2001

HOUSE AGING

MINUTES

HOUSE COMMITTEE ON AGING
2001-2002 SESSION

MEMBER	ASSISTANT	PHONE	OFFICE	SEAT
Chair				
Insko, Verla	Linda McCrodden	733-7208	2121	70
Vice Chair				
Clary, Debbie	Elena Askey	733-5654	1211	110
Culp, Arlie F.	Waneta Lord	733-5865	1010	50
Earle, Beverly M.	Ann Raeford	733-5747	535	95
Gillespie, Mitch	Cindy Hobbs	733-5987	1201	111
Lucas, Marvin	Audrey Ray	733-5775	1323	82
Warwick, Nurham	Linda Uzzle	715-3003	419C	14
Weiss, Jennifer	Susan Doty	733-5781	2221	16
Wilson, Gene	Rebecca Jones	733-7727	1109	51
STAFF-Research				
Jessup, Dianna		733-2578	545	
Matula, Theresa		733-2578	545	

ATTENDANCE

HOUSE COMMITTEE ON AGING

(2001-2002 Session)

DATES	3-14-01	4-10-01	5-16-01												
INSKO, Verla CHAIR	✓	✓	✓												
CLARY, Debbie VICE-CHAIR	E	A	✓												
CULP, Arlie F.	✓	✓	✓												
EARLE, Beverly M.	✓	A	A												
GILLESPIE, Mitch	✓	A	✓												
LUCAS, Marvin	✓	✓	A												
WARWICK, Nurham	✓	✓	✓												
WEISS, Jennifer	✓	A	✓												
WILSON, Gene	✓	A	A												

2001-2002 Biennium

Bill	Introducer	Short Title		Latest Action	In Date	Out Date
0161=	Insko	LONG-TERM CARE LOCAL LEAD AGENCY.	*H	Re-ref Com On Rules, Calendar, and Operations of the House	02-19-01	03-15-01
H0322	Insko	MEDICAID INCOME LIMITS INCREASE.	H	Re-ref Com On Rules, Calendar, and Operations of the House	02-28-01	03-14-01
H0328=	Warren	INCENTIVES TO PURCHASE LONG-TERM CARE INS.	H	Ref to the Com on Aging and, if favorable, to the Com on Rules, Calendar, and Operations of the House	03-01-01	
H1068	Nye	LONG-TERM CARE FACIL./ QUALITY OF CARE.	*HR	Ch. SL 2001-385	04-10-01	04-11-01
$ S0178=	**William R. Purce**	**ADULT CARE HOME ASSESMENT.**	***H**	**Ratified**	**04-10-01**	**05-16-01**

'$' indicates the bill is an appropriation bill.
A bold line indicates the bill is an appropriation bill.
'*' indicates that the text of the original bill was changed by some action.
'=' indicates that the original bill is identical to another bill.

AGENDA

HOUSE COMMITTEE ON AGING

March 14, 2001
Room 605 LOB
12:00 Noon

OPENING REMARKS

Representative Verla Insko, Chair
Representative Debbie Clary, Vice-Chair

AGENDA ITEMS

HB 161 LONG-TERM CARE LOCAL LEAD AGENCY
Representative Verla Insko, Sponsor

HB 322 MEDICAID INCOME LIMITS INCREASE
Representative Verla Insko, Sponsor

HJR 328 INCENTIVES TO PURCHASE LONG-TERM CARE INSURANCE
Representative Warren, Sponsor

ADJOURNMENT

MINUTES
HOUSE COMMITTEE ON
AGING

March 14, 2001

The House Committee on AGING met on Wednesday, March 14, 2001, in Room 605 of the Legislative Office Building at 12:00 noon. The following members were present: Chair, Representative Verla Insko and Representatives Culp, Earle, Gillespie, Lucas, Warwick, Weiss and Wilson. Dianna Jessup and Theresa Matula, Research Staff were in attendance. A Visitor Registration list is attached and made part of these minutes.

The Chair called the meeting to order with introductions of members. Representative Insko announced that Representative Earle would preside during the meeting while she explained the bills on today's agenda.

Representative Earle recognized Representative Insko, bill sponsor, to explain HB 322, A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO REVIEW OPTIONS UNDER FEDERAL LAW FOR INCREASING MEDICAID MEDICALLY NEEDY INCOME LIMITS. Representative Culp raised questions concerning spend down amounts. Mr. Dick Peruzzi, Director, Division of Medical Assistance responded. Following discussion, Representative Weiss moved for a favorable report of HB 322 and the motion carried.

The next order of business was HB 161, sponsored by Representative Insko, AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY THE DESIGNATION OF A LEAD AGENCY FOR LONG-TERM CARE PLANNING. A committee substitute for HB 161 was offered and Representative Warwick moved to adopt the committee substitute for committee consideration. The motion carried and Representative Insko was recognized by the Chair to explain the committee substitute. Upon motion made by Representative Culp, the Committee voted to give HB 161 a favorable report as to committee substitute bill, unfavorable as to original bill and recommendation that the committee substitute bill be re-referred to the Committee on RULES, CALENDAR and OPERATIONS OF THE HOUSE.

The Chair recognized Representative Warwick who suggested a future discussion on the lawsuit filed by the Long Term Care Industry. Representative Insko asked Mr. Roger Bone, who represents the Long Term Care Industry for brief comments on the lawsuit. Mr. Bone informed the Committee that he would have information prepared for a committee discussion.

Representative Insko recognized Kim Dawkins Berry from PTCOG Area Agency on Aging. Ms. Dawkins distributed a hand out titled "The Role of Consumers in Planning for Long Term Care in North Carolina." This hand out is attached and made part of these minutes.

There being no further business, the Chair adjourned the meeting at 12:35 PM.

Respectfully submitted,

Verla Insko
Representative Verla Insko
Chair

Linda McCrodden
Linda McCrodden
Committee Assistant

2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

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

☐ Committee Substitute for
H.B. 322 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO REVIEW OPTIONS UNDER FEDERAL LAW FOR INCREASING MEDICAID MEDICALLY NEEDY INCOME LIMITS.

X 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)

2/15/01

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2001

HOUSE BILL 322*

Short Title:	Medicaid Income Limits Increase.	(Public)
Sponsors:	Representatives Insko; Adams, Church, Clary, Earle, Luebke, and Warren.	
Referred to:	Aging, if favorable, Rules, Calendar, and Operations of the House.	

February 28, 2001

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO REVIEW OPTIONS UNDER FEDERAL LAW FOR INCREASING MEDICAID MEDICALLY NEEDY INCOME LIMITS.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall review the options available under federal law to increase the Medicaid medically needy income limits for all Medicaid eligible populations. The review shall include the potential impact on county budgets of increasing the medically needy income limits. The Department of Health and Human Services shall report its findings and recommendations to the North Carolina Study Commission on Aging not later than October 1, 2001.

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

#1 3-13-01 Mtg.

HOUSE BILL 322:
Medicaid Income Limits Increase

BILL ANALYSIS

Committee:	House Aging	**Introduced by:**	Rep. Insko
Date:	March 14, 2001	**Summary by:**	Dianna Jessup
Version:	First Edition		Committee Counsel

SUMMARY: ***House Bill 322 directs the Department of Health and Human Services (DHHS) to review options under federal law for increasing Medicaid medically needy income limits and to report its findings and recommendations to the North Carolina Study Commission on Aging not later than October 1, 2001. This act would become effective when it becomes law.***

CURRENT LAW: Title XIX of the Social Security Act (Medicaid) is the federal/state program that pays for medical assistance to categories of eligible needy persons. In addition to providing coverage to categorically needy groups, states may extend Medicaid eligibility to persons who would otherwise be eligible under the categorically needy options except that their income exceeds the eligibility level. This option, elected by North Carolina and 38 other states, is known as the "medically needy" option. This option allows those persons to "spend down" their income to the Medicaid eligibility level by incurring medical expenses that offset their excess income.

Medically needy income limits are linked by federal law to a state's welfare payments under the former AFDC program. Recent legislation permits states to increase their medically needy income limits by the increase in the Consumer Price Index. Currently in North Carolina, the medically needy income limits are $242/month for an individual or $317/month for a family of two. This means that in order to qualify as medically needy under the State's Medicaid program, a person must incur medical or other eligible expenses (or "spend down income") to at least equal the difference between the person's income and the medically needy income limit. For example, a single person with a monthly income of $642/month would have to spend down or incur $400/month in expenses ($642-$242) before Medicaid would start covering the medical expenses.

