2005-2006

HOUSE
AGING

COMMITTEE
MINUTES

NORTH CAROLINA GENERAL ASSEMBLY

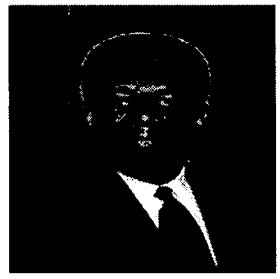
HOUSE COMMITTEE on AGING
2005 – 2006 SESSION

Rep. Farmer-Butterfield
Chair

Rep. Alice Bordsen
Chair

Rep. David Almond
Vice chair

Rep. Beverly Earle
Vice chair



Rep. Garland Pierce
Vice chair

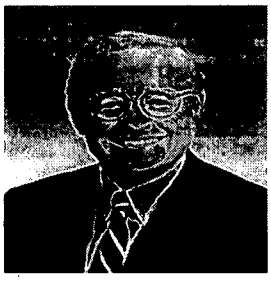
Rep. Arlie Culp

Rep. Bobby England

Rep. Mitch Gillespie

Rep. James Langdon, Jr.

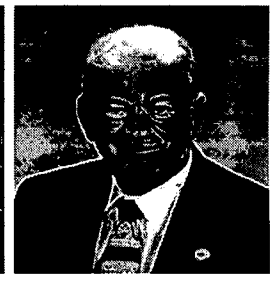
Rep. Mary McAllistere



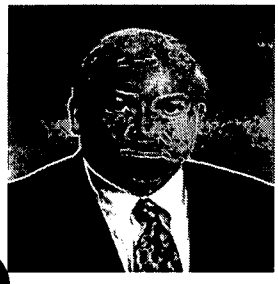
Rep. Ed McMahan

Rep. John Rayfield

Rep. Jennifer Weiss

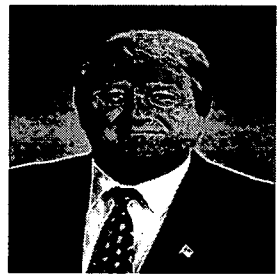


Rep. Gene Wilson

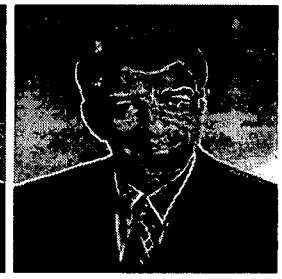


Rep. Bill Culpepper

Rep. Pete Cunningham



Rep. Rick Eddins



Rep. Joe Hackney

HOUSE OF REPRESENTATIVES

COMMITTEE ON AGING
2005-2006 SESSION

MEMBER	ASSISTANT	PHONE	OFFICE	SEAT
Bordsen, Alice, Co-Chair	Erin Wynia	3-5820	533 LOB	29
Farmer-Butterfield, Jean, Co-Chair	Barbara Hocutt	3-5898	614 LOB	53
Almond, David, Vice Chair	Alice Falcone	3-5908	1315 LB	107
Earle, Beverly, Vice Chair	Ann Raeford	5-2530	634 :LOB	11
Pierce, Garland, Vice Chair	Mildred Alston	3-5803	1313 LB	83
Culp, Arlie	Waneta Lord	3-5865	1010 LB	99
England, Bob	Lisa Brown	3-5749	2219 LB	78
Gillespie, Mitch	Cindy Hobbs	3-5862	1008 LB	74
Langdon, James	Jackson Stancil	3-5849	503 LOB	101
McAllister, Mary	Johnna Smith	3-5959	638 LOB	58
McMahan, Ed	Jennifer Loftis	3-5602	1426 LB	111
Rayfield, John	Brenda Olls	3-5868	510 LOB	73
Weiss, Jennifer	Susan Doty	3-5781	2221 LB	31
Wilson, Gene	Rebecca Jones-Cooper	3-7727	1109 LB	51

Ex Officio Members

Culpepper, Bill	Dot Crocker	5-3029	404 LOB	36
Cunningham, Pete	Valerie Rustin	3-5778	541 LOB	7
Eddins, Rick	Susan Phillips	3-5828	1002 LB	26
Hackney, Joe	Emily Reynolds	3-5752	2207 LB	69

Staff

Theresa Matula	Research Division	3-2578	545 LOB
Dianna Jessup			

ATTENDANCE

House Committee on Aging

(Name of Committee)

DATES	3-9-05														
Rep. Alice Bordsen	✓														
Rep. Jean Farmer-Butterfield	✓														
Rep. David Almond	✓														
Rep. Beverly Earle															
Rep. Garland Pierce	✓														
Rep. Arlie Culp	✓														
Rep. Bob England	✓														
Rep. Mitch Gillespie	✓														
Rep. James Langdon	✓														
Rep. Mary McAllister	✓														
Rep. Ed McMahan	✓														
Rep. John Rayfield	✓														
Rep. Jennifer Weiss	✓														
Rep. Gene Wilson	✓														
Ex Offico															
Rep. Bill Culpepper															
Rep. Pete Cunningham															
Rep. Rick Eddins															
Rep. Joe Hackney															
Staff															
Theresa Matula															
Dianna Jessup															

ATTENDANCE

House Committee on Aging

(Name of Committee)

DATES	3-9-05	5-11-05													
Rep. Alice Bordsen		✓													
Rep. Jean Farmer-Butterfield		✓													
Rep. David Almond		✓													
Rep. Beverly Earle															
Rep. Garland Pierce															
Rep. Arlie Culp		✓													
Rep. Bob England		✓													
Rep. Mitch Gillespie															
Rep. James Langdon															
Rep. Mary McAllister															
Rep. Ed McMahan		✓													
Rep. John Rayfield		W													
Rep. Jennifer Weiss		✓													
Rep. Gene Wilson															
Ex Offico															
Rep. Bill Culpepper															
Rep. Pete Cunningham															
Rep. Rick Eddins															
Rep. Joe Hackney															
Staff															
Theresa Matula		✓													
Dianna Jessup		•													

ATTENDANCE

House Committee on Aging

(Name of Committee)

DATES	3-9-05	5-11-05	7-13-05												
Rep. Alice Bordsen			✓												
Rep. Jean Farmer-Butterfield			✓												
Rep. David Almond			✓												
Rep. Beverly Earle															
Rep. Garland Pierce			✓												
Rep. Arlie Culp			✓												
Rep. Bob England			✓												
Rep. Mitch Gillespie															
Rep. James Langdon			✓												
Rep. Mary McAllister			✓												
Rep. Ed McMahan															
Rep. John Rayfield			No												
Rep. Jennifer Weiss			✓												
Rep. Gene Wilson															
Ex Offico															
Rep. Bill Culpepper															
Rep. Pete Cunningham															
Rep. Rick Eddins															
Rep. Joe Hackney															
Staff															
Theresa Matula			✓												
~~Dianna Jessup~~ SEAN PARKER			✓												

2005-2006 Biennium

Leg. Day: H-126/S-127

Bill	Introducer	Short Title		Latest Action	In Date	Out Date
$ H0044	**Nye**	**CAP/DA AUDIT FUNDS.**	***H**	**Re-ref Com On Appropriations**	**02-03-05**	**04-05-05**
H0045=	Nye	ADULT PROTECTIVE SERVICES TF/ COLLABORATE.	HR	Ch. SL 2005-23	02-03-05	03-14-05
H0046=	Nye	FALSIFY INFO/ADULT CARE HOME LICENSE/ PENALTY.	H	Ref To Com On Aging	02-03-05	
$ H0119	**Clary**	**WAGE ENHANCEMENT/ FUNDS.**	**H**	**Re-ref Com On Appropriations**	**02-09-05**	**04-05-05**
H0183	Nye	INCREASE GERIATRIC CARE PROVIDERS.	H	Re-ref Com On Rules, Calendar, and Operations of the House	02-10-05	03-14-05
H1216=	Earle	EXPLOITATION OF ELDER OR DISABLED ADULTS/ POA.	H	Ref To Com On Aging	04-13-05	
$ S0042=	**A. B Swindell**	**HOME CARE CHANGES.**	***H**	**Ref To Com On Aging**	**06-02-05**	
S0488=	Charlie S. Danne	EXPLOITATION OF ELDER OR DISABLED ADULTS/ POA.	*H	Re-ref Com On Judiciary I	04-27-05	05-11-05
S0572	A. B Swindell	LICENSE ASSISTED LIVING FACIL./ELDERLY.	HR	Ch. SL 2005-66	03-29-05	05-11-05

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

AGENDA

HOUSE COMMITTEE ON AGING

Wednesday, March 9, 2005

OPENING REMARKS:

Rep. Jean Farmer-Butterfield, Co-Chair
Committee on Aging

INTRODUCTIONS:

Karen Gottovi, Director of Aging, Department of Health and Human Services
A. Overview of the division
B. North Carolina's demographic shift

AGENDA ITEMS:

Theresa Matula, Research Staff
Study Commission on Aging Overview

HB 45 ADULT PROTECTIVE SERVICES TF/COLLABORATION

HB 183 INCREASE GERIATRIC CARE PROVIDERS

Minutes
House Committee on Aging
Wednesday, March 9, 2005

The House Committee on Aging met on Wednesday, March 9, 2005 in Room 605 of the Legislative Office Building at 11:00 a.m. The following members were present: Chairperson Jean Farmer-Butterfield, Chairperson Alice Bordsen, Vice Chair Garland Pierce, Vice Chair David Almond, Representatives Gillespie, McAllister, Weiss, and Langdon. A member of the Research Staff, Theresa Matula attended, as well as, Erin Wynia and Barbara Hocutt, Legislative Assistants.

Chairman Farmer-Butterfield called the meeting to order. She introduced the pages: Jessica Evans from E. Wake High School and Ashley Caudle from E. Randolph High School and the Sergeants at Arms: Bill Sullivan and Fred Hines. She called on other staff to introduce themselves. Chairperson Alice Bordsen was then recognized to make introductory remarks.

The Chair recognized Representative Ed Nye to explain House Bill 45, A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES' ADULT PROTECTIVE SERVICES TASK FORCE TO COLLABORATE WITH OTHERS INTERESTED IN IMPROVING ADULT PROTECTIVE SERVICES AND REPORT, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

House Bill 45 directs the Adult Protective Services Task Force to collaborate with others interested in improving adult protective serves and report on or before April 1, 2006. This bill is a recommendation from the North Carolina Study Commission on Aging.

The Chair recognized Vice Chair Almond for a question about the cost of administering the legislation. He was assured by Representative Nye that there was no cost involved. Representative Weiss moved a favorable report for House Bill 45, and Representative McMahan seconded. The motion passed unanimously.

Representative Nye presented House Bill 183, A BILL TO BE ENTITLED AN ACT TO DIRECT THE PRESIDENT OF THE UNIVERSITY OF NORTH CAROLINA AND THE PRESIDENT OF THE NORTH CAROLINA COMMUNITY COLLEGE SYSTEM TO UNDERTAKE CERTAIN STUDIES TARGETED TO INCREASE GERIATRIC CARE PROVIDERS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

House Bill 183 directs the President of the University of North Carolina and the President of the North Carolina Community College System to study ways to increase the capacity of their institutions to produce geriatric care providers. This bill is a recommendation from the North Carolina Study Commission on Aging.

The Chair recognized Vice Chair Almond for a question concerning the burden the legislation

might place on the agencies undertaking the development of these studies. According to Representative Nye, there was no burden nor time constraint involved. Representative Wilson moved for a favorable report for House Bill 183. Representative Ed McMahan seconded the motion, and it passed unanimously.

Karen Gottovi, Director of the Division of Aging in the Department of Health and Human Services, was invited to the podium to give an overview of the Division's work. She introduced her colleagues: Mary Bethel, Manager of Consumer Affairs; Dennis Streets, Chief of the Planning, Budget and System Supports Section; Suzanne Merrill, Chief of the Adult Services Section and Geoff Santoliquido, Manager of the State-County Special Assistance Program. Mr. Streets reviewed the changing demographics of the aging population in North Carolina. Each committee member received a packet of information about the Division of Aging.

Theresa Matula, who staffed the Study Commission on Aging, gave an overview of its report. She acknowledged Representative Weiss and Representative Wilson as members of the Study Commission.

There being no further business, the meeting was adjourned.

Rep. Jean Farmer-Butterfield, Chairperson

Barbara Hocutt, Committee Assistant

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representatives **Bordsen and Farmer-Butterfield** (Chairs) for the Committee on **Aging.**

☐ Committee Substitute for
H.B. 183 A BILL TO BE ENTITLED AN ACT TO DIRECT THE PRESIDENT OF THE UNIVERSITY OF NORTH CAROLINA AND THE PRESIDENT OF THE NORTH CAROLINA COMMUNITY COLLEGE SYSTEM TO UNDERTAKE CERTAIN STUDIES TARGETED TO INCREASE GERIATRIC CARE PROVIDERS, 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

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

H 1

HOUSE BILL 183

Short Title:	Increase Geriatric Care Providers.	(Public)
Sponsors:	Representatives Nye, Clary (Primary Sponsors); Weiss, Wilson, Alexander, B. Allen, Current, England, Faison, Farmer-Butterfield, Glazier, Harrison, Insko, Jeffus, LaRoque, Lucas, Luebke, McLawhorn, Warren, and Wray.	
Referred to:	Aging, if favorable, Rules, Calendar, and Operations of the House.	

February 10, 2005

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE PRESIDENT OF THE UNIVERSITY OF NORTH CAROLINA AND THE PRESIDENT OF THE NORTH CAROLINA COMMUNITY COLLEGE SYSTEM TO UNDERTAKE CERTAIN STUDIES TARGETED TO INCREASE GERIATRIC CARE PROVIDERS, AS RECOMMENDED BY THE NORTH CAROLINA STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The President of The University of North Carolina and the President of the North Carolina Community College System shall study ways to increase the capacity of their institutions to produce geriatricians, geriatric social workers, geriatric pharmacists, geriatric allied health workers, and graduates specialized in geriatric nursing and geriatric dentistry; and study how to improve the Nursing Scholars Program and the Nurse Educational Scholarship Loan Program to increase the number of graduates specializing in geriatric care. The President of The University of North Carolina and the President of the North Carolina Community College System shall report their findings to the North Carolina Study Commission on Aging on or before January 6, 2006.

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

HOUSE BILL 183:
Increase Geriatric Care Providers

BILL ANALYSIS

Committee:	House Aging	**Introduced by:**	Representatives Nye and Clary
Date:	March 9, 2005	**Summary by:**	Theresa Matula, Committee Staff
Version:	First Edition		

SUMMARY: ***House Bill 183 directs the President of the University of North Carolina and the President of the North Carolina Community College System to study ways to increase the capacity of their institutions to produce geriatric care providers. This bill is a recommendation from the North Carolina Study Commission on Aging.***

BILL ANALYSIS:

House Bill 183 directs the President of The University of North Carolina and the President of the North Carolina Community College System to:

1) Study ways to increase the capacity of their institutions to produce:

- Geriatricians,
- Geriatric pharmacists
- Graduates specialized in geriatric nursing
- Geriatric social workers,
- Geriatric allied health workers
- Graduates specialized in geriatric dentistry.

2) Study how to improve the Nursing Scholars Program and the Nurse Educational Scholarship Loan Program to increase the number of graduates specializing in geriatric care.

The President of the University of North Carolina and the President of the North Carolina Community College System shall report their findings to the North Carolina Study Commission on Aging on or before January 6, 2006.

This bill would become effective when it becomes law.

BACKGROUND:

The North Carolina Study Commission on Aging is aware of a number of programs and initiatives aimed at addressing the nursing shortage. However, population predictions require the State to focus intensively on meeting the needs of the elder population through geriatric care providers.

There are a number of programs and initiatives aimed at addressing the nursing shortage in general:

North Carolina Center for Nursing

S.L. 1991-550, The Nursing Shortage Act of 1991, outlined the mission and strategies defined by the General Assembly to address the nursing shortage that had plagued North Carolina in the late 1980's. That act established the North Carolina Center for Nursing to address issues of supply and demand for nursing, including issues of recruitment, retention, and utilization of nurse manpower resources. The Center was charged with providing an ongoing strategy for the allocation of the State's resources directed towards nursing. The Center is pivotal for providing

information regarding the entire nursing workforce, but does not specifically address the needs of our growing elder population.

Nursing Workforce Taskforce
A Nursing Workforce Taskforce, convened by the North Carolina Institute of Medicine (IOM), began meeting in February 2002 to look at ways to respond to the growing nursing shortage in the State. The 55-member task force included representatives from the NC Nursing Association, the NC Center for Nursing, the NC Board of Nursing, the NC Hospital Association, and the NC Area Health Education Centers (AHECs). There were also representatives from the NC Community College System, the University of North Carolina and NC Independent Colleges and Universities on the task force. The IOM task force developed recommendations directed at each agency involved in either educating or hiring nurses; 23 of them specifically affect community colleges.

Committee on the Future of Nursing
The UNC Board of Governors established a Committee on the Future of Nursing to review the IOM Nursing Workforce Report and other information to address issues of nursing and make recommendations to the Board.

The State Board of Community Colleges also has a similar committee.

Nursing Scholars Program and Nurse Educational Scholarship Loan Program
Presently the Nursing Scholars Program, a merit based scholarship loan program, and the Nurse Educational Scholarship Loan Program, a need based scholarship loan program for nursing students provide funds for students in nursing programs offered by community colleges and The University of North Carolina, and by private colleges that offer licensed practical nursing or registered nursing programs. The Commission would like these programs to be studied to determine if they can be improved to increase the number of graduates specializing in geriatric care.

The following grants are aimed at improving medical care to the elderly:

Grants to Improve Care to the Elderly
Currently, three North Carolina based institutions of higher education receive grants to improve the ability of health professionals to provide medical care for elderly Americans. The University of North Carolina at Greensboro, The University of North Carolina at Chapel Hill, and Duke University have received either federal funding from The Health Resources and Services Administration (HRSA), and/or funds from such private foundations as The John A. Hartford Foundation or The Donald W. Reynolds Foundation.

The Donald W. Reynolds Foundation recently awarded a grant to The Duke Center for the Study of Aging totaling $3 million over six years for geriatric training. Duke University will become part of a Consortium to strengthen faculty expertise in geriatrics, in cooperation with Johns Hopkins University, Mount Sinai Medical School and the University of California, Los Angeles. The Consortium members will provide fellowships to train clinical educators in geriatrics and continue the training and career development of their own junior faculty members.

**Shawn Parker contributed to this summary.*

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

HOUSE BILL 45*

Short Title:	Adult Protective Services TF/Collaborate.	(Public)
Sponsors:	Representatives Nye, Clary (Primary Sponsors); Weiss, Wilson, Alexander, Barnhart, Bordsen, Brown, Crawford, Earle, Farmer-Butterfield, Glazier, Langdon, Lewis, and McGee.	
Referred to:	Aging.	

February 3, 2005

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES' ADULT PROTECTIVE SERVICES TASK FORCE TO COLLABORATE WITH OTHERS INTERESTED IN IMPROVING ADULT PROTECTIVE SERVICES AND REPORT, 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, Adult Protective Services Task Force, shall collaborate with stakeholders and other persons interested in improving adult protective services and report its findings and recommendations to the North Carolina Study Commission on Aging and to the Legislative Study Commission on State Guardianship Laws on or before April 1, 2006.

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

HOUSE BILL 45:
Adult Protective Services TF/Collaborate

BILL ANALYSIS

Committee:	House Aging	**Introduced by:**	Representatives Nye and Clary
Date:	March 9, 2005	**Summary by:**	Theresa Matula, Committee Staff
Version:	First Edition		

SUMMARY: ***House Bill 45 directs the Adult Protective Services Task Force to collaborate with others interested in improving adult protective services and report on or before April 1, 2006. This bill is a recommendation from the North Carolina Study Commission on Aging.***

BILL ANALYSIS:

House Bill 45 directs the Department of Health and Human Services, Adult Protective Services Task Force, to collaborate with stakeholders and other persons interested in improving adult protective services. The Task Force is directed to report findings and recommendations to the North Carolina Study Commission on Aging and the Legislative Study Commission on State Guardianship Laws on or before April 1, 2006.

This bill would become effective when it becomes law.

BACKGROUND:

On December 1, 2004, the North Carolina Study Commission on Aging heard a presentation on issues related to the adult protective services system including: a historical perspective on the topic; the differences between elder mistreatment, elder abuse, elder neglect, and self-neglect in the context of North Carolina adult protective services; and a suggestion for a coalition to help with formal training. The Commission found that review of and changes to the adult protective services system are likely to be necessary to ensure that older adults are protected from abuse and neglect.

The Commission also recognized that several groups are currently reviewing the adult protective services system, and that collaboration would be helpful in determining what improvements could be made to the system. Efforts to study issues related to adult protective services include the following:

- The Department of Health and Human Services, in conjunction with the County Department of Social Services Directors' Association, has convened the Adult Protective Services (APS) Task Force. The Task Force has been working on ways to strengthen the adult protective services program and to improve quality, performance, and improved outcomes for county Departments of Social Services, and for the State, in an effort to carry out the statutory mandate to protect vulnerable adults. The task force has 28 members, including county DSS agencies and DHHS staff, and has taken a multi-pronged approach by looking at any needed statutory changes; administrative rule changes; workload, administration, and required training needs; policies and procedures; assessment tools, and community inter/intra relations. Task Force members representing the county DSS agencies include: agency directors, program managers, supervisors, and line social workers, all of whom have responsibility for the delivery of APS at the local level. Short-term goals of the task force are to recommend technical and clarifying changes to the law.

Long-term goals include: the potential for recommendations involving more in-depth statutory changes, improved caseload management, and additional training.

- The National Center on Elder Abuse, the National Committee for the Prevention of Elder Abuse (NCPEA), and the National Adult Protective Services Association are partnering to conduct a national study of elder abuse. Part of the study includes, "The 2004 Survey of Adult Protective Services Data," that intends to capture data from all 50 states. The initial survey deadline for the end of September has been extended to allow additional state response time. The purposes of the survey are to: establish a national data set for Adult Protective Services (APS); compare APS programs nationwide; measure APS interventions; demonstrate trends in the field of APS; and to bring national attention to the field. The University of Kentucky is conducting the research for NCPEA.

- S.L. 2004-161, Part 45, established a 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 law. Among the items the Commission is required to consider is a review of the State's adult protective services law. The Legislative Study Commission on State Guardianship Laws is required to make a final report to the 2006 Regular Session of the 2005 General Assembly upon its convening.

In response to the above information, the North Carolina Study Commission on Aging recommended that the General Assembly direct the Adult Protective Services Task Force to collaborate with stakeholders and other persons interested in improving the adult protective services and report its findings and recommendations to the Study Commission on Aging and to the Legislative Study Commission on State Guardianship Laws on or before April 1, 2006.

VISITOR REGISTRATION SHEET

AGING — 03-09-05

Name of Committee — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY
Lillian Mack Hodges	AARP Highland Chap Fayetteville, NC.
Marjorie Henderix	AARP Highland Chap " "
Elma Jorgenson	" " " "
JOHN OLUND	" " " "
ANNE OLUND	" " " "
Gayle Alexander	AARP Alzheimer
MacKenzie King	" "
Martha Leyton	" "

VISITOR REGISTRATION SHEET

AGING — 03-09-05

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
PATRICK BUFFKIN	NCGA
Suzanne Merrill	DHHS-DAAS
GEOFF SANTOLIQUIDO	DHHS-DAAS
Patrice Roach	NCACC
Stacy Flannery	NCHCFA
Betty Everette	
Ellen W. Ingram	
Hattie McLean Terry	AARP 879 North US#1 Hwy Rockingham, N.C. 28379
Ophelia Aaron	AARP 119 West Ave. Hamlet NC. 28345
Laura Walker	106 Walker Lane, Hamlet, NC-28345
Leonard Walker	AARP Hamlet, NC

VISITOR REGISTRATION SHEET

AGING — 03-09-05

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Patricia A. Yancey	FRLTC
Bill Lamb	FOR LTC
Tonya Edwards	3622 Clearwater Dr Fayetteville, NC 28311
Phyllis Reid	Choice PARP

AGENDA

HOUSE COMMITTEE ON AGING

Wednesday, March 29, 2005
Room 605 LOB
11:00 AM

OPENING REMARKS

Representative Alice Bordsen, Co-Chair
Committee on Aging

AGENDA ITEMS:

HB 44	**CAP/DA Audit Funds**
HB 46	**Falsify Info/Adult Care Home License/Penalty**
HB 119	**Wage Enhancement/Funds**

ADJOURNMENT

Minutes

House Committee on Aging

Wednesday, March 29, 2005
11:00 a.m. Legislative Office Building Room 605

Rep. Alice Bordsen, Chair, presiding

Present: Rep. Jean Farmer-Butterfield, Chair; Rep. Almond, Vice-Chair; Reps. Culp, England, Langdon, McAllister, Weiss, and Wilson
Excused Absences: Reps. Pierce and Rayfield

H44

- Rep. Bordsen informed the committee that there was a Proposed Committee Substitute for this bill.
- Rep. Langdon moved to discuss the PCS
- Rep. Nye explained the changes
- Rep. Wilson moved to consider the PCS favorable, unfavorable to the original
- The PCS passed with unanimous "aye" votes, and was re-referred to the House Appropriations Committee

H46

- Rep. Bordsen informed the committee that there was a Proposed Committee Substitute for this bill.
- Rep. Wilson moved to discuss the PCS
- Rep. Nye explained the changes in the PCS
- Rep. Wilson moved to consider the PCS favorable, unfavorable to the original
- The PCS passed with unanimous "aye" votes

H119

- Rep. Clary explained the intent of the bill
- Rep. England motioned to pass the bill with a favorable report
- The bill passed with unanimous "aye" votes, and was re-referred to the House Appropriations Committee

Alice L. Bordsen
Representative Alice Bordsen, Chair

Erin Wynia, Committee Clerk

VISITOR REGISTRATION SHEET

Aging — 3/30/05

Name of Committee — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY
Barbara Ryan	DFS
Janet Hayes	Office of State Auditor
Deborah B. Atkinson	DMA
James L. Forte	OSA
Jim Eldridge	DHHC
Lou Dalton	NCALTCF
Karen Gottovi	DAAS
Jenny Cooper	DCALA
Tamara Hicks	NCACDSS
Lynne Perrin	NC DHHS
Diane D. Welch	AARP

House Pages

Name Of Committee: Aging Date: 3-30-05

1. Name: Clarke Mann
   County: Lee
   Sponsor: John Sauls
2. Name: Nigel Hood
   County: Mecklenburg
   Sponsor: Beverly Earle
3. Name: _____
   County: _____
   Sponsor: _____
4. Name: _____
   County: _____
   Sponsor: _____
5. Name: _____
   County: _____
   Sponsor: _____

Sgt-At-Arms

1. Name: Linda Fuller
2. Name: Tom Wilder
3. Name: _____
4. Name: _____
5. Name: _____

Minutes

House Committee on Aging

Tuesday, April 19, 2005
1:00 p.m. Legislative Auditorium

Rep. Jean Farmer-Butterfield, Chair, presiding

Present: Rep. Alice Bordsen, Chair; Rep. Pierce, Vice-Chair; Reps. Culp, Langdon, Rayfield, Weiss, and Wilson
Remarks (non-committee members): Speaker Jim Black, Rep. Joe Hackney

Rep. Farmer-Butterfield welcomed speakers and advocates, stating the purpose of the day of advocacy. She then explained the three-minute time limit for remarks.

Speaker #1: Beverly Wheeler

- She is an adult home specialist
- Thinks H782 and S1074 have been confusing
- Is concerned that monitoring of adult care homes would shift to the state in the future, away from county-level monitoring
- The monitoring system has improved in the past five years
- She fears that there will be a closed monitoring system as a result

Speaker #2: Martha Sachs

- Has been a member of the advisory committee for seven years
- Sees people in nursing homes during her visits
- Suggestions for improvements of care homes:
    - Bring in independent pharmacists to evaluate residents' medications – if residents are not over-medicated, it could cut Medicaid costs in half
    - Provide oversight to home health care services – it does not have oversight now, or background checks for workers
    - Initiate a "secret shopper" program for nursing homes (unannounced inspections of facilities)

Speaker #3: John Sudduth

- Opposes cuts in current services
- Wants a raised cigarette tax and consideration of other revenue sources to raise enough money to keep services

Speaker #4: Dot Crawford

- Wants local monitoring of care homes, not state monitoring
- Gave a personal anecdote of how local monitoring of homes can give a quicker response to residents' needs

- Urged legislators to find ways to keep sick seniors in their own homes and out of care facilities

Speaker #5: Helen Savage
Works at AARP

- Is worried about proposed cuts in Medicaid services and eligibility
- Advocates and increased cigarette tax to address revenue problems
- Wants an increase in CAP/DA and Community Home Health Care Block Grant funding
- Wants a renewed long-term care tax credit

Speaker #6: Bill Lamb

- Would like to see facilities that have locked units (for Alzheimer's, etc.) to be subject to oversight
- Wants a corresponding increase in Medicaid to care for residents in these locked units

Speaker #7: Laurie Coker

- Wants legislators to know that there are many people in facilities not because they're seniors with illnesses, but because they have mental illnesses
- Group homes have no programming or training for people with mental health treatment needs
- Divisions in state government do not communicate with each other
- Wants legislators to remember that these facilities are serving many diverse populations, and reiterated that something must change

Speaker #8: Jessica Frazier

- Said that funding for home and community care services is valuable
- The state needs programming for residents caught in a hard place: they have too much money to qualify for Medicaid, but not enough to afford services
- Urged legislators to think of creative alternatives to help people get needed services

Speaker #9: Willie Mae Currin

- Represents the Tar Heel Senior Legislature, whose priorities she explained
- Asked for more money for programs
- Wants to re-enact the long-term care insurance tax credit
    - Make it retroactive to 2004
    - This credit encourages people to take responsibility for their own care
- Legislators must address pollution from medical waste
- Pushed for grandparents' rights – North Carolina gives them no rights currently
- Wants NCGA to expand the homestead tax credit
- Encouraged legislators to revise power of attorney and guardianship laws
- Expressed concerns that high malpractice insurance costs will force doctors to stop treating seniors

Speaker #10: Teepa Snow

- From the Alzheimer's Association
- The state needs more money to relieve waiting lists
- Residents need better-trained caregivers
- Knowledge of Alzheimer's has grown exponentially, but the level of care has not reflected the knowledge gain

Speaker #11: Keith Arbuckle

- Said home care is the most cost-efficient form of caring for seniors
    - Ex. Three days of hospital care buys one year of home health care services
- Legislature must find a way to increase funding for home health care

Speaker Jim Black addressed the group next

- Thanked the group for their advocate work
- Said that budget cuts must be publicized in order to make the case for increasing revenue
- Thinks a half-cent sales tax will likely have to remain in place to pay for services
- Taxes have not kept pace with our state's needs since 1999
    - Hurricane flooding
    - Deepest recession since 1929

Rep. Joe Hackney spoke next

- Asked for input from this group
- Said he knows their work is not easy, but is important
- Promised to work hard to find revenue for services

Rep. Farmer-Butterfield summed up speakers' messages in her closing remarks:

- Legislators need to support Medicaid and personal care services
- Keep CAP/DA program in place and expand it
- Keep and expand funding for home and community care because people live longer if they are able to stay in their homes
- Be sensitive to mixed populations in residential settings
- Seniors have the right to live in a harmonious, safe and pleasant environment
- Legislators should support those suffering from mental illnesses as well as age-related illnesses
- Increase state and local oversight of group homes, including better-staffing Division of Social Services
- Retain local oversight staff
- Enhance wages of workers – state dollars can be matched by federal dollars
- Our state needs to be bold and aggressive in dealing with our aging population
- Address concerns of prescriptions being too expensive
- Recognize the contribution of family caregivers – they do much to save the state money – but they also need support
- Medicaid funds are critical

- Over-medication of patients and residents is a concern
- Adult day care funds do not need to be cut

FRIENDS OF RESIDENTS IN LONG TERM CARE

883-C Washington Street, Raleigh, NC 27605 email: friends@forltc.org
(919) 782-1530 or toll-free (888) 411-7571 website: www.forltc.org

MONITORING/INSPECTIONS IN ADULT CARE HOMES
April 18, 2005

FRIENDS OF RESIDENTS IN LONG TERM CARE'S POSITION

- Reject any proposal to remove the local monitoring role that adult home specialists perform in adult care homes. County adult home specialist work in local communities and are able to get to know the operations of an adult care home and respond quickly to problems and complaints. They monitor homes for compliance every other month and when problems are identified, follow-up visits are immediate and effective. Local monitoring is less costly and provides more protection for residents in adult care homes.

- Reject the elimination of the Penalty Review Committee and propose measures to refine the committee and make it more effective. Currently, even with its detractors, the committee's deliberations of fines allows sunshine on the process and provides a forum for the industry and families to be heard regarding fines that are proposed and levied against a facility.

- Oppose all efforts to reduce the level of oversight, thus, the protection for North Carolina's vulnerable elderly and disabled populations in adult care homes.

- Support training for all adult home specialists

BACKGROUND:

For over 30 years, the county departments of social services have monitored adult care homes in North Carolina. This arrangement began in 1974 at the request of the newly formed Division of Facility Services (DFS). County directors of social services were asked to fulfill the monitoring role because it would be more cost effective than having DFS assume this responsibility. The agreement first took the form of a memorandum of understanding but has since become state law. In 1999, the General Assembly appropriated 1.4 million to support the role of adult home specialists. Over the years, attempts to move the responsibility of monitoring to the state level have failed, in part due to the added expense to the state for such an arrangement.

Local monitoring has improved greatly in the past five years. In order to provide consistent training, oversight, and support to the local monitors, six years ago the DFS restructured the role of the consultants. County adult homes specialists are able to get to know the operations of homes, respond quickly to problems and complaints, and more frequently monitor for compliance (every other month). When problems are identified, follow-up visits are quicker and more effective. DFS consultants monitor the performance of the county adult homes specialists, assist with monitoring when necessary and requested to do so, and provide training and consultation to the local monitor. This arrangement is less costly and provides more protection for the residents in adult care homes.

North Carolina Department of Health and Human Services
Division of Facility Services ▪ Adult Care Licensure Section
Tel 919-855-3765 ▪ Fax 919-733-9379 ▪
2708 Mail Service Center ▪ Raleigh, North Carolina 27699-2708

Michael F. Easley, Governor | Carmen Hooker Odom, Secretary | Barbara Ryan, Chief

April 6, 2005

Laurie Coker, R.N., Chairperson
Consumer and Family Advisory Committee
CenterPoint Human Services
2790 Birchwood Drive
Winston-Salem, NC 27103

Re: Objections to Current Rules and Proposed Amendments

Dear Ms. Coker and Committee:

Your comments have been forwarded to the Adult Care Licensure Section. I have reviewed the concerns and recommendations you have, as individuals and collectively, expressed in your comments. I share your concern regarding the need for appropriate housing conditions and community supported mental health services for those suffering from mental illness

[redacted]hile many younger individuals dealing with mental illness find themselves placed in licensed Adult Care homes, the intent of the Adult Care program is to serve those needing assistance with personal care services in a residential setting. General Statute 131D-2(a)(1B) defines the adult care home: ""Adult care home" is an assisted living residence in which housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents, either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. While supervision for those with cognitive impairment is considered appropriate, adult care homes were developed for the need for long-term residential placement for those requiring assistance with activities of daily living (bathing, toileting, feeding, ambulating) and not as habilitation or treatment centers.

Our rules have undergone a two year review by a stakeholders committee representing resident advocates, county departments of social services, providers, and other State agencies. Currently, the Department has convened a work group including representation by a diversity of mental health associations, practitioners, and advocates to meet the legislative mandate of House Bill1414 Section 10.2.(a): Study Issues Related to Mentally Ill Residents of Long –Term Care Facilities. This study requires an examination of current State statutes and rules as well as looking at the problems that occur as a result of mixing aging and mentally ill populations. Recommendations are to be reported to the North Carolina Study Commission on Aging by October 1, 2005.

I encourage you to contact Mike Mosley, with the Division of Mental Health, regarding the need for appropriate housing and services to support those dealing with mental illness and the continuum of support and services they require.

Sincerely,

Barbara Ryan

Barbara Ryan, Chief
Adult Care Licensure Section

[redacted]: Mike Mosley

Martha Sachs
626 North Rugby Road
Hendersonville, NC 28791
828-891-4542

Attached, please find three suggested actions that the Legislature is urged to take, in order to avert a possible crisis in Long-Term Care in North Carolina.

You are probably aware that, between 1990 and 2000, the elderly population in North Carolina increased 25%, while the national rate of growth was only 12%. Now, as the "baby boomers" approach retirement, that rate will speed up considerably, and the urgency of these suggestions becomes even more critical.

Please consider these ideas for attachments to existing bills, or placement in blank bills that have been filed. If you have any questions about any of these ideas, please do not hesitate to call me.

Sincerely,

Martha D. Sachs

Save Money, Save People
A Win/Win Solution

The Problem

- Residents of nursing homes are frequently over-medicated. This creates both a further threat to their health as well as to their psychological well-being, as they become like zombies.
- The fastest growth in Medicaid costs has been in the cost of prescription drugs – which has greatly outpaced inflation
- A pilot program in Durham, a few years ago, showed that medication review by an independent pharmacist could cut pharmaceutical use in half, while improving the "quality of life" for the residents.
- Although federally mandated, medication monitoring is currently conducted (if at all) by the same pharmacists who supply the medications. This is an obvious conflict –of-interest.

The Solution

- Legislation creating independent pharmacists to visit nursing homes in each region of the state to review medications prescribed for residents.
- The savings to the state from medications eliminated from Medicaid costs would more than pay the salary of the pharmacists.
- Nursing home residents could participate in life during their final years

NEED for OVERSIGHT

The Problem

As the senior population of North Carolina continues its rapid growth, we see a concomitant growth in facilities registered as "Multi -Unit Adult Housing with Services" (MUAHS), and Independent Living retirement communities. As the years pass and these residents age further, requiring more and more assistance with activities of daily living and even skilled nursing care, these services are being provided on-premises.

While there is, ostensibly, no problem with the fact that residents prefer to remain in their own "homes", with assistance from a Home Health Agency (often under the same corporate umbrella), the lack of official oversight required of licensed Assisted Living, Adult Care and Skilled Care (nursing home) facilities has led to problems. We cannot continue to ignore a situation that can put our most vulnerable citizens at risk.

The Solution

Legislation at the state level that will require oversight visits by the Department of Facilities Services (DFS) and the Ombudsman's Community Advisory Committee when/if any of the following apply:

- There is a separate unit described and advertised as "Assisted Living"
- The provision of assistance is on a regularly scheduled basis, rather than occasionally "as needed".
- There is space dedicated for those requiring skilled nursing care
- Provision for skilled care can be regularly scheduled

Whereas there will, undoubtedly, be opposition to this proposal from the corporate owners of many of these facilities, the first responsibility of the legislature should be the protection of our most vulnerable citizens.

"STEALTH" CNAs ?

The Problem

- From time to time, though too infrequently, a lower level member of a nursing home staff will disclose to members of the Community Advisory Committee who are visiting that there is something going on which is a threat to the health and safety of residents
- Advisory Committee members do not have the authority to question administration about something they have not witnessed, without disclosing the source of their information.
- Sometimes harmful actions are suspected, but can't be documented

The Solution

- A pilot program in Region B, (Buncombe, Henderson, Madison and Transylvania counties), which has the highest number of nursing home complaints of all regions in North Carolina.
- Placement of a mature, well - educated, nursing assistant in facilities where there is reason to suspect a serious problem. This person would report findings to the Regional Ombudsman and then move on to the next facility.
- Given the frequent turnover of certified nursing assistants, and the current shortage, this is unlikely to raise any eyebrows.

VISITOR REGISTRATION SHEET

Aging — Name of Committee

4-19-05 — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY
Rochelle W. Cobb	Edgecombe County Community Advisory Comt Adult Longterm Care
Christine S. Smith	Edgecombe County Nursing Home CAC
Jean F. Harris	PO Box 53, Conetoe, NC 27819 CAC Edgecombe Co.
Shirley O. May	802 E Wilson St. Tarboro 27886
Florence Johnson	86 Ellis Lane, Tarboro N.C. 27886
Myra Baker	Harnett Co. CAC - Dunn NC
Christine B. Barker	Mid-Carolina Dept Agency
Senior Law Hud Leg	2371 Plain View Hwy, Dunn, NC 28334
[illegible]	5042-A Edwards Mill Rd, Raleigh NC 27612
Henry V. Davis	AARP, Rocky Mt., NC, 27801
Lil Solide	AARP RMT, NC
Lillie Smith	AARP Rocky Mt. NC
Eugenia Leonard	Rocky Mt NC
Harry W. Bardin	Wake Co. Human Services
Kim Williams	Wake Co. Human Svcs.
Gail Holden	Wake Co. Human Services
MELBA W. Tyson	AARP RMT, NC
Mary Lou Blakeney	CAC - High Point, NC
Vickie Tucker	CAC High Point, NC.
Betty Powell	Rocky Mount ARP / Shirley Gulf Rep
BARBARA F. HOLDEN	AARP COMMUNITY COORDINATOR, EDGECOMBE COUNTY
Alexander Wright	Hertford Co. Aging
[illegible] Harrell	AARP.
Josephine Moore	AARP
Anna Whitaker	AARP
Ethel Brake	AARP Nashville, N.C.
Annie Underhill	AARP Rocky Mt NC.

