2003-2004

HOUSE
AGING

COMMITTEE
MINUTES

HOUSE AGING COMMITTEE

2003

NORTH CAROLINA GENERAL ASSEMBLY

HOUSE COMMITTEE ON AGING
2003 – 2004 SESSION

Rep. Weiss
Chair

Rep. Rhodes
Vice-Chair

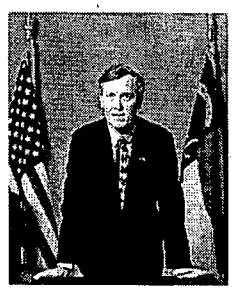
Rep. Womble
Vice-Chair

NORTH CAROLINA GENERAL ASSEMBLY

HOUSE COMMITTEE ON AGING
2003 – 2004 SESSION

Rep. Adams

Rep. Bordsen



Rep. Creech

Rep. Culp

Rep. Earle

Rep. Farmer-Butterfield

Rep. Gillespie

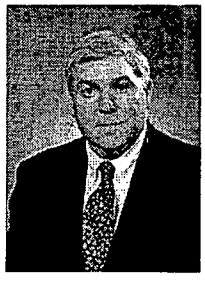
Rep. Gulley

Rep. Hall

Rep. McMahan

Rep. Wilson

Rep. Brubaker
Ex-officio



Rep. Culpepper
Ex-officio

Rep. Cunningham
Ex-officio

Rep. Eddins
Ex-officio

HOUSE COMMITTEE ON AGING

MEMBER	ASSISTANT	PHONE	OFFICE	SEAT
WEISS, Jennifer Chair	Susan Doty Comm. Clerk	733-5781	2221	31
RHODES, John Vice-Chair	Lucille Carter	733-5530	1017	99
WOMBLE, Larry Vice-Chair	Dorothy McLean	733-5777	537	56
ADAMS, Alma	Rhonda Town	733-5902	542	67
BORDSEN, Alice	Marian Phillips	733-5820	533	119
CREECH, Billy	Rhonda Todd	715-0795	1421	111
CULP, Arlie	Waneta Lord	733-5865	1010	74
EARLE, Beverly	Ann Raeford	715-2530	634	95
FARMER-BUTTERFIELD, Jean	Melva McNeil	733-5898	614	105
GILLESPIE, Mitch	Cindy Hobbs	733-5862	1008	87
GULLEY, Jim	Suzanne Gulley	733-5800	1319	89
HALL, John	Delta Prince	733-5878	611	60
McMAHAN, Ed	Sharon Cram	733-5602	1426	112
WILSON, Gene	Rebecca Jones-Cooper	733-7727	1109	51

ATTENDANCE

HOUSE COMMITTEE ON AGING

2003 - 2004

DATES	3-11-03	*PUBLIC HEARING 3-25-03	OVERVIEW 5-18-04	6-30-04											
Representative Weiss, Chair	✓	✓	✓	✓											
Representative Rhodes, Vice-Chair	✓	✓													
Representative Womble, Vice-Chair	✓	✓	✓	✓											
Representative Adams	✓		✓	✓											
Representative Bordsen	✓	✓	✓	✓											
Representative Creech	✓	✓		✓											
Representative Culp	✓	✓	✓	✓											
Representative Earle															
Representative Farmer-Butterfield	✓	✓	✓												
Representative Gillespie	✓														
Representative Gulley	✓		✓	✓											
Representative Hall	✓														
Representative McMahan	✓			✓											
Representative Wilson	✓	✓	✓	✓											
Rep. Brubaker, Ex-officio															
Rep. Culpepper, Ex-officio															
Rep. Cunningham, Ex-officio		✓													
Rep. Eddins, Ex-officio															

*Public Hearing 3-25-03 Long Term Care Advocacy Day

MINUTES
HOUSE COMMITTEE ON AGING

March 11, 2003

The House Committee on Aging met on March 11, 2003 in Room 605 of the Legislative Office Building. The following members were present: Representative Jennifer Weiss, Chair, Vice-Chair Rhodes, Vice-Chair Womble, Representatives Adams, Bordsen, Creech, Culp, Farmer-Butterfield, Gillespie, Gulley, Hall, McMahan, and Wilson. Dianna Jessup and Theresa Matula, committee staff, were in attendance. A Visitor Registration list is attached and made part of these minutes.

The Chair called the meeting to order and introduced staff. Members of the committee were asked to introduce themselves.

This was an informational meeting on aging issues. There were no bills on the agenda.

Theresa Matula, committee staff, spoke on the Older Adult Population in North Carolina covering the questions of "Where Are We Now?" and "Where Are We Headed?" (Pass-out attached and made part of these minutes)

Lynda McDaniel, Assistant Secretary, Office of Long-Term Care and Family Services, Department of Health and Human Services, spoke on that department's role in supporting the older adult population. (Pass-out attached and made part of these minutes)

Karen Gottovi, Director, Division of Aging, Department of Health and Human Services addressed the category of services and resources available to older adults. (Pass-out attached and made part of these minutes)

Dianna Jessup, committee staff, concluded the presentation with an overview of issues affecting older adults. (Pass-out attached and made part of these minutes)

There being no further business, the Chair adjourned the meeting at 1:56 p.m.

Respectfully submitted,

Representative Weiss
Chair

Susan Doty
Committee Assistant

AGENDA

HOUSE COMMITTEE ON AGING

MARCH 11, 2003

Call to Order
Representative Weiss

Introductions
Representative Weiss

Older Adults in North Carolina
Committee Staff

Department of Health and Human Services' Role in Supporting the Older Adult Population
Lynda McDaniel
Assistant Secretary
Office of Long-Term Care and Family Services, Department of Health and Human Services

Services and Resources available to Older Adults
Karen Gottovi
Director
Division of Aging, Department of Health and Human Services

Overview of Issues Affecting Older Adults
Committee Staff

VISITOR REGISTRATION SHEET

AGING — **Name of Committee**

MARCH 11, 2003 — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Dennis Streets	Division of Aging, DHHS
Heather Burkhardt	Division of Aging
Mary Bethel	Div. of Aging
Rob Pusablon	NC State Watch
DAVID BARNES	Poyner + Spruill LLP
Polly Williams	NC Justice & Community Development
Jenny Cooper	N.C. Assisted Living
Rep. Paul Miller	N.C.G.A House
Deborah Greenblatt	Carol. Legal Aid
Karen Bottomi	Div. of Aging
Lynda McDaniel	DHHS – Office of Long Term Care
[illegible]	Food Banks

VISITOR REGISTRATION SHEET

AGING — MARCH 11, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Stacy Flannery	NCHFA
Jim Elgart	AHHC
David Needell	NC State Grange

"HOT" TOPICS CONCERNING SENIORS

- *Prescription Drugs.* According to a February 2002 Kaiser Family Foundation Study, nearly 38% of non-institutionalized seniors are without drug coverage, and there has been an increase of annual out-of-pocket drug costs for Medicare beneficiaries from $813 in 2000 to $1,051 in 2002. There are over 50 drug companies sponsoring over 150 prescription drug programs, but there has been no comprehensive coordination and outreach effort to educate and assist seniors in accessing these programs. North Carolina is attempting to address this problem with the establishment of Prescription Assistance Centers. North Carolina's prescription drug program, Senior Care, is targeted toward helping low income seniors with certain common medical conditions. There is no single prescription drug program that provides comprehensive coverage for all seniors.
- *CAP/DA.* The Community Alternatives Program for Disabled Adults (CAP/DA) started in July 1982 and operates under a Medicaid Home and Community-Based Services waiver. For individuals who qualify for Medicaid, and who would otherwise require care in a nursing facility, CAP/DA provides the opportunity to be cared for at home. CAP/DA pays for services including adult day health care, in-home aide services, waiver supplied, home delivered meals, home mobility aids, respite care, and telephone alert. CAP/DA is a statewide program administered by the lead agency in each county. In September 2001, due to budget constraints, entry into CAP/DA was "frozen". The "freeze" continued until August 2002. In 2002, the General Assembly directed the Institute of Medicine (IOM) to study CAP/DA and recommend ways of improving the administration of the program.
- *Long-term care workforce.* Long-term care is a major financial investment for states, and direct care workers are the backbone of the long-term care system. Serious shortages already exist for direct care workers, and aging "boomers" will only serve to increase that demand. In addition, turnover in the employment of direct care workers is high. Strategies that have been initiated to address this problem include workforce improvement programs that provide continuing education and payment incentives for workers, and development of a career ladder for

nurse aides in facilities that encourage and reward specialization in medication administration and geriatric care.

- *Criminal history checks of workers in long-term care facilities.* State law currently requires criminal history checks of all applicants for employment with nursing homes, home health care agencies and adult care homes. If the applicant has been a resident of North Carolina for less than five years, the criminal history record check would include both a national and a State criminal history record check. If the applicant has been a resident of North Carolina for five years or more, only a State criminal history record check is required. However, under federal law, the FBI may release results of national criminal history checks directly to nursing homes and home health care agencies on applicants for positions that involve direct patient care. Otherwise, results of criminal history checks performed by the FBI can only be released to a state agency and cannot be released directly to a provider. This made it difficult for providers to comply with the State law. As a result, a moratorium on the national criminal history checks was instituted in S.L. 2002-126, Sec. 10.10C for applicants for positions in nursing homes other than those involving direct patient care and for applicants for all staff positions in adult care homes until January 1, 2004.

Aging Committee

North Carolina
House of Representatives

Older Adults in NC
Where Are We Now?

- **NC Currently Ranks:**
  - 11th in the size of the total population
  - 10th among states in the number of persons age 65 and older
- **In 2000:**
  - 12% of NC's population was 65 and older

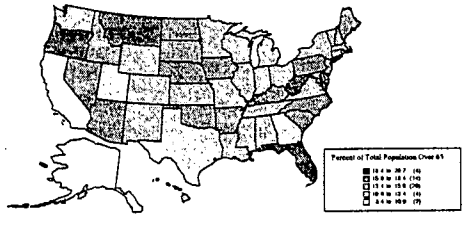
Aging Issues

- **Older Adult Population**
  Theresa Matula
- **DHHS Support for Older Adults**
  Lynda McDaniel, Assistant Secretary
  Office of Long-Term Care and Family Services, DHHS
- **Services and Resources for Older Adults**
  Karen Gottovi, Director
  Division of Aging, DHHS
- **Hot Topics**
  Dianna Jessup

Older Adults in NC
Where Are We Headed?

- **The first Baby Boomers will reach 60 in 2006.**
- **Between 2000-2010 in 83 of 100 Counties:**
  - The rate of increase among its citizens age 65 and older is expected to exceed the growth of the total population.

The Graying of America
% Total U.S. Population over 65 (2015)
Sources: US Census Bureau & UNC Institute on Aging



- **Populations in counties along the NC Coast and in the Mountains will age more quickly.**
  - Popular vacation spots are also nice places to retire.
  - Many of the working-age population migrate toward more urban areas.

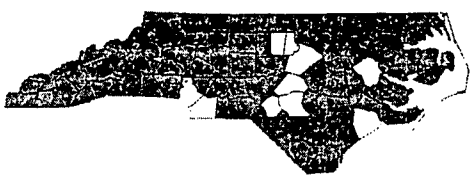
- **By 2020 in NC:**
  - **General population is expected to have grown 36%**
  - **65+ population will have grown 71%**

Older Adults: A Portrait

- Overall life expectancy at birth in NC is 75.6 years.
- Females live longer than males.
- Whites live longer than persons of minority race.
- 12.6 years of the 75.6 years of life expectancy will be spent in a state where health status is perceived to be fair or poor.

2020: Counties Projected to Have More Than 15% of Total Population Over Age 65

Source: NC Office of State Demographics & UNC Institute on Aging



Statewide Average: 17%

- 6.2% live in group residences, 4.7% in institutions, and 1.5% other group settings.
- 87.4% live in their own homes.
- 28.3% live alone (77.6% women).
- 39.8% live in rural areas.
- 41.6% did not complete high school.

- **By 2030, when the youngest Baby Boomers are 65, NC may have in excess of 2.2 million persons age 65 and older, representing 17.8% of the total population.**

Sources

- **US Census Bureau**
- ***The Aging of North Carolina: 2003-07 NC Aging Service Plan***

  Division of Aging, DHHS
- **Healthy Life Expectancy in NC, 1996-2000**

  State Center for Health Statistics, January 2002
- ***Health Risks Among North Carolina Adults: 1999***

  State Center for Heath Statistics, May 2001
- **UNC Institute on Aging**

- North Carolina Senior Care:
  - targeted toward helping low income seniors with certain common medical conditions
  - attempts to address drug coordination and interaction problems with the establishment of Prescription Assistance Centers
- Currently, there is no single prescription drug program that provides comprehensive coverage for all seniors.

Hot Topics

CAP/DA

- The Community Alternatives Program for Disabled Adults (CAP/DA) started in July 1982 and operates under a Medicaid Home and Community-Based Services waiver.
- CAP/DA provides the opportunity to be cared for at home for individuals who qualify for Medicaid, and who would otherwise require care in a nursing facility.
- CAP/DA is a statewide program administered by the lead agency in each county.

Prescription Drugs

- Nearly 38% of non-institutionalized seniors are without drug coverage. (Kaiser Family Foundation Study, February 2002)
- There has been an increase of annual out-of-pocket drug costs for Medicare beneficiaries from $813 in 2000 to $1,051 in 2002.
- Over 50 drug companies sponsor over 150 prescription drug programs, but there has been no comprehensive coordination and outreach effort to educate and assist seniors in accessing these programs.

- CAP/DA pays for services including adult day health care, in-home aide services, waiver supplied home delivered meals, home mobility aids, respite care, and telephone alert.
- In September 2001, due to budget constraints, entry into CAP/DA was "frozen". The "freeze" continued until August 2002.
- In 2002, the General Assembly directed the Institute of Medicine (IOM) to study CAP/DA and recommend ways of improving the administration of the program.

Long-Term Care Work Force

- Long-term care is a major financial investment for states, and direct care workers are the backbone of the long-term care system.
- Serious shortages already exist for direct care workers, and aging "boomers" will only serve to increase that demand. In addition, turnover in the employment of direct care workers is high.

- However, under federal law, the FBI may release results of national criminal history checks directly to nursing homes and home health care agencies on applicants for positions that involve direct patient care. Otherwise, results of criminal history checks performed by the FBI can only be released to a state agency and cannot be released directly to a provider. This made it difficult for providers to comply with the State law.

- Strategies that have been initiated to address this problem include:
  - workforce improvement programs that provide continuing education and payment incentives for workers, and
  - development of a career ladder for nurse aides in facilities that encourage and reward specialization in medication administration and geriatric care.

- As a result, a moratorium on the national criminal history checks was instituted in S.L. 2002-126, Sec. 10.10C for applicants for positions in nursing homes other than those involving direct patient care and for applicants for all staff positions in adult care homes until January 1, 2004.

Criminal History Checks of Workers in LTC Facilities

- State law currently requires criminal history checks of all applicants for employment with nursing homes, home health care agencies and adult care homes.
  - If the applicant has been a resident of North Carolina for less than five years, the criminal history record check would include both a national and a State criminal history record check.
  - If the applicant has been a resident of North Carolina for five years or more, only a State criminal history record check is required.

2000
North Carolina 65+ Population by County

Source: NC Division of Aging

Table One, Older Adults in North Carolina: 2000						
County	**Age 65+**	**% of Total**		**County**	**Age 65+**	**% of Total**
Alamance	18,464	14.10%		Johnston	11,973	9.80%
Alexander	3,996	11.90%		Jones	1,603	15.40%
Alleghany	2,053	19.20%		Lee	6,345	12.90%
Anson	3,641	14.40%		Lenoir	8,734	14.60%
Ashe	4,377	18.00%		Lincoln	7,350	11.50%
Avery	2,698	15.70%		Macon	6,666	22.40%
Beaufort	7,128	15.90%		Madison	3,129	15.90%
Bertie	3,160	16.00%		Martin	3,894	15.20%
Bladen	4,598	14.20%		McDowell	6,009	14.30%
Brunswick	12,380	16.90%		Mecklenburg	59,724	8.60%
Buncombe	31,776	15.40%		Mitchell	2,917	18.60%
Burke	11,986	13.40%		Montgomery	3,745	14.00%
Cabarrus	15,164	11.60%		Moore	16,271	21.80%
Caldwell	10,259	13.30%		Nash	10,882	12.40%
Camden	933	13.60%		New Hanover	20,567	12.80%
Carteret	10,227	17.20%		Northampton	3,840	17.40%
Caswell	3,060	13.00%		Onslow	9,499	6.30%
Catawba	17,425	12.30%		Orange	9,931	8.40%
Chatham	7,530	15.30%		Pamlico	2,429	18.80%
Cherokee	4,787	19.70%		Pasquotank	4,911	14.10%
Chowan	2,606	17.90%		Pender	5,780	14.10%
Clay	1,988	22.70%		Perquimans	2,192	19.30%
Cleveland	12,965	13.50%		Person	4,890	13.70%
Columbus	7,538	13.80%		Pitt	12,828	9.60%
Craven	12,263	13.40%		Polk	4,325	23.60%
Cumberland	23,395	7.70%		Randolph	15,802	12.10%
Currituck	2,186	12.00%		Richmond	6,349	13.60%
Dare	4,124	13.80%		Robeson	12,291	10.00%
Davidson	18,774	12.80%		Rockingham	13,616	14.80%
Davie	4,807	13.80%		Rowan	18,205	14.00%
Duplin	6,316	12.90%		Rutherford	10,067	16.00%
Durham	21,574	9.70%		Sampson	7,706	12.80%
Edgecombe	6,963	12.50%		Scotland	4,082	11.30%
Forsyth	38,549	12.60%		Stanly	8,265	14.20%
Franklin	5,194	11.00%		Stokes	5,278	11.80%
Gaston	23,985	12.60%		Surry	10,973	15.40%
Gates	1,514	14.40%		Swain	1,982	15.30%
Graham	1,436	18.00%		Transylvania	6,283	21.40%
Granville	5,545	11.40%		Tyrrell	668	16.10%
Greene	2,294	12.10%		Union	11,148	9.00%
Guilford	49,476	11.80%		Vance	5,415	12.60%
Halifax	8,571	14.90%		Wake	46,372	7.40%
Harnett	9,447	10.40%		Warren	3,468	17.40%
Haywood	10,272	19.00%		Washington	2,125	15.50%
Henderson	19,341	21.70%		Watauga	4,683	11.00%
Hertford	3,567	15.80%		Wayne	13,109	11.60%
Hoke	2,598	7.70%		Wilkes	9,246	14.10%
Hyde	953	16.40%		Wilson	9,507	12.90%
Iredell	15,150	12.40%		Yadkin	5,144	14.20%
Jackson	4,560	13.80%		Yancey	3,237	18.20%
NORTH CAROLINA	969,048	12.00%				

Inventory of State Resources for Older Adults

This inventory lists many of the services and programs administered for older North Carolinians by agencies within state government, and especially among the divisions and offices of the Department of Health and Human Services (DHHS).

The Department of Health and Human Services

(http://www.dhhs.state.nc.us)
Listed below are the divisions and offices within DHHS that provide some service to older adults and their families.

Divisions:

Aging
Facility Services
Medical Assistance
Mental Health, Developmental Disabilities, and Substance Abuse
Public Health
Services for the Blind
Services for the Deaf and Hard of Hearing
Social Services
Vocational Rehabilitation

Offices:

Citizen Services
Economic Opportunity
Long Term Care & Olmstead
Research, Demonstrations, and Rural Health Development

DHHS (http://www.dhhs.state.nc.us/) advocates for citizens age 60 and older and their families and helps younger generations prepare to enjoy their later years. Its divisions and offices enrich the lives of older North Carolinians by:

- supporting safe and stable living arrangements
- enhancing self-sufficiency
- enhancing quality of life
- safeguarding the rights and interests of older people
- promoting health care for older people
- promoting independent living.

Division of Aging

(http://www.dhhs.state.nc.us/aging/home.htm)

Home and Community Services

Working with 17 Area Agencies on Aging (AAAs) and more than 430 public and private local organizations, the Division of Aging supports a wide range of home and community-based services. The division also helps develop and strengthen senior centers as resources for communities all across the state. The array of services and programs offered varies from one county to another based on local need and other factors particular to a county. Described below are the various services that are available under the state's Home and Community Care Block Grant [NCGS 143B-181.1(a)(11).]

Adult Day Care and **Adult Day Health Care** provide organized programs of services during the day in community group settings for the purpose of supporting the personal independence of older adults and promoting their social, physical, and emotional well-being. Programs must offer a variety of activities designed to meet the individual needs and interests of the participants, including referral to and assistance in using other community resources. In addition, providers of adult day health services, as the name implies, offer health care services to meet the needs of individual participants. These two adult day services are considered to be "core long-term care services." Providers of adult day care must meet North Carolina State Standards for Certification, which are administrative rules (10 NCAC 42E) set by the Social Services Commission and enforced by the Division of Aging. Providers of adult day health care must similarly meet administrative rules set by the Social Services Commission (10 NCAC 42Z) and enforced by the Division of Aging. Routine monitoring of compliance is performed by Adult Day Care Coordinators located at county departments of social services. Centers may be certified to provide adult day care, adult day health care, or both types of care. As of January 1, 2003, there were 57 centers certified to provide both adult day care and adult day health care (down from 59 in February 2002), 53 centers certified to provide only adult day care (down from 57 in February), and 2 centers certified to provide only adult day health care. A

total of 62 counties (one less than in February) had at least one center offering adult day services. In SFY 2001-02, the Division of Aging supported 592 adult day care participants through the HCCBG in 41counties (down from 644 participants in 42 counties in SFY 00-01), and 451 adult day health care participants in 31 counties (up from 439 participants in 28 counties in SFY 00-01.) As of December 2002, there were 158 older adults waiting for adult day care services under the HCCBG, and 70 waiting for adult day health services.

Another funding source for adult day services is the State Adult Day Care Fund, which is budgeted through the Division of Social Services and administered by the Division of Aging. In SFY 2001-02, 69 county departments of social services spent nearly $2.6 million from the State Adult Day Care Fund to support 837 clients of adult day care and 256 clients of adult day health. In SFY 00-01, 828 clients received adult day care services and 260 clients received adult day health services, through 65 county DSSs.

Care Management, a "core long-term care service," is a coordinated care function that incorporates case finding, assessment, care planning, negotiation, care plan implementation, monitoring, and advocacy to assist clients and their families with complex needs in obtaining appropriate services. Most counties in North Carolina have at least one agency that can help manage the care of frail older adults living in the community. In SFY 2001-02, 11 counties chose to offer care management using their HCCBG (two less than in SFY 1999-2000). In December 2002, 96 older adults were waiting for care management services.

Congregate Nutrition provides a meal (typically lunch) offering one-third of the Recommended Dietary Allowances in a group setting to persons age 60 and older and their spouses. In SFY 2001-02, 28,768 people were served an average of 83 meals during the year. Participants contributed a total of $1,071,650, which helped extend the service to others. As of December 2002, congregate nutrition services had a waiting list of 269 older adults. The Division of Aging is also working with the Division of Public Health and the North Carolina Department of Agriculture to operate the Senior Farmers' Market Nutrition Program that provided about 3,400 low-income congregate participants with free fruit and vegetables. The program is underway in Alamance, Columbus, Guilford, Halifax, Haywood, Iredell, Lee, Northampton, Robeson, Stokes, Wake, Watauga and Yancey counties.

Group Respite utilizes professional management and trained volunteers to offer temporary, part-time relief to unpaid, primary caregivers of cognitively or physically impaired older adults and to provide meaningful social and recreational activities for those receiving care. Sometimes called "Caregiver's Day Out," the respite is scheduled for five hours or less a day, usually for one or two days per week. It became a reimbursable service under the state's HCCBG in July 1996, and in SFY 2001-02, 69 people in 10 counties were served along with their family caregivers. Respite is considered to be a "core long-term care service."

