1999

HOUSE
AGING
COMMITTEE

MINUTES

HOUSE COMMITTEE ON AGING
1999-00 SESSION

MEMBER	ASSISTANT	PHONE	OFFICE	SEAT
INSKO, Verla, Chair	Pat Baker,	733-5775	1323	70
MOORE, Richard, Chair	Susan Burleson	733-5746	1220	15
CLARY, Debbie	Mary Jamison	733-5654	1211	97
CULP, Arlie	Waneta Lord	733-5865	1010	50
EARLE, Beverly	Ann Raeford	733-5747	535	95
GARDNER, Charlotte	Barbara Hocutt	733-5802	604	39
GILLESPIE, Mitch	Bonnie Jones	733-5987	1201	116
HORN, Jim	Alice Sharp	33-5849	503	92
HUNTER, Howard	Barb Phillips	733-2962	613	68
WARWICK, Nurham	Carolyn Honeycutt	715-3003	419-C	14

EX-OFFICIO MEMBERS

CUNNINGHAM, Pete	Valerie Rustin	733-5778	541	7
BADDOUR, Phil	Elizabeth Kirkland	715-0850	2301	31
DEDMON, Andy	Donna Abu Harb	733-5732	2213	12
HACKNEY, Joe	Emily Reynolds	733-5752	2207	69

YOUNG, John, Committee Staff 733-2578
ATTARIAN, Linda, Committee Staff 733-2578

HOUSE COMMITTEE ON AGING
1999-2000 SESSION

Rep. Verla Insko
Chair

Rep. Richard Moore
Chair

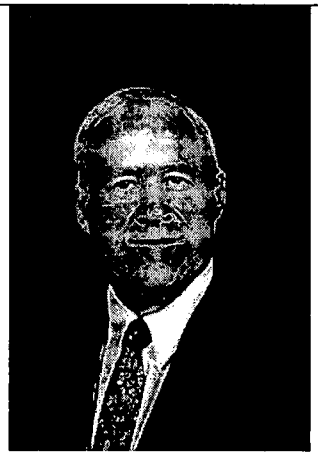
Rep. Debbie Clary

Rep. Arlie Culp

Rep. Beverly Earle

Rep. Wilma Sherrill

Rep. Mitch Gillespie



Rep. Jim Horn

Rep. Howard Hunter

Rep. Nurham Warwick

NORTH CAROLINA GENERAL ASSEMBLY

COMMITTEE SUMMARY REPORT

1999-2000 Biennium HOUSE: AGING Valid Through 15-JUL-1999

BILL	INTRODUCER	SHORT TITLE	LATEST ACTION ON BILL	IN DATE	OUT DATE
H 20=	CLARY	AGING STUDY COMMN./MEMBERSHIP	H -RE-REF COM ON AGING	04-13-99	
H 512	**CLARY**	**ASSISTED LIVING ADMINISTRATORS**	***H -PLACED ON CAL FOR 07-15**	**04-21-99**	**04-28-99**
S 40=	COCHRANE	AGING STUDY COMMN./MEMBERSHIP	R -CH. SL 99-0076	04-08-99	05-10-99
S 198=	CARTER	ADULT CARE HOME LICENSURE	*R -CH. SL 99-0113	04-05-99	05-10-99

NOTES- = AFTER BILL NUMBER SHOWS THAT BILL IS IDENTICAL, AS INTRODUCED, TO ANOTHER BILL.
* AFTER NUMBERS INDICATES THAT TEXT OF BILL WAS ALTERED BY ACTION ON THE BILL.
BOLDED LINE INDICATES BILL INDEXED AS AFFECTING APPROPRIATIONS.

ATTENDANCE

House Committee on Aging

(Name of Committee)

DATES	3/17	3/24	4/21	5/5											
Insko, Verla Chair	✓	✓	✓		✓										
Moore, Richard Chair	✓			✓											
Clary, Debbie	✓		✓	✓											
Culp, Arlie	✓	✓	✓	✓											
Earle, Beverly		✓		✓											
Gardner, Charlotte				✓											
Gillespie, Mitch	✓	✓		✓											
Horn, Jim	✓	✓	✓	✓											
Hunter, Howard		✓	✓	✓											
Warwick, Nurham	✓			✓											
Cunningham, Pete - Ex-Officio		✓													
Baddour, Phil - Majority Leader															
Hackney, Joe - Pro-Tem															
Dedmon, Andy Ex-Officio															

Pat Baker's copy

NORTH CAROLINA HOUSE OF REPRESENTATIVES

COMMITTEE ON AGING

February 17, 1999

12:00 noon

Room 612 Legislative Office Building

AGENDA

- **Introductions**

- **Departmental Update – Karen E. Gottovi, Director, Division of Aging, DHHS**

  Statewide Demographics

  State Expenditures for Long-Term Care

  Emerging Policy Issues

- **Questions and Comments by Members**

PAGES:

JONATHAN THOMAS – FORSYTH COUNTY – REP. OLDHAM

JIMMIE BUTLER – FORSYTH COUNTY – REP. OLDHAM

DREW NEWMAN – WAKE COUNTY – REP. ELLIS

MINUTES
HOUSE COMMITTEE ON
AGING

FEBRUARY 17, 1999

The House Committee on Aging met on Wednesday, February 17, 1999, at 12:00 noon in Room 612 of the Legislative Office Building The following members were present: Chairman Insko and Chairman Moore, Representatives Clary, Culp, Gillespie, Horn and Warwick. John Young, Research Staff, was in attendance. Chairman Insko presided.

The Chairman declared a quorum present and called the meeting to order. She asked the members, staff and visitors to introduce themselves. The Visitor Registration list is attached as part of the record.

The Chairman recognized Ms. Karen Gottovi, Director, Division of Aging, DHHS, who gave an update on the Division and its responsibilities. She spoke to the demographics of North Carolina citizens age 60 and over and outlined their needs. She explained the services provided by the Division of Aging.

Ms. Gottovi called on Mr. Dennis Streets, Section Chief for Planning and Information, Division of Aging, who gave a profile of aging in North Carolina. The profile included demographics, population shift, and population projections for 1996 to the year 2020 for North Carolinians 65 and older. He distributed a handout showing the growth of the older population by county. (See Attachment #1) He then spoke to facts and projections relative to the North Carolina baby boomer population.

Ms. Gottovi called on Mr. Bill Lamb, Planning and Information Section , Division of Aging, who gave a summary of state expenditures for long-term care. He distributed a schedule of reported expenditures by Division and Service category. (See Attachment #2)

Chairman Insko asked Director Gottovi to return at a later date to continue the presentation. Ms. Gottovi will bring the State Plan on Aging which is due March 1, 1999.

Chairman Insko allowed time for comments and questions from the Committee members and visitors.

There being no further business, Chairman Insko adjourned the meeting at 12:52 PM.

Respectfully submitted,

Verla Insko
Representative Verla Insko
Chairman Committee on Aging

Pat Baker
Pat Baker
Committee Assistant

VISITOR REGISTRATION SHEET

Aging — Name of Committee

2-17-99 — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME	FIRM OR AGENCY AND ADDRESS
T. Ben Douglas	Senior Tar Heel Legislature
Ruffin Poole	AG's Office
Stacy Flannery	Health Care Facilities Assoc
Megan Primavera	NCACDSS, Raleigh
Polly Williams	NC Coalition on Aging
Priscilla Swindell	AARP-CCTF
Marie Meleady	NC Assoc. of non profit Homes for Aging
Kurt Stephenson	AARP-CCTF
John Tanner	DHHS/DSS
Jerry Cooper	NC Assisted Living Association
ANNA TEFFT	OSBM
Roger Bone	Bone & Assoc-
Lon Wilen	N.C.A.L.T.C.F-
Casey Herget	National Association of Social Workers - NC Chapter
Karen Gottori Bill Lamb Dennis Streets	Division of Aging

VISITOR REGISTRATION SHEET

Aging
Name of Committee — 2/17/99 Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK.

NAME	FIRM OR AGENCY AND ADDRESS
Payton Maynard	CPV
Shandy Suggs	Glenaire Retirement Home
Richard C. Hatch	AARP / NC Coalition on Aging
Sharon Hirsch	NCACDSS / Social Services Consortium
Bill Fay	AAHC

Handout #1
Division of Aging 2.17.99

Growth of the Older Population by County

	1997 Population Estimates			2020 Population Projections			Increase 1997–2020	
County/State	All Ages	65+	% 65+	All Ages	65+	% 65+	All Ages	% 65+
Alamance	119,820	18,707	15.6	137,734	27,473	19.9	15.0	46.9
Alexander	31,078	3,808	12.3	38,289	7,468	19.5	23.2	96.1
Alleghany	9,682	1,973	20.4	8,876	2,643	29.8	-8.3	34.0
Anson	23,854	3,805	16.0	21,628	4,833	22.3	-9.3	27.0
Ashe	23,596	4,420	18.7	23,166	6,823	29.5	-1.8	54.4
Avery	15,460	2,478	16.0	15,243	3,856	25.3	-1.4	55.6
Beaufort	43,400	6,751	15.6	45,879	10,380	22.6	5.7	53.8
Bertie	20,248	3,026	14.9	19,972	3,814	19.1	-1.4	26.0
Bladen	30,314	4,581	15.1	29,771	6,858	23.0	-1.8	49.7
Brunswick	65,200	10,926	16.8	97,920	23,724	24.2	50.2	117.1
Buncombe	191,122	31,749	16.6	233,706	52,062	22.3	22.3	64.0
Burke	83,143	11,772	14.2	95,890	19,757	20.6	15.3	67.8
Cabarrus	116,502	15,177	13.0	154,068	25,904	16.8	32.2	70.7
Caldwell	74,728	9,997	13.4	79,479	16,467	20.7	6.4	64.7
Camden	6,308	901	14.3	7,391	1,545	20.9	17.2	71.5
Carteret	59,057	9,251	15.7	78,091	17,542	22.5	32.2	89.6
Caswell	22,059	3,490	15.8	21,283	5,263	24.7	-3.5	50.8
Catawba	129,540	16,530	12.8	155,484	28,748	18.5	20.0	73.9
Chatham	45,130	6,992	15.5	58,804	12,715	22.4	25.9	81.9
Cherokee	22,416	4,510	20.1	26,141	7,322	28.0	16.6	62.4
Chowan	14,219	2,626	18.5	15,923	3,745	23.5	12.0	42.6
Clay	8,066	1,733	21.5	9,228	2,716	29.4	14.4	56.7
Cleveland	90,650	13,047	14.4	97,221	20,657	21.2	7.2	58.3
Columbus	51,942	7,469	14.4	50,715	11,026	21.7	-2.4	47.6
Craven	88,475	11,139	12.6	104,071	18,784	18.0	17.6	68.6
Cumberland	295,255	22,039	7.5	393,578	49,547	12.6	33.3	124.8
Currituck	16,571	2,139	12.9	23,807	4,227	17.8	43.7	97.6
Dare	27,394	3,360	12.3	43,438	7,096	16.3	58.6	111.2
Davidson	140,442	18,008	12.8	169,675	31,494	18.6	20.8	74.9
Davie	31,192	4,742	15.2	36,461	8,168	22.4	16.9	72.2
Duplin	44,080	6,295	14.3	48,360	9,132	18.9	9.7	45.1
Durham	197,710	19,814	10.0	256,661	32,073	12.5	29.8	61.9
Edgecombe	55,396	6,994	12.6	56,155	9,751	17.4	1.4	39.4
Forsyth	287,160	37,414	13.0	333,497	57,561	17.3	16.1	53.8
Franklin	43,487	5,491	12.6	62,738	9,977	15.9	44.3	81.7
Gaston	180,082	22,640	12.6	189,098	32,523	17.2	5.0	43.7
Gates	9,914	1,424	14.4	11,533	1,976	17.1	16.3	38.8
Graham	7,504	1,305	17.4	7,651	2,089	27.3	2.0	60.1
Granville	42,802	5,284	12.3	52,603	8,350	15.9	22.9	58.0
Greene	17,651	2,375	13.5	18,599	3,858	20.7	5.4	62.4
Guilford	383,186	48,683	12.7	454,088	80,940	17.8	18.5	66.3
Halifax	55,841	8,238	14.8	60,346	11,284	18.7	8.1	37.0
Harnett	81,358	9,714	11.9	110,192	17,342	15.7	35.4	78.5
Haywood	51,267	10,450	20.4	54,033	16,032	29.7	5.4	53.4
Henderson	79,148	18,158	22.9	98,630	30,080	30.5	24.6	65.7
Hertford	21,916	3,341	15.2	21,017	4,169	19.8	-4.1	24.8
Hoke	28,882	2,810	9.7	42,993	5,905	13.7	48.9	110.1
Hyde	5,280	883	16.7	4,308	1,060	24.6	-18.4	20.0
Iredell	109,261	14,863	13.6	141,403	26,086	18.4	29.4	75.5

Growth of the Older Population by County, continued

	1997 Population Estimates			2020 Population Projections			Increase 1997–2020	
County/State	All Ages	65+	% 65+	All Ages	65+	% 65+	All Ages	% 65+
Jackson	29,142	4,377	15.0	32,822	7,975	24.3	12.6	82.2
Johnston	103,181	12,796	12.4	147,349	24,378	16.5	42.8	90.5
Jones	8,988	1,335	14.9	9,266	1,952	21.1	3.1	46.2
Lee	48,369	6,881	14.2	61,760	12,014	19.5	27.7	74.6
Lenoir	59,038	8,671	14.7	58,394	12,285	21.0	-1.1	41.7
Lincoln	57,896	7,064	12.2	76,990	13,520	17.6	33.0	91.4
McDowell	39,424	6,128	15.5	39,391	9,080	23.1	-0.1	48.2
Macon	27,664	6,525	23.6	34,259	10,895	31.8	23.8	67.0
Madison	18,330	3,193	17.4	19,393	4,915	25.3	5.8	53.9
Martin	25,628	3,859	15.1	25,306	5,590	22.1	-1.3	44.9
Mecklenburg	608,567	57,529	9.5	878,995	114,409	13.0	44.4	98.9
Mitchell	14,729	2,837	19.3	14,708	4,114	28.0	-0.1	45.0
Montgomery	24,473	3,284	13.4	25,555	4,270	16.7	4.4	30.0
Moore	69,502	15,720	22.6	90,862	26,178	28.8	30.7	66.5
Nash	87,101	10,992	12.6	111,449	19,455	17.5	28.0	77.0
New Hanover	146,601	19,451	13.3	202,050	39,213	19.4	37.8	101.6
Northampton	20,800	3,738	18.0	18,404	4,594	25.0	-11.5	22.9
Onslow	147,352	8,005	5.4	207,980	19,127	9.2	41.1	138.9
Orange	107,253	9,680	9.0	146,494	21,553	14.7	36.6	122.7
Pamlico	11,973	2,259	18.9	13,272	3,666	27.6	10.8	62.3
Pasquotank	34,519	4,915	14.2	40,614	7,061	17.4	17.7	43.7
Pender	37,208	5,494	14.8	56,553	11,616	20.5	52.0	111.4
Perquimans	10,900	2,079	19.1	11,693	2,961	25.3	7.3	42.4
Person	32,920	4,787	14.5	36,998	7,378	19.9	12.4	54.1
Pitt	124,395	12,168	9.8	165,467	22,041	13.3	33.0	80.8
Polk	16,393	4,156	25.4	19,587	6,212	31.7	19.5	49.5
Randolph	121,550	15,459	12.7	152,662	26,630	17.4	25.6	72.3
Richmond	45,658	6,555	14.4	46,359	8,413	18.1	1.5	28.3
Robeson	112,704	12,204	10.8	125,186	19,337	15.4	11.1	58.4
Rockingham	89,156	13,392	15.0	92,604	19,761	21.3	3.9	47.6
Rowan	122,774	18,860	15.4	152,090	27,821	18.3	23.9	47.5
Rutherford	59,396	9,435	15.9	65,631	13,485	20.5	10.5	42.9
Sampson	52,650	7,794	14.8	55,733	11,272	20.2	5.9	44.6
Scotland	35,004	3,955	11.3	37,387	6,363	17.0	6.8	60.9
Stanly	55,131	8,133	14.8	61,606	10,969	17.8	11.7	34.9
Stokes	42,848	5,181	12.1	54,553	10,526	19.3	27.3	103.2
Surry	66,834	10,583	15.8	74,086	16,390	22.1	10.9	54.9
Swain	11,994	1,950	16.3	12,500	2,852	22.8	4.2	46.3
Transylvania	27,845	5,914	21.2	30,556	9,474	31.0	9.7	60.2
Tyrrell	3,672	648	17.6	3,287	798	24.3	-10.5	23.1
Union	106,119	10,286	9.7	154,192	22,963	14.9	45.3	123.2
Vance	40,981	5,322	13.0	44,821	7,276	16.2	9.4	36.7
Wake	556,853	44,155	7.9	918,936	119,762	13.0	65.0	171.2
Warren	18,140	3,518	19.4	19,808	5,252	26.5	9.2	49.3
Washington	13,297	1,991	15.0	11,555	2,827	24.5	-13.1	42.0
Watauga	40,862	4,694	11.5	47,624	9,102	19.1	16.5	93.9
Wayne	113,182	12,520	11.1	125,598	21,314	17.0	11.0	70.2
Wilkes	63,105	9,086	14.4	64,952	14,868	22.9	2.9	63.6
Wilson	68,724	9,154	13.3	72,668	14,148	19.5	5.7	54.6
Yadkin	35,199	5,471	15.5	43,780	9,111	20.8	24.4	66.5
Yancey	16,349	3,010	18.4	17,343	4,680	27.0	6.1	55.5
North Carolina	7,431,161	940,535	12.7	9,345,967	1,634,691	17.5	25.8	73.8

Current population and projections from the State Demographer, http://www.ospl.state.nc.us/demog/

Handout #2
Division of Aging
2/17/99

Schedule of Reported Expenditures by Division and Service Category
For SFY 1997-98

Agency	Adult Care Homes	Economic Support	Hospitals, Physicians, & Other Health	Home Health & In-Home Care	Institutional Care	Social/ Supportive Services	Division Total	Division Percent
Aging			1,618,383	26,992,748		19,043,947	**47,655,078**	**2.62**
Blind	567,024		1,093,321	2,312,784		843,965	**4,817,094**	**0.27**
Medical Assistance	44,422,091	124,533,693	335,923,653	203,029,255	812,310,949		**1,520,219,641**	**83.70**
Mental Health			16,491,101		117,541,555		**134,032,656**	**7.38**
Public Health				1,549,920			**1,549,920**	**0.09**
Social Services	59,922,808	35,627,705		2,521,608		7,665,633	**105,737,754**	**5.82**
Transportation						1,507,064	**1,507,064**	**0.08**
Voc. Rehab.						703,750	**703,750**	**0.04**
Category Total	**104,911,923**	**160,161,398**	**355,126,458**	**236,406,315**	**929,852,504**	**29,764,359**	**1,816,222,957**	
Category Percent	**5.78**	**8.82**	**19.55**	**13.02**	**51.20**	**1.64**		

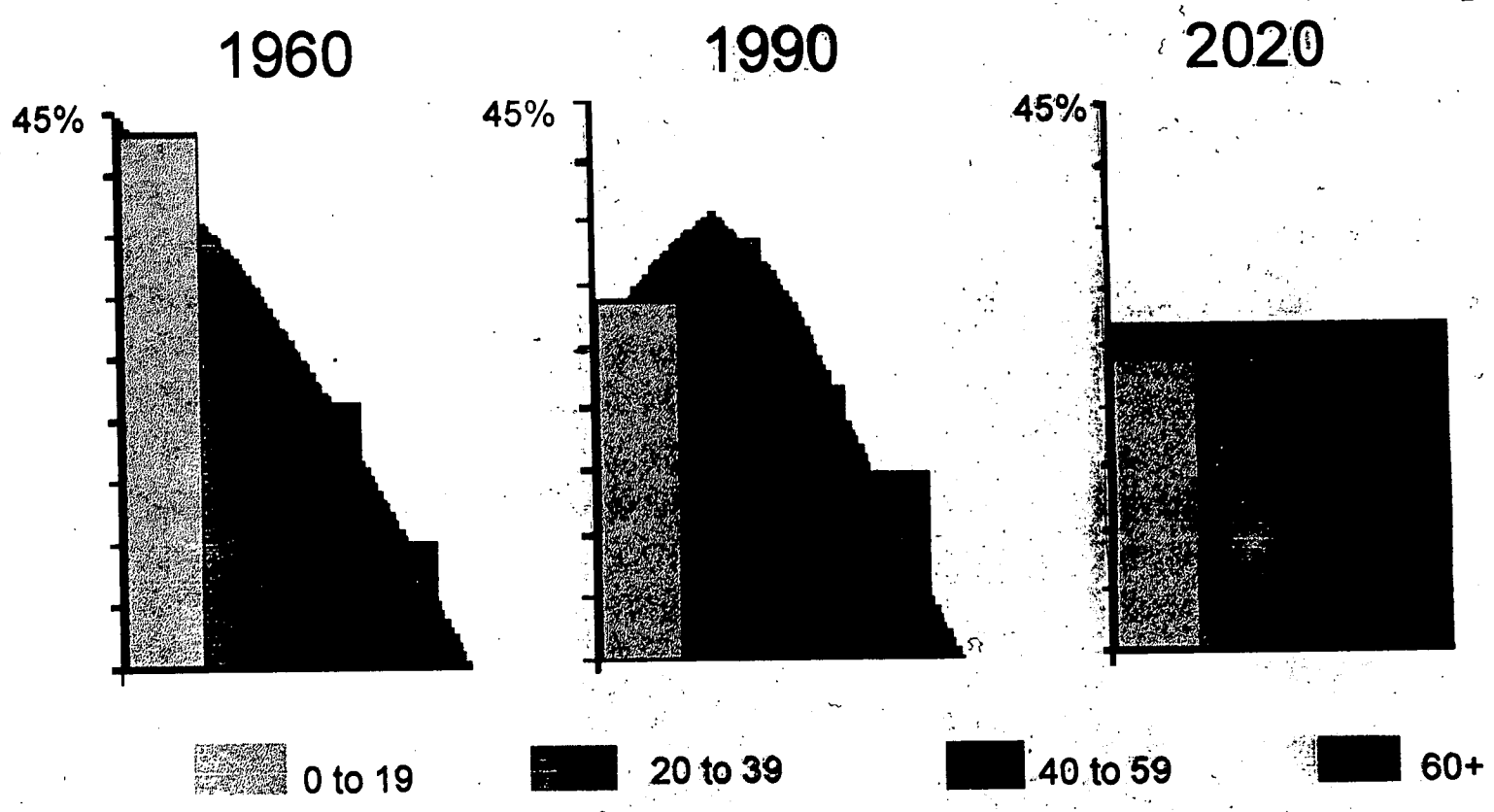
The 1999 Profile of Aging in North Carolina

- Nearly 981,500 North Carolinians are 65+ (12.8%)
- NC was the only SE state in the top eight in senior growth between 1990-1997 (15.1%)
- Over 107,800 are 85+
- Older women outnumber older men (60.1%)
- About 47% live in non-metropolitan areas

Aging Profile, Continued

- Only about 5% live in institutions or group residences
- More than half live with spouse, while 29% live alone
- About 79% own their homes, but about a third live in housing built before 1950
- NC continues to have one of the highest poverty rates among seniors

NC: In the Middle of a Major Population Shift



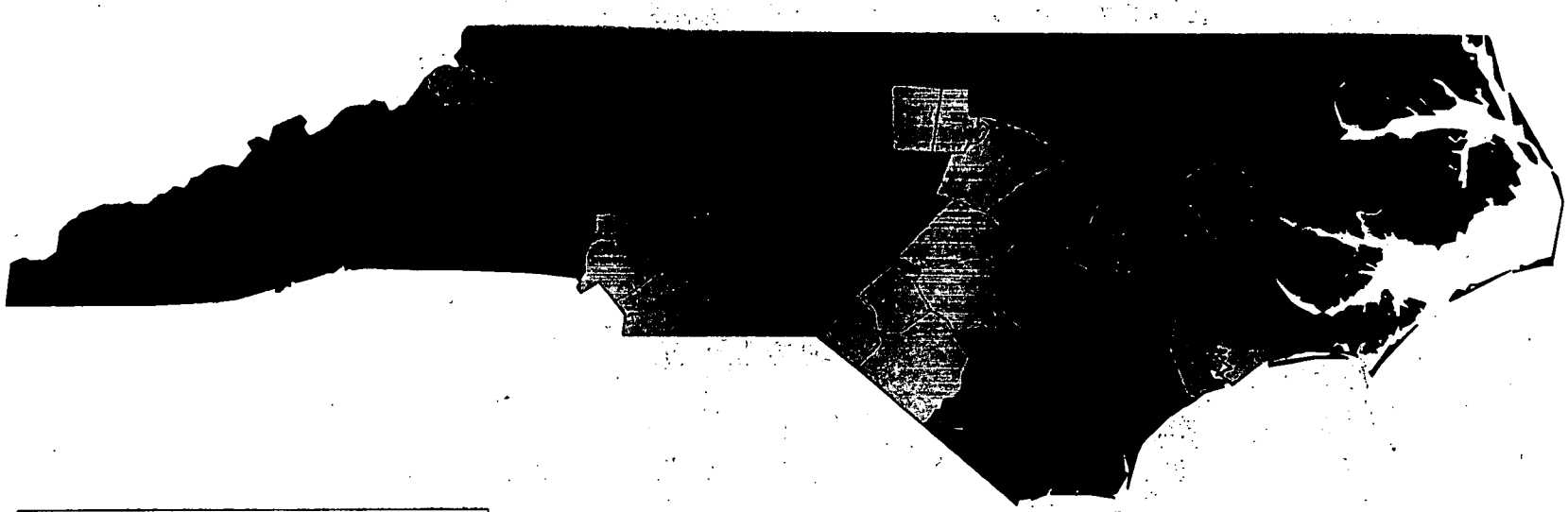
North Carolina's Changing Age Distribution

What Accounts for the Population Shift?