VISITOR REGISTRATION SHEET

Aging — 4/19/05

Name of Committee — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY
Peter A. Yancey	FRLTC
Barbara J. Kelly	CAC. Alternate 6: Senior Planning Committee
Ann L. Kelly	AARP
Greg Tanner	AARP
Christopher Kelley	UNC Chapel Hill
Bill Lamb	Friends of Residents in LTC
Lou Wilson	NCALTCF
[illegible]	MHA/NC
Ed Castoran	MHA/NC
Cindy Stuckey	Upper Coastal Plain COG - Rocky Mt
Armeta Coley	Upper Coastal Plain COG - Rocky Mt
Sabrena Lee	Regional LTC Ombudsman Region G
Denise Rogers	LTC Ombudsman, Division of Aging
Shawn Chandler	LTC Ombudsman, DAAS
Sheila Lewis, Reg Dir	AAA New Bern NC Region P
Debra Sheard, Ombud	LTC Ombudsman - Region R
Gigi Hart	AARP
Angelo Simmons	CAC
Gail Simmons	CAC
Kaye White	CAC Dare Co. - Chair
Tricia Mc Cain	Sen. T.H. Legislative Aide G. Planning
Dorian P. Fredricksen	PTCOG - AAA (Region G)
Erma L. McCough	Council on Aging
Mildred E. Finch	AARP (Rocky Mount) Board member (Voice - Medical auxiliary, Edgecombe County
Ernestine L. Belfield	AARP (Rocky Mount) NCRSP Retired School
Gwen Phillips	NCAFCA, Orang Co. DSS
Lynn Jones	NCAFCA, Orange Co. DSS

VISITOR REGISTRATION SHEET

Aging — Name of Committee

4-19-05 — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY
Tommye Marsh	AARP Rocky Mt. 3942
Marjorie Tucker	AARP Rocky Mt, NC 3942
Martha V[illegible]	AARP Rocky Mt. NC 3942
Fred Brown	Adult Care Home Community Advocacy Committee
June H. Bolton	Friends of Residents in LTC
TINA C. NTUEN	ADULT CARE HOME COMMUNITY ADVOCACY ACH COMMITTEE
Patricia H. Stephens	Adult Long Term Care advocacy
Daphne Lyon	OSBM
Margaret Partlow	AARP Chapter 2423
Clarece Folley	AARP Chapter 2423
Julia M. Whitaker	AARP Chapter # 2423
Charles L. Weaver	AARP Chapter # 2423
Rosa Lee Martin	AARP Chapter # 2423
Joyce Fleetwood	AARP Chapter #2423
Willie Rankins	AARP Chapter #2423
Katie L. Lee	AARP " "
Melvin E. Riddick	AARP Chapter 2423
Beaulah Riddick	AARP Chapter 2423
Joseph C. Bridgett	AARP Chapter 2423
Suzanne Buckley	[illegible] Office
John Moffitt	Gov Office
Andi Reese	NW Piedmont Area Agency on Aging
Kim Daleus	Northwest Piedmont Area Agency on Aging
Orlando Reed	AARP Chapter 2423
Bonnie Anderson	caregiver for 5 elderly relatives
Elizabeth Hansen	AARP
[illegible]	AARP 5th L

VISITOR REGISTRATION SHEET

Aging — 4-19-05

Name of Committee — Date

VISITORS: PLEASE SIGN BELOW AND RETURN TO COMMITTEE ASSISTANT

NAME	FIRM OR AGENCY
Mattie ~~Delaney~~ Delaney	AARP
Marie W. Dalton	AARP
Jim Leggett	AARP
Lamie Cook	CFAC - Winston-Salem
Kathy Cunningham	Center Point CFAC Winston-Salem
Beverley Wheeler	Friends of Residents
Senator Harry Brown	Jones & Onslow Co.

VISITOR REGISTRATION SHEET

Aging — 4/19/05

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Steve Allmond	AARP #2423 Ahoskie & Hertford NC
Wanda Robertson	Cumb. Co. DSS PO Box 2429 Fayetteville, NC 28302
Clara H. Pierce	AARP 3942
Mary L Maryland	Retired Nashville 9135 Pinehurst
SHIRLEY P. GUPTON	AARP TAR RIVER Chapter 3942 RMT. NC
Ronald E. Marsh	AARP Tarriver Ch. 3942 RMT NC
Fred Cherry	AARP Tar river ch 3942 RMT N.C.
Tami Hefner	Catawba County Dept. of Social Services
Joyce Smith	
Kathryn Ashton	AARP Charter - Tar River Chapter 3942
Beatrice watson	AARP Tar River Chapter 3942 Rocky mt.

VISITOR REGISTRATION SHEET

Aging — 4/19/05

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Betty Hunt	STHL-Randolph Delegate
Evangeline Leach	Randolph County adult
Doris Tysinger	" " "
Wilma McGee	" " "
Verlia Brady	" " "
Odessa Spinks	" " "
Paige Brady	" " "
Teepa Snow	LTC Advocate Orange County — Alzheimers Association 400 Oberlin Rd Suite 220 Raleigh NC 27605
Bessie Jordan	Randolph County Randolph Adult
Candie Rudzinski	Randolph County Senior Adults Asheboro, NC

VISITOR REGISTRATION SHEET

Aging — 4/19/05

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Martha Sacks	AARP advocacy Council
Arneta Coley	Upper Coastal Plain Council of Governments PO Box 2748 Raleigh Mount, NC 27802 - Ombudsman
Pat Crawford	AARP
Mary Bethea	DAAS
Patricia Crawford	AARP

Barbara Hocutt (Rep. Farmer-Butterfield)

From: Erin Wynia (Rep. Bordsen)
Sent: Thursday, May 05, 2005 9:03 AM
To: Erin Wynia (Rep. Bordsen)
Subject: Committee Notice May 11.doc

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
2005-2006 SESSION

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

DAY & DATE: **Wednesday, May 11, 2005**

TIME: **11:00 a.m.**

LOCATION: **605 LOB**

The following bills will be considered (Bill # & Short Title & Bill Sponsor):
S488 -- EXPLOITATION OF ELDER OR DISABLED ADULTS/POA -- Sen. Dannelly
S772 -- LICENSE ASSISTED LIVING FACILITY/ELDERLY -- Sen. Swindell

Respectfully,

Representatives Bordsen and Farmer-Butterfield
Co-chairs

I hereby certify this notice was filed by the committee clerk at the following offices at **9:45 a.m.** on **May 5, 2005**.

___Principal Clerk
___Reading Clerk - House Chamber

Erin Wynia (Committee Assistant)

COMMITTEE ON AGING

May 11, 2005

AGENDA

Rep. Alice L. Bordsen, Chair

I. Introductions

II. Bills

S488--EXPLOITATION OF ELDER OR DISABLED ADULTS/POA
Sen. Dannelly

S573--LICENSE ASSISTED LIVING FACILITY/ELDERLY
Sen. Swindell

The Committee on Aging
North Carolina House of Representatives
Wednesday, May 11, 2005
Minutes

Representative Alice Bordsen, Chair, called the meeting of the Committee on Aging to order on May 11, 2005 at 11:10 a.m. She introduced the following: Page Annie Hoyle of Durham sponsored by Rep. Paul Miller; Sergeants at Arms, Willie Dixon, Fred Hines and James Womack; Research Staff, Theresa Matula and Legislative Assistants, Barbara Hocutt and Erin Wynia. The following members were present: Representatives Arlie Culp, Ed McMahan, Bobby England, Jennifer Weiss, Alice Bordsen, Jean Farmer-Butterfield and David Almond. Representative John Rayfield was excused. The attendance sheet is attached.

Senator A.B. Swindell presented Senate Bill 572, AN ACT TO CREATE A LICENSURE CATEGORY FOR ASSISTED LIVING COMMUNITIES THAT SERVE ONLY ELDERLY ADULTS. Senate Bill 572 establishes a separate licensure category for adult care homes that serve only elderly adults, effective October 1, 2005. Representative Bordsen asked Theresa Matula to comment. The Chair also called for comments from the audience. Lou Wilson, Lobbyist for the NC Assn. Of Long Term Care Facilities, said the industry was ok with the bill. Representative Ed McMahan moved for a favorable report, and the motion passed. Bill analysis is attached.

Senator Charlie Dannelly explained Senate Bill 488, AN ACT TO MAKE IT UNLAWFUL FOR A CARETAKER TO EXPLOIT AN ELDER OR DISABLED ADULT IN ANY SETTING. Senate Bill 488 expands the definition of exploitation of disabled or elder adults by removing the requirement that the victim be residing in a domestic setting and amends the definition of caretaker to include attorneys-in-fact for disabled or elder adults. The act becomes effective December 1, 2005 and applies to offenses committed on and after that date. Senator Dannelly said the bill was requested by the Charlotte/Mecklenburg police department that found people using the POA for their own benefit. Representative Almond questioned the need for the bill. Ms. Matula said that the law clarifies the setting and responsible party to which this offense applies and expands the applicability of current law on exploitation of a disabled or elder adult by removing the requirement that the victim reside in a domestic setting. There were no visitor comments. Representative Weiss moved a favorable report, and the motion passed. Bill Analysis is attached.

Representative Bordsen asked the members to remain for an informal discussion about the White House Conference on Aging and the Pre-Conference to be held on May 18 according to Karen Gottovi, Director of the Division of Aging in the Department of Health and Human Services.

Representative Bordsen asked the committee members if they would like a summary of events from the NC Pre-Conference. Representative Weiss asked the nature of the conference, and Ms. Gottovi explained that the sponsoring agencies of the Pre-Conference were the Governor's Advisory Council on Aging and the State Division of Aging. Governor Easley appointed Representative Bordsen a delegate to the White House Conference on Aging.

Representative McMahan said that an executive summary of each meeting would be helpful. Representative Weiss suggested inviting other members to hear the summary. Representative Bordsen said the committee could do that in late May or early June.

The meeting was adjourned.

Barbara R. Hocutt, Committee Assistant

Representative Alice Bordsen, Chair

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representatives **Bordsen and Farmer-Butterfield** (Chairs) for the Committee on **Aging.**

☐ Committee Substitute for
S.B. 488 A BILL TO BE ENTITLED AN ACT TO MAKE IT UNLAWFUL FOR A CARETAKER TO EXPLOIT AN ELDER OR DISABLED ADULT IN ANY SETTING.

☒ 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

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

S 3

SENATE BILL 488*

Judiciary II Committee Substitute Adopted 4/21/05
Third Edition Engrossed 4/25/05

Short Title: Exploitation of Elder or Disabled Adults/POA. (Public)

Sponsors:

Referred to:

March 15, 2005

A BILL TO BE ENTITLED

AN ACT TO MAKE IT UNLAWFUL FOR A CARETAKER TO EXPLOIT AN ELDER OR DISABLED ADULT IN ANY SETTING.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 14-32.3(c) reads as rewritten:

"**§ 14-32.3. Domestic abuse, neglect, and exploitation of disabled or elder adults.**

...

(c) Exploitation. – A person is guilty of exploitation if that person is a caretaker of a disabled or elder adult ~~who is residing in a domestic setting,~~ and knowingly, willfully and with the intent to permanently deprive the owner of property or money: (i) makes a false representation, (ii) abuses a position of trust or fiduciary duty, or (iii) coerces, commands, or threatens, and, as a result of the act, the disabled or elder adult gives or loses possession and control of property or money.

If the loss of property or money is of a value of more than one thousand dollars ($1,000) the caretaker is guilty of a Class H felony. If the loss of property or money is of a value of one thousand dollars ($1,000) or less, the caretaker is guilty of a Class 1 misdemeanor."

SECTION 2. G.S. 14-32.3(d)(1) reads as rewritten:

"(1) Caretaker. – A person who has the responsibility for the care of a disabled or elder adult as a result of family relationship or who has assumed the responsibility for the care of a disabled or elder adult voluntarily or by contract. For purposes of this section, "caretaker" shall include an attorney-in-fact for a disabled or elder adult."

SECTION 3. This act becomes effective December 1, 2005, and applies to offenses committed on or after that date.

SENATE BILL 488:
Exploitation of Elder or Disabled Adults/POA

BILL ANALYSIS

Committee:	House Aging	**Date:**	May 11, 2005
Introduced by:	Sen. Dannelly	**Summary by:**	Theresa Matula
Version:	Third Edition		Committee Staff

SUMMARY: Senate Bill 488 expands the definition of exploitation of disabled or elder adults by removing the requirement that the victim be residing in a domestic setting and amends the definition of caretaker to include attorneys-in-fact for disabled or elder adults. The act becomes effective December 1, 2005 and applies to offenses committed on and after that date.

CURRENT LAW:

Exploitation

G.S. 14-32.3 currently provides that a person is guilty of exploitation if that person is a caretaker of a disabled or elder adult who is residing in a domestic setting, and knowingly, willfully and with the intent to permanently deprive the owner of property or money:

(i) makes a false representation,

(ii) abuses a position of trust or fiduciary duty, or

(iii) coerces, commands, or threatens, and, as a result of the act, the disabled or elder adult gives or loses possession and control of property or money.

Cases of exploitation are punished as Class 1 misdemeanors if the value of the loss of property or money is $1,000 or less; rising to Class H felony if the value is more than $1,000.

Attorney-in-fact

An attorney-in-fact is a legal agent designated to transact business for another. For example, G.S. 32A-8 specifies that a durable power of attorney is a power of attorney by which a principal designates another his attorney-in-fact in writing and the writing contains a statement that it is executed pursuant to the provisions of Chapter 32A, Article 2, or other language as specified in the section.

BILL ANALYSIS:

Senate Bill 488 expands the applicability of current law on exploitation of a disabled or elder adult by removing the requirement that the victim to be residing in a domestic setting. The bill further specifies that an attorney-in-fact would be considered to be a caretaker for the purposes of this statute.

S0488e3-SMSH

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representatives **Bordsen and Farmer-Butterfield** (Chairs) for the Committee on **Aging**.

☐ Committee Substitute for
S.B. 572 A BILL TO BE ENTITLED AN ACT TO CREATE A LICENSURE CATEGORY FOR ASSISTED LIVING COMMUNITIES THAT SERVE ONLY ELDERLY ADULTS.

☒ 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

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

S 1

SENATE BILL 572

Short Title:	License Assisted Living Facil./Elderly.	(Public)
Sponsors:	Senators Swindell; Jenkins and Malone.	
Referred to:	Health Care.	

March 16, 2005

A BILL TO BE ENTITLED

AN ACT TO CREATE A LICENSURE CATEGORY FOR ASSISTED LIVING COMMUNITIES THAT SERVE ONLY ELDERLY ADULTS.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 131D-2(a)(1d) reads as rewritten:

"**§ 131D-2. Licensing of adult care homes for the aged and disabled.**

(a) The following definitions will apply in the interpretation of this section:

...

(1d) "Assisted living residence" means any group housing and services program for two or more unrelated adults, by whatever name it is called, that makes available, at a minimum, one meal a day and housekeeping services and provides personal care services directly or through a formal written agreement with one or more licensed home care or hospice agencies. The Department may allow nursing service exceptions on a case-by-case basis. Settings in which services are delivered may include self-contained apartment units or single or shared room units with private or area baths. Assisted living residences are to be distinguished from nursing homes subject to provisions of G.S. 131E-102. Effective ~~October 1, 1995,~~ October 1, 2005, there are two types of assisted living residences: adult care homes and ~~group homes for developmentally disabled adults.~~adult care homes that serve only elderly persons. As used in this section, "elderly person" means:

a. Any person who has attained the age of 55 years or older and requires assistance with activities of daily living, housing, and services, or

b. Any adult who has a primary diagnosis of Alzheimer's disease or other form of dementia who requires assistance with activities of daily living, housing, and services provided by a licensed Alzheimer's and dementia care unit.

Effective July 1, 1996, there is a third type, multiunit assisted housing with services."

SECTION 2. The Medical Care Commission shall adopt rules to implement this act.

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

SENATE BILL 572:
License Assisted Living Facil./Elderly

BILL ANALYSIS

Committee:	House Aging	**Date:**	May 11, 2005
Introduced by:	Sen. Swindell	**Summary by:**	Theresa Matula
Version:	First Edition		Committee Staff

SUMMARY: Senate Bill 572 establishes a separate licensure category for adult care homes that serve only elderly adults, effective October 1, 2005.

CURRENT LAW:

An adult care home is an assisted living residence that makes available, at a minimum, one meal a day, housekeeping services, and personal care services. Adult care homes are licensed by the Division of Facility Services, Department of Health and Human Services and operate under rules adopted by the Medical Care Commission. There are over 1,400 adult care homes in the State.

BILL ANALYSIS:

Section 1 of Senate Bill 572 deletes the assisted living residence category, "homes for developmentally disabled adults" (as these homes are now licensed under Chapter 122C) and creates a new category, "adult care homes that serve only elderly persons." This permits homes to be licensed to serve only this category of client. For purposes of this category "elderly person" would mean:

- Any person age 55 or older who requires assistance with activities of daily living, housing, and services; or
- Any adult who has a primary diagnosis of Alzheimer's disease or other form of dementia who requires assistance with activities of daily living, housing, and services.

Section 2 of the bill requires the Medical Care Commission to adopt rules to implement the bill.

Section 3 provides that the act would become effective when it becomes law.

BACKGROUND:

Issues have been raised concerning the adequacy of rules and licensure requirements for adult care homes that care for mentally ill residents and for the mixed populations residing in these residences.

In its recommendations to the 2004 General Assembly, the Commission recommended that the General Assembly require the Department of Health and Human Services to work with long-term care providers and advocates for the elderly and the mentally ill to study issues related to mentally ill individuals residing in long-term care facilities. This recommendation was enacted in the 2004 budget bill (S.L. 2004-124, Sec. 10.2(a)). The report of this study is due to the NC Study Commission on Aging on October 1, 2005.

ADDITIONAL INFORMATION:

According to the Division of Facility Services, the following rules relate to the care for mentally ill residents in adult care homes:

Admission of Residents (10A NCAC 13G .0701)

- Prohibits admission of persons for treatment of mental illness
- Prohibits admission of persons who pose direct threat to the health or safety of others

Medical Examination (10A NCAC 13G .0702)

- Have to arrange for examination by physician of any new resident who was an inpatient of a psychiatric facility within the 12 months prior to admission

Personal Care Training and Competence (10A NCAC 13G .0502

- 80 hour training
- 25 hour training (Family Care Homes only)

Training includes 5 hours training on interventions to reduce behavioral problems

Special Care Units* for Mental Health Disorders (10A NCAC 13F .1401)

- Provides for a closed unit for up to 12 beds for persons with a mental health disability
- Requires additional training for staff
- Requires assessment and care planning review and case management by area mental health program

*Currently none licensed in N.C.

Dianna Jessup contributed to this summary.

S0572e1-SMSH

House Pages

Name Of Committee: Aging Date: 5/11/05

1. Name: [illegible]
   County: [illegible]
   Sponsor: [illegible]
2. Name: Annie Hoyle
   County: Durham
   Sponsor: Paul Miller
3. Name: _____
   County: _____
   Sponsor: _____
4. Name: _____
   County: _____
   Sponsor: _____
5. Name: _____
   County: _____
   Sponsor: _____

Sgt-At-Arms

1. Name: DIXON
2. Name: WOMACK
3. Name: HINES
4. Name: _____
5. Name: _____

VISITOR REGISTRATION SHEET

Committee on Aging — **Name of Committee**

May 11 — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Lon Wilson	NCALTCF
Jerry Cooper	NCACA
Barbara Ryan	DFS
Suzanne Merrill	NC pAAs
Nancy Warren	"
Patsy Kinsey	Charlotte City Council
Chad Essick	Poyner + Spruill LLP
Abby Emanuelson	~~Abby~~ NMSS
Helen Savage	AARP
[illegible]	[illegible]
Boyd F. Cauble	City of Charlotte

VISITOR REGISTRATION SHEET

Committee on Aging — May 11

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Karen Gottovi	Div of Aging & Adult Svcs.
Evelyn Hawkins	ETGR
Stacy Flannery	NCHCFA
Fred Bone	Bone's Asso.
Roger Bone	"
Janet Schanzenbach	NC Council

Ruth Merkle (Rep. Farmer-Butterfield)

From: Erin Wynia (Rep. Bordsen)
Sent: Thursday, July 07, 2005 3:30 PM
To: Erin Wynia (Rep. Bordsen)
Subject: Meeting Notice: Committee on Aging Wednesday, July 13

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
2005-2006 SESSION

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

DAY & DATE:	**Wednesday, July 13, 2005**
TIME:	**11:00 a.m.**
LOCATION:	**544 LOB (note: this is not the regular meeting room)**

AGENDA:

The N.C. Department of Health and Human Services Division of Aging and Adult Services will present a report on the 2005 White House Conference on Aging. Speakers include:

Karen Gottovi, Director
Dennis Streets, Planning and Information Section Chief

Respectfully,

Representatives Bordsen and Farmer-Butterfield
Co-chairs

I hereby certify this notice was filed by the committee clerk at the following offices at **3:45 p.m.** on **July 7, 2005**.

X Principal Clerk
X Reading Clerk - House Chamber

Erin Wynia (Committee Assistant)

COMMITTEE ON AGING

JULY 13, 2005

AGENDA

Rep. Jean Farmer-Butterfield, Chair

I. Introductions

II. Presentation on White Council on Aging and Issues affecting North Carolina

Speakers: Karen Gottovi, Director, Division of Aging and Adult Services, Department of Health and Human Services

Dennis Streets, Planning and Information Section

III. Questions and Answers

IV. Closing Remarks

The Committee on Aging
North Carolina House of Representatives
Wednesday, July 13, 2005

Representative Jean Farmer-Butterfield, Chair, called the meeting of the Committee on Aging to order on July 13, 2005 at 11:00 am. She introduced the following:

Sergeants-At-Arms – Fred Hines; Earl Coker; and James Womack. **Pages**: - Eleanor Beerbower from Catawba County, sponsored by Rep. Jim Harrell; Helen Baddour from Wayne County, sponsored by Speaker Black; Julia Taylor from Orange County, sponsored by Rep. Joe Hackney; Kirstin Petersen of Wake County, sponsored by Rep. Jim Harrell; Hunter Boyd from Beaufort County, sponsored by Rep. Bill Culpeper; and Ean Faison of Orange County, sponsored by Rep. Bill Faison. . **Staff members**: - Theresa Matula and Sean Parker. **Committee Assistants**: - Ruth Merkle and Erin Wynia. **Special Presenters**: - Karen Gottovi and Dennis Streets, of the Division of Aging, NC Department of Health and Human Services.

The following members were present: Representatives Alice Bordsen, David Almond, Beverly Earle, Garland Pierce, Arlie Culp, Bob England, James Langdon, Mary McAllister, and Jennifer Weiss. The attendance sheet is attached.

Non-committee members in attendance: Representatives Bernard Allen, Trudi Walend, Lucy Allen, Lorene Coates, Margaret Dickson, Alice Underhill, and Edith Warren.

Rep. Farmer-Butterfield opened the meeting with a brief statement about a forum held on May 18 by the North Carolina Association on Aging. Advocates from around the state met in Raleigh to develop recommendations, resolutions and strategies for dealing with the many issues facing North Carolina's aging population. Delegates from the Governor's Advisory Council on Aging will share these recommendations at the 2005 White House Conference on Aging, to be held in December in Washington, D.C. Following her statement, Rep. Farmer-Butterfield presented Karen Gottovi, Director of the Division of Aging and Adult Services, NC Department Health and Human Services.

Ms. Gottovi made her remarks then introduced Mr. Dennis Streets, Chief of the Planning and Information Section. He shared a power point presentation with the committee members and guests.

The White House Conference on Aging will be held on December 11-14 in Washington, D.C. with the theme – "The Booming Dynamics of Aging: From Awareness to Action." It is the fifth such conference in the nation, and the first in the 21st century.

The conference will take up policy issues in the areas of planning along the lifespan, the workplace of the future, community health and long-term living, social engagement, and the marketplace.

North Carolina has 21 delegates who will attend the conference, with the possibility of more being chosen as at-large delegates. Governor Mike Easley chose five of the delegates, and North Carolina's congressmen and senators each selected a delegate. In addition, the Congress of Indian Affairs has a NC delegate.

The delegates will vote on resolutions from the five policy areas and will recommend solutions for the President and Congress to consider in future legislation and policy setting and implementation.

Past White House conferences have resulted in the passage of Medicare, Medicaid, and the Older Americans Act. Additionally, the establishment of national nutrition programs such as "Meals on Wheels" congregate nutrition, and the "Family Caregiver Support Program" were developed as a result of these conferences.

Following the presentation, Ms. Gottovi opened the floor for questions and responses.

The meeting was adjourned.

Ruth Merkle

Ruth Merkle, Committee Assistant

Rep. Jean Farmer-Butterfield

Rep. Jean Farmer-Butterfield, Chair

RM

House Pages

Name Of Committee: Aging Da : 07/13/25

1. Name: Eleanor Bardbury
   County: Catawba
   Sponsor: Jim Harrell
2. Name: Helen Baddaur
   County: Wayne
   Sponsor: Speaker Black
3. Name: Julia Taylor
   County: Orange
   Sponsor: Hackney
4. Name: Kirstin Peterson
   County: Wake
   Sponsor: Jim Harrell
5. Name: Hunter Boyd
   County: Beaufort
   Sponsor: Culpepper

Sgt-At-Arms

1. Name: Fred Hines
2. Name: Earl Coker
3. Name: Jim Womack
4. Name:
5. Name:

House Pages

Name Of Committee: Aging Da :: 07/13/05

1. Name: Fan Fanson
   County: Orange
   Sponsor: Bill Fanson
2. Name: _____
   County: _____
   Sponsor: _____
3. Name: _____
   County: _____
   Sponsor: _____
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   Sponsor: _____
5. Name: _____
   County: _____
   Sponsor: _____

Sgt-At-Arms

1. Name: _____
2. Name: _____
3. Name: _____
4. Name: _____
5. Name: _____

Non-Committee Members Attending

- Rep. B. Allen
- Rep. Walend
- Rep. L. Allen
- Rep. Coates
- Rep. Dickson
- Rep. Underhill
- Rep. Warren

VISITOR REGISTRATION SHEET

AGING
Name of Committee

07/13/05
Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
John Cyrus	N C S Grange
ED WICKHAM	D.
Stacy Flannery	NCHCFA
DAVID BARNES	Poyner Spruill
[illegible]	NCGA Intern

VISITOR REGISTRATION SHEET

Aging — 7/13/05

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
A. E. WHITE	HDSP BRANCH, DIVISION OF PH
Helen Savage	AARP
Bea Wilson	AARP
John K Schmidt	NC Justice Center
Abby Emanuelson	NMSS
Nancy Winter	John Locke Foundation
Polly Williams	Justice Center/Coalition on Aging
Kari Barsness	OSBM
Jim Edgerton	DHHC
Jackie Chappell	DHHS
Jennifer Sarver	NASW NC
Lynn Bonner	N&O

Volume 1, Issue 2
June/July 2005

At a Glance

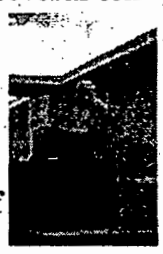
Aging and Adult Services in North Carolina

Special Focus: North Carolina's Preparation for the 2005 White House Conference on Aging

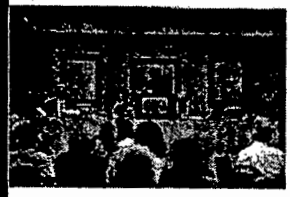
The Governor's Advisory Council on Aging's (GAC) Pre-White House Conference on Aging (WHCoA) Event

On May 18, 2005, the GAC held a pre-WHCoA event at the Holiday Inn Brownstone Hotel in Raleigh, NC. The event helped the GAC gather information from a broad range of consumers, organizations, and geographic areas of the state to assist the body in developing resolutions on the most important aging policy issues to be shared with the WHCoA Policy Committee, the N.C. WHCoA delegation, the Governor, and the N.C. Congressional delegation. Over 80 organizations were invited to submit information to the GAC for consideration. Organizations were asked to hold focus groups, forums, or listening sessions and develop their top three aging priorities.

The GAC asked fourteen organizations to present testimony. The organizations represented views from over 1400 people from across North Carolina. In addition, Bill Lamb from the UNC-CH Institute on Aging presented information from 23 other participating organizations. Many different issues were raised, but several common themes evolved, including: 1) Reauthorizing and Strengthening the Older Americans Act; 2) Rebalancing Long-Term Care; 3) Promoting Income Security as a Shared Responsibility; 4) Assuring the Well-Being of Aging Veterans; and 5) Promoting the Livability and Senior-Friendliness of Communities. **Ann B. Johnson, Chair of the GAC, said, "The diversity of issues gathered at the forum are a tribute to the diversity represented by participants—by those who spoke, by those who sent in their group priorities, and by those who participated at the local level."**



The GAC was honored to have Lt. Governor Beverly Perdue give the luncheon address, and Asst. Secretary for LTC and Family Services, Jackie Sheppard, and Senior Policy Advisory in the Governor's Office, Phil Telfer, welcome and address the more than 160 attendees. The GAC would like to thank the NC Association of Area Agencies on Aging, the N.C. Division of Aging and Adult Services, NC AARP, Pfizer, and the UNC Institute on Aging for their sponsorship. A final report from the event will be on the Division of Aging and Adult Services' website by the end of July.

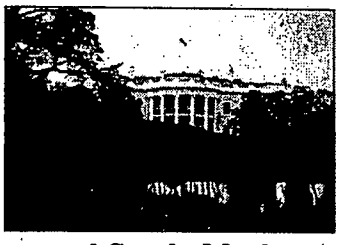


Responding Today.... Preparing for Tomorrow... The North Carolina Division of Aging and Adult Services

North Carolina Department of Health and Human Services
2101 Mail Service Center
Raleigh, NC 27699-2101

Ph: (919) 733-3983
Fax: (919) 733-0443
www.dhhs.state.nc.us/aging

N.C. Association on Aging Pre-WHCoA Forum Marked by Key Provider Issues and Meaningful Personal Stories

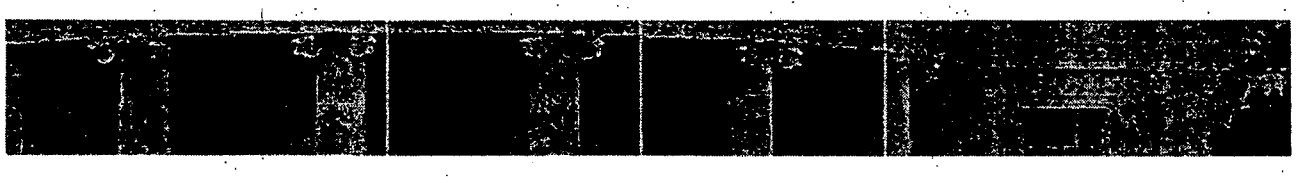


On Thursday, April 14, 2005, the North Carolina Association on Aging held a special forum for the White House Conference on Aging as part of its annual spring conference. The primary focus of the forum was on reauthorization of the Older Americans Act and other programs vital to older adults and their family caregivers. Special guests at the event were Constantinos (Costas) Miskis, the newly appointed Regional Administrator of the U.S. Administration on Aging, and Sandy Markwood, Chief Executive Officer of the National Association of Area Agencies on Aging. A common theme in the remarks of Mr. Miskis and Ms. Markwood **was that the aging population will have a direct impact on *everything* that government does—not just aging services—and that now is the time for the aging network to be bold.**

After Mr. Miskis and Ms. Markwood spoke, an open forum was held to obtain input from consumers and providers. For over two hours, people and organizations from across the state expressed their top policy priorities, which included: strengthening the aging infrastructure, with an emphasis on home and community-based care; strengthening support of senior centers as community focal points for information and assistance; and promoting incentives and supports for individuals, families, and communities to encourage and help sustain independence.

Community and Regional WHCoA Events Hosted across North Carolina

Many communities in North Carolina hosted events in support of the White House Conference on Aging. Events and Forums between March and May 15th. For a listing of those that occurred near you (from the mountains to the coast) including contact information for event reports, please visit the Division's website's WHCoA calendar of the White House Conference on Aging's event calendar.



But...What Exactly is the White House Conference on Aging?

The White House Conference on Aging (WHCoA) is a gathering of appointed aging experts, professionals, and older adults that occurs about once a decade to make aging policy recommendations to the President and Congress and to assist the public and private sectors in promoting dignity, health, independence and economic security of current and future generations of older persons. The theme of this year's conference is "The Booming Dynamics of Aging: From Awareness to Action." The WHCoA Policy Committee of the 2005 event has adopted a broad agenda, including the following general issue areas: planning along the lifespan, the workplace of the future, our community, health and long term living, social engagement, and the marketplace.

North Carolina's WHCoA Delegates and Alternates Appointed

This year, 1200 delegates from across the nation will have the honor of participating in the 2005 WHCoA. Public Law 106-501 states that "the delegates shall be selected without regard to political affiliation or past partisan activity and...to the best of the appointing authority's ability, be representative of the spectrum of...the field of aging." In addition, delegates should include individuals who are professionals, non-professionals, minority individuals, individuals from low income families, individuals from rural areas, and representatives from federal, state, and local governments. Delegates' responsibilities include voting on resolutions and implementation strategies to be presented to the President and Congress to help guide national and aging policies for the next decade and beyond. Delegates, and in most cases Alternates, have been appointed by the Governor (5 Delegates and 5 Alternates) and by all of NC's Congressional delegation (1 Delegate and 1 Alternate each).

In addition, at-large appointees will be selected by the WHCoA Policy Committee to balance the full 1200 delegation in terms of P.L. 106-501. The listing of at-large delegates has not yet been released at the time of publication.

White House photo by David Bohrer

Dr. Peggye Dilworth-Anderson, UNC-CH Professor, Appointed to Serve on the WHCoA Advisory Committee

Dr. Peggye Dilworth-Anderson, Director of the Center for Aging and Diversity at the UNC Institute on Aging (IOA) and Professor at the UNC-CH School of Public Health, Department of Health Policy and Administration, has been selected by President Bush to serve as one of the 22 members of the WHCOA Advisory Committee. The role of this prestigious committee is to advise the WHCoA Policy Committee on the content and direction of the overall conference and to contribute to the development of the resolutions and background materials for the delegates.

WHCoA Date Moved to December 11-14, 2005

The WHCoA Policy Committee has voted to move the date of the WHCoA from October 23-26, 2005 to December 11-14, 2005. The new location has yet to be announced at the time of publication. WHCoA Executive Director Scott V. Nystrom said the date change was due to, "the overwhelming interest in this decade's WHCoA, and an extraordinary response from potential exhibitors," thus making a change to a larger venue necessary. Check the Conference site frequently as the hotel's location is expected to be released soon.

Other News Across North Carolina

Interest in Livable, Senior-Friendly Communities Grows

An increasing number of communities and regions are showing interest in assessing their suitability and preparedness for an aging society. Below are some snapshots of recent activities. More will be highlighted in future editions of *At a Glance.*

- **Wilson County** gathered 200 citizens in May to consider ways to enhance the friendliness of their communities. Eighty-nine attendees agreed to volunteer for the project. (Contact: Heather Proctor—hproctor@ucpcog.org)
- In **Region M,** FAMPO (Fayetteville Area Metropolitan Planning Organization) co-hosted a series of the walkable community workshops with the Area Agency on Aging (AAA). Also in May, the city and county planners in Region M and neighboring Moore County met with the Region M AAA and DAAS to explore options for healthy aging through active living. (Contact: Carolyn Tracy—ctracy@mccog.org)
- **Region E** kicked off a three-year region-wide Senior-Friendly Communities project with a walkability assessment in Morganton with senior residents and volunteers. (Contact: Sheila Weeks—Sheila.Weeks@wpcog.org)
- **Region B** conducted a region-wide Senior-Friendly Communities Conference at Warren-Wilson College in Black Mountain in May. (Contact: Joan Tuttle—joan@landofsky.org)
- **Henderson County Council on Aging** meets regularly with the Carolina Geriatric Education Center and many community partners to develop their strategy for promoting senior friendliness in their communities. (Contact: Karen Smith—828-692-4203)
- **The Senior Friendly Community Pilot Project Committee in Franklinton** has assessed the need and developed a sustainable plan to provide timely information and confidential assistance to seniors and their families regarding telemarketing fraud and door-to-door scams. Plans are underway to have a community fraud and scam telephone alert system, a scam and fraud information center located at the Franklinton Senior Center as well as paper shredders on loan from the Franklinton Senior Center. On June 21st, the Franklinton Senior Friendly Community Pilot Project Committee held a **Scam Jam** to educate seniors about fraud and what the community is doing to address this growing problem. For more information about the Scam Jam, contact Roxanne Brag-Cash or Patrick Woods at (919) 496-1131. ***Other Senior Centers can learn more about developing their own Senior Friendly Community Initiative during training being conducted by DAAS for Senior Centers on July 19-20 in High Point (see page 6 for more information).***

For more information about developing senior-friendly communities, please visit:

- AARP's Global Report on Livable Communities
- AARP's Livable Communities Quiz

Announcing the *You Can* Celebration!

During any 7-day period in September, the Administration on Aging (AoA) invites you to create and implement a *You Can!* Celebration—any activity or event where older adult participants make some type of pledge to engage in a healthier lifestyle, particularly in regards to nutrition and/or physical activity behaviors. Communities that sign up have the chance to win prizes, with the best being recognized at a ceremony in Washington, D.C. in October.

Guardianship Videotapes and Brochures Developed

Videotapes and brochures have been developed to educate individuals and families considering guardianship for incapacitated adults. These educational tools were developed by the Developmental Disabilities Training Institute (DDTI) of UNC-CH in conjunction with a Guardianship Workgroup chaired by staff from the Adult Services section of the Division of Aging and Adult Services. The videotapes and brochures contain information about alternatives to guardianship, the petitioning process, restoration to complete competency, and the principles a guardian should consider when making decisions and advocating on behalf of adults who have been adjudicated incompetent by the courts. The Governor's Advocacy Council for Persons with Disabilities funded the videotapes and brochures. Copies of the videotape may be ordered online and brochures can be obtained by contacting Kate Walton at the Division, (919) 733-0440 or Kate.Walton@ncmail.net.

Surry County's ADRC Kickoff

Surry County kicked off the start of their Aging and Disability Resource Center (ADRC) Project on May 3, 2005 at the Surry County Community College Auditorium. The meeting was attended by a cross section of community agencies, consumers, family members and elected officials. North Carolina received a national grant from the US Administration on Aging and Centers for Medicare and Medicaid to develop two ADRC's. The other pilot site is in Forsyth County. ADRC's are to create a seamless coordinated system of information and access for all persons seeking long-term support. The Centers will minimize confusion, enhance individual choice, and support informed decision-making. For more information contact Heather Burkhardt at (919) 733-8400 or Heather.Burkhardt@ncmail.net.

NC Readies for Medicare Part D

Many members of the aging network in NC have been involved in efforts to inform and educate older adults in our state regarding the new Medicare Prescription Drug benefit, which will take place January 1, 2006. Training sessions were held in each of the 17 regions this past spring to provide an overview of Medicare Part D, the subsidy application process, and the implications for the state's Senior Care Assistance Program. Many local groups are currently coordinating efforts with the Social Security Administration to get information out about the application process. Helpful websites include the Medicare Partner Campaign, the Social Security Online Help with Prescription Drug Costs, and NC SHIIP.

Top Three Areas of Telemarketing Fraud in NC

Credit Card Offers – 25%
Advanced Fee Loans – 23%
Sweepstakes/Prizes – 23%

*Info courtesy of the NC Attorney General's Office

For More Information:
NC Consumer Fraud Alerts
NC Deceptive Trade Alerts

North Carolina Devotes Medical Journal to Caregiving Issues

According to the 2003 Behavioral Risk Factor Surveillance System Survey, one in every four adults provided care for an older adult within the past month. Close to half of those reported that the person they cared for had memory loss, confusion, or a disorder such as Alzheimer's Disease. You can find specific numbers of self-reported caregivers, including caregivers of people with dementia and/or Alzheimer's Disease in your county or for the entire state by visiting the BRFSSS's 2004 local topics page. The January/February edition of the N.C. Medical Journal was devoted to the extremely important topic of Alzheimer's Disease and family caregiving. Included is a policy forum and very informative articles contributed by a wide range of state officials administering family caregiving and home and community-based services.

Upcoming Events and Training Opportunities

July

19th-20th: Senior Friendly Communities: Is Your Senior Center at the Table? The Radisson Hotel, High Point. Learn how to create senior-friendly communities, hear from the three senior center pilot programs, and learn from community partners outside the aging network, including why they believe senior-friendliness is so important. $50 per person. Register by contacting Mary Yohe at the Division of Aging and Adult Services, (919) 733-0440 or Mary.Yohe@ncmail.net.

August

7th: Working with Clients with Cognitive Disabilities, in Asheville. This workshop reviews cognitive disabilities and their causes, teaches strategies for assessment, and provides opportunities to practice communication skills with clients. Information can be found on the UNC-CH CARES website.

26th: ***Investing in Family Caregiving: An International Dialogue.*** Videoconference meeting with the Chinese delegation to discuss aging in China and comparisons to North Carolina. Please call Emily Tench for videoconference sites and to register, (919) 733-3983. Presented by the NC Division of Aging and Adult Services.

September

26th—October 2nd: North Carolina Senior Games State Finals, in Raleigh. For more information, or to volunteer, contact the State Games Office at (919) 851-5456 or visit their website. Other special events are held during September and October, so check their online schedule.

October

4th—5th: Senior Tar Heel Legislature Meeting, in Raleigh. Site to be determined. For more information, contact Mary Bethel at the Division, (919) 733-3983 or Mary.Bethel@ncmail.net.

12th—14th: The 84th Annual Social Services Institute, "Extreme Makeover: DSS Edition," at the Hickory Metro Convention Center. An agenda, on-line registration form, and best practice information will soon be available on the Institute's website. Accommodations are already available on the website and participants are encouraged to book hotel rooms early. For more information, contact Nancy Warren at the Division of Aging and Adult Services, (919) 733-3983 or Nancy.Warren@ncmail.net.

19th—21st: 4th Annual NC Conference on Aging, at the New Bern Riverfront Convention Center and Sheraton Grand Hotel. For more information, contact Bill Lamb at the UNC Institute on Aging, (919) 966-9444 or the visit the Conference website.