Health Screening offers general medical testing, screening, and referral for the purpose of promoting the early detection and prevention of health problems in older adults. In SFY 2001-02, 2 counties used some of their HCCBG to offer health screening. In addition, under Title III-D of the Older Americans Act, $606,995 was spent for **Health Promotion and Disease Prevention** programs that support a broad array of activities to assist older adults in maintaining and improving their health and wellness. Health promotion and disease prevention programs also help older adults identify health problems or potential problems and offer effective interventions to address these problems. Funding for Title III-D is made available to AAAs who contract with local service providers. At least 23.62% of the health promotion and disease prevention funds must be used for medication management programs. Other common services funded by health promotion and disease prevention funds include health screening, nutrition education, and exercise classes.

Home-Delivered Meals, a "core long-term care service," provides a meal (typically lunch) to homebound older adults, offering one-third of the Recommended Dietary Allowances. In SFY 2001-02, 17,029 people were served an average of 185 meals during the year. Participants contributed a total of $747,872, which helped extend the service to others. Across the state, 4,123 older adults were waiting for home-delivered meals as of December 2002.

Home Health, a "core long-term care service," is skilled health care prescribed by a physician that is provided in the home of an older adult in need of medical care. Allowable services include skilled nursing; physical, occupational, and/or speech therapy; medical social services; and nutrition care. In SFY 2001-02, only 1 county chose to use some of its HCCBG to offer home health skilled nursing care to 102 older persons.

Housing and Home Improvement, a "core long-term care service," assists older adults with obtaining or retaining adequate housing and basic furnishings. Types of assistance include providing information about available options for housing, and housing with services and how to finance them; helping to improve landlord/tenant relations; identifying substandard housing; securing correction of housing code violations; assisting with finding and relocating to alternative housing; and providing labor and/or materials for minor renovations and/or repair of dwellings to remedy conditions that create a risk to the personal health and safety of older adults. In SFY 2001-02, 37 counties (down from 44 in SFY 1999-2000) helped 1,141 older households through the HCCBG (down from 1,252 in SFY 00-01.) In December 2002, 593 older adults were waiting for housing and home improvement services under the HCCBG.

Information and Assistance, a "core long-term care service," helps older adults, their families, and others acting on their behalf, in acquiring information about programs and services and accessing them as appropriate. In SFY 2001-02, 41 counties chose to use $1.7 million in HCCBG funds to offer information and assistance.

In-Home Aide Services, a "core long-term care service," involves the provision of paraprofessional services that assist functionally impaired older adults and/or their families with essential home management and personal care and/or supervision to enable the older adult to remain at home as long as possible. In SFY 2001-02, 99 counties (Lee County, the exception) chose to allocate more than $16.7 million from the HCCBG to provide in-home aide services to 8,953 older persons (down from 9,826 persons in SFY 1999-2000, and 9,441 persons in SFY 00-01.) As of December 2002, 5,226 older adults were waiting for in-home aide services under the HCCBG.

Institutional Respite Care temporarily places older adults, who require constant care and/or supervision, out of their homes to provide their unpaid, primary caregiver with relief from caregiving responsibilities. In SFY 2001-02, 4 counties chose to use some of their HCCBG to offer institutional respite care and served a total of 97 older persons (down from 127 in SFY 1999-2000.) Respite is considered to be a "core long-term care service."

Legal Services provides help to older persons with the greatest economic and social need who are not otherwise eligible for assistance. The Division of Aging and AAAs allocate a percentage of the Older Americans Act funds to provide such legal services.

Mental Health Counseling incorporates care consultation, evaluation, and outpatient treatment to older adults who are experiencing mental health problems. In SFY 2001-02, no county chose to use HCCBG monies to offer mental health counseling.

Senior Center Operations and Development supports the operationof multipurpose senior centers as well as acquisition, construction, expansion, renovation, and the purchase of equipment for a multipurpose senior center. The term multipurpose senior center means a community facility for the organization and provision of a broad spectrum of services, which include health, social, nutritional, and educational services and recreation activities. The primary objectives of a multipurpose senior center are to centralize provision of services that address the special needs of older adults; provide opportunities for older adults to become more involved in the community; and prevent loneliness and premature institutionalization by promoting personal independence and wellness. For SFY 01-02, the Division of Aging administered three areas of funding for Senior Centers. In state funding, $405,912 was allocated for Senior Center Outreach and $1,000,000 for Senior Center General Purpose funding. Of these funds, $142,000 was withheld in February, 2002, due to the budget crisis. The allocation for Senior Center Operations, under the HCCBG and funded by the Older Americans Act, was $2,122,810. For SFY 02-03, due to the continuing budget crisis, Senior Center Outreach funding has been reduced to $100,000 and Senior Center General Purpose is at $862,316. This funding goes to 158 centers in 95 counties

[5 counties do not have a senior center]. Currently the Division has certified 30 centers—20 Senior Centers of Excellence and 10 Senior Centers of Merit—through a voluntary state certification process designed to strengthen and reward quality senior centers.

Senior Companion Program offers a part-time, volunteer opportunity with a stipend for people age 60 or older with low incomes who are interested in community service. Senior companions provide support, task assistance, and/or companionship to adults with exceptional needs (developmental disabilities, functional impairments, or persons who have other special needs for companionship). In SFY 2001-02, 4 counties chose to use some of their HCCBG for the senior companion program, totaling $124,660 to serve 58 seniors with special needs.

Transportation, a "core long-term care service," provides travel to and/or from community resources such as medical appointments and nutrition sites or other designated areas for older adults needing access to services and activities necessary for daily living. In SFY 2001-02, about $6 million in HCCBG funds were used to provide more than 1.3 million trips for 15,736 older persons (down from 16,374 persons in SFY 00-01.) As of December 2002, 50 older adults were on waiting lists for medical transportation and 133 for general transportation under the HCCBG.

Volunteer Program Development supports development and operation of a systematic program for volunteer participation, involving volunteers of all ages in serving older adults while also providing older adults with opportunities for community service. In SFY 2001-02, 9 counties (up from 7 in SFY 1999-2000) chose to use some of their HCCBG for development of volunteer programs.

Family Caregiving

The Division of Aging received $2,916,628 in 2001 to start the Family Caregiver Support Program under the Older Americans Act, as amended in 2000. North Carolina served more than 9,100 caregivers in the first year. For FFY 2001-02, these federal funds increased to $3,302,337. In implementing the Family Caregiver Support Program, North Carolina has focused on partnering and leveraging the somewhat limited caregiver funds. In working through the state's 17 AAAs, the NC Division of Aging has set several statewide goals for the first three years of the program:

1. There will be an adequate infrastructure at the AAA and State levels to serve as a platform for future enhancement of support for family caregivers.
2. Every region will have an Information & Assistance (I&A) system that meets the recommendations of the Division's Task Force on I&A.
3. Family caregivers in every county will have access to respite care, counseling and training.
4. AAAs and the Division will know the unmet needs of caregivers for purposes of planning and program development.
5. AAAs and the Division will have contributed significantly to helping the State implement recommendations of the N.C. Institute of Medicine Task Force on Long Term Care, including promotion of the availability of core services and the strengthening of local planning for aging and long term care.

The North Carolina Division of Aging envisions a future in which families enter into caregiving with the knowledge and assurance that they can call upon the business, faith, and health and human service communities to assist with information, counseling, problem solving, respite, and formal services when needed. Families are respected as the decision-makers and have access to tools to aid their problem solving. The contribution of family caregiving is acknowledged and supported through enlightened public policies. The role of the family remains strong regardless of the care setting or arrangement.

Elder Rights

Protecting and securing the rights and benefits of older adults is central to the work performed by the aging network. Through its elder rights activities, the Division of Aging seeks to help vulnerable older adults to understand their rights, secure benefits, exercise choice, and maintain autonomy and independence. This work is achieved through a variety of programs and services.

The Long-Term Care Ombudsman. North Carolina's Long-Term Care Ombudsman Program consists of state and regional

ombudsmen who help residents of long-term care facilities exercise their rights. In addition to being an advocate for residents, they educate the public and facility staff members about rights and help resolve grievances between residents/families and facilities. In 2001, the state and regional ombudsmen handled 3,624 complaints and resolved 84% of them without having to refer them to another agency. The regional ombudsmen, who are located within Area Agencies on Aging, also help support the efforts of Adult Care Home and Nursing Home Community Advisory Committees (NCGS 131E-128 and 131D-3). These local committees, which are composed of volunteers appointed by county commissioners, routinely visit facilities, serve as advocates for residents, help ensure that the intent of the resident's bill of rights is maintained, and work to increase community involvement in nursing homes and adult care homes. There are more than 1,310 such volunteers statewide, with committees in each county. The Ombudsman Program assisted more than 20,800 individuals in 2001 with their long-term care issues.

Elder Abuse, Neglect, and Exploitation Prevention Education. Working with the Division of Social Services, county departments of social services, and other local and state agencies, the Division of Aging and the Area Agencies on Aging provide educational seminars, materials, and technical assistance on the prevention of elder abuse, neglect, and exploitation. Examples of initiatives within the state include the TRIAD Program, the First Responders Program, sensitivity training programs, and missing persons programs.

Legal Resource Center. The Legal Resource Center of the Division of Aging offers a variety of services that include: (1) oversight of the legal assistance provided to older adults across the state through Older Americans Act funding; (2) provision of technical assistance and referral to older adults, professionals and the aging network on legal issues affecting older adults; (3) assembly and development of elder law educational and informational material for distribution to older adults, professionals, and the aging network; (4) provision of education and training across the state on relevant elder law issues; (5) work with the private bar, the Legal Services Corporation, law schools, and other agencies to improve and address the legal needs of older adults; and (6) serve policy and program commissions, task forces, and boards to act as a resource and to represent the needs of older adults.

Consumer Fraud Protection. In 1998, the Division of Aging joined with AARP and the Attorney General's Office to establish the NC Senior Consumer Fraud Task Force, with representatives from federal, state, and local law enforcement agencies, aging advocates, the aging network, state and local Better Business Bureaus, and crime prevention agencies. An important goal of the Task Force is to educate consumers about fraud and other deceptive practices that target seniors. The Task Force has worked closely with others to get consumer protection legislation passed such as the NC Predatory Lending Law of 1999.

Volunteer Coordination. The Senior Education Corps is an example of the Division's efforts to establish intergenerational partnerships linking the experience, talent and cultural awareness of senior volunteers with the priority needs of North Carolina schools. Currently, the Senior Education Corps operates in 82 counties with 8 others in the planning stage. Both seniors and school children benefit from this intergenerational program.

Senior Community Service Employment Program. The Division of Aging administers the Senior Community Service Employment Program (SCSEP) in 8 AAA regions for persons who are 55 years or older and economically disadvantaged. About 500 older workers participate through the Division's program. National sponsors administer the program in other regions, reaching another 1,700 older workers. Funded through Title V of the Older Americans Act, the program places eligible individuals into useful part-time community service programs while helping them make the transition to unsubsidized employment.

Seniors Plus Program. The Division of Aging offers public benefits training to interested volunteers across the state to provide assistance to seniors who may be eligible for additional sources of income due to their limited resources. As of February 2002, the Seniors Plus Program has over 320 volunteers in 80 counties working to assist older adults.

Medicare Lookout. In 2000, the Division of Aging received a three-year grant from the U.S.

Administration on Aging to provide education and outreach to Medicare beneficiaries. This grant is part of an on-going federal, state, and local initiative called Operation Restore Trust, designed to prevent improper payments in the Medicare and Medicaid programs and to preserve these public health programs for future generations. The Division of Aging administers the project in partnership with AAAs, SHIIP, CARE-LINE, providers, public and private agencies, and consumer groups. The Medicare Lookout program uses a dedicated core of volunteers to assist Medicare beneficiaries in understanding the general provisions of Medicare and Medicaid, recognizing and reporting discrepancies in their health care delivery that may be caused by simple error or by fraud, abuse, or waste, and becoming active participants in their own health care delivery. Medicare Lookout is dedicated to fairness and works closely with associations representing all areas of health care.

Advocacy

The Division of Aging supports several bodies that are effective advisors and advocates on aging issues. These include the Governor's Advisory Council on Aging and the North Carolina Senior Tar Heel Legislature.

The **Governor's Advisory Council on Aging** is authorized by state legislation to make recommendations to the Governor and the Secretary of the Department of Health and Human Services for improving human services to older people, including improved coordination among state agencies. The council also studies and recommends how best to promote public understanding of problems affecting older adults and considers the need for new state programs to address these problems. It is comprised of 33 members, with 29 people appointed by the Governor, and 2 each appointed by the President Pro Tempore of the state Senate and the speaker of the state House of Representatives. Among these 33 are 19 at-large members, who arecitizens knowledgeable about services supported through the Older Americans Act, and 14 representatives of state agencies or organizations serving older people.

The **North Carolina Senior Tar Heel Legislature** was created by the state General Assembly in July 1993 to provide information to older adults on the legislative process and matters being considered by the General Assembly, promote citizen involvement and advocacy about aging issues, and assess the legislative needs of older adults by convening a forum modeled after the General Assembly. Each county has one delegate and one alternate to the Senior Tar Heel Legislature. Delegates and alternates must be age 60 or older.

In addition, the Division of Aging is responsible for developing the *North Carolina Aging Services Plan*, which is required by state and federal statutes.

Division of Facility Services

(http://facility-services.state.nc.us/)

The Division of Facility Services (DFS) inspects, certifies, registers and licenses hospitals, nursing homes, adult care homes, mental health facilities, home care programs, and other health facilities. It determines the need for many of these health facilities and services across the state and develops a plan to meet that need. DFS ensures that all patients, including those covered by Medicaid, receive quality care if they reside in a long-term care facility. The Division of Facility Services also maintains the Nurse Aide Registry, as required by state statute.

The State Health Coordinating Council

The Medical Facilities Planning Section of the Division of Facility Services provides staff support to the State Health Coordinating Council, a 27 member body appointed by the Governor. The Council and the division are charged by state law with developing policy, criteria, and standards for health service facilities planning; making a determination of need for health services facilities; and developing an annual state Medical Facilities Plan. One of the Council's three working committees is focused on long-term care, which includes determining the need for nursing home beds.

Certificate of Need Section

State law requires any person or entity wanting to establish a health care facility, including nursing homes, to first make application for a certificate of need (CON). The Certificate of Need Section within the Division of Facility Services reviews and evaluates the applications in terms of such criteria as need, cost of services,

accessibility to services, quality of care, and feasibility.

Health Care Personnel Registry Section

The Health Care Personnel Registry Section provides a registry of all persons who have met the federal and state training and competency requirements to perform Nurse Aide I functions. The Registry Section also maintains a list of unlicensed assistive personnel who have been accused of harming, or been found to have harmed, a resident of a facility.

Licensure and Certification Section

The Licensure and Certification Section is responsible for assuring the health, safety, and well-being of persons receiving services in hospitals, nursing homes, and other facilities and services licensed by the state and certified by the federal government to receive Medicare and Medicaid. Staff members of the section conduct inspections and investigate complaints of health care facilities to track compliance with regulations. The section also providesconsultation and training to encourage compliance and improve the quality of care in these facilities.

Construction Section

The Construction Section reviews building plans and specifications for applicants wanting to be licensed or certified by the Division of Facility Services. The section also conducts physical plant inspections and offers training for architects, engineers, and contractors involved in the construction of medical facilities.

Medical Care Commission

The Medical Care Commission, composed of 17 members appointed by the Governor, establishes rules for regulating health care and related facilities, including nursing homes and home care agencies. The Division of Facility Services provides staff support to the Commission.

Acute and Home Care Section

The Acute and Home Care Section is responsible for the oversight of home care agencies, which must be licensed under state law. This includes the investigation of complaints.

Adult Care Licensure Section

The Adult Care Licensure Section is responsible for licensing all adult care homes and mental health facilities in the state. The section coordinates its oversight with adult homes specialists who work at county departments of social services.

Mental Health Licensure & Certification Section

The Mental Health Licensure and Certification Section inspects and licenses psychiatric hospitals and psychiatric units of acute care hospitals, intermediate care facilities for mentally retarded (ICF/MR), and all other mental health group homes and treatment facilities.

Division of Medical Assistance

(http://www.dhhs.state.nc.us/dma/)

Mandatory Services

At a minimum, all state Medicaid programs must cover a core of health services. The following mandatory services are provided for Medicaid recipients in North Carolina:

Inpatient Hospital Services. Medicaid covers hospital inpatient services without a limitation on the length of stay. Selected inpatient procedures require pre-admission certification to ensure that the stay is medically necessary and that the procedure is most appropriately performed in an inpatient rather than an outpatient setting. Special restrictions apply to abortions, hysterectomies, and sterilization. As of January 1, 1995, hospital services are paid on the basis of diagnostic-related groupings (DRGs). For SFY 2001-02, $73,943,594 (down from $75,758,204 in SFY 00-01) was paid for inpatient hospital services for Medicaid eligible persons age 60 and older.

Hospital Outpatient Services. Outpatient services are covered subject to Medicaid's annual 24 physician-visit limitation, except for emergency room visits, which have no limits. A $3.00 per visit co-payment applies except for certain exempt groups and services. Hospital outpatient services are paid to the provider at 80 percent of actual operating costs. For SFY 2001-02, $51,959,006 was paid for outpatient hospital

services for Medicaid eligible persons age 60 and older (up from $49,654,951 in SFY 00-01.)

Other Laboratory and X-ray. Laboratory and X-ray services are covered when ordered by a physician. These services are covered in a variety of settings. Payment for these services is based on a statewide fee schedule.

Nursing Facility. Nursing facility (NF) services are mandatory for recipients aged 21and older. The state also has chosen a federal option to cover NF services for people under age 21. Patients must be certified by a physician to require nursing facility care and be approved by Medicaid prior to admission. Nursing facility services are paid on a prospective per diem rate. The Omnibus Budget Reconciliation Act (OBRA) of 1987 and later amendments, effective October 1, 1990, established uniform requirements for institutions that formerly were identified as Medicaid skilled nursing facilities (SNFs) and intermediate care facilities (ICFs). Now, all Medicaid SNFs and ICFs are called NFs and must provide both skilled nursing (SN) and intermediate care (IC) service. Reimbursement rates, however, continue to differ based on whether the patient requires skilled or intermediate care. For SFY 2001-02, $807,071,813 was paid for nursing home care for Medicaid-eligible persons age 60 and older (up from $777,026,052 in SFY 00-01.)

Physician Services. Physician services are covered subject to an annual 24-visit limit. Selected surgical procedures require prior approval. A $3.00 copayment is required for physician services except for certain exempt groups. Payment is made based on the lower of the physician's actual charges or the statewide Medicaid fee schedule amount.

Home Health Services. Medicaid covers visits provided by certified home health agencies for skilled nursing services, physical therapy, speech-language pathology services, and home health aide services when the service is medically necessary and the patient's home is the most appropriate setting for the care. Under Home Health, Medicaid also pays for medical supplies. Home Health agencies are paid the lower of their customary charges to the general public or a maximum per visit rate established by DMA for each type of service. For SFY 2001-02, $40.2 million was paid for home health services for Medicaid-eligible persons age 60 and older (up from $34.8 million in SFY 00-01.)

Durable Medical Equipment. Durable medical equipment suitable for use in the home is reimbursed via a fee schedule.

Medical Transportation. The federal requirement for coverage of transportation for medical care services is met in three ways:

1. Medically necessary ambulance transportation is a covered benefit.

2. County departments of social services establish a local transportation network that may range from providing bus tokens to using county employees in county-owned vehicles to transport Medicaid recipients. These county transportation costs may be billed as a benefit cost or as an administrative cost, depending on how the service is delivered. Federal and state funds are then used to match the county expenditure.

3. Medicaid-eligible residents of nursing facilities and adult care facilities receive Medicaid-authorized transportation from the facilities in which they reside (other than medically necessary ambulance services). Medicaid makes a per diem payment to the facility on behalf of each Medicaid-eligible resident in order to reimburse the nursing facilities for these transportation costs.

Optional Services

Federal law permits states to cover additional services at their option. The following are optional services that North Carolina Medicaid covers:

Intermediate Care Facilities for the Mentally Retarded (ICF-MR). Services in ICF-MRs are covered for those who are mentally retarded or who have a related condition. ICF-MR facilities must meet certification requirements relating to provision of habilitation services as well as basic intermediate care services. Intermediate care facilities for the mentally retarded are paid prospective per diem rates.

Personal Care Services. Medicaid Personal Care Services (PCS) cover personal aide services in private residences to perform personal care

tasks for patients who, due to a debilitating medical condition, need help with such basic personal activities as bathing, toileting, moving about, and keeping track of vital signs. It may also include housekeeping and home management tasks that are integral, although secondary, to the personal care tasks necessary for maintaining the patient's basic personal health. PCS is provided for the patient according to a physician's authorized plan of care. As of December 2002, a patient in a private residence may receive no more than three and a half hours per day and a total of no more than 60 hours of PCS in a calendar month. The PCS provider is paid the lower of the provider's customary charges for the service or the Medicaid maximum allowable rate. During the 1995 legislative session, coverage of personal care services to persons living in adult care homes was authorized to begin in SFY 1996-97. Along with PCS coverage, a program of independent assessment and case management for heavy care residents of adult care homes was implemented in SFY 1996-97, with the county departments of social services and area mental health programs providing this service. For SFY 2001-02, $114.9 million was paid for personal care service in private residences for Medicaid eligible persons age 60 and older. Another $76.4 was paid for personal care in adult care homes.

Prescription Drugs. Medicaid covers most prescription drugs as well as insulin for diabetic patients. Drug coverage is limited to six prescriptions per month unless it is shown that additional medication is needed for treatment of a life-threatening illness or disease. In addition, recipients may use only one pharmacist per month except in an emergency. A $1.00 per prescription co-payment applies, except for certain exempt groups. Payment for drugs is based on the average wholesale price less 10 percent plus either a $5.60 dispensing fee for generic drugs or a $4.00 dispensing fee for name brand drugs or the usual and customary charge to the public, whichever is less. For SFY 2001-02, $420.6 million was paid for prescription drugs for Medicaid-eligible persons age 60 and older (up from $381,109,516 in SFY 00-01.)

Dental Services. Most general dental services are covered, such as exams, cleanings, fillings, X-rays, and dentures. Prior approval is required for some dental services. A per visit co-payment of $3.00 applies for all recipients, except for the exempt groups. Payment is made on the basis of a statewide fee schedule. For SFY 2001-02, $9,649,566 was paid for dental services for Medicaid-eligible persons age 60 and older (up from $8,728,863 in SFY 00-01.)

Eye Care Services. Medicaid covers medical eye examinations to determine refractive errors and covers corrective lenses, eyeglasses, and other visual aids. Prior approval is required for some optical services, all visual aids, and frequency of visit limitations apply. A $3.00 copayment applies to physician visits; a $2.00 copayment applies to optometrist visits; and a $2.00 copayment is charged for new eyeglasses and eyeglass repairs. Copayments do not apply to certain exempt groups.

Mental Health Services. Patients who have a plan of treatment developed by and on file with an area program center are offered outpatient mental health services, partial hospitalization, and emergency services through Mental Health, Developmental Disabilities, and Substance Abuse Services. Visits do not count against the annual 24-visit outpatient limit. Area Program centers are paid a negotiated rate, not to exceed costs, for services. Visits to independent psychiatrists and physicians are covered for mental health services, as well. Prior approval is required for outpatient visits after the first two are completed. Visits to a private practice psychiatrist count against the annual 24 visit outpatient limit and a $3.00 copayment applies, except to the exempt groups. Payment is made on a fee-schedule basis for outpatient visits. Inpatient state and private mental hospital services are covered for recipients over age 64 or under age 21. Payments to psychiatric hospitals are based on each hospital's actual allowable and reasonable costs.

Other Optional Services. A variety of other optional services are provided by North Carolina's Medicaid program. Limited services by chiropractors and podiatrists are covered and paid on the basis of a statewide fee schedule. Other optional services provided by Medicaid include hospice, private duty nursing, ambulance transportation, and case management services to meet the needs of specific groups of people eligible for Medicaid.