- Lowered fertility rate
- Increased life expectancy
- High in-migration of retirees (North Carolina ranks 3rd in the nation.)
- Graying of the baby boomers

Population 65+ in 1996

12.7% in the state—county range: 5.4% to 25.2%

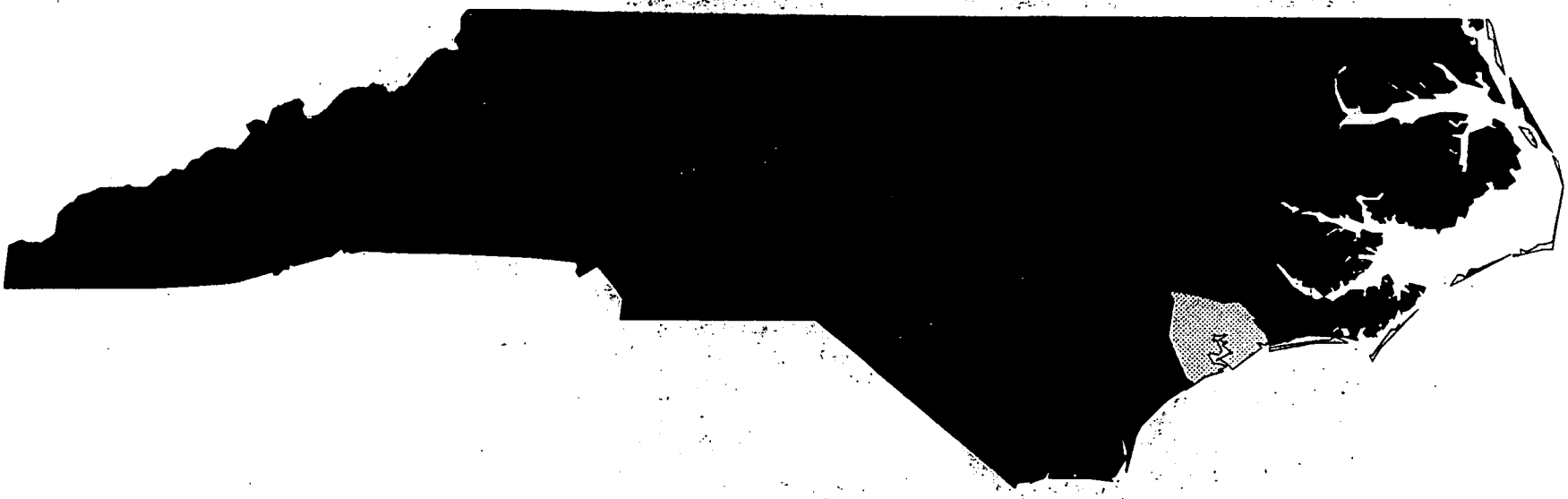


Percent of population age 65+
12.0% or less
12.1% to 13.0%
13.1% to 14.4%
14.5% to 15.9%
16% or more

Red-colored counties have 16 or more persons age 65 or older per 100 residents.

Population 65+ in 2020

17.5% in the state—county range: 9.2% to 31.8%



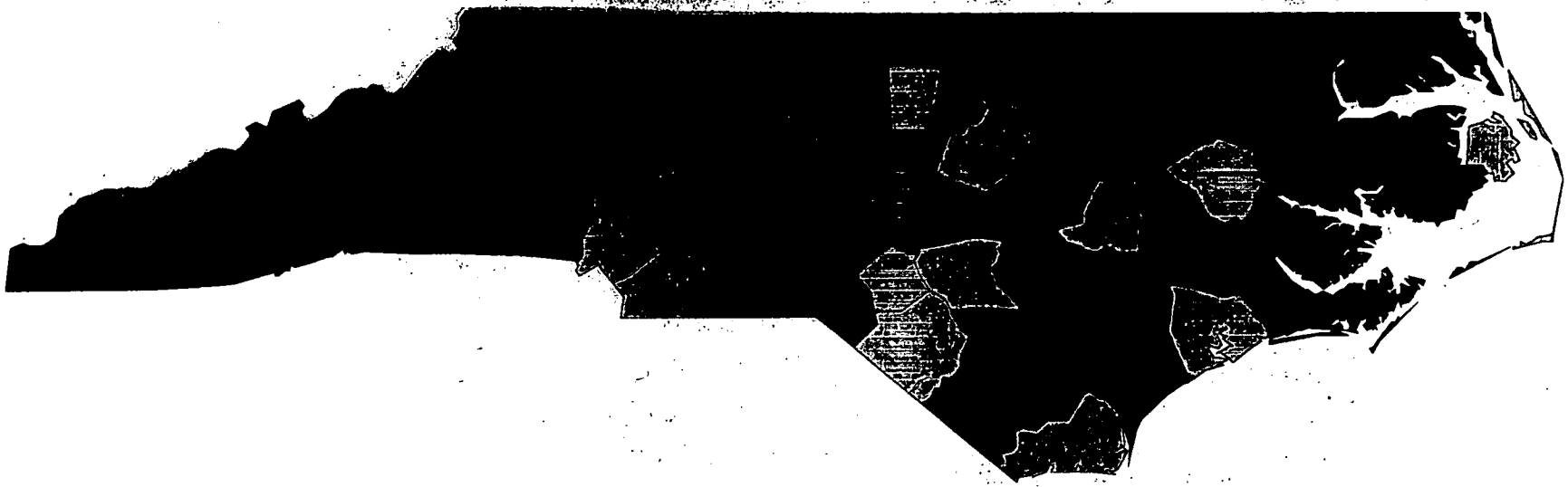
Percent of population age 65+

- 12.0% or less
- 12.1% to 13.0%
- 13.1% to 14.4%
- 14.5% to 15.9%
- 16% or more

Red-colored counties have 16 or more persons age 65 or older per every 100 residents.

Population 85+ in 1996

1.3% in the state—county range: 0.5% to 3.4%



Percent of population age 85+

- Less than 1%
- 1% through 1.49%
- 1.5% through 1.99%
- 2.0% or more

Red-colored counties have 2 or more persons age 85 or older per every 100 residents.

Population 85+ in 2020

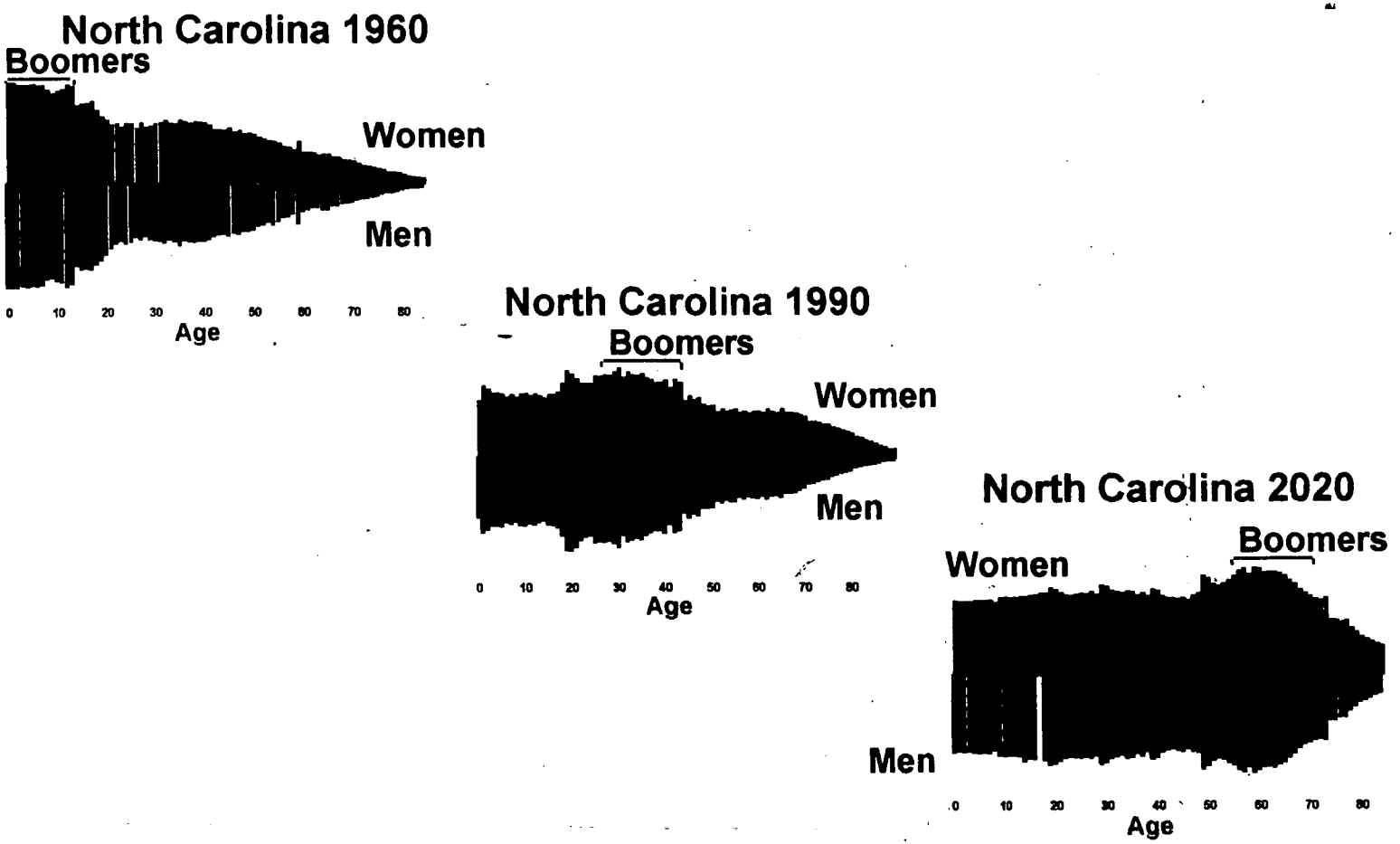
2.2% in the state—county range: 1.0% to 5.3%

Percent of population age 85+

- Less than 1%
- 1% through 1.49%
- 1.5% through 1.99%
- 2.0% or more

Red-colored counties have 2 or more persons age 85 or older per every 100 residents.

The Pig through the Python -- *the effect of boomers*



NC's Baby Boomers at a Glance

- About two million in 1990
- About a third of the population
- Almost half of the workforce

Facts about North Carolina's Boomers

- more than half had a high school diploma or less at ages 25 to 34
- only about 40% can expect a pension in retirement
- about 13% do not haye health insurance
- nearly 40% do not exercise, about 33% are overweight, and about 28% smoke
- the average boomer couple has more living parents than children
- nearly one in five lives in poverty or just above

How Will the Aging of the Boomers Affect:

Our Future Is Promising If:

- *Education is a valued commodity*
- *Preparing for financial security in retirement becomes a priority*
- *Good health and health care are valued*
- *We accept long-term care as a possibility and plan for it*
- *We address today those at greatest risk*

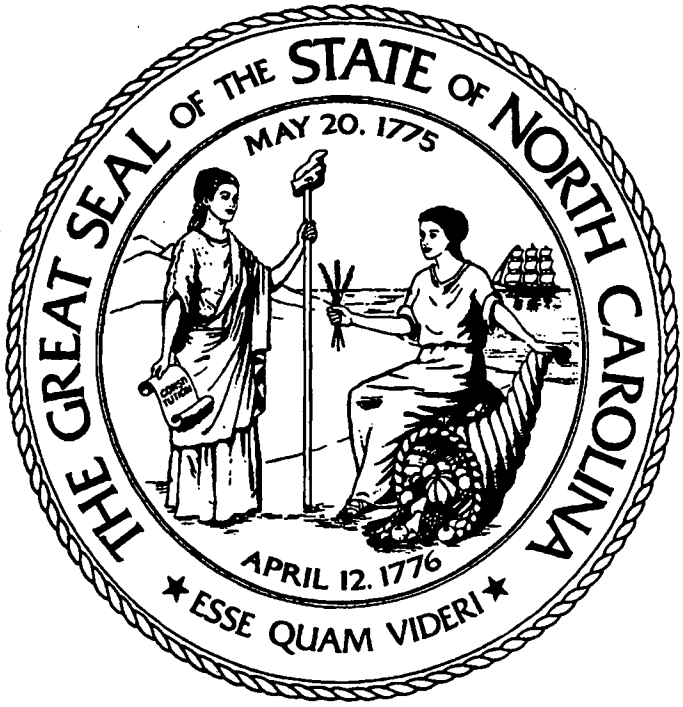
Guidance of Dr. Robert Friedland, National Academy on an Aging Society

- The aging of a society must be thought of in broader terms than just demographics
- We talk as if we know what the future looks like -- but?
- What an aging society looks like will vary a lot by community -- so be cautious with national and state reports
- The national debate about entitlements will leave more responsibility to individuals and communities
- Small changes result in big differences 20, 30, 40 years later

2.17.99

NORTH CAROLINA

STUDY COMMISSION ON AGING



REPORT TO THE GOVERNOR AND THE 1999 GENERAL ASSEMBLY OF NORTH CAROLINA

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

January 27, 1999

To: Governor James B. Hunt, Jr.
President of the North Carolina Senate
Speaker of the North Carolina House of Representatives
Members of the 1999 General Assembly

Attached is the *Report* to the North Carolina General Assembly, 1999 Session, from the North Carolina Study Commission on Aging, pursuant to North Carolina General Statute 120-187, which reads: "The Commission shall report to the General Assembly and the Governor the results of its study and recommendations."

The North Carolina Study Commission on Aging presents to you findings and recommendations based on extensive study and public hearings. Proposed legislation is contained within this report.

Respectfully submitted,

Senator Betsy L. Cochrane

Representative Debbie A. Clary

NORTH CAROLINA STUDY COMMISSION ON AGING
1997-1998
Membership List

President Pro Tempore's Appointments

Sen. Betsy L. Cochrane, Co-Chair
Advance, NC

Sen. Robert C. Carpenter
Franklin, NC

Sen. Charlie S. Dannelly
Charlotte, NC

Ms. Ann Holton
Alliance, NC

Sen. Robert L. Martin
Bethel, NC

Sen. William R. Purcell
Laurinburg, NC

Ms. Betty Rising
Lumberton, NC

The Honorable James D. Speed
Louisburg, NC

Ex Officio:
Ms. Karen Gottovi, Director
Division of Aging
Department of Health and Human Services

Speaker's Appointments

Rep. Debbie A. Clary, Co-Chair
Shelby, NC

Rep. Henry Aldridge
Greenville, NC

Mrs. Donna Creech
Smithfield, NC

Rep. Arlie Culp
Ramseur, NC

Rep. Beverly M. Earle
Charlotte, NC

Ms. Lorena S. Moree
Pinehurst, NC

Rep. W. Eugene Wilson
Boone, NC

Mr. George Wilson
Clinton, NC

Staff: John Young

Clerk: Phyllis Porter

TABLE OF CONTENTS

EXECUTIVE SUMMARY

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

The Commission met three times since its last *Report to the Governor and the 1997 General Assembly (1998 Regular Session).* The Commission has worked to establish itself as a substantial forum for North Carolina's concerns about older adults.

The Commission found that the primary areas of need were still in-home and caregiver and other community-based services. Meeting these needs is exacerbated by the lack of a long-term care plan for North Carolina. In its *Report to the Governor and the 1999 General Assembly,* the North Carolina Study Commission on Aging makes the following recommendations:

Recommendations

1. The Commission recommends that the 1999 General Assembly consider granting limited immunity to health care facilities and home care agencies that provide temporary shelter or services to handicapped individuals during a disaster or emergency. Since current rules prohibit temporary or non-screened admissions in a disaster or emergency, the Commission also recommends that the 1999 General Assembly consider allowing the Social Services Commission to adopt rules pertaining to the admission, capacity, staffing, services or census of the licensed facility or agency that prohibits temporary or non-screened admissions in a disaster or emergency.
2. The Commission recommends that the 1999 General Assembly authorize a time-limited demonstration project in a limited number of counties to test the feasibility and cost of giving elderly and disabled adults a choice of staying

at home or entering an adult care home using an income supplement paid from the Special Assistance Program.

3. The Commission recommends that the 1999 General Assembly establish a study commission to investigate the issue of Medicaid estate recovery and additional issues of Medicaid abuse.

4. The Commission recommends that the 1999 General Assembly continue its support of community-based long-term care services by providing additional funds to the Department of Health and Human Services, Division of Aging, for adult day care and adult day health care programs. The Commission further recommends that the General Assembly include in the appropriation funds for technical support for the service providers to ensure success of individual adult day care and adult day health centers beyond the start-up phase of operation. This should include support to hire outside consultants to provide specialized technical assistance, on-site review of applications and sessions for groups before they submit any requests for funding.

5. The Commission recommends that the 1999 General Assembly increase its appropriation to the three Alzheimer's chapters in North Carolina so that each chapter receives $67,000.

6. The Commission recommends that the 1999 General Assembly place the Housing Trust Fund in the Continuation Budget so that local housing sponsors may plan ahead and improve their effectiveness in delivering housing for working families and the elderly.

NORTH CAROLINA'S OLDER ADULTS

Today's Older Population

In 1997, 946,000 of our State's 7,437,000 residents were age 65 and older (12.7%). Nearly 103,000 North Carolinians were 85 or older.

There are as many differences among seniors as is true of any age group. Still, there are some defining features:

- Older women outnumber older men. They represent 61% of those 65 and older, and 74% of the 85+ age group.
- About 18% are of a minority race, mostly African-American.
- Only about 5% live in institutions or group residences. More than half (58%) live with their spouse; almost 29% live alone.
- Nearly 57% did not complete high school.
- About 51% live in rural areas.
- About 79% own their homes, but with 33% living in housing built before 1950.

At the Turn of the Next Century

As we enter the 21st Century, we can expect the number of North Carolinians age 65 and older to grow to 1,005,000. They will represent 13% of our State's population. The number age 85 and older will rise to 115,000.

Why this demographic shift

There are many reasons for the shift toward an older society in numbers and proportionately. Greater longevity and in-migration of retirees play an important part in the growth of the senior population we are seeing now. North Carolina ranks 5th in the nation in attracting retirees. It is projected that the net gain of older migrants during the 90's (nearly 122,500) will be more than twice the number in the 1980's. Reduced birthrates also affect the

proportionate size of age groups. The looming Baby Boom generation (born 1946-1964) will have a staggering effect.

The Aging of the Baby Boomers

By 2010, as the oldest of the large Baby Boom generation nears age 65, we catch a glimpse of the dramatic changes to follow. It is projected that there will be 1,217,000 seniors in 2010 (14.2% of the State's population). Those age 85 and older will equal about 165,000. By 2025, projections show North Carolina with 2,004,000 people age 65 and older. This will represent nearly 21.4% of our State's population. The Baby Boom generation, by its sheer size, has had a staggering effect on every system it has encountered – from hospital delivery rooms...to classrooms...to the job market. We are already seeing how this generation is forcing serious policy discussions about the future of Medicare and Social Security.

What Are the Implications

While the aging of our society is a national trend, it is especially true of North Carolina. This has relevance to all areas of our public and private lives. Government faces decisions about the allocation of public resources. Families must consider living and caregiving arrangements. The health, human service, and education systems must adapt to changes in interests and needs. The business, cultural, and other communities must identify and respond to the challenges and opportunities of our State's demographic shift.

There are large numbers of seniors today who contribute to our families and communities as well as some who must ask for assistance. Our current experience, though, is nothing like what we will encounter in the near future. We must respond to the challenges of today and prepare to meet tomorrow's.

So What's the Bottom Line about the Aging of Our State

- Older adults are North Carolina's fastest growing population.
- Our State's senior population will more than double over the next 30 years. At least one in five North Carolinians will be age 65 or older in 2025.
- North Carolina is only one of three states projected to gain more than a million people between 1995 and 2025 through migration into the State. Many of these newcomers will be retirees.

There are large differences among seniors in terms of economic, health and social characteristics.

(See Appendix A for more statistical information on older adults in North Carolina.)

FINDINGS AND RECOMMENDATIONS

RECOMMENDATION 1

The Commission recommends that the 1999 General Assembly consider granting limited immunity to health care facilities and home care agencies that provide temporary shelter or services to handicapped individuals during a disaster or emergency. Since current rules prohibit temporary or non-screened admissions in a disaster or emergency, the Commission also recommends that the 1999 General Assembly consider allowing the Social Services Commission to adopt rules pertaining to the admission, capacity, staffing, services or census of the licensed facility or agency that prohibit temporary or non-screened admissions in a disaster or emergency. (See Appendix B)

As required by statute, the Commission moves its public hearing process away from Raleigh in order to achieve a balanced and broader view of issues and needs. Therefore, one of the cities that was chosen since the 1997 Report for a public hearing was Wilmington. At that hearing, the New Hanover Department of Emergency Management testified that over the years it has had concerns about the safest and most practical means to provide shelter for the aging and special needs citizens within the county when an emergency or disaster arises. Recent experience with hurricane events all across North Carolina clearly establishes the fact that citizens with special needs cannot be adequately cared for in conventional public shelters under the best circumstances. Therefore, after hurricane Fran, a Special Needs Task Force was formed in New Hanover County to help emergency management find a better way to meet the needs of the aging and special needs population before, during and immediately following a hurricane or other disaster

The nursing homes, adult care homes and others who participated in the New Hanover County Task Force had expressed a willingness to assist the community by

participating in a local mutual assistance network concept. The network concept allowed health and human service agencies working in partnership with public and private facilities to triage an evacuee's needs and medical condition, and out-place the evacuee into a non-threatened facility for temporary refuge. This method provided better care for the needy individual than a cold gymnasium floor and a damaged military surplus cot typically found at most disaster shelters.

At the public hearing in Wilmington, the Department of Emergency Management brought to the Commission the results of the tested draft concept that had worked exceptionally well during hurricane Bonnie. The Department of Emergency Management sought the help of the Commission because many public and private facilities are prohibited from helping the community or helping their neighbors during times of crisis because of several factors. Since these emergency situations could apply to any part of the State, the Commission heard this testimony. The Commission believes that the 1999 General Assembly should take corrective action to help all of our communities in time of disaster. The Commission suggests that the 1999 General Assembly waive State rules that prohibit facilities from volunteering much needed space and expertise during disaster events, and modify the Good Samaritan Act to encompass facilities making a good-faith effort to serve the community. This would greatly reduce the traumatic mental and physical effects a disaster can have on the senior population by providing sheltering options more sensitive to their needs.

RECOMMENDATION 2

The Commission recommends that the 1999 General Assembly authorize a time-limited demonstration project in a limited number of counties to test the feasibility and cost of giving elderly and disabled adults a choice of staying at

home or entering an adult care home using an income supplement paid from the Special Assistance Program. (See Appendix C)

The 1997 General Assembly included a special provision in S.L. 1997-443, Section 11.73 that required the Department of Health and Human Services to study ways to provide assistance that supports a range of living arrangements for elderly and disabled adults who are eligible for Medicaid or State/County Special Assistance for Adults. The legislation required the report to include recommendations on whether changes are needed in the Medicaid or Special Assistance programs to support alternative living arrangements and the costs associated with these changes. DHHS was also required to report to the Commission. This report was presented to the Commission at its meeting on December 10, 1998.

Many types of living arrangements are used by aged, blind and disabled adults: their own homes, relatives' or friends' homes, apartments, elderly apartments, congregate housing, multi-unit assisted housing with services, public housing, subsidized housing, shared group residences, home sharing, supervised apartments for developmentally disabled adults, family care homes and larger adult care homes. The ability of aged, blind or disabled adults to remain in or move to appropriate housing which can enable them to delay or avoid going to an adult care home depends on many factors.

Currently, the Special Assistance program provides an income supplement paid to elderly and disabled adults who do not have sufficient income to pay for the cost of care and the payment is limited to use in State licensed adult care homes. Adult care homes include family care homes, group homes for developmentally disabled adults or for adults with mental illness and adult care homes (the larger facilities).

In its public hearings over a number of years, the Commission has learned that older adults want to have a choice about where they live. If elderly and disabled adults can only use Special Assistance for an adult care home, that is where they will likely go when they can no longer remain at home. Individuals with low incomes have limited choices today and often enter an adult care home because that is the only source of public funding available to help them meet their housing and care needs.

The issue of choice is an important public policy issue that is growing in importance, along with the increasing numbers of older adults in North Carolina. Yet, it is difficult to determine, without actually making it available, whether Special Assistance for in-home living arrangements and Medicaid for in-home services would, in fact, result in less reliance on adult care homes or whether it would simply result in creating more demand for in-home care.

After listening to the report by DHHS , the Commission believes that a time-limited demonstration project in a limited number of counties should be undertaken. It could be learned first-hand what the effects would be and it would allow a test of the feasibility and cost of giving aged and disabled adults a choice of staying at home or entering an adult care home.

The Commission believes that the following key issues should be tested:

1. What cost savings could occur for the Special Assistance Program and the Medicaid programs by allowing a choice of in-home living arrangements;
2. Which ADL or other need criteria are reliable indicators for identifying individuals with the greatest need for Special Assistance payments for in-home living arrangements;
3. How much case management is needed and which types of clients are most in need of case management.

A demonstration of this nature would provide experience with actually giving a choice to aged and disabled adults and provide valuable information that could be used in making decisions about the practicality and cost of doing this on a statewide basis. After the first year of the demonstration and at the completion of the project, DHHS should provide a report to the Commission and to the General Assembly showing the results and any recommendations for potential statewide use.

RECOMMENDATION 3

The Commission recommends that the 1999 General Assembly establish a study commission to investigate the issue of Medicaid estate recovery and additional issues of Medicaid abuse. (See Appendix D)

At the recommendation of the Commission, the 1997 General Assembly (1998 Session) raised Medicaid benefits to the aged and disabled to 100% of the poverty level. This was in response to the crisis many older adults with low incomes face in paying for prescription medicines. The Commission stated in its Report to the 1997 General Assembly (1998 Regular Session) that each Medicaid recipient should bear as much of the costs as possible from the individual's private assets to help insure that those most in need receive the limited Medicaid benefits.

The Commission believes that the State must be a wise steward and insure that assets remaining in the recipient's estate be used to reimburse the State for its support, when practical, without causing undue hardship on the recipient's family. Federal law required the General Assembly to consider the issue and the 1993 General Assembly (1994 Regular Session) enacted the Medicaid Estate Recovery Act. Also the Department of Health and Human Services, Office of Long-Term Care, at the instigation of the Commission, recently prepared a report entitled "Comparing State Medicaid

Recovery Efforts". (See Appendix E) The Commission believes that now is the appropriate time to again review all options open to the State. The study commission that will review this topic should pay particular attention to the options listed in the attached document prepared by DHHS.

RECOMMENDATION 4

The Commission recommends that the 1999 General Assembly continue its support of community-based long-term care services by providing additional funds to the Department of Health and Human Services, Division of Aging, for adult day care and adult day health care programs. The Commission further recommends that the General Assembly include in the appropriation funds for technical support for the service providers to ensure success of individual adult day care and adult day health centers beyond the start-up phase of operation. This should include support to hire outside consultants to provide specialized technical assistance, on-site review of applications and sessions for groups before they submit any requests for funding. (See Appendix F)

Adult day care and adult day health care are two of the services in the long-term care continuum that prevents or delays placement of the elderly or disabled in institutions. These services are directed toward individuals who are physically and/or mentally impaired to the extent of interfering significantly with their capability for self-care, who live in their own homes, or in homes of relatives.

The Commission recommended in its last report to the General Assembly that it increase funding for the expansion of adult day care and day health services. Upon this recommendation, the 1997 General Assembly did increase this funding and

appropriated $1,665,750 for FY 1997-98 and $2,181,750 for 1998-99. These total appropriations amounts include the expansion request made by the Commission.

In its meeting on December 10, 1998, the Commission reviewed the progress of these new start-up grants. The following points were presented to the Committee:

- There are currently 106 certified adult day centers in North Carolina.
- Sixty of 100 counties now have adult day centers.
- Upon the opening of all grant-funded centers, at least 120 centers will be certified with 72 counties having adult day centers.
- All six conversion grant recipients have converted from social model programs to combination models that provide health services.
- Forty-nine of the 106 certified centers (46%) are certified to provide health services either by combination or health-only model.

Although the program is making progress, there is still considerable need for continued State funding to offer start-up grants and conversion grants. The programs are still unevenly distributed and are unavailable in many areas, particularly in rural counties in the far east and far west. Therefore the recommended legislation will:

1. Provide funds for start-up grants to establish 10 new programs in each year of the biennium.
2. Provide funds to support conversion of five adult care programs each year of the biennium.