Federal law requires states to match federal Medicaid dollars. Currently, the State pays 85% and the counties pay 15% of this match.

BILL ANALYSIS: House Bill 322 directs DHHS to review options available under federal law to increase the above-described medically needy income limits. This review must include the potential impact on county budgets of increasing these income limits. DHHS must report its findings and recommendations to the North Carolina Study Commission on Aging not later than October 1, 2001.

BACKGROUND: The North Carolina Study Commission on Aging recommended this bill upon the request of the North Carolina Institute of Medicine's (IOM) Long-Term Task Force. In its June 30, 2000 interim report, the IOM Long-Term Task Force found that Medicaid is the most viable source of public financing of long-term care services, since the federal government pays 62.5% of the costs. Increasing the medically needy income limits would expand coverage because persons would have to spend down less before Medicaid would pick up coverage.

In addition, there is a proposed federal regulation that would permit states to expand coverage under the medically needy category by disregarding income of medically needy clients. If this rule is finalized, DHHS would include information regarding this option in its report to the North Carolina Study Commission on Aging.

H322-SMSW-001

Full Minutes 3-13-01

2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

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

☐ Committee Substitute for
H.B. 161 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY THE DESIGNATION OF A LEAD AGENCY FOR LONG-TERM CARE PLANNING.

☐ 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 committee substitute bill, unfavorable as to original bill and recommendation that the committee substitute bill be re-referred to the Committee on RULES, CALENDAR, AND OPERATIONS OF THE HOUSE.

☐ 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)

2/15/01

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2001

HOUSE BILL 161*

Short Title:	Long-Term Care Local Lead Agency.	(Public)
Sponsors:	Representatives Insko; Earle, Warren, Luebke, and Womble.	
Referred to:	Aging, if favorable, Rules, Calendar, and Operations of the House.	

February 19, 2001

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY THE DESIGNATION OF A LEAD AGENCY FOR LONG-TERM CARE PLANNING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services, Division of Aging, shall study whether counties should designate local lead agencies to organize a local long-term care are planning process, as described in Recommendation #10 of the Institute of Medicine's (IOM) Long-Term Care Task Force Interim Report of June 30, 2000. In conducting the study, the Department shall consider how a lead agency for long-term care planning at the local level would relate to other requirements for county planning and long-term care. The Department shall report its findings and recommendations to the North Carolina Study Commission on Aging on or before October 1, 2001. The report shall specifically address the IOM Task Force recommendation and rationale pertaining to local planning and long-term care services.

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

#3 3-13-01 mtg.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2001

H D

HOUSE BILL 161*
PROPOSED COMMITTEE SUBSTITUTE H161-CSSH-9 [v.1]

3/12/2001 6:07:04 PM

Short Title: Long-Term Care Local Lead Agency. (Public)

Sponsors:

Referred to:

February 19, 2001

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY THE DESIGNATION OF A LEAD AGENCY FOR LONG-TERM CARE PLANNING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services, Division of Aging, shall study whether counties should designate local lead agencies to organize a local long-term care planning process, as described in Recommendation #10 of the Institute of Medicine's (IOM) Long-Term Care Task Force Interim Report of June 30, 2000. In conducting the study, the Department shall consider how a lead agency for long-term care planning at the local level would relate to other requirements for county planning and long-term care. The Department shall report its findings and recommendations to the North Carolina Study Commission on Aging on or before October 1, 2001. The report shall specifically address the IOM Task Force recommendation and rationale pertaining to local planning and long-term care services.

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

full minutes ✓

3-13-01

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2001

H D

HOUSE BILL 161*
PROPOSED COMMITTEE SUBSTITUTE H161*-PCS3199-SH-9

Short Title: Long-Term Care Local Lead Agency. (Public)

Sponsors:

Referred to:

February 19, 2001

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY THE DESIGNATION OF A LEAD AGENCY FOR LONG-TERM CARE PLANNING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services, Division of Aging, shall study whether counties should designate local lead agencies to organize a local long-term care planning process, as described in Recommendation #10 of the Institute of Medicine's (IOM) Long-Term Care Task Force Interim Report of June 30, 2000. In conducting the study, the Department shall consider how a lead agency for long-term care planning at the local level would relate to other requirements for county planning and long-term care. The Department shall report its findings and recommendations to the North Carolina Study Commission on Aging on or before October 1, 2001. The report shall specifically address the IOM Task Force recommendation and rationale pertaining to local planning and long-term care services.

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

3-13-01 mtg.
#2

HOUSE BILL 161: LONG-TERM CARE LOCAL LEAD AGENCY

BILL ANALYSIS

Committee:	House Aging	**Introduced by:**	Representative Insko
Date:	March 12, 2001	**Summary by:**	Theresa Matula
Version:	PCS for 1st Edition H161-CSSH-9[v.1]		Committee Staff

SUMMARY: House Bill 161 directs the Department of Health and Human Services, Division of Aging, to study whether counties should designate local lead agencies to organize a local long-term care planning process and to report findings and recommendations to the North Carolina Study Commission on Aging by October 1, 2001. The act is effective when it becomes law.

The Proposed Committee Substitute for House Bill 161, H161-CSSH-9 [v.1] makes a minor technical change by deleting the word "are" on line 8.

BILL ANALYSIS:

House Bill 161 directs the Department of Health and Human Services, Division of Aging, to study whether counties should designate local lead agencies to organize a local long-term care planning process. As part of the study and report, the Division of Aging shall:

- consider how a lead agency for long-term care planning at the local level would relate to other requirements for county planning and long-term care;
- address the IOM Task Force recommendation and rationale pertaining to local planning and long-term care services; and
- report its findings and recommendations to the North Carolina Study Commission on Aging on or before October 1, 2001.

BACKGROUND:

House Bill 161 is a recommendation from the North Carolina Study Commission on Aging. The Commission's recommendation was based on findings and recommendations from the Institute of Medicine (IOM) Long-Term Care Task Force. The issue is specifically addressed in Recommendation # 10 in *A Long-Term Care Plan for North Carolina, Interim Report by the North Carolina Institute of Medicine (IOM) Long-Term Care Task Force to the North Carolina Department of Health and Human Services*. The IOM report was issued June 30, 2000 in response to S.L. 1999-237, Section 11.7A, requiring the Department of Health and Human Services, in cooperation with other appropriate State and local agencies and representatives of consumer and provider organizations, to develop a system that provides a continuum of long-term care for elderly and disabled individuals and their families.

The IOM Long-Term Care Task Force found that "long-term care services are often fragmented, duplicative, complex, and not consumer-friendly. Further many counties lack needed core long-term care services. Most, if not all, counties in the state have planning bodies that are charged with developing plans for specific long-term care services. Under state law, county commissioners must designate lead agencies for the Home and Community Care Block Grant (HCCBG) and the Medicaid Community Alternative Program for Disabled Adults (CAP-DA). In all but about 20 counties, these lead agencies are separate organizations. A small number of counties have initiated a more comprehensive and inclusive planning process to identify needed long-term care resources and to reduce fragmentation."

Attachment 1

THE ROLE OF CONSUMERS IN PLANNING FOR LONG TERM CARE IN NORTH CAROLINA

The involvement of consumers in service delivery assessment, operations and development, ensures a wider range of options. Consumers are not bound by political rhetoric, agency turfism or traditional methods.

Kim Dawkins Berry, Director
PTCOG Area Agency on Aging
March 14, 2001

Planning at the Local Level

It is my honor and pleasure to speak to you today in regards to HB 161 which addresses the role of local planning committees in a long-term care process. I have served as the director of two different regional area agencies on aging in North Carolina. This afforded me the opportunity to work with local, regional, state and federal agencies. Also, my work with public and private funding sources, non-profit agencies and multiple county areas for over 20 years helps with my understanding of the complexities that occur when you try to reach consensus on human services issues.

As a regional planner, and my area covers the large and small, Alamance, Caswell, Davidson, Guilford, Montgomery, Randolph and Rockingham, I have learned there is great merit in deciding on universal goals and tools with flexibility for county idiosyncrasies.

The work of the **Institute of Medicines' Task Force on Long Term Care** is the first time that we have a chance to correct mistakes in the existing service delivery network. It is time to place the consumer, the constituent, and the client, whatever you want to call <u>us</u>, at the very center of the design.