Special Community Alternatives Programs

The Division of Medical Assistance operates four programs to provide home and community

care as a cost-effective alternative to institutionalization. These community alternatives programs are for Disabled Adults (CAP/DA), for persons with Mental Retardation/Developmental Disabilities (CAP-MR/DD), for children (CAP/C), and for persons with AIDS (CAP/AIDS). They are known as "waiver" programs because standard program requirements are waived to allow the program to operate. These waiver programs provide some services that otherwise are not covered under Medicaid.

Community Alternatives Program for Disabled Adults. The CAP/DA program provides services that allow adults (ages 18 and above) who require care in a nursing facility to remain in the community. By October 1996, all 100 of North Carolina's counties offered CAP/DA. Funding from the Kate B. Reynolds Charitable Trust through the Duke University Long Term Care Resources Program was instrumental in expanding CAP/DA statewide. For SFY 2001-02, $166.8 million was paid for CAP-DA services for 11,667 Medicaid-eligible persons age 60 and older.

Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities. The CAP-MR/DD program provides services to individuals of any age who normally would require care in an intermediate care facility for the mentally retarded. All 100 counties had access to the CAP-MR/DD program through 41 Mental Health, Developmental Disabilities, and Substance Abuse area programs. CAP-MR/DD served approximately 6,121 individuals in SFY 2000-01. Participants in the CAP-MR/DD were served at less than 44 percent of the average Medicaid cost for ICF-MR care. For SFY 2001-02, $9.7 million was paid for CAP-MR services for Medicaid eligible persons age 60 and older (up from $8,307,148 in SFY 00-01.)

Other Medicaid Benefits Associated with Older People

Since February 1989, North Carolina has operated a program of health care financing assistance to older and disabled Medicare beneficiaries, as mandated by federal law. Depending on a person's income and resources the coverage may include (1) full Medicaid plan benefits, (2) payment of Medicare premiums, coinsurance, and deductibles, (3) payment of Medicare Part B premiums only, or (4) payment of a portion of the Medicare Part B premium. For SFY 2001-02, $144.5 million was paid for Medicare Part A and B premiums for Medicaid-eligible persons age 60 and older (up from $135,4 million in SFY 00-01.)

Managed Care and Medicaid

Managed care options for Medicaid recipients are now available in all 100 counties. Options include Carolina ACCESS, ACCESS II, ACCESS III and Risk Contracting with State-licensed health maintenance organizations (HMOs). All managed care options operate under the authority of 1915(b) of the Social Security Act. Eligibility to participate in a managed care plan is mandatory for a majority of Medicaid recipients in North Carolina. Although recipients of Medicaid who are dually eligible for Medicaid and Medicare are optionally enrolled in Carolina ACCESS, they are not enrolled in HMOs. Medicaid recipients who are in long-term care facilities are not enrolled in any managed care plan.

Carolina ACCESS-North Carolina's Patient Access and Coordinated Care Program-continues to be the cornerstone of managed care development for North Carolina's Medicaid eligible population. Carolina ACCESS, a primary care case management model characterized by a primary care physician gatekeeper, is designed to provide a more efficient and effective health care delivery system for Medicaid recipients. It brings a system of coordinated care to the Medicaid program by linking each eligible recipient with a primary care provider (PCP) who has agreed to provide or arrange for his or her health care services. By improving access to primary care and encouraging a stable doctor-patient relationship, the program helps to promote continuity of care, while reducing inappropriate utilization and controlling costs. ACCESS II and III are programs that build on the Carolina ACCESS program by working with local providers and networks to better manage the Medicaid population with processes that impact both the quality and cost of health care. ACCESS II and ACCESS III, originally created as a health care demonstration project by the N.C. Office of Research, Demonstrations, and Rural Health Development, are currently a joint collaborative effort between DMA and this office. Lastly, DMA contracts with HMOs in

selected areas to provide and coordinate medical services for certain Medicaid eligibles on a full risk-capitated basis. In these areas, recipients may choose between a participating HMO and Carolina ACCESS. The State must license all HMOs that contract with DMA.

There were 672,304 enrollees in a managed care plan as of SFY 2000-01. This figure represented approximately 69 percent of total Medicaid enrollees for participating counties as of that date.

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

(http://www.dhhs.state.nc.us/mhddsas/)

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services offers help and support to North Carolinians and their families suffering from mental illness, struggling with a drug or alcohol addiction, or coping with a developmental disability. The division operates four regional psychiatric hospitals for those who need inpatient psychiatric services, and oversees a network of mental health programs in communities across the state. It operates a special care center for older people with serious medical and mental problems, located in Wilson. The division provides residential services at five regional mental retardation centers, which provide a wide range of services to people with severe and profound mental retardation and other related disabilities. The Black Mountain Center in the Western Region operates a unit for Alzheimer's patients who have entered the combative stage of the disease, and it is being reorganized as a skilled nursing facility for people with cognitive disabilities who are aging. The Division also oversees residential and outpatient treatment at three alcohol and drug abuse treatment centers.

Through a contract with the Arc/NC, the Division supports the *LIFEGuardianship* program that assists individuals with cognitive disabilities to secure guardians. This program serves a number of older citizens.

Division of Public Health

(http://www.dhhs.state.nc.us/dph/)

Older Adult Health Branch

The mission of the Older Adult Health Branch is to protect, promote and preserve the health of North Carolinians through ethical, compassionate and evidence-based public health practice. The goals are to: 1) ensure that communities are healthy places in which to live, 2) extend the span of healthy life, 3) assure access to quality health care services, and 4) eliminate health disparities in given demographics. The OAHB serves as a program resource on health promotion for older adults and "baby boomers"; provides technical assistance and training including conferences and workshops on health promotion and aging; identifies, obtains, develops and disseminates relevant information; and serves as liaison with other state agencies and organizations.

The Older Adult Health Branch's goal is to "improve the health and quality of life of older North Carolinians." Two major programs are osteoporosis and arthritis. The Osteoporosis Program is dedicated to increasing public awareness in North Carolina on the prevention, diagnosis, and treatment of the disease, in addition to providing support to those already affected by osteoporosis and their families. The program also strives to carry out the recommendations of the North Carolina Osteoporosis Task Force. Bone Health/Body Health (also known as "train the trainer") was developed by the Osteoporosis Program to provide prevention, diagnosis, and treatment information to health professionals and community leaders. In addition, a number of other workshops were held in various locations. Staff brought the Osteoporosis Program to 14 exhibitions answering questions and providing resource materials. More than 18 informational presentations were held at a number of senior facilities throughout the state. Also, there were at least 17 active Osteoporosis Support Groups within North Carolina with future plans for creating more groups. A compilation titled, "Our Personal Stories" was written by Osteoporosis Support Group members.

North Carolina's Arthritis Program began in October 1999 in a cooperative agreement with the CDC. The most noteworthy accomplishment has been the development of the *North Carolina Arthritis Action Plan*. The program initiated a coordinated statewide arthritis program that will improve the capacity of all 100 counties, their

health departments and community agencies to reduce the burden of arthritis and other rheumatic conditions in our state. An initiative was implemented to train new Arthritis Foundation self-management program leaders. In addition, the program has continued to increase public awareness in North Carolina by providing more educational programs, exhibits, and arthritis communications.

The Healthy Aging Program is funded, in part by a grant to the NC Department of Public Health and Healthy Aging from the Chronic Disease Director's Association. This program includes the collaborative efforts of NC Division on Aging, Institute on Aging, School of Medicine (UNC-CH) and Program on Aging (UNC-CH). Project Objectives are to 1) foster and expand the collaboration between the state health and state aging agencies to promote effective disease prevention programs, 2) encourage existing and develop new partnerships with state and local public and private organizations to collaborate on healthy aging initiatives, 3) initiate a healthy aging campaign in the state to increase public awareness of the importance of healthy aging, and 4) provide information and resources to health and aging service providers to promote healthy aging.

The Division of Public Health works to build healthy communities, promote healthful living, and reduce the risk and consequences of disease. Its primary role is to strengthen local health departments and to improve the health of the people. The division monitors public health achievements and performance and provides incentives and assistance to assure that no community falls below minimum standards. Further, the division is responsible for studying, coordinating, and enhancing health efforts involving or serving multiple communities and/or the state as a whole. Through education and public awareness programs, the division promotes public health, advocates physical fitness, improves the health of minorities, and advances good dental health. Through advocacy, education, and early detection, the division fights chronic diseases such as cancer and diabetes. The division itself is a provider of statewide health services not otherwise available. For migrants and refugees, it provides access to essential preventive and primary health care while they reside in North Carolina.

In 1999, the NC General Assembly appropriated $500,000 for prescription assistance for persons 65 and older with incomes less than 150% of the poverty level who have cardiovascular disease or diabetes. Because of the budgetary limitations, this funding is targeted to persons who are Medicare-Aid eligible. For FY 2001-02, the program had budget authority of $850,000. The $850,000 was exhausted in January 2002. Lieutenant Governor Perdue conveyed to the state budget office that the Health and Wellness Trust Fund Commission had agreed to sustain the program through the end of FY 2001-02 at an expenditure rate of $130,000 per month.

In FY 2000-01, the program filled 38,204 prescriptions for 2,509 patients at a total cost of $1.24 million. In FY 2001-02, the program expected to fill 45,000 prescriptions for 2,500 patients at a total cost of $1.5 million.

Division of Services for the Blind

(http://www.dhhs.state.nc.us/dsb/)

The Division of Services for the Blind (DSB) promotes the prevention of blindness through education, vision screenings, and treatment provided by the Medical Eye Care Program. Additionally, the agency offers Independent Living and Vocational Rehabilitation services. Vocational Rehabilitation Services are designed to assist individuals who have disabilities in obtaining and maintaining employment. The purpose of the Independent Living Program is to maximize the leadership, empowerment, independence, and productivity of individuals with disabilities and the integration and full inclusion of individuals with disabilities into the mainstream of society. DSB has an Independent Living Program for Older Individuals Who Are Blind (age 55+).

The DSB Independent Living Older Blind Program is available in all 100 counties of the state to individuals, age 55 and older, who have significant vision loss. The array of comprehensive services include: counseling and guidance, information and referral, individual and systems advocacy, instruction in adaptive skills for daily living including personal and home management, low vision, safe travel, and adaptive aids and technology.

The Independent Living Rehabilitation Program utilizes the expertise of Independent Living

Rehabilitation Counselors, Orientation & Mobility Specialists, Contractual Teachers, Social Workers for the Blind and Nurse Eye Care Consultants to provide a variety of services that empower individuals to reach their independent living rehabilitation goals. These services can be provided on an itinerant basis within a consumer's home or in small group settings in their communities called "Mini Centers".

The division also administers Special Assistance payments for blind and visually impaired residents of adult care homes.

Division of Services for the Deaf and Hard of Hearing

The Division of Services for the Deaf and Hard of Hearing provides information and assistance to the state's 600,000 citizens who are deaf or hard of hearing. The division provides a broad range of services for children and adults, their families, and the professionals who serve them. This includes interpreter services, advocacy, access to technology, and coordination of human services for the deaf and hard of hearing.

Division of Social Services (DSS)

(http://www.dhhs.state.nc.us/dss/)

Adult Placement Services. All 100 county departments of social services help aging or disabled adults find appropriate living and health care arrangements when their health, safety, and wellbeing can no longer be maintained at home. Placement arrangements are made in adult care homes, nursing homes, and other congregate settings with available services. Adults and their families are counseled to help determine the need for placement, helped to complete medical evaluations and financial applications, and locate and move to new settings. They also may receive counseling to help them adjust to the change. Adult Placement services also include assisting older adults, when requested, to return to more independent settings in the community or to relocate to more appropriate settings when new levels of care are needed. For SFY 2001-02, 930 clients age 60 and older were assisted through Adult Placement services.

Adult Protective Services. North Carolina has been providing protective services to adults through its 100 county departments of social services since 1975. This was one of the nation's first initiatives to recognize the needs of older and disabled adults who had been abused, neglected, and/or exploited and to develop a protective services program to address their needs. North Carolina's Adult Protective Services statute (NCGS 108A, Sec. 6) provides for services to all adults who are incapacitated by a physical or mental disability. It authorizes the county departments of social services (DSS) to evaluate a disabled adult's need for protective services and to provide or arrange for services when necessary. Services include a thorough assessment of needs, referral to appropriate services, and counseling for the adult and the adult's family. Protective Services are provided with the adult's consent and in the least restrictive and intrusive manner possible. For SFY 2001-02, 5,736 clients age 60 and older were assisted through Adult Protective Services.

Foster Care Services for Adults. Foster care services for adults involve recruiting, developing, and evaluating adult care homes to determine if they meet the needs of residents and to help them improve their service. Adult care homes provide 24-hour supervision and must be licensed by the state in order to operate legally. Adult care homes are not nursing homes, although designated staff can administer medications and provide personal care services (such as assistance with bathing, eating, and dressing). All county departments of social services provide this service.

Guardianship Services. All 100 county departments of social services provide public agent guardians to make legal and living arrangement decisions for adults who have been deemed incompetent to handle their own affairs. Guardianship may be appropriate for adults who are incompetent to manage their affairs and take care of themselves. Public Agent Guardians, such as social services and mental health directors, may be appointed when friends, relatives, or corporations are not available and when it is considered necessary by the Clerk of the Superior Court. The Division of Social Services manages the DHHS public agent guardian program. Training for all public agent guardians, including county departments of social services, area mental health programs, local health departments, and county departments of aging, is provided by the Division of Social Services. The DHHS Blanket

Bond Data Base for all incompetent adults with a public agent guardian is also managed by the Division of Social Services. For SFY 2001-02, 1,736 clients age 60 and older were assisted with guardianship services through the DSS system.

At-Risk Case Management Services. County departments of social services assist Medicaid-eligible older adults who are at risk of or show evidence of abuse, neglect, or exploitation in gaining access to needed medical, social, educational, or other services. These case management activities are directed toward preventing abuse, neglect, or exploitation, or preventing further mistreatment when it has already occurred. Included in the service is an evaluation of the situation, assessment of service needs, development of a comprehensive service plan, assisting the client in locating and accessing services, coordinating service delivery, and monitoring service provision to ensure that they are delivered, are adequate, and are consistent with quality care. For SFY 2001-02, 2,224 clients age 60 and older received at-risk case management.

Adult Care Home Case Management Services. County departments of social services provide a case manager to work in partnership with residents, residents' families, significant others, adult care homes, and community service providers to assure that the needs and preferences of heavy care residents living in adult care homes are being met. Case managers have important and diverse roles with these residents, such as responsibility for conducting broad assessments that can identify the need for other health and social services that might benefit residents. Case managers develop service plans and monitor these plans. The service plans outline the primary problems and concerns as identified by residents, residents' families, significant others, adult care homes, and case managers. Service plans identify activities that are intended to address these problems, ultimately improving the quality of care for residents. For SFY 2001-02, 5,444 clients age 60 and older received this service.

Transportation. All 100 county departments of social services provide transportation services to eligible Medicaid recipients for the purpose of accessing medical services, and they offer transportation to other individuals, for other purposes, on an optional basis. County DSSs that elect to provide non-Medicaid transportation offer it as part of a services plan to enable individuals for whom transportation is not otherwise available to have access to medical and health resources; shopping facilities; education, recreational and employment opportunities; and other community facilities, resources, and social services. For SFY 2001-02, 6,177 clients age 60 and older were provided transportation.

Low-Income Energy Assistance. County Departments of Social Services help older adults with low income cope with the rising cost of heating their homes through the Low-Income Energy Assistance Program. For SFY 2001-02, 45,070 clients age 60 and older were assisted through energy assistance.

Special Assistance. The division administers the Special Assistance program that provides a cash supplement to help pay for the care of eligible low-income persons residing in adult care homes. For SFY 2001-02, 19,149 clients age 60 and older were assisted through Special Assistance at a cost of $80.5 million.

Division of Vocational Rehabilitation
(http://dvr.dhhs.state.nc.us/)

The NC Division of Vocational Rehabilitation Services has responsibility for two major service efforts--Vocational Rehabilitation (VR) and Independent Living (IL)--with the goals of promoting employment and independence for persons with disabilities through customer partnerships and community leadership.

In SFY 2002, the Division's Vocational Rehabilitation and Independent Living Services Programs assisted 2,417 individuals with disabilities, who were age 60, with services totaling $3,503,092.

For eligible persons with physical or mental disabilities, VR focuses on training and work related services to help overcome obstacles that prevent them from getting or keeping a job. VR Services are provided by an outreach effort through 32 VR Unit Offices statewide, 2 VR Facilities and numerous satellite locations to bring services to the people of North Carolina.

Independent Living Services are focused on offering a viable alternative to institutionalization--independent living in the home and community, and, when possible,

continuing independence through transition to the VR Services Unit Offices. The outreach of IL is through 16 IL Unit Offices statewide – in strategic collocations to VR service offices. Both service efforts often utilize community partners and resource coordination in jointly developed service plans to assist consumers in achieving their goals--whether primarily work goals through VR, or independent living goals through IL, where a work goal is not required.

Included among services are job training and seeking skills, job placement, supported employment, and job and work-site modifications through VR. Both VR and IL can facilitate such services as vehicle and home modifications, adaptive aides, and rehabilitation engineering for the respective goals of consumers.

One of the most needed and included services in IL plans developed with consumers is housing that is accessible and affordable. Making the transition to or within the community to independence often involves such services as: assistance with securing such housing, including modifications to existing housing if needed, searching for house/apartment rental units, consumer assistance with applications for Section 8 vouchers, utility deposits, purchase of basic consumer needed furniture, and assistive technology such as environmental control systems and communication devices. For participation in community activities, the resource of accessible transportation, and IL therapeutic leisure planning may be important to many consumers. If needed, ongoing IL reimbursed consumer managed personal assistance may be pursued to maintain independence, although increased freedom through other services may diminish assistance needs.

The IL Section of the State VR Office networks with State level partners, and provides program practice and oversight, resource support and consultation for IL Unit Offices and clients assisted. This also includes monitoring of reimbursement for certain consumer expenses, including reimbursement for consumer managed personal assistance.

Office of Citizen Services

(http://www.dhhs.state.nc.us/ocs/)

The Office of Citizen Services guides citizens through the human services delivery system. The mission is accomplished through two programs, the Ombudsman Program and the CARE-LINE/Information and Referral Service. The CARE-LINE information and referral specialists provide information and referral on human services in government and nonprofit agencies.Information is taken from a database of over 11,000 agencies. Through the Ombudsman Program, inquiries and complaints regarding the Department of Health and Human Services are handled. The ombudsman serves as the liaison between citizens and the department. Both programs may also be accessed by calling (919) 733-4261, or toll-free 1-800-662-7030 (voice/Spanish.) The office is equipped with a dedicated TTY phone number, (919) 733-4851, or toll-free 1-877-452-2514. On average, the office handles over 80,000 inquiries a year. The office takes pride in serving as a "one-stop shopping service" for the human services needs of all citizens.

Office of Economic Opportunity

(http://www.dhhs.state.nc.us/oeo/)

The Office of Economic Opportunity (OEO) channels funds to community-based, private nonprofit agencies in the form of Community Services Block Grants (CSBGs), Community Action Partnership grants, and Emergency Shelter Grants Program. The federally funded Community Services Block Grant Program and the state-funded Community Action Partnership Grants enable local communities to address the causes and conditions of poverty. They help people become self-sufficient, gain employment, and find temporary and long-term housing. Emergency Shelter Grants help communities serve homeless individuals and families. The state's 36 Community Action Agencies and the other private, nonprofit agencies that receive grants through OEO, generate, on average, $10 for every $1 provided by the Office of Economic Opportunity.

Office of Long Term Care and Olmstead

Within the Office of the DHHS Secretary is the Office of Long Term Care and Olmstead, headed by the Assistant Secretary for Long Term Care and Family Services. The Secretary established the Office of Long Term Care and Olmstead, as

recommended in the 2001 report of the Institute of Medicine Task Force on Long Term Care, to assure that the department's efforts to reform long term care (LTC) are well coordinated. Through reorganization of existing positions and the procurement of federal grants, the Office has developed a core group of professionals to lead inter-divisional activities in such areas as housing, human services transportation, consumer-directed care, and direct care workforce development.

With eight divisions sharing responsibilities for various aspects of the regulation, development, and funding of long term care services for older and younger disabled adults, the Secretary also established a Long-Term Care Cabinet, composed of the directors of these divisions and chaired by the Assistant Secretary for Long Term Care and Family Services. The Cabinet provides a vehicle for inter-divisional LTC planning, leadership, policy and data analysis, research and evaluation, development and coordination of services training, and public communication. In addition, the Office and Cabinet coordinate North Carolina's efforts towards Olmstead planning. In the 1999 case of Olmstead v. LC, the U.S. Supreme Court decided that states must have adequate home and community-based services for patients with mental illnesses and disabilities so that, when considered appropriate by a physician and desired by the patient, the patient can be treated outside of an institution. Many of the issues in the Olmstead decision are closely related to LTC reform.

In spite of the state budget crisis, the Office of Long Term Care and Olmstead has moved forward to implement many of the IOM's recommendations. Key to this progress was the Office's ability to secure a federal Real Choice grant from the Centers for Medicare and Medicaid Services (CMS). With a total of $1.6 million for three years, the Office is using the funds to address direct care workforce issues affecting home and community-based long-term care. Under the grant, CMS authorized the Office to: (1) review state and federal policies governing home and community-based services to identify policies that contribute to an institutional care bias; (2) develop a career ladder to support initial and professional development opportunities for direct care staff in home and community settings; (3) use public education and awareness efforts to promote recruitment and retention of direct care workers; (4) collect and analyze data relevant to workforce issues; and (5) develop a quality improvement system for direct care workers. In addition, the Real Choice grant is helping the Office and Cabinet examine options for consumer-directed care.

The Office and Cabinet have also addressed recommendations in the Institute of Medicine's Long Term Care Plan through the use of inter-divisional work teams. These teams are addressing the broad issues of service availability and need, financing, entry into the LTC system, workforce, and quality, as well as undertaking specific projects. For example, groups have worked to simplify the financial eligibility process for the Adult Medicaid and Special Assistance for Adults programs and determine the feasibility of sliding scale fees for services. Another team developed a web site to provide individuals, families, providers and other visitors with access to information about the department's work in support of long term care (http://www.dhhs.state.nc.us/ltc/). This site includes progress reports on the work of the Office and Cabinet.

Office of Research, Demonstrations, and Rural Health Development

The Office of Research, Demonstrations, and Rural Health Development administers the Senior Care prescription drug assistance program for persons over the age of 65 who have incomes less than 200% of the federal poverty level. This program, which began in the fall of 2002, will pay for 60% of the first $1000 (up to $600 per year) of prescription costs for the treatment of heart disease, diabetes, and chronic lung disease.

As part of Senior Care, the Office also coordinates a medication management program in 24 centers around the state. Each center provides free medication evaluations done by pharmacists for Senior Care eligibles in each of their respective locales. In addition, the centers assist seniors in applying for prescription assistance programs sponsored by drug manufacturers.

Additionally, the Office of Research, Demonstrations, and Rural Health Development provides technical assistance to small hospitals and community health centers in rural and medically underserved communities. The Office recruits health care providers to work in these rural and medically underserved communities and provides grants for community health centers.

The Department of Administration
(http://www.doa.state.nc.us/)

Commission of Indian Affairs

The Commission of Indian Affairs administers the Community Services Program that provides in-home aide services and/or volunteer transportation for older and disabled people in Bladen, Columbus, Halifax, Warren, Cumberland, Sampson, and Harnett counties. The program also provides oversight to a meal program for older and physically challenged Indian senior citizens residing in Sampson County. In FY 1999-2000, the Commission served 6,400 meals and administered over $33,000 in heating and cooling assistance. For the last ten years, the Community Services Program director has coordinated an annual North Carolina Indian Senior Citizens Conference, sponsored by the North Carolina Indian Senior Citizens Coalition.