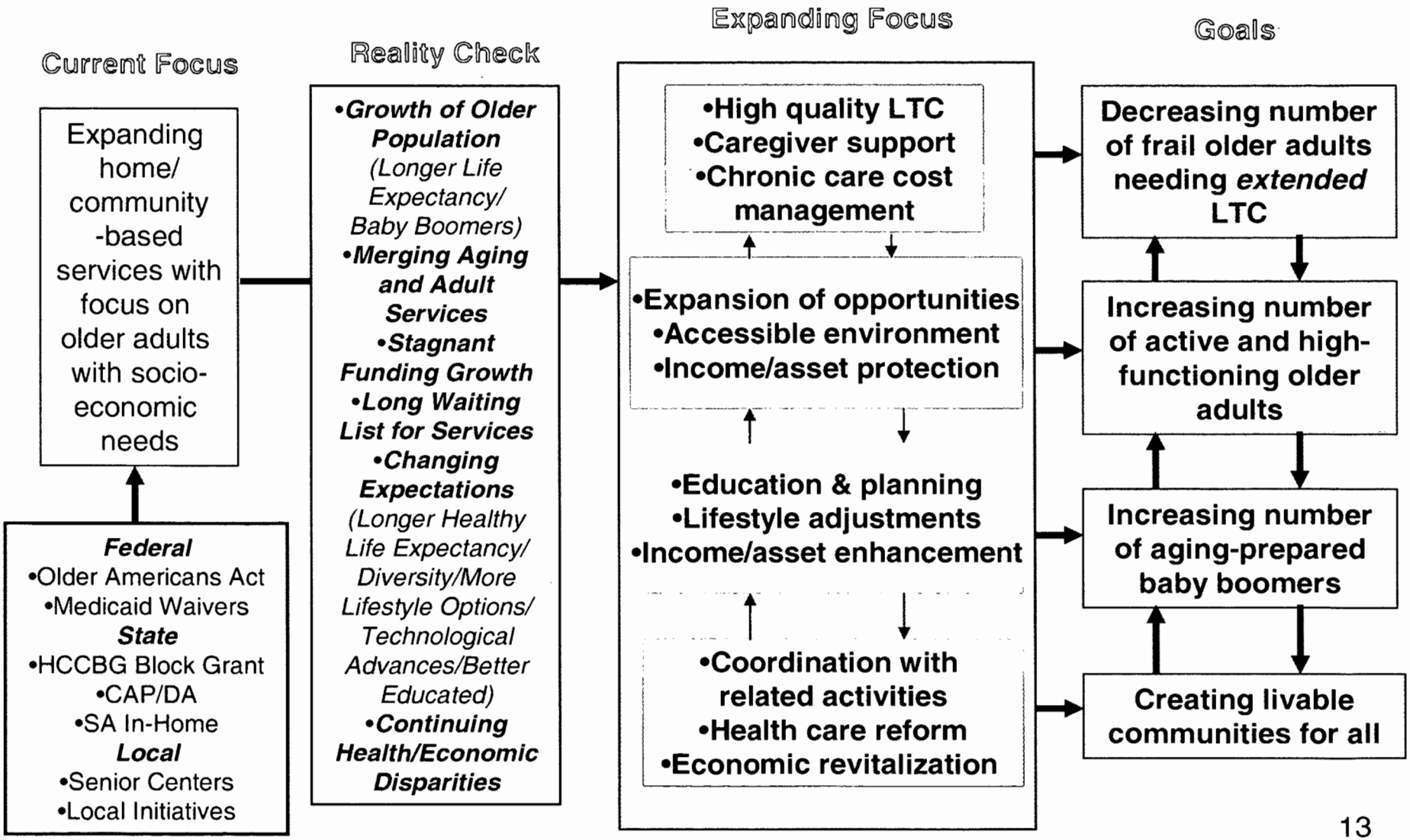
At a Glance

Editor: Julie Bell

Editorial Board: Dennis Streets, Karen Gottovi, Debbie Brantley, Suzanne Merrill, Lori Walston, and Kate Walton

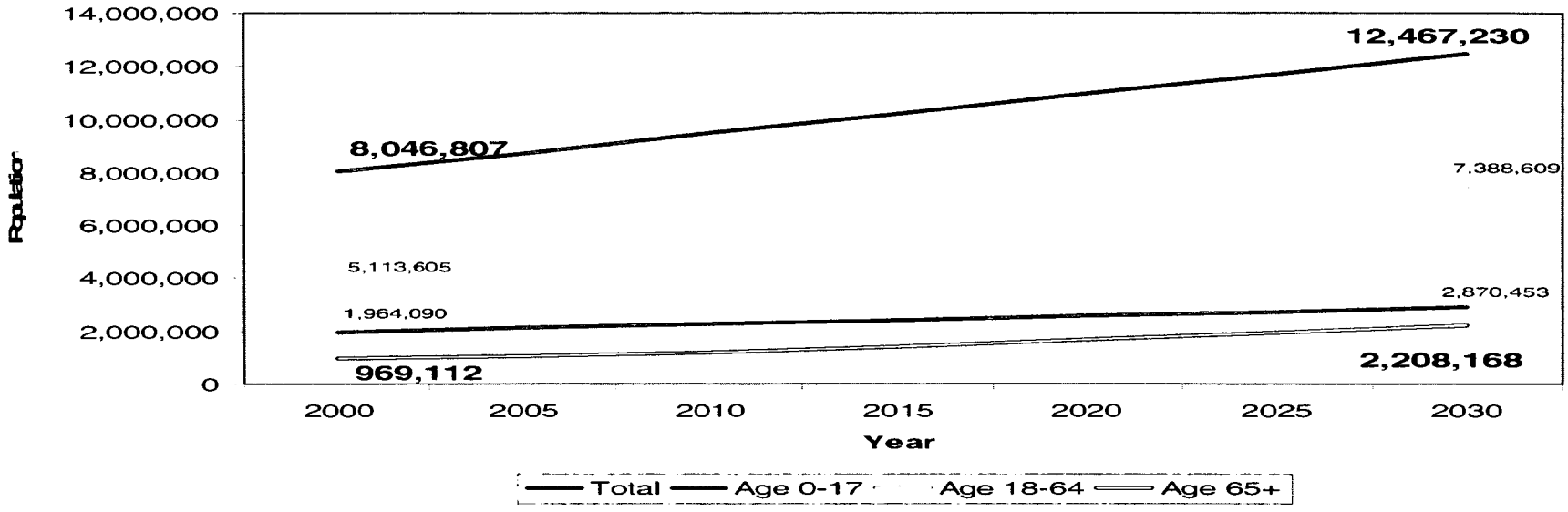
State of North Carolina
Michael F. Easley, Governor
Department of Health and Human Services
Carmen Hooker Odom, Secretary
NC Division of Aging and Adult Services
Karen Gottovi, Director

NC Livable and Senior-Friendly Communities Initiative

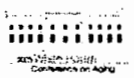


Projected Population Growth by Age Group in North Carolina (2000-2030)

Source: NC State Data Center



Briefing on North Carolina's Preparation for 2005 White House Conference on Aging



for the North Carolina House Aging Committee, July 13, 2005

1

History

- 1961—called for a nationwide citizens' forum to focus public attention on the problems and potentials of older Americans...led to Social Security amendments; Medicare, Medicaid, Older Americans Act
- 1971—a major focus on income maintenance... influenced the creation of such groups as the National Caucus on Black Aged and led to the national nutrition program for older persons
- 1981—a major focus was Social Security
- 1995—concentrated on reaffirming support for existing programs, especially those constituting the social safety net for older Americans—made a commitment to a future national policy focused on aging, not just the aged
- 2005—the theme—*The Booming Dynamics of Aging: From Awareness to Action*

2

Authorizing Legislation for 2005 Conference

- PURPOSE — to gather individuals representing the spectrum of thought and experience in the field of aging to —

  (1) evaluate the manner in which the objectives of the Older Americans Act can be met by using the resources and talents of older individuals, of families and communities of such individuals, and of individuals from the public and private sectors;

  (2) evaluate the manner in which national policies that are related to economic security and health care are prepared so that such policies serve individuals born from 1946 to 1964 and later, as the individuals become older individuals, including an examination of the Social Security, Medicare, and Medicaid programs, and determine how well such policies respond to the needs of older individuals; and

  (3) develop not more than 50 recommendations to guide the President, Congress and Federal agencies in serving older individuals.

3

National Policy Committee's Agenda

- Planning along the Lifespan
- The Workplace of the Future
- Our Community
- Health and Long Term Living
- Social Engagement
- Marketplace

4

Organization of Conference

- 100-125 Resolutions and 35 Reference Papers will be sent in advance to Delegates.
- On 1st Day, Delegates will hear from President Bush and others focused on Policy Committee's agenda, and then vote for 50 resolutions.
- Delegates to spend 2nd Day in break-out sessions for developing implementation strategies for the top 50 resolutions.

5

National Delegation

- Total of 1,200 delegates
- A majority of the delegates are to be 55 or older.
- The majority of the delegates will represent the Governors of all 50 States, the U.S. Territories, Puerto Rico and the District of Columbia—totaling 200; Members of the 109th Congress—totaling 535, and the National Congress of American Indians (19).
- The balance will be selected by WHCoA Policy Committee as "at-large" in mid-July to assure representative body.

6

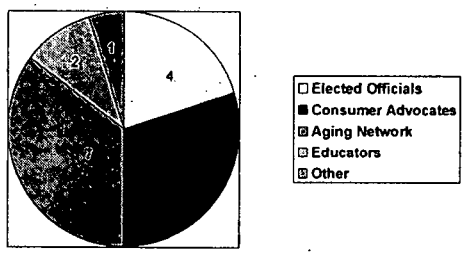
NC's Delegation

- 21 known Delegates—5 appointed by the Governor, 15 Congressional appointees, and 1 of the National Congress of American Indians
- Tied for 7th nationally in # of Delegates
- Possibility of 'at-large' appointees

Dr. Peggye Dilworth-Anderson appointed to serve on the national WHCoA Advisory Committee.

7

Profile of NC's Delegates



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To Assist NC's Delegation

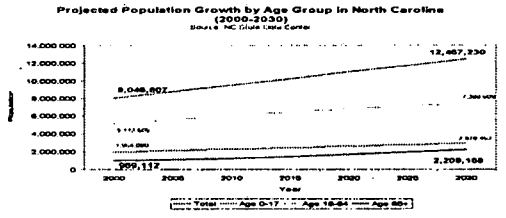
- Governor's Advisory Council on Aging held forum on May 18th.
- DAAS developed various tools to help support local and regional policy discussions.
- DAAS is arranging a briefing/orientation for NC Delegates and Alternates to ready them for leadership and active participation at the WHCoA.

9

Five Resolutions of Governor's Advisory Council on Aging

- Reauthorize and strengthen the Older Americans Act
- Assure the Well-Being of Aging Veterans
- Rebalance Long-Term Care to Respect the Interests of Individuals and Families
- Promote Income Security as a Shared Responsibility
- Promote the Livability and Senior-Friendliness of Communities

10



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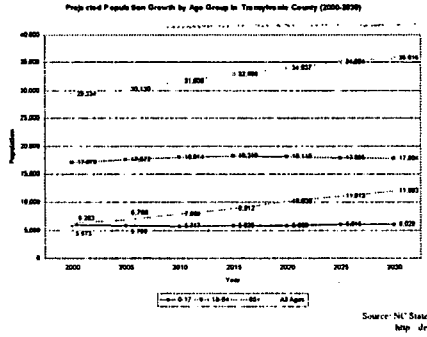
A County Example



Source: NC State Data Center
http://demog.state.nc.us

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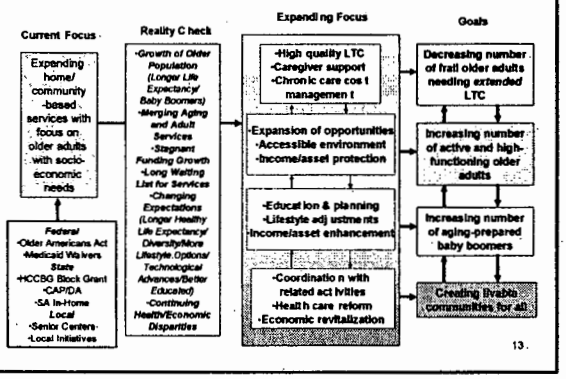
NC Livable and Senior-Friendly Communities Initiative



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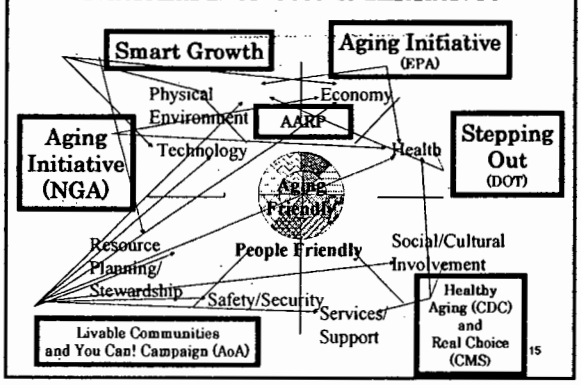
Livable and Senior-Friendly Communities

- offer a wide range of social and economic opportunities and supports
- value the contributions of older adults to the community
- promote positive intergenerational relations
- consider needs in physical and community planning and development
- respect and support seniors' desire and effort to live independently
- acknowledge primary role that families, friends, and neighbors play in the lives of older adults and enhance their capacity for caring.

14

National Interests & Initiatives



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10 Principles of Smart Growth

- Mixed-use Activity Centers
- Appropriate Pattern of Development
- Green Space
- Walkable Communities
- Integrated Transportation
- Enhanced Civic Realm
- Affordable Living
- Shared Benefits
- Community Collaboration
- Fairness in Making Development Decisions

16

Key Characteristics Cited by the National Governors Association

- availability of public transportation
- ability to walk to the drugstore or market
- improved driver and pedestrian safety features
- affordable housing and home modifications
- accessible services and leisure facilities

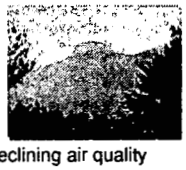
More than 1 in 5 householders age 75+ does not have a car.

17

Growth Challenges— Implications for Seniors

Increasing traffic congestion

Overburdened community infrastructure



Declining air quality

Loss of farmland and open space

18

NGA Chartbook on Aging—
Measuring the Years: State Aging Trends & Indicators

Points of Interest

- 11th in future growth of 85+
- 7th in avg. annual economic growth
- 2nd in men 65+ living alone
- 13th in homeownership rates for 65+
- 41st in proportion of households using Internet

Points of Concern

- 5 in lowest adult literacy
- 9th in proportion 65+ in poverty and 10th near-poor
- 3rd in inactive 65+
- 10th in proportion with ADL limits
- 4th in future need for nursing aides

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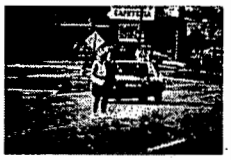
10. The most popular Senior Games event involves crossing the street without a mishap.
    First place=10 consecutive crossings without injury or insult.

    Or for the more rural areas:

    Hiking cross-country to the nearest pharmacy



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Community Assessments—
Local and AAA Forums & Initiatives

- Is Wilson County a senior-friendly place to live?
- Are senior adults part of community planning?
- Are senior adults supported in their desire to continue to live independently?
- Do Wilson County businesses and organizations value their participation and purchasing power?

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Some Concerns/Ideas from Wilson County Participants

- Public transportation not dependable--e.g., have to wait an hour between vehicles
- Never see a policeman patrolling neighborhood
- Drivers go too fast in neighborhoods
- Seniors who want to volunteer don't have transportation
- Lack of shopping assistance for visually impaired
- Lack of senior-friendly grocery stores—e.g., putting staples at front of store, benches
- Dependable and affordable lawn-mowing service
- Physicians willing to take Medicare patients
- Misuse of handicapped stickers—leading to inaccessible parking
- Gas stations that will pump gas at the same price as self-serve
- One # for all kinds of information

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What Might a Grocery Store Be Like in a Livable, Senior-Friendly Community?

- Appropriate lighting
- Labels in large print
- Wider aisles, with special floor covering to prevent slippage
- Shelves no higher than 5.6'
- Reading and magnifying glasses available
- Rest areas with benches
- Consumer surveys to assure suitable products
- Home deliveries
- Friendly and helpful cashiers, educated about aging
- Accessible and safe parking
- Adapted shopping carts
- List of 'volunteer' shopping helpers

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Examples across NC—Promoting Livable and Senior-Friendly Communities

- Nashville and Morganton—elder-friendly businesses
- High Point—senior-friendly cultural arts
- Franklinton—scams/fraud initiative
- Region M, Hendersonville and Morganton—walkability community audits

Making Places More Livable and *Senior-Friendly* ¤

Better Communities for All— *It's a Personal and Community Responsibility*

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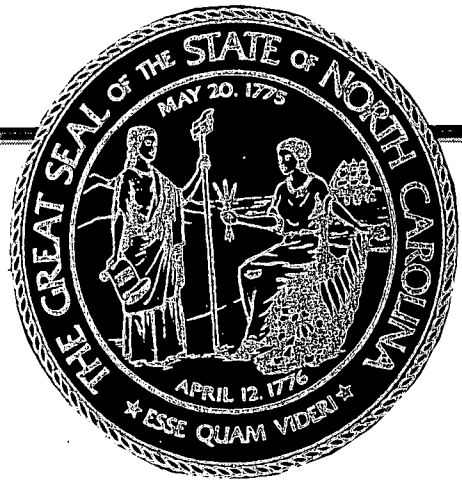


ARE AGING ISSUES A CONCERN IN YOUR DISTRICT?

Come hear about the recent White House Conference on Aging and the issues facing North Carolina in the next 10 years.

Speakers will be Karen Gottovi and Dennis Streets of the DHHS Division of Aging and Adult Services.

All members of the House are invited to this informative and in-depth presentation.

Wednesday, July 13 at 11:00 am
Room 544 LOB

Confronting the Rising Costs of Healthcare in Medicare and Medicaid

By Marilyn Moon

Is spending in these public programs out of control?

It has become trendy to argue that the growth in spending that has occurred in the Medicare and, in particular, Medicaid programs is out of control and needs to be reined in. But these programs should not be viewed as separate from the rest of the healthcare system simply because they are run through the public sector. In fact, the public and private health sectors are integrally related, and change in one area will be felt elsewhere. Moreover, some of the changes necessary to slow the growth of healthcare spending—or at least to ensure that society is investing wisely in these expenses—ought to occur throughout our healthcare system. Ultimately what matters is not the "appropriate" size of healthcare spending in the public sector, but the appropriate level of spending on healthcare for society as a whole.

In practice, it is easier to examine Medicare and the issues surrounding that program than Medicaid because of the vast differences across states in the shared state and federal Medicaid program. Thus, much of this article does focus on Medicare, but many of the same issues apply to Medicaid. Where appropriate, some of the particular complications arising from Medicaid will be raised.

Medicare and the Healthcare System

The Medicare program has always been closely related to the overall system of insuring care in the United States. In fact, one of the major goals of Medicare was to assure individuals access to mainstream medical care. The rules established to govern Medicare did little to disrupt or change the way healthcare was practiced or financed in the United States. Claims processing was structured to resemble the process found in the private sector and was to be handled by private contractors. Medicare statutes specifically assured free choice of provider and no interference in the routine practice of medicine. Payment rates were also designed to resemble those in the private sector, both in the mechanics and the level of payment.

After a few years, pressures on Medicare to hold the line on the growth in costs led to an effort to restrain price increases and eventually to reform the way in which payments are made. For example, since the reforms, Medicare payments to hospitals are based on paying for specific costs or are made on a per diem basis, rather than paying for the entire hospital stay, as was originally the case. Other insurers have since copied a number of the innovations in payment systems developed by Medicare. Private insurers have also adopted Medicare's decisions about coverage rather than establishing their own decision-making process. Thus, in many ways, Medicare has become a leader in creating norms for the healthcare system rather than merely being a follower.

And, over time, as Medicare increased in size and importance to the healthcare system, a new concern arose—that those in charge of this public program needed to be aware that changes in Medicare would affect the healthcare system as a whole. The level of payments to providers of care under Medicare, for example, should maintain a reasonable balance with the level of payments from private insurers. In this way, doctors and other healthcare providers would continue to treat both Medicare and privately insured patients. Indeed, the Medicaid program has occasionally been so out of step with private-insurer payments that access to care became a problem. At these times, Medicaid payments have usually been ratcheted upward to at least guarantee its beneficiaries some access to care. Much of Medicaid's growth is a result of instances in which it has expanded coverage—often to pick up coverage of people priced out of the private sector. A recent study of Medicaid found that payment rates keep the program's spending lower than the private insurance sector (Hadley and Holahan, 2003/2004).

INCREASES IN HEALTHCARE COSTS

The problems driving Medicare costs upward are not unique to the public sector, but rather are found throughout the nation's healthcare system. The crisis of rising healthcare costs affects all payers: individuals, businesses, and governments. And just as Medicare is influenced by the overall healthcare system, the opposite is true as well. Although Medicare has been a leader in experimenting with options for curbing the increase in costs of care, both from rising prices and from greater use of services, costs continue to rise.

Rising prices. During the 1970s, healthcare prices rose rapidly but at about the same rate as all prices in the economy. In the 1980s, however, the general rise in consumer prices slowed, whereas growth in healthcare prices remained high. After 1980, inflation in the price of healthcare occurred at rates substantially higher than those for inflation in the overall index. Between 1980 and the end of 2003, all consumer prices except for healthcare grew 132 percent, whereas the CPI for healthcare grew 320 percent (U.S. Bureau of Labor Statistics, 2005). Even in the late 1990s when medical care prices began to moderate, they still remained well above prices for other goods and services.

What caused this inflation in healthcare prices during the two decades in which the rate of growth of other prices slowed substantially? Some economists point to the fact that healthcare is heavily service oriented, with rising wages translating directly into rising prices. Productivity does not rise much in this sector of the economy, making it difficult to find ways to cut costs per service. But if a service orientation were the culprit, the problem of excessive growth in rates of price increases should exist for all types of service industries. Instead, a focus on only the service sector reveals that the differential between medical services and other services remains large: a 339-percent growth in the price of medical services compared to a 165-percent growth for all other services.

Nor is it possible to blame inflation in healthcare prices on strong demand for scarce services. The supply of physicians, for example, continued its rapid growth through the 1970s and 1980s. In 1970 the number of active physicians per 10,000 population stood at 15.6. By 1988, the number was 23.3 (National Center for Health Statistics [NCHS], 1991). This increase in the supply of physicians did not, however, lower their incomes, which rose an average of 8.6 percent per year from 1979 to 1988. In 2000, physicians per 10,000 population stood at 27.8 (NCHS, 2002). Further, hospitals operated at much less than capacity throughout the 1980s, with occupancy rates averaging about 64 percent in 1993 (American Hospital Association [AHA], 1995). In 2001, occupancy rates were up slightly, to 66.7 percent (NCHS, 2002).

So what is the explanation for rising healthcare prices? Much of it undoubtedly rests with the fact that for many years, the price structure of the healthcare industry did not come under heavy scrutiny. Users of healthcare are typically not the payers; usually a "third party" such as an insurance company or the government pays for the care. Insured people do not have to choose whom to see or what to use on the basis of the prices charged to the same degree as with the purchases of other goods and services. Moreover, and probably even more important,

even when the patient is paying directly, people facing a medical crisis are unlikely to shop around for the least expensive care or to question the need for various services. In short, the nature of healthcare goods and services does not foster price competition. Though many older people lack comprehensive drug insurance, for example, they nonetheless continue to consume drugs—and to pay high prices for them. Thus, while the existence of third-party payers is indeed a factor in healthcare prices, it is not the only one.

As a public program, Medicare came under pressure to hold the line on prices in the 1980s—earlier than other payers. Many private payers finally began to take note in the 1990s—a period of considerable slowdown in price increases as insurers sought discounts in prices from providers of care. Once again, however, insurers face concerns about rising prices as providers of services have begun to rebel against years of low price growth.

Medicaid, on the other hand, has had even more price restrictions, resulting in very low payments for providers of care in many states. In fact, the prices in some places are so low that Medicaid spending is controlled not only by the program paying very little per service, but also by the program paying for fewer services, since many doctors and other providers decline to take Medicaid patients.

Use of services. The use of healthcare services has also continued to increase steadily. Indeed, increased use contributes more to higher healthcare spending than do price increases. Higher use occurs not just in terms of overall numbers of visits or treatments but in the type and complexity of healthcare services (often referred to as "intensity"). To some extent, this increased intensity is related to new technology that has given us tools such as computerized tomography (CT) scans, magnetic resonance imagers (MRIs), and procedures such as endoscopies and arthroscopies. Furthermore, expenditure for these new tools and procedures tends to occur, not as replacement for expenditure on older technologies and methods, but rather in addition to it. For example, people may now receive X-rays, CT scans, and MRIs to diagnose a problem, whereas before only X-rays were available.

New, less invasive tests and procedures have improved diagnosis and treatment for many Americans—and increased the frequency with which tests and procedures are used. For example, between 1999 and 2002, imaging services paid for under the physician fee schedule grew by an average of 9 percent per capita as compared to a 3 percent growth for all fee-schedule services. And the fastest growing of these—MRIs, nuclear medicine, and CT—also tend to be very expensive (Winter, 2004). Some argue that these services are overused, when less advanced tests or fewer alternative tests would be sufficient. But the average patient has little reason to resist use of these tools. And, not only are physicians paid well for these extra tests, but testing may reduce the physician time necessary for a diagnosis. And since low reimbursement keeps doctors from spending large amounts of time with their patients, increased reliance on formal tests makes even more sense. Thus, the system for both public and private payers works to encourage development—and use—of new technology.

Conduct of surgery and other technical procedures continues to grow, albeit in settings different from those used in the past. Many procedures such as cataract surgery are now done in freestanding surgical centers or even physicians' offices. While it is difficult to track exactly what is happening to surgical procedures because of these shifts in treatment settings, studies have found that, when combined, the numbers of inpatient and outpatient surgeries continued to increase from 1980 to 1995. Performance of some surgeries switched almost entirely to outpatient settings while others continued to expand in the traditional inpatient setting (Kozak, McCarthy, and Pokras, 1999).

The improved success of procedures like hip replacements and cataract surgery means that outcomes have improved while the risks of surgeries have fallen. In such cases, higher rates of use would certainly be expected and appropriate. The value of these procedures to individuals has increased over time. And lowered risks mean that older or disabled patients are particularly more likely to benefit now. It is likely that some of the increase in use is a reflection of the services' greater value and also of

beneficiaries choosing to consume more of them. This case has been argued persuasively by David Cutler (2004), who also claims that spending on new technology has been worth the expense because it has extended life and enhanced standards of living.

And what of the private sector? In the mid 1990s, employers moved their workers into more restrictive managed-care plans in which use could be more actively controlled. Cost growth dropped substantially. But the backlash by consumers against such plans has led to less stringency in recent years—and accelerating premium costs (Strunk, Ginsburg, and Gabel, 2001). Thus, the private sector has not been particularly successful in holding down use of services, even with its reliance on managed care.

The problem, of course, is in determining what proportion of the overall increase in use is desirable and what proportion might indicate excessive or unnecessary care. Cataract surgery offers a good example. We do not know what share of its explosive growth has occurred because people with early cataracts are encouraged to obtain the operation before it is medically appropriate and what share reflects surgeries that truly improve the quality of life for patients.

Growth in Medicare as Compared to Other Payers

As compared to private insurance, Medicare has been relatively successful in holding the line on growth in healthcare costs in the 1980s and 1990s. This comparison is shown in Figure 1, which indicates rates of growth in per capita spending in Medicare and private insurance from the national health expenditure accounts on a selected set of services between 1970 and 2000 (Boccuti and Moon, 2003). These services—hospital care, physician and other professional services, and vision and durable medical equipment—are those that are consistently covered by both Medicare and private insurance. Between 1985 and 1992, Medicare spending had lower rates of growth—often considerably lower—than did spending by private insurance. While growth of spending by the private sector slowed in the mid 1990s, that improvement seems to have been short-lived and associated with one-time savings as employers shifted their workers to managed-care plans.

Thus, a historical look at the data suggests that Medicare is not out of sync with the rest of the healthcare system. Indeed, the patterns in spending growth are very similar to and often below those of private insurance. This finding is particularly important given factors that could be expected to drive up the costs of care for the older population relative to the costs of care for others. As new technology becomes safer and more effective, its use is likely to expand faster among populations like Medicare beneficiaries, who include a disproportionate share of sicker and more frail beneficiaries.

Finding Ways to Hold Down Costs

Medicare (and Medicaid) cannot be successful in holding down costs over the long run if healthcare spending in general is escalating. As stated, the pressures driving costs upward come from all parts of the healthcare system. Although together Medicare and Medicaid command a substantial share of the healthcare market, they cannot, alone, fully control use or prices.

When one payer—even a large one—acts alone, the response by providers can be to "divide and conquer," pitting one part of the system against the other. One place to see this phenomenon clearly has been in states that have very low payment levels for the Medicaid program. Here, in a number of instances, providers created crises of access by refusing to treat Medicaid patients. Broader system reform is needed for any long-run solution to the "cost problem" of Medicare and Medicaid.

Expecting Medicare alone to carry this burden or to operate under a system unlike the rest of healthcare is unrealistic. Alternatively, the process in recent years by which Medicare is adjusted incrementally, with awareness of how it compares to the private sector, can continue, at least for the time being. This process will result in actions such as the 1997 Balanced Budget Act changes that cut Medicare payments substantially and created more restrictive rules, some of which were later modified to keep Medicare largely in line with other parts of the system. Most recently, Medicare payments to physicians were adjusted, in early 2003 and again

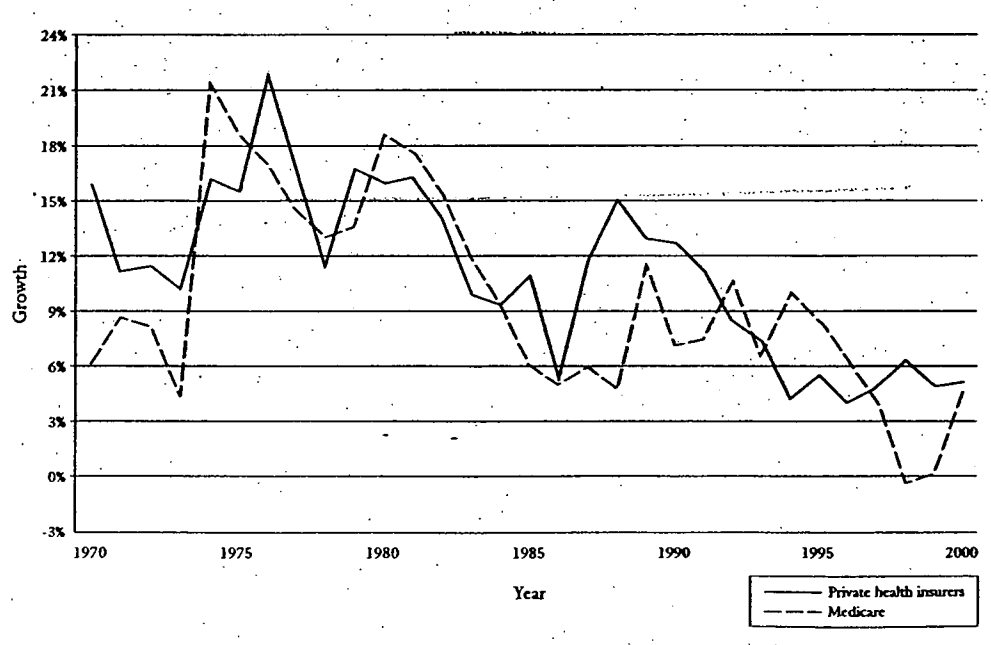
in 2004, to correct an error in the formula for setting payments, but even more important, because of fears that the rates were beginning to lag too far behind those of the private sector and would discourage physician participation in the program. The visibility of the Medicare system inevitably invites comparisons with payments and service use elsewhere.

Medicare's place in the healthcare system should be recognized. Medicare cannot depend upon cross-subsidies from other payers. Employers who help to subsidize insurance for their workers became much more demanding in the 1990s, and, from any source, payment levels to providers of care are seldom generous. Further, because Medicare represents such a large share of the market in many areas, the program must offer reasonable levels of payment. That is, while the size of Medicare gives the program market clout, Medicare's size also increases the program's responsibility to the overall financial health of the healthcare system. Also at issue is how well Medicare can enforce certain changes if they are limited to just part of the healthcare system.

The application of practice guidelines or limits on ineffective treatments would also be substantially more effective if done for the whole population. Since such guidelines and limits will be most effective if they change the attitudes of both providers and patients, efforts to influence practice must be viewed as aimed at system-wide changes that would be made for valid medical reasons and not just as one public program's gimmick to hold down its own costs. Patients are more likely to accept constraints if they feel the constraints are being equitably applied and are based on evidence rather than simply singling out one group for second-class treatment. Moreover, because it may be easier to change the attitudes of younger, healthier individuals than those of the typical Medicare beneficiary, successful reforms must aim to change incentives for the healthcare population as a whole, not simply the Medicare population.

The absence of comprehensive healthcare-system reform does not mean that Medicare must proceed independent of the rest of the healthcare system. The employer-based insurance market is now aggressively searching for

Figure 1
Medicare and Private Insurers, 1970–2000
Annual Growth Rates in Payments per Enrollee for Personal Health Care



ways to cut costs, putting enormous pressure on healthcare providers to offer increasingly deep discounts. It is even possible that bold moves in this direction by employers, insurance companies, and managed-care organizations may effectively begin to change the way that care is delivered. However, patients themselves have also been effective at pushing back on restrictions on care delivery—for example, when managed care went overboard in the private sector in the 1990s. Medicare must be vigilant in adapting for its own use any cost-saving innovations that may be introduced into the private sector, including any changes in the overall delivery of care that may result from aggressive cost-cutting by the private sector across the board.

Even in the absence of comprehensive system reform, coordination between the public and private sectors can at least ensure that the direction of change is consistent throughout the system—a consideration that is also essential in avoiding efforts to shift costs that do not necessarily save resources for society as a whole. One way to achieve such coordination may be by actively promoting better evidence on effectiveness and applying it to coverage decisions. The information is effectively a public good that should be broadly shared, and government is an appropriate source for such information.

Many of the remaining options for reducing the costs of Medicare over time are explicitly or implicitly aimed at shifting costs onto beneficiaries rather than at truly reducing healthcare spending. The direct ways in which that happens is through proposals for higher premiums or cost sharing, for example. Other options, such as raising the age of eligibility for Medicare or creating a voucher program with a set contribution to the costs of care coming from the government, are simply more subtle ways of achieving the shift of costs to beneficiaries. All of these options are effectively financing options in which the question of who should pay is answered without any specific acknowledgement that such a decision has been made. And the answer, of course, is, the beneficiary should pay. Such an approach does not work for Medicaid because it is very difficult to shift costs onto its beneficiaries, who are very poor; nonetheless, states use various means to limit eligibility.

A better way to answer the question of who should pay for healthcare is to do so directly in an honest discussion of the ability of various groups to support the costs of healthcare services that we as a society decide are necessary. Ultimately, treating the issue as if it were only a matter of limiting public spending allows us to avoid the broader debate that is crucial if this important concern is to be effectively addressed. ∞

Marilyn Moon, Ph.D., is vice president and director, American Institutes for Research, Health Program, Silver Spring, Md.

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North Carolina's White House Conference on Aging
Delegates (D) and Alternates (A)

Appointed by Governor Michael F. Easley

Delegates

Alice L. Bordsen, NC Representative, Alamance
Beverly M. Earle, NC Representative, Mecklenburg
Karen Gottovi, Director, NC Division of Aging and Adult Services
Ann Johnson, Chair, NC Governor's Advisory Council on Aging
Beverly E. Perdue, NC Lieutenant Governor

Alternates

Bonnie Cramer, Raleigh
Thelma Lennon, Raleigh
Carla Suitt Obiol, Director, NC Seniors' Health Insurance Information Program
Jackie Sheppard, Assistant Secretary for Long-Term Care and Family Services
Dr. Leonard Trujillo, East Carolina University, Greenville

Appointed by the National Congress of American Indians

Bruce Jones, Raleigh (D)

Congressional Appointees

Elizabeth Dole, US Senator
Rick Eldridge, Salisbury (D)

Richard Burr, US Senator
Dr. Leonard Trujillo, East Carolina University, Greenville (D)

Dr. Ann Dickerson, East Carolina University, Greenville (A)

G. K. Butterfield, US Rep. 1st District
Jean Reaves, Weldon (D)
Pat Capehart, Washington (A)

Bob Etheridge, US Rep. 2nd District
Roxanne Bragg-Cash, Louisburg (D)

Walter B. Jones, US Rep. 3rd District
Millie Anderson, Pine Knoll Shores (D)

David E. Price, US Rep. 4th District
Dr. Dan Blazer, Durham (D)

Virginia Foxx, US Rep. 5th District
Doris Dick, Hamptonville (D)
John Pitzen, Stoneville (A)

Howard Coble, US Rep. 6th District
Ellen Whitlock, Greensboro (D)
Stephen Fleming,

Mike McIntyre, US Rep. 7th District
Dr. Delilah Blanks, Riegelwood (D)
T. Ben Douglas, Lake Waccamaw (A)

Robin Hayes, US Rep. 8th District
Gayla Woody, Charlotte (D)

Sue Wilkins Myrick, US Rep. 9th District
Dan Owens, Charlotte (D)
Stephanie Noonan, Charlotte (A)

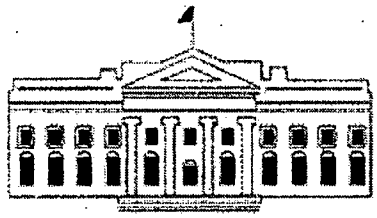
Patrick T. McHenry, US Rep. 10th District
Harriet Bannon, Hickory (D)
Stephen Daniel, Morganton (A)

Charles H. Taylor, US Rep. 11th District
Senator Robert Carpenter, Franklin (D)
Dorothy Crawford, Franklin (A)

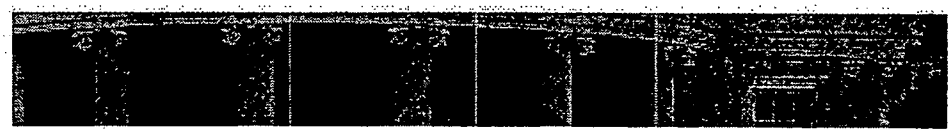
Melvin L. Watt, US Rep. 12th District
Dean Burgess, Winston-Salem (D)
Sabrena Lea, Greensboro (A)

Brad Miller, US Rep. 13th District
Dr. Betty Wiser, Raleigh (D)

At-Large Delegates will be announced by the WHCoA Policy Committee in July 2005.



2005 White House Conference on Aging



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Policy Committee

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On May 19, the President and Members of Congress completed their selection of 17 members of the Policy Committee for the White House Conference on Aging. The Honorable Dorcas R. Hardy, former Commissioner of Social Security, was appointed the chairman of the Committee.

- Policy Committee Charter
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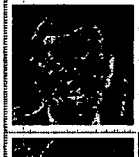
Chairman	
	The Honorable Dorcas R. Hardy President Dorcas R. Hardy and Associates Washington, DC

Policy Committee Members	
Name	
	Alejandro Aparicio, M.D. Director, Division of Continuing Physician Professional Development, American Medical Association Chicago, IL
	Robert Blancato President Matz, Blancato and Associates, Inc. Washington, DC
	The Honorable Larry Craig (R-ID) U.S. Senate Washington, DC
	Clayton Fong Executive Director National Asian Pacific Center on Aging Seattle, WA
	The Honorable Charles Grassley (R-IA) U.S. Senate Washington, DC

	The Honorable Tom Harkin (D-IA) U.S. Senate Washington, DC
	Gail Gibson Hunt Executive Director National Alliance for Caregiving Bethesda, MD
	The Honorable Alphonso Jackson Secretary, U.S. Department of Housing & Urban Development Washington, DC
	Barbara B. Kennelly President National Committee to Preserve Social Security and Medicare Washington, DC
	The Honorable Howard P. "Buck" McKeon (R-CA) U.S House of Representatives Washington, DC
	The Honorable Jim Nicholson Secretary U.S. Department of Veterans Affairs Washington, DC
	Thomas E. Gallagher President and Founder Greylock Group, Inc. Henderson, Nevada
	Scott Serota President and CEO Blue Cross and Blue Shield Association
	The Honorable E. Clay Shaw Jr. (R-FL) U.S House of Representatives Washington, DC
	The Honorable Mike Leavitt Secretary U.S. Department of Health and Human Services Washington, DC
	Melvin Leroy Woods President Rubicon Public Affairs

TOP

Summary of Objectives for the Older Americans Act

Assures that each senior has an **adequate income**
Helps seniors maintain the best possible **physical and mental health** which science can make available and without regard to economic status
Assures that seniors have **suitable housing**, independently selected, designed and located with reference to special needs and available at costs older citizens can afford
Provides adequate care for those who require **institutional care if needed**
Provides a **comprehensive array of community-based, long-term care services** adequate to appropriately sustain older people in their communities and in their homes
Supports family members and other persons providing voluntary care to older individuals needing long-term care services
Provides opportunity for **employment** with no discriminatory personnel practices because of age
Enables **retirement in health, honor, dignity**—after years of contribution to the economy
Allows seniors to participate in and contribute to **meaningful activity** within the widest range of civic, cultural, education and training, and recreational opportunities
Provides **efficient community services**, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed
Effectively **uses knowledge from proven research** to help sustain and improve health and happiness
Supports **freedom, independence, and the free exercise of individual initiative** in planning and managing their own lives
Enables **full participation** in the planning and operation of community-based services and programs provided for their benefit
Offers **protection against abuse, neglect, and exploitation**
Gives special consideration to **older citizens with special needs** and priority to those with the greatest economic and social needs

Some Questions to Consider:

- The Older Americans Act is up for reauthorization this year. What can be done to strengthen the Older Americans Act to better serve today's seniors and be prepared to respond to the needs and interests of aging baby boomers (individuals born between 1946 and 1964)?

- From the above summary list of objectives for the Older Americans Act, which are the areas that you think are most important and which are most in need of attention?

- What do you think should happen with respect to national policies related to economic security and health care so that such policies will effectively assist today's seniors and ready baby boomers for the future? Programs governed by such policies include Social Security, Medicare, and Medicaid.