<u>Planning at the local level is a must</u> as we finally develop the long term care services model for all North Carolinians, regardless of economic status, race, age, disability and geographic location. This is where the lay person, man or woman on the street, consumer, family, educational institutions and other interested persons come into play. Bureaucrats can be

great thinkers but it is our role to ***facilitate*** the wishes of those who most need the options, opportunities and services available in a delivery system.

It is the ethical responsibility of communities (counties in North Carolina), to set the course for birth and death and everything in between. The good news is there are 100 counties and 100 opportunities for progressive planning for the next 10 years. The bad news is there are 100 counties with 100 opportunities to do nothing.

The Home and Community Care Block Grant legislation was passed in 1990. This combined federal and state funding from several sources together so those funds for persons over 60 could be better utilized. At that time in our region we began local planning activities that now has each of these counties poised to step ahead and develop their 20 year plan for aging for their citizens. In each of the counties I mentioned, we began in early 1992 to design the infrastructure, which would allow service providers, public officials, and most of all consumers, "to have a say in the way aging services were maintained or new services developed." Our number 1 goal was to place the older or disabled adult and family at the center of a client driven service. The goal was to break the mold of 30 years, whereby funding sources drove the system, instead of the needs of the client.

The steps we took included:

1. Appointment of planning committee members, by county commissioners which included an older representative from each township in a county. In the smaller counties it might have been unincorporated communities. The one rule was that no one with any vested interest in the Home and Community Care Block Grant money be allowed to vote for the services approved by the committee.
2. Service providers would be very involved and serve as support to the committee.
3. All committees developed their own by-laws.
4. Roles were clearly established for the Planning Committees, Service Providers, County Commissioners, Regional Advisory Committee on Aging and the Role of the Area Agency on Aging.
5. Persons were also recruited to sit on the committees from all health and public and private sectors:

    - Educators
    - Hospital Discharge Planners
    - Private Home Health Agencies
    - Cooperative Extension
    - Mental Health
    - Adult Care Homes
    - Nursing Homes
    - Hospice
    - Senior Tar Heel Delegates
    - Corporations
    - Legal Community
    - Physicians
    - County Commissioner and County Manager
    - Faith Communities
    - Salvation Army

- Veterans Affairs
- Hospice
- Bereavement Specialists
- Everyone and their dog ☺

When counties range from 65,000 persons over age 60 in Guilford to 20,000 in the entire county of Caswell, you must think through the process of planning from start to finish. However, the guiding principals remain the same. You adapt to the needs of the county. One county might have the leadership of a strong department of social services, one a council on aging or non-profit and one the cooperative extension office.

The plan at first was the same. Conduct forums in every nook and crack of the county to find the " needs" of real people that needed services. We did this, and when I say we, the planning committee members themselves in all six counties over a 3-month period. We did 11-12 highly publicized events in each county. We engaged the local firemen at the fire stations to help as we used their facilities and their knowledge of where pockets of older persons lived. We used community centers. We advertised in all church bulletins. Local citizens put the word on the street that they were seeking answers.

It was our job to develop the tools necessary for a speaker and a recorder at each session. These tools would be talking points, literature, handouts etc. that made it easy for the committee members to speak. In some counties we offered blood pressure checks as a reason for attending. There were always refreshments, because people will come anywhere for a good snack.

With the information obtained, each planning committee established goals and tasks to reach those goals. We actually revisited the original sites 2 years later. I will briefly cover some of the planning committee accomplishments in a minute.

I am very happy to say that today these planning committees have been meeting 10 months out of the year for the past seven years. It became clear from the start that the small amount of funding by the HCCBG was only the tip of the iceberg for this planning group. Also, the membership of the committee varies depending on the counties. However, the average number of members and liaisons at each meeting varies from 20 to 30 people. Departments of Social Services, Health, and Aging remain a very strong support for the voting members of this group. The County Manager and a County Commissioner attend the meetings. These committees have by-laws as well as policies for use of cuts or increases in funding.

The most important thing to note here is that given the tools a community can provide the leadership for a special population or all populations. In our region these planning committees review things such as:

- Service Utilization and Quality Concerns by all public agencies receiving funds
- New requests for adult care home or nursing home beds
- Statistics on Alzheimer's or other dementia in their county
- Special programs offered by groups such as Sons of the Pioneers
- Legislation at the state and local level
- Client waiting lists
- Impacts of Legislation such as Senate Bill 10

- Reports from all providers in the counties
- The use of Medicaid funds vs. Personal Care Services vs. HCCBG

There must be leadership for these 'volunteer' groups. I, for one, advocate the success of regional leadership. The counties share ideas, information, and even funding. However, that could vary. Attached for your review is a county planning committee brochure which all of our members have and distribute. Also, you will find a list of county accomplishments.

Thank you so much for your time today.

Kim Dawkins Berry, Director
Piedmont Triad Council of Governments,
Area Agency on Aging
2216 W. Meadowview Road, Suite 201
Greensboro, N.C. 27407
Kberry@ptcog.org
(336)294-4950

Alamance County

1. Expansion of CAP-DA and designation of Duke "Aging at Home" program

2. Forums (11) held every 2 years to determine needs over entire county (inclusive of all issues not just HCCBG)

3. Development and funding of 'Alamance Eldercare, Inc.' A single portal of entry for all older adults

4. Purchase of county buildings to house aging services (old DSS and Mental Health so that there will be a Human Services complex. Recruiting appropriate service agencies to be housed at the complex.

5. Promoted and advocated legislation to include Criminal Background Checks for all certified nursing assistants, with their legislator carrying the bill

6. Supported building of new senior center and influenced Bond Referendum for the City of Burlington

7. Participate in regular radio shows to inform and answer questions

8. Operate a Speaker's Bureau for Issues Affecting Elders

9. Established a permanent 'interagency' committee to address needs of older adults across all disciplines.

10. Established a community "Pathways" committee to find solutions to Medications Issues. All providers and interested consumers in county attend

11. Developed SALT, Seniors and Law Enforcement Together program to educate and aid older adults with issues ranging from safety to scams

Caswell County

1. Brought CAP-DA to the county through advocacy to County Commissioners and the DSS

2. Initiated the development of Caswell County's 1st United Way

3. Kept the need for a Senior Center alive in the community and are currently the lead organization in its development. (Educated the community about the benefits of a Senior Center and changed public opinion regarding the Senior Center)

4. Provides a forum for provider collaboration and development of new projects. Brought in the National Guard to do a two day health program for citizens of all ages

5. Allows members of the general public to gain an understanding of how government funding works. Writes and publishes regular news articles for the paper

6. Citizen participation on Committee assures providers that their services affect "real people"

7. Committee determined that 'citizen participation' raises the level of accountability for providers

Davidson County

1. Developed the Alzheimer's Respite Program and Caregiver Support Group
2. Brought CAP-DA into the County, and expanded available slots in later years
3. Implemented the SALT program (Seniors and Law Enforcement Together)
4. Created an inter-agency committee which meets regularly and undertakes special initiatives for the disabled and elderly
5. Assisted in developing the LifeCenter, an adult day care and adult day health center
6. Helped LifeCenter raise funds to move to a larger building
7. Instrumental in the Davidson County Senior Needs Assessment in 1997
8. Serves as a clearinghouse for all types of grants affecting elderly and disabled and writes letters of support for providers' proposals
9. New home-delivered meal routes started with input from Committee
10. Distributed Y2K preparedness supply packs to needy older adults
11. Developed a Food Pantry to distribute emergency food for older adults in need
12. Serve as an information clearinghouse to discuss grants, legislation, lobbying opportunities, issues related to aging, etc.

Guilford County

1. Hosted two countywide forums for the corporate, educational, public, and medical communities in the county to discuss issues affecting older adults.

2. Worked to establish transportation from High Point to Greensboro and vice versa, for the first time.

3. Conducted surveys and forums throughout the county to determine needs of all older adults.

4. Published results as "The Graying of Guilford County" in 1994.

5. Developed and promoted with county service providers, the Guilford County Roundtable to discuss:

    - Access to Services
    - Coordination of Services
    - Protocols among agencies
    - Pathways to community services from the acute, sub-acute, nursing and adult care home settings

6. Designed universal resource database for all services including the aging and disabled in Guilford County.

7. Encouraged and oversee the use of technology (IRis) by aging service providers throughout the county, to begin a universal access process for older and disabled adults.