Council for Women

The North Carolina Council for Women is the official state advocacy agency for women. Its mission is to advise the Governor, the legislature, and the principal state departments on the special needs of women in North Carolina. It also develops and administers programs of special relevance to women. Two such programs of particular value to older women are the Displaced Homemakers Program, which helps women returning to the work force after many years of unpaid employment, and the Domestic Violence Program.

Division of Veterans Affairs

The Division of Veterans Affairs assists veterans and their families in the presentation, processing, proof, and establishment of claims, privileges, rights and benefits as they may be entitled to under federal, state, or local laws. The division also cooperates with the various governmental units and veterans' organizations in seeking to serve veterans. Its work is meant to supplement and augment the efforts of others. As an example of this, the division constructed the state's first nursing facility for veterans with support from the NC General Assembly and the US Department of Veterans Affairs. This 150-bed state veterans home, located in Fayetteville near the VA Medical Center, started admitting residents in 1999.

The Department of Commerce
(http://www.nccommerce.com/)

Employment Security Commission

The Employment Security Commission helps more than 4,500 older workers find jobs each year. Each local office has an older worker specialist who acts as a resource for persons age 55 and older.

The Department of Community Colleges
(http://www.ncccs.cc.nc.us/)

Human Services Technologies Programs

The NC Community College System offers through its Human Services Technologies programs specialized training courses relevant to professional and paraprofessional personnel working with older and disabled adults. The Human Services Technology curriculum prepares students for entry-level positions in institutions and agencies that provide social, community, and educational services. Along with core courses, students take courses to prepare them for such specializations as work with adults with physical, mental, and emotional disabilities; direct service delivery work with older adults and their families; work in the mental health field; direct service delivery work in social services agencies; and work in substance abuse counseling.

North Carolina Literacy Resource Center

The North Carolina Literacy Resource Center (NCLRC) fosters networking among organizations concerned with basic skills and education for adults, assists North Carolina's literacy community in providing quality services to adults in the state, and serves as a link between the National Institute for Literacy and North Carolina's literacy community. Two of the center's initiatives include participation in

Equipped for the Future, the National Institute for Literacy's system reform initiative, and the encouragement of local basic skills/literacy programs to access the Internet, establish WWW home pages, and use Internet-based resources in designing lessons. Literacy and basic skills development are both areas of concern for a number of seniors.

The Department of Correction

(http://www.doc.state.nc.us/)

About 43 percent of the state's prison population as of February 2002 were persons of boomer age or older. One result of the aging of the prison population is the increasing demand for health care. An example of the Department of Correction's response is the 54-bed health ward for male inmates with special needs at the Randolph Correctional Center. The Randolph Correctional Center has a unique population. The prison has some inmates who are in wheelchairs, some who have cancer, and others who have multiple heart problems. The prison psychologists started an anger-stress management program for geriatric inmates 65 years and older, many of whom are veterans who were heavy alcohol or substance abusers. A large number of the older inmates are in prison on their first offense. Many have no family, or their children may be aging and unable to visit because of medical problems of their own. Especially because of the needs of its prison population, this center values community volunteers.

The Department of Insurance

(http://www.ncdoi.com/)

Seniors' Health Insurance Information Program

(http://www.ncshiip.com)

The Seniors' Health Insurance Information Program, known as SHIIP, was established in 1986 by North Carolina Insurance Commissioner Jim Long in response to an increased number of calls, letters, and complaints from older North Carolinians confused by their health insurance options. SHIIP's primary objective is to educate the public on seniors' health insurance, concentrating on Medicare, Medicare supplements, and long-term care insurance. SHIIP achieves this by training volunteer counselors in all 100 counties, by operating a toll-free hotline from the state SHIIP office (1-800-443-9354), and by developing educational materials for use by consumers.

Since its creation, SHIIP has trained about 8,000 volunteers who undergo an extensive 24-hour training course to serve as SHIIP counselors. From January 1999 to September 2002, SHIIP staff trained 649 volunteers in the basic curriculum and certified 163 volunteers as long-term care insurance specialists. Currently there are almost 900 active SHIIP volunteer counselors and 119 volunteer county coordinators covering all 100 counties in the state. Between January 1999 to September 2002, the SHIIP toll-free counseling service answered 109,221 calls, averaging 3,100 per month. In addition, SHIIP counselors spent 14,996 hours in 16,590 counseling sessions. To promote SHIIP's services to the public, 298,606 direct mailers were sent to individuals turning 65 years of age.

SHIIP creates a number of consumer publications on a yearly basis, including the Medicare Supplement Comparison Guide and the Guide to Long-Term Care Insurance in North Carolina. It serves as a clearinghouse for many publications of the Centers for Medicare & Medicaid Services. It has served as the state's primary resource for educating Medicare beneficiaries about Medicare+Choice and the other recent Medicare changes. In 2001, SHIIP added to its web site an interactive Medicare Supplement insurance premium database that provides consumers with up-to-date information about Medicare supplement policy choices, premium costs, rate history, and coverage. Also in 2001, SHIIP began development of a statewide partnership with the public library system that resulted in placing the *SHIIP Resource Guide* in a library in each county seat. In 2002, SHIIP produced with the Division of Aging and AARP, a brochure on long-term care, *It's about You, Your Children, and Your Parents: Planning Today for Tomorrow.*

SHIIP is coordinated in each county through an existing human service agency such as a Council on Aging office, a Senior Center, or a Cooperative Extension office. These agencies serve as sponsors that provide important continuity, an available point of access, and model interagency cooperation.

Continuing Care Facilities

Continuing care facilities, also known as CCRCs, provide a living alternative for retirement-aged people. The Continuing Care Facilities Section provides the financial oversight and licensing of continuing care facilities as well as additional safeguards for facility residents and prospective residents. This authority applies only to facilities that furnish lodging or independent living together with health-related services under a contract for the life of the individual or for a period in excess of one year. Current laws provide for facility disclosure of all material facts and financial data; departmental authority to intervene in the event of insolvency or the imminent danger of financial impairment; departmental authority to audit the books and records of facilities; and the establishment of a nine-member advisory committee to advise the Insurance Commissioner.

The Department of Transportation

(http://www.ncdot.org/)
The Department of Transportation administers the Elderly and Disabled Transportation Assistance Program (EDTAP), which amounted to $5.5 million in 2002. It covers all 100 counties.

Public Transportation Division Public transportation in North Carolina operates in many settings, from bus routes in large metropolitan areas to 14-passenger vans in small towns and rural communities. The NCDOT Public Transportation Division administers federal and state funds to support local planning for coordinated transportation systems. In FY 2002-2003, there are 84 coordinated transportation systems (including six regional systems) that serve the general public and/or human service agencies. One transportation program that provide important assistance to older adults without access to a vehicle is the Elderly and Disabled Transportation Assistance Program (EDTAP). In FY 2001, 1,256,387 one-way rides were provided in 99 counties to older adults and younger adults with disabilities through the state EDTAP fund ($5.5 million authorized.)

Unlike urban areas with population density more suitable for mass transit, the state's rural communities face the challenge of transporting fewer people over large geographic areas. Through NCDOT's Rural General Public Program, transportation services in rural areas include demand-response, dial-a-ride programs or deviated fixed route services with designated stops. Beneficiaries of these services include many older adults living in outlying areas who are transported to stores and other destinations in town. In FY 2001, rural general public services provided 315,031 one-way rides to citizens in rural communities.

Division of Motor Vehicles
In North Carolina, people must demonstrate that they can drive safely in order to get a driver's license or have on renewed. The NCDOT Division of Motor Vehicles has the authority to require written tests, oral tests, road tests, vision tests, or medical examinations to assess a driver's ability and may impose restrictions on a license. A driver may be asked to have their personal physician provide information on their medical condition for review by state medical professionals. DMV's Driver Medical Evaluation Program provides for written appeals of licensure restrictions or denials. According to a study conducted in 2000 by the NC Highway Safety Research Center, only 2.1 percent of licensed drivers age 65 and older in North Carolina had a license restriction other than corrective lenses.

The Office of the Governor

Office of Citizen Affairs: NC Commission on National and Community Service

North Carolina Americorps/Vista (Volunteers in Service to America)
(http://www.volunteernc.org)

This is a full-time, yearlong volunteer program for men and women 17 years of age and older from all backgrounds who commit themselves to increasing the capacity of people with low income to improve the conditions of their own lives. Volunteers are assigned to local sponsors who may be state or local public agencies or private nonprofit organizations. Volunteers may serve in their home, community, or in other parts

of the country. Americorps/Vista pays travel expenses and provides some relocation assistance for volunteers who serve outside of their local community.

North Carolina Housing Finance Agency
(http://www.nchfa.com/)

The North Carolina Housing Finance Agency operates a variety of programs to finance home ownership for first-time homebuyers with low or moderate incomes, provide affordable rental housing for low- and moderate-income renters, and rehabilitate substandard owner-occupied and rental housing. Funding for agency programs and operations comes from program fees, earnings from tax-exempt bond sales, federal funds, and the North Carolina Housing Trust Fund.

Corporation for National and Community Service (NC State Program Office)

Retired and Senior Volunteer Program (RSVP)

Every community in North Carolina faces the continuing challenge of providing necessary services with limited resources. Every community also has a growing number of retirees who want to remain active and useful. RSVP, as part of the Corporation for National and Community Service, has a twofold purpose: to provide volunteer opportunities for older adults so that they can put the skills and experience of a lifetime to work for others, thereby maintaining an active role for older adults in the community; and to assess and meet community needs through the use of older adult volunteers.

RSVP has 17 projects serving 29 counties in North Carolina and could expand to many more if funding were available. The cost of operations is minimal in proportion to the number of persons giving their time and administering care. RSVP has minimal paid staff and provides the following benefits to its volunteers: insurance, meal reimbursement, mileage reimbursement, and recognition. There is no per diem or wage paid to participant volunteers.

Senior Companion Program

The Senior Companion Program provides an opportunity for able-bodied seniors with low income to continue making meaningful contributions to their communities. They help older persons receiving long-term care, deinstitutionalized persons from hospitals and nursing homes, and others with special needs. The companionship that develops in these relationships is of great value to both the giver and recipient. Senior companion services include shopping and escorts on personal errands, home budgeting, helping deinstitutionalized seniors readjust to community living, household management skills, exercise and recreational activities, nutritional assistance, health status monitoring, acute care discharge planning, and care for the terminally ill. In North Carolina, 5 Senior Companion programs serve 15 counties across the state.

Foster Grandparent Program

The Foster Grandparent Program (FGP) provides people who are 60 years of age and older with an opportunity to engage in useful volunteer services to their community. They give their time and talents and engage through locally sponsored projects in public and nonprofit facilities. There are 11 Foster Grandparent Programs serving 30 counties in North Carolina. Most FGP participants are older adults with low incomes who receive a modest hourly stipend for their services.

North Carolina Senior Games
(http://www.ncseniorgames.org/)

North Carolina Senior Games is a statewide, year-round health promotion and education program for individuals age 55 and older. This wellness and prevention program focuses on keeping seniors healthy and independent and involved in personal fitness. There are 52 regional Senior Games that serve the entire state. In 2001, 45,419 older adults participated in local Senior Games events. State Final's competition is held annually. In addition to the games, the organization offers SilverArts-a literary, heritage, visual, and performing arts program; Silver liners-a senior line-dancing association; SilverStriders-a national award-winning walking program; statewide workshops; leadership

training for professionals; educational material such as exercise posters; and health information. North Carolina Senior Games is supported by the State, two corporate sponsors, and many coordinating and endorsing agencies such as the Division of Aging, Health Services, Parks and Recreation, AARP, and the medical profession.

Attorney General's Office

(http://www.jus.state.nc.us/)

Consumer Protection Section

The Consumer Protection Section protects the public from fraud, deception, price fixing, price gouging, restraint of trade, and other unfair and deceptive trade practices. This section also represents the using and consuming public in matters before the North Carolina Utilities Commission.

Citizens' Rights Section

The Citizens' Rights Section provides services to state and local agencies on particular legal issues facing the citizens of North Carolina, including victims' rights, child abuse, elder abuse, hate crimes, domestic violence and family matters, open meetings and public records law, as well as certain environmental concerns.

Representatives from the Attorney General's Office, along with representatives from the Division of Aging and AARP, are co-chairing the North Carolina Senior Consumer Fraud Task Force.

North Carolina Higher Education Resources Related to Aging

North Carolina's colleges and universities have distinguished themselves in the field of aging through their research, interdisciplinary professional and postgraduate programs, undergraduate degree programs, community-oriented service and technical assistance activities, and their clinical programs in medicine, dentistry, pharmacy, and nursing. Institutions of higher education in our state are also offering continuing educationprograms for older people and for those who work with persons in this age group. Some of these institutions have opened their doors to provide special programs offering access to resources and lifelong learning opportunities for older adults in our state.

North Carolina Cooperative Extension Service

(http://www.ces.ncsu)

The North Carolina Cooperative Extension Service is an educational organization supported by federal, state, and county funds. It serves 100 North Carolina counties and the Cherokee Reservation. Extension agents, serving as field faculty of land grant universities, deliver research-based informal educational programs addressing the priority concerns selected by each county's advisory system. Extension Specialists at North Carolina State University and North Carolina A & T University develop educational materials as well as train and support the county agents. At present the Extension Service offers a wide range of educational programs and resources on aging issues. One statewide program called *Aging with Gusto!* is designed to give adults research-based information to help them plan for and get the most out of their later years. Specific programs are available on such topics as caregiving, developing positive attitudes, home modification, retirement planning, estate planning, and nutrition and wellness in later life.

Area Health Education Centers Program (AHEC)

(http://www.med.unc.edu/ahec/)

The AHEC program seeks to improve the supply, distribution, and quality of health care professionals in North Carolina through its ten regional centers. AHEC works with the state's four university medical centers to sponsor a wide range of educational activities related to health manpower development, including community training for health science students, medical residency training programs in primary care, continuing education, and information services. AHEC was created in 1972 by the School of Medicine at UNC-CH and funded with a federal grant. In 1974, the General Assembly expanded the AHEC program and took over its funding. Today the program is funded about equally from state and local sources and is administered by the Dean of the UNC-CH School of Medicine. Program activities fall into three broad categories: community-based and medical

residents; health professions continuing education; and information services for health care agencies and professionals.

AHEC activities are focused on the supply, distribution, and education of health care professionals. The nine regional centers work within their regions to assess the education and training needs of the health professionals and agencies serving older adults, including long-term care facilities. They then develop educational programming to meet those needs.

UNC Institute on Aging
(http://www.aging.unc.edu/)

The UNC Institute on Aging (IOA) was created by the NC General Assembly in August 1996. The IOA works to enhance the well-being of older North Carolinians through statewide collaboration in research, education, and public service. In addition, the IOA works through its statewide linkages to promote collaborative, applied and basic gerontological research, develop innovative programs of interdisciplinary education and practice, and provide state-of-the-art information to policy makers, program managers, service providers, clinicians, and the general public.

Examples of IOA activities include providing pre- and post-doctoral training on aging issues, conducting research projects on pertinent aging issues (such as workforce development and older workers' retirement), coordinating the annual North Carolina Conference on Aging, hosting a Distinguished Lecture series on aging, administering a central source of aging information, and sponsoring the UNC Senior Leadership Initiative.

Rep. EARLE

North Carolina Department of Health and Human Services
Division of Aging

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Karen E. Gottovi
Director

March 11, 2003

Memo

To: Members of the House Committee on Aging

From: Karen E. Gottovi

Subject: Aging Services

I am pleased to be able to share with you some basic information about services for older adults and their family caregivers. Attached is an overview of the Division of Aging, a fact sheet for each county that you represent, a review of resources for information and assistance, a list of Area Agencies on Aging, and a guide for family caregivers that was produced by AARP in collaboration with our division.

The county-by-county fact sheet identifies many of the local services and service providers funded by the Division Aging under the Home and Community Care Block Grant (HCCBG) and other sources. Non-HCCBG services include health promotion/disease prevention/medication management under Title III-D of the Older Americans Act and legal services under Title III-B of the Act.

In addition, the fact sheet identifies at least one agency in each county that provides "information and assistance" to help older adults and family caregivers access needed services, and it identifies the local lead agency for planning use of the HCCBG funds. The fact sheet also lists senior centers that receive funds from the division and adult day services programs that are certified by the division.

Along with the fact sheet is a profile that gives further information about services funded under the Home and Community Care Block Grant. This information describes clients receiving services in SFY 2001-02, gives the amount expended for these services, and indicates the extent to which providers have reported a waiting list for these services. As of March 6, 2003, there were reportedly 11,476 unmet service needs under the HCCBG statewide, with 82 percent of these for home-delivered meals and in-home aide assistance.

Mailing Address: 2101 Mail Service Center ■ Raleigh, NC 27699-2101 ■ (919) 733-3983
Location: 693 Palmer Drive, Raleigh, NC 27603 ■ State Courier No. 56-20-02 ■ Fax No. (919) 733-0443

NC DIVISION OF AGING

BACKGROUND: Established by State law in 1977 (NCGS 143B-181.1), the Division of Aging is the organization within the NC Department of Health and Human Services responsible for planning, administering, coordinating, and evaluating the activities developed under the federal Older Americans Act and many of the programs for older adults funded by the NC General Assembly. The Division is the designated State Unit on Aging, required by the federal Older Americans Act (P. L. 106-501). The Division recently provided the General Assembly *the 2003-2007 State Aging Services Plan for North Carolina*, as required by NCGS 143B-181.1A.

MISSION: To promote independence and enhance the dignity of North Carolina's older persons and their families and ready younger generations to enjoy their later years.

Through partnering with Area Agencies on Aging, local services and programs, senior leaders, and other public and private interests, the Division plans, administers, coordinates, and evaluates a community-based system of opportunities, services, and protections to advance the social, health, and economic well-being of older North Carolinians.

VISION: The Division of Aging will effectively serve as North Carolina's foremost leader in identifying and responding to the increasing challenges and opportunities presented by our aging society. We will achieve these goals through effective public policies and programs developed in cooperation with others across state departments, within the Department of Health and Human Services, and outside of government. The Division will act as a catalyst to empower consumers in support of enhancing personal responsibility and to promote the effective use of all resources for the well-being of seniors and their families.

GOALS:

- Expand in-home and community services for older adults
- Increase support for family caregivers
- Support aging-in-place through well coordinated community-based services that include an effective system of information and assistance
- Assure an adequately trained workforce to provide aging services
- Involve older adults and their families in meaningful public policymaking
- Establish an integrated state, area agency, and county planning process for aging and long-term care
- Improve the quality of senior centers
- Collaborate with public and private interests to enhance the health and wellness of older adults and their family caregivers
- Increase volunteer and employment opportunities for older adults
- Enhance quality of care and quality of life of residents of long-term care facilities

Home and Community Services

Working with 17 Area Agencies on Aging (AAAs) and more than 430 public and private local organizations, the Division of Aging supports a wide range of home and community-based services. The division also helps develop and strengthen senior centers as resources for communities all across the state. The array of services and programs offered varies from one county to another based on local need and other factors particular to a county. See the attached **Profile of the Home and Community Care Block Grant** for a description of what is available under the state's Home and Community Care Block Grant [NCGS 143B-181.1(a)(11)] and a review of the program's effectiveness.

Family Caregiving

The Division of Aging received $2,916,628 in 2001 to start the Family Caregiver Support Program under the Older Americans Act, as amended in 2000. North Carolina served more than 9,100 caregivers in the first year. For FFY 2001-02, these federal funds increased to $3,302,337. In implementing the Family Caregiver Support Program, North Carolina has focused on partnering and leveraging the somewhat limited caregiver funds. In working through the state's 17 AAAs, the NC Division of Aging has set several statewide goals for the first three years of the program:

1. There will be an adequate infrastructure at the AAA and State levels to serve as a platform for future enhancement of support for family caregivers.
2. Every region will have an Information & Assistance (I&A) system that meets the recommendations of the Division's Task Force on I&A.
3. Family caregivers in every county will have access to respite care, counseling and training.
4. AAAs and the Division will know the unmet needs of caregivers for purposes of planning and program development.
5. AAAs and the Division will have contributed significantly to helping the state implement recommendations of the N.C. Institute of Medicine Task Force on Long Term Care, including promotion of the availability of core services and the strengthening of local planning for aging and long term care.

The North Carolina Division of Aging envisions a future in which families enter into caregiving with the knowledge and assurance that they can call upon the business, faith, and health and human service communities to assist with information, counseling, problem solving, respite, and formal services when needed. Families are respected as the decision-makers and have access to tools to aid their problem solving. The contribution of family caregiving is acknowledged and supported through enlightened public policies. The role of the family remains strong regardless of the care setting or arrangement. See **Family Caregiving in North Carolina: A Guide for Family Caregivers** for more information about this initiative.

Elder Rights

Protecting and securing the rights and benefits of older adults is central to the work performed by the aging network. Through its elder rights activities, the Division of Aging seeks to help vulnerable older adults to understand their rights, secure

benefits, exercise choice, and maintain autonomy and independence. This work is achieved through a variety of programs and services.

The Long-Term Care Ombudsman. North Carolina's Long-Term Care Ombudsman Program consists of state and regional ombudsmen who help residents of long-term care facilities exercise their rights. In addition to being an advocate for residents, they educate the public and facility staff members about rights and help resolve grievances between residents/families and facilities. In 2001, the state and regional ombudsmen handled 3,624 complaints and resolved 84% of them without having to refer them to another agency. The regional ombudsmen, who are located within Area Agencies on Aging, also help support the efforts of Adult Care Home and Nursing Home Community Advisory Committees (NCGS 131E-128 and 131D-3). These local committees, which are composed of volunteers appointed by county commissioners, routinely visit facilities, serve as advocates for residents, help ensure that the intent of the resident's bill of rights is maintained, and work to increase community involvement in nursing homes and adult care homes. There are more than 1,310 such volunteers statewide, with committees in each county. The Ombudsman Program assisted more than 20,800 individuals in 2001 with their long-term care issues.

Elder Abuse, Neglect, and Exploitation Prevention Education. Working with the Division of Social Services, county departments of social services, and other local and state agencies, the Division of Aging and the Area Agencies on Aging provide educational seminars, materials, and technical assistance on the prevention of elder abuse, neglect, and exploitation. Examples of initiatives within the state include the TRIAD Program, the First Responders Program, sensitivity training programs, and missing persons programs.

Legal Resource Center. The Legal Resource Center of the Division of Aging offers a variety of services that include: (1) oversight of the legal assistance provided to older adults across the state through Older Americans Act funding; (2) provision of technical assistance and referral to older adults, professionals and the aging network on legal issues affecting older adults; (3) assembly and development of elder law educational and informational material for distribution to older adults, professionals, and the aging network; (4) provision of education and training across the state on relevant elder law issues; (5) work with the private bar, the Legal Services Corporation, law schools, and other agencies to improve and address the legal needs of older adults; and (6) service on policy and program commissions, task forces, and boards to act as a resource and to represent the needs of older adults.

Consumer Fraud Protection. In 1998, the Division of Aging joined with AARP and the Attorney General's Office to establish the NC Senior Consumer Fraud Task Force, with representatives from federal, state, and local law enforcement agencies, aging advocates, the aging network, state and local Better Business Bureaus, and crime prevention agencies. An important goal of the Task Force is to educate consumers about fraud and other deceptive practices that target seniors. The Task Force has worked closely with others to support passage of consumer protection legislation such as the NC Predatory Lending Law of 1999.

Volunteer Coordination. The Senior Education Corps is an example of the Division's efforts to establish intergenerational partnerships linking the experience, talent, and cultural awareness of senior volunteers with the priority needs of North Carolina schools. Currently, the Senior Education Corps operates in 82 counties with 8 others in the planning stage. Both seniors and school children benefit from this intergenerational program.

Senior Community Service Employment Program. The Division of Aging administers the Senior Community Service Employment Program (SCSEP) in 8 AAA regions for persons who are 55 years or older and economically disadvantaged. About 500 older workers participate through the Division's program. National sponsors administer the program in other regions, reaching another 1,700 older workers. Funded through Title V of the Older Americans Act, the program places eligible individuals into useful part-time community service programs while helping them make the transition to unsubsidized employment.