To effectively meet the need of local communities, those centers that are funded by State funds must be sound and continue to operate for the long term. Given the nature of the business, the industry often attracts persons and organizations driven by compassionate feelings, but often lacking adequate financial resources to ensure the success of the business beyond the start-up phase of operation -- two or three years. In

the future, it would be in the best interest of the proposed centers and the industry, in general, to scrutinize the business expertise and assurance of financial support more closely. For these reasons the Commission recommends $80,000 for each year of the biennium to hire outside consultants to provide specialized technical assistance, on-site review of applications, and sessions for groups before they submit any requests for funding.

RECOMMENDATION 5

The Commission recommends that the 1999 General Assembly increase its appropriation to the Alzheimer's chapters in North Carolina so that each chapter receives $67,000. (See Appendix G)

Once thought to be a mental illness affecting only the elderly, Alzheimer's Disease is now considered a physical ailment and is not considered part of the natural aging process. There are approximately 110,000 men and women in North Carolina who are victims. The 24-hour care which victims require often strains family relationships as well as life savings. The three North Carolina chapters of the Alzheimer's Association are among the few resources available to provide assistance, information and support for these victims, their families and caregivers.

The Commission believes that it is imperative that the General Assembly increase funding for the three chapters so that this much needed help can continue outside of the governmental arena. The 1997 General Assembly was generous in its appropriation of $100,000 for each year of the biennium for these chapters, but the Commission believes that this funding ought to be increased.

RECOMMENDATION 6

The Commission recommends that the 1999 General Assembly place the Housing Trust Fund in the Continuation Budget so that local housing sponsors may plan ahead and improve their effectiveness in delivering housing for working families and the elderly. (See Appendix H)

Older adults consistently tell those who will listen that they wish to live independently in their own homes. In North Carolina, that home may be a family farm, a single-family dwelling, a mobile home, a garden apartment or a high-rise. It may be a modest home in need of major repairs or a new home in a retirement community offering a variety of amenities. No matter the location or condition, home is where everyone wants to be.

Safe, decent affordable housing continues to be a critical issue for far too many older North Carolinians. Nearly a third of all elderly households pay disproportionately high percentages of their income for rent or home maintenance. The challenge before us is to develop financing strategies that will enable us to increase the availability of affordable options to meet the housing preferences of our older adults.

In 1987, the General Assembly created the North Carolina Housing Trust Fund as a flexible tool to finance the production and rehabilitation of affordable housing. Since the initial Housing Trust Fund appropriation in 1987, the General Assembly has appropriated $21.4 million to the Trust Fund. In 9 of the past 11 years, there has been an appropriation in the State's Capital or Non-recurring Budget.

The Housing Trust Fund is a significant resource in leveraging other sources of public and private financing. Five dollars of total investment is leveraged for each $1 of State investment. Producing affordable housing requires planning and forward investments. However, the Housing Trust Fund operates in year-to-year uncertainty. A

place in the Continuation Budget and a dedicated revenue source would allow local housing sponsors to plan ahead and improve their effectiveness in delivering housing for working families and the elderly.

APPENDIX A

How North Carolina Compares to the Nation

While North Carolina was the 11th most populous state in 1995, it was 10th in terms of the older population. By 2025, projections still show North Carolina 11th overall but 8th among older populations. Our percentage of older adults in 1995 (12.5%) was slightly less than what it was nationally (12.8%), ranking North Carolina 31st among states. Our projected increase to 21.4% in 2025 will rank us 11th. In contrast, North Carolina's proportion of youth (under age 20) ranked 38th in 1995; this ranking will dip to 44th in 2025 (when youth will represent 23.2% of the state's population).

Variable	U.S.	N.C.	State Ranking
Population Growth 85+ (1983-1993)	33.8%	51.4%	8
Age 65+ Severely Disabled Per 100 (1992)	71.4%	81.1%	8
%65+ Poverty (1990)	12.8%	19.5%	9
% 65+ Minority (1990)	13.6%	18.4%	11

And How We Compare within the State

Counties, cities and regions are aging at varying rates. The table that follows gives the number and proportion of persons age 65 and older by county for 1997. This ranges from 25.5% in Polk County, where there is a steady influx of retirees, to 5.5% in Onslow County, the location of the Camp Lejeune Marine Base. Many of our western and coastal communities, as well as some in the piedmont, have larger proportions of seniors. Nearly 59% of Pinehurst's population in 1990 were persons age 60 and older. Canton and Hendersonville each had about 35%.

OLDER ADULTS IN NORTH CAROLINA IN 1997
State Total: 946,305 State Percent: 12.7%

County	Age 65+	%	County	Age 65+	%
Alamance	18,624	15.7	Johnston	12,699	12.5
Alexander	3,880	12.3	Jones	1,434	15.0
Alleghany	1,957	20.6	Lee	6,855	14.3
Anson	3,827	16.0	Lenoir	8,848	14.8
Ashe	4,389	18.8	Lincoln	7,105	12.3
Avery	2,444	16.0	Macon	6,456	23.7
Beaufort	6,876	15.7	Madison	3,178	17.5
Bertie	3,125	15.0	Martin	3,947	15.2
Bladen	4,623	15.3	McDowell	5,947	15.6
Brunswick	10,887	16.8	Mecklenburg	57,703	9.5
Buncombe	32,532	16.7	Mitchell	2,890	19.3
Burke	11,978	14.2	Montgomery	3,264	13.5
Cabarrus	15,074	13.1	Moore	15,989	22.7
Caldwell	10,088	13.5	Nash	11,045	12.7
Camden	936	14.3	New Hanover	19,724	13.3
Carteret	9,367	15.8	Northampton	3,722	18.0
Caswell	3,395	15.8	Onslow	8,365	5.5
Catawba	16,608	12.8	Orange	9,711	8.8
Chatham	6,906	15.5	Pamlico	2,288	18.9
Cherokee	4,572	20.2	Pasquotank	4,830	14.3
Chowan	2,641	18.6	Pender	5,481	14.8
Clay	1,733	21.6	Perquimans	2,059	19.1
Cleveland	13,163	14.5	Person	4,825	14.6
Columbus	7,502	14.5	Pitt	12,020	9.9
Craven	11,071	12.7	Polk	4,112	25.5
Cumberland	22,938	7.6	Randolph	15,248	12.8
Currituck	2,164	13.0	Richmond	6,600	14.4
Dare	3,362	12.3	Robeson	12,312	10.9
Davidson	18,073	12.9	Rockingham	13,605	15.1
Davie	4,655	15.2	Rowan	18,973	15.4
Duplin	6,326	14.4	Rutherford	9,546	15.9
Durham	19,825	10.1	Sampson	7,728	14.9
Edgecombe	7,233	12.7	Scotland	3,987	11.4
Forsyth	37,673	13.1	Stanly	8,110	14.8
Franklin	5,527	12.7	Stokes	5,216	12.1
Gaston	22,714	12.7	Surry	10,644	15.9
Gates	1,429	14.4	Swain	1,919	16.3
Graham	1,325	17.4	Transylvania	5,926	21.3
Granville	5,208	12.4	Tyrrell	677	18.2
Greene	2,352	13.5	Union	10,191	9.8
Guilford	49,036	12.8	Vance	5,296	13.1
Halifax	8,596	14.8	Wake	44,461	8.0
Harnett	9,741	12.0	Warren	3,603	19.5
Haywood	10,421	20.5	Washington	2,068	15.2
Henderson	18,193	23.1	Watauga	4,775	11.6
Hertford	3,436	15.4	Wayne	12,648	11.2
Hoke	2,903	9.8	Wilkes	9,101	14.5
Hyde	851	16.9	Wilson	9,263	13.4
Iredell	14,765	13.7	Yadkin	5,496	15.7
Jackson	4,462	15.1	Yancey	3,029	18.5

APPENDIX B

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S/H **D**

99-LNZ-002
(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Emer. Shelter/Health Facil.Immunity. Public

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO PROVIDE IMMUNITY FROM LIABILITY FOR CERTAIN LICENSED HEALTH CARE FACILITIES THAT PROVIDE SHELTER OR SERVICES DURING DISASTERS AND EMERGENCIES.

The General Assembly of North Carolina enacts:

Section 1. Part A of Article 6 of Chapter 131E of the General Statutes is amended by adding the following new section to read:

"**§ 131E-112. Limitation on liability for health care facilities that provide shelter or services during a disaster or emergency; waiver of rules.**

(a) Any health care facility or home care agency licensed under this Article that provides, with or without compensation, temporary shelter or services to handicapped individuals during a disaster or emergency, declared under federal law or in accordance with Article 1 of Chapter 166A of the General Statutes or Article 36A of Chapter 14 of the General Statutes, at the request of an emergency management agency implementing an emergency management plan or program approved by the governmental entity having authority over the emergency management agency is not liable for any personal injury, wrongful death, property damage, or other loss caused by the facility or home care agency's acts or omissions in the provision of shelter or services.

(b) The immunity provided in subsection (a) of this section applies only to shelter or services:

(1) The facility or home care agency is licensed to provide during its ordinary course of business.

(2) Provided in accordance with an agreement between the health care facility or home care agency and the emergency management agency.

(3) Provided for not more than 45 days after the declaration of the emergency or disaster, unless the 45-day immunity period is extended by an executive order issued by the Governor under the Governor's emergency executive powers.

(c) The immunity provided in subsection (a) of this section does not apply if it is determined that the personal injury, wrongful death, property damage, or other loss was caused by the gross negligence, wanton conduct, or intentional wrongdoing of the health care facility or home care agency.

(d) Commission rules including but not limited to those pertaining to admission, capacity, staffing, services, and census of the licensed facility or home care agency shall be waived to the extent necessary to allow the facility or home care agency to provide the temporary shelter and services requested by the emergency management agency as authorized by this section, unless the Division determines that the placement or services would pose an unreasonable risk to the health, safety, or welfare of any of the persons occupying the facility. In the event the Division determines that placement or services would pose an unreasonable risk, then the Division shall work with the emergency management agency to assist in identifying ways of removing or reducing the risk or in securing alternative temporary shelter or services during the disaster or emergency. The emergency management agency requesting temporary shelter or services under this section shall notify the Division within 72 hours of placement of one or more individuals in a facility.

(e) As used in this section:

(1) 'Emergency management agency' means a State or local governmental agency charged with coordination of all emergency management activities for its jurisdiction.

(2) 'Handicapped individual means an individual who has a physical or mental disability or an infirmity."

Section 2. Article 1 of Chapter 131D of the General Statutes is amended by adding the following new section to read:

"§ 131D-7. Limitation on liability for certain adult care homes providing shelter or services during disaster or emergency; waiver of rules.

(a) An adult care home licensed under this Article that provides, with or without compensation, temporary shelter or services to handicapped individuals during a disaster or emergency, declared under federal law or in accordance with Article 1 of Chapter 166A of the General Statutes or Article 36A of Chapter 14 of the General Statutes, at the request of an emergency management agency implementing an emergency management plan or program approved by the governmental entity having authority over the emergency management agency is not liable for any personal injury, wrongful death, property damage, or other loss caused by the adult care home's acts or omissions in the provision of shelter or services.

(b) The immunity provided in subsection (a) of this section applies only to shelter or services:

(1) The adult care home is licensed to provide during its ordinary course of business.

(2) Provided in accordance with an agreement between the adult care home and the emergency management agency.

(3) Provided for not more than 45 days after the declaration of the emergency or disaster, unless the 45-day immunity period is extended by an executive order issued by the Governor under the Governor's emergency executive powers.

(c) The immunity provided in subsection (a) of this section does not apply if it is determined that the personal injury, wrongful death, property damage, or other loss was caused by the gross negligence, wanton conduct, or intentional wrongdoing of the adult care home.

(d) Commission rules including but not limited to those pertaining to admission, capacity, staffing, services, and census of the adult care home shall be waived to the extent necessary to allow the adult care home to provide the temporary shelter and services requested by the emergency management agency as authorized by this section, unless the Division determines that the placement or services would pose an unreasonable risk to the health, safety, or welfare of any of the persons occupying the adult care home. In the event the Division determines that placement or services would pose an unreasonable risk, then the Division shall work with the emergency management agency to assist in identifying ways of removing or reducing the risk or in

securing alternative temporary shelter or services during the disaster or emergency. The emergency management agency requesting temporary shelter or services under this section shall notify the Division within 72 hours of placement of one or more individuals in an adult care home.

(e) As used in this section:

(1) 'Emergency management agency' means a State or local governmental agency charged with coordination of all emergency management activities for its jurisdiction.

(2) 'Handicapped individual means an individual who has a physical or mental disability or an infirmity."

Section 3. This act becomes effective July 1, 1999 and applies to shelter or services provided on and after that date.

SUMMARY
BILL DRAFT - 99-LNZ-002
December 10, 1998

AN ACT TO PROVIDE IMMUNITY FROM LIABILITY FOR CERTAIN LICENSED HEALTH CARE FACILITIES THAT PROVIDE SHELTER OR SERVICES DURING DISASTERS AND EMERGENCIES.

This bill draft amends the Chapters of the General Statutes pertaining to licensure of certain health care facilities. Article 6 of Chapter 131E provides for licensure of nursing homes and home health agencies. Article 1 of Chapter 131D provides for licensure of adult care homes.

Page 1, lines 9-24. Provides that any health care facility or home care agency that is licensed and that provides temporary shelter or services to handicapped individuals during a disaster or emergency is not liable for personal injury, wrongful death, property damage, or other loss caused by the acts or omissions of the facility or agency that occur while providing shelter or services. The shelter or services must have been requested by an emergency management agency that is implementing an approved emergency management plan, and the disaster or emergency must be one that has been declared under federal law or under Article 1 of Chapter 166A (by the Governor or by local ordinance) or Article 36A of Chapter 14 (riots and civil disorders) of the General Statutes.

Page 2, lines 1-12. Immunity from liability provided under subsection (a) applies only to shelter or services:

(1) The facility or agency is licensed to provide during its ordinary course of business;
(2) Provided in accordance with an agreement between the facility or home care agency and the emergency management agency; and
(3) Provided for not more than 45 days after the declaration of the emergency, unless the Governor extends the 45-day immunity period by executive order.

Page 2, lines 13-17. The immunity does not apply if it is determined that the personal injury, wrongful death, property damage, or other loss was caused by the facility or home care agency's gross negligence, wanton conduct, or intentional wrongdoing.

Page 2, lines 18-33. Rules adopted by the Social Services Commission pertaining to the admission, capacity, staffing, services, or census of the licensed facility or agency that would be a barrier to the provision of emergency shelter or services are waived unless the Division of Facility Services determines that placement or services would pose an unreasonable risk to the health, safety, or welfare of any of the persons occupying the facility. In such event, DFS must work with the emergency management agency to assist in finding ways in removing or reducing the risk, or in securing alternative temporary placement. The emergency management agency must notify DFS within 72 hours of placing one or more individuals in a facility.

Page 2, lines 34-40. This subsection defines the terms "emergency management agency" and "handicapped individual".

Section 2 of the bill, provides the same immunity from liability for adult care homes (other than group homes for developmentally disabled persons and family care homes).

Section 3 of the bill provides that the act becomes effective July 1, 1999 and the immunity applies to shelter or services provided on and after that date.

Additional relevant information:

Chapter 166A of the General Statutes, the North Carolina Emergency Management Act, provides that the Governor shall have general direction and control of the State emergency management program. The Secretary of Crime Control and Public Safety is responsible to the Governor for State emergency management activities. G.S. 166A-5.

The Act also provides that the government body of each county is responsible for emergency management within the geographical limits of the county and that all emergency management efforts within the county will be coordinated by the county, including activities of municipalities within the county. The governing body of each county is authorized to establish and maintain an emergency management agency. All incorporated municipalities are authorized to establish and maintain emergency management agencies subject to coordination by the county. Each political subdivision (counties and incorporated cities, towns and villages(is also authorized to direct and coordinate the development of emergency management plans and programs in accordance with the policies and standards set by the State. G.S. 166A-8.

APPENDIX C

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S/H **D**

99-LNZ-013
(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Spec.Assist/Alt.Living. **Public**

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO AUTHORIZE USE OF FUNDS FOR ADULT SPECIAL ASSISTANCE FOR DEMONSTRATION PROJECT ON ALTERNATIVE LIVING ARRANGEMENTS.

The General Assembly of North Carolina enacts:

Section 1. The Department of Health and Human Services shall implement a demonstration project to test the feasibility and cost of giving elderly and disabled adults who are eligible for State/County Special Assistance a choice of staying at home or entering an adult care facility. The Department shall use funds available for State/County Special Assistance for the 1999-2000 and 2000-2001 fiscal years to make payments to eligible individuals in in-home living arrangements. Payments may be made for not more than two hundred (200)individuals for the fiscal period beginning July 1, 1999 and ending June 30, 2001. The Department shall make an interim progress report to members of the House and Senate Appropriations Subcommittees on Health and Human Services and to the North Carolina Study Commission on Aging no later than June 30, 2000 and shall make a final report no later than October 1, 2001. The final report shall include but is not limited to the following information:

(1) Cost savings that could occur by allowing individuals eligible for State/County Special Assistance the option to remain in the home.

(2) Which activities of daily living or other need criteria are reliable indicators for identifying individuals with the greatest need for income supplements for in-home living arrangements.

(3) How much case management is needed and which types of individuals are most in need of case management.

(4) Findings and recommendations as to the feasibility of continuing or expanding the demonstration project.

Section 2. This act becomes effective July 1, 1999 and expires June 30, 2000.

APPENDIX D

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1997

S/H **D**

SENATE JOINT RESOLUTION 97-LNZ-006
(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Sponsors:

Referred to:

A JOINT RESOLUTION AUTHORIZING THE LEGISLATIVE RESEARCH COMMISSION TO STUDY STATE MEDICAID RECOVERY POLICY AND LAW.

Be it resolved by the Senate, the House of Representatives concurring:

Section 1. The Legislative Research Commission may conduct a comprehensive study of the State's current Medicaid recovery policies and law to determine the feasibility and desirability of enhancing recovery efforts beyond minimum federal requirements. The study may include but is not limited to all of the following:

(1) Federal requirements for Medicaid recovery efforts, whether current State efforts exceed federal requirements, and if not, the reasons therefor.

(2) State recovery collections as a percent of total Medicaid expenditures.

(3) Review of Medicaid recovery policy and laws enacted or being considered by other states.

(4) Findings of the study conducted by DHHS, Division of Medical Assistance comparing State Medicaid recovery efforts, and policy options contained in the study.

Section 2. The Legislative Research Commission may make an interim report to the 1999 General Assembly, 2000 Regular Session, and shall make a final report to the 2001 General Assembly.

Section 3. This resolution is effective upon ratification.

Comparing State Medicaid Recovery Efforts

Published by the
Long-Term Care Policy Office
in collaboration with the
Division of Medical Assistance

Department of Health and Human Services
October 1998

Background Information

Federal Law Requires That All States Implement Polices To:

1) Prevent persons who could otherwise pay for at least some of their care from giving away/divesting their assets to meet Medicaid financial eligibility criteria. *(Referred to as "Transfer of Asset" policies – imposed in 1988.)*
2) Recoup, from estates of deceased Medicaid beneficiaries age 55+ (and permanently institutionalized adults under 55), Medicaid payments for long-term care services as well as any related hospital, prescription drug and Medicare cost-sharing costs. *(Referred to as Estate Recovery policies– imposed in 1993)*

A Quick Overview of Transfer of Asset Requirements

- States must apply policies to Medicaid funded nursing home care (includes ICF-MR) and all home and community based waiver programs.
- States must determine whether an applicant has transferred any assets within 36 months of applying for Medicaid or established, within the past 60 months, a Trust from which the applicant cannot benefit. *(These time frames are commonly referred to as the "look back" period.)*
- States must impose penalties on Medicaid long-term care applicants that violate the look back criteria above.
- States may opt to apply their policies to other long-term care related services.
- States may not lengthen the 36 month "look-back" period.

A Quick Overview of Estate Recovery Requirements

- Recovery efforts must apply to persons 55 and older (and permanently institutionalized adults under age 55) receiving Medicaid funded nursing home care or care through home and community based waivers, including related hospital, prescription drug and Medicare cost-sharing costs.
- States must establish "hardship" criteria to exempt persons in certain situations (prescribed by the state) from recovery efforts.
- States may expand recovery efforts to other Medicaid services.
- States may place liens on real property of Medicaid long-term care recipients not expected to return home (within certain parameters).
- When a spouse or dependent child remains in the home after the beneficiary dies, states may seek judgments to collect Medicaid costs when the house is sold or from the estate once the spouse or dependent child dies.

While states must meet minimum federal requirements, they have considerable latitude with regard to implementing policies that go beyond minimum federal requirements, within certain limits.

Currently, North Carolina's Transfer of Asset and Estate Recovery policies meet, but do not exceed, minimum federal requirements.

Purpose

The Purpose of this Report is to:

1) Assess nationwide trends regarding state policies governing the scope and administration of Transfer of Asset and Estate Recovery policies.

2) Identify common policy trends among states having the best collection rates.

3) Determine how North Carolina compares with nationwide trends pertaining to Medicaid recovery efforts.

4) Assess implications of national trends for North Carolina and potential ramifications of various policy changes that might be considered.

Key Items To Be Examined:

- Identification of states with the highest percentage of recovery collections as a percent of total Medicaid spending and any common policy trends
- Identification of states with the lowest percentage of recovery collections as a percent of total Medicaid spending and any common policy trends
- Prevalence of current use of TEFRA (pre-death) liens placed on real property of Medicaid long-term care recipients not expected to return home
- Prevalence of states that exceed minimum federal requirements regarding Transfer of Asset and Estate Recovery policies
- Use of private contractors for recovery collections and associated impact
- States considering/implementing further efforts to tighten identified loopholes to:
  - increase private payment for care (through either changes to state Transfer of Asset or Estate Recovery policies)
  - address inequities that result in incentives or disincentives for seeking institutional long-term care as opposed to home/community care
- Prevalence of use of "undue hardship" criteria
- Recovery efforts in situations where a surviving spouse/eligible dependent remains in the home of the deceased Medicaid long-term care recipient
- How states define "estate" – (i.e. more broadly than probate definition?)

In spite of the federal mandate, Alaska, Georgia, Texas, and Michigan indicated that they do not yet have an operational estate recovery program.

Methodology for Determining National Trends

The Long-Term Care Policy Office, with the assistance of staff in the Recipient and Providers Services Section of the Division of Medical Assistance, developed a survey to collect information from all 50 states regarding the items outlined above. The survey was conducted in July and August of 1998. As necessary, follow-up contacts were made with states in an attempt to clarify their responses or solicit missing information. Some states indicated that information for some survey items was not readily available. Based on the responses provided by states, survey data for key items was then compiled and analyzed. The Division of Medical Assistance reviewed the findings compiled by the Long-Term Care Policy Office to help ensure the accurate interpretation of the responses as well as the accuracy of terminology and descriptions used in this report.

48 states responded, at least in part, to the survey. No information was received from the states of Virginia or Oklahoma.

Survey Findings

Overall Recovery Collection Information:

1.) As a percent of total Medicaid expenditures reported, state recovery collections for 1997 ranged from a low of less than one-one hundredth of one percent to a high of .83%. (NC's percentage was .01%)

- based on findings from this survey compared with 1994 data, (published in a 1996 report on Medicaid recovery efforts among states by the AARP Public Policy Institute), collection rates as a percentage of total Medicaid spending have increased somewhat (at least among states for which prior data was available).

This earlier AARP report showed:

- Oregon had the highest percentage of collections versus total Medicaid expenditures (.54%) based on 24 states reporting.
- California had the highest dollar volume of collections ($28 million or .19%)

State recovery collections as a percent of total Medicaid expenditures ranged from less than .01% to a high of .83%.

Total Medicaid expenditures for all states reporting was $87.6 billion with collections totaling $209.4 million.

2.) The national average collection percentage, based on states reporting information for this item was .26%.

- It is important to note that collection amounts reported are inclusive of both estate recoveries as well as collections from liens (for states that use liens).

(See Attachment #1 for state-by-state summary of above items.)

While not included in the 16 states using TEFRA liens, Wyoming & Nevada both have state authority to use these liens but are not doing so.

Overall Recovery Policy Findings

1.) 48% (21) of states responding (44) indicated that they applied Estate Recovery policies to services beyond those required by federal law. (NC does not apply policies to services beyond those required.)

- Of these 21 states, 15 apply Estate Recovery policies to all Medicaid services provided. (See Attachment #2 for a state-by-state summary.)

The State of Washington reports that they require long-term care facilities to remit all funds remaining in the personal account of a deceased Medicaid covered resident.

2.) 28% (13) of states responding (46) indicated that they applied Transfer of Asset policies to individuals receiving services in addition to the services required by federal law. (NC is not one of these states.)

(See Attachment #2 for a state-by-state summary.)

3.) 91% (40) of states responding (44) have established "undue hardship" criteria to exempt certain beneficiaries from recovery collection efforts. (NC has such criteria)

- Ohio, New Hampshire, and Connecticut are all working on developing undue hardship criteria.
- In Minnesota, counties determine undue hardship on a case-by-case basis within allowable federal parameters.

(See Attachment #3 for a state-by-state summary.)

About a third of states responding had, or were considering, actions to strengthen recovery efforts through better enforcement of existing policies and/or through policy changes.

4.) 35% (16) of the states responding (46) indicated they are using or will implement in near future TEFRA (pre-death) liens as a way to increase potential repayment of Medicaid expenditures. (NC does not use TEFRA liens)

(See Attachment #2 for a state-by-state summary.)

About a third of states responding reported that recovery efforts go beyond the state's definition of the "probate estate."

5.) **33% (14) of states responding (43) indicate that they seek to recover assets beyond those limited to the state's probate definition of estate.** (NC is not one of these states)

(See Attachment #4 for a state-by-state summary and descriptions of other types of recoverable assets pursued.)

About a third of states responding have established an estate value below which no recovery is sought. About a third of states also reported having claim levels below which no recovery is sought.

6.) **35% (16) of states have established thresholds for which recovery is not pursued when the estate value is less than the threshold level.** (NC has a $5,000 threshold on estate values for pursuing recovery.)

- Another 5 states indicate that they consider the cost/benefit of recovery efforts for small estates. (See Attachment #4 for a state-by-state summary)

7.) **32% (14) of states indicate they do not seek recovery for claim amounts below certain state established levels.** (NC does not pursue claims less than $3,000.)

- Another 4 states report that they consider the cost/benefit of seeking recovery depending upon the claim amount.

(See Attachment #4 for a state-by-state summary.)

Eight states reported using private contractors for estate and/or lien recovery efforts. When considering collections as a percentage of total Medicaid spending, average collection rates among states that contract were almost identical to states that do not contract out this function.

8.) **In cases where a spouse or a minor/disabled adult child is living in the home after the Medicaid beneficiary dies:** (some use more than 1 approach)

- 84% (37) of states responding (44) indicate they can waive recovery
- 27% (12) of states responding (44) indicate they can defer recovery
- 34% (15) of states responding (44) indicate they can negotiate recovery

(See Attachment # 2 for a state-by-state summary.)