- On which of the following general areas identified by the national policy committee of White House Conference on Aging would you especially like to have North Carolina's Delegates give special attention?

National Policy Committee's Agenda

Planning along the Lifespan [includes economic incentives to increase retirement savings; Social Security; protection of financial assets; financial literacy]

Workplace of the Future [includes opportunities for older workers; incentives for training, retraining and retaining of older workers; use of technology; age discrimination]

Our Community [includes coordinated social and health services, easier access to services, redesign of Senior Centers to meet future needs, alternative modes of transportation, housing affordability and availability; livable/senior-friendly communities]

Health and Long Term Living [includes health promotion and disease prevention; chronic disease management; use of technology in healthcare; focus on nutrition needs and education; home care and institutional care; support of family caregivers; end-of-life care; ensuring a reliable direct care workforce; prescription assistance; affordable, defined health benefits through Medicare and Medicaid]

Social Engagement [includes community service and volunteerism; leisure activities; lifelong learning; opportunities for companionship to reduce isolation; intergenerational activities]

Marketplace [includes responding to consumer needs and demands: product development (consumer products, consumable supplies and services); determining how best to develop and disseminate new technology and assistive devices; determining how to address the shortage of paid workers for elderly services]

- If you could speak directly to the President and US Congress about an issue important to seniors and/or aging boomers, what would be the #1 issue that you would talk with them about? Why would you say it is so important, and what would be your ideas for making things better?

DRAFT

Tool to Aid Small Group Work—*How Livable and Senior-Friendly Is Our Community?*

Task: Score all questions individually, then share grades by question as a group—quickly identify areas of general consensus as well as major areas of difference.

How would you grade your community in terms of…	A	B	C	D	F	Not Sure
having well-run community centers, recreation centers, parks, and other places where older people can socialize?						
having convenient places for you to participate in public meetings and events?						
having ample opportunities to become a volunteer?						
having dependable public transportation that you would use to get to the places you would like to go?						
having safe, well-designed sidewalks that can take you where you want to go (e.g., to a nearby grocery or drugstore)?						
having roads designed for safe driving, with clear and unambiguous signage, traffic stops, and pedestrian crosswalks?						
having safe and convenient transportation options available to those have difficulty walking or driving?						
security and safety?						
having affordable housing options elsewhere in your community for those who want or need to leave their current home?						
How would you grade your home in terms of…	**A**	**B**	**C**	**D**	**F**	**Not Sure**
being designed in a way that would allow you to complete your daily tasks if you had difficulty walking around or performing a physical activity?						
How would you grade…	**A**	**B**	**C**	**D**	**F**	**Not Sure**
the 'senior-friendliness' of local businesses?						
the air quality of your community?						
access to quality and affordable health care?						
access to emergency assistance when needed?						
the job and training opportunities available for older workers?						
the ease with which you can get access to reliable information about community resources?						
how well your community assists family caregivers of frail older persons?						
your community in providing meaningful opportunities for intergenerational activities?						
how well your local government involves senior adults in community planning and development decisions?						
your community's response to its most frail and vulnerable citizens?						

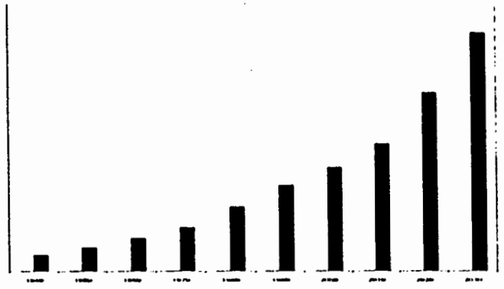
Dear Colleagues:

Today, nearly every community in North Carolina is seeing greater numbers of seniors. We cannot afford to fail in making our communities senior-friendly. As we begin this initiative, we hope you will join us with ideas and enthusiasm. Please feel free to contact us with suggestions. Also, let us know of communities, policies, programs, and practices that can serve as models for others to follow. The future interests of older adults, their families, and communities are at stake.

Sincerely,

Karen E. Gottovi

Senior-Friendly Communities



For more information about the Senior- Friendly Communities Initiative or the Division of Aging and Adult Services' programs and services, please contact:

Division of Aging and Adult Services
NC DHHS
Karen E. Gottovi, Director
2101 Mail Service Center
Raleigh, NC 27699-2101
919-733-3983
http://www.dhhs.state.nc.us/aging/home.htm

A new initiative
of the
Division of Aging and Adult Services
NC Department of Health
and Human Services

September 2003

Vision

A senior-friendly community offers a wide range of social and economic opportunities and supports for all citizens, including seniors; values seniors' contributions to the community; promotes positive intergenerational relations; considers the needs and interests of seniors in physical and community planning; respects and supports seniors' desire and efforts to live independently; and, acknowledging the primary role that families, friends, and neighbors play in the lives of older adults, enhances their capacity for caring.

Demography

North Carolina ranked 11th nationally in total population and ranked 10th in the number of persons age 50 and older in 2000.

North Carolina's older population increased by 20.5% between 1990 and 2000, giving the state the 12th fastest-growing older population among the 50 states. This rate of growth is significantly higher than the national growth rate of [illegible]%. In 83 of our 100 counties, the rate of increase among those age 65 and older is expected to exceed the growth of the total population between 2000 and 2010.

Baby Boomers

Many of the oldest baby boomers will retire in this decade. Here are some milestones. Beginning in

2006 The oldest boomers become eligible for services under the Older Americans Act.

2008 They can draw Social Security at a reduced rate.

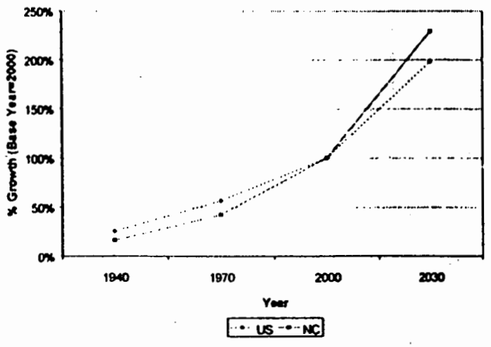
2011 They can receive Medicare benefits and Medicaid assistance.

2012 They start drawing full Social Security at age 66, because of the phased increase in age of eligibility.

Other Important Facts:

- ✓ NC ranks 11th highest in the proportion of the poor among older adults, with 12.7% below the federal poverty level in 1999. Another 23.2% are considered near-poor with incomes between 100% and 200% of poverty.
- ✓ Among the top 20 most populous states, North Carolina has the highest percentage of seniors living in rural areas.

Growth of Older Population (65+)



North Carolina stands only a few years away from a significant demographic transition as the baby boomers approach retirement age in the latter part of this decade. The time to chart an effective course for *Senior-Friendly Communities* in the state is *NOW.*

Building Senior-Friendly Communities

There are many dimensions to developing a community that promotes quality of life in senior years. At the same time, it is hard to imagine any aspect of society that is not affected by our demographic shift. The chart below lists some components of a senior-friendly community and illustrates the types of questions communities are considering in evaluating their readiness for an aging population in North Carolina.

Areas of Interest and Concern

Physical Environment

- ☐ Transportation
- ☐ Air/water quality
- ☐ Housing/utilities
- ☐ Land use
- ☐ Neighborhood organizations
- ☐ Noise control
- ☐ Road safety
- ☐ Recreational facilities
- ☐ Shopping
- ☐ Zoning

Health

- ☐ Adult immunization
- ☐ Dental health
- ☐ Hospitals
- ☐ Leisure
- ☐ Nutrition
- ☐ Mental health
- ☐ Medicare/Medicaid acceptance
- ☐ Medication management
- ☐ Preventive care
- ☐ Primary care
- ☐ Rehabilitation
- ☐ Vision/hearing care
- ☐ Wellness

Economy

- ☐ Job training
- ☐ Age discrimination
- ☐ Financial planning
- ☐ Health care cost
- ☐ Health insurance
- ☐ Income
- ☐ Job opportunities
- ☐ Job retooling
- ☐ Senior-friendly businesses
- ☐ Long-term care cost
- ☐ Tax credits/ Exemptions

Technology

- ☐ Internet access
- ☐ Assistive/Adaptive devices
- ☐ Distance-learning
- ☐ Medical alert
- ☐ Tele-medicine
- ☐ Telephone/cell phone access

Safety/Security

- ☐ Driver safety
- ☐ Abuse/neglect
- ☐ At-risk population
- ☐ Domestic violence
- ☐ Emergency response
- ☐ Fire safety
- ☐ Fraud/exploitation
- ☐ Outreach

Six Dimensions of Community Evaluation

1. Existence 2. Adequacy
3. Accessibility 4. Efficiency/Duplication
5. Equity 6. Effectiveness/Quality

Social/Cultural Involvement

- ☐ Volunteerism
- ☐ Community sensitivity
- ☐ Media
- ☐ Intergenerational relations
- ☐ Libraries
- ☐ Lifelong learning
- ☐ Spiritual growth
- ☐ Racial/ethnic/ Linguistic diversity
- ☐ Cultural/social programs

Services/Support

- ☐ Information & assistance (I&A)
- ☐ Caregiver Support
- ☐ Drug assistance
- ☐ End-of-life care
- ☐ Grandparents-raising grandchildren
- ☐ Legal services
- ☐ Home- & community-based services
- ☐ Long-term care facilities
- ☐ Senior centers
- ☐ Guardianship

Resource Planning/Stewardship

- ☐ Public benefits
- ☐ Community needs assessments
- ☐ Planning coordination
- ☐ Program evaluation
- ☐ Public and private funding sources
- ☐ Taxes
- ☐ Representation in public affairs

Examples of Report Card Questions Based on Six Dimensions of Community Evaluation

Transportation

1. Does your community have a public transit system?
2. Are there areas that are not served?
3. To what extent are there door-to-door services?
4. What % of the budget is used for administrative cost?
5. How adequate are the procedures for determining how and when to open a new route?
6. Is there an up-to-date improvement plan addressing the needs of seniors?

Adult immunization

1. Does your community have an adult immunization program?
2. Are vaccine quantities estimated accurately at each site?
3. How are immunization sites distributed geographically?
4. Is local publicity campaign coordinated?
5. Are outreach programs in place for underserved populations?
6. What are flu and pneumonia immunization rates in your community?

Job training

1. Does your community offer job-training courses for seniors?
2. Are there enough spaces for seniors in the training courses?
3. Are training courses offered at convenient times for seniors?
4. Are training courses coordinated with job search services?
5. Are courses designed for different education and skill levels?
6. Do training courses offer follow-up services?

Internet access

1. Does your community have internet access?
2. Is internet access available in public facilities (e.g., library)?
3. Are those computers equipped with adaptive and assistive devices?
4. Are computer use programs coordinated with training programs?
5. Are internet instructions available for non-English-speaking users?
6. Is a community-based help desk available for trouble-shooting?

Driver safety

1. Does your community offer driver safety courses for seniors?
2. Where are these courses offered?
3. Are counseling services available for older drivers with functional limitations?
4. What is the cost of attending driver safety courses for older drivers?
5. Are there public transportation alternatives to driving?
6. To what extent is information on older driver safety tips available in the community?

Volunteerism

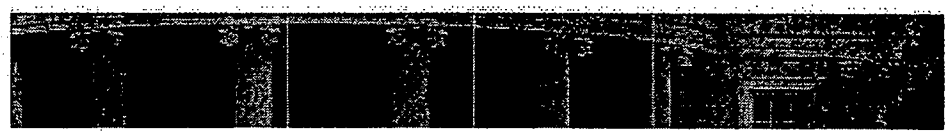
1. Does your community have volunteer programs?
2. Are volunteer services available in all geographic areas?
3. Can seniors receive needed assistance from volunteers?
4. Is a referral network for volunteers in place?
5. What types of financial assistance is available for low-income volunteers?
6. Is there a mechanism to evaluate volunteer programs (e.g., satisfaction survey) in place?

I&A

1. Does your community have a common number to call for I&A?
2. If yes, is the number well publicized?
3. Are I&A services accessible by hearing-impaired individuals?
4. To what extent is I&A coordinated?
5. Are I&A services available for non-English-speaking populations?
6. Is there an I&A expansion plan in place?

Public benefits

1. Does your community have a central location where seniors can get information about public benefits?
2. To what extent are needs assessments performed for different program areas?
3. How complex is the application process?
4. Is the application process coordinated among different agencies?
5. To what extent are outreach efforts in place?
6. Are utilization data readily available?



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Chairman	
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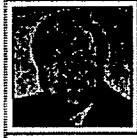
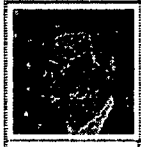
Policy Committee Members	
Name	
	Alejandro Aparicio, M.D. Director, Division of Continuing Physician Professional Development, American Medical Association Chicago, IL
	Robert Blancato President Matz, Blancato and Associates, Inc. Washington, DC
	The Honorable Larry Craig (R-ID) U.S. Senate Washington, DC
	Clayton Fong Executive Director National Asian Pacific Center on Aging Seattle, WA
	The Honorable Charles Grassley (R-IA) U.S. Senate Washington, DC

	The Honorable Tom Harkin (D-IA) U.S. Senate Washington, DC
	Gail Gibson Hunt Executive Director National Alliance for Caregiving Bethesda, MD
	The Honorable Alphonso Jackson Secretary, U.S. Department of Housing & Urban Development Washington, DC
	Barbara B. Kennelly President National Committee to Preserve Social Security and Medicare Washington, DC
	The Honorable Howard P. "Buck" McKeon (R-CA) U.S House of Representatives Washington, DC
	The Honorable Jim Nicholson Secretary U.S. Department of Veterans Affairs Washington, DC
	Thomas E. Gallagher President and Founder Greylock Group, Inc. Henderson, Nevada
	Scott Serota President and CEO Blue Cross and Blue Shield Association
	The Honorable E. Clay Shaw Jr. (R-FL) U.S House of Representatives Washington, DC
	The Honorable Mike Leavitt Secretary U.S. Department of Health and Human Services Washington, DC
	Melvin Leroy Woods President Rubicon Public Affairs

TOP

Summary of Objectives for the Older Americans Act

Assures that each senior has an **adequate income**
Helps seniors maintain the best possible **physical and mental health** which science can make available and without regard to economic status
Assures that seniors have **suitable housing**, independently selected, designed and located with reference to special needs and available at costs older citizens can afford
Provides adequate care for those who require **institutional care if needed**
Provides a **comprehensive array of community-based, long-term care services** adequate to appropriately sustain older people in their communities and in their homes
Supports family members and other persons providing voluntary care to older individuals needing long-term care services
Provides opportunity for **employment** with no discriminatory personnel practices because of age
Enables **retirement in health, honor, dignity**—after years of contribution to the economy
Allows seniors to participate in and contribute to **meaningful activity** within the widest range of civic, cultural, education and training, and recreational opportunities
Provides **efficient community services**, including access to low-cost transportation, which provide a choice in supported living arrangements and social assistance in a coordinated manner and which are readily available when needed
Effectively **uses knowledge from proven research** to help sustain and improve health and happiness
Supports **freedom, independence, and the free exercise of individual initiative** in planning and managing their own lives
Enables **full participation** in the planning and operation of community-based services and programs provided for their benefit
Offers **protection against abuse, neglect, and exploitation**
Gives special consideration to **older citizens with special needs** and priority to those with the greatest economic and social needs

Some Questions to Consider:

- The Older Americans Act is up for reauthorization this year. What can be done to strengthen the Older Americans Act to better serve today's seniors and be prepared to respond to the needs and interests of aging baby boomers (individuals born between 1946 and 1964)?

- From the above summary list of objectives for the Older Americans Act, which are the areas that you think are most important and which are most in need of attention?

- What do you think should happen with respect to national policies related to economic security and health care so that such policies will effectively assist today's seniors and ready baby boomers for the future? Programs governed by such policies include Social Security, Medicare, and Medicaid.

❑ On which of the following general areas identified by the national policy committee of White House Conference on Aging would you especially like to have North Carolina's Delegates give special attention?

National Policy Committee's Agenda

Planning along the Lifespan [includes economic incentives to increase retirement savings; Social Security; protection of financial assets; financial literacy]

Workplace of the Future [includes opportunities for older workers; incentives for training, retraining and retaining of older workers; use of technology; age discrimination]

Our Community [includes coordinated social and health services, easier access to services, redesign of Senior Centers to meet future needs, alternative modes of transportation, housing affordability and availability; livable/senior-friendly communities]

Health and Long Term Living [includes health promotion and disease prevention; chronic disease management; use of technology in healthcare; focus on nutrition needs and education; home care and institutional care; support of family caregivers; end-of-life care; ensuring a reliable direct care workforce; prescription assistance; affordable, defined health benefits through Medicare and Medicaid]

Social Engagement [includes community service and volunteerism; leisure activities; lifelong learning; opportunities for companionship to reduce isolation; intergenerational activities]

Marketplace [includes responding to consumer needs and demands: product development (consumer products, consumable supplies and services); determining how best to develop and disseminate new technology and assistive devices; determining how to address the shortage of paid workers for elderly services]

❑ If you could speak directly to the President and US Congress about an issue important to seniors and/or aging boomers, what would be the #1 issue that you would talk with them about? Why would you say it is so important, and what would be your ideas for making things better?

North Carolina Governor's Advisory Council on Aging

North Carolina Speaks to the 2005 White House Conference on Aging

Proceedings

Raleigh, May 18, 2005

Participating Organizations

Presenting at the Forum

NC AARP
Friends of Residents in Long-term Care, Inc.
NC Association of Area Agencies on Aging
NC Nurses Association
NC Association on Aging
NC Association of County Commissioners
NC Senior Citizens Association
NC Senior Tar Heel Legislature
NC Disabled American Veterans
NC Association of County Directors of Social Services
NC Health Care Facilities Association and NC Association of Long Term Care Facilities

Providing Written Responses

Area Agencies on Aging of the Cape Fear Council of Governments, Lumber River Council of Governments, and Mid-Carolina Council of Governments
Area Agencies on Aging of the Eastern Carolina Council of Governments, Albemarle Commission, and Mideast Commission
Area Agency on Aging, Triangle J Council of Governments
Buncombe County Coordinating Consortium
Cabarrus County Department of Aging
Craven County Senior Services
Encore Center for Lifelong Enrichment
Franklin County Department of Aging
High Country Area Agency on Aging
Home Helpers of Hillsborough
Johnston County Council on Aging, Clayton Senior Center and Selma Senior Center
NC Institute of Medicine
NC Senior Center Managers
NC Senior Games
Onslow Senior Services
UNC Gerontology Faculty
Wake County Human Services

Sponsors

NC Division of Aging and Adult Services
NC Association of Area Agencies on Aging
NC AARP
Pfizer
UNC Institute on Aging

Council gathers input for North Carolina's delegation

The Governor's Advisory Council on Aging is authorized by state legislation (G.S. 143B-189) to make recommendations aimed at improving human services to the elderly and, among other things, to study ways and means of promoting public understanding of the problems of older adults.

Because this year will see the first White House Conference on Aging (WHCOA) in a decade and the one that precedes the anticipated wave of retirement among the oldest baby boomers, the council elected to hold a forum this year to learn about the priority issues and recommendations that North Carolinians wanted conveyed to the WHCOA delegates.

Objectives of the forum

1. To provide a forum for groups and organizations interested in aging issues to share their recommendations in an open and constructive manner.
2. To provide the Governor's Advisory Council on Aging with information that can be used for the following purposes:
   - to influence the work of the national WHCOA Policy Committee
   - to inform North Carolina's Governor and Congressional Delegation of issues and policy recommendations identified as vital to the future of the state's seniors
   - to help prepare North Carolina's WHCOA delegates.
3. To elevate public awareness about the aging of North Carolina and important issues of national and state significance during May 2005, Older Americans Month.

Johnson opens the meeting

Having introduced the Governor's Advisory Council members to the forum, Ann Johnson, its chairperson, noted that the information gathered at the forum would shape the work of the White House Conference planning committee and form the basis of the orientation of the delegates. She directed participants' attention to the goals of the forum (shown on page one) and noted that previous White House Conferences have had a high level of success in shaping national policy on aging. The Older Americans Act, Medicare, and Medicaid followed the first conference in 1961. The years following the 1971 conference saw the expansion of nutrition programs and many home and community services. Delegates to the 1981 conference struggled to harmonize differing views yet finally developed a list of priorities—"8 for the 80s." The 1995 conference's informal theme was found in Barbara Mikulski's statement, "Let us keep the security in Social Security, the care in Medicare, and the aid in Medicaid." Although there are already challenges ahead for the delegates to this year's conference, Johnson said she felt that North Carolina's delegation had a great opportunity to provide direction and leadership.

White House Conferences are one of the few opportunities where you can put your footprint on something that is going to last longer than we do.

—Lt. Gov. Beverly Purdue

Johnson outlined how the forum was organized and how the presenting organizations were selected. Using a tool developed by the Division of Aging and Adult Services, over 80 organizations across the state had the opportunity to rate 126 policy issues and add to them. This formed the basis for discussion within many of those organizations and provided a framework for the reports to be heard at the forum.

Telfer and Sheppard name the delegates and alternates

Phil Telfer conveyed Governor Easley's greetings to the participants, remarking that aging issues are important not only to current seniors but to everyone. He noted that one of the Governor's top priorities is the senior care program so that older adults do not have to make tough choices between food and drugs. Having introduced the delegates selected by the Governor, he also acknowledged Dr. Peggye Dilworth-Anderson, director of the Center for Aging and Diversity at the UNC Institute on Aging, who is serving as one of the twenty-two members of the WHCOA advisory committee.

Jackie Sheppard, assistant secretary for Long-Term Care and Family Services, representing Carmen Hooker Odom, secretary of the Department of Health and Human Services, introduced the delegates named by the state's senators and representatives.

North Carolina's Delegates (D) and Alternates (A)

Appointed by Governor Michael F. Easley

Delegates

Alice L. Bordsen, NC Representative, Alamance

Beverly M. Earle, NC Representative, Mecklenburg

Karen Gottovi, Director, NC Division of Aging and Adult Services

Ann Johnson, Chair, NC Governor's Advisory Council on Aging

Beverly E. Perdue, NC Lieutenant Governor

Alternates

Bonnie Cramer, Raleigh

Thelma Lennon, Raleigh

Carla Suitt Obiol, Director, NC Seniors' Health Insurance Information Program

Jackie Sheppard, Assistant Secretary for Long-Term Care and Family Services

Dr. Leonard Trujillo, East Carolina University, Greenville

Congressional Appointees

Elizabeth Dole, US Senator
Rick Eldridge, Salisbury (D)

Richard Burr, US Senator
Dr. Leonard Trujillo, East Carolina University, Greenville (D)

Dr. Ann Dickerson, Greenville (A)

G. K. Butterfield, US Rep. 1st District
Jean Reaves, Weldon (D)

Pat Capehart, Washington (A)

Bob Etheridge, US Rep. 2nd District
Roxanne Bragg-Cash, Louisburg (D)

Walter B. Jones, US Rep. 3rd District
Millie Anderson, Pine Knoll Shores (D)

David E. Price, US Rep. 4th District
Dr. Dan Blazer, Durham (D)

Virginia Foxx, US Rep. 5th District
Doris Dick, Hamptonville (D)

John Pitzen, Stoneville (A)

Howard Coble, US Rep. 6th District
Ellen Whitlock, Greensboro (D)

Stephen Fleming, Greensboro (A)

Mike McIntyre, US Rep. 7th District
Dr. Delilah Blanks, Riegelwood (D)

T. Ben Douglas, Lake Waccamaw (A)

Robin Hayes, US Rep. 8th District
Gayla Woody, Charlotte (D)

Sue Wilkins Myrick, US Rep. 9th District
Dan Owens, Charlotte (D)

Stephanie Noonan, Charlotte (A)

Patrick T. McHenry, US Rep. 10th District
Harriet Bannon, Hickory (D)

Stephen Daniel, Morganton (A)

Charles H. Taylor, US Rep. 11th District
Senator Robert Carpenter, Franklin (D)

Dorothy Crawford, Franklin (A)

Melvin L. Watt, US Rep. 12th District
Dean Burgess, Winston-Salem (D)

Sabrena Lea, Greensboro (A)

Brad Miller, US Rep. 13th District
Dr. Betty Wiser, Raleigh (D)

National Congress of American Indians Appointee

Bruce Jones, Raleigh

Interested parties outline priorities

These summaries are given in the order they were presented. Written testimonies submitted by the organizations are available in full on the NC Division of Aging and Adult Services' website, http://www.dhhs.state.nc.us/aging/whcoa/whcoahome.htm.

NC AARP

Von Valletta, State President

NC AARP polled its membership in two ways: A survey of the leaders of 250 local chapters of the organization and a chapter summit, where participants in small groups identified the top three priorities. The survey identified these three priorities:

1. Economic security, including protection from financial abuse and exploitation
2. Health and health care
3. Livable communities.

The summit identified the following three:

1. Affordability of prescription drugs
2. Affordable health care for people of all ages
3. (A tie) Expand programs designed to increase physical activity among older adults and strengthen protections against financial fraud, abuse, and exploitation.

Friends of Residents in Long Term Care, Inc.,

David Moser, Treasurer and Board Member

1. Increase the number of experienced, competent, caring people in the direct care workforce in long-term care settings.
2. Improve the quality of care in long-term care settings.
3. Protect long-term care consumers' rights to civil justice.

NC Association of Area Agencies on Aging

Mary Barker, President, NC4A, and Director, Region A Area Agency on Aging

Through forums and county and regional advisory groups, NC4A assembled prioritites based on the input of over 500 people representing 59 of the state's 100 counties.

1. Stabilize health care funding sources, including Medicare, Medicaid, Social Security, private pensions, and insurance.
2. Attend to seniors' quality of life, both in the community and in facilities. In particular, increase options for community care. To this end, reauthorize the Older Americans Act with adequate appropriations and extend the Family Caregiver Support Program.
3. Assure adequate, affordable transportation, both medical and general, that goes across county and even state lines.

NC Council on Developmental Disabilities

Holly Riddle, Executive Director

1. Secure flexible funding to accommodate the need for services for people with developmental disabilities as they age.
2. Develop easier access to existing services for older adults or people with developmental disabilities.
3. Support family caregivers (often aging parents) of people with developmental disabilities, especially in the development of emergency assistance when family caregivers become ill or otherwise unavailable.

NC Nurses Association, Council of Gerontological Nursing

Gail Pruett, Director, Nursing Education/Practice

1. Increase education about and practice of end-of-life planning.
2. Assure appropriate health care staffing in long-term care facilities.
3. Examine the incidence of malpractice in long-term care facilities, control cost of malpractice insurance, retain protections for consumers while educating families so they have realistic expectations of care settings.

NC Association on Aging

Ginger Hill, Board Member

1. Reauthorize the Older Americans Act and fund it appropriately.
2. Increase funding for the Home and Community Care Block Grant.

3. Provide adequate funding for senior centers.
4. Increase support for family caregivers and for grandparents who are working and raising grandchildren. Expand definitions of care recipients to include adult children with disabilities.

NC Coalition on Aging

Jean Reaves, President

1. Preserve current Medicare coverage and increase coverage for medications, dental, vision, and hearing services.
2. Maintain the current structure of Social Security and add personal savings and investment options.
3. Support veterans.
4. Develop a national long-term care policy that has direct input from older adults.

NC Association of County Commissioners

Patrice Roesler, Assistant Executive Director for Intergovernmental Relations

1. Provide access to affordable health care/high cost of drugs.
2. Provide additional in-home and community-based care.
3. Improve access to transportation.

NC Senior Citizens Association

Philip Brown, President-elect

1. Promote wellness for seniors.
2. Enhance seniors' financial independence.
3. Promote greater choices for seniors, to combat the ageism within U.S. society.

NC Senior Tar Heel Legislature

Vernon Dull, Speaker

1. Promote health and health care.
2. Assure economic security.
3. Promote independence and advocacy.

NC Disabled American Veterans

E. T. Townsend, Past Department Commander

1. Maintain health care for veterans through the adequate funding of the VA system.
2. Include veterans' voices in planning at all levels of private and government activity.
3. Strengthen end-of-life care options.

NC Association of County Directors of Social Services

Susan McCracken, Director, Lincoln County Department of Social Services

1. Protect programs/benefits that help assure the health of older and disabled citizens.
2. Expand programs/services that help assure home-based care and community services
3. Protect programs/benefits that help assure the safety and well-being of older and disabled adults.

NC Health Care Facilities Association and NC Association of Long Term Care Facilities

Dan Mosca, Past President of NCHCFA

1. Develop an adequate supply of trained professional and nonprofessional medical, nursing, and other staff for health care and assisted living settings, regardless of location.
2. Develop a stable system of funding for health care services to prevent dramatic fluctuations in the delivery of care.
3. Establish and maintain a national culture of well-being for all ages, while maintaining a full range of community and institutional services.

Each day, new casualties from our "glorious" and costly wars return for medical care and rehabilitation. These new veterans will need the full continuum of care we can provide well into the latter half of this century. . . . Too often today boards and committees . . . have representation from many facets of society, but veteran inclusion is almost accidental. With veterans comprising 20 to 30% of the adult population, their inclusion in planning is most certainly highly desirable.

—E. T. Townsend

Lamb summarizes priorities of other organizations

Bill Lamb, of the North Carolina Institute on Aging, compiled the responses of organizations representing the views of 530 individuals (see the list of respondents on the first page of this document) and presented their top 10 reported priorities to the forum.

1. Increase support for evidence-based health promotion/disease prevention programs.
2. Assure adequate funding and availability of home and community-based services and supports.
3. Strengthen protections against fraud, abuse, and exploitation.
4. Increase the workforce trained in geriatrics.
5. Protect individuals' rights to choose health care providers and make other care decisions.
6. Promote volunteerism, including transportation and intergenerational activities.
7. Preserve the Older Americans Act by reauthorizing it and assuring adequate funding.
8. Maintain Social Security's current structure, purposes, and benefits.
9. Expand Medicare benefits to include prescription, dental, eye care, long-term care, and hearing aids.
10. Assure adequate health care for veterans.

Lt. Governor Purdue provides the lunchtime keynote address

In speaking of her gratitude at being chosen as a delegate to the 2005 White House Conference on Aging, Lt. Governor Perdue noted that White House conferences "are one of the few opportunities where you can put your footprint on something that is going to last longer than we do." She commended the Governor's Advisory Council on Aging for providing an opportunity to hear from those "who see the real issues day in and day out in their work and lives."

Summarizing the main points raised by the various organizations who presented at the forum, Lt. Governor Perdue said Medicare, Social Security, and Medicaid would top her list of concerns. Next might be promoting wellness, and then raising the public discussion of end-of-life issues, so that families would not face the situation most recently in the news. She acknowledged the pressing need to increase and improve the long-term care workforce. She also suggested that we find new career paths for seniors, whether through small business grants to those with the entrepreneurial spirit who finally have the freedom to try something new, or perhaps tax credits to reward volunteers for their commitment. She said that we have not yet focused as much attention on veterans' affairs as the issue warrants, given that a quarter of the state's older population depends on veterans' benefits for their health care. The Lt. Governor added that "everywhere I turn, senior centers are mentioned . . . [though] we've still got to explain that they are not just a place to go to for a service, but part of the community."

Lt. Governor Perdue acknowledged that things have improved for seniors since the last White House Conference, but warned against complacency: "We have a great opportunity if only we prepare ourselves, . . . and there is so much to be done." She remarked that financial exploitation and identity theft had not "even been on the radar" in 1995, but that it is an important issue now. Quoting an observation that had struck her as particularly apt, she concluded that focusing on North Carolina's baby boomers and seniors is not just the right thing to do but worthwhile because "we are one of the few natural resources that's growing."

I have struggled with personal feelings, with professional responsibility, and with the awesome task that is set before us. . . . I do believe, however, that there is still something to be said for speaking from the heart. . . . What is really overwhelming to me is the potential role that the entire North Carolina delegation holds. This delegation should, in my opinion, go to this conference with the goal and mission to be leaders in this policy-making process.

—Jean Reaves

Governor's Advisory Council on Aging

Division of Aging and Adult Services
NC Department of Health and Human Services
2101 Mail Service Center
Raleigh, NC 27699-2101 (919) 733-3983

It was extremely difficult to narrow all of the topics that could have been included to just three broad categories. . . . Each level of government must do its part in making sure that our seniors receive the best care possible. Why do we need to do this? Because as one person so succinctly put it, "I will be one of them."

—Mary Barker

Proceedings prepared for the NC Governor's Advisory Council on Aging by Margaret Morse, CARES, Jordan Institute for Families, School of Social Work, UNC-Chapel Hill; Julie Bell, NC Division of Aging and Adult Services; and Bill Lamb, UNC Institute on Aging.

The NC Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Fewer than 200 copies were printed in house.

North Carolina's Pre-White House Conference on Aging Event
Post-Event Summary Report

Name of Event: *"North Carolina Speaks to the 2005 White House Conference on Aging"*

Date of Event: May 28, 2005

Location of Event: Raleigh, North Carolina

Number of Persons Attending: 146

Sponsoring Organization(s): The NC Governor's Advisory Council on Aging, the NC Division of Aging and Adult Services, the NC Association of Area Agencies on Aging, NC-AARP, Pfizer, and the UNC-Chapel Hill Institute on Aging.

Contact Name: Ann B. Johnson, Chair, NC Governor's Advisory Council on Aging, (919) 419-1422

Please follow this format for each priority area with the most important listed first.
****In North Carolina, the decision was made that all five priority areas were of equal importance. Thus, the following priorities are listed in random order. In addition, the "Whereas" section serves as our description of the issue, and the "Therefore" section serves as the proposed solution to the issue.**

1. Reauthorizing and Strengthening the Older Americans Act

WHEREAS the Older Americans Act (OAA) of 1965 has offered for 40 years a vital framework for envisioning, articulating and supporting policies and programs to help senior adults and their families;
WHEREAS the Older Americans Act is up for reauthorization by the 109th Congress in 2005;
WHEREAS our nation faces major challenges in demographics with the longer life expectancy of individuals, including the aging of the 78 million baby boomers—the oldest of whom will become eligible for most OAA services during the next reauthorization period;
WHEREAS the OAA, while successfully serving seniors with greatest social and economic need, is available to all senior adults;
WHEREAS OAA programs are cost-effective and make a real difference in helping senior adults remain at home and in the community; and
WHEREAS North Carolina's leading Aging advocates strongly endorse reauthorization of the Older Americans Act and increased funding for its programs, and have identified specific measures to strengthen the Older Americans Act for the future;[i]

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies that:

Provide a period of reauthorization of at least five years, with the assurance of adequate funding;
Support flexibility in the allocation of resources and the provision of services;
Reestablish a strong Federal Council on Aging, composed of advocates who are senior adults, to advise the U.S. Department of Health and Human Services and other federal agencies on national aging policy matters vital to our nation;
Support changes to the Aging Network and OAA programs to respond to emerging needs and opportunities including the aging boomers, persons with developmental disabilities, and the increasing diversity among senior adults;

Evaluate the potential of the Senior Center concept for meeting the needs of the escalating numbers of senior adults;

Strengthen the national Family Caregiver Support Program (Title III Part E) by: (a) expanding the definition of 'child' to include adult children with disabilities; and (b) integrating the Alzheimer's demonstration initiative;

Broaden and strengthen Title III Part D, with adequate funding for evidenced-based prevention and health promotion;

Encourage and support development and implementation of consumer-directed service delivery methods that promote the independence, autonomy, choice, and control for senior adults and their caregivers;

Protect senior adults against financial fraud, abuse, and exploitation; and

Establish and fund a new Title under the OAA to support State Units on Aging, Area Agencies on Aging, and Title VI Native American Agencies in undertaking time-limited initiatives to help communities prepare for the rapid aging of America and the increased longevity and diversity of today's senior adults.

2. Promoting the Livability and Senior-Friendliness of Communities

WHEREAS our nation is in the midst of an aging boom—with the first wave of the 78 million baby boom generation turning 65 in 2011—and older people living longer and staying healthier and more active much later in life;

WHEREAS there are many vital factors to healthy and active living that can be influenced by local, state, and national public policies pertaining to such areas as health and human services, land use, housing, transportation, public safety, taxes, workforce and economic development, education and lifelong learning, volunteerism and civic engagement;

WHEREAS housing and transportation are especially vital to supporting the desire of seniors to remain in their communities;

WHEREAS individuals, government and private interests share responsibility for the quality of life for people of all ages—recognizing that what is 'friendly' for seniors is generally 'people-friendly' and also acknowledging that there are some interests and needs that may be unique to seniors;

WHEREAS the creation of livable and senior-friendly communities is a wise economic investment for public and private interests; and

WHEREAS leading Aging advocates in North Carolina strongly support efforts to enhance the livability and senior-friendliness of their communities;"

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies that:

Require the Secretary of the federal Department of Health and Human Services to examine and report annually for the next ten years to the President, Congress, the National Governor's Association, and the newly constituted Federal Council on Aging about the extent to which federal policies are supporting or obstructing community living for senior adults, and make recommendations for change.

Encourage local planning and development activities for smart growth and senior-friendly communities through relevant studies, reports, conferences, and incentive grants;

Promote a broad view of livable, senior-friendly communities that includes the availability of a comprehensive system of services and supports, such as "senior friendly built-environments' that include road safety and walk-able neighborhoods with direct access to home and community-based services;

Adequately fund affordable housing and transportation options, with special consideration given to the challenges of rural areas;

Establish and fund a new program within the Corporation for National and Community Service, coordinated with State Units on Aging and Area Agencies on Aging, that would promote senior volunteers working for the furtherance of livable and senior-friendly communities;

12 Assure the availability of strong Senior Centers that can serve as focal points for the entire community in providing information and entry to an array of services and activities; and
13 Establish and fund for the next five years a National Resource Center on Livable and Senior-Friendly Communities that would help State Units on Aging, Area Agencies on Aging and Title VI Native American Agencies in their promotion of developing livable and senior-friendly communities.

3. [iii] Assuring the Well-Being of Aging Veterans

1 WHEREAS there were more than 26.4 million veterans in the United States and Puerto Rico as of the 2000 US Census, composing about 13 percent of the adult civilian population;
2 WHEREAS the median age of civilian veterans aged 18 and over was 57.4 in the year 2000;
3 WHEREAS nearly 3 of every 10 veterans (29.1 %) were disabled, with 1 in 3 Korean War veterans and almost 1 in 2 World War II veterans;
4 WHEREAS the 2005 Budget approved by Congress offered a zero net gain for the veterans health care system;
5 WHEREAS the Administration's proposed budget for the VA medical system is considered by the N.C. Disabled American Veterans to be "one of the most tight-fisted, miserly budgets for veterans in recent memory" in "shift[ing] much of the cost burden on the back of veterans by increasing 'co-payment' fees and imposing 'enrollment fees' on veterans who enter the VA system;"
6 WHEREAS currently the VA can only collect from insurance companies, and not from Medicare or Tricare;
7 WHEREAS an increasing number of new veterans of the Iraq War and other encounters will need the full continuum of medical care, rehabilitation and other assistance well into the latter half of this century;
8 WHEREAS many state veterans homes have occupancy rates of nearly 100 percent and some have long waiting lists;
9 WHEREAS veterans and their families suffer with inadequate end-of-life care that should include hospice and home care; and
10 WHEREAS veterans are often not well represented on planning and participating boards at all levels of private and governmental activities;

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies that:
11 Adequately fund the nation's VA health care system to assure quality and timely assistance, including compassionate end-of-life care;
12 Permit VA facilities to receive payment from Medicare and Tricare, at least for veterans who must make co-payment for services;
13 Protect veterans against unreasonable financial burdens that include excessive fees for service;
14 Require adequate representation of veterans on the all relevant federal, state and local governmental bodies involved in planning, development and oversight of services and benefits for senior adults, including the proposed Federal Council on Aging;
15 Support an adequate number of state veteran homes to assure availability of this form of care and allow the VA to enter into a contract with such homes as it does with private facilities; and
16 Support home and community care options that are responsive to the needs and preferences of veterans and their family caregivers.

End-Notes Specific to North Carolina

- The N.C. Disabled American Veterans has 65 chapters over North Carolina, and 40,000 members with an average age past 60.
- Nearly 27 percent of North Carolina's population aged 65 and older are veterans, ranging among counties from 16 to 38 percent.

- Testimony for the N.C. Disabled American Veterans provided by E. T. Townsend, who has served twice as the state D.A.V. commander, once as commander of the N.C. Veterans Council, and twice as the CEO of the Retired Officers N.C. Council of Chapters. Other groups voicing support for veterans as a policy priority includes: the N.C. Coalition on Aging.

4. Rebalancing Long-Term Care to Respect the Interests of Individuals and Families

WHEREAS in Olmstead v. L.C., the United States Supreme Court held that unjustified institutionalization of individuals violates the Americans with Disabilities Act and called upon public policy to support services to citizens with disabilities in the least restrictive environment appropriate to their needs;

WHEREAS there is a Medicaid bias towards institutionalization in that federal law *requires* state Medicaid programs to cover nursing home services for persons aged 21 and older but gives states the *option* to cover home and community-based services, and requires states to request *special permission* or *waivers* for in-home alternatives to institutional care;

WHEREAS the Social Services Block Grant (SSBG) or Title XX of the Social Security Act, which helps serve vulnerable older adults, has seen its funding decline from a high of $2.8 billion in fiscal year 1995 to the current appropriation of $1.7 billion;

WHEREAS Title III-B of the Older Americans Act (OAA), which supports a wide array of home and community-based services, saw a reduction of $3 million in the fiscal year 2004 federal appropriation of $354 million from what was appropriated in 2002;

WHEREAS more than 90 percent of persons aged 65 and older with disabilities who need help with daily activities are assisted by family and other unpaid informal caregivers, including more than three-quarters (78%) who get their care exclusively from unpaid family and friends, at an estimated annual value of $257 billion—often at the financial burden of these caregivers;[iv]

WHEREAS there is a projected drop nationally in the ratio of 'traditional' direct care workers per person age 85 and older from 16.1 workers in the year 2000 to 5.7 workers in the year 2040, making informal caregiving and consumer-directed supports all the more important;[v] and

WHEREAS individuals prefer to stay at home and in their communities as long as possible.