Seniors Plus Program. The Division of Aging offers public benefits training to interested volunteers across the state to provide assistance to seniors who may be eligible for additional sources of income due to their limited resources. The Seniors Plus Program has over 320 volunteers in 80 counties working to assist older adults.

Medicare Lookout. In 2000, the Division of Aging received a three-year grant from the U.S. Administration on Aging to provide education and outreach to Medicare beneficiaries. This grant is part of an on-going federal, state, and local initiative called Operation Restore Trust, designed to prevent improper payments in the Medicare and Medicaid programs and to preserve these public health programs for future generations. The Division of Aging administers the project in partnership with AAAs, SHIIP, CARE-LINE, providers, public and private agencies, and consumer groups. The Medicare Lookout program uses a dedicated core of volunteers to assist Medicare beneficiaries in understanding the general provisions of Medicare and Medicaid, recognizing and reporting discrepancies in their health care delivery that may be caused by simple error or by fraud, abuse, or waste, and becoming active participants in their own health care delivery. Medicare Lookout is dedicated to fairness and works closely with associations representing all areas of health care.

Advocacy

The Division of Aging supports several bodies that are effective advisors and advocates on aging issues. These include the Governor's Advisory Council on Aging and the North Carolina Senior Tar Heel Legislature.

The **Governor's Advisory Council on Aging** is authorized by state legislation to make recommendations to the Governor and the Secretary of the Department of Health and Human Services for improving human services to older people, including better coordination among state agencies. The council also studies and recommends how best to promote public understanding of problems affecting older adults and considers the need for new state programs to address these problems. It is comprised of 33 members, with 29 people appointed by the Governor, and 2 each appointed by the President Pro Tempore of the state Senate and the speaker of the state House of Representatives. Among these 33 are 19 at-large members, who are

citizens knowledgeable about services supported through the Older Americans Act, and 14 representatives of state agencies or organizations serving older people.

The **North Carolina Senior Tar Heel Legislature** was created by the state General Assembly in July 1993 to provide information to older adults on the legislative process and matters being considered by the General Assembly, promote citizen involvement and advocacy about aging issues, and assess the legislative needs of older adults by convening a forum modeled after the General Assembly. Each county has one delegate and one alternate to the Senior Tar Heel Legislature. Delegates and alternates must be age 60 or older.

In addition, the Division of Aging is responsible for developing the *North Carolina Aging Services Plan*, which is required by state and federal statutes. The current plan for 2003-2007 was submitted to the General Assembly February 28, 2003.

Mecklenburg County, Region F

	Number, 65+	Percent, 65+
2000	64,445	9%
2010	87,177	10%
2020	137,580	13%

Aging Services Providers [*Key contact for Information & Assistance]

CHARLOTTE-MECKLENBURG SENIOR CENTERS, INC (Senior Center Operation) 704-522-6222	MCCROREY FAMILY YMCA (Medication Management Disease and Disease Prevention/Health Promotion) 704-716-6506
HOPE MILLS SENIOR CENTER (Senior Center) 910-425-6707	***MECKLENBURG COUNTY DSS/JUST ONE CALL** (Adult Day Care, Adult Day Health, Congregate Nutrition Meals, Home Delivered Meals, In-Home Aide Services, and Transportation) 704-336-3258
LEGAL SERVICES FOR THE ELDERLY (Legal Services) 704-334-0400	

Lead Planning Agency for the Home and Community Care Block Grant

Charlotte-Mecklenburg Council on Aging and Mecklenburg County Department of Social Services

Senior Center(s)

Charlotte-Mecklenburg Senior Centers, Inc. (opened in 1984) 2225 Tyvola Road Charlotte, NC 28210-2922 704-522-6222	Shamrock Senior Center of Charlotte-Mecklenburg Senior Center, Inc. (opened in 2002) 3925 Willard Farrow Drive Charlotte, NC 28215 704-531-6900

Mecklenburg County, Region F (*continued*)

Adult Day Care (ADC) and Adult Day Health (ADH) Center(s)

Adult Care and Share Center, Inc. (ADC and ADH, certified for 36) 6709 Idlewild Rd. Charlotte, NC 28212 704-567-2700	New Friends Adult Day Care/Day Health (ADC and ADH, certified for 67) 3020-I, #131 Prosperity Church Rd. Charlotte, NC 28269 704-531-7663
Blessed Assurance Adult Day and Health Care (ADC and ADH, certified for 20) 11100 Monroe Road, Suite L and K Charlotte, NC 28105 704-845-1359	Pritchard - PALS (ADC and ADH, certified for 36) 1201 S. Boulevard Charlotte, NC 28203 704-370-0093
Loving Care Adult Day Care & Health (ADC and ADH, certified for 50) 7917 Moores Chapel Road, Building D Charlotte, NC 28214	Redeemer PALS (ADC and ADH, certified for 20) 2422 Ashley Rd. Charlotte, NC 28266 704-395-8884
Loving Touch Adult Day Health Care Center, Inc. (ADC and ADH, certified for 30) 1302 Beatties Ford Road Charlotte, NC 28216 704-331-0015	Samaritan Adult Day Health Care Center (ADC and ADH, certified for 24) 2600 Elmin St. Charlotte, NC 28208
Mt. Olive Day Adult Day Care Home (ADC, certified for 10) 10016 Gartwood Road Charlotte, NC 28273 704-527-7342	University Adult Care Center, Inc. (ADC and ADH, certified for 23) 1324 E Mallard Creek Church Road Charlotte, NC 28262 704-510-0030

*Summary of Client Services: SFY 2001-2002**

Service Name	*Clients*	*# on Waiting List*	*Expend.*	*Avg. Age*	*% Female*	*% Nonwhite*
MECKLENBURG						
Adult Day Care	14	0	$40,974	76	57%	79%
Adult Day Health	84	0	$276,759	77	69%	80%
Congregate Nutrition	2141	0	$305,557	73	70%	52%
Home Delivered Meals	1167	0	$387,298	78	70%	58%
Housing & Home Improvement	1	0		64	0%	0%
In Home Aide Level 1	480	1	$521,635	78	76%	49%
In Home Aide Level 2	443	0	$509,407	80	77%	49%
In Home Aide Level 3	69	0	$62,294	78	63%	55%
Senior Center			$59,104			
Transportation, General	820	0	$179,780	75	78%	63%

Senior Center Expenditures include funding in addition to the HCCBG funds.

A Profile of the Home and Community Care Block Grant (HCCBG)

History and Purpose of HCCBG

In effect since July 1, 1992, the Home and Community Care Block Grant (HCCBG) was established by the General Assembly [G.S. 143B-181.1(a)(11)], with the support of the N.C. Association of County Commissioners. By consolidating several funding sources (i.e., the Older Americans Act, the Social Services Block Grant in support of respite care, portions of the State In-Home and Adult Day Care funds, and other relevant State appropriations)—some of which traditionally went to separate organizations—the HCCBG represented an important step toward establishing a well coordinated service delivery system to meet the needs of a rapidly growing older population. The HCCBG gave counties greater discretion, flexibility, and authority and streamlined and simplified the administration of services. With direct input from older adults, County Commissioners approve an annual funding plan that defines services to be provided, the funding levels for these services, and the community service agencies to provide these services. Counties can select from among the following 18 eligible services under the HCCBG (on page 2 is a description of these services):

Adult Day Care	Health Screening	Mental Health Counseling
Adult Day Health Care	Home Delivered Meals	Senior Center Operations
Care Management	Housing and Home Improvement	Senior Companion
Congregate Nutrition	Information and Assistance	Skilled Home (Health) Care
Group Respite	In-Home Aide (levels I-IV)	Transportation
Health Promotion and Disease Prevention	Institutional Respite Care	Volunteer Program Development

By offering a broad range of services designed to improve the quality of life of older adults, the HCCBG has explicitly focused on:

(1) supporting frail elderly in their preference to be cared for at home;
(2) improving and maintaining the physical and mental health of older adults;
(3) enabling older adults to maintain/regain independent functioning;
(4) assisting older adults and persons acting on their behalf with accessing needed services and information;
(5) providing relief to family caregivers so that they can continue their caregiving; and
(6) providing community service opportunities for older adults and allowing them to remain actively engaged with their communities.

Below is a list of the services funded under the Home and Community Care Block Grant (HCCBG) for which clients are reported to the Division of Aging through its Aging Resources Management System (ARMS). The information that describes the "average client" is based on at least 50% of the older adults receiving the HCCBG service. Under the HCCBG, 'economically needy' is self-reported by clients based on whether their income is at or below the federal poverty level ($8,860 for 2002). Clients are also assessed using several functional criteria that include: activities of daily living (ADLs), which describe basic self-care tasks (e.g., bathing, dressing, grooming, moving around the house, and eating; and instrumental activities of daily living (IADLs), which describe basic tasks essential to living independently (e.g., cooking meals, housekeeping, laundry, paying bills, shopping, and using the telephone.)

Adult day care (ADC) provides an organized program of services during the day in a community group setting to support the personal independence of older adults and promote their social, physical, and emotional well-being. *The average client is 80 years old, female, economically needy, has limitations with 1+ ADLs and 3+ IADLs, and is at risk of malnutrition.* 38% are cognitively impaired. Among ADC clients, 63% report that the services they receive relieve their caregiver. 42 counties currently fund ADC under the HCCBG.

Adult day health (ADH) services are similar to adult day care in providing an organized program of services during the day in a community group setting to support the personal independence of older adults and promote their social, physical, and emotional well-being. In addition, ADH providers offer health care services to meet the needs of individual participants. *The average client is 80 years old, female, economically needy, has limitations with 2+ ADLs and 3+ IADLs, and is at risk of malnutrition.* 45% are cognitively impaired. Among ADH clients, 73% report that the services they receive relieve their caregiver. 29 counties currently fund ADH under the HCCBG.

Care management incorporates case finding, assessment, care planning, negotiation, care plan implementation, monitoring, and advocacy to assist clients and their families with complex needs in obtaining appropriate services. *The average client is 80 years old, female, has limitations with 3+ ADLs and 3+ IADLs, and is at risk of malnutrition.* 10 counties currently fund care management under the HCCBG.

Congregate nutrition is a service where a meal (typically lunch), offering one-third of the recommended daily dietary allowance, is provided in a group setting. *The average client is 76 years old, female, and does not have limitations in ADLs or IADLs.* Nearly half (46%) live alone and 44% are at risk of malnutrition. 99 counties currently fund congregate meals under HCCBG.

Group respite is a service that trains volunteers to offer temporary, part-time relief to unpaid, primary caregivers of cognitively or physically impaired older adults and to provide meaningful social and recreational activities for those receiving care. *The average client is 81 years old, female, has limitations with 1+ ADLs and 3+ IADLs, and is cognitively impaired and at risk of malnutrition.* Nearly half are economically needy (48%). 8 counties currently fund group respite.

Home-delivered meals is a service that provides a meal (typically lunch), offering one-third of the recommended daily dietary allowance, to a home-bound older adult. *The average client is 80 years old, female, has limitations with 1+ ADLs and 3+ IADLs, and is at risk of malnutrition.* Nearly half (48%) live alone, and 43% are economicaly needy. 95 counties currently fund home-delivered meals under the HCCBG.

Home health is skilled health care prescribed by a physician that is provided in the home of an older adult in need of skilled nursing; physical, occupational, and/or speech therapy; medical social services; and/or nutrition care. *The average client is 81 years old, female, economically needy, has limitations with 2+ ADLs and 3+ IADLs, and is at risk of malnutrition.* One county currently funds home health under the HCCBG.

Housing and home improvement is a service that assists older adults with obtaining or retaining adequate housing and basic furnishings, by providing information about available options for housing and housing with services and how to finance them; assisting with finding and relocating to alternative housing; and providing labor and/or materials for minor renovations and/or repair of dwellings to remedy conditions that create a risk to personal health and safety. *The average client is 76 years old, female, economically needy, has limitations with 2+ ADLs and 2+ IADLs, and is at risk of malnutrition.* 38% live alone. 38 counties currently fund this service.

In-home aide (level 1) is a service that provides assistance with basic home management tasks, such as housekeeping, cooking, shopping, and bill paying to enable the older adult to remain at home as long as possible. *The average client is 80 years old, female, lives alone, has limitations with 3+ IADLs, and is at risk of malnutrition.* 30% are cognitively impaired, and 49% are economically needy. 78 counties currently fund level 1 under the HCCBG.

In-home aide (level 2) is a service that provides support to persons/families who predominately require assistance with basic personal care (bathing, shaving, toileting, and personal hygiene) and associated home management tasks. *The average client is 81 years old, female, has limitations with 2+ ADLS and 3+ IADLs, and is at risk of malnutrition.* 37% are cognitively impaired, 38% live alone, and 45% are economically needy. 89 counties currently fund level 2.

In-home aide (level 3) is a service that provides intensive education and support to persons/families in carrying out home management tasks and improving family functioning skills, or provides substantial ADL support to individuals/families who require assistance with health and personal care tasks. *The average client is 80 years old, female, has limitations with 3+ ADLS and 3+ IADLs, and is at high risk of malnutrition.* 34% are cognitively impaired and 43% are economically needy. 49 counties currently fund level 3 under the HCCBG.

In-home aide (level 4) is a service that provides a wide range of educational and supportive services to persons/families who are in crisis or who require long-term assistance with complex home management tasks and family functioning skills. *The average client is 74 years old, female, economically needy, has limitations in 1+ ADLS and 3+ IADLs, and is cognitively impaired and at risk of malnutrition.* One county currently funds level 4 under the HCCBG.

Institutional respite is a service that temporarily places older adults, who require constant care and/or supervision, out of their homes to provide their unpaid, primary caregiver with relief from caregiving responsibilities. *The average client is 81 years old, female, has limitations in 1+ ADLS and 3+ IADLs, and is cognitively impaired and at risk of malnutrition.* 49% are economically needy. 3 counties currently fund this service under the HCCBG.

The **Senior Companion program** offers a part-time stipended volunteer opportunity for low-income persons 60 years of age or older who provide support, task assistance, and/or companionship to other adults with exceptional needs (developmental disabilities, functional impairments, or persons who have other special needs for companionship). *The average senior companion is 77 years old, female, economically needy, lives alone, and is at risk of malnutrition.* 7 counties currently fund this program under the HCCBG.

General transportation is a service that provides travel to and/or from community resources, nutrition sites, and other places where older adults need access to services and activities necessary for daily living. *The average client is 77 years old, female, economically needy, lives alone, has limitations in 1+ IADLs, and is at risk of malnutrition.* 95 counties currently fund this program under the HCCBG.

Medical transportation is a service that provides travel to medical appointments. *The average client is 77 years old, female, economically needy, lives alone, has limitations in 1+ ADLs and 1+ IADLs, and is at risk of malnutrition.* 48 counties currently fund this service under the HCCBG.

<u>Other HCCBG Services</u> [non-unit]

Health Screening is a service that provides general medical testing, screening, and referral to promote the early detection and prevention of health problems in

older adults. 2 counties currently fund this service under the HCCBG. This service is also supported in some counties under Title III-D of the Older Americans Act.

Health Promotion and Disease Prevention is a service category that promotes the health and wellness of eligible older adults. No counties currently fund this under the HCCBG; however, many counties receive funds under Title III-D of the Older Americans Act for this purpose.

Information and Assistance is a service that assists older adults, their families, and others acting on their behalf in their efforts to acquire information about programs and services and to assist older persons with obtaining appropriate services to meet their needs. 39 counties currently fund this service under the HCCBG.

Mental Health Counseling is a service that incorporates care consultation, evaluation, and outpatient treatment to older adults who are experiencing mental health problems. No counties currently fund this service under the HCCBG.

Senior Center Operation supports provision of a broad spectrum of services and activities for older adults. The primary objectives of a multipurpose senior center are: the centralized provision of services that address the special needs of older adults; opportunities for older adults to become more involved in the community; and the prevention of loneliness and premature institutionalization by promoting personal independence and wellness. 55 counties currently fund the operation of senior centers under the HCCBG.

Volunteer Program Development supports the development and operation of a systematic program for volunteer participation. The service involves volunteers of all ages in providing services to older adults while also providing community service opportunities for older adults. 9 counties currently fund this service under the HCCBG.

How well is HCCBG meeting its goals?

Support Frail Elderly

The independence and well-being of some older adults are at risk become of economic insecurity, poor health, and functional limitations. HCCBG client statistics demonstrate that the program is targeting at-risk seniors.

- **Nearly half (49.2%) of all clients are "economically needy,"** which means that they report having an income at or below the federal poverty level ($8,860 for an individual in 2002).
- **Two-thirds (65.8%) of HCCBG clients are at risk of malnutrition.**
- **More than 7 in 10 (71.6%) of clients are unable to manage on their own** because of inability to perform basic self-care tasks (e.g., dressing, bathing,

eating), limitations in instrumental activities of daily living (e.g., shopping, housekeeping, preparing meals), and/or cognitive impairment.

Promote Healthy Aging and Independent Functioning

- While the HCCBG funds support a wide range of activities designed to develop and maintain optimal physical, mental, and social well-being and function in older adults—ranging from senior centers and health screening to in-home aide and home-delivered meals—counties are continuing to emphasize services to those who most in need of home and community care to remain living independently. **As of the current fiscal year (2002-03), counties have elected to use 79% of the HCCBG funds to support "core LTC services." If you exclude the funds for congregate nutrition, which are required by the Older Americans Act, *the percent targeted to "core LTC services" increases to 91%.*** Arguably, the four "non-core services" (i.e., congregate nutrition, senior centers, health screening, and volunteer program development) are also supportive of persons needing long-term care and their caregivers. This is shown in the data for congregate participants.
- The following findings from the Division's 2002 Performance Outcome Measurements Project illustrate, for example, the importance of nutrition services for the physical health and emotional well-being of vulnerable seniors:
  - 87% of congregate site participants were at risk of malnutrition, including 33% at high risk; 100% of those receiving home-delivered meals were found to be at risk, including 77% at high risk.
  - 66% of congregate participants report that the meal they receive represents at least half of their daily consumption.
  - 83% of congregate participants say visiting with friends is a major reason for their participation, and 72% of home-delivered clients cite interacting with the person who delivers the meal as important to them.
- These additional findings from the Performance Outcome Measurements Project show the vulnerability of many HCCBG clients:
  - 21% of congregate and 78% of home-delivered meal clients have difficulty going outside the house for shopping or doctors' offices. 21% of congregate participants cannot drive a car.
  - 36% of congregate and 72% of home-delivered meal clients have problems walking.
  - 30% of congregate and 72% of home-delivered meal clients cannot do their own housework.

Access Services and Information

A major frustration for many people is not knowing whom to call when there is a question or problem. Their frustration is made worse when they are referred from one organization to another and still are not helped. Thus, it is not surprising to find from the Division's 2002 survey of family caregivers (cited below) that more than two-thirds (69%) want a central place to call for information, and more than half (57%) want help dealing with agencies/bureaucracies to get services. For seniors themselves, such

experiences can create personally devastating consequences. This is why the state's Long-Term Care Plan, Olmstead Plan, and Aging Services Plan have made development of a more effective system for information and assistance (I&A) a priority. Support of I&A in the HCCBG, though, has been minimal because of other pressing demands. In fact, the HCCBG funds for I&A have declined by 4% between SFY 2001-02 ($1.7 million in expenditures) and SFY 2002-03 ($1.6 million, budgeted). The number of counties using HCCBG funds for I&A dropped from 44 in SFY 2001-02 to 39 currently. A similar decline of 3% in funding is evident in Care Management, another important access service. On the other hand, transportation, another, albeit different form of access service, increased by 4% from $6 million in SFY 2001-02 to $6.25 million in SFY 2002-03.

Relieve Family Caregivers

Families are the key providers of care but there are many stresses associated with this caregiving. North Carolina recognizes the importance of supporting family caregivers.

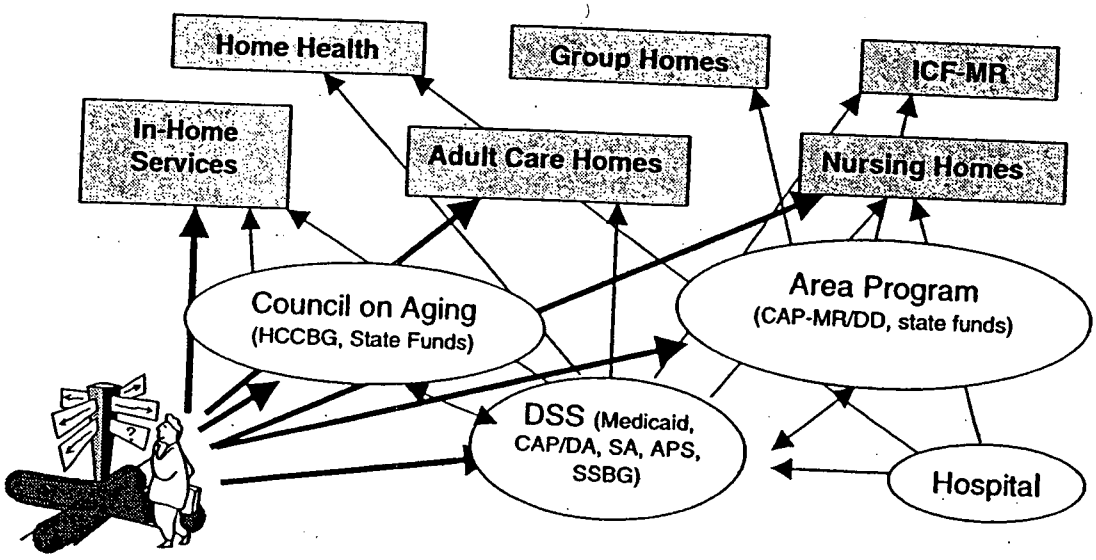
- Nearly 1 in 5 clients (19.5%) report that the services they receive provide some relief to their caregivers. While some clients do not have a caregiver, this is believed to be a very conservative figure for those who do.
- The following findings from the Division's 2002 Performance Outcome Measurements Project illustrate the importance of HCCBG services for caregivers as well as seniors:
  - **'Not enough time for self' or 'family' and 'stress' are major burdens for at least 30% of the caregivers helped by HCCBG services.**
  - Various forms of in-home aide services (including respite), care management, and information about services are the principal HCCBG services provided to caregivers. 94% are satisfied with the services they receive, including 66% who are 'very satisfied.'
  - **97% of caregivers report that the services help them to be a better caregiver, with 84% saying 'they help a lot.'**
  - **88% of caregivers report that the services enable them to provide care for a longer time,** which is important to avoiding more costly and restrictive interventions.
  - More than one-third of caregivers want additional help with housekeeping (49%), respite or adult day services (39%), help with ADLs/personal care (38%), and, and transportation (35).

Active Engagement

- The primary means of supporting active engagement through the HCCBG are through general transportation, congregate meal site, senior centers, and volunteer development. The importance of this support is evident in the aforementioned statistics on congregate meal participants. More than one in five congregate participants cannot drive and have difficulty navigating outside the house, and 83% of congregate participants say visiting with friends at the site is very important to them.

- While support of activities to allow older adults to remain actively engaged is an important goal and can be accomplished through a number of means, it certainly appears that counties are willing to make the difficult choice to put priority on HCCBG services that help the most at risk. Even with the General Assembly's reduction of $381,000 in funding for senior centers in SFY 02-03, HCCBG funding for senior centers is currently nearly 8% less than what counties obligated to this service area last year.

How Citizens Learn about and Locate Services and Supports



This graphic from the 2001 Long-Term Care Plan for North Carolina, prepared by the NC Institute of Medicine, begins to capture the complexity that many older persons and their family caregivers face when seeking assistance. They also turn to neighbors, friends, their faith community and employer, physicians, and many others. While easy access to accurate and timely information is essential to supporting informed decisions about service options, whether public or private pay, few consumers (or care providers) know all of the available services in their communities or understand what resources can help pay for needed assistance.