8. Are players at the table for the discussion of 211 in Guilford County

Randolph County

1. Initiated CAP-DA
2. Created the Volunteer Center and provides on-going support
3. Developed an action plan for aging services in the county
4. Wrote a successful grant proposal to develop an in-home services directory and a housing directory for the county
5. Educational sessions in the fall help committee members understand the needs of the community so they can better allocate HCCBG funds
6. Committee members support providers at County Commissioner meetings
7. Provides a vehicle for communication among providers and the community
8. Serves as advisory board to entire information/referral and case assistance program for all populations
9. Serves as advisory board for transportation for the entire county

Rockingham County

1. Developed Caregivers of Rockingham County, a volunteer service organization
2. Assisted in the creation of a Prescription Drug Assistance Program
3. Served as the sounding board for the Center for Active Retirement which is a part of Rockingham Community College
4. Determined that Adult Day Care was a need, solicited a provider, location, and support across the county for the service
5. Write and publish articles for local newspapers in the county
6. Serve as support for the Senior Tar Heel Legislator and Delegate in the county
7. Keeps lines-of-communication open between providers and community Rockingham County was once a one provider county without public input

VISITOR REGISTRATION SHEET

Aging
Name of Committee

3/14/2001
Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jerry Cooper	NCACA
LAMAR MOORE	DAVIDSON CO - SR. TARheel legis.
Julie Bell	PTCOG Area Agency on Aging
Karen Gottovi	Division of Aging
Aaron Thiel	NC Social Services Consortium
Dennis Streets	NC Division of Aging
Dennie Hollen	DHHS
S Ransone	NCDSS
	Rose & Assoc.
DAVID Barnes	Poyner + Spruill
	Area Agency on Aging

VISITOR REGISTRATION SHEET

Aging — 3/14/2001

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Joe Cibora	AMIC

MINUTES
HOUSE COMMITTEE ON AGING
PUBLIC HEARING

April 10, 2001

The House Committee on AGING met on Tuesday, April 10, 2001, in the 3rd floor Legislative Auditorium in the Legislative Building at 1:00 PM for a public hearing. The following members were present: Chair, Representative Verla Insko and Representatives Culp, Lucas and Warwick.

Representative Insko called the meeting to order with introductions of Sergeant At Arms.

Thirteen speakers were recognized in the following order:

Tom Bell, a regional Long Term Care Ombudsman from Caldwell County was recognized to speak on Long Term Care Dentistry. A Long Term Care Dental Survey is attached and made part of these minutes. (Attachment 1)

Nicole Rieger, a regional Long Term Care Ombudsman from Catawba, Alexander and Burke Counties, continued speaking on Long Term Care Dentistry. (Attachment 1). Reference was made to Senate Bill 863, introduced by Senator William N. Martin. Two points addressed are that the bill would raise reimbursement to dentists for Medicaid-eligible elderly or disabled adults and the availability of mobile dental units. Dental care is a serious problem that affects the mouth region. There is a serious problem with malnutrition in nursing homes. If you can't chew food, this is a risk for poor health. There are also other health risks associated with poor dental care such as heart disease. Tom Bell finished with stating that Senate Bill 863 raises reimbursements to 80 percent but it needs to be funded properly or it may not survive. Representative Insko introduced Dr. Bill Milner for any questions.

Marie Alexander, a Registered Nurse was recognized to speak. Her statement is attached and made part of these minutes. (Attachment 2)

Martha Clodfelter from the Northwest Piedmont Council of Government was recognized to speak. Her statement is attached and made part of these minutes. (Attachment 3)

Henry Bostic from the Carolina Piedmont Chapter Alzheimer's Association was recognized to speak. His statement is attached and made part of these minutes. (Attachment 4)

Kelly Alexander, a caregiver for 14 years was recognized to speak. She is asking for strong support for Certified Nurse Assistants (CNA's). They are dedicated people who want to work in this profession and they need our support.

Mary Wallace was recognized to speak on behalf of individuals with family members in long term care. Her statement is attached and made part of these minutes. (Attachment 5)

Rosa Roland, a resident of Wellington Nursing Center in Knightdale was recognized to speak. Her statement is attached and made part of these minutes. (Attachment 6)

Freda Pippin, a resident of Wellington Nursing Center in Knightdale was recognized to speak. Her statement is attached and made part of these minutes. (Attachment 7)

Alton Parker from Wilmington, a member of the Advisory Board for the Nursing Homes was recognized to speak. The biggest complaint he hears concern the quality of food in adult care homes. He is thankful for good health but knows things could change at any time. He is asking the legislators to help make changes.

Ruth Gallagher, a RN who has worked in long-term care for twenty-five years was recognized to speak. She is overwhelmed with paperwork from the government and is not able to spend the time she would like with the residents. CNA's are overburdened with sixteen to eighteen patients a day and are not able to give them proper care. She is asking the Representatives to look at what has been presented today and work in the patients best interest because we will all be in that situation one day.

Sharon Urbanec, a nurse for twenty-five years was recognized to speak. She has spent most of her time in long-term care facilities. She sees mediocre care and not enough staff to provide food and adequate fluids for patients. She requested legislative support for at least minimal staffing and resources required to care for the patients.

Martha Sachs from the State Legislative Committee with AARP, was recognized to speak. She wants legislation to address nursing homes that are constantly out of compliance when state inspections are done. They have ninety days to make changes before any charges are levied. After changes are made and corrected the homes go back to what they were doing. Her suggestion for nursing homes out of compliance is to be fine them immediately and then give them 90 days to make changes. If these changes are not made within 90 days, they should lose their license. This would accomplish two things: patients would benefit from changes and money would be available from the state to do things not affordable now. We also need more pharmaceutical assistance for low-income people. People should be able to get assistance if cost exceeds their income. Ms. Sachs also addressed her concern that some patients are over medicated and receiving prescriptions from numerous doctors. Since the law allows pharmaceuticals to advertise directly there has been an increase with interactions of medications. This needs to change.

Representative Insko thanked the speakers for sharing this personal information. All members of the Committee will receive copies of statements. She emphasized that legislators will keep working with you to improve the quality of care in long-term facilities. Representative Insko explained her heightened sensitivity to these issues by her recent experience with her own family. She made a trip to California to visit her parents after her father was released from a recent hospital stay. Her parents are shifting into the next stage of life and they need more medical care but want to continue living in their own home. Representative Insko stated legislators do know first hand some of these issues and their goal is to improve these facilities and services. She urged advocates to keep on working with the legislators, there is a baby boom that is aging now and there is an enormous number of people needing long-term and in home care and they are a very powerful voice. Legislators appreciate your activities as citizen activists. Representative Insko thanked the audience for coming and said she looked forward to working with them.

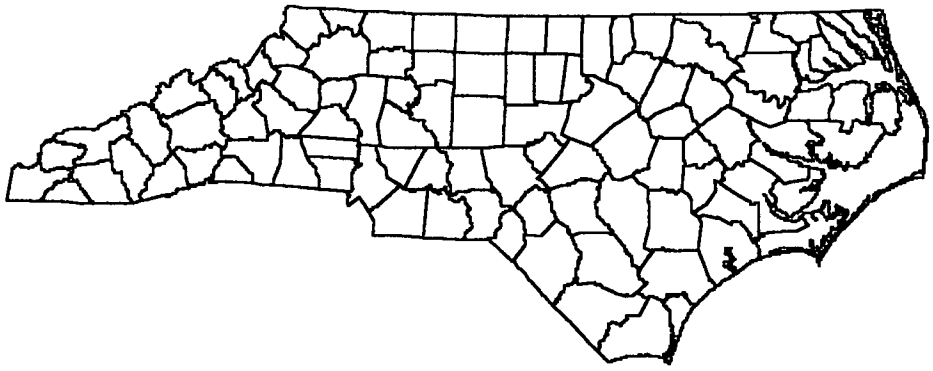
Respectfully submitted,

Verla Insko
Representative Verla Insko
Chair

Linda McCrodden
Linda McCrodden
Committee Assistant

Attachment 1

HIGHLIGHTS FROM THE NORTH CAROLINA



LONG TERM CARE DENTAL SURVEY

The North Carolina Long Term Care Dental Survey was conducted by NC Regional Long Term Care Ombudsmen from March, 1999 through June, 2000.

The findings reflect responses from 618 Nursing Homes and Adult Care Homes throughout the state.