Collection Method Findings

◆ **19% (8) of states responding (42) contract out all or a portion of their recovery collections to private entities.** (NC does not contract out recovery efforts.)

- collection rates for these states, as a percent of total Medicaid spending, is not significantly different from average collection rates overall (.27% compared with .26% overall)
- fees charged by contractors range from 10% to 19.4% of collections (averages 14.5%)

(See Attachment #3 for state-by-state summary.)

Collections as a percent of total Medicaid spending among the top ten collecting states ranged from .39% to .83%- with an average rate of .60% compared to .26% overall.

Consistent with the 1996 AARP report, California had the highest dollar volume of recovery collections $32.5 million or .20% of total Medicaid spending.

States with the Highest and Lowest Collection Rates as a Percent of Total Medicaid Spending

◆ **The 10 states with the highest collections as a percent of total Medicaid spending ('97) are:**

1. Minnesota *	(.83%)	6. Wisconsin	(.52%)
2. New Hampshire	(.78%)	7. Iowa	(.52%)
3. Connecticut	(.74%)	8. North Dakota	(.49%)
4. Oregon	(.74%)	9. Maine	(.45%)
5. Idaho	(.54%)	10. Massachusetts	(.39%)

* *Note: Collections reported for MN for 1997 included some recoveries made in 1996 which could not be extracted from the total reported. As such, their percentage of collections and possibly also their rank order may be skewed.*

Survey Findings - Continued

- **Average collections as a percent of total Medicaid spending for these states is 0.60% compared to 0.26% overall.**

- **It is also worth noting that, consistent with the findings published in 1996 by the AARP Public Policy Office, California continues to have the highest collections in terms of total dollars collected.**
  - **Collections reported for 1997 totaled $32.5 million or 0.20% of total Medicaid spending. (Also has highest reported expenditures)**

States with higher collection rates are more likely to seek recovery for, and apply Transfer of Asset policies to, services in addition to those required by federal law. They are also more likely to use TEFRA liens and not to limit recovery efforts to the state's probate definition of estate.

Common Policy Trends Among Top 10 Collection States:

1.) More of these states (60%) apply Estate Recovery policies to services in addition to those mandated by federal law (compares to 48% overall).

2.) More of these states (50%) use TEFRA liens (compares to 35% overall).

4.) Slightly more of these states apply transfer of asset penalties to services in addition to those federally mandated (30% compared to 28% overall).

5.) Similar to overall findings, the vast majority of these states do not contract out collections to private companies (estate and/or liens). (80% vs. 81% overall)

Although North Carolina is in the bottom 10 collecting states, recoveries have increased by 200% between 1996 and 1997 from about $279,000 to more than $840,000. It is likely that our low Medicaid eligibility level impacts beneficiary estate values and subsequently, the likelihood of there being significant recoverable assets. Another factor likely to impact collections is the ability of beneficiaries to convert real property to income producing property which can then be transferred without penalty.

States with the Lowest Collection Rates

- **The 10 states with the lowest collections as a percent of total Medicaid spending ('97) are:**

1.) Louisiana	(<0.01%)	6. Delaware	(0.02%)
2.) Alabama	(<0.01%)	7. Arkansas	(0.02%)
3.) Tennessee	(<0.01%)	8. Mississippi	(0.03%)
4.) Hawaii	(0.01%)	9. Ohio	(0.04%)
5.) North Carolina	(0.01%)	10. New Jersey	(0.05%)

Note: These states average collections of .03 % as a percentage of total Medicaid spending (compares with .26% overall).

Compared to other states, states having the lowest collections as a percent of total Medicaid spending are less likely to apply Estate Recovery and/or Transfer of Asset policies to services that go beyond those required by federal law. These states are also less likely to pursue assets that go beyond the state's definition of "probate estate."

Common Policy Trends Among Lowest Collecting States:

1.) Fewer (30%) of these states apply estate recovery policies to additional services beyond those required by federal law (compares to 48% overall).

2.) 30% of these states apply Transfer of Asset policies to services in addition to those required by federal law (same percentage overall).

3.) Fewer (20%) of these states use TEFRA liens (compares to 34% overall).

4.) More of these states (80%) limit recovery efforts to their state's probate definition of estate (compares with 67% overall).

Some Policy Options NC Could Consider

North Carolina has flexibility to exercise options with regard to recovery collection policies. Some key policy changes that could be considered include:

1.) **Applying Estate Recovery policies to additional services.**
- Estate Recovery efforts could be applied to additional long-term care related services such as Personal Care Services (regardless of setting), home health care, private duty nursing, etc. or encompass all Medicaid state plan services provided to Medicaid beneficiaries 55 and older.

2.) **Applying Transfer of Asset sanctions to persons seeking services in addition to those required by federal law.**
- could be applied to same long-term care related services listed above

3.) **Placing TEFRA (pre-death) and/or post death liens on real property owned by Medicaid beneficiaries to whom recovery efforts apply to ensure that the property is not transferred or sold without the state having the opportunity seek repayment of Medicaid costs from any property equity that has accumulated.**

4.) **Applying Transfer of Asset sanctions to income producing property.**
- This would help stem the tide of persons who convert real property to income producing property to become Medicaid eligible and then subsequently transfer the property without penalty– eliminating the opportunity for the state to recoup all, or a portion of Medicaid costs from the equity that exists in the property which was transferred.

5.) **Broadening the definition of "estate" for recovery collection purposes.**
- Federal law allows additional types of assets to be recovered.

Conclusion

This report identifies several options allowable under federal law and/or regulation that North Carolina could pursue. Some states have adopted one or more of these options in an effort to enhance their recovery efforts and reduce the likelihood of persons transferring their assets in order to access Medicaid covered long-term care services and/or to avoid repayment of long-term care costs incurred by Medicaid. North Carolina policymakers should give consideration to enacting these options.

Major options available to the state to potentially increase recovery collections include applying Estate Recovery and Transfer of Asset policies to additional services, using liens, and/or expanding the types of assets subject to recovery.

The Long-Term Care Policy Office would like to thank participating states for taking the time to respond to the survey upon which this report is based. While our purpose in conducting this survey was to provide an overview of state efforts in this area for North Carolina policymakers, advocacy groups, etc., we hope this information will be useful to other states as well.

Comments or questions regarding this document should be directed to the Long-Term Care Policy Office at 919-733-4534:

Bonnie Cramer - Director

Susan Harmuth - Health Systems Analyst

Recovery Collection Data

Attachment # 1

State	Total Medicaid Exp. 1997	Tot. Medicaid LTC Exp. 1997	Total Amt. Billed for Recovery 1997	Total Amount Collected 1997	Collections as Percent of Invoiced Amt.	Collections as % of total Medicaid Expenditures 19
Alabama	$ 2,251,530,170	$ 687,069,824	$ 2,849,307	$ 2,849,307	100.00%	0.13%
Alaska	N/A	N/A	No program	No Program	N/A	N/A
Arizona	N/A	N/A	N/A	$ 1,123,227	N/A	N/A
Arkansas	$ 1,347,130,797	$ 410,609,807	N/A	$ 335,890	N/A	0.02%
California	$ 16,000,000,000	$ 2,340,000,000	$ 66,000,000	$ 32,500,000	49.24%	0.20%
Colorado	$ 1,322,000,000	$ 376,640,000	$ 13,883,926	$ 2,559,513	18.44%	0.19%
Connecticut	$ 2,389,940,806	$ 1,352,127,573	N/A	$ 17,800,000	N/A	0.74%
Delaware	$ 402,657,227	$ 80,916,020	$ 609,505	$ 83,302	13.67%	0.02%
Florida	$ 6,561,890,645	$ 1,808,030,992	$ 85,975,013	$ 6,026,453	7.01%	0.09%
Georgia	N/A	N/A	N/A	N/A	N/A	N/A
Hawaii	$ 350,580,000	$ 147,514,000	N/A	$ 38,978	N/A	0.01%
Idaho	$ 409,886,411	$ 134,547,779	N/A	$ 2,200,000	N/A	0.54%
Illinois	$ 5,656,000,000	$ 1,688,200,000	N/A	$ 19,217,121	N/A	0.34%
Indiana	$ 2,359,000,000	$ 1,013,054,000	N/A	N/A	N/A	N/A
Iowa	$ 349,844,587	$ 166,526,290	$ 2,777,620	$ 1,819,673	65.51%	0.52%
Kansas	$ 891,900,000	$ 398,400,000	$ 4,020,000	$ 2,330,000	57.96%	0.26%
Kentucky	N/A	N/A	N/A	N/A	N/A	N/A
Louisiana	$ 3,261,212,093	$ 808,740,440	$ 13,469	$ 13,469	100.00%	0.00%
Maine	$ 975,000,000	$ 212,000,000	$ 16,750,498	$ 4,408,026	26.32%	0.45%
Maryland	N/A	N/A	N/A	N/A	N/A	N/A
Massachusetts	$ 4,500,000,000	$ 1,400,000,000	$ 54,204,929	$ 17,331,065	N/A	0.39%
Michigan	N/A	N/A	No Program	No Program	N/A	N/A
Minnesota *	$ 2,842,506,229	$ 1,394,827,376	N/A	$ 23,527,968	N/A	0.83%
Mississippi	$ 1,790,882,196	$ 423,318,601	$ 1,547,030	$ 515,361	33.31%	0.03
Missouri	$ 2,160,222,548	$ 849,786,828	$ 14,128,633	$ 2,366,444	16.75%	0.11%
Montana	$ 343,093,868	$ 117,708,677	$ 1,401,371	$ 1,032,384	73.67%	0.30%
Nebraska	$ 749,753,865	$ 314,792,467	N/A	$ 703,494	N/A	0.09%
Nevada	$ 387,600,000	$ 65,700,000	$ 51,000,000	$ 531,974	1.04%	0.14%
New Hampshire	$ 709,302,805	$ 186,937,840	N/A	$ 5,501,179	N/A	0.78%
New Jersey	$ 5,625,078,532		N/A	$ 2,662,949	N/A	0.05%
New Mexico	$ 954,687,700	$ 253,799,500	N/A	N/A	N/A	N/A
New York	N/A	N/A	N/A	N/A	N/A	N/A
North Carolina	$ 4,640,421,917	$ 1,466,752,241	$ 21,011,685	$ 279,596	1.33%	0.01%
North Dakota	$ 328,362,994	$ 108,020,980	N/A	$ 1,595,811	N/A	0.49%
Ohio	$ 6,414,431,952	$ 2,233,466,672	$ 845,340,836	$ 2,802,514	0.33%	0.04%
Oklahoma	N/A	N/A	N/A	N/A	N/A	N/A
Oregon	$ 1,601,606,160	$ 363,394,346	N/A	$ 11,803,644	N/A	0.74%
Pennsylvania	N/A	N/A	N/A	$ 18,100,894	N/A	N/A
Rhode Island	$ 835,098,889	$ 339,154,939	N/A	$ 427,949	N/A	0.05%
South Carolina	$ 2,242,716,798	300,919,984 *	$ 24,638,175	$ 2,643,267	10.73%	0.12%
South Dakota	$ 338,000,000	$ 98,000,000	N/A	$ 665,370	N/A	0.20%
Tennessee	$ 3,405,389,300	$ 938,970,548	$ 1,094,010	$ 152,418	13.93%	0.00%
Texas	N/A	N/A	N/A	N/A	N/A	N/A
Utah	$ 636,527,596	$ 203,768,768	$ 3,315,858	$ 2,284,673	68.90%	0.36%
Vermont	N/A	N/A	N/A	N/A	N/A	N/A
Virginia	N/A	N/A	N/A	N/A	N/A	N/A
Washington	N/A	$ 663,000,000	N/A	$ 6,991,574	N/A	N/A
West Virginia	N/A	N/A	$ 2,008,180	$ 1,116,992	55.62%	N/A
Wisconsin	$ 2,454,416,000	N/A	N/A	$ 12,651,048	N/A	0.52%
Wyoming	$ 185,607,617	$ 131,344,953	N/A	$ 421,968	N/A	0.23%

Long-Term Care Policy Office

State	Apply estate recovery policies to services beyond those federally required	How handle estate rec. when surviving spouse/dependent in home 1=waive 2=defer 3=negotiate 4=other				Apply Transfer of Asset Policies to persons seeking services in addition to those federally required	Use Tefra (pre-death) Liens
		1	2	3	4		
Alabama	No		X			No	Yes
Alaska	*No estate rec. program*					N/A	N/A
Arizona	No	X				Yes	No
Arkansas	No	X				Yes	No
California	Yes - all Medicaid svcs.				X	No	Yes
Colorado	No	X				Yes	Yes
Connecticut	Yes	X				Yes	Yes
Delaware	Yes				X	No	Yes
Florida	Yes - all Med. services	X				No	No
Georgia	*No estate rec. program*					No	No
Hawaii	No	X				No	Yes
Idaho	Yes		X			No	Yes
Illinois	No		X			No	Yes
Indiana	Yes -all Med. services	X				No	No
Iowa	Yes - all Med.services				X	No	No
Kansas	No				X	No	No
Kentucky	Yes	X				No	No
Louisiana	No		X			No	No
Maine	No	X				No	No
Maryland	Yes -all Med. services	X*	X	X		No	Yes
Massachusetts	No		X			No	Yes
Michigan	*No estate rec. program*					No	No
Minnesota	Yes- all Med. services	X				No	Yes
Mississippi	No	X				Yes	No
Missouri	Yes - all Med. services	X	X			No	to implement
Montana	Yes - all Med. services	X				No	Yes
Nebraska	Yes -all Med. services	X				Yes	No
Nevada	No		X			Yes	No
New Hampshire	No		X			Yes	No
New Jersey	Yes -all Med. services	X*				Yes	No
New Mexico	No		X			No	No
New York	Yes -all Med. services	X				No	Yes
North Carolina	No	X				No	No
North Dakota	Yes - all Med. services				X	No	No
Ohio	Yes -all Med. services	X				No	No
Oklahoma	*No survey response*					N/A	N/A
Oregon	No				X	Yes	No
Pennsylvania	No	X			X	No	No
Rhode Island	No	X				No	No
South Carolina	No	X				No	No
South Dakota	No				X	Yes	No
Tennessee	No	X				No	No
Texas	*No estate rec. program*					No	N/A
Utah	Yes -all Med. services	X				Yes	No
Vermont	No				X	No	No
Virginia	*No survey response*					N/A	N/A
Washington	Yes				X	No	No
West Virginia	No		X	X	X	No	begin- FY'99
Wisconsin	Yes		X*			No	Yes
Wyoming	Yes - all Med. services		X*			Yes	No

Recovery Policy Information - Continued

Attachment #3

State	Undue Hardship Criteria	1 = waive 2 = defer 3 = negotiate 4 = other				Contract out to collect	If yes, percent currently paid to contractor	Year Begun
		1	2	3	4			
Alabama	Y	X	X	X		No		
Alaska	N/A					N/A		
Arizona	Y	X			X	Yes (estate)	15%	1994
Arkansas	Y	X				No		
California	Y				X	No		
Colorado	Y	X				Yes (est. & liens)	13.5%-16%	1992
Connecticut	N					No		
Delaware	Y				X	No		
Florida	Y	X		X		Yes (estate)	12.50%	1994
Georgia	N/A					N/A		
Hawaii	Y	X				Yes (liens only)	17%	1997
Idaho	Y	X	X	X		Yes (liens only)	13%	1996
Illinois	Y					No		
Indiana	Y	X	X	X		No		
Iowa	Y	X				Yes (est. & liens)	10%	E-'95 L-'90
Kansas	Y	X				No		
Kentucky	Y	X				N/A		
Louisiana	Y	X				No		
Maine	Y	X			X	No		
Maryland	Y	X*				No		
Massachusetts	Y	X				No		
Michigan	N/A					N/A		
Minnesota	N	X	X	X		No		
Mississippi	Y	X				No		
Missouri	Y	X				No		
Montana	Y	X	X	X		Yes (est. & liens)	19.40%	1996
Nebraska	Y	X		X		No		
Nevada	Y		X	X	X	No		
New Hampshire	N	X				No		
New Jersey	Y	X				No		
New Mexico	Y	X		X		No		
New York	Y					No		
North Carolina	Y	X				No		
North Dakota	Y	X	X	X	X	No		
Ohio	N	X				No		
Oklahoma	N/A					N/A		
Oregon	Y	X	X	X		No		
Pennsylvania	Y	X	X	X		No		
Rhode Island	Y		X			No		
South Carolina	Y	X				No		
South Dakota	Y	X				No		
Tennessee	Y	X				No		
Texas	N/A					N/A		
Utah	Y	X	X	X		No		
Vermont	Y	X				No		
Virginia	N/A					N/A		
Washington	Y	X		X		No		
West Virginia	Y	X	X	X		N/A		
Wisconsin	Y	X				No		
Wyoming	Y	X				combined state/cont.	paid hourly fee	1995

Recovery Policy Information - Continued

Attachment #4

State	Estate Recovery Limited to Probate Estate	If No, other recoverable assets: 1=cash (below Med. asset level); 2=other personal prop. owned by benef; 3=Personal/real property jointly owned 4=Personal/real prop. for which benefic. had life estate prior to death; 5=Other					Estate Value below which no recovery sought	Claim Value below which no recovery sought
		1	2	3	4	5		
Alabama	Yes						No	No
Alaska	*No recovery program*						N/A	N/A
Arizona	Yes						No-but consider litg.cost	No-consd.litg.cst.
Arkansas	Yes						No	No
California	No	X	X	X		TRUSTS, ANN.	Yes ($500)	Yes ($500)
Colorado	Yes						No-but consider cst/ben.	Yes ($500)
Connecticut	No				X		Yes ($100)	Yes ($100)
Delaware	Yes						No	No
Florida	Yes						Yes (generally, $1,000)	Yes ($100)
Georgia	*No recovery program*						*No recovery program*	N/A
Hawaii	Yes						No	No
Idaho	Yes						No	Yes ($500)
Illinois	Yes						No	No
Indiana	Yes						Yes (consider cst/ben.)	No
Iowa	No	X	X	X	X		No	No
Kansas	Yes						No-but consider cst/ben.	No-consider cst/ben
Kentucky	No						Yes ($5,000)	No
Louisiana	Yes						Yes ($500)	No
Maine	Yes						Yes ($4,000)	Yes ($200)
Maryland	No	X	X				No	No
Massachusetts	Yes						No	No
Michigan	*No recovery program*						*No recovery program*	N/A
Minnesota	No						No	No
Mississippi	Yes						Yes ($5,000)	No
Missouri	Yes						Yes ($500)	Yes ($500)
Montana	No	X	X	X	X		No	No
Nebraska	Yes						No	No
Nevada	No	X	X	X	X		Yes ($100)	Yes ($100)
New Hampshire	Yes						Yes ($100)	Yes ($100)
New Jersey	No					all allowed by OBRA	No-but consider cst/ben.	No-consider cst/ben
New Mexico	Yes						No	No
New York	*No response to question*						based on cst/ben	based on cst/ben
North Carolina	Yes						Yes ($5,000)	Yes ($3,000)
North Dakota	Yes						No	No
Ohio	Yes						No	No
Oklahoma	*No survey response*						*No survey response*	N/A
Oregon	No	X				revocable trusts	No	Yes ($500)
Pennsylvania	Yes						No	No
Rhode Island	No	X	X				No	No
South Carolina	Yes						Yes ($10,000)	Yes (<$500)
South Dakota	No	X	X	X			No	No
Tennessee	Yes						No	No
Texas	*No recovery program*						No recovery program	N/A
Utah	Yes						No	Yes-based on cst/ben
Vermont	Yes						No	No
Virginia	*No survey response*						N/A	N/A
Washington	No	X	X	X			Yes (cst/ben <$3,000)	Yes ($100) *
West Virginia	Yes						Yes ($5,000)	Yes-based on cst/ben
Wisconsin	No	X				X	Yes ($50)	Yes ($50 & $100)
Wyoming	Yes						No	No

APPENDIX F

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S/H **D**

99-LNZ-005
(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Funds for Adult Day Care. Public

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR THE STATE ADULT DAY CARE PROGRAM.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging, the sum of three hundred fifty-six thousand two hundred fifty dollars ($356,250) for the 1999-2000 fiscal year and the sum of three hundred fifty-six thousand two hundred fifty dollars ($356,250) for the 2000-2001 fiscal year for the State Adult Day Care Program. These funds shall be allocated for the following purposes:

(1) To provide funds for start-up grants to establish 10 new adult day care programs in the 1999-2000 fiscal year and ten new adult day care programs in the 2000-2001 fiscal year in the 49 counties currently without adult day care programs; and

(2) To provide funds to support the conversion of five adult day care programs into adult day health programs in the 1999-2000 fiscal year and the conversion of five adult day care programs into adult day health programs in the 2000-2001 fiscal year.

(3) Of the funds appropriated in this section, the sum of eighty thousand dollars ($80,000) in each fiscal

year shall be used hire independent consultants to provide specialized technical assistance to adult day care programs.

Section 2. This act becomes effective July 1, 1999.

APPENDIX G

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S/H D

99-LNZ-003
(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Alzheimers Funds Public

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR ALZHEIMER'S ASSOCIATION CHAPTERS IN NORTH CAROLINA.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging, the sum of two hundred one thousand dollars ($201,000) for the 1999-2000 fiscal year and the sum of two hundred one thousand dollars ($201,000) for the 2000-2001 fiscal year. These funds shall be allocated among the chapters of the Alzheimer's Association, as follows:

(1) $67,000 in each fiscal year for the Western Alzheimer's Chapter;

(2) $67,000 in each fiscal year for the Southern Piedmont Alzheimer's Chapter; and

(3) $67,000 in each fiscal year for the Eastern Alzheimer's Chapter.

Before funds may be allocated to any Chapter under this section, the Chapter shall submit to the Division of Aging, for its approval, a plan for the use of these funds.

Section 2. This act becomes effective July 1, 1999.

APPENDIX H

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S/H **D**

99-LNZ-004
(THIS IS A DRAFT AND NOT READY FOR INTRODUCTION)

Short Title: Housing Funds for Elderly. Public

Sponsors:

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR HOUSING FOR ELDERLY PERSONS.

The General Assembly of North Carolina enacts:

Section 1. There is appropriated from the General Fund to the Housing Finance Agency the sum of two million dollars ($2,000,000) for the 1999-2000 fiscal year and the sum of two million dollars ($2,000,000) for the 2000-2001 fiscal year. These funds shall be used to provide affordable housing for elderly persons. Beginning with the 2001-2002 fiscal year, funding for housing for the elderly shall be included in the Housing Finance Agency's continuation budget request.

Section 2. This act becomes effective July 1, 1999.

1999

HOUSE
AGING
COMMITTEE

MINUTES

NORTH CAROLINA HOUSE OF REPRESENTATIVES

COMMITTEE ON AGING

February 24, 1999

12:00 noon

Room 612 Legislative Office Building

AGENDA

- Introductions
- Departmental Update – Karen E. Gottovi, Director, Division of Aging, DHHS

  Emerging Policy Issues

- Questions and Comments by Members

MINUTES
HOUSE COMMITTEE ON AGING

FEBRUARY 24, 1999

The House Committee on Aging met on Wednesday, February 24, 1999, at 12:00 noon in Room 612 of the Legislative Office Building. The following members were present: Co-Chair Insko, Representatives Culp, Earle, Gillespie, Horn, Hunter, and Cunningham. John Young, Research Staff, was in attendance. Co-Chair Insko presided.

The Chair called the meeting to order. She asked the visitors to sign the registration list and it is attached as part of the record.

The Chair recognized Ms. Karen Gottovi, Director of Aging, DHHS, who continued her presentation from last weeks meeting. Ms. Gottovi spoke briefly, introducing the State Aging Services Plan (See Attachment #1) that is due to be released by March 1, 1999. The State Aging Services Plan is a detailed analysis of the needs of the elderly in North Carolina that extends over a period of time from 1999 to 2003.

Ms. Gottovi called on Mr. Dennis Streets, Section Chief for Planning and Information, Division of Aging, who outlined the contents of the State Aging Services Plan. Mr. Streets offered a brief summary of what each chapter of the plan had to offer including highlights and objectives (See Attachment #2).

Co-Chair Insko allowed time for comments and questions from the Committee members and visitors. Rep. Gillespie asked if the Committee at some point could address the Certificate of Needs issue as it greatly impacts his district. Chair Insko said that the committee could poll the members to see if this is an issue that needs to be addressed by the committee.

There being no further business, Chair Insko adjourned the meeting at 12:54 PM.

Respectfully submitted,

Verla Insko
Representative Verla Insko
Co-Chairman Committee On Aging

Susan Burleson
Susan Burleson
Committee Assistant

VISITOR REGISTRATION SHEET

House Committee On Aging — Name of Committee

February 24, 1999 — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Stacy Flannery	NC Health Care Facilities Assn.
Jerry Cooper	NC Assisted Living Association
Ann B Johnson	Gov Advisory Council on Aging
Bill Lamb	Division of Aging
Anna Tefft	OSBM
Wanda Manderville	Budget Planning & Analysis
Helen Lipton	Meck. Co. Social Services
Priscilla Swindell	AARP - CCTF
Mary Bethel	Div. of Aging
Lori Wilson	NCALTCA
Pam Seamans	NC Social Services Consortium
Craig Souza	NCHCFA
Pat Yancey	FOR/SCSL
Polly Williams	AARP/NC Equity

Attachment 2
2-24-99

North Carolina
A Leader in Aging

The 1999--2003
State Aging Services Plan

Prepared by
the Division of Aging, DHHS
March 1999

NCGS 143B-181.1A--
Plan for Serving Older Adults

The Plan shall include:

1 a detailed analysis of the needs of older North Carolinians based on existing available data

2 a clear statement of the goals of the State's long-term public policy on aging

3 an analysis of services currently provided and an analysis of additional services needed

4 specific implementation recommendations on expansion and funding of current and additional services and services levels.

Theme: North Carolina-- A Leader in Aging

- major shift in demographics
- our exemplary past response to aging
  - health insurance counseling
  - adult day care
  - adult protective services
  - AAA performance standards
  - tax credit for LTC insurance and related bill of rights
  - study of boomers at mid-life
  - leading web site
  - recognized education and research centers for aging

Steps & Considerations in Development

- March 1998--draft outline sent to affected State agencies; trade, professional, and consumer organizations; and other stakeholders for comment and assistance in development
- May-June 1998--Boomer forums held
- May-October 1998--AARP/AAA Citizen Speak-outs
- Fall 1998--Priorities Set by Key Aging Advocates
- Summer-Fall 1998--Plan developed by staff members of the Division of Aging with input from others
- December 1998--draft of Plan distributed widely for review and comment
- January 1999--draft refined for submission to General Assembly by March 1, 1999

Basic Outline of Plan

- Introduction
- Community Voices: Service Needs and Issues
- The Demographic Imperative
- Long-Term Care in an Aging Society
- Healthy Aging
- Work and Financial Security
- The Future of the Aging Network

Appendices

- Inventory of State Resources for Older Adults
- Views from the Community
- Growth of the Older Population by County
- Glossary
- Model Senior Centers
- Area Agencies on Aging
- Congressional Declaration of Objectives for the Older Americans Act

Outline of Typical Chapter

- Highlights
- Major Actions since 1995
- Discussion of Major Issues and Trends
- Identification of Some Exemplary Efforts
- Objectives and Strategies
- Notes/References

Goals for Entering the 21st Century

- Continue developing a system for long-term care that is responsive to individual needs and choices, including the overwhelming preference for home and community-based services; that rewards acceptance of personal and family responsibility for caregiving; that assures the prudent expenditure of public funds; that values and supports the contributions of volunteers; and that guarantees quality service in all care settings.
- Assure timely access to information and assistance that enables people to exercise their rights, to make decisions among choices, and to protect themselves against fraudulent practices.