While most communities offer some form of information, referral, and assistance to older adults and their caregivers, the amount and quality of this help varies greatly around the state. Mecklenburg County, and its *Just-1-Call* service, is an example of one extreme where seniors and adults with disabilities have access to a one-stop source of information and assistance using either a database on the Internet or toll-free phone service. The service is confidential, free of charge, and easy to use, and available for non-English speaking citizens, too. At the other extreme are communities relying on the "walking rolodex," that is, the one person who knows whom to call for what.

Because communities have typically developed their community resource directory systems in isolation, the information for these various directories is not collected, updated, or shared in a standardized manner. This results in fragmentation and inefficiency—worse, it can produce incomplete and inaccurate information, which weakens the decision-making ability of consumers and contributes to inappropriate referrals and other costly mistakes.

The Division of Aging is taking a leadership role in determining the feasibility of coordinating existing community service directories into a single, seamless, statewide system. This is a goal of the Institute of Medicine's Long-Term Care Plan, the state's Olmstead plan, and the recently completed 2003-2007 State Aging Services Plan. The Division is working with CARE-LINE, the DHHS Office of Citizen Services, which maintains a statewide directory of community services and provides information and referral through a toll-free call line. The Division is also collaborating with United Way in its development of the 2-1-1 service, which is currently underway in the Triangle, Triad, Asheville, and Mecklenburg areas. 2-1-1 is the national abbreviated dialing code for free access to health and human services information.

The following description of available community resource directories for members of the House Aging Committee further illustrates the emerging development of Information and Assistance across the state and also the differences among communities.

Alamance County
Alamance ElderCare, Inc. is the community's key contact for I&A for seniors. The Piedmont Triad Council of Governments (Area Agency on Aging) maintains a list of providers under the Home and Community Care Block Grant (HCCBG) and a directory of nursing homes and adult care homes for its 7 counties at http://www.ptcog.org/agingdata.htm .

Ashe County
Ashe Services for Aging, Inc. is the community's key contact for I&A for seniors. The High Country Council of governments (Area Agency on Aging) maintains a directory of resources for its 7 counties at http://www.regiond.org/aaa/resorce%20directory/directory.html .

Burke County
Burke County Department of Social Services is the community's key contact for I&A. The Morganton-Burke Senior Center is another point of contact. The Western Piedmont Council of Governments (Area Agency on Aging) maintains a searchable community directory for its 4 counties at http://aaa.wpcog.dst.nc.us/search_for_services.asp .

Caldwell County
Caldwell County Department of Social Services is the community's key contact for I&A. The Caldwell Senior Center is another point of contact. The Western Piedmont Council of Governments (Area Agency on Aging) maintains a community directory for its 4 counties at http://aaa.wpcog.dst.nc.us/search_for_services.asp .

Edgecombe

Edgecombe County Home Care is considered the community's primary contact for I&A for seniors. There are three senior centers and other points of contact as well. The Upper Coastal Plain Council of Governments (Area Agency on Aging) produced and distributed in July 2002 an updated aging resource directory that covered each of its 5 counties. It plans to put the directory on-line when it can secure the necessary funds.

Forsyth

Senior Services Inc. is the community's key contact for I&A. Senior centers are also points of contact. United Way of Forsyth is participating in a regional 2-1-1 initiative, highlighted at http://www.callunitedway211.org/index.htm . The Northwest Piedmont Council of Governments (Area Agency on Aging) has completed an on-line information and referral database—AccessPiedmont.Com—for its 5 counties, accessible at http://www.accesspiedmont.com/ . By the end of March, the AAA expects to have a touch-screen kiosk in five senior centers in the region for use by seniors, including two in Forsyth.

Guilford

Senior Resources of Guilford is the community's key contact for I&A. Senior centers are also points of contact. The Piedmont Triad Council of Governments (Area Agency on Aging) maintains a list of providers under the Home and Community Care Block Grant and a directory of nursing homes and adult care homes for its 7 counties at http://www.ptcog.org/agingdata.htm . In addition, United Ways of Greensboro and High Point are participating in a regional 2-1-1 initiative, highlighted at http://www.callunitedway211.org/index.htm .

Halifax

Halifax County Council on Aging is the community's key contact for I&A. Senior centers are also points of contact. The Upper Coastal Plain Council of Governments (Area Agency on Aging) produced and distributed in July 2002 an updated aging resource directory that covered each of its 5 counties. It plans to put the directory on-line when it can secure the necessary funds.

Johnston

Johnston County Council on Aging and its senior centers are the key points of contact for I&A. The Triangle J Council of Governments (Area Agency on Aging) provides an on-line directory of community services, facilities, and caregiver supports at http://www.tjaaa.org/ for its 7 counties.

McDowell

McDowell County Department of Social Services and its senior center are the key contacts for I&A. The Isothermal Planning and Development Commission (Area Agency on Aging) has a list of HCCBG providers for its 4 counties at http://www.regionc.org/aging_hc.html .

Mecklenburg
Mecklenburg County Department of Social Services is the key contact for I&A through its Just-1-Call service, located on-line at http://www.justonecall.org/ . Also 2-1-1 is now available as a joint program of United Way of Central Carolinas, Inc. and Mecklenburg County (see http://www.uwcentralcarolinas.org/resources/ .) The Centralina Council of Governments (Area Agency on Aging) also maintains community service information on-line for its 9 counties at http://www.centralina.org/aaa/default.htm, and offers *Options: A Consumer's Guide to Housing and Long Term Care.*

Nash
Nash County Office on Aging and its senior center are the community's key contact for I&A. The Upper Coastal Plain Council of Governments (Area Agency on Aging) produced and distributed in July 2002 an updated aging resource directory that covered each of its 5 counties. It plans to put the directory on-line when it can secure the necessary funds.

Randolph
Randolph County Senior Adults is the community's key contact for I&A. The four senior centers are also points of contact. The Piedmont Triad Council of Governments (Area Agency on Aging) maintains a list of providers under the Home and Community Care Block Grant and a directory of nursing homes and adult care homes for its 7 counties at http://www.ptcog.org/agingdata.htm . United Way of Randolph is participating in a regional 2-1-1 initiative, highlighted at http://www.callunitedway211.org/index.htm .

Wake
Resources for Centers is the community's key contact for I&A. Five senior centers are also points of contact. Resources for Centers maintains an on-line resource directory, searchable by key words, at http://www.resourcesforseniors.com/iris/keyw_b.htm . The Triangle J Council of Governments (Area Agency on Aging) provides an on-line directory of community services, facilities, and caregiver supports at http://www.tjaaa.org/ . Triangle United Way is developing a regional 2-1-1 initiative, highlighted at http://www.unitedwaytriangle.org/new_site/pages/uw211/index.asp .

Watauga
Watauga Project on Aging is the community's key contact for I&A. Two senior centers are also points of contact. The High Country Council of governments (Area Agency on Aging) maintains a directory of resources for its 7 counties at http://www.regiond.org/aaa/resorce%20directory/directory.html .

Wayne
Wayne County Services on Aging and its senior center are the community's key contact for I&A. The Eastern Carolina Council (Area Agency on Aging) provides directory information for its 9 counties at http://www.aaaregionp.org/ . The AAA

is developing a more comprehensive site using GIS technology that will allow on-line searches by service type and community.

Wilson

Wilson Office of Senior Citizens is the community's key contact for I&A. Two senior centers are also points of contact. The Upper Coastal Plain Council of Governments (Area Agency on Aging) produced and distributed in July 2002 an updated aging resource directory that covered each of its 5 counties. It plans to put the directory on-line when it can secure the necessary funds.

Other General Contacts for Information about Aging Services

http://www.dhhs.state.nc.us/aging/index.htm North Carolina Division of Aging, including the division's Aging Services Directory at http://www.dhhs.state.nc.us/aging/services/colist2.htm and Elder Housing Locator at http://www.dhhs.state.nc.us/aging/housing/housmain.htm

http://www.dhhs.state.nc.us/ltc/ DHHS site on Long Term Care

http://www.nchealthinfo.org/ NC Health Information—Local Health Information for North Carolinians

http://www.eldercare.gov/about.asp The Eldercare Locator is a national toll-free directory assistance public service of the U.S. Administration on Aging that helps people locate aging services.

http://www.benefitscheckup.org/ BenefitsCheckUp is a free service of the National Council on Aging that identifies federal and state assistance programs for older Americans.

http://www.seniors.gov/ Access America for Seniors [providing government services electronically]. A site designed to provide older persons, and anyone who works on their behalf, with one site where they can access government services and information.

Area Agencies on Aging

Region (Counties Served)	Director	Address	Phone/ Web address
A (Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain)	Mary P. Barker Ext 3024	Southwestern Commission P.O. Box 850, Bryson City, NC 28713	(828) 488-9211 http://www.regiona.org
B (Buncombe, Henderson, Madison, Transylvania)	Joan Blee Tuttle Ext 105	Land-of-Sky Regional Council 25 Heritage Drive Asheville, NC 28806	(828) 251-6622 http://www.landofsky.org/aaa
C (Cleveland, McDowell, Polk, Rutherford,)	Diane Padgett Ext 1225	Isothermal Planning & Development Commission P.O. Box 841, Rutherfordton, NC 28139	(828) 287-2281 http://www.regionc.org
D (Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey)	Barbara Barghothi Ext 122	High Country Council of Governments P.O. Box 1820, Boone, NC 28607	(828) 265-5434 http://www.regiond.org
E (Alexander, Burke, Caldwell, Catawba)	Sheila Weeks Ext 112	Western Piedmont Council of Governments P.O. Box 9026, Hickory, NC 28603	(828) 322-9191 http://www.wpcog.dst.nc.us
F (Anson, Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union)	Gayla S. Woody (704) 348-2727	Centralina Council of Governments 1300 Baxter Street, Suite 450, P.O. Box 35008, Charlotte, NC 28204	(704) 372-2416 (COG) http://www.centralina.org/
G (Alamance, Caswell, Davidson, Guilford, Montgomery, Randolph, Rockingham)	Kimberly Dawkins Berry	Piedmont Triad Council of Governments Koger Center, Wilmington Bldg., 2216 W. Meadowview Road, Suite 201, Greensboro, NC 27407-3480	(336) 294-4950 http://www.ptcog.org/d_aging.htm

I (Davie, Forsyth, Stokes, Surry, Yadkin)	Dean Burgess	Northwest Piedmont Council of Governments 400 West Fourth Street, Suite 400, Winston Salem, NC 27101	(336) 761-2111 http://www.nwpcog.dst.nc.us/
J (Chatham, Durham, Johnston, Lee, Moore, Orange, Wake)	David Moser (919) 558-9398	Triangle J Council of Governments P.O. Box 12276 Research Triangle Park, NC 27709	http://www.tjcog.dst.nc.us./
K (Franklin, Granville, Person, Vance, Warren)	Steve Norwood 436-2052	Kerr Tar Regional COG P.O. Box 709 Henderson, NC 27536	(252) 436-2040
L (Edgecombe, Halifax, Nash, Northampton, Wilson)	Heather Proctor Ext 235	Upper Coastal Plain Council of Governments P.O. Drawer 2748, Rocky Mount, NC 27802	(252) 446-0411 http://www.ucpcog.org
M (Cumberland, Harnett, Sampson)	Carolyn Tracy Ext 26	Mid-Carolina Council of Governments P.O. Drawer 1510 Fayetteville, NC 28302	(910) 323-4191
N (Bladen, Hoke, Richmond, Robeson, Scotland)	Brad Allen Ext 3038	Lumber River Council of Governments 4721 Fayetteville Road, Lumberton, NC 28358	(910) 618-5533
O (Brunswick, Columbus, New Hanover, Pender)	Jane Jones Ext 209	Cape Fear Council of Governments 1480 Harbour Drive, Wilmington, NC 28401	(910) 395-4553 http://www.capefearcog.org
P (Carteret, Craven, Duplin, Greene, Jones, Lenoir, Onslow, Pamlico, Wayne)	Tonya Cedars	Eastern Carolina Council of Governments 233 Middle Street, P.O. Box 1717, New Bern, NC 28563	(252) 638-3185 1-800-824-4648 http://www.eccog.org
Q (Beaufort, Bertie, Hertford, Martin, Pitt)	Louisa Cox (252) 974-1834	Mid-East Commission 1385 John Small Avenue, P. O. Box 1787 Washington, NC 27889	(252) 974-1800 http://www.mecaaa.org
R (Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans, Tyrrell,	Melissa Columbo	Albemarle Commission P.O. Box 646, Hertford, NC 27944	(252) 426-5753

MINUTES
HOUSE COMMITTEE ON AGING

March 25, 2003

The House Committee on Aging met on March 25, 2003, Long Term Care Advocacy Day in the General Assembly, in the Legislative Auditorium for a Public Hearing on Long Term Care issues. The following members were present: Representative Jennifer Weiss, Chair; Representatives Rhodes and Womble, Vice-Chairs; Representatives Bordsen, Creech, Culp, Farmer-Butterfield, Wilson and Representative Cunningham, Ex-officio member. Also present were staff members Diana Jessup and Theresa Matula.

Representative Weiss called the hearing to order and thanked the sponsors (listed on the attached agenda), and asked legislators in the audience to introduce themselves. Attending were Representatives Ray, Luebke, Shubert, Warner, Alexander, Ross, Dixon, Pate, Fox, Parmon, Warren and Senators Dorsett, Hartsell, Hargett and Swindell. Representative Weiss introduced the Sergeants-at-Arms, the committee members and staff.

A Visitor Registration List of those attending the hearing is attached and made part of these minutes.

Representative Weiss explained that each speaker would have three (3) minutes to speak and a Sergeant-at-Arms would be the timekeeper.

The first speaker, Representative Tim Moore, spoke in support of HB 346 – EMERGENCY GENERATORS/NURSING & ADULT CARE HOMES of which he is a sponsor. He cited the need for generators in nursing homes and adult care homes, and gave the example of a recent ice storm that left residents of a nursing home with no electricity for lights, medical equipment or elevators. Residents in wheel chairs living above the first floor were unable to get to the first floor.

Following Rep. Moore, speakers followed in the order listed on the Speaker Registration Sheet (attached and made a part of these minutes).

After the speakers finished, Representative Weiss summarized the many needs addressed. A listing follows:

* Increased dental care for residents of adult and nursing care homes. Many residents cannot speak and tell of toothaches or the need for cleaning of their mouth. A private practice model is in place in Charlotte, Greensboro and Winston-Salem for monthly dental checkups;

* Opposition to House Bill 809 – ENSURE HEALTH CARE ACCESS by Friends of Residents of Long Term Care because it puts a monetary cap on pain and suffering and restricts access to the Court system;

* The need for extensive criminal background checks for employees of health care facilities. Example: a home health care employee who stole checks and who had a long record of larceny;

* Improved prescription drug benefits;

* Salary increases for direct care employees who, after being in the field many years, earn below the national average;

* Reverse discrimination in long term care facilities and nursing homes;

* A family member who has MS and the impact of funding cuts on care. The same level of service cannot be maintained; staff morale is low. The increasing worker shortage (due to low pay) that is making our most vulnerable citizens victims of the system;

* An adult day care participant who needed a place to go during the day, and who sought and got 1,000 signatures asking for funding to keep the facility open;

* A registered nurse who asked that consideration be given to those who are able and who want to stay in their homes, and to support an increase in wages for home health care workers, many who get little recognition and are earning the same salary they earned six years ago;

* A representative of the Alzheimer's Disease Foundation asking for support for their legislative agenda and speaking on the needs for criminal background checks, dental care, increasing respite care and better pay for those who work in long term care;

* Involuntary transfer of adult care home residents, the need to strengthen regulations;

* Support long term care wage increases in funding only if the workers get salary increases;

* Recognition of a funding bias favoring institutional care over home care;

* A call to legislators to protect our vulnerable citizens and to recognize and support Senior Games and their health and wellness program to keep those age 55 and older fit and healthy;

* A plea for a commitment to passion in making care available to those who cannot care for themselves;

* A spokesperson for the NC Council on Aging spoke about the rapidly rising costs associated with long term care. She asked for a passion and a fight from legislators for the committed workers in the field and for those who need services.

Representative Weiss thanked speakers and attendees and encouraged them to not make this a one day event but to continue talking about the issues with elected officials and to write to their local newspapers. The hearing was adjourned at 2:15 p.m.

Respectfully submitted,

Jennifer Weiss
Representative Weiss
Chair

Susan Doty
Susan Doty
Committee Assistant

LONG TERM CARE ADVOCACY DAY

at the North Carolina General Assembly

Legislative Sponsor: Representative Beverly Earle

Tuesday, March 25, 2003
Legislative Auditorium, 3rd Floor, Legislative Building
116 West Jones Street Raleigh, NC 27603

9:00 9:30 REGISTRATION

9:30 - 11:00 LONG TERM CARE ISSUES BRIEFING

Opening	**Carol Teal, Director** Friends of Resident in Long Term Care
Remarks	**Representative Beverly Earle** Moderator and Legislative Sponsor Co-Chair, House Appropriations Committee
How the Budget Shortfall Affects Long Term Care	**Representative Paul Luebke** Co-chair, House Finance Committee
	Karen Gottovi, Director NC Division of Aging
Labor Enhancements	**Senator William Purcell** Co-Chair, Senate Appropriations Subcommittee On Health and Human Services
	Carol Teal, Director Friends of Residents in Long Term Care
Requirement for Generators	**Representative Tim Moore** Vice Chair, House Judiciary II Committee
	Beverley Wheeler Friends of Residents in Long Term Care

Continued on Back

Criminal Background Checks	**Senator Philip Berger** Vice-Chair, Senate Judiciary 1 Committee
	Representative Verla Insko Co-Chair, House Health Committee
	Bill Lamb Friends of Residents in Long Term Care
Charge to Advocates	**Senator Jeanne Lucas** Co-Chair, Senate Appropriations Subcommittee on Education

11:00 - 1:00 **LUNCH ON YOUR OWN**
(If you reserved a box lunch, please pick it up in Room 1425)

CITIZENS MEET WITH LEGISLATORS

1:00 - 2:00 **PUBLIC HEARING**
(LEGISLATIVE AUDITORIUM, 3RD FLOOR, LEGISLATIVE BUILDING)

Welcome
Thank Sponsors
Long-term care issues
Introduce
Sgts at Arms
Committee Page
Members
Staff members
- Diana Jessup
- Theresa Matula
Susan Doty
Comm. Clerk

Representative Jennifer Weiss
Chair, House Committee on Aging

Vice Chairs: Representatives John Rhodes, Larry Womble

Members: Representatives Alma Adams, Alice Bordsen, Billy Creech, Arlie Culp, Jean Farmer-Butterfield, Mitch Gillespie, Jim Gulley, John Hall, Edwin McMahan, Gene Wilson

SPONSORS:

- AARP of North Carolina
- Alzheimer's Association, NC Chapters
- Friends of Residents in Long Term Care
- NC Adult Day Services Association
- NC Adult Foster Care Association
- NC Association of Area Agencies on Aging
- NC Coalition on Aging
- NC Long Term Care Ombudsman Program
- NC Division of Aging

Notice Time
3 mins
Yellow card
after 2 mins.

SPEAKER REGISTRATION SHEET
PUBLIC HEARING

AGING — **Name of Committee**

MARCH 25, 2003 — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

Rep. Moore

NAME	FIRM OR AGENCY AND ADDRESS
✓ Bill Mitner, DDS	North Carolina Dental Society
✓ Paul Southerland	Friends of Residents Bd. Member / (Criminal Background Check)
✓ Karla Pošekany	1445 Speight Dr., Greenville NC 27834
Mary Odom	AARP - NC
✓ Dee Hatch	AARP - NC (generator issue)
✓ Duane Currie	Direct Care Workers Assn.
✓ Mary Wallace Wilson	Family Member (Raleigh)
✓ Agnes A Harris	Roanoke Valley Adult Day Care
Together ✓ Patricia Penn	Roanoke Valley Adult Day Care
✓ Karen Currie	Public Health Nurse, Hollsboro, NC
✓ Alice Watkins	Alzheimer's Assoc. of Eastern NC

SPEAKER REGISTRATION SHEET
PUBLIC HEARING

AGING — **Name of Committee**

MARCH 25, 2003 — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
✓ Carol Teal	Friends of Residents in LTC
✓ Gilbert Walston	Edgecombe County
✓ Rosa Brodie	Edgecombe County
✓ Cleon Felton	~~Edgecombe County~~ NCAE ~~Retired~~ ~~Edgecombe County~~
✓ Judith Moss	
✓ Harvin Quidas	Cape Fear COG LTC Ombudsman
✓ Donna Creech	NC Assoc. on Aging

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003
Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Bob & Verta Barrett	AARP Advocacy Specialist Charlotte NC
Katherine Vricsema	Access Dental / Baptist Hosp.
Shy Hailey	Friends of Residents - Ral.
Ann Sutherland	Friends of Residents
Marion J Senior	AARP
Naomi Carr	AARP
Greg Tanner	AARP
Lydia Beach	Adult Day Care
Barbie White	Adult Day Care
Peggy Smith	Adult Day Care
Magaret Lail	Adult Day Care

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003
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NAME	FIRM OR AGENCY AND ADDRESS
Judy Simuel	Family Council Pres. - Carver Living Ctr
Donna Mehr	Friends of Residents in LTC
Sharon C. Wilder	N.C. DOA - State Ombudsman
Kathryn Lanier	NC DOA - Ombudsman Prog Specialist
Jean Austin	Charlotte NC
Marie Kaufman	Mount Holly NC
Roger Manus	FOR
Rochelle A. Cobb	Edgecombe County Adult Home CAC
Jean F. Harris	Edgecombe Co. Adult Home CAC
Mary H. Odom	Wake County AARP
Vikie Turner	Regional LTC Ombudsman

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
KAREN THOMAS	PO BOX 9026 HICKORY, NC 28603 WESTERN PIEDMONT COUNCIL OF GOVT.
JEAN BROWN	P.O. Box 27196 Raleigh, NC 27611 Triangle United Way Health Issue Team
VIVIAN Barbee	AARP 5207 Carolwood Dr. Greensboro 27407
Mattie Delaney	4809 Sara Drive, Greensboro, NC 27410
Lil Selide	1610 Chase St., Rocky Mount, NC 2780 /
Christine S. Smith	149 Doves Mount Circle Rocky Mount, N.C. 27801-8038 - AARP Chapter #3942
Katrina Alston	AARP#3942 2423 Hunter Hill Rd. Rocky mt N.C 27804
Beatrice watson	AARP # 3942 2405 Blue Willow Lane, Rocky Mount, N.C. 27804
Shirley M. Felton	Member AARP PO Box 8783, Rocky Mount, NC 27804
Cleon Felton	Member NCAE PO Box 8783, Rocky Mount, NC 27804
Mildred E. Hines	Member AARP - Retired Division - NEA - NCAE 1616 East Virginia Street Rocky Mount, N.C. 27801

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Amy Vernon	Regional LTC Ombudsman (Winston-Salem)
Ellie Watkins	Alzheimers Assoc. Eastern NC Chapter
Karen Currie RN	Work for Bladen County Home Health Rep. myself.
Diane Currie	Direct Care Workers Assoc. of NC
HARRIETT P. Mendinghall	LTC OMBUDSMAN - Charlotte, NC (Mecklenburg Cty)
Mary E. Meindl	LTC Ombudsman - Moore Co.
Vivienne U Causey	LTC Ombudsman - Moore Co.
Elizabeth Dalton	Bone & Associates
Richard C. Hatch	AARP & NC Coalition on Aging
Diana D. Heath	AARP & NC Coalition on Aging
Abby Emanuelson	Nat'l MS Society

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Hattie Blythe	RVADC, Weldon, NC.
Tammie L. Green	RVDAC Lake Gaston Senior Citizen
Cain Green	RVADC, ~~Henrico~~ P.O. Box 185, Henrico NC
Mary Bethel	N.C. Div. of Aging
Ann B Johnson	N.C. Coalition on Aging
Carol Ann Parr	President, Chapel Hill Area AARP 103 Alexander Rd., Carrboro 27510
Dora Moore	607 29th St, Butner, NC 27509
Peggy B Pearson	714 Troy St Apt 4 Roxboro NC 27573
Janice Harrell	1915 Dorothea Ln Durham NC 27703