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies that:

Develop a national long-term care policy, with direct involvement from the newly constituted, Federal Council on Aging, to assure a balanced long-term care system that supports senior adults and persons with disabilities and their families in making their own choices with regard to living arrangements and services provided in the least restrictive setting;

Require the Secretary of the federal Department of Health and Human Services to examine and report annually for the next ten years to the President, Congress, the National Governor's Association, and the newly constituted Federal Council on Aging about the extent to which federal policies are supporting or obstructing a balanced long-term care system, and make appropriate recommendations for change;

Broaden and strengthen the role of State Units on Aging, Area Agencies on Aging, and Title VI Native American Agencies in helping identify and eliminate any institutional bias in the long-term care system;

Make additional in-home and community-based care a priority by increasing funds provided through the Older Americans Act, the Social Services Block Grant, and by modifying Medicare and Medicaid policies to support services provided in the home and community care settings;

Reform Medicaid to eliminate the need for special "waivers" to enable states to offer alternatives to institutional care;

Assure adequate support for case management, the provision of home modifications, and personal assistance services through both Medicare and Medicaid;

Address the shortage of direct care workers and professionals trained for geriatric care in all settings;

15 Stimulate, respect, and support the assumption of personal and familial responsibility for long-term care, to include a federal income tax credit for private long-term care insurance and the standardization of benefit options similar to what is available for Medicare supplemental coverage, to assure support of consumer-choice and care in the least restrictive setting;[vi] and

16 Increase funds for the National Caregiver Support Program and the Alzheimer's Demonstration Grant Program and offer a tax credit for family caregivers.

5. Promote Income Security as a Shared Responsibility

1 WHEREAS Social Security has enjoyed public support for 70 years and today provides at least 50 percent of the total income for two-thirds of older Americans and is the sole source for 20 percent;

2 WHEREAS the Supplemental Security Income (SSI) program provides a guaranteed monthly benefit payment to persons who are aged, blind and disabled, and whose income and other resources are at or below a minimal subsistence level;

3 WHEREAS Medicare is the primary insurance provider for most senior adults but Medicare recipients are not guaranteed access to covered services and experience the costs of such uncovered services as dental, vision and hearing care;

4 WHEREAS, even with the inclusion of the prescription drug benefit under Medicare, senior adults and non-Medicare adults have to pay high out-of-pocket costs for medicine;

5 WHEREAS the number of aging Boomers and other non-Medicare consumers without health insurance is increasing;[vii]

6 WHEREAS the employment-based pension system in the United States has undergone significant change, with the shrinkage of private pension coverage;

7 WHEREAS the majority of people approaching retirement age believe they will have to work for financial reasons; and

8 WHEREAS the U.S. Department of Commerce reports significant signs of economic insecurity as evidenced by low personal savings and high consumer debt.[viii]

THEREFORE, BE IT RESOLVED by the 2005 White House Conference on Aging to support policies that:

9 Stimulate and support assumption of personal, family and employer responsibility for income security;

10 Require the Secretaries of the federal Departments of Commerce, Labor, and Health and Human Services to examine and report annually for the next ten years to the President, Congress, the National Governor's Association, and the newly constituted Federal Council on Aging about the extent to which federal policies are supporting or obstructing economic security for current senior adults and aging baby boomers, and make recommendations for change;

11 Maintain Social Security's current structure and purpose;

12 Support personal savings and investment options that are in addition to, not in place of, Social Security—with consideration for the use of tax incentives[ix]

13 Maintain the solvency of Medicare without reducing its current benefit package;

14 Assure access to affordable health care for people of all ages that could include a basic national health benefit program, if it is streamlined and simplified, with variable co-pays based on income levels, and/or make employer health insurance more available and affordable;

15 Strengthen access to affordable medications through steps that could include government negotiation of drug prices, allowing purchase of drugs from Canada, adequate support of medication management programs to help senior adults use drugs wisely, and efforts to gradually fill the prescription drug benefit coverage gap, or "donut hole";

16 Support programs designed to upgrade the skills of our aging workforce, sensitize employers to the capabilities of older worker, and address any age discrimination in the workplace; and

17 Strengthen protections against financial fraud, abuse and exploitation.

[i] The N.C. Senior Tar Heel Legislature *strongly* endorsed the following public policy statements: (1) preserve the Older Americans Act by reauthorizing it and assuring adequate funds, (2) establish a strong council composed of seniors at the federal level to advise on national aging policy matters, (3) increase funding of Senior Centers, (4) assure adequate protections and exercise of rights for residents of long-term care facilities and expand support of elder rights programs, such as the long-term care ombudsman program, legal assistance, and elder abuse and exploitation, and (5) maintain the U.S. Senate Special Committee on Aging and reinstate a committee on aging in the U.S House. The N.C. Association of Area Agencies on Aging, based on input from numerous local and regional forums, included among its priorities: (1) reauthorization of the OAA with adequate federal funding for home and community care, (2) support for the national Family Caregiver Support Program, (3) consumer-directed care, including in support of family caregivers, (4) strengthen the Long-Term Care Ombudsman Program, and (5) improved funding and coordination at the federal level for transportation services. The N.C. Association of County Directors of Social Services included among its priorities: (1) support for reauthorization of the Older Americans Act, including increased funding to assure home-based care and community services; (2) support of family caregivers, and (3) support for reauthorization of present funding for TANF, which currently supports grandparents caring for and raising their grandchildren.

[ii] The N.C. Senior Tar Heel Legislature *strongly* endorsed the following public policy statements: (1) strengthen the availability of affordable housing designed to maximize independence; (2) strengthen end-of-life care that seeks to meet the wishes of the individual; and (3) expand geriatric training of health care workers; (4) strengthen protections against financial fraud, abuse and exploitation, and (4) increase funding of Senior Centers. Other groups speaking in support of this resolution included the N.C. Coalition on Aging, the N.C. Association of County Commissioners, and the N.C. Association of Area Agencies on Aging.

[iii] Groups speaking in support of this resolution included: the North Carolina Coalition on Aging and the North Carolina Disabled American Veterans.

[iv] Source: N.C. Institute of Medicine, referencing Thompson, 2004.

[v] Source: Friends of Residents in Long Term Care

[vi] Groups speaking in support of this resolution included: the North Carolina Coalition on Aging, the North Carolina Association of County Commissioners,

[vii] North Carolina has the third highest growth in the percentage of people without insurance. Since 2000, 330,000 NC residents have lost health coverage and now nearly 1 in 5 non-elderly North Carolinians are uninsured.

[viii] The N.C. Senior Tar Heel Legislature *strongly* endorsed the following public policy statements: (1) assure the solvency of Medicare, (2) assure the affordability of prescription drugs, (3) assure affordable health care for people of all ages, (4) prevent any changes to Medicare that would reduce the current benefit package, (5) strengthen protections against financial fraud, abuse and exploitation, and (6) maintain Social Security's current structure and purposes.

[ix] Groups speaking in support of this resolution are: the North Carolina Coalition on Aging, the North Carolina Association of County Commissioners, the NC Association of Area Agencies on Aging which conducted forums in 59 counties representing the views of more than 500 seniors.

The Governor's Advisory Council on Aging

North Carolina Speaks to the 2005 White House Conference on Aging

May 18, 2005

9:30 a.m. to 2:00 p.m.

Holiday Inn Brownstone Hotel

Raleigh, NC

Sponsored by:

NC Division of Aging and Adult Services
NC Association of Area Agencies on Aging
NC-AARP
Pfizer
UNC Institute on Aging

2005 White House Conference on Aging

Objectives of This Preconference Forum

1. To provide a forum for groups and organizations interested in aging issues to share their recommendations in an open and constructive manner.
2. To provide the Governor's Advisory Council on Aging with information that can be used for the following purposes:
   - to influence the work of the national WHCoA Policy Committee
   - to inform North Carolina's Governor and Congressional Delegation of issues and policy recommendations identified as vital to the future of NC's seniors
   - to help prepare North Carolina's WHCoA delegates.
3. To elevate public awareness about the aging of North Carolina and important issues of national and state significance during May 2005, Older Americans Month.

Raleigh
May 18, 2005

Dear Attendees:

This is a very important year for the future of public policy as it pertains to today's seniors and the aging of the baby boomers. On October 23–26, 2005, the fifth national White House Conference on Aging (WHCoA) will be held to develop and recommend national policies that will affect the economic security, health and health care, and many other areas vital to the well-being of older adults today and in the future.

The Governor's Advisory Council on Aging is pleased that you are joining us today at this Pre-White House Conference on Aging forum. This forum has been formally approved to provide input to the Policy Committee of the 2005 White House Conference on Aging and is listed on the White House Conference on Aging event calendar.

Most, if not all, of the organizations from which you will hear today have held separate events over the past few months where they have gathered the views of many seniors, aging baby boomers, service providers, elected officials, educators, and other interested citizens. We provided these groups with a tool to use that identified 126 policy issues that are important for the future of our aging society, and we asked them to identify their top three policy priorities.

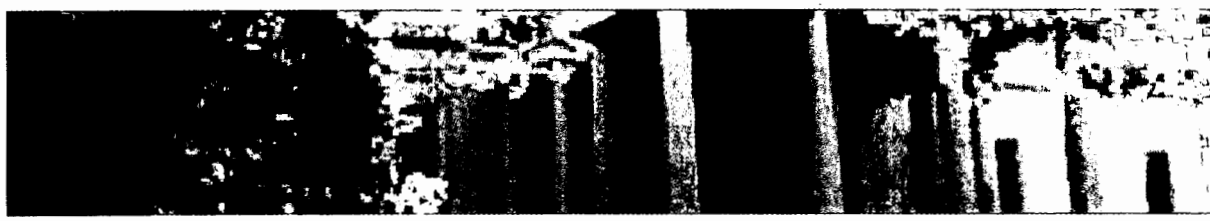
The council appreciates the support that we have received from many individuals and organizations in planning and coordinating this forum. We especially thank the cosponsors of the event—the NC Division of Aging and Adult Services, the NC Association of Area Agencies on Aging, NC AARP, Pfizer, and the UNC Institute on Aging.

We hope that you enjoy the forum and most of all, we hope that you leave with a sense that North Carolina has provided a meaningful opportunity to its citizens to help create appropriate national policy to assure the quality of life of our seniors and their families. Thank you again for joining us as we *speak to the 2005 White House Conference on Aging.*

Sincerely,

Ann B. Johnson

Ann B. Johnson, Chair
NC Governor's Advisory Council on Aging



Governor's Advisory Council on Aging

North Carolina Speaks to the White House Conference on Aging

Agenda, May 18, 2005

9:00 **Registration**

9:30 **Welcome and Opening Remarks**
Ann Johnson, Chair, Governor's Advisory Council on Aging
Phil Telfer, Senior Policy Advisor, Governor's Office
Jackie Sheppard, Assistant Secretary for Long Term Care and Family Services, NC Department of Health and Human Services

10:00 **Priorities from Select Groups in North Carolina**
NC AARP, presented by Von Valletta
Friends of Residents in Long Term Care, Inc., presented by David Moser
NC Association of Area Agencies on Aging, presented by Mary Barker
NC Council on Developmental Disabilities, presented by Holly Riddle
NC Nurses Association, presented by Gail Pruett
NC Association on Aging, presented by Ginger Hill
NC Coalition on Aging, presented by Jean Reaves

11:00 **Stretch Break**

11:15 **Priorities from Select Groups in North Carolina, continued**
NC Association of County Commissioners, presented by Patrice Roesler
NC Senior Citizens Association, presented by Philip Brown
NC Senior Tar Heel Legislature, presented by Vernon Dull
NC Disabled American Veterans, presented by E. T. Townsend
NC Office of Minority Health and Health Disparities, presented by Leslie Brown
NC Association of County Directors of Social Services, presented by Susan McCracken
NC Health Care Facilities Association and NC Association of Long Term Care Facilities, presented by Stacy Flannery

12:15 **Report on Priorities from Other Organizations**
Bill Lamb, UNC Institute on Aging

12:30 **Lunch**

1:15 **Keynote Address, Lieutenant Governor Beverly Perdue**
Introduction by *Karen Gottovi*, Director of NC Division of Aging and Adult Services

1:45 **Closing Remarks**, *Ann Johnson*

2:00 **Forum Concludes**

Notes

The 2005 White House Conference on Aging

Its History

The 2005 White House Conference on Aging will be only the fifth such conference in the history of our nation and the first in the 21st Century. Intended to be held once a decade, previous conferences took place in 1961, 1971, 1981, and 1995.

Its Significance

White House Conferences on Aging have served as catalysts for the development and enhancement of national, state, and local aging policies in the United States. The 1961 Conference was convened under federal law to provide a nationwide citizens' forum to focus public attention on the problems and potentials of older Americans and to consolidate all of the opinions and recommendations coming from various state conferences. Held during the Eisenhower Administration, the 1961 Conference focused primarily on health care and led to the passage of Medicare and Medicaid in 1965, along with the Older Americans Act. An outcome of the 1971 Conference was the establishment of the national nutrition program for older persons (congregate and home-delivered meals).

The Opportunity

This year's conference occurs as the first wave of the baby boom generation prepares for retirement, creating an important opportunity to assess aging in America creatively. This opportunity is reflected in its theme—*The Booming Dynamics of Aging: From Awareness to Action.*

As a starting point for discussion, the Policy Committee of the 2005 White House Conference on Aging has adopted a broad agenda that includes six general issue areas: planning along the life-span, the workplace of the future, our community, health and long-term living, social engagement, and the marketplace. The 2005 Conference provides a valuable opportunity to shape future national direction in each of these areas, and it will certainly help set public policy relevant to such important programs as Social Security, Medicare, Medicaid, and the Older Americans Act.

North Carolina's Delegates (D) and Alternates (A)

Appointed by Governor Michael F. Easley

Delegates

Alice L. Bordsen, NC Representative, Alamance

Beverly M. Earle, NC Representative, Mecklenburg

Karen Gottovi, Director, NC Division of Aging and Adult Services

Ann Johnson, Chair, NC Governor's Advisory Council on Aging

Beverly E. Perdue, NC Lieutenant Governor

Alternates

Bonnie Cramer, Raleigh

Thelma Lennon, Raleigh

Carla Suitt Obiol, Director, NC Seniors' Health Insurance Information Program

Jackie Sheppard, Assistant Secretary for Long-Term Care and Family Services

Dr. Leonard Trujillo, East Carolina University, Greenville

Congressional Appointees

Elizabeth Dole, US Senator
Rick Eldridge, Salisbury (D)

Richard Burr, US Senator
Dr. Ann Dickerson, Greenville (D)
Dr. Leonard Trujillo, East Carolina University, Greenville (A)

G. K. Butterfield, US Rep. 1st District
Jean Reaves, Weldon (D)
Pat Capehart, Washington (A)

Bob Etheridge, US Rep. 2nd District
Roxanne Bragg-Cash, Louisburg (D)

Walter B. Jones, US Rep. 3rd District
Millie Anderson, Pine Knoll Shores (D)

David E. Price, US Rep. 4th District
Dr. Dan Blazer, Durham (D)

Virginia Foxx, US Rep. 5th District
Doris Dick, Hamptonville (D)
John Pitzen, Stoneville (A)

Howard Coble, US Rep. 6th District
Ellen Whitlock, Greensboro (D)
Stephen Fleming, Greensboro (A)

Mike McIntyre, US Rep. 7th District
Dr. Delilah Blanks, Riegelwood (D)
T. Ben Douglas, Lake Waccamaw (A)

Robin Hayes, US Rep. 8th District
Gayla Woody, Charlotte (D)

Sue Wilkins Myrick, US Rep. 9th District
Dan Owens, Charlotte (D)
Stephanie Noonan, Charlotte (A)

Patrick T. McHenry, US Rep. 10th District
Harriet Bannon, Hickory (D)
Stephen Daniel, Morganton (A)

Charles H. Taylor, US Rep. 11th District
Senator Robert Carpenter, Franklin (D)
Dorothy Crawford, Franklin (A)

Melvin L. Watt, US Rep. 12th District
Dean Burgess, Winston-Salem (D)
Sabrena Lea, Greensboro (A)

Brad Miller, US Rep. 13th District
Betty Wiser, Raleigh (D)

Note: This preliminary list was developed by contacting congressional offices directly. A final list will be available closer to the WHCoA.

Presenting Groups and Organizations

(In alphabetical order.)

Friends of Residents in Long Term Care, Inc.

Friends of Residents in Long Term Care, Inc. is an organization of individuals and associations committed to improving the quality of life for over 70,000 North Carolina citizens in long-term care. Their work covers many aspects of long-term care in various settings: nursing homes, assisted living facilities, adult care homes, family care homes, multiunit housing with services, continuing care retirement communities, and home and community services. Representing Friends of Residents in Long Term Care, Inc. is David Moser, Treasurer and Board Member.

NC AARP

AARP's North Carolina office helps carry out the mission of the national association, a nonprofit, nonpartisan membership organization that helps people 50+ have independence, choice, and control in ways that are beneficial and affordable to them and society as a whole. Formerly known as the American Association of Retired Persons, the organization changed its name several years ago to "AARP," because approximately half of AARP's 35 million-plus national members are *not* retired. AARP has some 930,000 members in North Carolina and carries out a wide range of programs and services to inform, educate, and serve the state's mid-life and older adults and their families. Representing NC AARP is Von Valletta, State President.

NC Association of Area Agencies on Aging (NC4A)

NC4A is a professional organization that promotes independence and preserves the dignity of older adults and their caregivers. The functions of the association include: 1. advocating for policies, programs and services that benefit older adults and their families and increase their opportunities and options for leading independent, meaningful lives; 2. developing and maintaining beneficial partnerships and alliances beyond the aging network; expanding and encouraging the involvement of the private sector and the extended community; 3. initiating, coordinating, and supporting professional development opportunities for AAA Administrators and staff; 4. providing opportunities for the exchange of creative ideas that foster discussion of potential solutions to problems faced by older North Carolinians. Representing NC4A is Mary Barker, President of the association and Director of the Southwestern NC Planning & Economic Development Commission Area Agency on Aging.

NC Association of County Commissioners

Founded in 1908, this association supports county governments in North Carolina by preserving and protecting their authority and ability to deliver the services for which they are responsible. It also serves as the counties' advocate before the executive, legislative, and judicial branches of state government. Representing the NC Association of County Commissioners is Patrice Roesler, Assistant Executive Director for Intergovernmental Relations.

NC Association of County Directors of Social Services (NCACDSS)

NCACDSS is a future-oriented source of leadership for its members, policymakers, partners, and the general public to improve public policy and strengthen the capacity of local Departments of Social Services to deliver effective services to families and individuals. Established in 1976, NCACDSS is comprised of the directors of the 100 County Departments of Social Services in North Carolina. The association works in tandem with the Department of Health and Human Services in a county-administered, state-supervised system. NCACDSS unites directors of county DSSs by focusing their collective experience to respond to challenges

facing the families and individuals they serve and to public policy or legislation that compounds or creates new challenges in the provision of services. Representing NCACDSS is Susan McCracken, Director of the Lincoln County Department of Social Services.

NC Association on Aging (NCAOA)
NCAOA represents health and social service agencies and other professionals in the field of aging who provide home and community based services and advocate for quality programs that enable older adults and their families to live as independently as possible. Members are typically a part of the Aging Network, such as local councils, departments and area agencies on aging; senior centers; adult day care centers; adult social services; health departments; and other providers of home and community-based services. Representing the NC Association on Aging is board member Ginger Hill from Mountain Projects, Inc.

NC Coalition on Aging
The NC Coalition on Aging is a statewide coalition of over 40 organizations committed to improving the quality of life for older adults by addressing their needs and promoting their dignity, self-determination, well-being and contribution—both as individuals and within the context of their families and community. Representing the NC Coalition on Aging is Jean Reaves, President.

NC Council on Developmental Disabilities (NCCDD)
NCCDD is an independent entity, sited in the Department of Health and Human Services and funded by the US Administration on Developmental Disabilities. The NCCDD is directed by by its 34 members, 60 percent of whom are families and people with DD. All members are appointed by the Governor. NCCDD funds activities promoting system change, advocacy and capacity building in communities across the state. Its grants for demonstration projects, policy studies, research reports, conferences, technical assistance and program evaluation promote the full inclusion of all people with developmental disabilities in community life. Representing NCCDD is Holly Riddle, Executive Director.

NC Disabled American Veterans (DAV)
Formed in 1920 and chartered by Congress in 1932, the million-member DAV is the official voice of America's service-connected disabled veterans. The DAV has a network of services available to all veterans and their families. Veterans need not be members of the DAV to take advantage of the free services of the DAV's veteran benefits experts. The DAV is a nonpolitical association, does not have a political action committee, and does not endorse candidates for political office. In North Carolina, the DAV provides highly trained Service Officers at each VA Medical Center to assist veterans in filing claims for compensation, death benefits, pensions, and other benefits provided under federal, state, and local law. Representing the NC Disabled American Veterans is E. T. Townsend, past Department Commander.

NC Health Care Facilities Association (NCHCFA) and NC Association of Long Term Care Facilities (NCALTCF)
NCHCFA represents about 90 percent of the licensed nursing homes in North Carolina, serving more than 40,000 patients. It focuses attention on the evolution of the long-term health care profession and the growth, development, and improvement of long-term nursing care in North Carolina. NCALTCF represents providers of adult care homes, which are assisted living residences providing 24-hour scheduled and unscheduled personal care services to two or more residents. The association also represents family care homes, a type of adult care home serving only two to six residents. NCALTCF promotes quality of life, choice, privacy, and independence for its residents and quality standards among its providers. Representing these two organizations is Stacey Flannery, Director of Legislative Affairs with the NCHCFA.

NC Office of Minority Health and Health Disparities (NCOMHHD)
NCOMHHD was established by the General Assembly in 1992 (HB1340, Part 24, Section 165) to promote and advocate for the elimination of health disparities among all racial and ethnic minorities and other underserved populations in North Carolina. Its major focuses are research and data collection, cultural diversity training, advocacy for Spanish-language services in local health departments, ensuring that other programs and services are culturally and linguistically appropriate, raising awareness of minority health needs and issues, work force diversity, and providing support to the Minority Health Advisory Council. Representing the NC Office of Minority Health and Health Disparities is Leslie Brown, Health Disparities Liaison.

NC Nurses Association (NCNA)
NCNA is the voice for registered nurses in the state. This association's activities focus on such issues as increased consumer access to health care, nursing education, rules and regulations regarding nursing practice, nursing research, and legislative initiatives that promote better health care for all citizens.

NC Senior Citizens Association (NCSCA)
NCSCA is a nonprofit and nonpartisan organization designed to benefit and encourage greater opportunity for senior North Carolinians, and it has members in every county. It was chartered by the state on June 28, 1977. NCSCA has helped nearly 100,000 senior citizens understand the complicated subjects of Medicare, Medicare supplements, and long-term care protection. Representing NCSCA is Philip Brown, President Elect.

NC Senior Tar Heel Legislature (NC STHL)
The NC STHL was created by the General Assembly in 1993 to provide information to senior citizens on the legislative process and matters being considered by the General Assembly, to promote citizens' involvement and advocacy concerning aging issues before the General Assembly, and to assess the legislative needs of older citizens by convening a forum modeled after the General Assembly. There is an appointed delegate from each county, and most counties also have an alternate. Delegates and alternates must be age 60 or older. Representing the NC Senior Tar Heel Legislature is Vernon Dull, Speaker.

"From Your House . . . to the White House"
Some of North Carolina's delegates to the
1995 White House Conference on Aging

Other Organizations Providing Input

In addition to the organizations being heard from today, the Governor's Advisory Council on Aging invited many others across North Carolina to provide input for this event. To assure a diversity of experiences and opinions, this invitation went out to a wide group that included representatives of organizations reflecting the interests older adults, practitioners, providers, public officials, businesses, trade associations, academics, and advocates. All interested groups and organizations in North Carolina were welcome to respond.

Participating organizations were asked to hold a group session, preferably of ten or more people, to discuss aging issues and priorities for the future. Each organization's summary results were expected to include a listing of their top three aging priorities, including information about why each issue was chosen, possible barriers to change, and proposed implementation strategies for each priority. A summary of each organization's responses will be included in the proceedings of this forum.

Area Agencies on Aging of the Cape Fear Council of Governments, Lumber River Council of Governments, and Mid-Carolina Council of Governments
Area Agencies on Aging of the Eastern Carolina Council of Governments, Albemarle Commission, and Mideast Commission
Area Agency on Aging, Triangle J Council of Governments
Buncombe County Coordinating Consortium
Cabarrus County Department of Aging
Craven County Senior Services
Encore Center for Lifelong Enrichment
Franklin County Department of Aging
High Country Area Agency on Aging
Home Helpers of Hillsborough
Johnston County Council on Aging, Clayton Senior Center and Selma Senior Center
NC Institute of Medicine
NC Senior Center Managers
NC Senior Games
Onslow Senior Services
UNC Gerontology Faculty
Wake County Human Services

More Opportunities: A Calendar of Events in Support of the White House Conference on Aging

Note: The NC Division of Aging and Adult Services maintains a calendar of these events on its website: http://www.dhhs.state.nc.us/aging/whcoa/whcoa_calendar.pdf. If you know of an event not listed on this page, please e-mail Julie.Bell@ncmail.net with details.

May 23: 8:30 a.m. to 12:30 p.m.

"The Booming Dynamics of Aging: A Mini White House Conference on Aging in the Northwest Piedmont"
Winston-Salem State University, Thompson Conference Center
Contact: Dean Burgess, Director, Northwest Piedmont Area Agency on Aging, (336) 761-2111, dburgess@nwpcog.org
This event is free.

May 25, 6:00 p.m. to 7:00 p.m.

"Boomers' Issues: News You Can Use"
The Haven at Highland Creek, Charlotte
Contact: The Haven at Highland Creek, (704) 992-1560
This event is free, but space is limited.

May 26, 8:30 a.m. to 3:30 p.m.

"Shaping the Solutions for Successful Aging"
The Haven at Highland Creek, Charlotte
Contact: Covenant Presbyterian Church, (704) 527-8807
Cost: $25, includes lunch.

May 26, 8:30 a.m. to 4:00 p.m.

"Building Senior-Friendly Communities in North Carolina"
Warren Wilson College, Asheville
Contact: Maggie MacCormack, Land-of-Sky Regional Council Area Agency on Aging, (828) 251-6622
This event is free.

These events do not in any way represent the policies, positions, or opinions of the 2005 White House Conference on Aging or the federal government.

OLDER AMERICANS MONTH
2005
BY THE GOVERNOR OF THE STATE OF NORTH CAROLINA
A PROCLAMATION

WHEREAS, the State of North Carolina joins the Nation in declaring May as Older Americans Month; and

WHEREAS, this year marks the 40th Anniversary of the passage of the "Older Americans Act" by the United States Congress; and

WHEREAS, "Celebrate Long-Term Living" is the national theme of Older Americans Month, to recognize and honor the valuable contributions of older persons to their communities as they age; and

WHEREAS, North Carolina wishes to celebrate the many contributions of its 1.4 million citizens age sixty and older, their families and their caregivers; and

WHEREAS, North Carolina is experiencing a fast pace of growth of its older population—a trend that will increase with the imminent aging of the baby boomers; and

WHEREAS, during the last century, the average life expectancy of Americans has almost doubled; and

WHEREAS, as older adults live longer and stay healthier than previous generations, they are becoming more active and engaged in their communities; and

WHEREAS, May has traditionally been celebrated with tributes to older persons through ceremonies, events, fairs and other activities at Senior Centers and other locations; and

WHEREAS, the White House Conference on Aging will be held October 23–26, 2005, making Older Americans Month especially important this year;

NOW, THEREFORE, I, MICHAEL F. EASLEY, Governor of the State of North Carolina, do hereby proclaim May 2005, "OLDER AMERICANS MONTH" in North Carolina, and I urge all citizens of this State to pay special tribute to the older population, their families and providers of aging services.

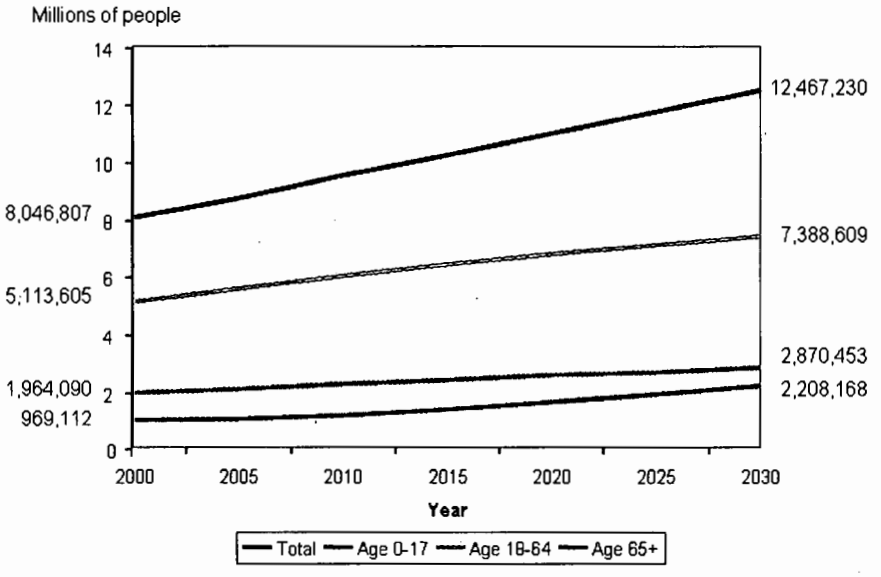
MICHAEL F. EASLEY

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of North Carolina at the Capitol in Raleigh this fifteenth day of April in the year of our Lord two thousand and five, and of the Independence of the United States of America the two hundred and twenty-ninth.

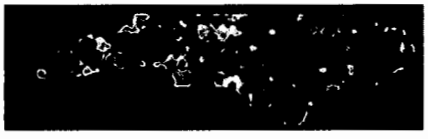
Demographic Outlook, 2000-2030

North Carolina is only a few years away from a significant demographic change as the baby boomers (those born between 1946 and 1964) enter retirement age in this decade. Older North Carolinians represent the fastest growing age group. By 2030, when all boomers will have reached age 65, this age group will have more than doubled in size, with far less dramatic rates of growth projected for people ages 0 to 17 and 18 to 64. The proportion of our state's population who are 65 and older will increase from about 12% today to nearly 18% in 2030.

Projected Population Growth by Age Group in North Carolina (2000-2030)



Source: NC State Data Center



Snapshot from 2000 Census

- Among those age 65 and older, 13% had incomes below the federal poverty level with another 23% living just above poverty.
- NC women age 75 and older were twice as likely to be poor as men the same age.
- Among the 20 most populous states, North Carolina was unique in having the highest proportion of rural residents (40%).

Some Milestones for Baby Boomers

Baby boomers first become eligible for these programs in the next decade.

Programs	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
NC Senior Games participation (55)												
Older Americans Act services (60)						■	■	■	■	■	■	■
Social Security at a reduced rate (62)								■	■	■	■	■
Medicare benefits (65)											■	■
Medicaid assistance for the aged (65)											■	■

Council Members at Large

Ann Johnson, Council Chair
Pat Capehart, Vice Chair
Ruth Watkins, Secretary
Carolyn Bland
Rev. Phil Brown
Robert Edwards
Rev. Elbert Lee, Jr.
Thelma Lennon
Jean Kenny Longley
Kathleen Lowe
John Lucas
Daniel Mosca
Mary Murphy
Betty Rising
Lee Riddick
M. W. (Mokie) Stancil
Mary Alice Teets
Bob White
Ed Worley

Agency/Organization Representatives

Department of Administration
McKinley Wooten, Jr.
NC Community College System
Dr. Cathy Franklin-Griffin
Department of Crime Control & Public Safety
Janice Carmichael
Department of Cultural Resources
Eloise T. Jackson
Employment Security Commission
Wesley Alston
Department of Environment & Natural Resources
Lloyd Inman, Jr.
Department of Insurance
Carla Suitt Obiol
Department of Labor
Art Britt
NC Cooperative Extension Service
Dr. Lucille (Luci) Bearon
Department of Public Instruction
Priscilla Maynor
Teacher's & State Employee's Retirement Systems Division
Pam Deardorff
UNC School of Public Health
Dr. Victor W. Marshall
UNC-CH School of Social Work
Dr. Mary Anne Salmon
NC Medical Society
Dr. Robert Sullivan

About the Governor's Advisory Council on Aging

North Carolina General Statute 143B-180 and the federal regulations of the Older Americans Act authorize the Governor's Advisory Council on Aging. In adherence to its mission, the council makes recommendations to the governor and to the secretary of NC Department of Health and Human Services (DHHS) on how to improve the quality of life of older North Carolinians. The council is also charged with the responsibility of studying ways and means to (1) promote public understanding of the problems of aging, (2) consider the need for new state programs in the field of aging, and (3) prevent duplication and overlapping programs for older adults. The council advises the Division of Aging and Adult Services in the development of the *State Plan on Aging*. Members of the council are appointed by the governor, the president pro tempore of the state senate, and the speaker of the state house of representatives.

The council has been a visible and effective voice for communicating, on an ongoing basis, the needs of older adults to the governor and to the DHHS secretary. In the last few years, the council has played a major role in focusing attention on issues critical to the well-being of older adults in our state, including

- reimbursement for home health care
- development of a system for information and assistance
- serving older adults in rural North Carolina
- housing
- transportation.

Recommendations and plans resulting from these forums have served as a blueprint for helping the state address these issues.

Governor's Advisory Council on Aging
Division of Aging and Adult Services
NC Department of Health and Human Services
2101 Mail Service Center
Raleigh, NC 27699-2101
http://www.dhhs.state.nc.us/aging/gaclist.htm
(919) 733-3983

This program developed by the Division of Aging and Adult Services, NC Department of Health and Human Services. The NC Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in employment or the provision of services. Fewer than 200 copies were printed in house.

PREPROGRAM & REGISTRATION

Research & Practice

for well-being in an aging society

The North Carolina Conference on Aging

4th Annual North Carolina Conference on Aging
October 19-21, 2005
New Bern, North Carolina

ABOUT THE CONFERENCE

Conference Theme

The aging of the state's population is presenting unprecedented challenges for both academics and those who plan for, administer, and deliver services to older persons. The theme for this year's Conference is a return to the original Conference mission...to serve as a forum for information exchange among persons from the academic and service provider communities. So, our theme for 2005 is "Research and Practice for Well-Being in An Aging Society."

Special Events

Opening Plenary Luncheon
Featuring James P. Firman, EdD, President and CEO of the National Council on the Aging. Dr. Firman has been a leading force for innovation in services and programs for older persons and will speak about the need to expand entrepreneurship in the aging network.

Welcome Reception
New Bern...It all begins here. Return to 18th century historic New Bern and experience music, dance, and the ambiance of colonial America.

Breakfast with Roundtables
Choose a topic and join your colleagues for breakfast and guided discussion.

AARP Luncheon
Speakers will discuss *Beyond 50.05* -- AARP's report on Livable Communities: Creating Environments for Successful Aging.

Networking Reception
This evening reception will feature good food, drinks, music, and a chance to network with colleagues.

Preliminary Schedule

Wednesday, October 19

8:00 am	Registration & Exhibits Open
10:00 - 11:30 am	Concurrent Sessions 1
12:00 - 2:15 pm	Opening Plenary Luncheon
2:30 - 3:45 pm	Concurrent Sessions 2
3:45 - 4:15 pm	Break
4:15 - 5:30 pm	Concurrent Sessions 3
6:30 - 9:00 pm	Welcome Reception

Thursday, October 20

7:30 am	Registration & Exhibits Open
7:45 - 8:35 am	Breakfast with Roundtables
8:45 - 10:00 am	Concurrent Sessions 4
10:30 - 11:45 am	Concurrent Sessions 5
12:00 - 2:15 pm	AARP Luncheon
2:30 - 3:45 pm	Concurrent Sessions 6
4:15 - 5:30 pm	Concurrent Sessions 7
6:00 - 8:00 pm	Networking Reception

Friday, October 21

8:00 - 10:30 am	Registration & Exhibits
8:00 - 9:00 am	Continental Breakfast
9:00 - 10:15 am	Concurrent Sessions 8
10:30 - 12:00 pm	Closing Plenary

Closing Plenary
The closing plenary session will feature Linda K. George, PhD, Associate Director for the Study of Aging and Human Development at Duke University. Dr. George will speak about Successful Aging--what is important in the later years of life.

Film Festival
Join us throughout the Conference for one of our most popular "events." During the Film Festival, you can view some of the newest and best videos about aging and elderhood. Then join in a lively discussion with fellow participants. Presented by Terra Nova Films and Women Make Movies.

CONFERENCE SESSIONS

Wednesday, October 19

Concurrent Sessions 1 10:00-11:30 am

Symposium Session: The 3 R's in Long Term Care Provision in North Carolina: Innovations and Initiatives

(1) Improving Long Term Care Organizations: the NC NOVA Special Licensure Pilot Program

Susan Harmuth, NC Foundation for Advanced Health Programs

(2) Common Problems, Different Standards: Long-Term Care Regulation in North Carolina

Christopher Kelly, UNC Institute on Aging

(3) Workforce Improvement for Direct Care Workers in Nursing Homes: Examining the On-going Effort

Thomas R. Konrad, Cecil G. Sheps Center for Health Services Research and UNC Institute on Aging; Anne Jackman, Cecil G. Sheps Center for Health Services Research; Cheryl Thompson, UNC Institute on Aging

(4) Assessing Intervention Needs, Discussing Strategies in Practice: The Situation of Home Health Workers in North Carolina

Jennifer Craft Morgan and Sara B. Haviland, UNC Institute on Aging; Kathie Smith, Association for Home and Hospice Care of NC

Papers on Cultural Competency and Quality of Care of Older Adults

(1) Using Simulation to Improve the Nursing Care of the Racially and Ethnically Complex Elder

Carol F. Durham, RN, MSN, Mary H. Palmer, PhD, RNC, FAAN, and Joyce Rasin, PhD, RN, UNC Chapel Hill School of Nursing

(2) Changing Elders, Changing Times: Older Women and Technology Link to Enhance Learning

Joyce H. Rasin, PhD, RN, UNC Chapel Hill, Widener University; Miriam D. Jicha, MEd, Center for Instructional Technology and Educational Support UNC Chapel Hill; Roberta Dillon, MSN, RN, UNC Chapel Hill

(3) Quality and Home Health Care: Where Is It Headed?

Wendy Vernon, MPT, Medical Review of North Carolina

My Plan - Their Plan - Our Plan

W. Michael Haswell, MS, Certified Mediator, and Lynne E. Berry, JD, Legal Services Developer, NC Division of Aging and Adult Services

Will provide information regarding who participates in mediation, its benefits and costs, roles of the parties and the mediator, confidentiality and privacy issues, what happens after agreements are reached, selecting a mediator and voluntary vs. court ordered mediation.

Strength Training Designed for Older Adults

Andrew Greeson, BA, and James R. Peacock, PhD, Appalachian State University

This workshop will describe; 1) basic tenets of strength training, 2) current use of strength training among older adults, and 3) basic strength training practices that can benefit older adults.

Aging and Addiction: How We Can Stem the Epidemic

Juan Harris, B.S., C.A.P., C.A.P.P., I.C.A. D.C, S.A.P, Center for Older Adult Recovery, Hanley Center

Participants will learn warning signs of senior addiction, intervention guidelines, and how and why treatment restores quality of life and health for seniors.

"Me Remarry? I Don't Know!!"

Patricia Young, MS, and Janice I. Wassel, PhD, UNC Greensboro

This research discusses the results of several focus groups comprised of widows (aged 55+) on the usefulness of an innovative 'game' to encourage discussion of remarriage questions.

Changing Demographics

Richard Duncan, MRP, NC State University, The Center for Universal Design

This seminar will raise the awareness of participants in the basics of low cost and market rate universal home design features, products and home building plans, as well as the applicability of universal design to home modifications.

The Restaurant Voucher Program - Senior Nutrition for the 21st Century

Ron Michael and Gayla S. Woody, Centralina Area Agency on Aging; Sue Brooks, CDM, CFPP, and Karen Leonhardt, Lincoln Senior Services; Audrey Edmisten, NC Division of Aging and Adult Services

Something New and Hot in Senior Nutrition - "The Restaurant Voucher Program!" Started and growing in 3 other states, North Carolina is the 4th state in the U.S. to implement this program.

CONFERENCE SESSIONS

Wednesday, October 19

Concurrent Sessions 2 2:30-3:45pm

Exploitation of Seniors: The Wachovia Initiative

Bob Sandefur, Vice President for Loss, Wachovia Bank, Charlotte, NC

Wachovia Bank has developed a program that it hopes will identify and address financial exploitation, as well as address appropriate responses and reporting from financial institutions.

Caregiving and Long-Term Care Decision-Making in Rural African Americans Living in North Carolina

Yvonne D. Eaves, PhD, RN, UNC Chapel Hill School of Nursing

In this workshop two grounded theory studies on rural African American family caregiving will be discussed.

North Carolina Caregivers: What Do We Know and What Can We Do About It?

Mary Anne Salmon, PhD, UNC Chapel Hill School of Social Work; Christine Urso, MSW, and Phyllis Bridgeman Stewart, BA, NC Division of Aging and Adult Services

Will present results of surveys of NC caregivers conducted over three years of the Performance Outcomes Measures Project (POMP).

Aging and Health in North Carolina: Strengthening Capacity Through Evidence-Based Programs

Ellen Schneider and Mary Altpeter, UNC Institute on Aging; Mary Bethel, NC Division of Aging and Adult Services

This workshop will provide an overview of aging and health issues in North Carolina, their implications, and what we need to do to address the issues.

Intergenerational Tutoring Program: Confronting Ageist Attitudes with Education

Lara Backus, MAEd, UNC Charlotte

Will present the results of a Master's thesis project that looked at how tutoring partnerships at an inner-city school could be enhanced by addressing students' ageist attitudes with education about aging.

Guardianship, Clerks and Mediation: Hearing the Voice of the Elder through Mediation

Lynne E. Berry, JD, NC Division of Aging and Adult Services; W. Michael Haswell, Certified Mediator

Learn about a senior's rights when guardianship is requested and how mediation can help seniors express their wishes and concerns in a way that may be more clearly heard.