Goals for Entering the 21st Century

- Assure that older people can access quality and affordable health care, including prescription drugs, mental health services, and dental services
- Encourage and reward actions that promote the economic security of persons in their later years, including lifelong learning, the provision of health and pension benefits through employment, and fair treatment of older workers
- Invest in preparing for the major demographic shift that will dramatically increase the numerical and proportionate size of our older population over the next 35 years

Long-term care in an aging society--Highlights

- Projections for service demand are sobering
- Costs will increase; no easy solutions exist
- Need to continue reform of services delivery and encourage personal responsibility for costs
- Need further development of home and community care options
- Paraprofessional workforce is key to service quality

Long-term care in an aging society--Objectives

- Control the growth of state and local long-term care costs
- Promote options for the personal financing of long-term care
- Strengthen the paraprofessional aide workforce
- Enhance options for home and community-based long-term care
- Develop better information about the long-term care population and services in terms of need, cost, and results
- Support family caregivers
- Improve the quality of long-term care

Healthy Aging--Highlights

- Older persons are more dependent on health care for chronic illnesses and disabilities
- Many older adults face barriers to health care
- Changes to Medicare will affect cost and access
- Changes to Medicaid, VA, and retiree health plans also have implications, especially for boomers
- Affordability of medicine remains a serious concern
- Health promotion and disease and disability prevention will become even more important as boomers grow older

Healthy Aging--Objectives

- Improve access to health care
- Strengthen health promotion and disease prevention
- Assure adequate consumer information, rights, and protections
- Address special needs and issues

Work and Financial Security--Highlights

- Finances remain a concern for many older persons and are a growing concern for aging boomers
- Their economic well-being rests on Social Security, pensions, assets, and for some, public assistance
- Their work life influences much of their financial security in retirement
- Labor force and market changes are creating challenges for older workers and employers
- Some need help to access public benefits; others need protection from consumer scams and elder abuse
- Individuals, employers, and government must act responsibly

Work and Financial Security--Objectives

- Help shape the future of Social Security, Medicare and managed care, and other policies and programs
- Make relevant information, counseling, and referral available on a wide range of issues
- Promote public policy that is positive for the financial security of older adults
- Assure adequate protections for older consumers
- Enhance employment opportunities for older workers

The Future of the Aging Network--Highlights

- The aging network has a long and successful history of working for and with older adults--its future depends on responding to changes
- Senior centers must be strengthened to remain an essential community focal point for older adults
- Adequate and affordable housing and transportation remain top needs
- Faced with a complicated array of choices and decisions, older adults and families need reliable and timely information and assistance
- We must plan and act now to consider the future of our "aging society"

The Future of the Aging Network--Objectives

- Raise the performance level of aging services
- Strengthen senior centers as a community focal point for aging
- Strengthen information and education about aging and aging services
- Strengthen transportation and housing as essential components for independent living
- Assure an adequate safety net for the populations with special needs and those most at risk
- Broaden interest in and commitment to planning for an aging society

Rep. Insko

NORTH CAROLINA HOUSE OF REPRESENTATIVES

COMMITTEE ON AGING

April 27, 1999

1:00 pm

Room 612 Legislative Office Building

AGENDA

HB 512 – Assisted Living Administrators **Rep. Clary**

Pages:

Hannah Gray - Wake County. Rep. Black

Keri Grant - Guilford - Rep. Jeffus

MINUTES
HOUSE COMMITTEE ON
AGING

April 27, 1999

The House Committee on Aging met on Tuesday, April 27, 1999, at 1:00 pm in Room 612 of the Legislative Office Building. The following members were present: Chairman Insko, Representatives Clary, Culp, Horn and Hunter. John Young, Research Staff, was in attendance. Chairman Insko presided. Visitor Registration attached as part of the record. Chairman Insko declared a quorum present and called the meeting to order at 1:10 pm.

Chairman Insko recognized Representative Clary to discuss the Committee Substitute for HB 512 – An ACT TO LICENSE ASSISTED LIVING RESIDENCE ADMINISTRATORS. Rep. Clary presented a Proposed Committee Substitute for HB 512. Rep. Howard moved to adopt the Proposed Committee Substitute for discussion. The Proposed Committee Substitute being before the committee for discussion, Rep. Clary said her committee substitute would make certain changes to the second edition of HB 512 by improving the qualifications for assisted living residence administrators. Among those changes, administrators must be 21 years of age, have a satisfactory criminal background report, successfully complete 120 hours of study in courses relating to assisted living residences, and successfully complete a written examination administered by the Department. Rep. Clary said there was no opposition to the bill.

Representative Culp asked where the course study could be obtained. Lynda McDaniel, Facilities Services, DHHS, said training was available from the community college system and approved training facilities.

Representative Hunter moved to amend the bill on page 5, lines 3 to 9 to read "in the state for at least two years. Any person who has been actively engaged as an assisted living administrator for less than two years shall satisfactorily complete a written exam administered by the Department before issuance of a license." The amendment was adopted.

Rep. Hunter moved that the amendment be rolled into a committee substitute and the committee substitute be given a favorable report, unfavorable to the original bill. The members approved the motion.

HB 512 – Committee substitute was reported out of the Aging Committee with a favorable report as to committee substitute bill (#2), which changes the title, unfavorable as to Committee Substitute Bill (#1).

Chairman Insko adjourned the meeting at 1:16 pm.

Respectfully submitted:

Verla Insko
Representative Verla Inkso
Chairman, Aging Committee

Pat Baker
Pat Baker
Committee Assistant

Rep.

1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative(s) **Insko and Moore** for the Committee on **Aging**.

☒ Committee Substitute for
H.B. 512 A BILL TO BE ENTITLED AN ACT TO LICENSE ASSISTED LIVING RESIDENCE ADMINISTRATORS.

☐ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☒ With a favorable report as to committee substitute bill (# 2), ☒ which changes the title, unfavorable as to ~~(original bill)~~ (Committee Substitute Bill # 1), ~~(and recommendation that the committee substitute bill #) be re-referred to the Committee on .)~~

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. _____

H. B. No. ~~512~~ _____ DATE 4/27/99

S. B. No. _____ Amendment No. _____
(to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE ✓

Rep.) Clary
)
Sen.)

moves to amend the bill on page 5, lines 3-9

( ) WHICH CHANGES THE TITLE

by rewriting those lines to read

" in the state for at least two years. Any person who has been actively engaged as an assisted living administrator for less than two years shall satisfactorily complete a written exam administered by the Department before issuance of a license.

SIGNED _____

ADOPTED _____ FAILED _____ TABLED _____

GA-33-A

PRINCIPAL CLERK'S OFFICE (FOR ENGROSSMENT)

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H 2

HOUSE BILL 512
Committee Substitute Reported Without Prejudice 4/21/99

Short Title: Assisted Living Administrators. (Public)

Sponsors:

Referred to:

March 22, 1999

A BILL TO BE ENTITLED

AN ACT TO LICENSE ASSISTED LIVING RESIDENCE ADMINISTRATORS.

The General Assembly of North Carolina enacts:

Section 1. Chapter 90 of the General Statutes is amended by adding a new Article to read:

"ARTICLE 20A.

"Assisted Living Administrator Act.

"**§ 90-288.10. Title.**

This Article shall be known as the Assisted Living Administrator Act.

"**§ 90-288.11. Purpose.**

The administrators of assisted living residences are responsible for the residents who require daily care to attend to their physical, mental, and emotional needs. Therefore, the licensure of assisted living administrators is necessary to ensure adequate levels of care across the State and to protect public health, safety, and welfare.

"**§ 90-288.12. License required; exemptions.**

(a) No person shall perform or offer to perform services as an assisted living administrator unless the person has been licensed under the provisions of this Article. A license granted under this Article shall be valid throughout the State.

(b) The provisions of this Article shall not apply to:

(1) Hospitals or nursing homes that have adult care beds.

(2) Family care homes as defined in G.S. 131D-2(a)(5).

(3) Continuing care facilities as defined in Article 64 of Chapter 58 of the General Statutes.

"**§ 90-288.13. Definitions.**

The following definitions apply in this Article:

(1) Administrator-in-training. -- An individual who serves a training period under the supervision of an approved preceptor.

(2) Assisted living administrator. -- An individual licensed to operate, administer, manage, and supervise an assisted living residence or to share in the performance of these duties with another person who has been so licensed.

(3) Assisted living residence. -- A facility defined in G.S. 131D-2(a)(1d), whether proprietary or nonprofit. The term also includes institutions or facilities that are owned or administered by the federal or State government or any agency or political subdivision of the State government.

(4) Department. -- The Department of Health and Human Services.

(5) Preceptor. -- An individual who is licensed by the Department as an assisted living administrator and who meets the requirements established by the Department to serve as a supervisor of administrators-in-training.

"**§ 90-288.14. Department authority.**

The Department shall have the power and duty to promulgate rules and regulations for the operation of adult care homes as defined in G.S. 131D-2(a)(1b).

"**§ 90-288.15. Assisted living administrator license.**

An applicant shall be licensed by the Department as an assisted living administrator if the applicant meets all of the following qualifications:

(1) Is at least 21 years old.

(2) Provides a criminal background report from the State and National Repositories of Criminal Histories, which shall be provided by the State Bureau of Investigation upon its receiving fingerprints from the applicant.

(3) Has no physical or mental disabilities that would hinder the applicant's ability to perform the duties of an assisted living administrator.

(4) Successfully completes the equivalent of two years of coursework at an accredited college or university or has a combination of education and experience as approved by the Department.

(5) Successfully completes a Department approved administrator-in-training program of at least 120 hours of study in courses relating to assisted living residences.

(6) Successfully completes a written examination administered by the Department.

"**§ 90-288.16. Issuance, renewal, and replacement of licenses.**

(a) The Department shall issue a license to any applicant who has satisfactorily met the requirements of this Article. The license shall show the full name of the person and an identification number and shall be signed by the Secretary of the Department. A license may not be transferred or assigned.

(b) All licenses shall expire on December 31 of the second year following issuance. All applications for renewal shall be filed with the Department and shall be accompanied by documentation of the licensee's completion of the annual continuing education requirements established by the Department regarding the management and operation of an assisted living residence.

(c) The Department shall replace any license that is lost, destroyed, or mutilated subject to rules established by the Department.

"§ 90-288.17. Licensure by reciprocity.

The Department may grant, upon application, a license to a person who holds a valid license as an assisted living community administrator issued by another state if, in the Department's determination, the standards of competency for the license are substantially equivalent to those in this State.

"§ 90-288.18. Posting licenses.

Every person issued a license under this Article shall display the license prominently in the assisted living residence where the person works.

"§ 90-288.19. Suspension, revocation, and refusal to renew a license.

The Department may deny or refuse to renew a license, suspend, or revoke any license for any of the following:

(1) Violation of any provision of this Article or any rule adopted by the Department.
(2) Violation of the standards or rules of the Social Services Commission as they relate to assisted living residences.
(3) Obtaining or attempting to obtain a license by bribery or fraudulent misrepresentation.
(4) Serving as an assisted living administrator without a license issued by the Department.
(5) Transferring or assigning a license issued by the Department.
(6) Gross malpractice or gross incompetency as determined by the Department.
(7) Advertising by means of knowingly false or deceptive statements.
(8) Permitting the unauthorized disclosure of resident information.
(9) Violation of the Adult Care Home Residents' Bill of Rights as provided in Article 3 of Chapter 131D of the General Statutes.

"§ 90-288.20. Reporting requirement.

The holder of a facility license issued pursuant to G.S. 131D-2 shall report any incidents of suspected abuse, neglect, or exploitation of persons residing in an assisted living residence by a person licensed under this Article to the Health Care Personnel Registry.

"§ 90-288.21. Penalties.

A person who violates any of the provisions of this Article is guilty of a Class 1 misdemeanor. Each act of unlawful practice constitutes a distinct and separate offense."

Section 2. G.S. 131D-2(a)(1b) reads as rewritten:

"(1b) "Adult care home" is an assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents, either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Some licensed adult care homes provide supervision to persons with cognitive impairments whose decisions, if made independently, may jeopardize the safety or well-being of themselves or others and therefore require supervision. Medication in an adult care home may be administered by designated, trained staff. Adult care homes that provide care to two to six unrelated residents are commonly called family care homes. ~~Adult care homes and family care homes are subject to licensure by the Division of Facility Services.~~"

Section 3. Notwithstanding the provisions of G.S. 90-288.15, as enacted in Section 1 of this act, the Department may grant a license to practice as an assisted living administrator to a person who has been actively engaged as an assisted living administrator for four years, completes a written examination administered by the Department, and is registered with the Division of Facility Services on or before December 31, 1999. All persons who do not make application to the Department within one year of the effective date of this act shall be required to complete the requirements provided in G.S. 90-288.15.

Section 4. This act is effective when it becomes law.

HOUSE BILL 512:
Assisted Living Administrators

BILL ANALYSIS

Committee:	House Aging Committee	**Introduced by:**	Clary
Date:	April 24, 1999	**Summary by:**	John Young
Version:	1		Committee Staff

SUMMARY: House Bill 512 would require the Department of Health and Human Services to certify certain assisted living residence administrators. The Act becomes effective January 1, 2000

CURRENT LAW: G.S. 130D-2(a)(1d) defines "assisted living residence" as "any group housing and service program for two or more unrelated adults, by whatever name it is called, that makes available, at a minimum, one meal a day and housekeeping services and provides personal care services directly or through a formal written agreement with one or more licensed home care or hospice agencies". There are two subdivisions of assisted living residences-adult care homes and multi-unit housing with services. Current statute requires that DHHS approve the administrator.

BILL ANALYSIS: House Bill 512 would create a new Article 20A in Chapter 90 of the General Statutes that would do the following:

1. **G.S. 90-288.12**-Requires that an assisted living administrator be certified but exempts administrators in; (a) facilities that have both nursing home beds and assisted living beds, hospitals with assisted living beds, family care homes (an adult care home with 2-6 residents), and continuing care facilities.
2. **G. S. 90-288.13** Defines "administrator-in-training", "assisted living administrator", "assisted living residence", "department', and "preceptor".
3. **G.S. 90-288.14**-Establishes the qualifications for the administrator as (a) at least 21, (b) criminal background report, (c) successfully completes the equivalent of two years of coursework in an accredited college or university or has a combination of education and experience as approved by the Department, (d) sucessfully completes a department approved administrator-in-training program of at least 120 hours in assisted living, (d) written exam.
4. **G.S. 90-288.15** Establishes the requirements for issuance, renewal, and replacement of certificates.
5. **G.S. 90-288.16**-Allows the Department to issue a reciprical certificate if the Department determines that the standards of competency for the certificate are substantially the same.
6. **G.S. 90-288.17**-Requires the posting of the certificate in a prominent place in the a. l. residence.
7. **G.S. 90.288-18**-Allows the Department to deny a new or renewal application and to amend, recall, suspend, or revoke and existing certificate upon a determination that there has been substantial failure to comply with the Article or rules.
8. **G.S 90-288.19**-The holder of the facility license shall report any incidents of suspected abuse, neglect or exploitation to the Health Care Personnel Registry.
9. **G.S. 90-288.20-** A person who serves as an administrator without a certificate is guilty of a Class 1 misdemeanor. (With no prior convictions, 1-45 days of community service)

Explanation of SB 502: Licensing and Registration
of Assisted Living Facilities

The change in the law would establish an "umbrella" term of "assisted living" which would include current domiciliary homes (the name would change to adult care homes) and a new type of housing and services called "multi-unit independent housing with services". Following is a chart showing the types of facilities:

ASSISTED LIVING

ADULT CARE HOMES	MULTI-UNIT INDEPENDENT HOUSING WITH SERVICES (MIHS)
Adult Care Homes (7+ residents)	
Family Care Homes (2-6 residents)	
Group Homes for Developmentally Disable Adults (2-9 residents)	

The primary difference between adult care homes and multi-unit independent housing with services (MIHS) is the level of capability of residents allowed to reside in each. Residents in MIHS do not require 24 hour supervision by housing management and must be able to arrange for provision of needed personal care services through licensed home care agencies and be competent to understand and sign a lease agreement. Adult care homes, on the other hand, must be able to provide 24 hour supervision and accommodate residents' scheduled and unscheduled personal care needs.

Regulation of the two types of assisted living is in line with the level of competency of residents and the services provided. Disclosure statements are required in MIHS settings while licensure is required for adult care homes.

Attached is a brief summary of the definition of assisted living and distinctions between adult care homes and multi-unit independent housing with services.

ASSISTED LIVING DEFINITION

The following is an abbreviated definition describing the parameters of assisted living residences as proposed by the Steering Team.

"Assisted Living Residence" means any group housing and services program for two or more unrelated adults, by whatever name it is called, which makes available, at a minimum, one meal a day and housekeeping services and provides personal care services directly or through a formal written agreement with one or more licensed home care agencies. Nursing services provided to an individual in an assisted living residence may not exceed those allowed under Medicare home health regulations. Settings in which services are delivered may include self-contained apartment units or single or shared room units with private or area baths. There are two types of assisted living residences, Multi-Unit Independent Housing With Services and Adult Care Homes which are distinguished as follows.

Multi-Unit Independent Housing With Services	Adult Care Homes
Purpose: Provide housing, assist with coordination of personal and health care services through licensed home care agencies. No resident monitoring or supervision is provided by facility staff.	**Purpose:** Provide housing, personal and health care services by staff of the home or through licensed home care agencies. Twenty-four hour monitoring and supervision is provided by facility staff.
Type of Residents: It is assumed that all residents will be independent enough to arrange for the provision of their personal care or have an agent acting in their behalf, will be competent to sign a lease agreement, and will not require 24-hour supervision.	**Type of Residents:** It is assumed that a more mentally or physically dependent population may reside in this type of facility since 24-hour supervision and assistance with personal needs are able to be provided.
Meals: One to three per day according to individual contract for services agreement.	**Meals:** Three per day.
Examples of Service Funding Sources: Private pay or Medicaid for personal and health care for eligible persons. There are other sources.	**Examples of Service Funding Sources:** Private pay, State/County Special Assistance, Medicaid for personal and health care for eligible persons. There are other sources.
Regulation: Registration with the state including submission of disclosure statements which residents also receive. Some existing laws that apply include the N.C. Building Codes for senior apartment construction, Medicaid, Medicare, and Department of Social Services Home Care Standards, as well as licensure of Home Care agencies by the Division of Facility Services.	**Regulation:** Licensure by the Division of Facility Services. Some existing laws that apply include: Licensure, Residents' Bill of Rights, Fines and Penalties, Temporary Management, Community Advisory Committees, and institutional building codes for homes housing more than six residents and residential building codes for six and fewer residents.

<u>**VISITOR REGISTRATION SHEET**</u>

Aging — Name of Committee

April 27, 1999 — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Stacy Flannery	NCHCFA
Jerry Cooper	NCALA
Karen Wolf	CWNCSC

NORTH CAROLINA HOUSE OF REPRESENTATIVES

COMMITTEE ON AGING

May 5, 1999

12:00 noon

Room 612, Legislative Office Building

AGENDA

- Introductions
- SB-40 Aging Study Commission/Membership - Senator Cochrane
- SB-198 Adult Care Home Licensure - Senator Carter
- Questions and Comments by Members

MINUTES

HOUSE COMMITTEE ON AGING

May 5, 1999

The House Committee on Aging met on Wednesday, May 5, 1999, at 12 noon in room 612 of the Legislative Office Building. The following members were present: Chair Moore, Representatives Clary, Culp, Earle, Gardner, Gillespie, Horn, Hunter, and Warwick. John Young, Research Staff, was in attendance, as well. The Visitor Registration Sheet is attached and made part of the minutes.

Representative Richard Moore, Chair presided. He opened the meeting and declared a quorum.

The first bill on the agenda was SB 40, A BILL ENTITLED AN ACT TO INCREASE THE NUMBER OF PERSONS AUTHORIZED TO BE APPOINTED TO SUBCOMMITTEES OF THE NORTH CAROLINA STUDY COMMISSION ON AGING, sponsored by Senator Betsy Cochrane. Senator Cochrane explained the bill (see attached copy). The bill would increase the number of persons authorized to be appointed to subcommittees of the North Carolina Study Commission on Aging. Representative Hunter moved for a favorable report. A vote was taken and the bill was given a favorable report.

The next order of business was SB 198, A BILL TO BE ENTITLED AN ACT PERTAINING TO THE ISSUANCE OF NEW ADULT CARE HOME LICENSE TO AN APPLICANT WHO WAS THE LICENSEE OR ADMINISTRATOR OF AN ADULT CARE HOME THE LICENSE OF WHICH HAD BEEN REVOKED OR DOWNGRADED TO PROVISIONAL STATUS OR AGAINST WHICH A TYPE A PENALTY HAD BEEN ASSESSED, sponsored by Senator Charles Carter. Senator Carter explained the bill (see attached copy of bill). The bill amends GS 131 D-2 to provide that a new license may not be issued for an adult care home within a specified time if the applicant is the administrator, licensee, or owner of an adult care home that was assessed a penalty for Type A or Type B violation or had its license summarily suspended or downgraded to provisional status as well as one that had its license revoked. A question and answer period followed. Representative Hunter moved to amend the bill on page 3, lines 14, 17, and 23 (see attached copy of amendment). Rep. Hunter made a motion that the amendment be approved. A vote was taken and the amendment was approved. Representative Clary also moved to amend the bill on page 1-line 6, page 3-line 35, 36 and 39 (see attached amendment). A question and answer period followed. Representative Earle made a motion for the amendment to be approved which changed the title. A vote was taken and the amendment was approved. Representative Hunter made a motion to roll the amendments into a committee substitute and moved for a

favorable report. A vote was taken and the bill was given a favorable report as to House committee substitute bill, which changes the title, unfavorable as to original bill.

Chair Moore will sponsor both bills on the House floor. With there being no further business, Chair Moore adjourned the meeting at 12:35 PM.

Representative Richard Moore, Chair

Susan Burleson, Committee Assistant

1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative(s) **Moore and Insko** for the Committee on **AGING.**

☐ Committee Substitute for
S.B. 40 A BILL TO BE ENTITLED AN ACT TO INCREASE THE NUMBER OF PERSONS AUTHORIZED TO BE APPOINTED TO SUBCOMMITTEES O FTHE NORTH CAROLINA STUDY COMMISSSION ON AGING.

☒ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report as to committee substitute bill (#), ☐ which changes the title, unfavorable as to (original bill) (Committee Substitute Bill #), (and recommendation that the committee substitute bill #) be re-referred to the Committee on .)

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

Favorable
5.5.99

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S **1**

SENATE BILL 40*

Short Title: Aging Study Commn./Membership. (Public)

Sponsors: Senators Cochrane; Carpenter, Dannelly, Martin of Pitt, Perdue, and Purcell.

Referred to: Pensions & Retirement and Aging.

February 4, 1999

A BILL TO BE ENTITLED

AN ACT TO INCREASE THE NUMBER OF PERSONS AUTHORIZED TO BE APPOINTED TO SUBCOMMITTEES OF THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

Section 1. G.S. 120-186.1(a) reads as rewritten:

"(a) The Commission cochairs shall appoint subcommittees as needed to assist with the completion of the work of the Commission. These subcommittees may include an Alzheimer's Subcommittee, a Long-Term Care Subcommittee, or other special subject subcommittees. The cochairs shall appoint as members of any subcommittee not more than four Commission members and at least four but no more than ~~six~~ eight non-Commission members."

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

North Carolina General Assembly
Legislative Services Office

George R. Hall, Legislative Services Offic
(919) 733-7044

Elaine W. Robinson, Director
Administrative Division
Room 5, Legislative Building
16 W. Jones Street
Raleigh, NC 27603-5925
(919) 733-7500

Gerry F. Cohen, Director
Bill Drafting Division
Suite 401, LOB
300 N. Salisbury St.
Raleigh, NC 27603-5925
(919) 733-6660

Thomas L. Covington, Director
Fiscal Research Division
Suite 619, LOB
300 N. Salisbury St.
Raleigh, NC 27603-5925
(919) 733-4910

Donald W. Fulford, Director
Information Systems Division
Suite 400, LOB
300 N. Salisbury St.
Raleigh, NC 27603-5925
(919) 733-6834

Terrence D. Sulliv
Research Divisio
Suite 545, LOB
300 N. Salisbury
Raleigh, NC 276
(919) 733-2578

February 8, 1999

MEMORANDUM

TO: Representatives Verla Insco and Richard Moore, Co-Chairs, Committee on Aging

FROM: John Young, Committee Staff

RE: **Senate Bill 40-Aging Study Commission/Membership**
Senator Cochrane

The 1987 General Assembly established the North Carolina Study Commission on Aging composed of eight members of the Senate appointed by the President Pro Tempore and eight members of the House appointed by the Speaker. The Secretary of the Department of Health and Human Services or designee serves as ex officio member. Many studies are established through resolution, but the North Carolina Study Commission on Aging is established in Statute (Article 21 of Chapter 120). Therefore, the Commission is designed to continue, not to expire every two years.

As part of the authority granted by the General Assembly, the co-chairs of the Commission may appoint special subject subcommittees when needed. The current statute requires that the subcommittees be composed of no more than four Commission members and at least four, but no more than six, non-commission members. Senate Bill 40 would authorize the co-chairs to increase the number of non-commission members from six to eight.

1999 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative(s) **Insko and Moore** for the Committee on **AGING**.

☐ Committee Substitute for
S.B. 198` A BILL TO BE ENTITLED AN ACT PERTAINING TO THE ISSUANCE OF A NEW ADULT CARE HOME LICENSE TO AN APPLICANT WHO WAS THE LICENSEE OR ADMINISTRATOR OF AN ADULT CARE HOME THE LICENSE OF WHICH HAD BEEN REVOKED OR DOWNGRADED TO PROVISIONAL STATUS OR AGAINST WHICH A TYPE A PENALTY HAD BEEN ASSESSED.

☐ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

X With a favorable report as to House committee substitute bill, which changes the title, unfavorable as to original bill.

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

2/24/99

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S 3

SENATE BILL 198
Second Edition Engrossed 3/24/99
House Committee Substitute Favorable 5/10/99

Short Title: Adult Care Home Licensure. (Public)

Sponsors:

Referred to:

March 1, 1999

A BILL TO BE ENTITLED

AN ACT PERTAINING TO THE ISSUANCE OF A NEW ADULT CARE HOME LICENSE TO AN APPLICANT WHO WAS THE LICENSEE OR ADMINISTRATOR OF AN ADULT CARE HOME THE LICENSE OF WHICH HAD BEEN REVOKED OR DOWNGRADED TO PROVISIONAL STATUS OR AGAINST WHICH A TYPE A PENALTY HAD BEEN ASSESSED, AND TO ALLOW NURSING HOME RESIDENTS OR THEIR REPRESENTATIVES ACCESS TO INFORMATION ABOUT COMPLAINT INVESTIGATIONS.

The General Assembly of North Carolina enacts:

Section 1. G.S. 131D-2(b)(1) reads as rewritten:

"(b) Licensure; inspections. --

(1) The Department of Health and Human Services shall inspect and license, under rules adopted by the Social Services Commission, all adult care homes for persons who are aged or mentally or physically disabled except those exempt in subsection (c) of this section. Licenses issued under the authority of this section shall be valid for one year from the date of issuance unless revoked earlier by the Secretary of Health and Human Services for failure to comply with any part of this section or any rules adopted hereunder. ~~No new license shall be issued for any domiciliary home whose administrator was the administrator for any domiciliary home [adult care home] that had its license revoked~~

~~until one full year after the date of revocation.~~ Licenses shall be renewed annually upon filing and the Department's approval of the renewal application. A license shall not be renewed if outstanding fines and penalties imposed by the State against the home have not been paid. Fines and penalties for which an appeal is pending are exempt from consideration. The renewal application shall contain all necessary and reasonable information that the Department may by rule require. The Department may amend a license by reducing it from a full license to a provisional license whenever the Department finds that:

a. The licensee has substantially failed to comply with the provisions of Articles 1 and 3 of Chapter 131D of the General Statutes and the rules adopted pursuant to these Articles;

b. There is a reasonable probability that the licensee can remedy the licensure deficiencies within a reasonable length of time; and

c. There is a reasonable probability that the licensee will be able thereafter to remain in compliance with the licensure rules for the foreseeable future.

The Department may revoke a license whenever:

a. The Department finds that:

1. The licensee has substantially failed to comply with the provisions of Articles 1 and 3 of Chapter 131D of the General Statutes and the rules adopted pursuant to these Articles; and

2. It is not reasonably probable that the licensee can remedy the licensure deficiencies within a reasonable length of time; or

b. The Department finds that:

1. The licensee has substantially failed to comply with the provisions of Articles 1 and 3 of Chapter 131D of the General Statutes and the rules adopted pursuant to these Articles; and

2. Although the licensee may be able to remedy the deficiencies within a reasonable time, it is not reasonably probable that the licensee will be able to remain in compliance with licensure rules for the foreseeable future; or

c. The Department finds that the licensee has failed to comply with the provisions of Articles 1 and 3 of Chapter 131D of the General Statutes and the rules adopted pursuant to these Articles, and the failure to comply endangered the health, safety, or welfare of the patients in the facility.

The Department may also issue a provisional license to a facility, pursuant to rules adopted by the Social Services Commission, for substantial failure to comply with the provisions of this section or rules promulgated pursuant to this section. Any facility wishing to contest the issuance of a provisional license shall be entitled to an administrative hearing as provided in the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department mails written notice of the issuance of the provisional license."

Section 2. G.S. 131D-2(b) is amended by adding the following subdivision to read:

"(1b) No new license shall be issued for any adult care home to an applicant for licensure who:

a. Was the owner, principal, or affiliate of an adult care home that had its license revoked until one full year after the date of revocation;

b. Is the owner, principal, or affiliate of an adult care home that was assessed a penalty for a Type A or Type B violation until the earlier of one year from the date the penalty was assessed or until the home has substantially complied with the correction plan established pursuant to G.S. 131D-34 and substantial compliance has been certified by the Department; or

c. Is the owner, principal, or affiliate of an adult care home that had its license summarily suspended or downgraded to provisional status as a result of Type A or B violations until six months from the date of reinstatement of the license, restoration from provisional to full licensure, or termination of the provisional license, as applicable.

An applicant for new licensure may appeal a denial of certification of substantial compliance under subparagraph b. of this subdivision by filing with the Department a request for review by the Secretary within 10 days of the date of denial of the certification. Within 10 days of receipt of the request for review the Secretary shall issue to the applicant a written determination that either denies certification of substantial compliance or certifies substantial compliance. The decision of the Secretary is final."

Section 3. G.S. 131E-124(c) reads as rewritten:

"(c) The Department shall maintain the confidentiality of all persons who register complaints with the Department and of all medical records inspected by the Department. A person who has filed a complaint shall have access to information about a complaint investigation involving a specific resident if written authorization is obtained from the resident, legal representative, or responsible party. The designation of the responsible party shall be maintained by the nursing facility in the resident's medical record."

Section 4. G.S. 131E-141(b) reads as rewritten:

"(b) Notwithstanding the provisions of G.S. 8-53, "Communications between physician and patient," or any other provision of law relating to the confidentiality of communications between physician and patient, the representatives of the Department who make these inspections may review any writing or other record in any recording medium which pertains to the admission, discharge, medication, treatment, medical condition, or history of persons who are or have been clients of the agency being inspected unless that client objects in writing to review of that client's records. Physicians, psychiatrists, nurses, and anyone else involved in giving treatment at or through an agency who may be interviewed by representatives of the Department may disclose to these representatives information related to any inquiry, notwithstanding the existence of the physician-patient privilege in G.S. 8-53, "Communication between physician and patient," or any other rule of law; provided the client has not made written objection to this disclosure. The agency, its employees, and any person interviewed during these inspections shall be immune from liability for damages resulting from the disclosure of any information to the Department. Any confidential or privileged information received from review of records or ~~interviews~~ interviews, except as noted in G.S. 131E-124(c), shall be kept confidential by the Department and not disclosed without written authorization of the client or legal representative, or unless disclosure is ordered by a court of competent jurisdiction. The Department shall institute appropriate policies and procedures to ensure that this information shall not be disclosed without authorization or court order. The Department shall not disclose the name of anyone who has furnished information concerning an agency without the consent of that person. Neither the names of persons furnishing information nor any confidential or privileged information obtained from records or interviews shall be considered "public records" within the meaning of G.S. 132-1, "'Public records' defined.'" Prior to releasing any information or allowing any inspections referred to in this section, the client must be advised in writing by the licensed agency that the client has the right to object in writing to release of information or review of the client's records and that by an objection in writing the client may prohibit the inspection or release of the records."

Section 5. This act is effective when it becomes law. Sections 1 and 2 of this act apply to license applications filed on or after the effective date of this act. The Social Services Commission and the Secretary of Health and Human Services may adopt temporary rules pursuant to Chapter 150B of the General Statutes to implement Sections 1 and 2 of this act.

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. 2

H. B. No. _____ DATE _____

S. B. No. _____ Amendment No. _____
(to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE _____

Rep.)
) Rep Howard Hunter
Sen.)

moves to amend the bill on page 3, line 14

(√) WHICH CHANGES THE TITLE

by [illegible]

SIGNED [signature]

ADOPTED _____ FAILED _____ TABLED _____

GA-33-A

PRINCIPAL CLERK'S OFFICE

NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
Senate Bill 198

AMENDMENT NO._____
(to be filled in by
Principal Clerk)

S198-ALN-010 Page 1 of __

Date_____,1998

Comm. Sub. []2d ed.
Amends Title [yes]

Representative_____

moves to amend the bill on page 1, line 6,
by deleting the word "ASSESSED." and substituting the words
"ASSESSED, AND TO ALLOW NURSING HOME RESIDENTS OR THEIR
REPRESENTATIVES ACCESS TO INFORMATION ABOUT COMPLAINT
INVESTIGATIONS."; and

further moves to amend the bill on page 3, line 35,
by inserting between lines 35 and 36, the following:

"Section 3. G.S. 131E-124(c) reads as rewritten:

'(c) The Department shall maintain the confidentiality of all persons who register complaints with the Department and of all medical records inspected by the Department. A person who has filed a complaint shall have access to information about a complaint investigation involving a specific resident if written authorization is obtained from the resident, legal representative, or responsible party. The designation of the responsible party shall be maintained by the nursing facility in the resident's medical record.'

Section 4. G.S. 131E-141(b) reads as rewritten:

'(b) Notwithstanding the provisions of G.S. 8-53, "Communications between physician and patient," or any other provision of law relating to the confidentiality of communications between physician and patient, the representatives of the Department who make these inspections may review any writing or other record in any recording medium which pertains to the admission, discharge, medication, treatment, medical condition, or history of persons who are or have been clients of the agency being inspected unless that client objects in writing to review of that client's records. Physicians, psychiatrists, nurses, and anyone else involved in giving treatment at or through an agency who may be interviewed by representatives of the Department may disclose to these representatives information related to any inquiry, notwithstanding the existence of the physician-patient privilege in G.S. 8-53, "Communication between

NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
Senate Bill 198

AMENDMENT NO._____
(to be filled in by
Principal Clerk)

S198-ALN-010

physician and patient," or any other rule of law; provided the client has not made written objection to this disclosure. The agency, its employees, and any person interviewed during these inspections shall be immune from liability for damages resulting from the disclosure of any information to the Department. Any confidential or privileged information received from review of records or ~~interviews~~ interviews, except as noted in G.S. 131E-124(c), shall be kept confidential by the Department and not disclosed without written authorization of the client or legal representative, or unless disclosure is ordered by a court of competent jurisdiction. The Department shall institute appropriate policies and procedures to ensure that this information shall not be disclosed without authorization or court order. The Department shall not disclose the name of anyone who has furnished information concerning an agency without the consent of that person. Neither the names of persons furnishing information nor any confidential or privileged information obtained from records or interviews shall be considered "public records" within the meaning of G.S. 132-1, "'Public records' defined.'" Prior to releasing any information or allowing any inspections referred to in this section, the client must be advised in writing by the licensed agency that the client has the right to object in writing to release of information or review of the client's records and that by an objection in writing the client may prohibit the inspection or release of the records.'"; and

further moves to amend the bill on page 3, lines 36 through 39, by rewriting the lines to read:

"Section 5. This act is effective when it becomes law. Sections 1 and 2 of this act apply to license applications filed on or after the effective date of this act. The Social Services Commission and the Secretary of Health and Human Services may adopt temporary rules pursuant to Chapter 150B of the General Statutes to implement Sections 1 and 2 of this act."

SIGNED Debbie Clary
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

S 2

SENATE BILL 198
Second Edition Engrossed 3/24/99

Short Title: Adult Care Home Licensure. (Public)

Sponsors: Senators Carter; Albertson, Ballance, Clodfelter, Cooper, Dalton, Forrester, Foxx, Gulley, Hagan, Harris, Jordan, Kinnaird, Lee, Martin of Guilford, Metcalf, Perdue, Rand, Reeves, Robinson, Soles, Warren, Weinstein, and Wellons.

Referred to: Health Care.

March 1, 1999

A BILL TO BE ENTITLED

AN ACT PERTAINING TO THE ISSUANCE OF A NEW ADULT CARE HOME LICENSE TO AN APPLICANT WHO WAS THE LICENSEE OR ADMINISTRATOR OF AN ADULT CARE HOME THE LICENSE OF WHICH HAD BEEN REVOKED OR DOWNGRADED TO PROVISIONAL STATUS OR AGAINST WHICH A TYPE A PENALTY HAD BEEN ASSESSED.

The General Assembly of North Carolina enacts:

Section 1. G.S. 131D-2(b)(1) reads as rewritten:

"(b) Licensure; inspections. --

(1) The Department of Health and Human Services shall inspect and license, under rules adopted by the Social Services Commission, all adult care homes for persons who are aged or mentally or physically disabled except those exempt in subsection (c) of this section. Licenses issued under the authority of this section shall be valid for one year from the date of issuance unless revoked earlier by the Secretary of Health and Human Services for failure to comply with any part of this section or any rules adopted hereunder. ~~No new license shall be issued for any domiciliary home whose administrator was the administrator for any domiciliary home [adult care home] that had its license revoked until one full year after the date of revocation.~~ Licenses shall be

renewed annually upon filing and the Department's approval of the renewal application. A license shall not be renewed if outstanding fines and penalties imposed by the State against the home have not been paid. Fines and penalties for which an appeal is pending are exempt from consideration. The renewal application shall contain all necessary and reasonable information that the Department may by rule require. The Department may amend a license by reducing it from a full license to a provisional license whenever the Department finds that:

a. The licensee has substantially failed to comply with the provisions of Articles 1 and 3 of Chapter 131D of the General Statutes and the rules adopted pursuant to these Articles;

b. There is a reasonable probability that the licensee can remedy the licensure deficiencies within a reasonable length of time; and

c. There is a reasonable probability that the licensee will be able thereafter to remain in compliance with the licensure rules for the foreseeable future.

The Department may revoke a license whenever:

a. The Department finds that:

1. The licensee has substantially failed to comply with the provisions of Articles 1 and 3 of Chapter 131D of the General Statutes and the rules adopted pursuant to these Articles; and

2. It is not reasonably probable that the licensee can remedy the licensure deficiencies within a reasonable length of time; or

b. The Department finds that:

1. The licensee has substantially failed to comply with the provisions of Articles 1 and 3 of Chapter 131D of the General Statutes and the rules adopted pursuant to these Articles; and

2. Although the licensee may be able to remedy the deficiencies within a reasonable time, it is not reasonably probable that the licensee will be able to remain in compliance with licensure rules for the foreseeable future; or

c. The Department finds that the licensee has failed to comply with the provisions of Articles 1 and 3 of Chapter 131D of the General Statutes and the rules adopted pursuant to these Articles, and the failure to comply endangered the health, safety, or welfare of the patients in the facility.

The Department may also issue a provisional license to a facility, pursuant to rules adopted by the Social Services Commission, for substantial failure to comply with the provisions of this section or rules promulgated pursuant to this section. Any facility wishing to contest the issuance of a provisional license shall be entitled to an administrative hearing as provided in the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days after the Department mails written notice of the issuance of the provisional license."

Section 2. G.S. 131D-2(b) is amended by adding the following subdivision to read:

"(1b) No new license shall be issued for any adult care home to an applicant for licensure who:

a. Was the administrator, licensee, or owner of an adult care home that had its license revoked until one full year after the date of revocation;

b. Is the administrator, licensee, or owner of an adult care home that was assessed a penalty for a Type A or Type B violation until the earlier of one year from the date the penalty was assessed or until the home has substantially complied with the correction plan established pursuant to G.S. 131D-34 and substantial compliance has been certified by the Department; or

c. Is the administrator, licensee, or owner of an adult care home that had its license summarily suspended or downgraded to provisional status as a result of Type A or B violations until six months from the date of reinstatement of the license, restoration from provisional to full licensure, or termination of the provisional license, as applicable.

An applicant for new licensure may appeal a denial of certification of substantial compliance under subparagraph b. of this subdivision by filing with the Department a request for review by the Secretary within 10 days of the date of denial of the certification. Within 10 days of receipt of the request for review the Secretary shall issue to the applicant a written determination that either denies certification of substantial compliance or certifies substantial compliance. The decision of the Secretary is final."

Section 3. This act is effective when it becomes law and applies to license applications filed on or after that date. The Social Services Commission and the Secretary of Health and Human Services may adopt temporary rules pursuant to Chapter 150B to implement this act.

EXPLANATION OF SENATE BILL 198
Adult Care Home Licensure

To: Representatives Verla Insco and Richard Moore, Co-Chairs, Aging Committee
From: John Young, Committee Staff
Sponsor: Senator Charles Carter

Background

The Department of Health and Human Services is required by G.S. 131D-2 to inspect and license, under rules of the Social Services Commission, adult care homes. These licenses are valid for one year unless revoked earlier by the Secretary of DHHS for failure to comply with the requirements of statute and rule. A license shall not be renewed if outstanding fines and penalties imposed by the State have not been paid unless the fines and penalties are being appealed.

Besides the applicable criminal penalties, the 1987 General Assembly established an administrative penalty process for violations of adult care home laws in Chapter 131D of the General Statutes. Violations are classified Type A and Type B violations as follows:

- Type A violation means that the violation results in death or serious physical harm, or results in substantial risk that death or physical harm may occur. The penalty may be not less than $500 or more than $10,000.
- Type B violation means that the violation has direct relationship to the health, safety or welfare of any patient, but does not create substantial risk that death or serious physical harm may occur. This penalty does not carry a monetary penalty but requires a plan of correction. If this is not complied with, then the facility may be fined.
- 10NCAC 42C.1901 requires that an administrator be responsible for the total operation of a home and also responsible to the licensing agency and the monitoring agency (local department of social services) for meeting and maintaining the rules. The administrator must apply to the local department of social services to be qualified as an administrator. These forms are completed and forwarded along with references and other appropriate forms to the Division of Facility Services for approval.

Summary of SB 198

SB 198 would prohibit the Division of Facility Services from issuing a ***new*** adult care home license to the applicant if he/she was the administrator, licensee or owner:

1. whose license had been revoked or summarily suspended or downgraded to a provisional license within the past year; or
2. who was assessed a penalty for an A or B penalty within the past year. If a correction plan as established in G.S. 131D-34 is complied with and certified by DHHS that the penalty has been corrected, then a license may be issued sooner than one year.

The act is effective when it becomes law and applies to license applications filed on or after that date.

VISITOR REGISTRATION SHEET

Aging
~~Financial Institutions~~ — May 5, 1999

Name of Committee — Date

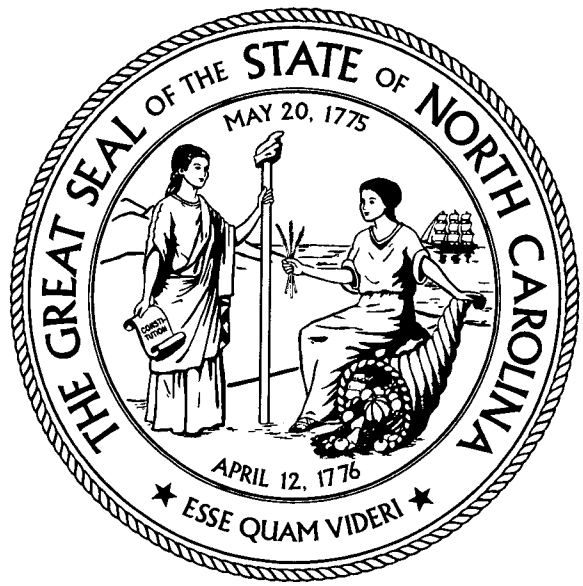
VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Priscilla Sumrell	AARP
Polly Williams	AARP/NC Equity
Lou Wilson	MCHATCF
Jim Speed	Bonner associates
Pam Seamans	NC Social Services Consortium
Phillip Reese	Asheville Citizen-Times
Lynda McDaniel	DFS/DHHS
Phyllis MAYNARD	GPW inc.
Jerry Cooper	NCALA
[illegible]	Bonner Assoc.

2.17.99

AGING SERVICES GUIDE FOR

LEGISLATORS



Prepared by the Research Division of the
Legislative Services Office
for the

NORTH CAROLINA STUDY COMMISSION ON AGING

1998

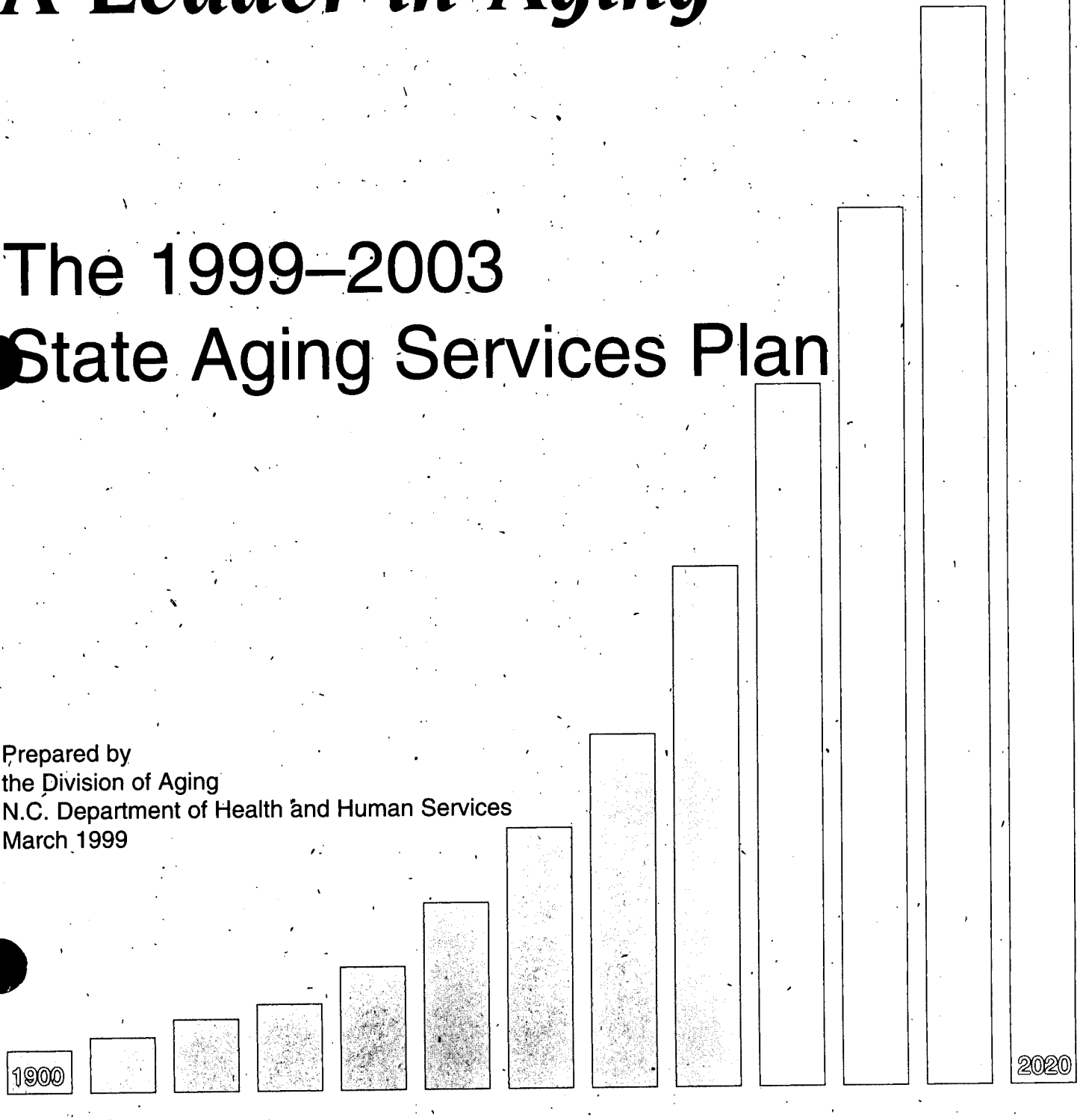
Attachment 1
2.24.99

North Carolina

A Leader in Aging

The 1999–2003 State Aging Services Plan

Prepared by
the Division of Aging
N.C. Department of Health and Human Services
March 1999



2000

HOUSE
AGING
COMMITTEE

MINUTES

HOUSE COMMITTEE ON AGING
1999-00 SESSION

MEMBER	ASSISTANT	PHONE	OFFICE	SEAT
INSKO, Verla, Chair	Jane Bass	733-5775	1323	70
CLARY, Debbie	Mary Jamison	733-5654	1211	97
CULP, Arlie	Waneta Lord	733-5865	1010	50
EARLE, Beverly	Ann Raeford	733-5747	535	95
GARDNER, Charlotte	Barbara Hocutt	733-5802	604	39
GILLESPIE, Mitch	Bonnie Jones	733-5987	1201	116
HORN, Jim	Alice Sharp	733-5849	503	92
HUNTER, Howard	Barb Phillips	733-2962	613	68
SOSSAMON, Leonard, Jr.	Susan Burleson	733-5746	1220	15
WARWICK, Nurham	Carolyn Honeycutt	715-3003	419-C	14

EX-OFFICIO MEMBERS

CUNNINGHAM, Pete	Valerie Rustin	733-5778	541	7
BADDOUR, Phil	Elizabeth Kirkland	715-0850	2301	31
DEDMON, Andy	Donna Abu Harb	733-5732	2213	12
HACKNEY, Joe	Emily Reynolds	733-5752	2207	69

YOUNG, John, Committee Staff 733-2578
ATTARIAN, Linda, Committee Staff 733-2578
MATULA, Theresa, Committee Staff 733-2578

BASS,Jane, Committee Assistant 733-5775

ATTENDANCE

House Committee on Aging

(Name of Committee)

DATES , 2000	5/17	5/31	6/22											
Insko, Verla Chair	✓	✓	✓											
Clary, Debbie	✓	✓												
Culp, Arlie			✓											
Earle, Beverly		✓												
Gardner, Charlotte		✓												
Gillespie, Mitch	✓	✓	✓											
Horn, Jim	✓		✓											
Hunter, Howard	✓	✓	✓											
Sossamon, Leonard, Jr.		✓	✓											
Warwick, Nurham	✓													
Cunningham, Pete - Ex-Officio														
Baddour, Phil - Majority Leader		✓												
Hackney, Joe - Pro-Tem														
Dedmon, Andy Ex-Officio														
Staff:														
John Young	✓	✓	✓											
Theresa Matula	✓	✓	✓											

Minutes
House Committee on Aging
May 17, 2000

The House Committee on Aging met on Wednesday May 17, 2000 at 12 noon in Room 612, Legislative Office Building. The following members were present: Representative Verla Insko, Chair; Representatives Debbie Clary, Mitch Gillespie, Jim Horn, Howard Hunger, and Nurham Warwick. Committee staff members John Young and Theresa Matula were present. A Visitor Registration list is attached (Attachment I) and made a part of the minutes.

Chairman Insko called the meeting to order and introduced the pages: Tyler Hunter from Randolph County and Stephen Hines from Pitt County. She also introduced Theresa Matula, staff member from the Research Division, newly assigned to the Aging Committee.

Representative Jennifer Weiss was introduced to discuss HB 1506 – AN ACT TO REQUIRE ESTABLISHMENTS THAT PREPARE OR SERVE FOOD TO A CERTAIN NUMBER OF REGULAR BOARDERS OR PERMANENT HOUSEGUESTS COMPLY WITH STATE FOOD SANITATION REQUIREMENTS (Attachment II). The bill analysis of HB 1506 is shown in Attachment III. Representative Weiss explained that the purpose of the bill is to have the kitchens inspected at retirement centers. These centers are currently exempt from food sanitation inspection in G. S. 130A-250 because they are classified as boarding homes. More and more retirement centers are in operation and residents are at risk of food-borne illness with their meals prepared in kitchens that are not inspected by the local health department. HB 1506 has the support of the NC Department of Health and Human Services, Division of Aging and the Department of Environment and Natural Resources. A letter of support was distributed and is a part of the minutes (Attachment IV).

Representative Mitch Gillespie said loopholes need to be closed but he has concerns that health departments do not have the staffs to cover added inspections. He is also concerned about the expense of equipment needed to pass the inspection. Several other members voiced concerns and staff members from the Division of Aging provided some answers. The discussion was postponed until the next meeting.

The meeting was adjourned at 12:25 PM.