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Doris Hanson	1832 Neville Lane - Rocky Mount, NC
Madgalene Whitley	P.O Box Nashville N.C. 27856
Janie Battle	906 Old Wilson Rd Nashville NC 27856
Elsie Wade	2901 Old Battleboro Rd, Rocky Mt, NC 27801
Mae R. Ellard	3221 Hawthorne Road Rocky Mt NC 27804
Rep. Paul Luebke	NC State House
Doris G. Cooper	1901 Fletcher Dr., Rocky Mount, NC 27801
Carolyn Leathers	632 Walton Circle, Rocky Mount NC 27801
Leon Leathers	632 Walton Circle, Rocky Mount NC 27801
P.A. Latta	SBRO 3689 1705 Honeysuckle Rd, Ral, NC 27607
Frances M. Peyrle	7409 Glendower Rd, Ral, NC 27613

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Doris E. McDuffie	AARP, Chapter 3689 8723 Courage Ct. Raleigh 27615
Lou Richardson	Nash Co. Comm. Nashville NC 27856
Gladys Battle	Care sitter 1993 N. Old Carriage Rd. Rocky Mount, N.C.
Betty H Adams	5TH L and Randolph County SAA Asheboro NC 27203
[illegible]	Triangle J Area Agency on Aging, RTP, NC 27709
Tom Bell	Western Piedmont Area Agency on Aging, Hickory NC 28602
Margaret Lozier-Ayers	Guilford Co NHCAC Chair 3607 Friendly Acres Dr. Greensboro NC 27410
Sharon Lee	PTCOG-AAA 2216 W. Meadowview Rd Ste 201 Greensboro, NC 27407
Don Heermann	PTCOG-AAA 2216 W. Meadowview Rd Ste 201 Greensboro, NC 27407
Willie M. Cook	Cabarrus County DSS - Adult Services 1303 S. Cannon Blvd. Kannapolis NC 28083
Eleanor H Ayers	Community Advisory Council & Senior Tarhee Legislature 6750 Clinton Rd, Stedman NC 28391

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Carolyn Tracy	Mid-Carolina Council of Govts. P.O. Drawer 1510 Fayetteville, NC 28302
Ellen Kelly	Harnett Co DSS 5482 US 421 N. Lillington NC 27546
Kelly L Barkenship	Harnett Co. Dept. of Social Services 204 Isbin Dr. Coats, NC 27521
Denise Rogers	NC Division of Aging, LTC Ombudsman
Aimee Kepler	Triangle J Council of Govt. PO Box 12276, RTP, NC 27709
Nancy Murphy	TRIANGLE J COG PO BOX 12276, RTP, NC 27709
Shirley D Upton	AARP Chapter 3942 Rocky Mt. NC

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — **Name of Committee**

MARCH 25, 2003 — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Dee Freeman	Triangle J COG's + AAA - RTP, NC
Ann H. Suggs, M.D.	317 Ridgecrest Rd, Asheboro NC 27203 Randolph Agency Planning Comm.
Dottie McKenney	Alzheimer's Association 545 N. Trade St., Ste. 3J, Winston-Salem, NC 27101
Barbara Hinshaw	alzheimer's association 31 College Place, Suite 3320, asheville N.C. 28801
Inez R Angus	AARP - 1920 Old Clyde Rd Clyde NC 28721 INEZANEZ@AOL.com
Eva L. Wilson	AARP. 302 Vinwood Ave. NE / Kamichub Goldsboro NC 27534- / 2003@aol.com
Andrea Wright, ombudsman	Mid-Carolina AAA PO Box 1510 Fayetteville. NC 28302
Greg Tanner	AARP
Elaine P. Walker	New Friends Adult Day Service 5600 The Plaza Charlotte NC 28215
BETTYE CLARK-Mills	Piedmont Adult Living Services, CPAS 2422 Ashley Rd. Charlotte, NC 28208
RUBY KUMAR	UNIVERSITY ADULT CARE INC. 1324, E. WALLARD CK. CH. RD. CHARLOTTE, NC 28262

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — **Name of Committee**

MARCH 25, 2003 — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Odell Vines	AARP 904 Coffield St Tarboro
Nannie M. Cobb	508 East Saint James Street Tarboro, N.C.
Rosa Harper	800 E. Wilson St. Tarboro 27886
Della Shearon	P.O. Box 186 SPCC, NC 27881
Judith Moss	1708 W. Wilson St. Tarboro, NC 27886
Bessie Lawrence	AARP. 908 Coffield st Tarboro NC 27886
Alta G. McSelvin	Cabarrus Co. DSS 1303 S. Cannon Blvd, Kannapolis, NC 28083
Anthony Hodges	Cabarrus Co DSS 1303 S. Cannon Blvd, Kannapolis, NC 28081
Pat Thomson	1034 Breeze Hill Rd apt 15-A asheboro NC 27203
Doris Sparks	AARP Senior Tar Heel Legislature Box 131 Wingate, NC 28174
Myzelle S. Fletcher	AARP - P. O. Box 446, Wingate, N.C. 28174

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003
Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Angie M. Bradham	Nursing Home Advisory Committee 908-A Carolina Ave Winston-Salem NC 27101
LINDA M. BRADHAM	Forsyth Co. Nursing Home Advisory Committee (Pres) LindaB1919@aol.com 1919 Cliffside Dr. Pfafftown, NC 27040
Janet Crumpe	Forsyth Co. Nursing Home advisory Committee 5104 Ramsline Run Winston Salem, NC 27106
Helen Sanders	council for Senior Citizens (Durham) 1607 South Street Durham, N.C. 27707
Mary Warren	Council for Senior Citizens 807 S. Duke St. Durham NC
Judy Dahlstrom	Adult Life Programs PO Box 867 Elkin NC 28603
James W (Billy) Smith	AARP - Raleigh
K. Pooley	Pacific Pioneers
Margie B. Cofield	AARP P.O. Box 185 Tarboro, N.C. 27886
Cora D. Dickens	AARP 215 Centre St, Tarboro NC. 27884
Geneva B. Suggs	AARP 815 E. St James St Tarboro, NC. 27886

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — **Name of Committee**

MARCH 25, 2003 — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
HOYT PONDER	PO BOX 2406, CULLOWHEE NC 28723
LORA PONDER	PO Box 2406, Cullowhee, NC 28723
ROSANTA K. BANERJIA	5309 LANCELOT DR. CHARLOTTE, NC 28270
Shirley O. Mays	802 E. Wilson St. TARBORO, NC. 27886
Jearline Brown	P.O. BOX 677 Garysburg, 27831
Edward Fields	P.O. Box 14 Garysburg, N.C. 27831
Mary Williams	PO Box 1094 Gaston, N.C. 27832
Ada L. Turnage	P.O. Box 376, Halifax, NC 27839
~~Mary Wallace Wilson~~ (I was here but crossed off by mistake)	~~7340 Mill Ridge Rd., Raleigh, NC 27613~~
Susie Vincent	618 N.C. 46 Hwy Gaston, NC. 27832
Nancy Stephenson	Office on Aging ~~2223 Jackson~~ Box 1034 Jackson NC 27845

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — MARCH 25, 2003

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Shirley C. Fields	P.O. Box 14, Garysburg NC 27831
Patricia Penn	P.O. Box 187, Gaston, NC 27832
Alice Fingery	6600 Graymont Place Raleigh, NC 27615
Hyacinth Kabisa	3830 Blue Ridge Rd Raleigh, NC 27612 (RESIDENT - BLUE RIDGE HEALTH CARE CENTER) (AARP)
MR. & MRS Willie & Nellie L. James	1704 Augustus Dr. Rocky Mount, NC, 27801
MR & MRS (Peggy) John Griffin	7744 Bedfordshire Dr. Char. N.C. 28226
Naomi Carr	1800 Augustus Pl. Rocky mount NC 27801
Marva Johnson	229 Browning Lane Clayton NC 27520
Alfred Keyes	702 OAKWOOD AV JACKSONVILLE, NC 28546
Ossie Keyes	"
Peggy Dollard	Upper Coastal Plain COG + AAA Rocky Mount

VISITOR REGISTRATION SHEET
PUBLIC HEARING

AGING — **Name of Committee**

MARCH 25, 2003 — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
BARBARA F. HOLDEN	AARP - COMMUNITY COORDINATOR 2671 HART'S MILL RUN ROAD, TARBORO, NC 27886
Jean Reaves	NC Coalition on Aging PO Box 127 Weldon NC 27886
Ruth Klemmer	FOR 501 Dunwoody Dr. Raleigh N.C.
Patricia A. Yancey	Friends of Residents in Long Term Care 5486 Pine Top Circle Raleigh
Helen Savage	AARP, 225 Hillsborough St. Raleigh, NC 27511
Bob Jackson	AARP
Bill Lee	AARP/Friends
Beverly Walker	Friends of Residents

AGENDA

HOUSE COMMITTEE ON AGING

1:00 P.M., TUESDAY, MAY 18, 2004

ROOM 605 LEGISLATIVE OFFICE BUILDING

OPENING REMARKS

Representative Jennifer Weiss, Chair

DISCUSSION ITEM

Overview and Summary of the Study Commission on Aging

Recommendations of the Study Commission on Aging

ADJOURNMENT

HOUSE COMMITTEE ON AGING

MINUTES

MAY 18, 2004

The House Committee on Aging met on May 18, 2004, in Room 605 of the Legislative Office Building. The following members were present: Representative Jennifer Weiss, Chair, Vice Chair Womble, Representatives Adams, Bordsen, Culp, Farmer-Butterfield, Gulley, and Wilson.

Representative Weiss called the meeting to order and introduced staff, intern and pages.

The purpose of the meeting was to present an overview of the work and recommendations of the Interim Study Commission on Aging. Ms. Theresa Matula, Staff, made the presentation of the overview of the Commission to the Committee. See Attachment 1 – Report to the Governor and the 2004 Regular Session of the 2003 General Assembly.

Ms. Dianna Jessup, Staff, reviewed the recommendations from the Study Commission. Ms. Jessup talked about each of the ten House Bills filed this session in response to the Commission's recommendations. See Attachment 2 – NC Study Commission of Aging List of House and Senate Bills/Sponsors.

Discussion on the recommended bills followed. Many of the bills are aimed at restoring funding to a level prior to budget cuts. There was discussion on the national criminal background checks bill. A moratorium on the existing law prevents employers from being required to conduct national checks of employees in adult care home and non-direct care employees in nursing homes. This can be corrected by routing the checks through a state agency, which is what the study commission bill would do.

There being no further business, the meeting was adjourned at 1:40.

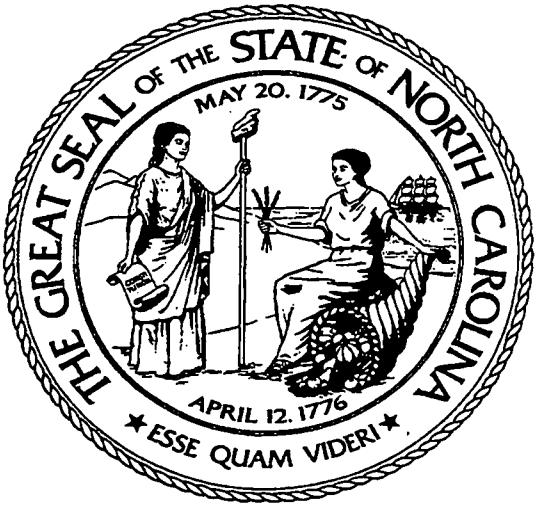
Jennifer Weiss
Representative Weiss
Chair

Susan Doty
Susan Doty
Committee Assistant

Attachment 1 - Minutes
Aging Committee - May 18, 2004

NORTH CAROLINA

STUDY COMMISSION ON AGING



REPORT TO THE GOVERNOR AND THE 2004 REGULAR SESSION OF THE 2003 GENERAL ASSEMBLY

Attachment 2 - Minutes
Aging Committee May 18, 2004

NC Study Commission on Aging
List of House and Senate Bills/Sponsors

May 18, 2004

Recommendation Topic	Bill Draft Title	House Bill/ Sponsors	Senate Bill/ Sponsors
Recommendation 1 **LTC Insurance Tax Credit**	AN ACT TO REPEAL THE SUNSET ON THE LONG-TERM CARE INSURANCE TAX CREDIT, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB 1489** **Clary, Nye, Weiss**	**SB 1146** **Swindell-Primary** **Allran, Dannelly, Moore, Queen**
Recommendation 2 **Support and Training for LTC Providers Caring for Residents with Mental Illnesses**	AN ACT TO PROVIDE SUPPORT AND TRAINING FOR LONG-TERM CARE PROVIDERS CARING FOR RESIDENTS WITH MENTAL ILLNESSES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB 1395** **Nye, Wilson**	**SB 1148** **Swindell-Primary** **Allran, Dannelly, Moore** **Queen**
Recommendation 3 **DHHS to Study Issues Related to Mentally Ill Residents in LTC Facilities**	AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY ISSUES RELATED TO MENTALLY ILL RESIDENTS IN LONG-TERM CARE FACILITIES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB 1490** **Clary, Nye, Weiss**	**SB 1150** **Swindell-Primary** **Allran, Dannelly, Moore** **Queen**
Recommendation 4 **Pilot Program to Conduct National Criminal History Record Checks**	AN ACT TO ESTABLISH A PILOT PROGRAM TO CONDUCT NATIONAL CRIMINAL HISTORY RECORD CHECKS OF PERSONS SEEKING EMPLOYMENT TO PROVIDE DIRECT CARE IN ADULT CARE HOMES AND CONTRACT AGENCIES OF ADULT CARE HOMES, AND TO MAKE CONFORMING CHANGES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB**	**SB**
Recommendation 5 **Senior Center Appropriation**	AN ACT TO APPROPRIATE FUNDS FOR SENIOR CENTER DEVELOPMENT AND OUTREACH, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB 1396** **Nye, Clary, Weiss, Wilson**	**SB 1147** **Swindell-Primary** **Allran, Dannelly, Moore** **Queen**

Recommendation Topic	Bill Draft Title	House Bill/ Sponsors	Senate Bill/ Sponsors
Recommendation 6 **Housing Trust Fund Appropriation**	AN ACT TO APPROPRIATE FUNDS FOR SENIOR ADULT HOUSING, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB 1488** **Clary, Nye, Weiss Wilson**	**SB 1151** **Swindell-Primary Allran, Dannelly, Moore Queen**
Recommendation 7 **Home and Community Care Block Grant Appropriation**	AN ACT TO APPROPRIATE FUNDS FOR THE HOME AND COMMUNITY CARE BLOCK GRANT, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB 1408** **Nye, Clary, Weiss**	**SB 1153** **Swindell-Primary Allran, Dannelly, Moore Queen**
Recommendation 8 **Institutional Bias Study**	AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY WHETHER AN INSTITUTIONAL BIAS EXISTS IN THE STATE'S MEDICAID PROGRAM, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB 1487** **Clary, Nye, Weiss**	**SB 1154** **Swindell-Primary Allran, Dannelly, Moore Queen**
Recommendation 9 **Guardianship Study**	AN ACT TO ESTABLISH THE LEGISLATIVE STUDY COMMISSION ON STATE GUARDIANSHIP LAWS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB 1409** **Nye, Weiss, Wilson**	**SB 1152** **Swindell-Primary Allran, Dannelly, Moore Queen**
Recommendation 10 **Adult Day and Adult Day Health Rate Increase**	AN ACT TO APPROPRIATE FUNDS AND TO REQUIRE THE SOCIAL SERVICES COMMISSION TO ADOPT A RATE INCREASE FOR ADULT DAY SERVICES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.	**HB 1486** **Clary, Nye, Weiss**	**SB 1149** **Swindell-Primary Allran, Dannelly, Moore Queen**

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

HOUSE BILL 1489*

Short Title:	Repeal Sunset/Long-Term Care Ins. Tax Credit.	(Public)
Sponsors:	Representatives Clary, Nye, Weiss (Primary Sponsors); L. Allen, Barnhart, Culp, Fisher, Glazier, Gorman, Insko, Lewis, Moore, Steen, Walend, and Warner.	
Referred to:	Finance.	

May 17, 2004

A BILL TO BE ENTITLED

AN ACT TO REPEAL THE SUNSET ON THE LONG-TERM CARE INSURANCE TAX CREDIT, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. Section 29A.6(d) of Chapter 212 of the 1998 Session Laws reads as rewritten:

"(d) Subsection (a) of this section is effective for taxable years beginning on or after ~~January 1, 1999, and expires for taxable years beginning on or after January 1, 2004.~~January 1, 1999. The remainder of this section is effective when it becomes law. ~~G.S. 105-160.3(b)(7), as enacted by this act, is repealed effective for taxable years beginning on or after January 1, 2004.~~"

SECTION 2. This act is effective for taxable years beginning on or after January 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

S D

SENATE DRS55230-SWz-32A* (3/22)

Short Title:	Repeal Sunset/Long-Term Care Ins. Tax Credit.	(Public)
Sponsors:	Senators Swindell, Allran, Dannelly, Moore, and Queen.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO REPEAL THE SUNSET ON THE LONG-TERM CARE INSURANCE TAX CREDIT, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. Section 29A.6(d) of Chapter 212 of the 1998 Session Laws reads as rewritten:

"(d) Subsection (a) of this section is effective for taxable years beginning on or after ~~January 1, 1999, and expires for taxable years beginning on or after January 1, 2004.~~January 1, 1999. The remainder of this section is effective when it becomes law. ~~G.S. 105-160.3(b)(7), as enacted by this act, is repealed effective for taxable years beginning on or after January 1, 2004.~~"

SECTION 2. This act is effective for taxable years beginning on or after January 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

HOUSE BILL 1395*

Short Title:	Care for the Mentally Ill in LTC Facilities.	(Public)
Sponsors:	Representatives Nye, G. Wilson (Primary Sponsors); Bell, Church, England, Farmer-Butterfield, Glazier, Goforth, Gorman, Insko, Wainwright, and Warner.	
Referred to:	Rules, Calendar, and Operations of the House.	

May 12, 2004

A BILL TO BE ENTITLED

AN ACT TO PROVIDE SUPPORT AND TRAINING FOR LONG-TERM CARE PROVIDERS CARING FOR RESIDENTS WITH MENTAL ILLNESSES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall study expanding the mission of the Geriatric Mental Health Specialty Teams to assist long-term care facilities in serving all residents who are within the targeted populations, as identified in the State Plan developed pursuant to G.S. 122C-102. As part of this study, the Department shall consider renaming the Geriatric Mental Health Specialty Teams to LTC Mental Health Specialty Teams to reflect the expanded mission.

SECTION 2. While undertaking the study, the Department of Health and Human Services shall proceed with implementation of the following:

(1) Standardizing these criteria across all Geriatric Mental Health Specialty Teams:
   a. Team purpose,
   b. Eligibility for services,
   c. Screening processes,
   d. Referral processes, and
   e. Forms, Training Manuals, Service Orders, and Authorizations.

(2) Tracking expenditure data for each Team and each Area Program/Local Management Entity.

(3) Tracking the number of facilities served, the number of clients served, and the types of services provided by each Team.

SECTION 3. The Department of Health and Human Services shall submit an interim report to the North Carolina Study Commission on Aging by October 30,

2004, on its efforts to standardize criteria; track expenditure data; and track the number of facilities served, clients served, and services provided by each Team. The Department shall submit a final report on its standardization and tracking efforts, and the results of its study, to the North Carolina Study Commission on Aging by October 30, 2005.

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

GENERAL ASSEMBLY OF NORTH CAROLINA S 1148

SESSION 2003

S D

SENATE DRS55224-SHz-13 (3/30)

Short Title:	Care for the Mentally Ill in LTC Facilities.	(Public)
Sponsors:	Senators Swindell, Allran, Dannelly, Moore, and Queen.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO PROVIDE SUPPORT AND TRAINING FOR LONG-TERM CARE PROVIDERS CARING FOR RESIDENTS WITH MENTAL ILLNESSES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall study expanding the mission of the Geriatric Mental Health Specialty Teams to assist long-term care facilities in serving all residents who are within the targeted populations, as identified in the State Plan developed pursuant to G.S. 122C-102. As part of this study, the Department shall consider renaming the Geriatric Mental Health Specialty Teams to LTC Mental Health Specialty Teams to reflect the expanded mission.

SECTION 2. While undertaking the study, the Department of Health and Human Services shall proceed with implementation of the following:

(1) Standardizing these criteria across all Geriatric Mental Health Specialty Teams:
   a. Team purpose,
   b. Eligibility for services,
   c. Screening processes,
   d. Referral processes, and
   e. Forms, Training Manuals, Service Orders, and Authorizations.

(2) Tracking expenditure data for each Team and each Area Program/Local Management Entity.

(3) Tracking the number of facilities served, the number of clients served, and the types of services provided by each Team.

SECTION 3. The Department of Health and Human Services shall submit an interim report to the North Carolina Study Commission on Aging by October 30,

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

HOUSE BILL 1490*

Short Title:	Study Mentally Ill LTC Resident Issues.	(Public)
Sponsors:	Representatives Clary, Nye, Weiss (Primary Sponsors); Adams, Bell, Bordsen, Culp, Farmer-Butterfield, Fisher, Glazier, Gorman, Insko, Lewis, Luebke, Moore, and Walend.	
Referred to:	Health, if favorable, Appropriations.	

May 17, 2004

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY ISSUES RELATED TO MENTALLY ILL RESIDENTS IN LONG-TERM CARE FACILITIES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall work with long-term care providers and advocates for the elderly and the mentally ill to study issues concerning the care of mentally ill individuals residing in long-term care facilities. The study shall include:

(1) Examining whether current State statutes and Departmental rules adequately address the populations served by long-term care facilities.

(2) Exploring the development of separate licensure categories within the adult care home and nursing home designations to address the various populations being served.

(3) Examining adult care home rules to determine whether they are easy to understand, attainable under current staffing patterns, give appropriate guidance to facility operators according to the needs and characteristics of residents served, support residents' freedom of choice, and whether they support the autonomy, dignity, and independence philosophy of assisted living.

(4) Determining the most effective way to identify mentally ill individuals that have mental health treatment needs.

(5) Examining the criteria for admission of mentally ill individuals to long-term care facilities to ensure that the health and safety of all residents are safeguarded.

(6) Providing recommendations for improving the quality of care for mentally ill individuals in adult care homes and nursing homes including the potential cost associated with implementing the recommendations.

SECTION 2. The Department shall report its findings and recommendations to the North Carolina Study Commission on Aging by October 1, 2005. The Department of Health and Human Services shall include in this report how it defines "mentally ill" for purposes of this study.

SECTION 3. The Department of Health and Human Services may use up to one hundred fifty thousand dollars ($150,000) of funds appropriated to it for the 2004-2005 fiscal year to contract for the study required in this act.

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

GENERAL ASSEMBLY OF NORTH CAROLINA 2003

SESSION 2003

S D

SENATE DRS35414-SHz-16 (4/16)

Short Title:	Study Mentally Ill LTC Resident Issues.	(Public)
Sponsors:	Senators Swindell, Allran, Dannelly, Moore, and Queen.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY ISSUES RELATED TO MENTALLY ILL RESIDENTS IN LONG-TERM CARE FACILITIES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall work with long-term care providers and advocates for the elderly and the mentally ill to study issues concerning the care of mentally ill individuals residing in long-term care facilities. The study shall include:

(1) Examining whether current State statutes and Departmental rules adequately address the populations served by long-term care facilities.

(2) Exploring the development of separate licensure categories within the adult care home and nursing home designations to address the various populations being served.

(3) Examining adult care home rules to determine whether they are easy to understand, attainable under current staffing patterns, give appropriate guidance to facility operators according to the needs and characteristics of residents served, support residents' freedom of choice, and whether they support the autonomy, dignity, and independence philosophy of assisted living.