Workforce Aging and the New Economy

Victor W. Marshall, PhD, Jennifer Craft Morgan, MA, Kate Pepin, and Lindsey King, UNC Institute on Aging

This workshop will provide an overview of the international Workforce Aging in the New Economy (WANE) research project and discuss research findings of the U.S. study component.

Guardianship and Alternatives

Barbara Cooper-Robinson, MBA & Registered Guardian, North Carolina Guardianship Association (NCGA) and The Arc of North Carolina LIFEguardianship

There will be discussion on the alternatives to guardians for one who has diminished capacity or inability to make decisions in one's best interest.

QuickFact

The median age in NC increased from 26.5 years in 1970 to 35.3 years in 2000.

By 2030, it is projected to be 38.4 years.

CONFERENCE SESSIONS

Wednesday, October 19

Concurrent Sessions 3 4:15-5:30 pm

Strategies to Promote Increased County Planning for the Aging Baby Boomers

Julie Bell, MPP, MHA, NC Division of Aging and Adult Services; Master of Public Policy Candidates, Sanford School of Public Policy, Duke University

This presentation will focus on research within North Carolina and strategies to help North Carolina better assist counties, municipal governments, and private businesses understand the need to prepare for the Baby Boomers.

Multicultural Implications on Aging Issues

Maria Carrasquillo, MA, AARP; Suzanne LaFollette-Black and Greg Tanner, NC AARP

Participants will have an opportunity to expand their awareness of cultural assumptions and how they impact interactions through shared wisdom and resources among participants and presenters.

Papers on Family Caregiving

(1) Compensation for Family Caregivers: A Review of Findings across the Country

Margaret L. Morse, PhD, UNC Chapel Hill School of Social Work

(2) Community-Capacity Building for Family Caregiving: An Innovative Interdisciplinary Approach

Cheryl Waites, MSW, ACSW, EdD, and Luci Bearon, PhD, NC State University

(3) Linking Past and Present: Family Caregiver Relationship History and Current Attitudes Towards Care Recipients with Dementia - Preliminary Findings

Cory K. Chen, MA, and Marilyn Hartman, PhD, UNC Chapel Hill Dept. of Psychology; David Miklowitz, PhD, University of Colorado, Boulder, Dept. of Psychology; Sheryl Zimmerman, PhD, UNC-Chapel Hill, Sheps Center for Health Services Research; Melanie Elliot, PhD, East Carolina University Dept. of Psychology; Andrea Hussong, PhD, UNC Chapel Hill Dept. of Psychology; Laura Clark, PhD, UNC Chapel Hill Dept. of Psychology

Wellness in the Workplace

Cathy Thomas, MAEd, NC Division of Public Health; Casey Herget, North Carolina State Health Plan; Jan Payne, SAS Institute Inc.

How can employers promote wellness in the workplace through their policies, practices, and activities?

Aging and Disability Resource Centers: One-stop-shops for Long-Term Care Services in Forsyth and Surry Counties

Heather Burkhardt, MSW, NC Division of Aging and Adult Services; Dean Burgess, Northwest Piedmont Area Agency on Aging; Elaine Patterson, Senior Services

The session will provide background on the Aging and Disability Resource Center Grant Program, its goals, and the progress they have made to date.

ThriftyRICH: Living Well and Planning for a Rich Retirement

Margie DeWoskin, MSW, Contractor to Triangle J Area Agency on Aging

The steps toward becoming "ThriftyRICH" will be presented for participants planning for retirement while enjoying quality of life during their career years.

Come One, Come All! Welcoming Older Adults with "Invisible" Disabilities to Senior Programs

Allison Hubbard, MS, TRS/CTRS and Marian Clanton, TRS/CTRS, The Arc of Wake County

The presenters will discuss older adults with "invisible" (mental illnesses and developmental) disabilities and how to welcome them into generic senior programs.

Financial Threats - Identity Theft, Scams, Abuse of Power of Attorney

Caroline Farmer, JD, Special Counsel, Attorney General's Office

Learn how to protect yourself and others from financial abuse and exploitation.

CONFERENCE SESSIONS

Thursday, October 20

Concurrent Sessions 4 8:45-10:00 am

Papers on Long Term Care

(1) "What Do The Residents Want?" Person Centered Care and Nursing Home Quality of Care

Jennifer Wilson, MPH and Debra Markley, MPH, Medical Review of North Carolina, Inc.

(2) Training to Encourage Residential Autonomy in Long Term Care Facilities

Melissa Brown, MA, UNC Charlotte

(3) The Chronic CNA Turnover Cycle: The Role of the Knowledge Worker

J.I. Wassel, PhD, Director, Gerontology Program, UNC Greensboro and William L. Tullar, PhD, Department of Business Administration, UNC Greensboro

Papers on Service Learning and Service Delivery

(1) Service Learning Collaboration between Graduate Level Gerontology Program and Community-based Foster Grandparent Program

James R. Peacock, PhD, Mary Katherine Flythe, BA, and Katherine L. Jones, BA, Appalachian State University

(2) "Project CNESS: Cross-cultural keys to service delivery for the elderly"

Ed Rosenberg, PhD, Appalachian State University

Communicating Effectively with Healthcare Professionals

Sabrena Lea, BS, GS, Piedmont Triad Area Agency on Aging, Greensboro, North Carolina

This session will empower family caregivers to advocate more effectively, on behalf of their loved one, with healthcare professionals and function as members of the healthcare "team," assuring better continuity of care and access to the resources needed.

Health Promotion with the Use of Telemonitoring in the Home

Sherry Hedrick, BSN, MPH, Piedmont Home Care

This presentation will demonstrate how the use of telemonitoring equipment in the home setting can improve health status.

Long-Term Care Insurance: A Resource for Caregiving

Josiah Bova, NC Department of Insurance: Seniors' Health Insurance Information Program (SHIIP)

This workshop will provide an understanding of who should consider long term care insurance and what sort of benefits the consumer should look for in the policy.

Management of Challenging Behaviors in Alzheimer's Disease and Related Dementias: Integrating Behavioral and Medical Approaches

Michele A. Haber, MD, MS, MPH, Geriatrics Consulting Services of Greensboro, P.A.

This presentation utilizes a case-based format to discuss specific behavioral disturbances typical to different stages of Alzheimer's disease and various options for management.

Filling the Gaps: "Local Churches Stepping in to Provide Practical, Emotional, and Spiritual Support to Care Receivers and their Caregivers"

Debbie Garrison, Love INC of Mecklenburg County; Fran Garrison, Veterans Service Office of Mecklenburg County

Will describe a program that assists local congregations in forming teams of volunteers to assist older or disabled adults in remaining independent and in their own homes for as long as possible.

QuickFact

In North Carolina, only 24.5 percent of adults age 65 and over meet recommended levels of exercise (i.e., 30 minutes of brisk walking five times a week).

North Carolina ranks among the bottom ten states in this category.

CONFERENCE SESSIONS

Thursday, October 20

Concurrent Sessions 5 10:30-11:45 am

The How To's of Using Consumer Directed Service Option in CAP-DA (Community Alternative Program for Disabled Adults)

Lynn Hardy, RN, Tonya Stanton, BSW, and Faye Hanchey, BSW, Carolina East Home Care & Hospice, Inc.

Consumer Directed Service offers support and encouragement to assist persons with disabilities and/or long term illnesses to achieve their full potential while providing safeguards to protect the personal safety and well being of these individuals.

Papers on Race & Ethnicity

(1) Medicaid Eligibility and the Myths: A Case Study of the Minority and Disadvantaged Elder in North Carolina

Kenya Barber, BA, MPA, North Carolina Central University

(2) Factors Affecting Breast Cancer Screening Adherence in Older African American Women

Bobbie Reddick, RN, EdD, Winston-Salem State University; Deborah F. Farmer, PhD, Wake Forest University School of Medicine

(3) The Association between Economic Status, Disability Severity Index, and Race/Ethnicity among the Elderly

Yeong Hun Yeo, MSW, and Jong-Gyu Paik, MSW, UNC Chapel Hill School of Social Work

"More Than Respite: Project C.A.R.E. and the Well-Being of Dementia Family Caregivers"

Moderator: Lisa P. Gwyther, MSW, LCSW, Duke Aging Center Family Support Program

Panel Participants: Karisa Derence, MA, NC Division of Aging and Adult Services; Marsha Ghent, MSW, Mecklenburg County Department of Social Services; Len Erker, MA, and Wilhelmenia Pledger, BS, Western Carolina Alzheimer's Association; Christopher M. Kelly, PhD, and Ishan Canty Williams, PhD, UNC Institute on Aging

Project C.A.R.E. provides immediate financial assistance to dementia caregivers for respite care while successfully integrating other modes of family-centered support. This workshop will highlight lessons learned from the program's first four years.

Best Practices in Physical Activity Programs for Older Adults: Outcome Evaluation

Rachel Seymour, MS, Center for Research on Health and Aging; Miranda Strider-Allen, BS, Resources for Seniors, Inc.

This workshop will present findings from an impact study, including what we learned in North Carolina, and describe easy to use methods for providers to collect and analyze outcome evaluation data in their own agencies.

Adult Protective Services (APS): Taking an Interdisciplinary Approach

Laura S. Cockman, NC Division of Aging and Adult Services

This workshop is designed to introduce participants to the concept of utilizing interdisciplinary teams in their provision of Adult Protective Services.

Medicare Modernization: Challenges for 2005-2006

Carla Obiol and Josiah Bova, NC Department of Insurance: Seniors' Health Insurance Information Program (SHIIP)

The Medicare Modernization Act of 2003 will implement the greatest changes in the Medicare system since the program's original legislation in 1965. Knowing how to direct Medicare beneficiaries today and in the future for this benefit will require good knowledge of the resources available to assist with this enrollment process. SHIIP is a key resource for this information and this workshop will provide the background and benefit structure of this program.

The TRIAD Program and the SALT (Seniors and Law Enforcement Together) Council: Helping Seniors Keep Seniors Safe

John A. Butler, BA, Randolph County Senior Adults Association

This workshop will explain the TRIAD Program and SALT Council in detail, how to start and maintain them, as well as the activities and benefits for seniors and the community.

Partnering for Senior-Friendliness: A Planning Evaluation Tool and Two Community Case Studies

Heather Proctor, Upper Coastal Plain AAA; Denise Boswell, PhD, Principal Planner, City of Rocky Mount

A checklist of 100 senior-friendly measures will be presented as a tool by which plans and places can be scored to determine the extent to which they are addressing issues related to an aging population.

CONFERENCE SESSIONS

Thursday, October 20

Concurrent Sessions 6 2:30-3:45 pm

Planning For A Secure Retirement: A Multidisciplinary Collaboration Among Experts in Law, Medicine, Finance, and Long Term Care

Ellen Taylor Atkins, BS, Senior Care Concepts; Michele A. Haber, MD, MS, MPH, Geriatrics Consulting Services of Greensboro, P.A.; Sabrena Lea, Piedmont Triad Area Agency on Aging; Dennis Toman, CELA, JD, Elder Law Firm

This workshop brings together experienced professionals from law, medicine, finance, and governmental aging services, who will discuss planning from his or her specialty.

Papers on Health Disparities

(1) Do Racial Disparities Exist in Access to Inpatient Stroke Rehabilitation in the State of Maryland?

Patricia Gregory, MD, UNC Chapel Hill School of Medicine; Olga Morozova, MD, and Keith V. Kuhlemeier, PhD, MPH, The Johns Hopkins Medical Institutions

(2) Explaining the Gender Gap in Depressive Symptoms among the Elderly

Shoou-Yih Daniel Lee, PhD, UNC Chapel Hill Dept. of Health Policy and Administration; Kathleen Crittenden, PhD, Department of Sociology, University of Illinois at Chicago; Young Ik Cho, PhD, Survey Research Laboratory, University of Illinois at Chicago; Ahsan M. Arozullah, MD, MPH, Veterans Affairs Chicago Healthcare System, Section of General Internal Medicine, University of Illinois College of Medicine

Family Milestones and Midlife Clutter

Jane Armstrong, MSW, Private Aging Consultant; Luci Bearon, PhD and Sarah Kirby, PhD, NC State University

This workshop will focus on the challenge of managing possessions from deceased loved ones.

Falls Free: The National Action Plan to Prevent Falls in the Elderly

(Bonita) Lynn Beattie, PT, MHA, The National Council on Aging

An expert in aging and injury prevention from the National Council on the Aging will give an overview of current elder falls research and discuss the findings of the December, 2004 Falls Free Summit.

"Where Do We Go From Here to Hear?"

Joan P. Black and John M. Black, Division of Services for Deaf and Hard of Hearing, North Carolina Telecommunications Equipment Distribution Program and Relay North Carolina

Communication technology is changing rapidly! We will provide information for accessing telephone accessibility services and obtaining equipment available from the state at no cost.

QuickFact

About 18% of older adults in North Carolina are minorities.

In North Carolina, minority men and women don't live as long as whites, yet they have more years of poor health.

Understanding the Expectations of Baby Boomers: A Report on Research from Mecklenburg County

Dena Shenk, PhD, and Terry Chance, MA, UNC Charlotte Gerontology Program

This session will report on research undertaken by the UNC Charlotte Gerontology Program in conjunction with the Charlotte Mecklenburg Council on Aging (CMCOA) using six focus groups with African American, Hispanic and Caucasian people born between 1946 and 1964.

Helping Older Adults Drive Safely, Longer

Jane Stutts, PhD, UNC Highway Safety Research Center; Phyllis Stewart, Division of Aging and Adult Services; Suzanne LaFollette-Black, NC AARP

This workshop will highlight some of the many programs and resources available to assist seniors in continuing to drive and provide for their own safe transportation.

Technology and Intergenerational Service Learning

Elizabeth Fugate-Whitlock, BSW, MA, Eleanor Krassen Covan, PhD, and Cassi Goforth, UNC Wilmington Gerontology Program

Our program has found e-learning success through collaboration between online course instructors and our service-learning coordinator.

Concurrent Sessions 7 4:15-5:30pm

Pathways and Protocols: Improving Access to Services for Older Adults in Guilford County

Ellen Whitlock, Senior Resources of Guilford

This workshop will showcase how successful collaboration among Guilford County services providers has produced a consumer-friendly web based guide for assisting older adults, their families, caregivers and service professionals in identifying and accessing services.

Papers on Migration, Geriatric Care Management, and Falls

(1) Later-Life Migration among African Americans in the United States: Evidence from the 2000 Census

Don E. Bradley, PhD, East Carolina University

(2) What is Geriatric Care Management?...Is it a Professional Group

Phoebe Walsh Robertson, BA, Aging Outreach Services, LLC

(3) Environmental Factors Contributing to Falls: Results of a Study of Community Dwelling Older Adults

J. Steven Fulks, PhD, Barton College Gerontology Program, and L. Fleming Fallon, Jr., MD, DrPH, Bowling Green State University

The Public Health of Caregiving

Sarah McKune, MPH, University of Florida

The CDC funded Public Health of Caregiving (PHCG) project investigated caregiving for people with disabilities across the age span and across disability domains.

Images of Caregiving

Jim Vanden Bosch, Terra Nova Films

A presentation on caregiving with film clips from films. The film material spans 25 years. Attendees will get a new understanding of caregiving and how it fundamentally affects the care receiver and the care giver.

Papers on Dementia & Alzheimer's Disease

(1) Role of Medication-related Stressors in Dementia Caregivers

John Byrd, BSPHarm, MBA, and Betsy L Sleath, PhD, UNC Chapel Hill School of Pharmacy

(2) A Dignified Self: Maintaining the Dignity for People with Alzheimer's Disease

Krystal Blanton, UNC Charlotte

Using DVD Technology to Enhance Geriatric Best Nursing Practices in Acute Care Settings

Beth E. Barba, PhD, RN, Anita S. Tesh, EdD, RN, Jacqueline K. DeBrew, MSN, APRN, BC, Debra Wallace, PhD, RN, UNC Greensboro School of Nursing

The presentation will document development, use and evaluation of DVD modules on best nursing practices in care of older adults.

Integrating Older Refugees into the Community

Meaghan Tracy, Refugee Services Coordinator and Y Sang Mlo, Elderly Outreach Coordinator, Lutheran Family Services in the Carolinas

This workshop will seek to identify the many barriers to the integration of older refugees into their communities, as well as strategies and interventions to address these challenges.

Mental Capacity in Impaired Seniors: Assessment of Decision-Making and Protecting the Vulnerable

Michele A. Haber, MD, MS, MPH, Geriatrics Consulting Services of Greensboro, P.A. and E. Jackson Harrington, Jr., JD, Elder Law Attorney, Booth, Harrington & Johns, L.L.P.

This presentation brings together a medical and a legal expert on the subject of mental capacity and competence to discuss decision-making, its evaluation, different types of decisions applicable to general, health and legal matters, and protection of vulnerable seniors.

CONFERENCE SESSIONS

Friday, October 21

Concurrent Sessions 8 9:00-10:15 am

Friendly Communities: Framing and Strategic Planning

Yoko S. Crume, PhD, MS, MSW, LCSW, Donna White, RN, Judy Smith, MEd, Debbie Brantley, MEd, Dennis Streets, MPH, MAT, and Emily Tench, BA, NC Division of Aging and Adult Services; Mike Newton-Ward, MSW, MPH, NC Division of Public Health; Jaclyn Lipchak, MSW, UNC Chapel Hill

Describes a new initiative to improve senior-friendliness of NC communities, in part, in anticipation of aging baby boomers.

Implementing Life Programming in an Assisted Living Residence for People with Alzheimer's Disease

Amy Perkins, BSN, MHSA, Resources for Senior Living; Dena Shenk, PhD and Boyd Davis, PhD, UNC Charlotte; Margery Lindh, MS, ADC, The Laurels in the Village at Carolina Place; Jennifer Davidson, BA, MSN and Donna Sayler, Resident Assistant, The Haven at Highland Creek

The participants in this workshop will describe the development and implementation of the "Life Programming" approach and the results of the research carried out during and after the implementation.

Enhancing the Effectiveness of Educational and Intervention Programs for Family Caregivers through Collaborative Relationships

J. Steven Fulks, PhD, Barton College Gerontology Program; Teepa Snow, MS, OTR/L, FAOTA, Alzheimer's Association of Eastern North Carolina; Debra Kleesattel, PhD, Upper Coastal Plain Area Agency on Aging

Our presentation provides highlights and insights into a successful coalition between Barton College and local aging agencies from its inception to today, and shares our strategies for continued joint programming efforts.

Papers on Advance Directives, Health Promotion, and E-commerce

(1) Advance Directives: Improving Understanding and Utilization Among Older Adults

Linda J. Stanton, RN, BSN, CHPN, Western Carolina University

(2) Design And Presentation of a Conceptual Framework of Health Promotion for Older Persons

Donna Rabiner, PhD, RTI International

(3) Factors to Increase E-commerce in Mature Adults

Jeri N. Langford, Director of Marketing, National American University

A Creative Later Life: Challenges & Opportunities

Richard von Stamwitz, Licensed Professional Counselor, NCGC, Later Life Career Consulting

As an older adult and an aging advocate the presenter will discuss his recent experience in Senior Centers and other settings, promoting a holistic, developmental approach to wellness maximizing potential in a context of personal meaning and goals.

The Aging Program Manager as Entrepreneur

David Cottengim, CEO/President, Resources for Seniors, Inc.

To be successful in an era of increasing demand on services and decreasing availability of public funding, managers of local aging programs need to be very skillful and opportunistic in creating new opportunities, relationships and resources. This workshop will explore what being an entrepreneur means from the eyes of an experienced manager of an effective and diversified aging service organization.

Tips & Reminders

Send in your registration well before the September 15, 2005 deadline.

Call early for hotel reservations - we expect rooms to fill quickly.

Visit the Conference web site for updates and post-conference downloads: *www.aging.unc.edu/nccoa/*

LOCATION & LODGING

Conference Location

The 2005 North Carolina Conference on Aging will be held in historic New Bern, the second oldest city in North Carolina. The Sheraton New Bern Hotel and New Bern Riverfront Convention Center complex, located directly on the Trent River waterfront, is the setting for this year's Conference. See the inside back cover for more information, local attractions and activities.

Conference Hotels

There are two main hotels for the conference, listed below. Both are within easy walking distance of the Convention Center and are offering special conference rates. We expect rooms will fill up quickly so make your reservations early. The cutoff date for reserving rooms at the conference rate is September 15, 2005.

Sheraton New Bern Hotel & Marina
100 Middle Street
New Bern, North Carolina 28560
Phone (252) 638-3585
Fax (252) 638-8112
www.sheraton.com/newbern
Conference Rate: $99/night plus tax (parking incl.)

TIP
Be sure to ask for the NCCOA block room rate

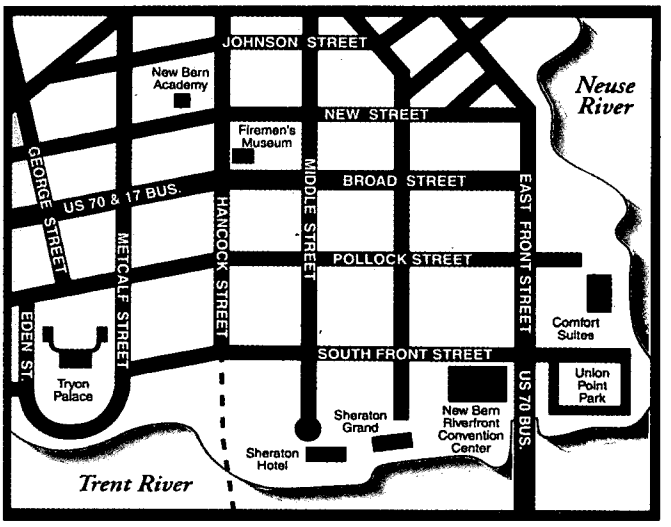
Comfort Suites River Front Park
218 E. Front St.
New Bern, NC, US, 28560
Phone: (252) 636-0022
Fax: (252) 636-0051
www.comfortsuites.com/ires/hotel/nc246
Conference Rate: $89/night plus tax (parking incl.)

Additional Lodging

Should the Conference hotels listed above fill to capacity, please see the Conference web site (*www.aging.unc.edu/nccoa/*) for additional hotels nearby.

Parking

There is no charge for parking at the Convention Center.



Getting to the Conference

Note: The directions below will take you to the New Bern Riverfront Convention Center (203 S. Front Street), which is located next door to the Sheraton Hotel & Marina. The Comfort Suites is just across Front Street from the Convention Center.

From East (Raleigh, Fayetteville)
Follow Hwy 70 East to New Bern. Take exit #417 at the Freedom Memorial Bridge. Take the very next exit (New Bern), which will make a complete circle and then lead over a drawbridge. After crossing the drawbridge, turn left onto S. Front Street and the convention center is on the left.

From North (Greenville)
Follow Hwy 43 South to Hwy 17 South (Highway 43 and 17 merge together in Vanceboro). Continue on Hwy 17 South across the Neuse River. Take the first exit (New Bern) and turn right at the light. Cross the drawbridge, and turn left onto S. Front Street and the convention center is on the left.

From South (Wilmington)
Follow Hwy 17 North to New Bern. Take Hwy 70 East By-pass towards Morehead City. Once on Hwy 70 East, take the second exit (#417) at the Freedom Memorial Bridge. Take the very next exit (New Bern), which will make a complete circle and then lead over a drawbridge. After crossing the drawbridge, turn left onto S. Front Street and the convention center is on the left.

REGISTRATION INFORMATION

Registration Information

Full conference registration includes: presentations, exhibits, events, and all scheduled meal functions. Extra tickets (for companions) for special events can be purchased on the registration form. Single day registration includes all events and meal functions scheduled for that day. Students and seniors (age 65+) are eligible for a reduced rate.

Lodging Arrangements

Arrangements for lodging must be made separately from the conference registration. See page 10 for information. The deadline for guaranteed reservations at the block room rate is September 15, 2005. We expect the rooms to fill quickly, so make your reservations today!

TIP
Be sure to ask for the NCCOA block room rate

Cancellation Policy

All registration cancellations must be received in writing. Cancellations received after September 15, 2005, will be refunded minus a $20 cancellation fee. You may assign a replacement so that your registration will not go unused; please notify us as soon as possible of replacement information.

Conference dress

Attire for the conference is business casual and comfortable.

Registration Instructions

Don't delay - send in your registration form today! Call (919) 966-9444 with questions about registration.

Payment by check

If paying by check, please make check **payable to NC Conference on Aging** and send completed registration form and payment to:
NC Conference on Aging
UNC Institute on Aging
720 Martin Luther King Jr. Blvd, CB #1030
Chapel Hill, NC 27599-1030

Payment by credit card

If paying by credit card, either fax the completed registration form, with credit card information, to the UNC Institute on Aging at: fax (919) 966-0510 OR mail to the IOA at the address given in the preceding paragraph.

A $25 late fee will be charged for registrations received after September 15, 2005.

Registration Confirmation

You will receive a confirmation by email (or regular mail if no email address is available). Please contact us if you do not receive confirmation within 2 weeks of sending in your registration materials.

Registration Hours

The registration area will be **located in the Riverfront Convention Center**. Please be sure to stop by for your registration packet upon arrival. Registration hours are:

Wednesday, October 19 - 8:00 a.m. - 5:30 p.m.
Thursday, October 20 - 7:30 a.m. - 5:30 p.m.
Friday, October 21 - 8:00 a.m. - 10:30 a.m.

REGISTRATION FORM

Don't delay - register today! One form per person (feel free to copy). Print your name and organization as it should appear on your badge.

Name: _____

Title: _____

Organization or University: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Please Specify Special Needs (vegetarian meals, etc.): _____

_____

Please choose as many as apply:

- ❍ presenter
- ❍ exhibitor
- ❍ sponsor
- ❍ educator/researcher
- ❍ aging network
- ❍ state/local govt
- ❍ senior advocate
- ❍ student

Select Your Sessions

Please indicate your session choices below - select one from each group. We are asking for this information for planning purposes only, and you will have the option to attend any session you like.

Concurrent Sessions 1 Wed. 10/19, 10:00-11:30 am

- ❍ Symposium Session: The 3 R's in Long Term Care Provision in North Carolina: Innovations and Initiatives
- ❍ Papers on Cultural Competency and Quality of Care...
- ❍ My Plan - Their Plan - Our Plan
- ❍ Strength Training Designed for Older Adults
- ❍ Aging and Addiction: How We Can Stem the Epidemic
- ❍ "Me Remarry? I Don't Know!!"
- ❍ Changing Demographics
- ❍ The Restaurant Voucher Program - Senior Nutrition for the 21st Century

Concurrent Sessions 2 Wed. 10/19, 2:30-3:45pm

- ❍ Exploitation of Seniors: The Wachovia Initiative
- ❍ Caregiving and Long-Term Care Decision-Making...
- ❍ North Carolina Caregivers...
- ❍ Aging and Health in North Carolina...
- ❍ Intergenerational Tutoring Program...
- ❍ Guardianship, Clerks and Mediation...
- ❍ Workforce Aging and the New Economy
- ❍ Guardianship and Alternatives

Concurrent Sessions 3 Wed. 10/19, 4:15-5:30 pm

- ❍ Strategies to Promote Increased County Planning...
- ❍ Multicultural Implications on Aging Issues
- ❍ Papers on Family Caregiving
- ❍ Wellness in the Workplace
- ❍ Aging and Disability Resource Centers: One-stop-shops...
- ❍ ThriftyRICH: Living Well and Planning for a Rich...
- ❍ Come One, Come All! Welcoming Older Adults with "Invisible" Disabilities to Senior Programs
- ❍ Financial Threats - Identity Theft, Scams, ...

Concurrent Sessions 4 Thurs. 10/20, 8:45-10:00 am

- ❍ Papers on Long Term Care
- ❍ Papers on Service Learning and Service Delivery
- ❍ Communicating Effectively with Healthcare Professionals
- ❍ Health Promotion with the Use of Telemonitoring...
- ❍ Long-Term Care Insurance: A Resource for Caregiving
- ❍ Management of Challenging Behaviors in Alzheimer's Disease and Related Dementias...
- ❍ Filling the Gaps: "Local Churches Stepping in to Provide Practical, Emotional, and Spiritual Support to Care Receiv ers and their Caregivers"

Concurrent Sessions 5 Thurs. 10/20, 10:30-11:45 am

- ❍ The How To's of Using Consumer Directed Service Option...
- ❍ Papers on Race & Ethnicity
- ❍ "More Than Respite: Project C.A.R.E....
- ❍ Best Practices in Physical Activity Programs...
- ❍ Adult Protective Services (APS)...
- ❍ Medicare Modernization: Challenges for 2005-2006
- ❍ The TRIAD Program and the SALT (Seniors and Law Enforcement Together) Council...
- ❍ Partnering for Senior-Friendliness: A Planning Evaluation Tool and Two Community Case Studies

Concurrent Sessions 6 Thurs. 10/20, 2:30-3:45 pm

- ❍ Planning For A Secure Retirement: A Multidisciplinary...
- ❍ Papers on Health Disparities
- ❍ Family Milestones and Midlife Clutter
- ❍ Falls Free: The National Action Plan to Prevent Falls...
- ❍ "Where Do We Go From Here to Hear?"
- ❍ Understanding the Expectations of Baby Boomers...
- ❍ Helping Older Adults Drive Safely, Longer
- ❍ Technology and Intergenerational Service Learning

Concurrent Sessions 7 Thurs. 10/20, 4:15-5:30pm

- ❍ Pathways and Protocols: Improving Access to Services...
- ❍ Papers on Migration, Geriatric Care Management, and Falls
- ❍ The Public Health of Caregiving
- ❍ Images of Aging
- ❍ Papers on Dementia & Alzheimer's Disease
- ❍ Using DVD Technology to Enhance Geriatric Best Nursing...
- ❍ Integrating Older Refugees into the Community
- ❍ Mental Capacity in Impaired Seniors: Assessment of Decision-Making and Protecting the Vulnerable

Concurrent Sessions 8 Fri. 10/21, 9:00-10:15 am

- ❍ Friendly Communities: Framing and Strategic Planning
- ❍ Implementing Life Programming in an Assisted Living...
- ❍ Enhancing the Effectiveness of Educational and Interven tion Programs for Family Caregivers...
- ❍ Papers on Advance Directives, Health Promotion...
- ❍ A Creative Later Life: Challenges & Opportunities
- ❍ The Aging Program Manager as Entrepreneur

Please complete the other side of this form >>

REGISTRATION FORM

Registration Fees

_____ $150 Full Registration (before 09/15)

_____ $100 Student Registration (school _____)

_____ $100 Senior Registration (**age 65+**)

_____ $80 Wed October 19 (one day only)

_____ $80 Thu October 20 (one day only)

_____ $40 Friday October 21 (one day only)

_____ $25 Late Fee (**REQUIRED if received after Sept 15**)

Extra Event Tickets:

Note: Conference registration includes all scheduled meal functions. **This section should only be used if you need extra meal tickets for companions.**

_____ $20 ea Ticket(s) for Wednesday Luncheon

_____ $20 ea Ticket(s) for Thursday Luncheon

_____ $30 ea Ticket(s) for Wednesday Reception

_____ $30 ea Ticket(s) for Thursday Reception

_____ **TOTAL Amount Enclosed**

Method of Payment

Choose one:

- ❍ Credit Card
- ❍ Check (payable to NCCOA)

If Credit Card, card type (**MC/Visa only**):

- ❍ Visa
- ❍ MasterCard

Credit Card Number:

_____

Expiration Date:

_____

Name on Card:

_____

Signature:

_____

IMPORTANT:
This registration form must be accompanied by check or credit card information.
Send to:
NC Conference on Aging
UNC Institute on Aging
720 Martin Luther King Jr. Blvd, CB #1030
Chapel Hill, NC 27599-1030
(919) 966-0510 fax

Send in your registration by September 15, 2005!

Local Attractions

Museums, historic sites, and unique shops are all within walking distance of the Conference site. Antique trolley car rides with narrated tours of the historic district are a popular way to see the area.

History

New Bern is home to **Tryon Palace Historic Sites and Gardens**, the former home of Royal Governor William Tryon and North Carolina's first colonial capitol building. When it was built in 1770, Tryon Palace was known at the time as one of the most beautiful buildings in America. The palace now houses an outstanding collection of antiques and art, and the grounds are devoted to extensive landscaping, ranging from English formal gardens and a kitchen garden to wilderness garden areas.

Another historical attraction is **The Firemen's Museum**, home to one of the oldest fire companys in the country, still operating under its original 1845 charter as the Atlantic Hook and Ladder Company. The museum houses steam pumpers and an extensive collection of other early firefighting equipment. Also on exhibit are rare photographs, Civil War relics and even the mounted head of Fred, the faithful old fire horse who, according to legend, died in his tracks while answering what turned out to be a false alarm.

Arts & Architecture

The **Craven Arts Council & Gallery/Bank of the Arts** features changing exhibits of various media -- painting, sculpture, photography, pottery, fiber art and other art forms -- showcasing the work of local and Southeastern artists.

Many of New Bern's historic homes are private residences and therefore not open to the public. However, a leisurely stroll along riverwalks through the **historic district** will allow you to observe the landscapes, architecture and gardens of these vintage homes. The Craven County Convention & Visitors Bureau, located in the New Bern Riverfront Convention Center, has several newly developed **self-guided walking tour maps** covering different aspects of New Bern's long and interesting historical heritage, including the Civil War era and the town's historic churches and cemeteries.

Nature

For those who enjoy the woodlands as well as the city, nearby **Croatan National Forest** provides a close-up look at coastal marshes, estuaries and forest. The 157,000-acre preserve is home to insectivorous plants, uncommon wildflowers, marsh and shorebirds, and a variety of forest animals such as black bears, alligators, deer and wild turkeys. Forest hiking trails and overnight campsites are popular with nature lovers. Its headquarters is on Fisher Avenue, which is approximately 9 miles south of New Bern just off U.S. Highway 70 East.

New Bern has six area championship **golf courses**. And for beach lovers, the **Atlantic Ocean** is just 45 minutes away.

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AARP

Beyond 50: Livable Communities Quiz

People turning 50 today have about half their adult lives ahead of them, and each year more than four million men and women join their ranks. What do they have to look forward to? Will they be able to attain the quality of life they want in their later years?

In its Beyond 50 series of annual reports, AARP assesses the state of America's aging population in such vital and significant areas of concern as economic security, health care and community. Visit http://www.aarp.org/beyond50 for more information about these reports.

Consider the local community in which you live. For some people, this might mean the town or village or it could be their neighborhood. For other people, it could be their subdivision or development. That is, consider your local area of the city, metro area, or county just around where you live. After each answer, you will be provided with more information and links about these various community features.

For each of the following characteristics, please grade your local community as an A, B, C, D or F, where A is excellent and F is failure.

1. How would you grade your community for having well-run community centers, recreation centers, parks, and other places where older people can socialize?

Parks, libraries, senior centers, outdoor down centers, theaters, meetings halls and a variety of other places help provide opportunities for residents to interact with one another. Indeed, many of these opportunities, such as sports centers, can also become places to promote physical as well as mental health. Some communities actively work to promote intergenerational opportunities, for instance through mentoring through some school programs. However, some communities, particularly those in outlying suburbs, may have few areas or facilities to serve as magnets for socialization.

A number of local areas maintain lists, for instance through a local newspaper or community bulletin, on a variety of nearby activities. If you would like to see more in your area, consider participating in local community meetings where parks, museums, theater and other planning decisions can be influenced. Also consider whether these places are easily accessible to persons with a variety of ages and abilities.

For more information, and for further resources, take a look at Livable Communities: An Evaluation Guide. Of particular interest may be the section on "Recreation and Cultural Activities" at:
http://www.aarp.org/research/housing-mobility/indliving/d18311_communities.html.

2. How would you grade your community for having convenient places for you to participate in public meetings and events?

Many areas offer varied opportunities to attend and participate in public events, such as concerts, sports, and other types of activities. Settings like this help to foster a sense of community among residents, and help identify the community as a pleasant place to live.

In addition, many communities offer meeting halls, either for groups and clubs who share a common interest, or for matters of public concern. Indeed, participation in public affairs is a critical method for residents to influence how their community develops and grows over time. Like voting, involvement in community affairs is generally high among older persons. Public meeting spaces that help provide forums for information, interaction, and feedback are a key element to help make this happen.

Consider why your community lacks convenient places to participate in public meetings and events. Could it be because those places and events are not well advertised in community bulletins or newspapers? Are they run down, and need to be refurbished? Does your local government have adequate facilities for public meetings? Are school facilities a possible place to hold events after school hours?

For more information on how communities have promoted places for events, meetings and other public gatherings, visit:

Project for Public Spaces: http://www.pps.org/gps/

In addition, the Livable Communities Evaluation Guide contains a number of ideas for recreation and cultural activities at:
http://www.aarp.org/research/housing-mobility/indliving/d18311_communities.html

3. How would you grade your community for having ample opportunities to become a volunteer?

One of the most important types of community engagement in the livable community is volunteering: people working without pay to help others in need or to enhance community life. Without volunteers, the nation would lose a major source of effort for every sort of charitable purpose, formal or informal. A large part of the nation's volunteer workforce is made up of adults age 50 and older. The volunteer activities of older adults are important not only because of their value to those who receive the services, but also because volunteering is beneficial to the older volunteers themselves. In fact, research has shown that volunteering has a favorable effect on the health of older adults.

For more information on volunteering and the types of opportunities communities can offer to promote volunteering, visit the following resources:

Independent Sector: http://www.independentsector.org/

Innovations in Civic Participation: http://www.icicp.org/

Senior Corps: http://www.seniorcorps.org/

Thoughts about the types of services that a community can promote are also found in Livable Communities: An Evaluation Guide, particularly the section titled "Caring Community" at: http://www.aarp.org/research/housing-mobility/indliving/d18311_communities.html

4. How would you grade your community for having dependable public transportation that you would use to get to the places you would like to go?

Dependable public transportation can be an important source of independent and affordable transportation for individuals who cannot drive or do not wish to drive. Whether public transportation meets the needs of older adults depends on whether routes connect homes with local shopping and services, the ease of obtaining scheduling and routing information, and whether vehicles are usable by individuals challenged by functional impairments or disabilities. Low-floor buses are a good example of vehicles individuals of all ages and abilities can use.. The Americans with Disabilities Act requires public transportation providers to accommodate the needs of individuals with disabilities on its fixed-route buses and to provide complementary paratransit for individuals who cannot use or get to fixed-route buses.

Public transportation may look different or be operated differently depending on where it is. In cities, we are familiar with large buses and sometimes commuter rail or subways. In places with lower residential density like suburbs there may be small buses or vans that circulate between neighborhoods and local shopping and services. In rural areas public transportation may consist of demand-responsive services like dial-a-ride. Communities with high residential density, streets with high connectivity, and mixed-use neighborhoods provide an environment where public transportation can operate more productively and efficiently.

If you gave your community low grades for public transportation and if you want to know how to make your community more accessible for individuals who do not drive, follow this link:

AARP's Livable Communities Evaluation Guide:
http://www.aarp.org/research/housing-mobility/indliving/d18311_communities.html.

United We Ride: http://www.unitedweride.gov/

Community Transportation Association: http://www.ctaa.org/

American Public Transportation Association: http://www.apta.com/

5. How would you grade your community for having safe, well-designed sidewalks that can take you where you want to go (e.g., to a nearby grocery or drugstore)?

Walking is the second most used mode of transportation after the privately owned vehicle. Individuals who both drive and make trips on foot make the most daily trips. Barriers to walking

include lack of sidewalks or poorly maintained sidewalks, inadequate resting places, and inadequate shelter from the weather, rain, sun, or snow.

A *walkable* community has safe, well-designed sidewalks we can use for recreational walking or to get where we want to go on foot (or by wheelchair or scooter). Many communities do not have sidewalks and even if they do the sidewalks do not connect homes with desirable destinations such as stores, restaurants, or professional services.

If you gave your community low grades for walkability and if you want to know how to make your community walkable, follow this link:

AARP's Livable Communities Evaluation Guide:
http://www.aarp.org/research/housing-mobility/indliving/d18311_communities.html

The Pedestrian and Bicycle Information Center: http://www.walkinginfo.org/

6. How would you grade your community for having roads designed for safe driving, with clear and unambiguous signage, traffic stops, and pedestrian crosswalks?

As we get older the conditions under which we drive get increasingly more important. Individuals regulate their driving behavior to keep themselves safe when challenged by normal age-related changes to vision and reflexes. The likelihood of dying in a car crash is much greater for people 65 and older than for younger people. The greatest portion of car crashes involving older people occurs in intersections, particularly when people are making left turns.

It is possible to make roads and intersections safer for everyone. A key improvement is having street signs with large letters and high contrast that are easy to read at a distance. Left turn signal lights and properly designed left turn lanes are another safety measure. Pedestrian signal lights, clearly marked crosswalks, and well lit intersections improve safety for pedestrians and drivers alike.

If you gave your community low grades for drivability and if you want to know how to make your community drivable, follow this link:

AARP's Livable Communities Evaluation Guide:
http://www.aarp.org/research/housing-mobility/indliving/d18311_communities.html

"Designing Roadways to Safely Accommodate the Increasing Mobile Older Driver," a report prepared by the Road Information Program:
http://www.tripnet.org/OlderDrivers2003Study.PDF

US Department of Transportation, Federal Highway Administration, "Highway Design Handbook for Older Drivers and Pedestrians":
http://www.tfhrc.gov/humanfac/01103/coverfront.htm

7. If you have difficulty walking or driving, how would you grade your community for having safe and convenient transportation options available to you, such as rides from friends or family or public transportation?

Many of us have to deal with challenges that make it necessary to stop or limit our driving, or impair our ability to walk to achieve our goals. To stay connected to our communities and to the people and activities that support our quality of life we need mobility options. In many communities these options may be very limited; in others there may a wide range.

Community mobility options may include public transportation, transportation service for clients of human service agencies such as an area agency on aging, taxis, subscription car services, or demand-responsive services like dial-a-ride. Volunteer drivers who either provide rides in their own vehicle, vehicles owned by a sponsoring agency, or in a vehicle owned by a rider, may also be available. A broad range of choices assures riders of finding the option that best fits their needs and preferences.

If you gave your community low grades for community mobility options and if you want to know how to make your community accessible to residents who do not drive, follow this link:

AARP Livable Communities Evaluation Guide:
http://www.aarp.org/research/housing-mobility/indliving/d18311_communities.html

United We Ride: http://www.unitedweride.gov/

Community Transportation Association: http://www.ctaa.org/

Easter Seals ProjectACTION: http://www.projectaction.org/

American Public Transportation Association: http://www.apta.com/

8. How would you grade your community for security and safety?

Older people experience the lowest rates of violent crime among all age groups, and AARP's Beyond 50.05 survey shows that around seven percent of persons age 50 and older grade their community a "D" or "F" for "having safe neighborhoods." Nonetheless, fear of crime has been shown to adversely affect the behavior of many older people, and national surveys show that older people protect themselves by leaving their homes less often than younger people. Thus, fear of crime can have a dampening affect on people's willingness to go out into the community and participate in social and civic life.

There are a number of ways that communities have worked to improve safety and security. Improving maintenance of the physical environment is one method. A community that is poorly maintained may send a signal that a place is no longer controlled by those who live or work there. Community programs to clean up refuse, graffiti, overgrown lots and parks, may help

send positive signals. In addition, removing overgrown bushes, improving street lighting, and improving open sight lines can help reduce opportunities for crime.

Some communities also develop crime watch programs, enlisting the participation of residents in neighborhoods (e.g., through a homeowners association). In addition, communities have helped expand the interaction between police and residents, for instance, by having officers take walking tours with residents to identify neighborhood crime hazards and to suggest improvements.

For more information on safety and security, see:

AARP Livable Communities Evaluation Guide:
http://www.aarp.org/research/housing-mobility/indliving/d18311_communities.html

The National Criminal Justice Reference Service (NJRS) is an important resource for a broad cross-section of safety and security issues: http://www.ncjrs.org/

The New York State Office for the Aging provides a number of tips:
http://www.agingwell.state.ny.us/safety/articles/crime.htm

As does the California Attorney General:
http://www.sfgov.org/site/uploadedfiles/police/information/prevention_seniors.pdf

9. If you wanted or needed to leave your current home, how would you grade your community for having affordable housing options elsewhere in your community?

Affordable housing is a major problem in many areas of the country, particularly for renters. In 2002 and 2003, 27 percent of households headed by someone age 50 or older experienced a "housing cost burden," defined by the U.S. Department of Housing and Urban Development as payments toward housing that total more than 30 percent of gross household income. Among renters age 50 and older, nearly half pay more than 30 percent of their incomes for gross rent. And despite the fact that most homeowners age 50 and older either own their home free and clear or have a relatively low mortgage balance, more than one of every five homeowners age 50 and older pays more than 30 percent of income for housing-related costs. Housing costs go far beyond the monthly mortgage or rent payment to include the cost of utilities, insurance, property taxes, maintenance and repair, and modifications to maintain independence. Yet, despite well-documented problems, many communities are struggling to protect and expand their stock of affordable housing for persons of all ages

The Department of Housing and Urban Development identifies six steps for renters to find affordable housing:

Step 1: Know Your Rights and Responsibilities
Step 2: Figure Out How Much You Can Afford
Step 3: Take Advantage of Special Services and Programs to Help You

Step 4: Figure Out What You Need
Step 5: Go Shopping
Step 6: Get Ready to Move

Each of these steps is explained in more detail at: http://www.hud.gov/renting/index.cfm

The Department of Housing and Urban Development also identifies a number of resources for homeowners who are having difficulty making payments for their current home, or who are seeking to move to another home. These are discussed at http://www.hud.gov/owning/index.cfm. These options include loans for home repair and modification, loans for the purchase of a home, and an increasingly well known loan for current homeowners called a "reverse mortgage." Each of these options has their plusses and minuses.

For additional information on reverse mortgages, visit AARP's reverse mortgae home page: http://www.aarp.org/money/revmort/

However, you may find that affordable housing is difficult find, even for someone who is well informed and well-prepared. In such communities, residents should work with their community leaders to expand an affordable mix of housing options. For instance, residents can participate in community planning meetings, or open forums with their city or county council, and raise a number of possible strategies. These may include making local policy more amenable to multifamily housing, devoting more resources to the development of subsidized housing, promoting accessory dwelling, creating resources to help link older persons who may want to homeshare, etc. For more information on some of these options, visit http://www.aarp.org/life/housingchoices/.

10. If you had difficulty walking around or performing a physical activity, how would you grade your home for being designed in a way that would allow you to complete your daily tasks?

Having homes that are well designed for people of varying ages and abilities is an important goal. From an individual perspective, such homes enhance the quality of life for individuals by enabling them to enjoy the full use of their home, thereby maintaining personal independence. In addition, a well-designed home is important to residents who wish to prepare for everyday activities outside the home. Appropriate design is even instrumental for hosting guests with different ages and abilities. And from society's point of view, well-designed homes are one component of a strategy to enable residents to remain in their communities (with or without home-based services) and out of more expensive and sometimes less appealing settings such as nursing homes.

The types of design options that are available depend on many factors, including whether the resident is seeking to include the design in a new home, or is hoping to modify an existing home to better meet his or her needs. There are a number of resources that can help inform the process, ranging from design features and financing to community programs.

Here are some links for further information:

AARP's home page for home design information: http://www.aarp.org/life/homedesign/

The Universal Design Alliance: http://www.universaldesign.org/

The Center for Universal Design: http://www.design.ncsu.edu/cud/

EasyLiving Home program: http://www.easylivinghome.org/

In addition, you may find useful AARP's Livable Communities: An Evaluation Guide, particularly the section on Housing:
http://www.aarp.org/research/housing-mobility/indliving/d18311_communities.html

Beyond 50: Livable Communities Quiz

Summary
Download a complete copy of this quiz, answers and a list of all the resource links below in PDF format. Requires free Adobe reader.

1. How would you grade your community for having well-run community centers, recreation centers, parks, and other places where older people can socialize?
For more information and further resources, take a look at Livable Communities: An Evaluation Guide. Of particular interest may be the section on "Recreation and Cultural Activities."

2. How would you grade your community for having convenient places for you to participate in public meetings and events?
For more information on how communities have promoted places for events, meetings and other public gatherings, visit:

- Project for Public Spaces
- In addition, the Livable Communities Evaluation Guide contains a number of ideas for recreation and cultural activities.

3. How would you grade your community for having ample opportunities to become a volunteer?
For more information on volunteering and the types of opportunities communities can offer to promote volunteering, visit the following resources:

- Independent Sector
- Innovations in Civic Participation
- Senior Corps
- Thoughts about the types of services that a community can promote are also found in AARP's Livable Communities Evaluation Guide, particularly the section titled "Caring Community."

4. How would you grade your community for having dependable public transportation that you would use to get to the places you would like to go?
If you want to know how to make your community more accessible for individuals who do not drive, follow these links:

- AARP's Livable Communities Evaluation Guide
- United We Ride
- Community Transportation Association
- American Public Transportation Association

5. How would you grade your community for having safe, well-designed sidewalks that can take you where you want to go (e.g., to a nearby grocery or drugstore)?
If you want to know how to make your community walkable, follow these links:

- AARP's Livable Communities Evaluation Guide
- The Pedestrian and Bicycle Information Center

6. How would you grade your community for having roads designed for safe driving, with clear and unambiguous signage, traffic stops, and pedestrian crosswalks?
If you want to know how to make your community drivable, follow these links:

- AARP's Livable Communities Evaluation Guide
- "Designing Roadways to Safely Accommodate the Increasing Mobile Older Driver," a report prepared by the Road Information Program. Requires free Adobe reader.
- "Highway Design Handbook for Older Drivers and Pedestrians" from the US Department of Transportation, Federal Highway Administration

7. If you have difficulty walking or driving, how would you grade your community for having safe and convenient transportation options available to you, such as rides from friends or family or public transportation?
If you want to know how to make your community accessible to residents who do not drive, follow these links:

- AARP's Livable Communities Evaluation Guide
- United We Ride
- Community Transportation Association
- Easter Seals ProjectACTION
- American Public Transportation Association

8. How would you grade your community for security and safety?
For more information on safety and security, see:

- AARP's Livable Communities Evaluation Guide
- The National Criminal Justice Reference Service is an important resource for a broad cross-section of safety and security issues.
- The New York State Office for the Aging provides a number of tips as does the California Attorney General. Requires free Adobe reader.

9. If you wanted or needed to leave your current home, how would you grade your community for having affordable housing options elsewhere in your community?
HUD identifies six steps for renters to find affordable housing. HUD also identifies a number of resources for homeowners who are having difficulty making payments for their current home, or who are seeking to move to another home.

For additional information on reverse mortgages, visit AARP's reverse mortgage topic page. You can also visit AARP's housing choices topic page for more information on housing options.

10. If you had difficulty walking around or performing a physical activity, how would you grade your home for being designed in a way that would allow you to complete your daily tasks?
Here are some links for further information home design:

- AARP's home page for home design
- The Universal Design Alliance
- The Center for Universal Design
- EasyLiving Home program
- In addition, you may find useful AARP's Livable Communities Evaluation Guide, particularly the section on Housing.

Thanks again for taking this survey.

Close this Window

2006

NORTH CAROLINA GENERAL ASSEMBLY

HOUSE COMMITTEE ON AGING
2005 – 2006 SESSION

Rep. Alice Bordsen
Chair

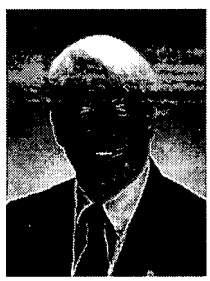
Rep. Jean Farmer-Butterfield
Chair

Rep. David Almond
Vice chair

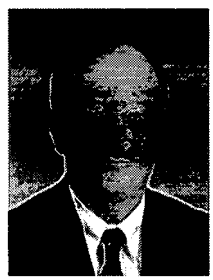
Rep. Beverly Earle
Vice chair

Rep. Garland Pierce
Vice chair

Rep. Arlie Culp



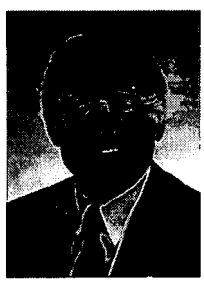
Rep. Bob England



Rep. Mitch Gillespie

Rep. James Langdon, Jr.

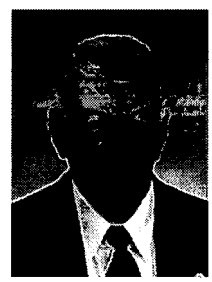
Rep. Mary McAllister



Rep. Ed McMahan

Rep. John Rayfield

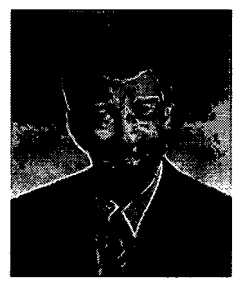
Rep. Jennifer Weiss



Rep. Gene Wilson

Rep. Pete Cunningham
Ex-officio

Rep. Rick Eddins
Ex-officio



Rep. Joe Hackney
Ex-officio

HOUSE COMMITTEE ON AGING
2005-2006 Session

MEMBER	ASSISTANT	PHONE	OFFICE	SEAT
Bordsen, Alice, Co-Chair	Michelle Hall	3-5820	530 LOB	29
Farmer-Butterfield, Jean Co-Chair	Ruth Merkle	3-5898	611 LOB	53
Almond, David, Vice Chair	Alice Falcone	3-5908	1315 LB	107
Earle, Beverly, Vice Chair	Ann Raeford	5-2530	634 LB	11
Pierce, Garland, Vice Chair	Mildred Alston	3-5803	1313 LB	83
Culp, Arlie	Waneta Lord	3-5865	607 LB	99
England, Bob	Lisa Brown	3-5749	2219 LB	78
Gillespie, Mitch	Cindy Hobbs	3-5862	1008 LB	74
Langdon, James	Jackson Stancil	3-5849	610 LOB	101
McAllister, Mary	Johnna Smith	3-5959	638 LOB	58
McMahan, Ed	Helen Long	3-5602	1426 LB	111
Rayfield, John	Brenda Olls	3-5868	510 LOB	73
Weiss, Jennifer	Susan Doty	3-5781	2221 LB	31
Wilson, Gene	Rebecca Jones-Cooper	3-7727	1109 LB	51

Ex Officio Members

Cunningham, Pete	Valerie Rustin	3-5778	541 LOB	7
Eddins, Rick	Susan Phillips	3-5828	1002 LB	26
Hackney, Joe	Emily Reynolds	3-5752	2207 LB	69

Staff

Theresa Matula	Research Division	3-2578	545 LOB
Shawn Parker			

ATTENDANCE

AGING

(Name of Committee)

DATES	June 7, 06	June 28, 06	June 29, 06													
BORDSEN, Alice Chair	✓	✓	✓													
FARMER-BUTTERFIELD, Jean Chair		✓														
ALMOND, David Vice-Chair	✓	✓														
EARLE, Beverly Vice-Chair																
PIERCE, Garland Vice-Chair	✓	✓	✓													
CULP, Arlie	✓		✓													
ENGLAND, Bob	✓	✓	✓													
GILLESPIE, Mitch																
LANGDON, James	✓	✓	✓													
MCALLISTER, Mary	✓	✓														
MCMAHAN, Ed			✓													
RAYFIELD, John	EXC.		✓													
WEISS, Jennifer	✓	✓														
WILSON, Gene																

Bill	Introducer	Short Title		Latest Action	In Date	Out Date
$ H0044	**Nye**	**CAP/DA AUDIT FUNDS.**	***H**	**Re-ref Com On Appropriations**	**02-03-05**	**04-05-05**
H0045=	Nye	ADULT PROTECTIVE SERVICES TF/ COLLABORATE.	HR	Ch. SL 2005-23	02-03-05	03-14-05
H0046=	Nye	FALSIFY INFO/ADULT CARE HOME LICENSE/ PENALTY.	H	Ref To Com On Aging	02-03-05	
$ H0119	**Clary**	**WAGE ENHANCEMENT/ FUNDS.**	**H**	**Re-ref Com On Appropriations**	**02-09-05**	**04-05-05**
H0183	Nye	INCREASE GERIATRIC CARE PROVIDERS.	H	Re-ref Com On Rules, Calendar, and Operations of the House	02-10-05	03-14-05
H1216=	Earle	EXPLOITATION OF ELDER OR DISABLED ADULTS/ POA.	H	Ref To Com On Aging	04-13-05	
H2049=	Earle	NC NOVA-SPECIAL VOLUNTARY LICENSURE DESIGNAT.	H	Ref To Com On Aging	05-18-06	
$ H2050=	**Earle**	**HEALTH CARE PERSONNEL REGISTRY EXPANSION.**	**H**	**Re-ref Com On Appropriations**	**05-18-06**	**06-07-06**
H2052=	Earle	REVIEW OF NC INSTITUTIONAL BIAS REPORT.	H	Ref To Com On Health Care	05-18-06	06-28-06
H2053=	Earle	DHHS EVALUATE TELEMONITORING.	H	Ref To Com On Aging	05-18-06	
H2054=	Earle	ADULT DAY AWARENESS/ STATUS OF STUDY RECOM.	H	Ref To Com On Health Care	05-18-06	06-28-06
H2059	Earle	LTC FINES POSTED ON INTERNET.	*H	Ref To Com On Health Care	05-18-06	06-07-06
S0042=	**A. B Swindell**	**HOME CARE CHANGES.**	***H**	**Ref To Com On Aging**	**06-02-05**	
S0488=	Charlie S. Danne	ASSAULT HANDICAPPED/ INCREASE PENALTY.	*HR	Ch. SL 2006-179	04-27-05	05-11-05
S0572	A. B Swindell	LICENSE ASSISTED LIVING FACIL./ELDERLY.	HR	Ch. SL 2005-66	03-29-05	05-11-05
S1276=	Charlie S. Danne	CAP/DA REVIEW AND REPORT.	HR	Ch. SL 2006-109	06-28-06	06-29-06
S1277=	Charlie S. Danne	NC NOVA-SPECIAL VOLUNTARY LICENSURE DESIGNAT.	*HR	Ch. SL 2006-104	06-27-06	06-28-06
S1278=	Charlie S. Danne	ADULT DAY AWARENESS/ STATUS OF STUDY RECOM.	HR	Ch. SL 2006-108	06-28-06	06-29-06
S1279=	Charlie S. Danne	REVIEW OF NC INSTITUTIONAL BIAS REPORT.	*HR	Ch. SL 2006-110	06-28-06	06-29-06

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

MINUTES
HOUSE COMMITTEE ON AGING

June 7, 2006

The House Committee on Aging met on Wednesday, June 7, 2006, in Room 605 of the Legislative Office Building at 11:00 AM. The following members were present: Co-Chair Rep. Bordsen, Co-Chair Rep. Farmer-Butterfield, Vice-Chair Rep. Almond, Vice-Chair Rep. Pierce, Rep. Culp, Rep. England, Rep. Langdon, Rep. McAllister, and Rep. Weiss. Theresa Matula, Staff Counselor was in attendance. A Visitor Registration list is attached and made part of these minutes.

The presiding Chair, Rep. Bordsen called the meeting to order and recognized Pages, Sergeant-at-Arms, Members, Staff, and visitors. Rep. Bordsen also notified all in attendance of the change in agenda; HB 2053 would not be considered.

The chair recognized Rep. Weiss to explain **HB 2050 HEALTH CARE PERSONNEL REGISTRY EXPANSION.**

The chair recognized Rep. Almond for questions regarding the time period of the registry.

The chair recognized Mr. Jesse Goodman of the Department of Health and Human Services Division of Facility Services to answer question and further explain the registry.

The chair recognized Rep. Almond for a follow-up question regarding the availability of the list.

Mr. Goodman further explained HB 2050.

Rep. Culp was recognized for a question regarding page 4 line 18, in reference to the positions created by HB 2050.

Mr. Goodman answered about the need for these positions and how many would be created.

Upon motion being made by Rep. England, the bill received a favorable report and was referred to Appropriations.

Rep. Weiss was recognized to explain **HB 2059 LTC FINES POSTED ON INTERNET.**

Rep. Weiss motioned to amend HB 2059. Theresa Matula read amendment. Rep. Weiss explained the amendment and its purpose was for clarifying language.

Rep. England was recognized for a question.

Rep. Bordsen further explained the amendment.

Upon motion by Rep. Weiss, the amendment carried.

The chair recognized Polly Williams of Friends of Residence and Long Term Care to speak on behalf of HB 2059.

Rep. Pierce was recognized for a question regarding whether or not out-of-court settlements would appear on the registry.

The chair recognized Mr. Bob Fitzgerald, Director of DHHS/DFS to explain which penalties would be posted on the registry.

Rep. Pierce was recognized for a follow-up question.

Rep. Weiss answered the question and explained the history of the bill.

Upon motion from Rep. McAllister, the bill was given a favorable report as amended. The amendment would be rolled into a Committee Substitute.

There being no further business, Rep. Bordsen adjourned the meeting at 11:45 AM.

Respectfully submitted,

Alice L Bordsen

Rep. Bordsen
Presiding Chair

Michelle Hall
Committee Assistant

AGENDA

HOUSE COMMITTEE ON AGING

Wednesday, June 7, 2005
Room 605 LOB
11:00 AM

OPENING REMARKS

Representative Alice Bordsen, Co-Chair
Committee on Aging

AGENDA ITEMS:

HB 2050	**HEALTH CARE PERSONNEL REGISTRY EXPANSION** **Representative Beverly Earle, Sponsor**
HB 2059	**LTC FINES POSTED ON INTERNET** **Representative Beverly Earle, Sponsor**
HB 2053	**DHHS EVALUATE TELEMONITORING** **Representative Beverly Earle, Sponsor**

ADJOURNMENT

Minutes
06/07/06

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

HOUSE BILL 2050*

Short Title:	Health Care Personnel Registry Expansion.	(Public)
Sponsors:	Representatives Earle, Weiss, Bordsen, England (Primary Sponsors); Clary, Adams, Alexander, B. Allen, L. Allen, Bell, Carney, Church, Cole, Dickson, Farmer-Butterfield, Fisher, Glazier, Harrell, Insko, Jeffus, Ed Jones, Lucas, Luebke, Nye, Parmon, Rapp, Saunders, Underhill, Wray, and Wright.	
Referred to:	Aging, if favorable, Appropriations.	

May 18, 2006

A BILL TO BE ENTITLED

AN ACT TO EXPAND THE HEALTH CARE PERSONNEL REGISTRY BY AMENDING THE DEFINITIONS OF HEALTH CARE FACILITIES AND HEALTH CARE PERSONNEL, TO PROHIBIT THE EMPLOYMENT BY HEALTH CARE FACILITIES OF ANY PERSON WHO HAS A SUBSTANTIATED FINDING ON THE HEALTH CARE PERSONNEL REGISTRY, AND TO APPROPRIATE FUNDS TO THE DIVISION OF FACILITY SERVICES FOR STAFFING, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 131E-256 reads as rewritten:

"**§ 131E-256. Health Care Personnel Registry.**

(a) The Department shall establish and maintain a health care personnel registry containing the names of all health care personnel working in health care facilities in North Carolina who have:

(1) Been subject to findings by the Department of:

a. Neglect or abuse of a resident in a health care facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.

b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.

c. Misappropriation of the property of a health care facility.
d. Diversion of drugs belonging to a health care facility or to a patient or client.
e. Fraud against a health care facility or against a patient or client for whom the employee is providing services.

(2) Been accused of any of the acts listed in subdivision (1) of this subsection, but only after the Department has screened the allegation and determined that an investigation is required.

The Health Care Personnel Registry shall also contain all findings by the Department of neglect of a resident in a nursing facility or abuse of a resident in a nursing facility or misappropriation of the property of a resident in a nursing facility by a nurse aide that are contained in the nurse aide registry under G.S. 131E-255.

(a1) The Department shall include in the registry a brief statement of any individual disputing the finding entered against the individual in the health care personnel registry pursuant to subdivision (1) of subsection (a) of this section.

(b) For the purpose of this section, the following are considered to be "health care facilities":

(1) Adult Care Homes as defined in G.S. 131D-2.
(2) Hospitals as defined in G.S. 131E-76.
(3) Home Care Agencies as defined in G.S. 131E-136.
(4) Nursing Pools as defined by G.S. 131E-154.2.
(5) Hospices as defined by G.S. 131E-201.
(6) Nursing Facilities as defined by G.S. 131E-255.
(7) State-Operated Facilities as defined in G.S. 122C-3(14)f.
(8) Residential Facilities as defined in G.S. 122C-3(14)e.
(9) 24-Hour Facilities as defined in G.S. 122C-3(14)g.
(10) Licensable Facilities as defined in G.S. 122C-3(14)b.
(11) Multiunit Assisted Housing with Services as defined in G.S. 131D-2.
(12) Community Based Providers of Services for the Mentally Ill, the Developmentally Disabled, and Substance Abusers that are not required to be licensed under Article 2 of Chapter 122C.
(13) Agencies providing in-home aide services funded through the Home and Community Care Block Grant Program in accordance with G.S. 143B-181.1(a)11.

(c) For the purpose of this section, the term "health care personnel" means any unlicensed staff of a health care facility that has direct access to residents, clients, or their property. Direct access includes any health care facility unlicensed staff that during the course of employment has the opportunity for direct contact with an individual or an individual's property, when that individual is a resident or person to whom services are provided.~~the following are considered to be "health care personnel":~~

~~(1) In an adult care home, an adult care personal aide who is any person who either performs or directly supervises others who perform task functions in activities of daily living which are personal functions essential for the health and well-being of residents such as bathing,~~

~~dressing, personal hygiene, ambulation or locomotion, transferring, toileting, and eating.~~

~~(2) A nurse aide.~~

~~(3) An in-home aide or an in-home personal care aide who provides hands-on paraprofessional services.~~

~~(4) Unlicensed assistant personnel who provide hands-on care, including, but not limited to, habilitative aides and health care technicians.~~

(d) Health care personnel who wish to contest findings under subdivision (a)(1) of this section are entitled to an administrative hearing as provided by the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case shall be filed within 30 days of the mailing of the written notice of the Department's intent to place its findings about the person in the Health Care Personnel Registry.

(d1) Health care personnel who wish to contest the placement of information under subdivision (a)(2) of this section are entitled to an administrative hearing as provided by the Administrative Procedure Act, Chapter 150B of the General Statutes. A petition for a contested case hearing shall be filed within 30 days of the mailing of the written notice of the Department's intent to place information about the person in the Health Care Personnel Registry under subdivision (a)(2) of this section. Health care personnel who have filed a petition contesting the placement of information in the health care personnel registry under subdivision (a)(2) of this section are deemed to have challenged any findings made by the Department at the conclusion of its investigation.

(d2) A health care facility shall not employ any person for whom a substantiated finding has been entered on the Health Care Personnel Registry. Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.

(e) The Department shall provide an employer or potential employer of any person listed on the Health Care Personnel Registry information concerning the nature of the finding or allegation and the status of the investigation.

(f) No person shall be liable for providing any information for the health care personnel registry if the information is provided in good faith. Neither an employer, potential employer, nor the Department shall be liable for using any information from the health care personnel registry if the information is used in good faith for the purpose of screening prospective applicants for employment or reviewing the employment status of an employee.

(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

(h) The North Carolina Medical Care Commission shall adopt, amend, and repeal all rules necessary for the implementation of this section.

(i) In the case of a finding of neglect under subdivision (1) of subsection (a) of this section, the Department shall establish a procedure to permit health care personnel to petition the Department to have his or her name removed from the registry upon a determination that:

(1) The employment and personal history of the nurse aid does not reflect a pattern of abusive behavior or neglect;

(2) The neglect involved in the original finding was a singular occurrence; and

(3) The petition for removal is submitted after the expiration of the one-year period which began on the date the petitioner's name was added to the registry under subdivision (1) of subsection (a) of this section."

SECTION 2. There is appropriated from the General Fund to the Department of Health and Human Services, Division of Facility Services, the sum of one million seven hundred thousand dollars ($1,700,000) for the 2006-2007 fiscal year, to be used to establish positions to handle increases in allegations and investigations.

SECTION 3. Section 1 of this act becomes effective October 1, 2006. Section 2 of this act becomes effective July 1, 2006. The remainder of this act is effective when it becomes law.

PUBLIC BILL

2050

H.B. _____ SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO EXPAND THE HEALTH CARE PERSONNEL REGISTRY BY AMENDING THE DEFINITIONS OF HEALTH CARE FACILITIES AND HEALTH CARE PERSONNEL, TO PROHIBIT THE EMPLOYMENT BY HEALTH CARE FACILITIES OF ANY PERSON WHO HAS A SUBSTANTIATED FINDING ON THE HEALTH CARE PERSONNEL REGISTRY, AND TO APPROPRIATE FUNDS TO THE DIVISION OF FACILITY SERVICES FOR STAFFING, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

Introduced by Representative(s): Earle, Weiss, Bordsen, England (Primary Sponsors), and Clary.

D. Saunders · Edward Jones · B Cam · Alexander
Lucas · Church · Gabriel · McCombs
Nye · Bell · M. Jeffus · Wright
McMahan · Faircloth · Tolson · Underhill
Farmer-Butterfield · Parmon · Rapp · Glazier
Farmer-Butterfield
Insko
B. Allen
Adams
Wray
Luebke

Principal Clerk's Use Only

PASSED 1st READING
MAY 18 2006
AND REFERRED TO COMMITTEE
ON Aging

Favorable Appropriations

Minutes
06-07-06

HOUSE BILL 2050:
Health Care Personnel Registry Expansion

BILL ANALYSIS

Committee:	House Aging	**Date:**	June 5, 2006
Introduced by:	Reps. Earle, Weiss, Bordsen, England	**Summary by:**	Theresa Matula Committee Staff
Version:	First Edition		

SUMMARY: House Bill 2050 expands the definition of "health care facilities;" expands the definition of "health care personnel;" and includes an appropriation of $1,700,000 for the 2006-2007 fiscal year for the establishment of positions to handle increases in allegations and investigations. This bill is a recommendation from the Study Commission on Aging. If this bill receives a favorable report, it has a serial referral to House Appropriations

[House Bill 2050 and Senate Bill 1275 were identical upon introduction. Senate Bill 1275, as introduced by Sen. Dannelly, is currently in Senate Health Care. If fav, re-ref to Appropriations/Base Budget.]

CURRENT LAW:

The Department of Health and Human Services maintains a Health Care Personnel Registry that contains the names of all health care personnel working in health care facilities that have been subject to findings, or accused and an investigation is required, for the following acts:

- Neglect or abuse of a resident in a health care facility or person to whom home care (G.S. 131E-136) or hospice services (G.S. 131E-201) are being provided.
- Misappropriation of the property of a resident in a health care facility or resident of a place where home care or hospice services are being provided.
- Misappropriation of the property of the health care facility.
- Diversion of drugs belonging to a health care facility or to a patient or client.
- Fraud against a health care facility or against a patient or client for whom the employee is providing services

Individuals subject to the provisions of the Health Care Personnel Registry are defined by statute. G.S. 131E-256(b) defines entities that are considered "health care facilities" and G.S. 131E-256(c) defines individuals that are considered "health care personnel."

BILL ANALYSIS:

Section 1 of House Bill 2050:

Page 2, lines 24-31 of HB 2050 amend the list of "health care facilities" contained in G.S. 131E-256(b) to include the following:

- Licensable Facilities (defined in G.S. 122C-3(14)b) which includes any person at one location whose primary purpose is to provide services for the care, treatment, habilitation, or rehabilitation of the mentally ill, the developmentally disabled, or substance abusers, including a "licensable facility", which provides services for one or more minors or for two or more adults, including day services offered to the same individual for a period of three hours or more during a 24-hour period, or residential services provided for 24 consecutive hours or more. When the services offered are provided to individuals who are substance abusers, these services shall include all outpatient services, day services offered to the same individual for a period of three hours or more during a 24-hour period, or residential services provided for 24 consecutive hours

or more. Facilities for individuals who are substance abusers include chemical dependency facilities.

- Multiunit Assisted Housing with Services (G.S. 131DD-2).
- Community Based Providers of Services for the Mentally Ill, the Developmentally Disabled, and Substance Abusers that are not required to be licensed under Article 2 of Chapter 122C.
- Agencies providing in-home aid services funded through the Home and Community Care Block Grant (G.S.143B-181.1(a) 11).

Page 2, lines 32-37 amend the definition of "health care personnel" contained in G.S. 131E-256(c). House Bill 2050 amends the definition of "health care personnel" broadening it to mean any unlicensed staff of a health care facility (defined in G.S. 131E-256(b)) that has direct access to residents, clients, or their property.

- Direct access includes any health care facility unlicensed staff that during the course of employment has the opportunity for direct contact
  - with an individual
  - or an individuals property,

  when that individual is a resident or person to whom services are provided.

The current definition in the statutes primarily pertains to those aides providing hands-on care (i.e. adult care home personal aides that supervise or perform specific tasks, nurse aides, in-home aides, or in-home personal care aides who provide hands on services, and unlicensed assistant personnel who provide hands on care.)

Page 3, lines 24-25 prevents a health care facility from employing any person for whom a substantiated finding has been entered on the Health Care Personnel Registry.

Section 2 of House Bill 2050

Page 4, lines 15-18 appropriate $1,700,000 for the 2006-2007 fiscal year to be used to establish positions to handle increases in allegations and investigations. (See second paragraph under background for additional information on the appropriation.)

EFFECTIVE DATE:
Section 1 of House Bill 2050 becomes effective October 1, 2006, Section 2 becomes effective July 1, 2006, and the remainder of the bill is effective when it becomes law.

BACKGROUND:
S.L. 2005-276, Section 10.40A(q) required the Department of Health and Human Services (DHHS) to study whether there are any additional "health care facilities" and "health care personnel" that are employed in health care settings, including unlicensed health care settings, that should be contained in the Health Care Personnel Registry and listed in G.S. 131E-256. On January 18, 2006, DHHS presented to the Study Commission on Aging, a report that included the changes contained in this bill.

Additionally, DHHS believes that they will need additional staff resources to process the increased number of allegation reports as a result of the expansion, and to manage expansions that have occurred over the last five years. (The Department reports that in the last five years, allegations have increased 280% and there has been a 62% increase in cases needing investigations.) The Department estimated that it would need $1.7 million for: 18 investigator positions, 3 regional supervisor/investigator positions, and 6 administrative support positions.

H2050e1-SMSH

Minutes
06-07-06

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

H 1

HOUSE BILL 2053*

Short Title:	DHHS Evaluate Telemonitoring.	(Public)
Sponsors:	Representatives Earle, Weiss, England (Primary Sponsors); Clary, Bordsen, Adams, Alexander, Bell, Carney, Church, Cole, Crawford, Dickson, Faison, Farmer-Butterfield, Fisher, Glazier, Harrell, Insko, Jeffus, Ed Jones, Lucas, Luebke, Nye, Parmon, Rapp, Saunders, Wainwright, Wray, and Wright.	
Referred to:	Aging.	

May 18, 2006

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MEDICAL ASSISTANCE, TO EVALUATE THE USE OF TELEMONITORING EQUIPMENT, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services, Division of Medical Assistance, shall evaluate the use of telemonitoring equipment as a tool to improve the health of home-based individuals through increased monitoring and responsiveness, and resulting in increased stabilization rates and decreased hospitalization rates. The evaluation must include a representative number of older adults. The Department shall report to the Study Commission on Aging by August 1, 2007. The report shall include findings and recommendations on the cost-effectiveness of telemonitoring and the benefits to individuals and healthcare providers.

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

PUBLIC BILL

2053

H.B. _____ SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MEDICAL ASSISTANCE, TO EVALUATE THE USE OF TELEMONITORING EQUIPMENT, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

Introduced by Representative(s): Earle, Weiss, England (Primary Sponsors), Clary, and Bordsen.

Bell, Crawford, Edwards, Alexander, B. Clary, Dickson, Lucas, N. Cole, Mahan, Harrell, Nye, M. Jeffus, Fisher, Ph. Nichols, Farmer-Butterfield, Wright, Parmon, Rapp, Yongue, Wainwright, Lewis, Luebke, Allen, Wray, Faison

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PASSED 1st READING
MAY 16 2006
AND REFERRED TO COMMITTEE
ON Agriculture

Minutes
06-09-06

HOUSE BILL 2053:
DHHS Evaluate Telemonitoring

BILL ANALYSIS

Committee:	House Aging	**Date:**	June 6, 2006
Introduced by:	Reps. Earle, Weiss, England	**Summary by:**	Theresa Matula
Version:	First Edition		Committee Staff

SUMMARY: ***House Bill 2053 directs the Department of Health and Human Services, Division of Medical Assistance, to evaluate the cost effectiveness and benefits of the use of telemonitoring equipment and to report its findings to the Study Commission on Aging by August 1, 2007. This bill is a recommendation of the Study Commission on Aging.***

[House Bill 2053 and Senate Bill 1280 were identical upon introduction. Senate Bill 1280, introduced by Sen. Dannelly, is currently in the Senate Health Care Committee.]

BILL ANALYSIS:

House Bill 2053 requires the Department of Health and Human Services, Division of Medical Assistance, to evaluate the use of telemonitoring equipment. The evaluation shall determine whether telemonitoring equipment is an effective tool in improving the health of home-based individuals. Specifically, the evaluation shall determine whether the equipment results in increased stabilization rates and decreased hospitalization rates as a result of increased monitoring and responsiveness. The evaluation must include a representative number of older adults.

The report to the Study Commission on Aging by August 1, 2007, must include findings and recommendations on the cost-effectiveness of telemonitoring and the benefits to individuals and healthcare providers.

This bill will become effective when it becomes law.

BACKGROUND:

This bill is a recommendation of the Study Commission on Aging. During the interim, the Commission heard a presentation on the use of telemonitoring equipment which is capable of monitoring and conveying vital signs, providing patient education, and assisting individuals with medication compliance.

The technology varies, but equipment can capture the following range of items:

- heart rate
- weight
- lung function
- blood pressure
- temperature
- heart rhythms
- oxygen saturation
- glucose count

Once captured, the data can be transmitted via digital wireless technology or traditional phone lines for review. If vital signs are outside the pre-established ranges set by the physician or nurse, the patient may be contacted and provided any necessary follow-up care.

**Shawn Parker provided a substantial contribution toward this summary.*
H2053e1-SMSH

Minutes
06-07-06

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2005

H 1

HOUSE BILL 2059*

Short Title:	LTC Fines Posted on Internet.	(Public)
Sponsors:	Representatives Earle, Weiss, Bordsen (Primary Sponsors); Clary, England, Adams, Alexander, B. Allen, L. Allen, Bell, Carney, Church, Cole, Dickson, Faison, Farmer-Butterfield, Fisher, Glazier, Harrell, Insko, Jeffus, Ed Jones, Lucas, Luebke, Martin, Nye, Parmon, Rapp, Ross, Saunders, Wray, and Wright.	
Referred to:	Aging.	

May 18, 2006

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF FACILITY SERVICES, TO POST THE FINES AND PENALTIES ASSESSED TO LONG-TERM CARE FACILITIES, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services, Division of Facility Services, shall establish and maintain a list of substantiated infractions, fines, and penalties assessed to long-term care facilities. The list shall be accessible on the Internet and implemented not later than October 15, 2006. The Department shall report on the implementation of the list to the North Carolina Study Commission on Aging not later than November 1, 2006.

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

PUBLIC BILL

2059

H.B. _____ SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF FACILITY SERVICES; TO POST THE FINES AND PENALTIES ASSESSED TO LONG-TERM CARE FACILITIES, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

Introduced by Representative(s): Earle, Weiss, Bordsen (Primary Sponsors), Clary, and England.

D. Saunders, Edwards, B Cam, Lucas
Church, Harrell, Cole, Brubaker
Nye, Bell, Jeffus, Wright
Fisher, R. Allen, Hall, Farmer-Butterfield
Parmon, Ross, Rapp, Yongue

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PASSED 1ST READING
MAY 18 2006
AND REFERRED TO COMMITTEE
ON... Agriculture...

Faison

Hall
B. Allen
Luebke
Goodwin
Wray

Dorsett
MARTIN

Minutes
06-07-06

HOUSE BILL 2059:
LTC Fines Posted on Internet

BILL ANALYSIS

Committee:	House Aging	**Date:**	June 6, 2006
Introduced by:	Reps. Earle, Weiss, Bordsen	**Summary by:**	Theresa Matula
Version:	First Edition		Committee Staff

SUMMARY: ***House Bill 2059 directs the Department of Health and Human Services, Division of Facility Services, to maintain a list on the Internet of substantiated infractions, fines, and penalties assessed to long-term care facilities. The bill is a recommendation from the Study Commission on Aging.***

BILL ANALYSIS:

House Bill 2059 implements a recommendation of the Study Commission on Aging, directing the Department of Health and Human Services, Division of Facility Services, to create and maintain a list of the substantiated infractions, fines, and penalties that are assessed to long-term care facilities.

The bill requires the list be available on the Internet by October 15, 2006. The Department is required to report on the implementation of the list to the Study Commission on Aging by November 1, 2006.

The bill becomes effective when it becomes law.

BACKGROUND:

The Study Commission on Aging heard a presentation on March 15, 2006 from the Division of Facility Services that the fines and penalties assessed to long-term care facilities are not currently posted in a location that is accessible to the public.

Currently consumers evaluating nursing homes can access information on the internet regarding nursing homes. The "Nursing Home Compare" on the Medicare website contains information on regulatory requirements that nursing homes failed to meet, but the site does not provide an entire inspection report. According to the website, "a complete inspection report and the nursing home's corresponding plan of correction to address the deficiencies found during the inspection are available from the State survey agency or from the nursing home itself. In addition, each nursing home that provides Medicare or Medicaid services is required to make the results of its last full inspection available onsite for public review." The Nursing Home Compare can be found at: http://www.medicare.gov/NHCompare/home.asp

Information for adult care homes is not readily available. The Commission believes that timely posting the fines and penalties would be valuable resource to consumers.

**Sara Kamprath substantially contributed to this summary.*

H2059e1-SMSH

NORTH CAROLINA GENERAL ASSEMBLY AMENDMENT

(Please type or use ballpoint pen)

EDITION No. 1

H. B. No. 2059 DATE June 7, 2006

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

COMMITTEE SUBSTITUTE _____

(Rep.) Sen.) Weiss

moves to amend the bill on page 1, lines 8-9

( ) WHICH CHANGES THE TITLE

by ~~amending the title~~ rewriting the lines to read: "Facility Services shall establish and maintain a list of fines and penalties imposed on nursing homes licensed pursuant to G.S. 131E, Article 6, and adult care homes licensed pursuant to G.S. 131D, Article 1, along with a record of fines or payments made pursuant to settlement agreements and the dates such payments were made." The list shall be accessible on the "

SIGNED Jennifer Weiss

ADOPTED _____ FAILED _____ TABLED _____

PRINCIPAL CLERK'S OFFICE (FOR ENGROSSMENT)

Minutes
6.07.06

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

H **D**

HOUSE BILL 2059*
PROPOSED COMMITTEE SUBSTITUTE H2059-PCS50728-SH-63

Short Title: LTC Fines Posted on Internet. (Public)

Sponsors:

Referred to:

May 18, 2006

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF FACILITY SERVICES, TO POST THE FINES AND PENALTIES ASSESSED TO LONG-TERM CARE FACILITIES, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services, Division of Facility Services, shall establish and maintain a list of fines and penalties imposed on nursing homes licensed pursuant to Article 6 of Chapter 131E of the General Statutes, and adult care homes licensed pursuant to Article 1 of Chapter 131D of the General Statutes, along with a record of fines or payments made pursuant to settlement agreements and the dates such payments were made. The list shall be accessible on the Internet and implemented not later than October 15, 2006. The Department shall report on the implementation of the list to the North Carolina Study Commission on Aging not later than November 1, 2006.