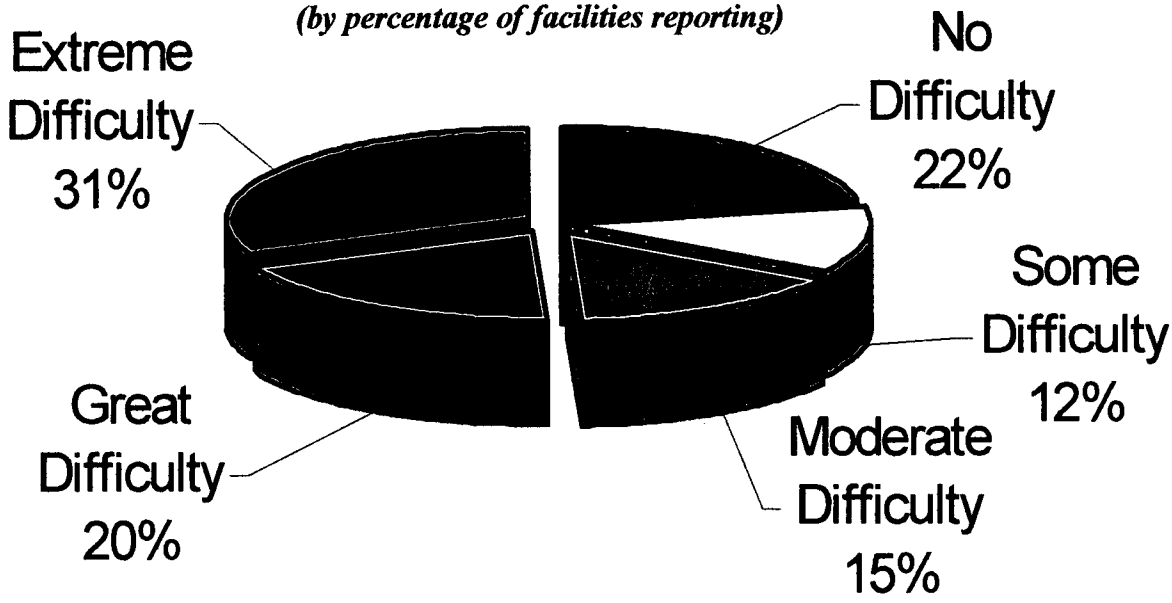
The results found that the majority of long-term care facilities have "great" to "extreme" difficulty in obtaining basic dental care for their residents, particularly indigent residents who rely on Medicaid. Attached are:

- **Facilities' levels of difficulty in finding dental care for Medicaid Residents.**
- **% of LTC facilities reporting "great" to "extreme" difficulty, by region.**
- **Barriers to dental services for LTC Residents.**
- **Reasons dental providers refuse treatment to LTC & Medicaid Residents.**
- **Conclusions of the study**

Persons requesting the complete survey, please contact Nicole Rieger at (828) 322-9191 ext. 113

Ease in Obtaining Basic Dental Care for Residents on Medicaid & Special Assistance

(by percentage of facilities reporting)



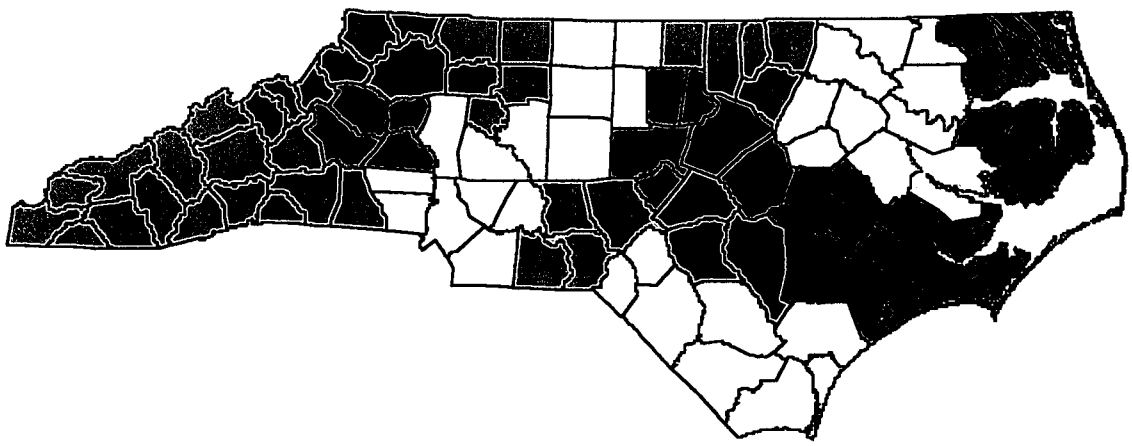
51% OF FACILITIES STATEWIDE REPORT GREAT OR EXTREME DIFFICULTY

Based on a survey by BELL, RIEGER, and ROSENBERG of 618 Nursing Homes and Adult Care Homes throughout North Carolina (March, 1999-June, 2000). (Research is currently in submission to the *Journal of Special Care in Dentistry*).

"GREAT" TO "EXTREME" DIFFICULTY IN OBTAINING BASIC DENTAL CARE FOR RESIDENTS ON MEDICAID / SPECIAL ASSISTANCE

BY REGION

1999-2000



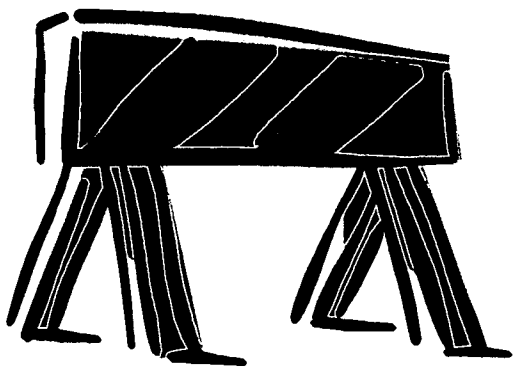
70% - 100%

60% - 69%

50% - 59%

40% - 49%

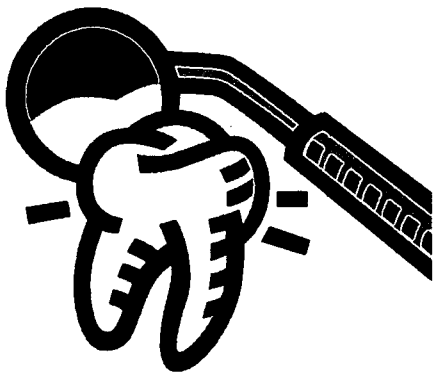
30% - 39%



BARRIERS TO DENTAL SERVICES FOR LTC RESIDENTS

(in order of precedence according to written responses)

1. **LACK OF DENTAL SERVICE PROVIDERS WHICH ACCEPT MEDICAID.**
2. **LACK OF EMERGENCY DENTAL SERVICES.**
3. **LACK OF TIMELY ACCESS TO DENTAL SERVICES.**
4. **LACK OF PROPER TRANSPORTATION.**
5. **INABILITY TO CARE FOR SPECIAL NEEDS.**



REASONS DENTAL CLINICS REFUSE TREATMENT FOR LONG TERM CARE RESIDENTS

1. **UNPROFITABLE MEDICAID REIMBURSEMENT (45% OF COST).**

2. **LACK OF TRAINING TO TAKE CARE OF SPECIAL NEEDS.**

3. **DENTAL PRACTICE FILLED TO CAPACITY WITH CASH-PAYING CUSTOMERS.**

4. **FEAR OF LIABILITY.**

5. **FEAR OF A "TIDAL WAVE" OF MEDCAID PATIENTS IF A DENTIST ACCEPTS EVEN A FEW RESIDENTS.**

CONCLUSIONS OF THE NC LONG TERM CARE DENTAL STUDY

From our data, we believe the following conclusions may be drawn with certainty:

1.) Tens of thousands of residents in North Carolina long term care facilities have little or no access to adequate dental services.

2.) The shortage of dental care is particularly acute for Residents relying on governmental assistance.

3.) Residents with special needs also have an especially difficult time accessing dental care.

4.) Transportation to dental care offices is an obstacle for many residents, and impedes (if not prevents) their care.

Attachment 2

Marie Alexander

Good Afternoon,

I have been a Registered Nurse for 20 years, with 17 of those years in long term care. In nursing school we were given the advice to not become emotionally involved with our patients. I have found it impossible to adhere to that advice. I have laughed, cried and felt the pain of my residents and their families who have long since become a part of my extended family. It is very distressing to me when the media focuses on a negative report about long term care. I know without a doubt that a lot more positive than negative things happen in nursing homes on a day to day basis. There are certainly many reasons to leave long term care — more money, better hours, less stress, fewer regulations to worry about. — but we, the long term care staff, stay in this profession because of a deep committement to the care of our residents.

Thank you

Attachment 3

April 10, 2001

House Bill 736

- **An act to require that long-term care facilities post information about staffing levels.**

Senate Bill 180

- **An act to appropriate funds for labor enhancement payments for workers in long-term care facilities and agencies**

Presentation / Comments by:

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Northwest Piedmont Council of Government
Ombudsman Program
400 West Fourth Street, Suite 400
Winston-Salem, NC 27101
Adult Care Committee Member
Telephone: (336) 761-2111

I will not bore you with statistics or facts because they are cold and hard and we hear them daily. Instead I want to tell you a story about a family. This young man and his bride began their lives together on a tobacco farm. They later worked two jobs most of their lives including textiles or furniture making. As their lives progressed they had a daughter, then a son that died in infancy. Throughout their lives, they worked hard at everything they did, paying into the government, community and church systems. They were highly respected in the community and gave freely of themselves whether it was with vegetables from their garden or meals from their table – they shared.

As they advanced in age, they began to NEED rather than continue to be able to GIVE into a country they had supported with hard work all their lives. After 60 years of married life, he lost his bride and he too lost his ability to care for himself. Before her death, they shared a room in a skilled care facility. Now he is alone in that same facility. He has to depend on others for even the smallest details of care. On good days he stares with a far away look that would indicate in his little world he is somehow remembering better days. On bad days, he does not even recognize the one he fathered. During this couple's married life, their daughter married and gave birth to a beautiful little girl, whom they absolutely adored. During this little girl's early months of life, it was discovered she would have to cope with multiple mental and physical handicaps. This was the only grandchild on both sides of the family. The paternal grandmother was a hardworking textile worker and gave freely of herself to society. In the last years of her life, she too, was to reside in a skilled care facility. This family was devastated by the diagnosis of this beautiful baby girl, hanging on to their faith, each other and most of all hope. Due to the devotion of this family, this adult young lady now, happily, resides in an ICF group home setting. How do I know about these people – this is my Mom and Dad, my daughter, and my mother-in-law.

My purpose here today is to make you aware of the need to mandate certain bills which I know will have positive results in the care given to our friends and loved ones in care facilities. I am speaking to you from personal experience not from just cold statistics.

Let me tell you about what I have seen in nursing home visits with the current ratio of staff to residents. There have been times when there was 1 person trying to feed 14 people in the dining room. Due to such experiences, I can easily see the following situation develop. One person is caring for 14, sometimes 18 people, for a period of 8-12 hour shifts. In a given 5 minute time, one lady needs help in the bathroom, one has fallen out of her chair and is bleeding from a cut, one gentleman needs oxygen placed back in his nose that he has pulled out, another is in the process of having a heart attack and another is screaming for food. Who does the caregiver go to first and what will be the outcome of those left unattended? All this time, there are the routine tasks to be performed, baths to be given, beds to be changed, etc. How do you decide what is top priority?

Are we asking the people who are taking care of this part of our population that paved the way for us to enjoy the lives we now have, to make decisions of this magnitude with the benefits and salaries they currently have? Are the salaries and benefits of the caregivers in these facilities less than we pay for someone to make us a hamburger at McDonalds or to care for our pets? The Certified Nursing Assistants are the ones with whom the families rely on to give the care they deserve and in return to be reimbursed adequately. In any position in life, incentives bring commitment. When the incentives are not balanced with the responsibility, we see a constant turnover in personnel in this field.

When I visit my Dad, which we do everyday, I want to know who is responsible for his care. When I enter the building my anxiety would be much less if I could glance at a board and know immediately who was responsible for his care. Families do not want to be passed from telephone to telephone or from person to person, only to ask a simple question, "Did he sleep last night? Did he eat his dinner? Is he comfortable? " Life is stressful beyond words to cope with seeing the Dad you adored and who was your best friend, leave you gradually day by day. If something so simple as giving better benefits to certified nursing assistants or posting each shift in the building who is responsible for each person, how can we not make this available for the employees and the families? My Dad, my Mom, my mother-in-law nor my daughter deserve to be in these conditions but they do deserve for us as American citizens and tax payers to be sure they are given the very best care that is humanly possible. If we can help guarantee this by the simple passing of a few bills, how we can we do less? **THANK YOU!**

Attachment 4

ALZHEIMER'S® ASSOCIATION
Someone to Stand by You

[*Remarks made at a Public Hearing of the North Carolina House of Representatives Committee on Aging, April 10, 2001*]

Madame Chairperson and distinguished members of the committee: I'm Henry Bostic of the Carolina Piedmont Chapter of the Alzheimer's Association, representing 48,000 people with Alzheimer's, their families and caregivers in 24 Piedmont counties.

We are sitting on a ticking time bomb! With emphasis on ticking! We face an impending Alzheimer's epidemic unless a cure or effective treatment is found . . . and soon!

Well, you say, what does that have to do with me? Lots! Because almost all answers translate into taxes and revenues – billions and billions of dollars of them!

One in 10 has Alzheimer's at age 65. One in two has the disease at 85. Yes, you heard me correctly: one in two at 85. And the incidence of the disease rises sharply as people continue to age. The 85-and-older segment of the population is the fastest growing. Thus, more and more people are living longer and longer. It's a recipe for disaster. That's why we face an Alzheimer's epidemic.

An estimated 150,000 North Carolinians have Alzheimer's disease today. That number will nearly double to a quarter of a million in 2025 when those Baby Boomers born in 1946 (like me) turn 80.

Already, North Carolina is among the 12 states spending more than $1 billion a year on Alzheimer's in combined Medicare and Medicaid expenditures: $848 million on Medicare and $383 million on Medicaid. That will increase 54 percent by the year 2010 to $1.4 billion for Medicare and nearly $700 million for Medicaid.

The North Carolina Alzheimer's Association Coalition believes that Alzheimer's families deserve a long-term care system that works FOR THEM.

We need a long term care system that supports and encourages non-institutional care. Seventy percent of all people with Alzheimer's are cared for in their homes – overwhelmingly by family caregivers. Many of them are in their 70s and 80s, some even in their 90s.

Our long-term care system should support these caregivers with adult day care, respite (in-home and institutional), in-home support services, home delivered meals, and much, much more. We must give substance – translated money – to all the rhetoric about improving long-term care. It's past time for words alone!

Attachment 4

Specifically, the N. C. Alzheimer's Coalition – representing the three Alzheimer's Association chapters in the state – supports:

- Increasing respite care options for caregivers of people with Alzheimer's disease by designating $500,000 in funds exclusively for respite care which shall include adult day services, in-home and institutional options.

- Immediate improvements to salaries, benefits and working conditions for Certified Nursing Assistants as recommended by the North Carolina Institute of Medicine Long Term Care Task Force.

- Improved access to medical and other essential care services by increasing the resource limit for Medicaid and increasing the income eligibility level for the Medicaid "medically needy program."

- Implementation and strong monitoring of the regulations established the Long Term Care Safety Initiative (Senate Bill 10) for reforms in long-term care.

The fuse on the Alzheimer's time bomb is lit. Whether or not we do anything today to improve long-term care, **the epidemic *WILL* come**. Will we act now and prepare? Or, will we be here 10 years from now – after the bomb has already exploded – still wringing our hands

The choice is ours today. Will we make the right one?

Thank you.

Attachment 5

My name is Mary Wallace Wilson and I am most appreciative of the opportunity to speak to you today on behalf of family members with loved ones in long-term care. When we think of people living in assisted living homes or nursing homes, we usually think of the elderly – our parents or our grandparents. May I challenge your thinking on this issue? My husband, Jim, has Multiple Sclerosis, a degenerative neurological disease; he is physically disabled and has been a resident in long term care for five years this July. Tomorrow Jim will celebrate his 44th birthday. Consider that a resident in long-term care could be your spouse, or your sibling, or God forbid – YOU- that you could become a person in need of long term care.

On a recent visit with Jim, I watched the call bell light across the hall blink for 35 minutes until a resident, I'll call "Mr. Z," began yelling out. After 10 more minutes, a certified nursing aide came to his room and said, 'What do you want? I can't get you up today. We're short and I don't have nobody to help me. If I get you up, you'll have to stay in your chair to 8 o'clock tonight because nobody can help me.'
You might be thinking, "Fire this employee because she's not doing her job." The sad truth is that to fire her is to create an even bigger problem. Did she know when she came to work that her co-workers would call out and not show up? We are at a critical point in losing good direct care workers as a result of extremely low wages and inadequate benefit packages. Even nice people, good workers resort to verbal abuse when working under extremely stressful situations. Might I add that "Mr. Z" is a cognizant, 48 year old man, who is paralyzed from the waist down and is unable to speak. His complications from surgery were completely unexpected. He never thought he would need long term care.

"Miss Ida" is a 93-year-old genteel, Southern lady. She had been up in her wheelchair for hours until her ankles began to swell. After ringing her call bell for assistance to get back in bed and waiting over an hour for help, "Miss Ida" decided she could get herself in bed. She slowly slid out of her chair and managed to pull herself up into the bed. When the CNA finally came to the room, she was dismayed to see "Miss Ida" clumped in her bed. What a catastrophe this could have been for "Miss Ida" and for the CNA.

"Mrs. Jones" is continent. She is capable of toileting herself and only needs assistance with the bedside commode. She is also competent and very alert. One night after dinner, Mrs. Jones needed to use the commode. She called for the CNA who finally came 30 minutes later. The CNA's response, 'I just put you in the bed. Go ahead and go in your pants and I will change you later. I don't have time to change you now.'

"Miss Ida" and "Mrs. Jones" are both victims of the system. They should be receiving respect and quality care. These ladies' needs are being neglected because the CNAs have unreasonable workloads.

I arrived at 12:30 one day to visit my husband, Jim, and found him in the hall in his wheelchair. I went to his room to get his dirty laundry and found his CNA asleep in a chair. He didn't awaken when I came in or when I left the room. He wasn't missed until the lunch trays came to be distributed. Once again you say, "Fire this employee because he's not doing his job." I was told that this CNA was working a double shift because they needed a male CNA on the floor. Male direct care workers are in extreme shortage.

Five minutes is not enough time for me to tell you what it's really like on the "inside" although I have tried to give you a glimpse. I implore you to act on the legislation at hand. As NC's elected officials, you have the power to change the system and to influence other legislators to join you in supporting a wage pass through and labor enhancement payments for direct care staff. Better pay and better benefits attract better workers. Your decisions today are critical for improved care for our loved ones and especially for my husband, Jim. You might be the one in need tomorrow, so act on the positive changes today.

I distributed several numbered cards.

Raise your card if you have an even number. Congratulations! Someone combed your hair, dressed you, and put you in your wheelchair where you can sit all day and watch the staff pass in the hall until someone has time to put you back in bed. Does it matter that your teeth aren't brushed and that you have worn the same socks for four days? Who will notice?

Raise your card if you have an odd number. I'm sorry. We are short of workers today, so you will have to stay in bed like you are until tomorrow. If you are lucky, maybe you will get attention then.

Thank you again for your time.

April 2001

Attachment 6 (1) Very positive comments 4-10-2001 Very Negative

Good AFTERNOON - PLEASE Let me INTRODUCE myself my NAME ROSA ROWLAND, RESIDENT of Welling's NURSING CENTER AND PRESIDENT of ~~RESIDENT of~~ RESIDENT COUNCIL. I HAVE LIVED HERE 7 YEARS. THIS HOME WAS CONSIDERED THE BEST IN THE AREA BY MANY PEOPLE - IF we LIVE, we will ALL ONE DAY AND THEN it's time to MAKE A NEW DECISION

OUR PROBLEMS STARTED WITH THE AGENCIES CNA's AND LPN's BEFORE ~~FURNER PRICKETT~~ our Administrator Left OUR FACILITY. ~~AS ADMINISTRATOR~~ OVER A YEAR AGO. FULL-TIME CNA's AND LPN's ~~THEY~~ WERE good to us AND TREATED US LIKE PEOPLE WHO KNEW AND UNDERSTOOD US AT our LEVEL. AGENCY CO.'S PAY MORE PER HOUR FOR THESE PEOPLE THAN WE DO OUR OWN - GIVE THEM A LIVABLE INCOME SO THEY DON'T HAVE TO WORK TWO JOBS OR 8HR SHIFTS BACK to BACK

I AM REALLY SORRY FOR THE MANY RESIDENTS HERE THAT HAVE NO IDEA OF WHAT'S GOING ON HERE - SOME ARE NOT FED PROPERLY OR CHANGED WET CLOTHING OR BATHED AS OFTE AS THEY SHOULD BE. THIS IS INCLINED TO MAKE BED SORES. SOME ARE GIVEN WRONG MEDICATIONS BY MOSTLY AGENCY - AND PEOPLE KNOW THIS BUT SOMEHOW IT DOESN'T GET INTO THE RIGHT PEOPLE - IF I HAPPEN NOT TO BE IN MY ROOM AT MED TIME, MOST OF LPN'S WILL FIND ME BUT A FEW WILL LEAVE THEM IN MY ROOM WHERE OTHERS CAN GET TO IT. I EXAMINE MY PILLS BEFORE TAKING THEM. I KNOW MEDICATIONS ~~IN OTHER~~ ARE LEFT IN OTHER RMS

(2)

I HAPPENED to see A med CART IN THE HALL & Agency CNA put A Needle AND Syringe IN THE THROW AWAY AND SAID SHE FOUND it UNDER A RESIDENT's pillow ON HER BED. Some patients ARE left A long time LYING IN THEIR OWN URINE & Stools, WHICH CAUSES BED SORES.

THese people SELDOM HAVE ANY type of DENTAL HYGIENE, CLEANING DENTURES, OR BRUSHING teeth, unless THey ARE ABLE TO DO THIS OR A FAMILY member.

ON APRIL 1st of THIS YEAR I WOKE UP SOAKING wet AT 1:00 o'CLOCK AM, I WEAR AN eleostomy, I put my LIGHT ON AND OUR CNA's CAME AND DRIED me good LEAVING A towel over THE site Keep me DRY UNTIL LPN could CHANGE THE site. I Kept turning ON LIGHT, CALLING ON THE PHONE, AND SHE CAME IN AT 5:30 AM SAYING SHE DIDN'T KNOW How. I SHOWED HER WHERE the parts WERE THAT SHE NEEDED AND WALKED HER THROUGH the ENTIRE PROCEDURE. ANOTHER Agency LICENED LPN. AT THAT time I HAD A SMALL BED SORE AND I'm AFRAID of them. If they allow me to go THROUGH AN EPISODE LIKE THIS, How DO you THINK they treat the OTHER SICK RESIDENTS THAT ARE SO SICK AND DON'T KNOW WHAT's going ON. I BELIEVE THE Agency people WERE NOT PROPERLY TRAINED -

We FEAR the WEEK-END AS MOST All ARE Agencies, NO BATHS ON WEEK-END AND AS LITTLE AS possible IS DONE NOT MANY OF ARE UP AND DRESSED to get TO OUR Activites ON WEEK-ENDS-

Rosa Roland

Attachment 6

I HAVE Been THROUGH All My CHANNELS TO TRY to get THese complAINTS TAKEN CARE OF. to NO ADVANTAGE, We WANT to BE PROUD OF OUR Home AND THE Home Be PROUD OF us. We All HAVE to WORK together to MAKE THIS WHAT we WOULD Like FOR it to Be ~~TODAY~~

PLeASe ReMeMBER THIS IS OUR Home, OUR LIVES AND OUR HeALTH THAT ARe IN JeOPARDY. I Hope You People Here to DAY Will Help get us STARTED IN THE RIGHT DIRECTION.

THANK you FOR your CONCERN

Attachment 7

SIGNATURE ON FILE 03290

Good Afternoon, ladies & gentlemen. First of all, let me introduce myself, my name is Fredda Pippin, & I am in my 6th year of living at Wellington Nursing Center in K'dale, NC. Also at this time I wish to thank Mrs. Pam Barger, my ombudsman, who has given me the opportunity to speak here today. First of all, I feel fortunate in being at my facility, feel it is the place for me to be at this point in my life. Hopefully, I still have many years to remain at this center.