(4) Determining the most effective way to identify mentally ill individuals that have mental health treatment needs.

(5) Examining the criteria for admission of mentally ill individuals to long-term care facilities to ensure that the health and safety of all residents are safeguarded.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

HOUSE BILL 1396*

Short Title:	Senior Center Funds.	(Public)
Sponsors:	Representatives Nye, Clary, Weiss, G. Wilson (Primary Sponsors); Gibson, Bordsen, Carney, Church, England, Farmer-Butterfield, Fisher, Glazier, Hill, Insko, Jones, LaRoque, Luebke, McLawhorn, Moore, Wainwright, Warner, and Womble.	
Referred to:	Rules, Calendar, and Operations of the House.	

May 12, 2004

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR SENIOR CENTER DEVELOPMENT AND OUTREACH, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging, the sum of two hundred eighty-one thousand dollars ($281,000) for the 2004-2005 fiscal year for senior center outreach and development. State funds shall not exceed seventy-five percent (75%) of reimbursable costs.

SECTION 2. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

FILED - SENATE

S

SENATE DRS35416-SHz-6 (3/26)

S 1147 D

Mar 17 2004

PRINCIPAL CLERK

Short Title:	Senior Center Funds.	(Public)
Sponsors:	Senators Swindell, Allran, Dannelly, Moore, and Queen.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR SENIOR CENTER DEVELOPMENT AND OUTREACH, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging, the sum of two hundred eighty-one thousand dollars ($281,000) for the 2004-2005 fiscal year for senior center outreach and development. State funds shall not exceed seventy-five percent (75%) of reimbursable costs.

SECTION 2. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

H

HOUSE BILL 1488*

Short Title:	Senior Adult Housing Funds.	(Public)
Sponsors:	Representatives Clary, Nye, Weiss, G. Wilson (Primary Sponsors); Adams, Bordsen, Culp, Farmer-Butterfield, Fisher, Glazier, Gorman, Insko, LaRoque, Lewis, Moore, Parmon, and Warner.	
Referred to:	Appropriations.	

May 17, 2004

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR SENIOR ADULT HOUSING, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Housing Finance Agency the sum of one million dollars ($1,000,000) for the 2004-2005 fiscal year. These funds shall be used to provide independent housing with services for senior adults and shall be used to maximize federal funds.

SECTION 2. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

S D

SENATE DRS15205-SHz-7 (3/26)

Short Title:	Senior Adult Housing Funds.	(Public)
Sponsors:	Senators Swindell, Allran, Dannelly, Moore, and Queen.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR SENIOR ADULT HOUSING, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Housing Finance Agency the sum of one million dollars ($1,000,000) for the 2004-2005 fiscal year. These funds shall be used to provide independent housing with services for senior adults and shall be used to maximize federal funds.

SECTION 2. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

HOUSE BILL 1408*

Short Title:	HCCBG Funds.	(Public)
Sponsors:	Representatives Nye, Clary, Weiss (Primary Sponsors); Bell, England, Farmer-Butterfield, Glazier, Insko, Jones, Luebke, McLawhorn, and Moore.	
Referred to:	Rules, Calendar, and Operations of the House.	

May 12, 2004

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR THE HOME AND COMMUNITY CARE BLOCK GRANT, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging, the sum of one million dollars ($1,000,000) for the 2004-2005 fiscal year for the Home and Community Care Block Grant.

SECTION 2. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2003

S D

SENATE DRS15206-SHz-8 (3/26)

Short Title:	HCCBG Funds.	(Public)
Sponsors:	Senators Swindell, Allran, Dannelly, Moore, and Queen.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS FOR THE HOME AND COMMUNITY CARE BLOCK GRANT, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Aging, the sum of one million dollars ($1,000,000) for the 2004-2005 fiscal year for the Home and Community Care Block Grant.

SECTION 2. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

1487 MAY 13 09

HOUSE PRINCIPAL CLERK

H D

HOUSE DRH70379-SWz-34* (3/29)

Short Title: DHHS Study/Medicaid Institutional Bias. (Public)

Sponsors: Representatives Clary, Nye, and Weiss (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO CONTRACT WITH A THIRD PARTY TO STUDY WHETHER AN INSTITUTIONAL BIAS EXISTS IN THE STATE'S MEDICAID PROGRAM, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall contract with an independent third party to study whether the State's Medicaid program has a bias that favors support for individuals in institutional settings over support for individuals living at home and if a bias is found, to determine and recommend ways to alleviate the bias. The independent third party with whom the Department shall contract shall have documented experience in conducting similar studies. The study shall include consideration of all in-home services paid under the State's Medicaid program, including CAP/DA, home health, and personal care services. The Department shall report the results of the study to the North Carolina Study Commission on Aging by January 2005.

SECTION 2. There is appropriated from the General Fund to the Department of Health and Human Services the sum of one hundred fifty thousand dollars ($150,000) for the 2004-2005 fiscal year to fund the study in this act.

SECTION 3. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

FILED - SENATE

S 1154 MAY 17 2004

S

SENATE DRS75276-SWz-34A* (3/29) PRINCIPAL CLERK

Short Title: DHHS Study/Medicaid Institutional Bias. (Public)

Sponsors: Senators Swindell, Allran, Dannelly, Moore, and Queen.

Referred to:

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO CONTRACT WITH A THIRD PARTY TO STUDY WHETHER AN INSTITUTIONAL BIAS EXISTS IN THE STATE'S MEDICAID PROGRAM, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall contract with an independent third party to study whether the State's Medicaid program has a bias that favors support for individuals in institutional settings over support for individuals living at home and if a bias is found, to determine and recommend ways to alleviate the bias. The independent third party with whom the Department shall contract shall have documented experience in conducting similar studies. The study shall include consideration of all in-home services paid under the State's Medicaid program, including CAP/DA, home health, and personal care services. The Department shall report the results of the study to the North Carolina Study Commission on Aging by January 2005.

SECTION 2. There is appropriated from the General Fund to the Department of Health and Human Services the sum of one hundred fifty thousand dollars ($150,000) for the 2004-2005 fiscal year to fund the study in this act.

SECTION 3. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

HOUSE BILL 1409*

Short Title:	Legislative Study Comm./Guardianship.	(Public)
Sponsors:	Representatives Nye, Weiss, G. Wilson (Primary Sponsors); Farmer-Butterfield, Fisher, Insko, Luebke, and Warner.	
Referred to:	Rules, Calendar, and Operations of the House.	

May 12, 2004

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE LEGISLATIVE STUDY COMMISSION ON STATE GUARDIANSHIP LAWS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1.(a) There is created the Legislative Study Commission on State Guardianship Laws. The purpose of the Commission is to review State law pertaining to guardianship and its relationship to other pertinent State laws such as the health care power of attorney, the right to a natural death, and durable power of attorney.

SECTION 1.(b) The Commission shall consist of 15 members as follows:

(1) Four members of the House of Representatives appointed by the Speaker of the House of Representatives.

(2) Four members of the Senate appointed by the President Pro Tempore of the Senate.

(3) The Director of the Administrative Office of the Courts, or the Director's designee.

(4) The Director of the Division of Aging in the Department of Health and Human Services, or the Director's designee.

(5) A county director of social services appointed by the President Pro Tempore of the Senate.

(6) A clerk of superior court appointed by the Speaker of the House of Representatives.

(7) A physician who specializes in geriatrics appointed by the President Pro Tempore of the Senate.

(8) An attorney who has experience in guardianship matters appointed by the Speaker of the House of Representatives.

(9) A representative of the Governor's Advocacy Council for Persons With Disabilities.

In addition, representatives designated by the following organizations shall serve as ex-officio, nonvoting members of the Commission:

(1) The North Carolina Bar Association.
(2) The Arc of North Carolina.
(3) North Carolina Guardianship Association.
(4) Alzheimer's Association – Western Chapter.
(5) Alzheimer's Association – Eastern Chapter.
(6) Carolina Legal Assistance.
(7) The Area Agencies on Aging.
(8) County Departments of Aging.

The Speaker of the House of Representatives shall designate one representative as cochair, and the President Pro Tempore shall designate one senator as cochair. Vacancies on the Commission shall be filled by the same appointing authority as made the initial appointment. The Commission shall expire upon delivering its final report.

The Commission, while in the discharge of its official duties, may exercise all powers provided for under G.S. 120-19 and G.S. 120-19.1 through G.S. 120-19.4. The Commission may meet at any time upon the joint call of the cochairs. The Commission may meet in the Legislative Building or the Legislative Office Building. The Commission may contract for professional, clerical, or consultant services as provided by G.S. 120-32.02.

The Legislative Services Commission, through the Legislative Services Officer, shall assign professional staff to assist the Commission in its work. The House of Representatives' and the Senate's Supervisors of Clerks shall assign clerical staff to the Commission, and the expenses relating to the clerical employees shall be borne by the Commission. Members of the Commission shall receive subsistence and travel expenses at the rates set forth in G.S. 120-3.1, 138-5, or 138-6, as appropriate.

SECTION 1.(c) In conducting the study, the Commission shall consider the following:

(1) Whether guardianship should be a remedy of last resort used only if less restrictive alternatives are insufficient.
(2) The definition of incompetency.
(3) Whether courts should be required to make express findings regarding the extent of a person's incapacity and limit the scope of the guardianship accordingly.
(4) Legal rights retained or lost as a result of being adjudicated incompetent.
(5) The proper role of attorneys and guardians ad litem in guardianship proceedings.
(6) The role of public human services agencies in providing guardianship services.
(7) Legal procedures and protections in guardianship proceedings.
(8) Public monitoring of guardianship.

(9) Funding for guardianship services provided by public and nonprofit agencies.
(10) Educating citizens with respect to guardianship and alternatives to guardianship.
(11) Prudent investor rules.
(12) Powers, duties, and liabilities of guardians.
(13) Review of the State's adult protective services law.
(14) Enactment of the Uniform Guardianship and Protective Proceedings Act (UGPPA).
(15) Whether guardianship statutes need revision to provide greater protection of the health and welfare of incapacitated adults.
(16) Whether the State should track the number of people under private guardianship and, if so, proposed methods for the tracking.

SECTION 2. The Legislative Study Commission on State Guardianship Laws may make an interim report to the 2005 General Assembly not later than the convening of the 2005 General Assembly, and shall make its final report to the 2005 General Assembly, Regular Session 2006, upon its convening.

SECTION 3. All State departments and agencies and local governments and their subdivisions shall furnish the Commission with any information in their possession or available to them.

SECTION 4. There is appropriated from the General Fund to the General Assembly the sum of thirty thousand dollars ($30,000) for the 2004-2005 fiscal year and the sum of thirty thousand dollars ($30,000) for the 2005-2006 fiscal year to carry out the purposes of this act.

SECTION 5. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

H D

HOUSE DRH50322-SHz-11A* (3/29)

Short Title: Adult Day Care Rate Increase. (Public)

Sponsors: Representatives Clary, Nye, and Weiss (Primary Sponsors).

Referred to:

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS AND TO REQUIRE THE SOCIAL SERVICES COMMISSION TO ADOPT A RATE INCREASE FOR ADULT DAY SERVICES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services an amount sufficient to increase the current minimum rates by no less than five dollars ($5.00) per day for adult day and adult day health services provided to clients.

SECTION 2. The Social Services Commission shall adopt rules increasing the minimum rates by five dollars ($5.00) per day for adult day centers, and by five dollars ($5.00) per day for adult day health centers.

SECTION 3. This act becomes effective July 1, 2004.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

S D

SENATE DRS55225-SHz-11 (3/29)

Short Title:	Adult Day Care Rate Increase.	(Public)
Sponsors:	Senators Swindell, Allran, Dannelly, Moore, and Queen.	
Referred to:		

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS AND TO REQUIRE THE SOCIAL SERVICES COMMISSION TO ADOPT A RATE INCREASE FOR ADULT DAY SERVICES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. There is appropriated from the General Fund to the Department of Health and Human Services an amount sufficient to increase the current minimum rates by no less than five dollars ($5.00) per day for adult day and adult day health services provided to clients.

SECTION 2. The Social Services Commission shall adopt rules increasing the minimum rates by five dollars ($5.00) per day for adult day centers, and by five dollars ($5.00) per day for adult day health centers.

SECTION 3. This act becomes effective July 1, 2004.

VISITOR REGISTRATION SHEET

AGING Committee — May 18, 2004

Name of Committee — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY
Bob Jackson	AARP
Hollon Skinner	NC GA Intern
Ivey Brown	NC GA Intern
Matthew Stokes	NC GA Intern
Christian Duke	NC GA Intern
Elizabeth Bakanic	NC GA Intern
Jon Wilson	NCACTC 7
DAVID M. BARNES	Poyner + Spruill LLP
Megan Lovett	
Mary Odom	AARP

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2003-2004 SESSION

You are hereby notified that the Committee on AGING will meet as follows:

DAY & DATE: **June 30, 2004**

TIME: **1:00 pm**

LOCATION: **425 LOB**

The following bills will be considered (Bill # & Short Title & Bill Sponsor):

SB 1148 – CARE FOR THE MENTALLY ILL IN LTC FACILITIES

Respectfully,
Representative Jennifer Weiss
Chair

I hereby certify this notice was filed by the committee assistant at the following offices at **4:25** on **June 29, 2004.**

___Principal Clerk
___Reading Clerk - House Chamber

Susan Doty (Committee Assistant)

AGENDA

HOUSE COMMITTEE ON AGING

June 30, 2004
Room 425
1:00 pm

WELCOME AND OPENING REMARKS

Representative Jennifer Weiss, Chair
House Aging Committee

AGENDA ITEM

SB 1148 – CARE FOR THE MENTALLY ILL IN LTC FACILITIES
Senator A.B. Swindell, Sponsor

Adjourn

MINUTES

HOUSE COMMITTEE ON AGING
JUNE 30, 2004

The House Committee on Aging met on June 30, 2004 in Room 425 of the Legislative Office Building. The following members were present: Representative Jennifer Weiss, Chair, Vice-Chair Womble, Representatives Adams, Bordsen, Creech, Culp, Gulley, McMahan, and Wilson. Senator A.B. Swindell was also present. Dianna Jessup and Theresa Matula, committee staff, were in attendance. A Visitor Registration list is attached and made part of these minutes. (See Attachment 1.)

Representative Weiss called the meeting to order, welcomed guests and introduced staff and pages.

Representative Weiss announced that there was one bill on the calendar; SB1148 – CARE FOR THE MENTALLY ILL IN LTC FACILITIES, which came to this committee from the Aging Study Commission. (See Attachment 2.) A motion to adopt the Proposed Committee Substitute was made by Representative Creech. Senator A.B. Swindell, Sponsor, briefly spoke on the bill. Dianna Jessup, Staff, explained the bill and the provisions of the Proposed Committee Substitute.

Representative Creech asked if a member of the Department of Health and Human Services was present to speak on the bill. Mr. Don Willis, Division of Mental Health, Developmental Disabilities, Substance Abuse, DHHS, said that the Department supports the Proposed Committee Substitute. Mr. Willis explained how the Department will support the bill through staff and procedures.

Representative Adams moved to amend the bill. (See Attachment 3.) Ms. Jessup, Staff, explained the amendment. The Committee voted in favor of the amendment.

Upon motion by Representative Creech the amendment was rolled into the Proposed Committee substitute for a favorable report.

There being no further business, the Chair adjourned the meeting at 1:25 p.m.

Respectfully submitted,

Jennifer Weiss
Representative Weiss
Chair

Susan Doty
Susan Doty
Committee Assistant

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2003

S 2

SENATE BILL 1148

Health & Human Resources Committee Substitute Adopted 6/2/04

Short Title: Care for the Mentally Ill in LTC Facilities. (Public)

Sponsors:

Referred to:

May 18, 2004

A BILL TO BE ENTITLED

AN ACT TO PROVIDE SUPPORT AND TRAINING FOR LONG-TERM CARE PROVIDERS CARING FOR RESIDENTS WITH MENTAL ILLNESSES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall study expanding the mission of the Geriatric Mental Health Specialty Teams to assist long-term care facilities in serving all residents who are within the targeted populations, as identified in the State Plan developed pursuant to G.S. 122C-102. As part of this study, the Department shall consider renaming the Geriatric Mental Health Specialty Teams to LTC Mental Health Specialty Teams to reflect the expanded mission.

SECTION 2. While undertaking the study, the Department of Health and Human Services shall proceed immediately with implementation of the following:

(1) Standardizing these criteria across all Geriatric Mental Health Specialty Teams:
   a. Team purpose,
   b. Eligibility for services,
   c. Screening processes,
   d. Referral processes, and
   e. Forms, Training Manuals, Service Orders, and Authorizations.

(2) Tracking expenditure data for each Team and each Area Program/Local Management Entity.

(3) Tracking the number of facilities served, the number of clients served, and the types of services provided by each Team.

SECTION 3. The Department of Health and Human Services shall submit an interim report to the North Carolina Study Commission on Aging by October 30, 2004, on its efforts to standardize criteria; track expenditure data; and track the number of facilities served, clients served, and services provided by each Team. The

Department shall submit a final report on its standardization and tracking efforts, and the results of its study, to the North Carolina Study Commission on Aging by October 30, 2005.

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

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. _____

H. B. No. _____ DATE 6/30/04

S. B. No. 1148 Amendment No. 1
(to be filled in by Principal Clerk)

COMMITTEE SUBSTITUTE S1148-CSEC-109

(Rep.) Sen.) Adams

moves to amend the bill on page 1, line 12

~~( )WHICH CHANGES THE TITLE~~

by inserting between "industries" and the period the phrase "and other appropriate stakeholders";

and on page 1, line 19, by rewriting the line to read:

"(2) Broaden the scope of and rename the Geriatric Mental Heath Specialty Teams to LTC Mental".

SIGNED Alma Adams

ADOPTED ✓ FAILED _____ TABLED _____

GA-33-A

PRINCIPAL CLERK'S OFFICE (FOR ENGROSSMENT)

2003 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

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

☒ Committee Substitute for
S.B. 1148 A BILL TO BE ENTITLED AN ACT TO PROVIDE SUPPORT AND TRAINING FOR LONG-TERM CARE PROVIDERS CARING FOR RESIDENTS WITH MENTAL ILLNESSES, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION 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 the committee substitute bill (#), ☐ which changes the title, unfavorable as to (the 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)

03/19/03

SENATE BILL 1148:
Care for the Mentally Ill in LTC Facilities

BILL ANALYSIS

Committee:	House Aging	**Introduced by:**	Senator Swindell
Date:	June 2, 2004	**Summary by:**	Dianna Jessup
Version:	Second Edition		Committee Counsel

SUMMARY: Senate Bill 1148 requires the Department of Health and Human Services to provide additional support and training for long-term care providers caring for residents with mental illnesses. This bill represents a recommendation from the North Carolina Study Commission on Aging. The bill would become effective when it becomes law.

The second edition added the word "immediately" to line 14 of page 1 to compel quick action by the Department.

REFERENCE INFORMATION:

G.S. 122C-102 requires the Department of Health and Human Services to develop and implement a State Plan for Mental Health, Developmental Disabilities, and Substance Abuse Services. Consistent with the Supreme Court decision in Olmstead vs. L.C. & E.W, the State's policy is to provide appropriate services to clients in the least restrictive and most appropriate environment. The long-term care residents referenced in Senate Bill 1148 are those targeted populations identified in the State Plan.

BILL ANALYSIS:

Senate Bill 1148 requires the Department of Health and Human Services to bolster their efforts in providing assistance to long-term care facilities serving mentally ill residents.

The bill requires the Department to study expanding the mission of the Geriatric Mental Health Specialty Teams, and to consider renaming the Geriatric Mental Health Specialty Teams to the LTC Mental Health Specialty Teams (to reflect the expanded mission).

The bill also requires the Department, while undertaking the study, to standardize criteria across all Geriatric Mental Health Specialty Teams; to track expenditure data for each Team and each Area Program/Local Management Entity; and to track the number of facilities served, the number of clients served, and the types of services provided by each Team.

The Department is required to submit to the North Carolina Study Commission on Aging, an interim report by October 30, 2004, and a final report by October 30,2005.

BACKGROUND:

In the report to the Governor and the 2004 Regular Session of the 2003 General Assembly, the North Carolina Study Commission on Aging recommended that the General Assembly require the Department of Health and Human Services to continue to provide support and training for long-term care providers caring for residents with mental illnesses by conducting a study on expanding the mission of Geriatric

Mental Health Specialty Teams; and by standardizing criteria across the Teams and tracking utilization and expenditure data.

This recommendation was in response to presentations on February 10, 2004 and March 9, 2004, from the Division of Facility Services, Department of Health and Human Services (DHHS); the NC National Alliance for the Mentally Ill (NAMI); the NC Association Long Term Care Facilities; and the Community Policy Section, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Department of Health and Human Services.

Geriatric Mental Health Specialty Teams were developed to increase the ability of older adults with mental illness to live successfully in their communities by: 1) assisting with the successful reintegration of older adults into the community when they are discharged from State psychiatric hospitals; and 2) providing holistic support services and technical assistance to nursing homes, adult care homes, and other agencies and caregivers that serve older adults who have mental health treatment needs and who may be at risk of psychiatric hospitalization. Currently, the Teams serve individuals 60+ years of age who are preparing to enter a nursing home or an adult care home, who currently reside in a nursing home or adult care home, and who are living in their own home or with family members. Individuals with geriatric-like needs are also served.

Long-term care providers expressed appreciation for the Geriatric Mental Health Specialty Team concept but indicated a desire for a more intensive effort and for more consistency and standardization across the Teams.

According to information provided by staff in the General Assembly's Fiscal Research Division, the Geriatric Mental Health Specialty Teams are a contracted service through the Local Management Entities (LME). There are 20 Teams across North Carolina and each one contracts with one or more LME's. These are funded with Mental Health Trust Fund dollars, and these non-recurring funds are being replaced by recurring funds made available through mental hospital downsizing. As a Team delivers services to a facility, they file for reimbursement with the LME, which in turn seeks reimbursement from DHHS. Currently, DHHS cannot report specific cost data on the Geriatric Mental Health Specialty Teams, thus the Commission believes that additional expenditure and tracking data is necessary.

S1148-SMSW-001

VISITOR REGISTRATION SHEET

HOUSE AGING COMMITTEE — JUNE 30, 2004

Name of Committee — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY
DAVID BARNES	Poyner + Spruill LLP
Stacy Flannery	NCHICFA
HUGH TILSON	NCHA
Lou Wilson	NCALTCF
Joanne Stevens	NCNA
JOHN GOODMAN	ALEX ASSOCIATES
[illegible]	DAAS (DHHS)
[illegible]	MHA/NC
Jennifer Mahan	MHA/NC
Jennifer Sullivan	CPDMI / NASW-NC
[illegible]	NC Council
Robin Huffman	NC Psychiatric Assoc / CPDMI
[illegible]	Mental Health Ass'n
Bonnie Morrell	Div MH/DD/SAS
DON WILLIS	" " " "
Patricia Lemon	NAACOG
Evelyn Hazelhorne	EHCR
Jerry Cooper	NCACA
[illegible]	FRLTC
Elizabeth Dalton	Bonn & Assoc.

6/30/04

House Pages

1. Name: Derek Partin
   County: Forsyth
   Sponsor: Ed Nye
2. Name: Laura Smith
   County: Guilford
   Sponsor: Nancy Carter
3. Name: Lauren Mercer
   County: Pamlico
   Sponsor: Michael Gorman
4. Name: Alex Leonard
   County: Wake
   Sponsor: Ellis
5. Name: James Pressly
   County: Iredell
   Sponsor: Sh. Blackwood

Staff:
Theresa Matula
Deanna Jessup

Interns:
Elizabeth Bakamis

Clerk:
Susan Doty

Sgt-At-Arms

1. Name: JAMES BREWER
2. Name: BILL SULLIVAN
3. Name: WALTER SPELL
4. Name: