000 direct care workers by 2016.

This tremendous demand and the challenges employers face in attracting workers to these jobs has led the Committee to request that the General Assembly address the wage and benefit issues that directly impact supply, retention and high rates of direct care worker turnover in long term care setting. Specifically, the Committee recommends that the General Assembly consider the establishment of a study focusing on wages and benefits paid to direct care workers and possible improvements to the State's Medicaid and State/County special assistance payment policies that rewards providers who achieve NC NOVA special licensure status.

18,100/yr.

North Carolina
PHCAST **Program**

Personal and Home Care Aide State Training Program

HRSA
Health Resources and Services Administration

PHCAST Overview

- Federal Grant Funded by US DHHS Health Resources and Services Administration (HRSA)
- NC 1 of 6 states selected
  - 3 year grant
  - Years 2 and 3 contingent upon fund availability and satisfactory progress
  - First year award: $578,745
- Total projected funding over 3 yrs. - approximately $2 million

Grant Purpose-Federal Perspective

- States funded will conduct demonstrations to develop core training & competencies and certification programs for personal or home care aides
  - Anticipate demonstrations will result in "Gold Standard" for future training of personal and home care aides

PHCAST: Training

- PHCAST will strengthen training for both incumbent workers and new direct care work students as new curricula and materials become available to augment in-service training at all LTC settings.
- 4 Phases include:
  - Job readiness skills
  - Non-nurse aide personal care tasks and soft skill development
  - Expanded Nurse Aide I (NA-I) skills
  - Advanced nurse aide training focused on specific care environments, e.g., home and adult care settings

Partner Team Approach

- Broad-based Partner Team
  - DHHS: Office of Long Term Services and Supports, DHSR, DMA, DAAS
  - NC Foundation for Advanced Health Programs
  - NC Board of Nursing
  - NC Community College System
  - NC Dept. of Public Instruction
  - Direct Care Workers Association
  - Assn. for Home and Hospice Care of NC
  - Alzheimer's North Carolina, Inc

1/20/11

Partner Team-continued

- Duke University Community Health Division
- UNC Institute on Aging
- NC Friends of Residents of Long Term Care
- NC Association, Long Term Care Facilities
- NC Assisted Living Association
- UNC & UNC-G Schools of Nursing
- NC Health Care Facilities Association
- NC Council for Developmental Disabilities

PHCAST: Expected Outcomes

- Increased uniformity of pre-nurse aide Community College/High School training
- Improved initial DCW-employer matching
- Broadened NA-I training and competency (soft skills)
- New Home Care NA category
- Enablement of CC/HS program to offer all 4 phases of the training and competency program allied health prog
- Expanded NC training/competency options
- Enhanced and extended training for personal care aides working in adult care homes

ATTENDANCE

NORTH CAROLINA STUDY COMMISSION ON AGING

DATES CO-CHAIRS		Jan. 25 2010													
Senator A. B. Swindell															
Representative J. Farmer-Butterfield		✓													
SENATE MEBERS															
Senator Stan W. Bingham		✓													
Senator Katie G. Dorsett		✓													
Senator James S. Forrester															
Senator Joe Sam Queen															
SENATE PUBLIC MEMBERS															
Mr. Joe Eller		✓													
Mr. Anthony Peace		✓													
Ms. Jean Reaves		✓													
HOUSE MEMBERS															
Representative Alice L. Bordsen															
Representative Bob F. England, MD															
Representative Garland E. Pierce		✓													
Representative Jennifer Weiss		✓													
HOUSE PUBLIC MEMBERS															
Ms. Mary P. Barker															
Ms. Joan M. Pellettier		✓													
Ms. Patricia E. Sprigg															
EX OFFICIO															
Ms. Maria Spaulding		✓													
STAFF															
Ms. Susan Barham		✓													
Ms. Melanie Bush															
Ms. Joyce Jones		✓													
Ms. Sara Kamprath		✓													
Ms. Theresa Matula		✓													
Mr. Shawn Parker		✓													
COMMITTEE ASSISTANTS															
Delta Prince		✓													

Travel Reimbursement Check List

NORTH CAROLINA STUDY COMMISSION ON AGING

DATES	11/15/11														
CO-CHAIRS															
Senator A. B. Swindell															
Representative J. Farmer-Butterfield															
SENATE MEBERS															
Senator Stan W. Bingham	✓														
Senator Katie G. Dorsett	✓														
Senator James S. Forrester															
Senator Joe Sam Queen															
SENATE PUBLIC MEMBERS															
Mr. Joe Eller	✓														
Mr. Anthony Peace	✓														
Ms. Jean Reaves	✓														
HOUSE MEMBERS															
Representative Alice L. Bordsen															
Representative Bob F. England, MD															
Representative Garland E. Pierce	✓														
Representative Jennifer Weiss	✓														
HOUSE PUBLIC MEMBERS															
Ms. Mary P. Barker															
Ms. Joan M. Pellettier	✓														
Ms. Patricia E. Sprigg															
EX OFFICIO															
Ms. Maria Spaulding	N/A														
STAFF															
Ms. Susan Barham															
Ms. Melanie Bush															
Ms. Joyce Jones															
Ms. Sara Kamprath															
Ms. Theresa Matula															
Mr. Shawn Parker															
COMMITTEE ASSISTANTS															
Delta Prince															
(√ = Received; X = Not Present)															

VISITOR REGISTRATION SHEET

NC Study Commission on Aging — 11/05/2011

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
PAIGE WORSHAM	LEGISLATIVE REPORTING SERVICE
Jim Wikle	citizen
Shirley Wiggins	Institute on Aging
CAROLYN COOK	LIVESMART DESIGN
Dennis Streets	NC Div. of Aging & Adult Services
Suzanne Merrill	NC Division of Aging & Adult Services
KRIS HORTON	DHHS
Judy Brunger	The Carolinas Ctr for Hospice & End of Life Care
TRACY GLUARD	AHHC
Margie Rose	Institute on Aging - Leadership Program
Bill Lamb	Friends of Residents in LTC

VISITOR REGISTRATION SHEET

NC Study Commission on Aging — 1/25/2011

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Berkeley Yokeley	North Carolina Institute of Medicine 630 Davis Dr Ste. 100 Morrisville, NC
Mary Edwards	DAAS
Marie McBride	STHL
David Kolbaugh	N.C. Board of Nursing
Kristi Hecht	NCACFA

VISITOR REGISTRATION SHEET

NC Study Commission ON Aging 11/25/2011

Name of Committee Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Andrew Cagle	DLC + Assoc.
Joyce Peters	IP Assoc
Lee Ann Clegg	NCANPHA
Paula Hoppis	Lobbyist
John Clell Hamm	NC Assoc. of Hearing Care Professionals
Ran Coble	NC Center for Public Policy Research
Jesse Goodmon	DHHS/DHSR
Catherine Jorgensen	NC State Hearing Aid Dealers + Fitters Board
Angela Bright Pearson	NC State Hearing Aid Dealers + Fitters Board
Jeff Mobley	NC Div. of Services for the Deaf / Hard of Hearing
Mary Bethel	AARP - NC

VISITOR REGISTRATION SHEET

Name of Committee **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Evelyn Shawhorne	NCAEA; NCAP
Lou D.R. Wiggins	M&O MRN
Lisa Vargas	JLT Communications