Respectfully submitted,

Verla Insko
Representative Verla Insko
Chair

Jane Bass
Jane Bass
Committee Assistant

Attachment I

VISITOR REGISTRATION SHEET

Aging — Name of Committee

5/17/00 — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Bob Jackson	AARP
Harriet Stultz	Independence Village
[illegible]	D.V. of Aging
Judy Smith	D.V. of Aging
Karen Gottovi	Div. of Aging
Ruth Cook	CAH
C.R. Frances Council	Ind. Village (Retirement Home)
[illegible]	DENR
[illegible]	DHHS
[illegible]	self
[illegible]	NCDENR Environmental Health
[illegible]	DHHS
[illegible]	DHHS/DFS

Attachment II

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H 1

HOUSE BILL 1506*

Short Title: Food Estab./Sanit. Reqments. (Public)

Sponsors: Representatives Weiss, Earle; Alexander, Easterling, Gibson, Hurley, Insko, Jarrell, Luebke, Melton, Wainwright, Warner, and Warren.

Referred to: Aging.

May 11, 2000

A BILL TO BE ENTITLED

AN ACT TO REQUIRE ESTABLISHMENTS THAT PREPARE OR SERVE FOOD TO A CERTAIN NUMBER OF REGULAR BOARDERS OR PERMANENT HOUSEGUESTS COMPLY WITH STATE FOOD SANITATION REQUIREMENTS.

The General Assembly of North Carolina enacts:

Section 1. G.S. 130A-250 reads as rewritten:

"**§ 130A-250. Exemptions.**

The following shall be exempt from this Part:

(1) Establishments that provide lodging described in G.S. 130A-248(a1) with four or fewer lodging units.

(2) Condominiums.

(3) Establishments that prepare or serve food or provide lodging to regular boarders or permanent ~~house guests only.~~ houseguests only, except that food sanitation requirements of G.S. 130A-248 apply to establishments that prepare or serve food to 12 or more regular boarders or permanent houseguests.

(4) Private homes that occasionally offer lodging accommodations, which may include the providing of food, for two weeks or less to persons attending special events, provided these homes are not bed and breakfast homes or bed and breakfast inns.

(5) Private clubs.

(6) Curb markets operated by the State Agricultural Extension Service.

(7) Establishments that prepare or serve food or drink for pay no more frequently than once a month for a period not to exceed two consecutive days, including establishments permitted pursuant to this Part when preparing or serving food or drink at a location other than the permitted locations.

(8) Establishments that put together, portion, set out, or hand out only beverages that do not include those made from raw apples or potentially hazardous beverages made from raw fruits or vegetables, using single service containers that are not reused on the premises.

(9) Establishments where meat food products or poultry products are prepared and sold and which are under inspection by the North Carolina Department of Agriculture and Consumer Services or the United States Department of Agriculture.

(10) Markets that sell uncooked cured country ham or uncooked cured salted pork and that engage in minimal preparation such as slicing, weighing, or wrapping the ham or pork, when this minimal preparation is the only activity that would otherwise subject these markets to regulation under this Part.

(11) Establishments that only set out or hand out beverages that are regulated by the North Carolina Department of Agriculture and Consumer Services in accordance with Article 12 of Chapter 106 of the General Statutes.

(12) Establishments that only set out or hand out food that is regulated by the North Carolina Department of Agriculture and Consumer Services in accordance with Article 12 of Chapter 106 of the General Statutes."

Section 2. This act becomes effective July 1, 2001.

Attachment III

HOUSE AGING COMMITTEE:
House Bill 1506

BILL ANALYSIS

Committee:	House Aging	**Introduced by:**	Rep. Weiss and Earle
Date:	May 18, 2000	**Summary by:**	John Young
Version:	1		Committee Staff

SUMMARY:

House Bill 1506 would require establishments that prepare or serve food to 12 or more regular boarders or permanent house guests to comply with the State Food Sanitation requirements.

CURRENT LAW:

The State has for many years regulated sanitation in restaurants, schools, nursing homes, adult care homes, and other types of facilities that serve food to the public or vulnerable populations (G. S. 130A-248) There are a number of exemptions to this regulation in G.S. 130A-250 including private clubs and establishments that prepare or serve food to regular boarders or permanent house guests. The State currently classifies unlicensed elderly housing developments that serve meals to residents as boarding homes and they are exempt as are the old fasioned boarding homes that once were a fixture in most North Carolina towns.

BILL ANALYSIS:

House Bill 1506 would amend G.S. 130A-250(3) to provide that the food sanitation requirements of G.S. 130A-248 apply to establishments that prepare or serve food to 12 or more regular boarders or permanent houseguests and is effective July 1, 2001

BACKGROUND:

Housing is a major factor in determining the quality of life for many older persons. There is a growing demand by the elderly and their families for new housing options. Some of these options include housing with services such as meals. These new arrangements have developed rapidly over the past ten years and since most of these options are private arrangements, they have not regulated by the State. Under the current statutory scheme, the State classifies unlicensed elderly housing developments that serve meals to residents as boarding homes. As such, these properties are exempt from inspections under G.S. 130A-248 which governs the sanitation of restaurants and other food-hndling establishments. House Bill 1506 would recognize this new development in elderly housing by making a distinction between elderly housing with services and the long-standing boarding home when the establishment serves food to 12 or more.

Amending the statute to require such facilities to meet State food sanitation standards would primarily affect private-pay elderly housing properties. The Division of Aging conducted a search and identified fifty private-pay elderly housing developments in North Carolina that provide meals to residents. These represent at least 2,629 units-apartments, villas or other types of living arrangements. This does not include continuing care retirement communities but is is assumed that since the definition of a CCRC requires one of its components to be licensed, most of the food preparation facilities are already inspected. It is almost impossible to get a complete number since these facilities are not licensed and no record is kept by any governmental agency.

Attachment IV

North Carolina Department of Health and Human Services
Division of Aging

James B. Hunt Jr. Governor
H David Bruton, M.D., Secretary

Karen E. Gottovi
Director

March 27, 2000

Hon. Jennifer Weiss
303 Tibbetts Rock Drive
Cary, NC 27513

Dear Representative Weiss:

I am responding to your request concerning elderly housing developments that serve meals to residents. As I understand, the state currently classifies such facilities as boarding homes. As such, these properties are exempt from inspections under the current statute 130a-247 through 130a-250 Section .2600, which governs the sanitation of restaurants and other food handling establishments.

It appears that amending the statute to require such facilities to meet state sanitation standards would primarily affect private-pay elderly housing properties. Meals offered in elderly housing where rents are subsidized through various governmental programs are generally under the auspices of the county's elderly nutrition program, funded through the NC Home and Community Care Block Grant. All elderly nutrition sites are subject to county sanitation regulations and inspections, and they are also required to provide meals that meet nutritional and quality standards set by the Division of Aging.

At your request, we have conducted a search and identified 50 private-pay elderly housing developments in North Carolina that provide meals to residents. These represent at least 2,629 units --apartments, villas, or other type of living arrangements. (We do not have the number of units for two of the developments, so the total number should be somewhat higher). These 50 developments do not include 45 Continuing Care Retirement Communities which are licensed by the Department of Insurance.

It is likely that other facilities exist of which we are not aware that meet these criteria. Our numbers are primarily based on a search of our Elder Housing Locator, which was collected in 1995 –'96, although we have also included newer listings from several areas of the state which have recently been provided by several area agencies on aging. We have recently begun an updating process of the Elder Housing Locator which may identify additional properties meeting this criteria by mid-May, 2000.

The Division of Aging supports your proposed change in the statute to require that the dining and food service areas of private-pay elderly housing developments be subject to the same regulations that govern other food service establishments. We

believe that elderly residents and their families who pay for meal service provided by the housing management, deserve the assurance that the food service meets North Carolina sanitation and health standards.

I hope this information will be helpful. Please let me know if I can assist you further with this matter.

Sincerely,

Karen E. Gottovi

Karen E. Gottovi

K :G/JLS

s:\comcare\housing\RepWeiss.doc

Minutes
House Committee on Aging
May 31, 2000

The House Committee on Aging met on Wednesday May 31, 2000 at 12 noon in Room 612, Legislative Office Building. The following members were present: Representative Verla Insko, Chair; Representatives Debbie Clary, Beverly Earle, Charlotte Gardner, Mitch Gillespie, Howard Hunter, Leonard Sossamon; and ex-officio member Representative Phil Baddour. Committee staff members John Young and Theresa Matula were present. A Visitor Registration list is attached (Attachment I) and made a part of the minutes.

Chairman Insko called the meeting to order and introduced the pages: Vance Booth from Catawba County and Whitney Atkinson from Mecklenburg County. Representative Jennifer Weiss was introduced to continue the discussion of HB 1506 – Food Establishments/Sanitation Requirements. A committee substitute was introduced by motion of Representative Charlotte Gardner and a second by Representative Leonard Sossamon. A copy of the committee substitute H1506-PCS2425-RY001 is attached (Attachment II) and made a part of the minutes. A Legislative Fiscal Note was distributed and is shown in Attachment III.

The following persons spoke on behalf of the bill: Mary Bethel, Special Asst. to the Director, NC Division of Aging; Susan Grayson, Division of Environmental Health; Dr. A. Dennis McBride, State Health Director and Polly Williams, NC Equity. Copies of materials they presented are shown in Attachments IV, V and VI. After some discussion Representative Debbie Clary moved for a favorable report which was seconded by Representative Howard Hunter. With a voice vote the committee voted for a favorable report as to the committee substitute bill, unfavorable to the original bill.

Representative Max Melton was recognized to present HB 1514 – AN ACT TO REPEAL THE SUNSET ON REQUIREMENTS PERTAINING TO THE REIMBURSEMENT RATE FOR THE RESPITE CARE PROGRAM. He reviewed the bill summary that is shown in Attachment VII. Representative Debbie Clary offered an amendment that would give the Medical Care Commission authority to adopt temporary rules for admission of residents on a short-term basis for the purpose of caregiver respite. After discussion the amendment passed and, upon advice of staff, was rolled into the bill. The amendment is shown in Attachment VIII as Section 2 of the committee substitute. Representative Howard Hunter moved and Representative Debbie Clary seconded for a favorable report. With a voice vote the committee voted for a favorable report as to the committee substitute bill, unfavorable to the original bill.

The meeting was adjourned at 12:50 PM.

Respectfully submitted.

Verla Insko
Representative Verla Insko
Chair

Jane Bass
Jane Bass
Committee Assistant

AGENDA

HOUSE COMMITTEE ON AGING

Wednesday, May 31, 2000
Room 612 LOB
12 noon

OPENING REMARKS

Representative Verla Insko, Chair
House Committee on Aging

HB 1506 – Food Establishments/Sanitation Requirements Rep. Jennifer Weiss

Speakers:
Mary Bethel, Special Asst. to the Director, Division of Aging
Susan Grayson, Division of Environmental Health
Dr. A. Dennis McBride, State Health Director
Polly Williams, NC Equity

HB 1571 - Adult Protection Service/Complaint Investigation Rep. Beverly Earle

HB 1514 – Respite Care Program No Sunset Rep. Max Melton

ADJOURNMENT

2000 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative(s) **Verla Insko** for the Committee on **Aging**.

☐ Committee Substitute for
H.B. 1506 A BILL TO BE ENTITLED AN ACT TO REQUIRE ESTABLISHMENTS THAT PREPARE OR SERVE FOOD TO A CERTAIN NUMBER OF REGULAR BOARDERS OR PERMANENT HOUSEGUESTS COMPLY WITH STATE FOOD SANITATION REQUIREMENTS.

☐ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☒ With a favorable report as to committee substitute bill ~~(#), ☐ which changes the title,~~ unfavorable as to (original bill) ~~(Committee Substitute Bill #), (and recommendation that the committee substitute bill #) be re-referred to the Committee on .)~~

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

5/25/00

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H 1

HOUSE BILL 1506*

Short Title: Food Estab./Sanit. Reqments. (Public)

Sponsors: Representatives Weiss, Earle; Alexander, Easterling, Gibson, Hurley, Insko, Jarrell, Luebke, Melton, Wainwright, Warner, and Warren.

Referred to: Aging.

May 11, 2000

A BILL TO BE ENTITLED

AN ACT TO REQUIRE ESTABLISHMENTS THAT PREPARE OR SERVE FOOD TO A CERTAIN NUMBER OF REGULAR BOARDERS OR PERMANENT HOUSEGUESTS COMPLY WITH STATE FOOD SANITATION REQUIREMENTS.

The General Assembly of North Carolina enacts:

Section 1. G.S. 130A-250 reads as rewritten:

"**§ 130A-250. Exemptions.**

The following shall be exempt from this Part:

(1) Establishments that provide lodging described in G.S. 130A-248(a1) with four or fewer lodging units.

(2) Condominiums.

(3) Establishments that prepare or serve food or provide lodging to regular boarders or permanent ~~house guests only.~~ houseguests only, except that food sanitation requirements of G.S. 130A-248 apply to establishments that prepare or serve food to 12 or more regular boarders or permanent houseguests.

(4) Private homes that occasionally offer lodging accommodations, which may include the providing of food, for two weeks or less to persons attending special events, provided these homes are not bed and breakfast homes or bed and breakfast inns.

(5) Private clubs.

(6) Curb markets operated by the State Agricultural Extension Service.

(7) Establishments that prepare or serve food or drink for pay no more frequently than once a month for a period not to exceed two consecutive days, including establishments permitted pursuant to this Part when preparing or serving food or drink at a location other than the permitted locations.

(8) Establishments that put together, portion, set out, or hand out only beverages that do not include those made from raw apples or potentially hazardous beverages made from raw fruits or vegetables, using single service containers that are not reused on the premises.

(9) Establishments where meat food products or poultry products are prepared and sold and which are under inspection by the North Carolina Department of Agriculture and Consumer Services or the United States Department of Agriculture.

(10) Markets that sell uncooked cured country ham or uncooked cured salted pork and that engage in minimal preparation such as slicing, weighing, or wrapping the ham or pork, when this minimal preparation is the only activity that would otherwise subject these markets to regulation under this Part.

(11) Establishments that only set out or hand out beverages that are regulated by the North Carolina Department of Agriculture and Consumer Services in accordance with Article 12 of Chapter 106 of the General Statutes.

(12) Establishments that only set out or hand out food that is regulated by the North Carolina Department of Agriculture and Consumer Services in accordance with Article 12 of Chapter 106 of the General Statutes."

Section 2. This act becomes effective July 1, 2001.

Attachment I

VISITOR REGISTRATION SHEET

AGING — May 31, 2000

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
John James	DHHS
Polly Williams	NC Equity / Ind. Housing with Services Prog.
Patrice Roesler	NAHAC
Cissy Porter	Bone & Associates
Linda Sewell	DEH
LAURA DEVIVO	DENR
S R COUNCIL	Retirement & Homes
Judy Daye	DENR
Frances Council	Retirement Homes
HARRIET STULZ	" "
Sharon Thiede	NC Social Services Consortium

VISITOR REGISTRATION SHEET

AGING — 5/31/00

Name of Committee — Date

VISITORS:. PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
[illegible]	DHHS
[illegible]	DHHS
[illegible]	DHHS
[illegible]	DHHS

Attachment II

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H D

HOUSE BILL 1506*
Proposed Committee Substitute H1506-PCS2425-RY001

Short Title: Food Estab./Sanit. Reqments. (Public)

Sponsors:

Referred to:

May 11, 2000

A BILL TO BE ENTITLED

AN ACT TO REQUIRE ESTABLISHMENTS THAT PREPARE OR SERVE FOOD TO A CERTAIN NUMBER OF REGULAR BOARDERS OR PERMANENT HOUSEGUESTS COMPLY WITH STATE FOOD SANITATION REQUIREMENTS.

The General Assembly of North Carolina enacts:

Section 1. G.S. 130A-250 reads as rewritten:

"**§ 130A-250. Exemptions.**

The following shall be exempt from this Part:

(1) Establishments that provide lodging described in G.S. 130A-248(a1) with four or fewer lodging units.

(2) Condominiums.

(3) Establishments that prepare or serve food or provide lodging to regular boarders or permanent ~~house guests only.~~ houseguests only, except that food sanitation requirements of G.S. 130A-248 apply to establishments that prepare or serve food for pay to 12 or more regular boarders or permanent houseguests who are disabled or 55 years of age or older if the establishment is not already regulated under G.S. 130A-235.

(4) Private homes that occasionally offer lodging accommodations, which may include the providing of food, for two weeks or less to persons attending special events, provided these homes are not bed and breakfast homes or bed and breakfast inns.

(5) Private clubs.

(6) Curb markets operated by the State Agricultural Extension Service.

(7) Establishments that prepare or serve food or drink for pay no more frequently than once a month for a period not to exceed two consecutive days, including establishments permitted pursuant to this Part when preparing or serving food or drink at a location other than the permitted locations.

(8) Establishments that put together, portion, set out, or hand out only beverages that do not include those made from raw apples or potentially hazardous beverages made from raw fruits or vegetables, using single service containers that are not reused on the premises.

(9) Establishments where meat food products or poultry products are prepared and sold and which are under inspection by the North Carolina Department of Agriculture and Consumer Services or the United States Department of Agriculture.

(10) Markets that sell uncooked cured country ham or uncooked cured salted pork and that engage in minimal preparation such as slicing, weighing, or wrapping the ham or pork, when this minimal preparation is the only activity that would otherwise subject these markets to regulation under this Part.

(11) Establishments that only set out or hand out beverages that are regulated by the North Carolina Department of Agriculture and Consumer Services in accordance with Article 12 of Chapter 106 of the General Statutes.

(12) Establishments that only set out or hand out food that is regulated by the North Carolina Department of Agriculture and Consumer Services in accordance with Article 12 of Chapter 106 of the General Statutes."

Section 2. This act becomes effective July 1, 2001.

Attachment III

NORTH CAROLINA GENERAL ASSEMBLY
LEGISLATIVE FISCAL NOTE

BILL NUMBER: HB1506 (Proposed House Committee Substitute)

SHORT TITLE: Food Establishments/Sanitary Requirements

SPONSOR(S): Rep. Weiss

FISCAL IMPACT

Yes (X) **No ( )** **No Estimate Available ( )**

	FY 2000-01	FY 2001-02	FY 2002-03	FY 2003-04	FY 2004-05
REVENUES					
Agency Receipts					
DEH portion	$417	$417	$417	$417	$417
Local Health Depts. portion	$833	$833	$833	$833	$833
EXPENDITURES					
Local Health Depts.	$14,426	$14,426	$14,426	$14,426	$14,426
POSITIONS:	.319	.319	.319	.319	.319

See assumptions and methodology

PRINCIPAL DEPARTMENT(S) & PROGRAM(S) AFFECTED: Department of Environment and Natural Resources, Division of Environmental Health; Local Health Departments.

EFFECTIVE DATE: July 1, 2001

BILL SUMMARY: This bill amends the Food and Lodging General Statutes to provide that the food sanitation requirements apply to establishments that prepare or serve food for pay to 12 or more regular boarders or permanent houseguests who are disabled or 55 years of age or older.

ASSUMPTIONS AND METHODOLOGY:

Food Sanitation Regulation: The Division of Environmental Health (DEH) within the Department of Environment and Natural Resources (DENR) issues permits to food and lodging establishments that prepare food for human consumption and provides regulatory oversight and technical assistance to local health departments to ensure the sanitation of food and lodging

establishments. Inspections of these food-handling establishments are performed by environmental health specialists employed by the counties.

Under the present law (G.S. 130A-250), there are a number of establishments that are exempt from the food sanitation regulations. Some of these exemptions include private clubs, condominiums, and establishments that prepare and serve food to regular boarders or permanent houseguests (boarding homes). The State currently classifies unlicensed elderly housing facilities that serve meals to residents as boarding homes and as such they are exempt from the food sanitation requirements and public health inspections.

HB 1506 targets unlicensed elderly housing facilities that serve meals for pay to 12 or more disabled or elderly residents and requires those facilities to comply with the state's food sanitation regulations.

Revenues: In accordance with G.S. 130A-248(d), food and lodging establishments in North Carolina that prepare and serve food and drink to the public pay an annual fee of $25.00 to DENR. The amount of revenue generated by removing the exemption for establishments that prepare or serve food for pay to 12 or more regular boarders or permanent s is the number of establishments affected by the change times the annual fee (revenue = number of establishments X $25.00).

Because the elderly housing facilities targeted by this bill are unlicensed, the exact number of affected establishments is not known. However, based on surveys with the state's regional Area Agencies on Aging, the North Carolina Division of Aging estimates there are 50 elderly housing facilities that serve food for pay to 12 or more residents that would be required to comply with food sanitation regulations.

The amount of revenue generated annually on a statewide basis is projected to be $1,250 ($25.00 fee X 50 affected establishments = $1,250). By statute, the fees collected are used for State and local food, lodging and institutional sanitation programs and activities. No more than one-third of the fees collected may be used to support state-level activities. Based on this division, DENR would retain one-third of the fees, or $417 and distribute the remaining two-thirds, or $838, to local health departments.

Expenditures: For the protection of public health, the Health Services Commission has the authority to adopt rules governing the sanitation of establishments that prepare or serve food and drink. To ensure compliance with these rules, the Commission requires quarterly inspections of these food-handling establishments. The fiscal impact of this bill on expenditures depends on the number of new inspections to be conducted.

Because the quarterly inspections are performed by local environmental health specialists employed by the county health departments, the cost of inspections will be incurred by local governments. No additional cost to the state is anticipated since the number of new establishments to be inspected is very small in comparison to the total number of facilities in the state's inventory of approximately 26,000 establishments.

The following assumptions about an environmental health specialist job were used to develop an expenditure estimate for local governments:

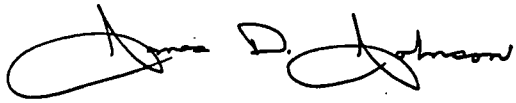
1. There are 230 work days in a year (40 hrs X 52 weeks = 2080 hrs; 2080 hrs/ 8hr day = 260 days; 260 days - 12 state holidays - 12 vacation days - 6 sick days = 230 work days).
2. DEH estimates that an environmental health specialist will spend approximately 20 days completing administrative tasks and training and another 20 days conducting complaint and outbreak investigations, leaving 190 work days to conduct the required quarterly food sanitation inspections.
3. Based on the experience of the Wake County food sanitation program, an environmental health specialist can conduct 3.3 inspections per day including travel time.
4. On average, the number of inspections an environmental health specialist can conduct per year is 627 (190 days X 3.3 inspections = 627 inspections/ per specialist/ per year).
5. The average pay plus benefits of an environmental health specialist is $43,724 (average salary $35,000 + medical $2,256 + SS & retirement (18.48%) $6,468 = $43,724).
6. The average annual mileage cost per environmental health specialist is $1,500.
7. The annual number of new food sanitation inspections is estimated to be 200 (50 establishments affected X 4 quarterly inspections = 200 inspections per year).
8. The number of additional environmental health specialists needed to conduct new inspections is .319 FTEs (200 new inspections / 627 inspection per inspector per year = .319 FTEs).
9. The annual cost of new inspections is $14,426 or $72 per inspection [($43,724 annual salary & benefits + $1,500 annual mileage)(.319 FTE) = $14,426].

The annual cost to local health departments statewide of the new inspections is estimated to be $14,426. However, the fiscal impact per county is much less. Based on the survey conducted by the Division of Aging, the 50 establishments are located in a total of 19 counties. The cost per county ranges from a high of $2,880 in one county to a low of $288 for 11 counties.