My observations of Wellington in my 6 years are as follows—

No. 1 - We no longer have the steady, reliable Certified nursing assistants we had in the beginning of my coming here. The serious CNAs are being lured away because management is not willing to pay current livable wages. Cost-of-living has risen, their wages do not change with it, therefore, we find ourselves with workers who do not know us or stay long enough to understand us. Often, you will have a person one time and they never return. I have had several who could hardly communicate in the English language. How do our residents whose problems are with speech, hearing & strokes deal with this? I have often wondered and have felt concern for some of them. No one seems to explain these residents at the beginning of shifts.

Attachment 7

Freda

SIGNATURE ON FILE 03290

No. 2 - There is a steady decline in the quality of food. this has happened over the past 2 years. ~~The~~ the food has become very low-quality and meals are ~~steadily~~ fast becoming repetitious. This was not the way it was when d came to the facility.

No 3 - Repairs are not made to important ~~equipment~~ pieces of equipment. The whirlpool on my station has not worked for over a year. No one seems to care. The towels purchased recently are very coarse + rough. How are people with very thin + delicate skin supposed to be dried with them? also, this is when ~~plenty~~ clean available.

No 4 - Hot water for baths has become a very recent issue. The water is often so cool you do not want to bathe ~~in~~ with it. d talked to the ADON concerning this + she says it is set on 116°, by state regulation. Believe me, by the time it runs through the pipes to the shower or faucets, it is ~~not~~ much too cool to bathe in. Many people refuse their shower.

I want to thank my Activity Director, Petra Bowling, for seeing d had transportation to come here today + d hope this will give some insight to the problems we are facing in our nursing home care.

AGENDA

HOUSE COMMITTEE ON AGING

MAY 16, 2001
Room 605 LOB
12:00 NOON

OPENING REMARKS

Representative Verla Insko, Chair

AGENDA ITEMS

SB178 ADULT CARE HOME ASSESSMENT-Senator Purcell

ADJOURNMENT

MINUTES
HOUSE COMMITTEE ON
AGING

May 16, 2001

The House Committee on AGING met on Wednesday, May 16, 2001, in Room 605 of the Legislative Office Building at 12:00 noon. The following members were present: Chair, Representative Verla Insko, Vice-Chair Representative Debbie Clary, Representatives Culp, Gillespie, Warwick, and Weiss. A Visitor Registration list is attached and made part of these minutes.

The Chair called the meeting to order with introductions of research staff, Dianna Jessup and Amy Currie.

The Chair recognized Senator Purcell, bill sponsor, to explain SB178, A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO DEVELOP AN INSTRUMENT FOR ASSESSING THE QUALITY OF CARE PROVIDED BY ADULT CARE HOMES. Dianna Jessup commented that Representative Earle has a companion bill in the House. Representative Gillespie requested clarification on "discreet areas of care" which Senator Purcell responded. Representative Clary raised questions concerning a licensure database for public access. Mr. Jim Upchurch, from the Division of Facility Services responded. Representative Weiss moved for a favorable report of SB178 and the motion carried.

There being no further business, the Chair adjourned the meeting.

Respectfully submitted,

Representative Verla Insko
Chair

Linda McCrodden
Committee Assistant

2001 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report from standing committee is presented:
By Representative **Insko** (Chair) for the Committee on **AGING.**

X Committee Substitute for
S.B.178 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO DEVELOP AN INSTRUMENT FOR ASSESSING THE QUALITY OF CARE PROVIDED BY ADULT CARE HOMES.

☐ With a favorable report.

X With a favorable report and recommendation that the bill be re-referred to the Committee on Rules, Calendar and Operations of the House.

☐ 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)

2/15/01

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2001

S 2

SENATE BILL 178*

Children & Human Resources Committee Substitute Adopted 3/29/01

Short Title: Adult Care Home Assessment. (Public)

Sponsors:

Referred to:

February 19, 2001

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO DEVELOP AN INSTRUMENT FOR ASSESSING THE QUALITY OF CARE PROVIDED BY ADULT CARE HOMES.

Whereas, the number of persons who are considering residency in adult care homes is increasing; and

Whereas, when choosing among available adult care homes, persons who need the care and services provided by these facilities often do not know how to evaluate and compare the physical plant, care, and services provided, and costs associated with residency; and

Whereas, an evaluation method for adult care homes would enable consumers of adult care home services to determine the extent to which quality of care and physical plant standards have been met by the facility before deciding whether to reside there; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall develop an assessment instrument that will enable residents of adult care homes, and their families, to determine the extent to which the facility provides quality care. The assessment shall be conducted by the State or local government. The instrument shall address discreet areas of care, services, and physical plant amenities and conditions. The Department shall consult with industry representatives, advocacy and research organizations, and consumers in developing the assessment instrument.

SECTION 2. The Department of Health and Human Services shall report on the development of the assessment instrument to the North Carolina Study Commission on Aging on or before November 1, 2001. The report shall include a recommendation on whether the assessment should be conducted by the State or by local government. The Department may conduct a pilot test of the assessment in selected adult care homes that have agreed to participate. If a pilot test is conducted, the Department shall report

the results of the pilot test to the North Carolina Study Commission on Aging not later than April 1, 2002.

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

SENATE BILL 178:
Adult Care Home Assessment

BILL ANALYSIS

Committee:	House Aging	**Introduced by:**	Senator Purcell
Date:	March 27, 2001	**Summary by:**	Theresa Matula
Version:	2st Edition		Committee Staff

SUMMARY: ***Senate Bill 178 directs the Department of Health and Human Services to develop an assessment instrument that will enable residents of adult care homes, and their families, to determine the extent to which the facility provides quality care.***

BILL ANALYSIS:

Section 1 of SB 178 directs the Department of Health and Human Services to develop an assessment instrument to enable residents of adult care homes, and their families, to determine the extent to which the facility provides quality care.

The assessment instrument shall address:

- Discreet areas of care,
- Services,
- Physical plant amenities and conditions.

Section 2 requires the Department to report by November 1, 2001, to the North Carolina Study Commission on Aging regarding the development of the assessment instrument. The report shall include a recommendation on whether the assessment should be conducted by the State or local government. The Department may conduct a pilot test of the instrument and report the results to the Study Commission on Aging not later than April 1, 2002.

Section 3 establishes that the act is effective when it becomes law.

BACKGROUND:

This bill is a recommendation from the North Carolina Study Commission on Aging. In response to the Studies Act of 1999, S.L. 1999-395, Section 2.1 4. (b) (HB 163), the Legislative Research Commission referred the issue of biannual inspection and grading of adult care homes to the North Carolina Study Commission on Aging. The Commission studied this issue in 1999 and 2000.

In 1999, North Carolina's percentage of older adults climbed to 12.8%. This percentage is projected to increase to 21.4% in 2025, which will rank North Carolina as having the 11th highest older adult population nationally. The Study Commission on Aging found that the increasing number of older adults as potential adult care home residents necessitates the need for the development of an assessment instrument for adult care homes. It is intended that this assessment instrument will aid consumers in the evaluation and comparison of physical plant, care, services provided, and costs associated with residency in adult care homes.

VISITOR REGISTRATION SHEET

Aging
Name of Committee

5/16/01
Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jim Upchurch	DHHS/DFS
Crissy Porter	Bone and Associates
Bill Powell	Smith
Mary Butler	Div. of Aging - DHHS
BRUCE THOMPSON	ARNOLD PAGE ADAMS & ERVIN

MEMORANDUM

DATE: **September 25, 2002**

TO: **Representative Edith D. Warren**

FROM: **Representative Verla C. Insko**

SUBJECT: **Bills Pending in the Committee on Aging**

Pursuant to House Rule 36(a) all House bills and resolutions shall be reported from the standing committee or permanent subcommittee to which referred with such recommendations as the standing committee or permanent subcommittee may desire to make **except in the case where the principal introducer requests in writing to the Chair(s) of the standing committee or permanent subcommittee that the bill not be considered.**

If you would like to request that your bill not be considered by the Committee on Aging, for your convenience, a printed form is included at the bottom of this page. Please complete, sign and return the form to Room 2121. This form may not be e-mailed because it requires the sponsor's signature.

MEMORANDUM

TO: **Representative Verla C. Insko**

FROM: **Representative Edith D. Warren**
Bill Sponsor

SUBJECT: **HJR 328, INCENTIVES TO PURCHASE LONG-TERM CARE INS.**
(Short Title)

I request that HJR 328 not be considered by the Committee on Aging.

Edith D Warren
(Sponsor's Signature)

Sept. 26, 2002 Date