TECHNICAL CONSIDERATIONS: None

FISCAL RESEARCH DIVISION 733-4910
PREPARED BY: Jennifer Hoffmann

APPROVED BY: James D. Johnson



DATE: May 29, 2000

Attachment IV

Independent Living Retirement Housing: Private Pay with Meal Service
(Does not include 45 Continuing Care Retirement Communities)

# of Units	COUNTY	NAME OF PROPERTY	ADDRESS	CITY	ZIP CODE	PHONE
48	ALAMANCE	PRESBYTERIAN HOME OF HAWFIELDS, INC.	2502 SOUTH N.C. 119	MEBANE	27302	(336) 578-4701
40	BUNCOMBE	ASHEVILLE MANOR	308 OVERLOOK ROAD	ASHEVILLE	28803	(828) 684-1982
16	BUNCOMBE	BRENTWOOD CHATEAU	502 BEAVERDAM ROAD	ASHEVILLE	28804	(828) 254-5313
72	BUNCOMBE	CRESCENT VIEW RETIREMENT COMM	2533 HENDERSONVILLE ROAD	ARDEN	28704	(828) 687-0068
21	BUNCOMBE	THE SUMMIT/ASHEWOOD MANOR	100 RICEVILLE ROAD	ASHEVILLE	28805	(828) 299-1111
237	BUNCOMBE	HIGHLAND FARMS RETIREMENT COMM	200 TABERNACLE ROAD	BLACK MOUNTAIN	28711	(828) 669-6473
24	BUNCOMBE	PISGAH VILLA	PO BOX 1000	CANDLER	28715	(828)-667-0885
50	BUNCOMBE	WNC BAPTIST RETIREMENT HOME	213 RICHMOND HILL DRIVE	ASHEVILLE	28806	(828)-254-9675
117	CATAWBA	KINGSTON RESIDENCE OF HICKORY	904 SECOND STREET NE	HICKORY	28601	(828) 327-9955
111*	FORSYTH	HERITAGE WOODS RETIREMENT	3812 FORRESTGATE DRIVE	WINSTON-SALEM	27103	(336) 768-2011
160	FORSYTH	INDEPENDENCE VILLAGE	2945 REYNOLDA ROAD	WINSTON-SALEM	27106	(336) 723-2006
13	GASTON	CAROLINA CARE COTTAGES	P. O. BOX 580 HWY. 274-NORTH	CHERRYVILLE	28021	(704) 435-4161
12	GRANVILLE	WHITMORE RETIREMENT CENTER	117 8TH STREET	OXFORD	27565	(919) 693-4575
149	GUILFORD	ABBOTSWOOD/IRVING PARK	3504 FLINT STREET	GREENSBORO	27405	(336) 282-8870
12	GUILFORD	SHARE-A-HOME	211 W FISHER AVENUE	GREENSBORO	27401	(336) 272-3226
294	GUILFORD	VILLAGE GREEN RETIREMENT COMM	310 W MEADOWVIEW ROAD	GREENSBORO	27406	(336) 274-1661
133	GUILFORD	HERITAGE GREEN RETIREMENT COMM	801 MEADOWOOD ROAD	GREENSBORO	27409	(336) 299-4400
32	GUILFORD	COUNTRYSIDE VILLAGE	7700 US HWY 158 E	STOKESDALE	27357	(336) 643-6301
126	HENDERSON	LAKE POINT LANDING VILLAGE	420 THOMPSON STREET	HENDERSONVILLE	28792	(828) 693-7800
28	HENDERSON	BON HAVEN INN	1314 HYMAN AVENUE	HENDERSONVILLE	28792	(828) 692-1032
100	HENDERSON	HERITAGE HILLS	3200 HERITAGE CIRCLE	HENDERSONVILLE	28793	(828) 693-8510
110	HENDERSON	PINE PARK RETIREMENT INN	2601 HWY. 64 E	HENDERSONVILLE	28792	(828) 692-1911
35	HENDERSON	SUNNYBROOK FAMILY HOME	306 SPRING ST.	HENDERSONVILLE	28379	(828)-693-5417
48	HYDE	MATTAMUSKEET VILLAGE	HWY 264 WEST	ENGLEHARD	27824	(252) 926-3081
10*	LINCOLN	BRIAN CENTER (RETIREMENT APTS.)	816 S. ASPEN STREET PO BOX 249	LINCOLNTON	28093	(252) 735-8065

Independent Living Retirement Housing: Private Pay with Meal Service
(Does not include 45 Continuing Care Retirement Communities)

# of Units	COUNTY	NAME OF PROPERTY	ADDRESS	CITY	ZIP CODE	PHONE
77*	MECKLENBURG	BRIAN CENTER RETIREMENT APTS.	5945 REDDMAN ROAD	CHARLOTTE	28212	(704) 536-1928
31*	MECKLENBURG	BRIAN CENTER RETIREMENT LODGE	5939 REDDMAN ROAD	CHARLOTTE	28212	(704) 563-6862
16	MECKLENBURG	BROOKWOOD RETIREMENT COMMUNITY	12600 OLD STATESVILLE ROAD	HUNTERSVILLE	28078	(704) 875-7540
93	MECKLENBURG	CARMEL PLACE	5512 CARMEL ROAD	CHARLOTTE	28226	(704) 541-8012
105	MECKLENBURG	CHARLOTTETOWN MANOR	600 SOUTH KINGS DRIVE	CHARLOTTE	28204	(704)-377-8000
111*	MECKLENBURG	LAWYERS GLEN	10830 LAWYERS ROAD	CHARLOTTE	28227	(704) 545-9555
29*	MECKLENBURG	MERRYWOOD	3600 PARK ROAD	CHARLOTTE	28209	(704) 523-4949
158	MECKLENBURG	PLAZA TERRACE APARTMENTS	1401-C MUROADOCK ROAD PO BOX 6125	CHARLOTTE	28205	(704) 372-0847
61*	MECKLENBURG	SHARON VILLAGE APARTMENTS	4009 CRAIG AVENUE	CHARLOTTE	28222	(704) 365-2620
136*	MECKLENBURG	WILORA LAKE LODGE	6053 WILORA LAKE ROAD	CHARLOTTE	28212	(704) 537-8848
85	NEW HANOVER	BRIGHTMORE OF WILMINGTON	2324 41ST ST.	WILMINGTON	28403	(910) 350-1980
120	NEW HANOVER	LAKE SHORE COMMONS	1402 HOSPITAL PLAZA	WILMINGTON	28401	(910)-251-0067
44	RANDOLPH	CROSS ROAD VILLAGE	1302 OLD COX ROAD	ASHEBORO	27203	(336) 629-7811
22	ROCKINGHAM	BAYBERRY RETIREMENT INN	511 CARLOYN COURT	EDEN	27288	(336) 623-5743
24*	ROWAN	PLACID APARTMENTS	1404 SOUTH SALISBURY STREET	SPENCER	28159	(704) 633-3892
12*	ROWAN	SPENCER RETIREMENT APARTMENTS	PO BOX 5	SPENCER	28159	(704) 633-3892
50	SURRY	PARKWOOD PLACE	181 PARKWOOD DRIVE	ELKIN	28621	(919)-526-6000
20	TRANSYLVANIA	COLLEGE WALK	PO BOX 117	BREVARD	28712	(828) 884-5800
120	WAKE	ABBOTSWOOD RETIREMENT COMMUNITY	7900 CREEDMOOR ROAD	RALEIGH	27612	(919) 847-3202
164	WAKE	INDEPENDENCE VILLAGE	3113 CHARLES B. ROOT WAY	RALEIGH	27612	(919)-781-8226
51	WAKE	WHITAKER GLEN RETIREMENT COMMUNITY	501 E. WHITAKER MILL ROAD	RALEIGH	27608	(919) 839-5604
91	WATAUGA	APPALACHIAN/BRIAN ESTATES	163 SHADOWLINE DRIVE	BOONE	28607	(828) 264-1006

*** Co-located with licensed assisted living and/or nursing home. If same kitchen is used for independent living units, inspection is already required.**

Attachment V

Mary Bethel

NORTH CAROLINA DEPARTMENT OF INSURANCE
LICENSED
CONTINUING CARE RETIREMENT COMMUNITIES

FACILITY	ADMINISTRATOR	ADDRESS	CITY/STATE	TELEPHONE
Plantation Estates Adult Communities Total Services, Inc.	Mr. Steve Messer	733 Plantation Estates Drive	Matthews, NC 28105	(704) 845-5900
Tryon Estates Adult Communities Total Services, Inc.	Mr. Stephen V. Eggles	617 Laurel Lake Drive	Columbus, NC 28722	(704) 894-3480
Brookridge Baptist Retirement Homes of NC	Mr. William B. Stillerman	1199 Hayes Forest Drive	Winston-Salem, NC 27106	(910) 725-0300
Bermuda Village	Ms. Phyllis Shore	142 Bermuda Village Drive	Advance, NC 27006	(910) 998-6112
Carmel Hills	Mr. Richard C. Todd	2801 Carmel Road	Charlotte, NC 28226	(704) 364-8302
Carol Woods	Ms. Patricia E. Sprigg	750 Weaver Dairy Road	Chapel Hill, NC 27514	(919) 968-4511
Carolina Meadows	Mr. Robert Boening	100 Carolina Meadows	Chapel Hill, NC 27514-8505	(919) 942-4014
Carolina Village	Mr. Doley S. Bell, Jr.	600 Carolina Village Road	Hendersonville, NC 28792	(704) 692-6275
Carriage Club of Charlotte	Mr. Gary J. Badger	5800 Old Providence Road	Charlotte, NC 28226	(704) 365-8551
Covenant Village, inc.	Mr. Thomas P. Hauer	1351 Robinwood Road	Gastonia, NC 28054	(704) 867-2319
Deerfield Episcopal Retirement Community	Mr. Robert F. Wernet, Jr.	1617 Hendersonville Road	Asheville, NC 28803	(704) 274-1531
Penick Village Episcopal Home for the Aging	Mr. Philip S. Brown	P. O. Box 2001	Southern Pines, NC 28388	(910) 692-0300
Friends Homes, Inc.	Mr. Wilson M. Sheldon, Jr.	925 New Garden Road	Greensboro, NC 27410	(910) 292-8187
Givens Estates	Mr. Kenneth M. Partin	Sweeten Creek Road	Asheville, NC 28803	(704) 274-4800
Glenaire, Inc.	Mr. Samuel M. Stone	200 West Cornwall Road	Cary, NC 27511-3802	(919) 460-8095
Grace Ridge	Mr. M[illegible] Miller	500 Lenoir Road	Morganton, NC 28655	(704) 433-0061

Trinity Oaks Lutheran Retirement Center	Ms. Margaret Velloff	728 Klumac Road	Salisbury, NC 28144	(704) 633-1002
Twin Lakes Lutheran Retirement Ministries of Alamance	Dr. Clyde J. Christmas III	100 Wade Coble Drive	Burlington, NC 27215	(910) 538-1400
Maryfield Acres	Sr. Lucy Hennessy	1315 Greensboro Road	High Point, NC 27260	(910) 886-2444
Masonic & Eastern Star	Mr. John Rose	700 S. Holden Road	Greensboro, NC 27407	(910) 299-0031
Methodist Home for the Aged, Inc.	Mr. Ray Hall	3600 Shamrock Drive	Charlotte, NC 28215	(704) 532-3000
Moravian Home, Inc.	Ms. Kay McGee Phillips	5401 Indiana Avenue	Winston-Salem, NC 27106	(910) 767-8130
Pittsboro Christian Village, Inc.	Mr. William D. Dewhurst	P. O. Box 518	Pittsboro, NC 27312	(919) 542-3151
Plantation Village	Mr. Brett Logan	1200 Porter's Neck Road	Wilmington, NC 28405	(910) 686-7181
Quail Haven Village Pleasant Living Health Care, Inc.	Mr. M. Myron Dice	200 Blake Boulevard	Pinehurst, NC 28374	(910) 295-2294
Stanley Total Living Center	Mr. Ted Huffstetler	514 Old Mt Holly Road	Stanley, NC 28164	(704) 263-1986
Southminister, Inc.	Mr. James L. Sherwood	8919 Park Road	Charlotte, NC 28210	(704) 551-6800
Springmoor Life Care Retirement Community	Mr. David W. Ammons	1500 Sawmill Road	Raleigh, NC 27615	(919) 848-7000
St. Joseph of the Pines	Mr. George Kecatos	592 Central Drive	Southern Pines, NC 28387	(910) 692-2212
The Forest at Duke	Mr. Steve Fishler	2701 Pickett Road	Durham, NC 27705	(919) 490-8000
Cypress Glen	Ms. Laurie H. Stallings	100 Hickory Street	Greenville, NC 27858	(919) 830-0036
Methodist Retirement Community The United Methodist Retirement Home	Mr. Robert L. Terrell, Jr.	2616 Erwin Road	Durham, NC 27705-3899	(919) 383-2567
Wesley Pines The United Methodist Retirement Home	Mr. Roger W. Parry	1000 Wesley Pines Road	Lumberton, NC 28358-2148	(910) 738-9691
The Pines at Davidson	Mr. Edgar L. Muller	400 Avinger Lane	Davidson, NC 28036	(704) 896-1100

Sharon Towers The Presbyterian Home at Charlotte, Inc.	Ms. Linda J. Bennett	5100 Sharon Road	Charlotte, NC 28210	(704) 553-1670
Presbyterian Home of High Point	Ms. Betty Hayes	201 Greensboro Road	High Point, NC 27260	(910) 883-9111
Scotia Village The Presbyterian Homes, Inc.	Mr. Alan R. Austin	2200 Elm Avenue	Laurinburg, NC 28352	(910) 277-2000
Arbor Acres Triad United Methodist Home	Mr. W. David Piner	1240 Arbor Road	Winston-Salem, NC 27104	(910) 724-7921
Abernethy Center United Church Retirement Homes, Inc.	Mr. Stephen T. Paterson	102 Leonard Avenue	Newton, NC 28658	(704) 464-8260
Piedmont Center United Church Retirement Homes, Inc.	Mr. C. Shuford Abernethy	100 Hedrick Drive	Thomasville, NC 27360	(910) 472-2017
Well-Spring Retirement Community	Mr. Jeffrey J. Ott	4100 Well Spring Drive	Greensboro, NC 27410	(910) 545-5400
White Oak Village White Oak Manor, Inc.	Ms. Janet Foster	200 Oak Street	Tryon, NC 28782	(704) 859-5871
Oak Creek White Oak Manor, Inc.	Mr. Audrey P. Woody	343 Baldwin Road	Burlington, NC 27217	(910) 226-5739
Sharon Village White Oak Manor, Inc.	Ms. Peggy Trull	4009 Craig Avenue	Charlotte, NC 28222	(704) 365-2620
Windsor Point	Ms. Florence Johnson	1221 Broad Street	Fuquay Varina, NC 27526	(919) 552-4580

Attachment VI

Local Contents

- "Centers" at CDC
- Summaries Archive
- Global Health Odyssey
- Media Relations Home Page
- Disease Links
- Press Releases
- On-Line Publications
- *MMWR* Fact Sheets
- Calendar of Events
- Email Us

September 16, 1999
Contact: CDC, Division of Media Relations
(404) 639-3286

CDC data provides the most complete estimate on foodborne disease in the United States

The Centers for Disease Control and Prevention (CDC) released today the most complete estimate to date on the incidence of food-borne disease in the United States. According to data published in the current issue of CDC's *Emerging Infectious Diseases*, CDC's peer-reviewed journal that tracks new and reemerging infectious diseases worldwide, diseases caused by food may cause an estimated 325,000 serious illnesses resulting in hospitalizations, 76 million cases of gastrointestinal illnesses, and 5,000 deaths each year.

"While the U.S. food supply remains one of the safest in the world, these new findings further support what we have said all along: the public health burden of food-borne disease is substantial," said HHS Secretary Donna E. Shalala. "Our investments in better tracking and surveillance systems have resulted in more complete data to help us evaluate ongoing and future food safety efforts. I urge Congress to help us continue to build upon our food safety programs -- we need to maintain our aggressive efforts on food safety, and we need to fully fund the President's food safety initiative."

The data being released today come from a variety of sources including new and existing surveillance systems, death certificates and published studies from academic institutions. According to CDC Director Dr. Jeffrey Koplan, these are the most complete estimates ever calculated and should not be compared to previous estimates since the estimates are a result of better information and new analyses rather than changes in disease frequency over time. These new estimates provide a snapshot of the problem and do not measure trends and do not indicate that the problem is getting better or worse. In addition, these new estimates include some diseases, such as those caused by *E.coli O157:H7* and Norwalk-like viruses, that were not included in some previous estimates, he noted.

"Accurate estimates of disease burden are the foundation of sound public health policy," Dr. Koplan said. "We're extremely pleased to have a new baseline to measure our future efforts to improve food safety. Updated estimates of food-borne illness are needed to guide new prevention efforts and assess the effectiveness of food safety measures." These measures used 1997 as a baseline --- before key food safety programs were implemented.

Although the U.S. food supply is among the safest in the world, the nation increasingly faces new food safety challenges. Novel pathogens are emerging, and familiar ones are growing resistant to treatment. Since 1942, the number of known food-borne pathogens has increased more than five-fold. American consumers eat out more and cook for themselves less. They also eat more processed food than ever before, involving more people and more preparation, thus increasing the chance for disease- producing food-handling errors. In addition, the number of people most vulnerable to food-borne

disease continues to grow: baby boomers are aging thus increasing their vulnerability to food-borne illness.

Since 1993, the Clinton Administration significantly has expanded food safety programs, increasing consumer protections to ensure that the U.S. food supply remains one of the safest in the world. Some improvements include: new safety standards for meat, poultry and seafood products, better surveillance for food-borne diseases through FoodNet, and a new Early Warning System implemented to improve our detection of outbreaks. In 1998, CDC launched a collaborative interagency initiative called PulseNet that uses DNA fingerprinting to better detect food-borne illness. Today, any one of the more than 35 laboratories in CDC's PulseNet network can fingerprint *E. coli* in less than 24 hours whereas the process used to take days or weeks.

Note: To receive an embargoed copy of the article call (404) 639- 3286 or access the article on the Internet at http://www.cdc.gov/ncidod/EID/vol5no5/mead.htm

---

Media Home | **Contact Us**

CDC Home | Search | **Health Topics A-Z**

This page last reviewed Fri Feb 25 13:37:27 PST 2000
URL:http://www.cdc.gov/od/oc/media/pressrel/r990917.htm

Centers for Disease Control and Prevention

2000 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative(s) **Verla Insko** for the Committee on **Aging**.

☐ Committee Substitute for
H.B. 1514 A BILL TO BE ENTITLED AN ACT TO REPEAL THE SUNSET ON REQUIREMENTS PERTAINING TO THE REIMBURSEMENT RATE FOR THE RESPITE CARE PROGRAM.

☐ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☒ With a favorable report as to committee substitute bill ~~(#)~~, ☒ which changes the title, unfavorable as to (original bill) ~~(Committee Substitute Bill #), (and recommendation that the committee substitute bill #) be re-referred to the Committee on .)~~.

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

5/25/00

Attachment VII

HOUSE BILL 1514:
Respite Care Program No Sunset

BILL ANALYSIS

Committee:	House Aging	**Introduced by:**	Rep. Melton
Date:	May 15, 2000	**Summary by:**	John Young
Version:	1		Committee Staff

SUMMARY:

House Bill 1514 repeals the sunset on requirements pertaining to the reimbursement rate for the respite care program.

CURRENT LAW:

North Carolina's respite care program (G.S. 143B-181.10) provides relief to the unpaid primary caregivers of elderly or disabled adults who cannot be left alone because of mental or physical problems. In appropriate cases, respite care may include temporary out-of-home placement of an elderly or disabled adult in a hospital, nursing facility, adult care home, adult day health center, or an adult day care center in order to provide total respite for the adult's caregiver. Respite care is part of the continuum of care for impaired older adults to enable families to care for members in their homes and to prevent or delay institutionalization. Counties decide the services that they will offer for older adults through the Home and Community Care Block Grant. Out-of-home respite is one of 17 services that may be funded through the Home and Community Care Block Grant but before August 14, 1998 was the only service in which the reimbursement rate was set in statute (The monthly state reimbursement rate for adult care facilities).

BILL ANALYSIS:

Before August 14, 1998, state law provided that payments under the state respite care program for the out-of home placement of an elderly or disabled adult could not exceed the reimbursement rate for care in an adult care home. Effective August 14, 1998 until July 1, 2000 S.L. 1998-97 (SB 1149) repealed the statutory limitation on payments for respite cre for out-of-home placements. A sunset was placed on the repeal. The Division of Aging was required to analyze the impact of the repeal of the statutory limitation on the reimbursement rate on services and funds. and report to the North Carolina Study Commission on Aging. SB 1176, upon recommendation of the Commission, would repeal the sunset and allow the rate to be established as the other 16 Home and Community Care Block Grant services.

BACKGROUND:

In response to requests from individuals and agencies that the maximum reimbursement rate for out-of-home respite be lifted, Senate Bill 1149 was introduced and ratified by the 1998 Session in order to encourage this form of respite care to become a more viable service. Limiting the reimbursement rate for out-of-home respite appeared to discourage the utilization of this service. Concern was expressed about the difficulty agencies interested in providing this service had in finding facilities willing to accept the Maximum reimbursement rate (i.e. the adult care home monthly reimbursement rate). As required by Senate Bill 1149, the Division of Aging analyzed out-of-home respite services and funding provided through the Home and Community Care Block Grant from Fy 1997-98 through FY 1999-2000. The Division reported to the Commission that historically few counties have funded out-of-home respite. Since this is the case, it appeared that there was no significant impact on the program created by the legislation. Therefore, the Commission in its report to the 2000 Session recommended that the sunset be lifted.

Attachment VIII

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H

HOUSE BILL 1514
Committee Substitute Favorable 6/1/00

Short Title: Respite Care Program No Sunset. (Public)

Sponsors:

Referred to:

May 11, 2000

A BILL TO BE ENTITLED

AN ACT TO REPEAL THE SUNSET ON REQUIREMENTS PERTAINING TO THE REIMBURSEMENT RATE FOR THE RESPITE CARE PROGRAM, AND TO AUTHORIZE THE MEDICAL CARE COMMISSION TO ADOPT TEMPORARY RULES PERTAINING TO RESPITE CARE.

The General Assembly of North Carolina enacts:

Section 1. Section 3 of S.L. 1998-97 reads as rewritten:

"Section 3. This act is effective when it becomes ~~law and expires July 1, 2000.~~ law."

Section 2. Notwithstanding G.S. 150B-21.1(a), the Medical Care Commission shall adopt temporary rules for the purpose of defining the circumstances under which adult care homes may admit residents on a short-term basis for the purpose of caregiver respite and the rules that shall apply during the course of their stay. The Commission's authority to adopt temporary rules under this section expires on the date that permanent rules pertaining to the same subject matter adopted by the Commission as authorized under G.S. 143B-165(10) become effective.

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

Minutes
House Committee on Aging
June 22, 2000

The House Committee on Aging met on Thursday June 22, 2000 at 12 noon in Room 612, Legislative Office Building. The following members were present: Representative Verla Insko, Chair; Representatives Arlie Culp , Mitch Gillespie, Jim Horn, Howard Hunter, and Leonard Sossamon. Committee staff members John Young and Theresa Matula were present. A Visitor Registration list is attached (Attachment I) and made a part of the minutes.

Chairman Insko called the meeting to order and introduced the pages: Dana Stephenson from Wake County and Dorrian Decker from Carteret County. Representative Max Melton was recognized to explain HB 1571 – AN ACT PERTAINING TO TIME REQUIREMENTS FOR THE INVESTIGATION OF COMPLAINTS UNDER THE PROTECTION OF THE ABUSED, NEGLECTED, OR EXPLOITED DISABLED ADULT ACT. The attached bill summary was used for discussion (Attachment II).

Representative Arlie Culp moved for a favorable report and Representative Mitch Gillespie offered the second. With a voice vote the committee members gave the bill a favorable report.

The meeting was adjourned at 12:10 PM.

Respectfully submitted,

Representative Verla Insko
Chair

Jane Bass
Committee Assistant

Attachment I

VISITOR REGISTRATION SHEET

Aging
Name of Committee

June 22, 2000
Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Sue Tufano	Aging
R. Harbour Partesotti	Division of Aging (intern)
John Tamas	Town of Bristol Senior

Attachment II

HOUSE BILL 1571:
Adult Protective Services/Complaint Investigation

BILL ANALYSIS

Committee:	Aging	**Introduced by:**	Rep. Earle
Date:	May 31, 2000	**Summary by:**	John Young
Version:	1		Committee Staff

Summary:

One may get the impression from reading HB 1571 that new significant changes are being made by the bill to the time requirements for investigation of complaints under the Adult Protective Services Act. In fact the changes proposed in HB 1571 are hardly more than technical changes to return G.S. 108A-103 as it was before the passage of SB10 in July of 1999. Changes were made to G.S. 108A-103 by SB 10 because SB 10 also made changes to G.S. 131D-26. to add new time frames to the statute relating to resident's bill of rights in adult care homes. Since both G.S. 108A- and G.S. 131D-26 address abuse and neglect of adults, the drafter changed the language in G.S. 108A to parallel the new language in G.S. 131D-26. The Division of Social Services came before the Study Commission on Aging and requested that G.S. 108A-26 be returned to the original language as it was before July 1999 because, in fact, the two statutes had significant differences and the time frames should not be parallel.

Background

The 1999 General Assembly passed Senate Bill 10 which established new safety regulations and standards for adult care homes pertaining to medication administration, staff training, and resident safety The bill also included new time frames in which the Division of Facility Services had to initiate investigation of a complaint of a violation of the residents' bill of rights. For a number of years prior to the passage of SB 10, the Division of Facility Services was required to enforce the adult care home resident's bill of rights but there were no statutorily defined time periods required for the initiation of the investigation in the facility. Therefore the sponsor of the SB 10 felt that if a complaint alleged a violation of patient safety or patient care, there should be some direction to the Division of Facility Services about how quickly these complaints should be investigated. Therefore, as established in SB 10, complaints alleging life-threatening situations must be investigated immediately. Investigations of complaints alleging abuse of a resident must be initiated within 24 hours of receipt of the complaint; investigations involving neglect of a resident must be initiated within forty-eight hours. All other investigations must be initiated within two weeks of the date the complaint is received. DFS must complete all investigations within 30 days.

Besides the requirement for DFS to investigate violations of a resident's bill of rights in an adult care home in G.S. 131D-26, there has been the Adult Protective Services Act in Article 6 of G.S. 108A since 1973. This Act is enforced by the local department of social services and has primarily been applied to adults in noninstitutional settings.

This bill pertains to the time frames for local DSS personnel to respond to complaints under the Adult Protective Services statute (APS). This statute was changed in SB 10 to conform to complaint investigation times required for adult care homes (ACH).

Below is a comparison of the time frames in G.S. 108A-103 and G.S. 131D-26 as they were before the passage of SB 10 and as they will be if SB 1292 passes.

APS Times		ACH Times
Immediately	Life Threatening (ACH) Danger of death (APS)	Immediately
24 hours	Abuse of a resident (ACH) Danger of Irreparable harm (APS)	24 hours
	Neglect of a resident (ACH	48 hours
72 hours	All other	2 weeks
30 days except exploitation==45 days	Complete eval/invest.	30 days

Summary: Death and abuse complaint times are identical

ACH neglect must be investigated within 48 hours; APS neglect-within 72 hours

All other complaints for ACH=2 wks; All other Complaints for APS= 72 hours

At first glance, it looks as if the time periods for investigation under the Adult Protective Services Act is longer than the time frames for adult care home residents but after several discussions with the Commission, the Division of Social Services convinced the Commission that there are unique factors when investigating allegations in a person's home rather than in an institution. The reasons given for the differences:

- Although it appears that under APS there is a longer time allowed for investigating neglect complaints (72 hours vs. 48 hours), 90% of APS complaints pertain to persons in their own homes and therefore take longer to gather the facts.
- The terminology for investigating APS complaints is unique ("he investigation can occur under specific circumstances and without obtaining a resident's consent or going through court procedure as required under G.S. 108A-104 and 105) The term emergency is not used in the ACH statute

2000 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative(s) **Verla Insko** for the Committee on **Aging**.

☐ Committee Substitute for
H.B. 1571 A BILL TO BE ENTITLED AN ACT PERTAINING TO TIME REQUIREMENTS FOR THE INVESTIGATION OF COMPLAINTS UNDER THE PROTECTION OF THE ABUSED, NEGLECTED, OR EXPLOITED DISABLED ADULT ACT.

☒ With a favorable report.

☐ With a favorable report and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report, as amended.

☐ With a favorable report, as amended, and recommendation that the bill be re-referred to the Committee on Appropriations ☐ Finance ☐ ☐.

☐ With a favorable report as to committee substitute bill (#), ☐ which changes the title, unfavorable as to (original bill) (Committee Substitute Bill #), (and recommendation that the committee substitute bill #) be re-referred to the Committee on .)

☐ With a favorable report as to House committee substitute bill (#), ☐ which changes the title, unfavorable as to Senate committee substitute bill.

☐ With an unfavorable report.

☐ With recommendation that the House concur.

☐ With recommendation that the House do not concur.

☐ With recommendation that the House do not concur; request conferees.

☐ With recommendation that the House concur; committee believes bill to be material.

☐ With an unfavorable report, with a Minority Report attached.

☐ Without prejudice.

☐ With an indefinite postponement report.

☐ With an indefinite postponement report, with a Minority Report attached.

☐ With recommendation that it be adopted. (HOUSE RESOLUTION ONLY)

5/ 00

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

H 1

HOUSE BILL 1571*

Short Title: Adult Prot. Svce/Complaint Invest. (Public)

Sponsors: Representatives Earle; Easterling, Melton, Sherrill, Warren, and Insko.

Referred to: Aging.

May 17, 2000

A BILL TO BE ENTITLED

AN ACT PERTAINING TO TIME REQUIREMENTS FOR THE INVESTIGATION OF COMPLAINTS UNDER THE PROTECTION OF THE ABUSED, NEGLECTED, OR EXPLOITED DISABLED ADULT ACT.

The General Assembly of North Carolina enacts:

Section 1. G.S. 108A-103(d) reads as rewritten:

"**§ 108A-103. Duty of director upon receiving report.**

. . .

(d) The director shall initiate the evaluation described in subsection (a) of this section as follows:

(1) Immediately upon receipt of the complaint if the complaint alleges a ~~life-threatening situation.~~ danger of death in an emergency as defined in G.S. 108A-101(g).

(2) Within 24 hours if the complaint alleges ~~abuse of a resident~~ danger of irreparable harm in an emergency as defined by G.S. ~~131D-20(1).~~ 108A-101(g).

(3) Within ~~48 hours if the complaint alleges neglect of a resident as defined by G.S. 131D-20(8).~~ 72 hours if the complaint does not allege danger of death or irreparable harm in an emergency as defined by G.S. 108A-101(g).

~~(4) Within two weeks in all other situations.~~

~~The investigation shall be completed within 30 days.~~ The evaluation shall be completed within 30 days for allegations of abuse or neglect and within 45 days for allegations of exploitation."

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