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

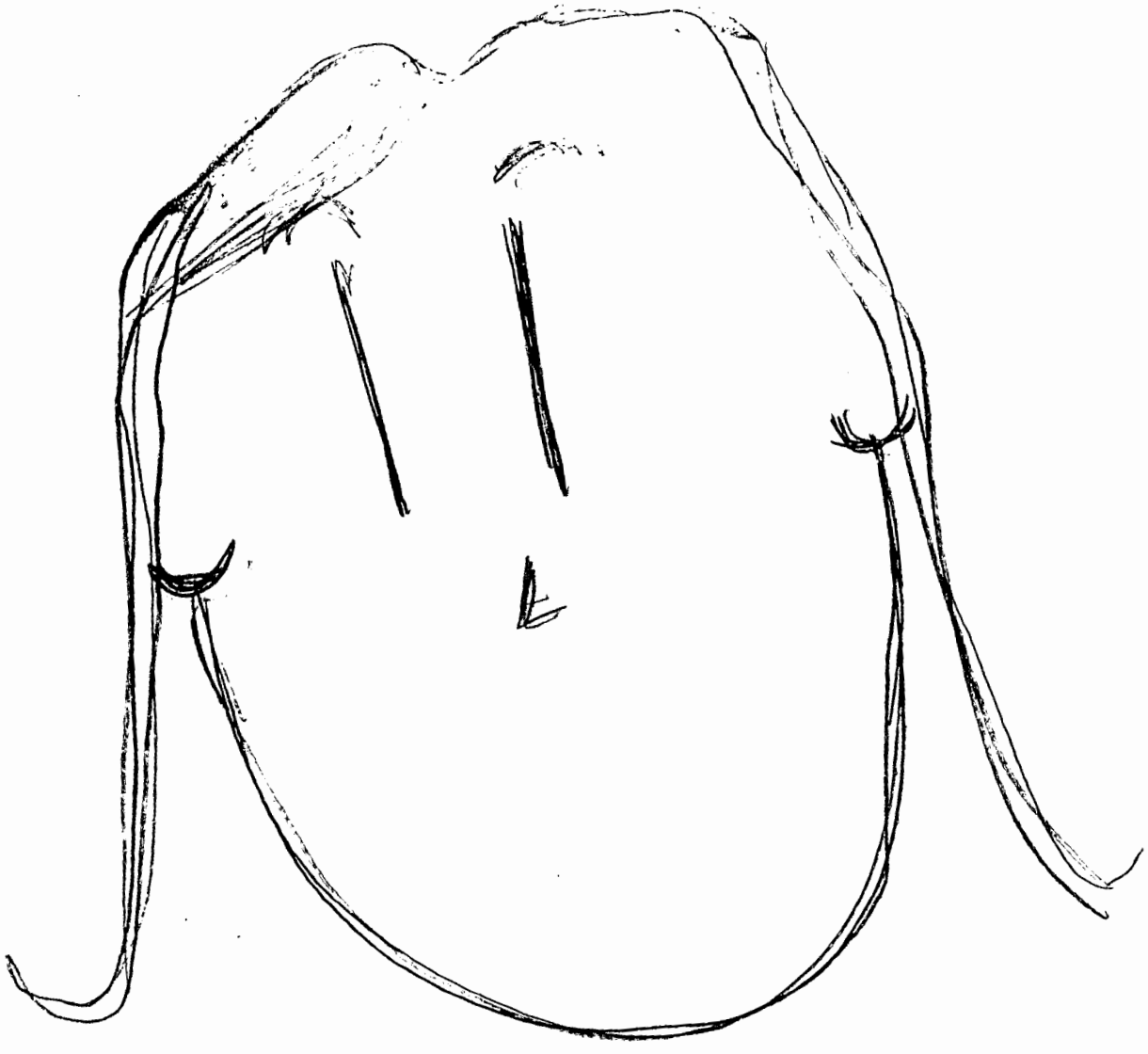
VISITOR REGISTRATION SHEET

AGING — June 7, 2006

Name of Committee — **Date**

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jesse Gwaltney	DHHS / DFS
Mary Edwards	DAAS
William Lawrence Jr.	DMA / DHHS
Jim Bone	Bone & Assoc
William Lamb	Friends of Residents in LTC
DAVID BARNES	Poyner + Spruill
Evelyn Hawthorne	OTGR
Lynette Dalton	HHS
Polly Williams	Friends of Residents / NC Justice Center
Jack Cozort	Womble
Jim Roz	Assoc. for Home & Hospice Care



VISITOR REGISTRATION SHEET

June 7, 2006

Name of Committee | Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Barbara Ryan	DFS
Andrew Fiechter	DFS
Kelli Vinson	AARP NC
Mary Bethel	AARP NC
Bob Fitzgerald	DHHS/DFS
[illegible]	Civitas Institute

Minutes
06/07/06

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Bordsen, Farmer-Butterfield (Chairs) for the Committee on AGING.

☐ Committee Substitute for

HB 2050 A BILL TO BE ENTITLED AN ACT TO EXPAND THE HEALTH CARE PERSONNEL REGISTRY BY AMENDING THE DEFINITIONS OF HEALTH CARE FACILITIES AND HEALTH CARE PERSONNEL, TO PROHIBIT THE EMPLOYMENT BY HEALTH CARE FACILITIES OF ANY PERSON WHO HAS A SUBSTANTIATED FINDING ON THE HEALTH CARE PERSONNEL REGISTRY, AND TO APPROPRIATE FUNDS TO THE DIVISION OF FACILITY SERVICES FOR STAFFING, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

☒ With a favorable report and recommendation that the bill be re-referred to the Committee on APPROPRIATIONS.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ The bill/resolution is re-referred to the Committee on _____.

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Bordsen, Farmer-Butterfield (Chairs) for the Committee on AGING.

☐ Committee Substitute for

HB 2059 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF FACILITY SERVICES, TO POST THE FINES AND PENALTIES ASSESSED TO LONG-TERM CARE FACILITIES, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

☒ With a favorable report as to the committee substitute bill, unfavorable as to the original bill.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the (House/Senate) committee substitute bill/(joint) resolution (No._____) is placed on the Calendar of _____. (The original bill resolution No._____) is placed on the Unfavorable Calendar.

_____ The (House) committee substitute bill/(joint) resolution (No. ____) is re-referred to the Committee on _____. (The original bill/resolution) (House/Senate Committee Substitute Bill/(Joint) resolution No. ___) is placed on the Unfavorable Calendar.

MINUTES
HOUSE COMMITTEE ON AGING

June 28, 2006

The House Committee on Aging met on Wednesday, June 28, 2006, at 11:00 am, in Room 424 of the Legislative Office Building. The following members were present: Co-Chair Representative Jean Farmer-Butterfield, Co-Chair Representative Alice Bordsen, Vice-Chair David Almond, Vice-Chair Garland Pierce, Representative Bob England, Rep. James Langdon, Rep. Mary McAllister, and Rep. JenniferWeiss. Also in attendance was Staff Member Theresa Matula. A visitor registration list is attached and made part of these Minutes.

The presiding Chair, Rep. Jean Farmer-Butterfield, called the meeting to order and recognized Pages, Sargeant-At-Arms, Members, Staff, and Visitors. She notified everyone in attendance that Senator Dannelly would not be available to speak on his bills.

The Chair recognized Representative Alice Bordsen to explain HB 2052 - REVIEW OF INSTITUTIONAL BIAS REPORT.

The Chair recognized Representative Almond for a question regarding whether it was less expensive to serve someone on Medicaid in a home setting rather than in an Institution. The question was referred to Representative Bordsen for clarification.

The Chair recognized Representative Almond for a follow-up question. He asked if there was any estimate of how much money the State can save by providing in-home services versus putting patients in an institution.

Theresa Matula, upon request, explained that the Lewin Group's report indicated that there may be things in place that prohibit individuals from receiving care at home and that the question about cost savings could not really be answered at this point. This bill will require providers and advocates to work on the issues identified in the report. This bill will enable the Committee on Aging to monitor the issue and to make sure we are making progress on the study's recommendations.

Upon a motion made by Representative England, the bill received a favorable report.

The Chair recognized Representative Bordsen to explain HB 2054 – ADULT DAY AWARENESS.

The Chair recognized Representative McAllister for a follow-up question regarding whether staff monitors similar reports.

Theresa Matula explained that typically the staff does keep track of reports required by enacted legislation.

The Chair asked if anyone from the Division of Aging and Adult Services wanted to comment on Adult Awareness.

Mr. Dennis Streets, Director of the Division, said they were already working on an interim status report on the adult awareness part of CAP/DA and will have it by the reporting deadline.

Upon a motion made by Representative McAllister, the bill received a favorable report.

The Chair recognized staff member Theresa Matula to speak on SB 1277 – NC NOVA.

Representative Weiss was recognized to add additional comments on the bill.

The Chair recognized Susan Harmuth of NC NOVA to answer any questions of members or staff.

Upon a motion made by Representative Langdon, the bill received a favorable report.

There being no further business, Representative Farmer-Butterfield adjourned the meeting at 11:20 am.

Respectfully submitted,

Representative Jean Farmer-Butterfield
Presiding Chair

Ruth Merkle
Committee Assistant

AGENDA

HOUSE COMMITTEE ON AGING

Wednesday, June 28, 2006
Room 424 LOB
11:00 a.m.

OPENING REMARKS

Representative Jean Farmer-Butterfield, Co-Chair
Committee on Aging

AGENDA ITEMS:

HB 2052	**REVIEW OF INSTITUTIONAL BIAS REPORT** **Representative Beverly Earle, Sponsor**
HB 2054	**ADULT DAY AWARENESS** **Representative Beverly Earle, Sponsor**
SB 1277	**NC NOVA** **Senator Charlie Dannelly, Sponsor**

ADJOURNMENT

Corrected: Remove HB 2049 ADD SB 1277

NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2005-2006 SESSION

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

DAY & DATE: **Wednesday, June 28, 2006**

TIME: **11:00 a.m.**

LOCATION: **Room 424 LOB**

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

SB 1277, NC NOVA, Senator Charlie Dannelly

HB 2052, REVIEW OF INSTITUTIONAL BIAS REPORT, Rep. Beverley Earle

HB 2054, ADULT DAY AWARENESS, Rep. Beverly Earle

Respectfully,
Representative Alice Bordsen, Chair
Representative Jean Farmer-Butterfield, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at 5:**00 pm** on **June 27, 2006.**

___Principal Clerk
___Reading Clerk - House Chamber

Ruth Merkle (Committee Assistant)
Michelle Hall (Committee Assistant)

VISITOR REGISTRATION SHEET

AGING — 6.28.06

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Glenda Arms	Division of Aging and Adult Services
Shannon Crane	" " "
Jim Edgerton	DHHC
Larry Nason	DMA
Susan Hamm	NC NOVA
Beverly Speroff	NC NOVA
Mary Edwards	DAMS
Abby C. Emanuelson	NMSS
DAVID BARNES	Poyner + Spruill
Cathy McConnell	AARP-NC
Paige Hall	Gov's Office
Mary Dale	AARP-NC
Pamela Hall	AARP-NC

VISITOR REGISTRATION SHEET

Name of Committee _____ Date _____

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Spoke Dennis Streets	NC Div. of Aging & Adult Services
Charles Szypszak	Institute of Government
Joanne Logan & Wayne Williams	NC Assisted Living OSBM
Charlene Carey	NC Right to Life
Rachel Ellis	Rachel is placed as assoc.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

H 1

HOUSE BILL 2052*

Short Title:	Review of NC Institutional Bias Report.	(Public)
Sponsors:	Representatives Earle, Weiss, England (Primary Sponsors); Clary, Bordsen, Adams, Alexander, Bell, Carney, Church, Cole, Dickson, Faison, Farmer-Butterfield, Fisher, Glazier, Harrell, Insko, Jeffus, Ed Jones, Lucas, Luebke, Nye, Parmon, Rapp, Saunders, Wainwright, Wray, and Wright.	
Referred to:	Aging.	

May 18, 2006

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO COLLABORATE WITH PROVIDERS AND ADVOCATES OF HOME AND COMMUNITY-BASED SERVICES TO REVIEW AND MAKE RECOMMENDATIONS ADDRESSING BIASES IDENTIFIED IN THE NORTH CAROLINA INSTITUTIONAL BIAS STUDY REPORT, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall collaborate with providers and advocates of home and community-based services to review the North Carolina Institutional Bias Study Report prepared by the Lewin Group and make recommendations on ways to address the biases identified in the report. The Department shall report its findings and recommendations to the North Carolina Study Commission on Aging on or before October 15, 2006.

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

HOUSE BILL 2052:
Review of NC Institutional Bias Report

BILL ANALYSIS

Committee:	House Aging	**Date:**	June 28, 2006
Introduced by:	Reps. Earle, Weiss, England	**Summary by:**	Theresa Matula
Version:	First Edition		Committee Staff

SUMMARY: House Bill 2052 requires collaboration between the Department of Health and Human Services and providers and advocates of home and community-based services to review and make recommendations addressing biases identified in the Institutional Bias Study Report. This bill is a recommendation from the North Carolina Study Commission on Aging.

[As introduced, this bill was identical to S1279. S1279 was referred to H. Health on 6/7/06 but has not been heard.]

HISTORY:

The NC Study Commission on Aging recommended that the 2004 General Assembly require the Department of Health and Human Services 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 to recommend ways to alleviate this bias, if such a bias exists. S.L. 2004-124, Section 10.13 required the Department of Health and Human Services to contract with an independent entity 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 Lewin Group conducted the study and identified 10 biases and recommendations. The Study Commission on Aging received information and engaged in discussion about the report during meetings on January 4, 2006, and March 29, 2006. In a letter dated March 29, 2006, Secretary Hooker Odom indicated that the Department was in the process of addressing a number of areas where additional work is needed.

BILL ANALYSIS:

House Bill 2052 directs the Department of Health and Human Services to collaborate with providers and advocates of home and community-based services to make recommendations addressing the biases identified in the institutional bias report prepared by The Lewin Group. (Institutional bias refers to the policies and practices within Medicaid that make it easier for a beneficiary to access institutional care than services in home and community based settings.)

The Department is required to report its findings and recommendations to the NC Study Commission on Aging on or before October 15, 2006. The act would be effective when it becomes law.

H2052e1-SMSH

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

HOUSE BILL 2054*

Short Title:	Adult Day Awareness/Status of Study Recom.	(Public)
Sponsors:	Representatives Earle, Weiss, England (Primary Sponsors); Clary, Bordsen, Adams, Alexander, B. Allen, L. Allen, Bell, Carney, Church, Cole, Dickson, Faison, Farmer-Butterfield, Fisher, Glazier, Harrell, Insko, Jeffus, Luebke, Nye, Parmon, Rapp, Saunders, Wainwright, Womble, Wray, and Wright.	
Referred to:	Aging.	

May 18, 2006

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ENSURE AWARENESS OF ADULT DAY HEALTH SERVICES AND TO PROVIDE A STATUS REPORT ON CHANGES IMPLEMENTED AS A RESULT OF THE ADULT DAY SERVICES STUDY, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Department of Health and Human Services, Division of Aging and Adult Services and the Division of Medical Assistance, shall provide education, and training if necessary, to ensure that Community Alternatives Program (CAP) case managers are aware of adult day health services and that this option is being considered in all situations appropriate for the client.

SECTION 1.(b) The Department of Health and Human Services, Division of Aging and Adult Services, shall report on the status of the Partners in Caregiving Study recommendations.

SECTION 1.(c) The Department shall report the status of its activities under this section to the North Carolina Study Commission on Aging not later than July 30, 2006.

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

HOUSE BILL 2054:
Adult Day Awareness/Status of Study Recom

BILL ANALYSIS

Committee:	House Aging	**Date:**	June 28, 2006
Introduced by:	Reps. Earle, Weiss, England	**Summary by:**	Theresa Matula
Version:	First Edition		Committee Staff

SUMMARY: House Bill 2054 directs the Department of Health and Human Services to ensure that CAP case managers are aware of adult day health programs, and it requires the Department to make a status report on the Partners in Caregiving study recommendations by July 30, 2006. This bill is a recommendation by the NC Study Commission on Aging.

[H2054 is identical to S1278. S 1278 was referred to House Health on 6/7/06, but has not been heard.]

BILL ANALYSIS:

House Bill 2054 pertains to adult day and adult day health services in North Carolina. The bill requires the following:

- The Department of Health and Human Services, Division of Aging and Adult Services and the Division of Medical Assistance, must provide education, and training if necessary, to ensure that Community Alternatives Program (CAP) case managers are aware of adult day health services and that this option is being considered in all situations appropriate for the client.
- The Department's Division of Aging and Adult Services must report on the status of recommendations contained in the Partners in Caregiving Study.

With regard to the two activities above, the Department is required to report to the Study Commission on Aging by July 30, 2006. The act is effective when it becomes law.

BACKGROUND:

The Study Commission on Aging's report to the 2006 General Assembly contained a recommendation for this bill. **Section 1(a) of the bill**, pertaining to increased awareness of adult day health services, is in response to a presentation on health services provided to Community Alternatives Program (CAP) participants as compared to health services provided at an adult day health care program. The Commission realizes that adult day health services may not be appropriate for all CAP clients, but believes that some clients may benefit from the health services and routine monitoring provided in an adult day health facility. Adult day health care may also be a more cost effective option for some clients. This provision will simply increase the awareness of adult day health facilities among CAP case managers. **Section 1(b) of the bill**, pertaining to the status of the adult day care study, is in response to a presentation on the adult day services study by Partners in Caregiving, authorized by S.L. 2004-124, Sec. 10.21. The Division of Aging and Adult Services has begun work on some of the recommendations contained in the study report. This bill will allow the Commission to continue to track the status of adult day and adult day health programs and to monitor progress on the study recommendations.

Adult Day programs serve adults with decreased physical, mental and social functioning. Clients attend the program during the day and return home in the evening. There are three program models: a social model, a health model, and a combination of the two. Program services include: mental and physical exercises and stimulation, meals, and opportunities for social interaction. The health models assist with medication management and the provision of personal care services, and have a nurse onsite for a minimum of four hours per day.

North Carolina currently has 49 adult day care programs with the social model, 54 combination programs and 3 adult day health only programs, for a total of 106 adult day care programs in 57 counties. The average cost for providing services in an adult day care facility is $46.00 per day, the average cost for providing services in an adult day health care facility is $53.00 per day.

H2054e1-SMSH

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

S 2

SENATE BILL 1277*

Health Care Committee Substitute Adopted 6/8/06

Short Title: NC NOVA-Special Voluntary Licensure Designat. (Public)

Sponsors:

Referred to:

May 11, 2006

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE NORTH CAROLINA NEW ORGANIZATIONAL VISION AWARD SPECIAL LICENSURE DESIGNATION, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

Whereas, "direct care workers" is a nationally recognized term referring to those paraprofessionals that are employed as nurse aides, personal care aides, personal care attendants, home health aides, in-home aides, habilitation aides, and other assistive personnel who provide hands-on care; and

Whereas, direct care workers are essential to the provision of care and an enhanced quality of life for long-term care consumers, whether they are receiving services provided in a home or community setting, or in a residential or institutional setting; and

Whereas, North Carolina, like many states, is experiencing shortages of direct care workers; and

Whereas, the need to attract and retain greater numbers of employees within this occupational category will continue for the foreseeable future; and

Whereas, a well-qualified, satisfied, stable, and adequate supply of direct care workers is a shared concern for employers, employees, consumers, families, and private and public payors of long-term care services received in home care agencies, adult care homes, and nursing facilities; and

Whereas, long-term care trade associations, providers, direct care workers, consumer advocacy organizations, researchers, the Department of Health and Human Services, and The Carolinas Center for Medical Excellence have worked together to develop a voluntary and comprehensive workplace culture change program known as the North Carolina New Organizational Vision Award (NC NOVA) to address known causes of direct care turnover for the purpose of improving the adequacy, stability, satisfaction, and quality of the direct care work; and

Whereas, NC NOVA has been identified as a potential national model for replication to improve direct care workforce retention through a comprehensive and

voluntary workplace culture program by the Institute for the Future of Aging Services, the program office for the national Better Jobs Better Care initiative funded by the Robert Wood Johnson Foundation, and The Atlantic Philanthropies; Now, therefore,

The General Assembly of North Carolina enacts:

SECTION 1. Article 5 of Chapter 131E of the General Statutes is amended by adding a new Part to read:

"Part 6. North Carolina New Organizational Vision Award (NC NOVA) Special Licensure Designation.

"**§ 131E-154.12. Title; purpose.**

(a) This Part shall be known as the "North Carolina New Organizational Vision Award (NC NOVA) Special Licensure Designation."

(b) The purpose of this Part is to establish special licensure designation requirements for nursing homes and home care agencies licensed pursuant to this Chapter and adult care homes licensed pursuant to Article 1 of Chapter 131D of the General Statutes. Application for the Special Licensure Designation is voluntary.

"**§ 131E-154.13. Definitions.**

The following definitions apply in this Part, unless otherwise specified:

(1) Independent Review Organization. – The organization responsible for the application, review, and determination process for NC NOVA designation.

(2) North Carolina New Organizational Vision Award (NC NOVA). – A special licensure designation for home care agencies and nursing homes licensed pursuant to this Chapter, and adult care homes licensed pursuant to Article 1 of Chapter 131D of the General Statutes, that have been determined through written and on-site review by an independent review organization to have met a comprehensive set of workplace related interventions intended to improve the recruitment and retention, quality, and job satisfaction of direct care staff and the care provided to long-term care clients and residents.

(3) NC NOVA Partner Team. – The entity responsible for developing the criteria and protocols for the NC NOVA special licensure designation. The Partner Team is inclusive of representatives from the following organizations: Association for Home and Hospice Care of North Carolina, Direct Care Workers Association of North Carolina, Duke University Gerontological Nursing Program, Friends of Residents in Long Term Care, North Carolina Assisted Living Association, North Carolina Association of Long Term Care Facilities, North Carolina Association of Non-Profit Homes for the Aging, North Carolina Department of Health and Human Services, North Carolina Foundation for Advanced Health Programs, North Carolina Health Care Facilities Association, The Carolinas Center for Medical Excellence, and the University of North Carolina at Chapel Hill – Institute on Aging.

(4) NC NOVA Provider Information Manual. – The document developed by the NC NOVA Partner Team that specifies the scope of criteria for NC NOVA designation as well as information and procedures pertaining to the application, review, determination, and termination process.

"**§ 131E-154.14. NC NOVA program established.**

(a) The Department of Health and Human Services shall establish the NC NOVA program.

(b) The Department shall adopt rules to implement the NC NOVA program in accordance with the criteria and protocols established by the NC NOVA Partner Team and detailed in the NC NOVA Provider Information Manual.

(c) Any information submitted by applicants or obtained by the independent review organization related to NC NOVA, as well as annual turnover data voluntarily submitted by home care agencies, adult care homes, and nursing facilities for the purposes of assessing statewide turnover trends, shall not be considered a public record under G.S. 132-1.

(d) Any licensed home care agency, adult care home, or nursing home that is determined not to have met the criteria for NC NOVA designation may reapply at intervals specified by the NC NOVA Partner Team and detailed in the NC NOVA Provider Information Manual.

(e) The Department of Health and Human Services, Division of Facility Services, shall issue a NC NOVA special licensure designation document to any licensed home care agency, adult care home, or nursing home that is determined by the independent review organization to have met the criteria for NC NOVA designation. The special licensure designation document shall be in addition to the operating license issued by the Division.

(f) The Division of Facility Services shall issue the NC NOVA special licensure document to successful applicants within 30 days of notification by the independent review organization.

(g) The NC NOVA special licensure designation shall be in effect for a two-year period unless the provider has a change in ownership.

(1) Upon a change in ownership, if the new owner wishes to continue the NC NOVA designation, the new owner must communicate the desire in writing to the independent review organization within 30 days of the effective date of the change of ownership and proceed with an expedited review in accordance with procedures detailed by the NC NOVA Partner Team and included in the NC NOVA Provider Information Manual.

a. If the new owner continues to meet the NC NOVA criteria, based upon the expedited review, the special licensure designation will remain in effect for the remainder of the two-year period.

b. If the new owner fails to meet NC NOVA criteria, the special designation document shall be immediately returned to the

Division of Facility Services. The new owner may reapply for NC NOVA designation under subsection (e) of this section.

(2) Within 30 days of the effective date of the change of ownership, if the new owner fails to notify the independent review organization in writing of the desire to retain the special licensure designation by undergoing an expedited review, the designation will become null and void, and the special designation document must be immediately returned to the Division of Facility Services."

SECTION 2.(a) In order to ensure continuity during the initial statewide implementation phase of NC NOVA, The Carolinas Center for Medical Excellence shall be designated as the independent review organization for NC NOVA through December 31, 2010. Beginning in 2009, the Division of Facility Services, with approval from the NC NOVA Partner Team, shall implement a competitive bid process to determine an independent review organization for a minimum of five years beginning in 2011.

SECTION 2.(b) During the period of the effective date of this act, through December 31, 2010, in the event The Carolinas Center for Medical Excellence determines it cannot continue conducting independent reviews, The Carolinas Center for Medical Excellence shall provide the Partner Team with a 12-month written notice of such intent in order to ensure sufficient transition time to select another independent review entity without any disruption of the NC NOVA program.

SECTION 3. This act becomes effective January 1, 2007.

SENATE BILL 1277:
NC NOVA-Special Voluntary Licensure Designat

BILL ANALYSIS

Committee:	House Aging	**Date:**	June 27, 2006
Introduced by:	Sen. Dannelly	**Summary by:**	Theresa Matula
Version:	Second Edition		Committee Staff

SUMMARY: Senate Bill 1277 establishes the North Carolina New Organizational Vision Award (NC NOVA) which is a voluntary special licensure designation for home care agencies, nursing homes and adult care homes. This bill is a recommendation from the NC Study Commission on Aging and is supported by the House Select Committee on Health Care.

[Upon introduction, SB 1277 was identical to HB 2049. HB 2049, as introduced by Reps. Earle and Weiss, is also currently in House Aging.]

BILL ANALYSIS:

SB 1277 adds a new Part to Article 5 of Chapter 131E establishing the North Carolina New Organizational Vision Award (NC NOVA) Special Licensure Designation. The NC NOVA licensure designation will be rewarded to nursing homes, home care agencies, and adult care homes that have been determined through written and on-site review, by an independent review organization, to have met a comprehensive set of workplace related interventions intended to improve the recruitment and retention, quality, and job satisfaction of direct care staff, and the care provided to long-term care clients and residents.

NC NOVA Program - Under G.S. 131E-154.14, the NC NOVA program will be implemented by the Department of Health and Human Services (DHHS) in accordance with criteria and protocols established by the NC NOVA Partner Team and detailed in the NC NOVA Provider Information Manual. G.S. 131E-154.13 contains definitions of the Provider Information Manual and the Partner Team, including an extensive list of those organizations represented on the Partner Team. The bill requires DHHS to adopt rules to implement the NC NOVA program in accordance with the established criteria and protocols. The bill also specifies that information submitted by applicants, obtained by the independent review organization, including turnover data, is not considered a public record under G.S. 132-1.

Licensure Designation – The special licensure designation is in addition to the operating license issued by the Division of Facility Services, DHHS. The Division will issue the NC NOVA licensure document to successful applicants within 30 days of notification and the designation is awarded for a two-year period unless there is a change in ownership. G.S. 131E-154.14(g) contains information on the NC NOVA process when a change in ownership occurs.

Independent Review Organization - The independent review organization is defined in the definitions section on page 2, lines 18-20. On page 4, Section 2 of the bill provides that The Carolinas Center for Medical Excellence will be designated as the independent review organization through December 31, 2010. (Section 2(b) contains the procedure if The Carolinas Center can no longer function in this capacity.) Section 2(a) provides for a bid process to determine an independent review organization for a minimum of five years beginning in 2011.

The bill would become effective January 1, 2007.

BACKGROUND:

NC NOVA is a voluntary special licensing award for home care agencies, adult care homes, and nursing homes. The project has been funded thus far by The Robert Wood Johnson Foundation and The Atlantic

Philanthropies, with the Institute of the Future of Aging Services in Washington serving as the national program office. NC NOVA was piloted in 60 sites: 20 adult care homes, 20 nursing homes, and 20 home health agencies. The pilot phase lasted from July 2005 until May 2006.

The NC NOVA project focuses on direct care workers, a category which includes nurse aides, in-home aides/home health aides, and personal care aides/attendants. It is an incentive/reward based program with uniform criteria across long-term care settings. Review will be conducted by the Carolinas Center for Medical Excellence and a special license issued for entities obtaining the NC NOVA designation.

North Carolina has high turnover rates for direct care workers, with average annual rates in 2004 as follows: 106% in adult care homes, 107% in nursing homes, and 41% in home care agencies. Additionally, direct care jobs are among the occupations with the largest projected job growth - it is anticipated that NC will need 30,590 additional direct care workers from 2002 to 2012.

NC NOVA has a training component as one of the four major domains. The program also includes pieces that assist direct care workers in efforts to address work/personal related barriers to success, and NC NOVA contains a peer mentor program. The training component includes criteria regarding development of a training plan, focus on person centered services, linkages with quality improvement initiatives and incorporating topics generated with input from direct care workers, use of adult education teaching principles, looking at low and high volume tasks that have associated risk, as well as other elements. The NC NOVA program also includes a management support element that includes offering case management or employee counseling to address logistical and emotional issues such as coordinating access to community services needed to overcome obstacles such as childcare, transportation, and housing. Additionally, management offers support groups for employees to address life/work issues, especially in the first 90 days of employment.

NC NOVA does need legislation, but State funds are not needed as the grant contains sufficient funds for operation in FY 2006-2007. The goal of the special licensure designation is to improve recruitment, retention, development, and job satisfaction of the direct care workforce; and improve the care provided to long-term care clients, residents, and patients. It is anticipated that NC NOVA will benefit providers, workers, and consumers.

RECENT STUDIES ON DIRECT CARE STAFF

A February 2006 study prepared by the University of California, San Francisco contains information on direct care workers and factors affecting the projected need. Findings in the report include the following:

> "The demand for professionals (physicians, nurses, physical therapists, etc.) needed to care for the future aging population will be dwarfed by the vast number of non-licensed formal and informal caregivers need[ed] to care for the elderly in home and community settings."
>
> "Assuring the quality of care in nursing homes will continue to be a concern among policymakers and consumers."
>
> "Regardless of limitations of forecasting models, most experts agree that there will be an increasing demand for long-term care services, merely due the increasing numbers of the elderly in our population."

Additionally, three studies were recently released by Better Jobs Better Care initiative, funded by The Robert Wood Johnson Foundation and The Atlantic Philanthropies, http://www.bjbc.org/. These studies showed that, "Targeted training, accessible and hands-on continuing education and designated staff retention specialists can help increase direct care worker retention and help providers improve the quality of long-term care for the elderly and disabled persons."

BLIC BILL

Health Care
~~Proposed~~ Committee Substitute For
S.B. 1277

SESSION LAW _____

H2049

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE NORTH CAROLINA NEW ORGANIZATIONAL VISION AWARD SPECIAL LICENSURE DESIGNATION, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

Introduced by Senator(s) Dannelly

Principal Clerk's Use Only

Committee Substitute
Adopted
Pursuant to Rule 45.1
JUN 8 2006

PASSED 2nd & 3rd READINGS
47-0 VV
JUN 12 2006
ORDERED SENT TO HOUSE OF REPRESENTATIVES

Janet Pruitt

RECEIVED
JUN 12 2006

PASSED 1st READING
JUN 14 2006
AND REFERRED TO COMMITTEE ON... Finance

ON MOTION OF
REP. Cole
WITHDRAWN FROM
Finance
JUN 27 2006
RECOMMITTED TO
Aging

PUBLIC BILL

2049

H.B. _____ SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE NORTH CAROLINA NEW ORGANIZATIONAL VISION AWARD SPECIAL LICENSURE DESIGNATION, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

Introduced by Representative(s): Earle, Weiss (Primary Sponsors), Clary, Bordsen, and England.

Bell, Crawford, Edwards, Ives,
B. Cunn, D. Sanders, N. Cole, Alexander,
Nye, Church, Harrell, M. Jeffus,
Fisher, Dale, Farmer-Butterfield, Weiss,
Parmon, Rapp, Smith

Principal Clerk's Use Only

PASSED 1st READING
MAY 18 2006
AND REFERRED TO COMMITTEE
ON Agriculture

PUBLIC BILL

2052

H.B. _____ SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO COLLABORATE WITH PROVIDERS AND ADVOCATES OF HOME AND COMMUNITY-BASED SERVICES TO REVIEW AND MAKE RECOMMENDATIONS ADDRESSING BIASES IDENTIFIED IN THE NORTH CAROLINA INSTITUTIONAL BIAS STUDY REPORT, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

Introduced by Representative(s): Earle, Weiss, England (Primary Sponsors), Clary, and Bordsen.

Principal Clerk's Use Only

PASSED 1st READING
MAY 18 2006
AND REFERRED TO COMMITTEE
ON...

PUBLIC BILL

2053

H.B. _____ SESSION LAW _____

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF MEDICAL ASSISTANCE, TO EVALUATE THE USE OF TELEMONITORING EQUIPMENT, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

Introduced by Representative(s): Earle, Weiss, England (Primary Sponsors), Clary, and Bordsen.

Principal Clerk's Use Only

PASSED 1st READING
MAY 18 2006
AND REFERRED TO COMMITTEE
ON...Agriculture...

PUBLIC BILL

H.B. 2054

SESSION LAW ________

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ENSURE AWARENESS OF ADULT DAY HEALTH SERVICES AND TO PROVIDE A STATUS REPORT ON CHANGES IMPLEMENTED AS A RESULT OF THE ADULT DAY SERVICES STUDY, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

Introduced by Representative(s): Earle, Weiss, England (Primary Sponsors), Clary, and Bordsen.

D. Saunders

Farmer-Butterfield

B Allen

Wray

Principal Clerk's Use Only

PASSED 1st READING
MAY 1? 2006
AND REFERRED TO COMMITTEE
ON Aging

Faison

Ruth
minutes 06/28/06

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative Bordsen, Farmer-Butterfield (Chairs) for the Committee on AGING.

☐ Committee Substitute for
HB 2052 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO COLLABORATE WITH PROVIDERS AND ADVOCATES OF HOME AND COMMUNITY-BASED SERVICES TO REVIEW AND MAKE RECOMMENDATIONS ADDRESSING BIASES IDENTIFIED IN THE NORTH CAROLINA INSTITUTIONAL BIAS STUDY REPORT, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

☒ With a favorable report.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.

Ruth
Minutes 06/28/06

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative Bordsen, Farmer-Butterfield (Chairs) for the Committee on AGING.

☐ Committee Substitute for
HB 2054 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ENSURE AWARENESS OF ADULT DAY HEALTH SERVICES AND TO PROVIDE A STATUS REPORT ON CHANGES IMPLEMENTED AS A RESULT OF THE ADULT DAY SERVICES STUDY, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

☒ With a favorable report.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.

Ruth
Minutes 04/28/05

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative Bordsen, Farmer-Butterfield (Chairs) for the Committee on AGING.

☐ Committee Substitute for
SB 1277 A BILL TO BE ENTITLED AN ACT TO ESTABLISH THE NORTH CAROLINA NEW ORGANIZATIONAL VISION AWARD SPECIAL LICENSURE DESIGNATION, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

☒ With a favorable report.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.

MINUTES
HOUSE COMMITTEE ON AGING

June 29, 2006

The House Committee on Aging met on Thursday, June 29, 2006, in Room 424 of the Legislative Office Building at 9:00 AM. The following members were present: Co-Chair Rep. Bordsen, Vice-Chair Rep. Pierce, Rep. Culp, Rep. England, Rep. Langdon, Rep Rayfield and Rep. McMahan. Theresa Matula, Staff Counselor was in attendance. A Visitor Registration list is attached and made part of these minutes.

The presiding Chair, Rep. Bordsen called the meeting to order and recognized Pages, Sergeant-at-Arms, Members, Staff, and visitors.

The chair recognized Rep. Theresa Matula to explain **SB 1276 CAP/DA REVIEW AND REPORT**. Ms. Matula informed that the bill was a recommendation of the NC Study Commission on Aging.

The chair recognized Rep. Culp for a question regarding how one gets these services for the disabled.

The chair recognized Mr. Tracy Colvard of the Department of Health and Human Services Division of Medical Assistance to field the question. Mr. Colvard explained the steps involved in receiving CAP.

The chair recognized Rep. Rayfield for a question regarding what kinds of disabilities are covered.

Mr. Colvard further explained SB 1276.

Upon motion being made by Rep. England, SB 1276 was given a favorable report.

The chair recognized Theresa Matula to explain **SB 1278 ADULT DAY AWARENESS/STATUS OF STUDY RECOM.** She explained the companion bill is **HB 2054**, which was heard in the Committee on Aging at the previous meeting on June 28th.

Rep. Bordsen confirmed the two bills are identical.

Upon motion from Rep. Rayfield, SB 1278 was given a favorable report.

The chair recognized Theresa Matula to explain **SB 1279 REVIEW OF NC INSTITUTIONAL BIAS REPORT**. Ms. Matula explained its companion bill, **HB 2052,** heard in Committee on Aging on June 28th, is identical except for Line 10. The difference between the two bills is a technical correction; LTC is inserted in this line.

The chair recognized Rep. England for a question about the technical correction.

Theresa Matula responded the Senate Bill would be enacted before its House companion bill; it might be best to proceed with SB 1279 and HB 2052 would therefore be dropped.

Upon motion from Rep. Langdon, SB 1279 was given a favorable report.

Having no further business, the chair adjourned the meeting at 11:20 AM and acknowledged it was likely the final meeting of the Committee on Aging for the 2005-2006 Session.

Respectfully submitted,

Rep. Bordsen
Presiding Chair

Michelle Hall
Committee Assistant

AGENDA

HOUSE COMMITTEE ON AGING

Thursday, June 29, 2006
Room 424 LOB
9:00 AM

OPENING REMARKS

Representative Alice Bordsen, Co-Chair
Committee on Aging

AGENDA ITEMS:

SB 1276	**CAP/DA REVIEW AND REPORT** **Senator Dannelly, Sponsor**
SB 1278	**ADULT DAY AWARENESS/STATUS OF STUDY RECOM.** **Senator Dannelly, Sponsor**
SB 1279	**REVIEW OF NC INSTITUTIONAL BIAS REPORT** **Senator Dannelly, Sponsor**

ADJOURNMENT

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

S 1

SENATE BILL 1276*

Short Title:	CAP/DA Review and Report.	(Public)
Sponsors:	Senators Dannelly, Allran, Bingham, Malone; Dorsett, Jenkins, Lucas, and Rand.	
Referred to:	Health Care.	

May 11, 2006

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO REVIEW THE CAP/DA PROGRAM IN RESPONSE TO ISSUES IDENTIFIED IN THE MEDICAID INSTITUTIONAL BIAS STUDY, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall examine the Community Alternatives Program for Disabled Adults (CAP/DA) in response to issues identified in the Medicaid Institutional Bias Study. The Department shall make an interim report of its findings to the North Carolina Study Commission on Aging on or before August 30, 2006, and shall submit its final report to the North Carolina Study Commission on Aging on or before August 30, 2007. The report shall include actions taken and planned by the Department in response to each bias identified in the study and shall include the following information:

(1) Information on the utilization of CAP/DA slots, including a history of slots used per year over the last 10 years and the anticipated need during the next 10 years.

(2) A description of the CAP/DA slot allocation formula; and a breakdown of slots by county, including the reallocation of any unused slots.

(3) Strategies to ensure that the CAP/DA waiting list is managed as efficiently as possible, including consideration of whether there should be an expiration date tied to unused slots so that they may be reallocated in a timely manner to areas with waiting lists.

(4) Implementation of a uniform screening/assessment tool and other strategies to ensure maximum operation efficiency and effectiveness for those individuals qualifying for CAP/DA services. This should

include information on whether the lists should be prioritized by risk of institutionalization.

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

SENATE BILL 1276:
CAP/DA Review and Report

BILL ANALYSIS

Committee:	House Aging	**Date:**	June 28, 2006
Introduced by:	Sen. Dannelly	**Summary by:**	Theresa Matula
Version:	First Edition		Committee Staff

SUMMARY: Senate Bill 1276 requires the Department of Health and Human Services to review the Community Alternatives Program for Disabled Adults (CAP/DA) in response to issues identified in the institutional bias study and to submit an interim and a final report. This bill is a recommendation from the NC Study Commission on Aging

HISTORY:

S.L. 2004-124, Section 10.13 required the Department of Health and Human Services to contract with an independent entity 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 Lewin Group conducted the study and identified 10 biases and recommendations, at least four of these relating to CAP/DA. On January 4, 2006 and March 29, 2006, the NC Study Commission on Aging heard presentations and discussed issues relating to the institutional bias report. In a letter dated March 29, 2006, Secretary Hooker Odom indicated that the Department was in the process of addressing a number of areas where additional work is needed.

BILL ANALYSIS:

Senate Bill 1276 requires the Department of Health and Human Services to review and report on the CAP/DA program in response to the institutional bias report. The report on CAP/DA shall include actions taken and planned by the Department in response to each bias identified in the institutional bias study. The inclusion of the following information is also required in the report:

(1) Information on the utilization of CAP/DA slots, including a history of slots used per year over the last 10 years and the anticipated need during the next 10 years.

(2) A description of the CAP/DA slot allocation formula; and a breakdown of slots by county, including the reallocation of any unused slots.

(3) Strategies to ensure that the CAP/DA waiting list is managed as efficiently as possible, including consideration of whether there should be an expiration date tied to unused slots so that they may be reallocated in a timely manner to areas with waiting lists.

(4) Implementation of a uniform screening/assessment tool and other strategies to ensure maximum operation efficiency and effectiveness for those individuals qualifying for CAP/DA services. This should include information on whether the lists should be prioritized by risk of institutionalization.

The Department must submit an interim report to the NC Study Commission on Aging on or before August 30, 2006, and a final report on or before August 30, 2007. The act is effective when it becomes law.

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

S 1

SENATE BILL 1278*

Short Title:	Adult Day Awareness/Status of Study Recom.	(Public)
Sponsors:	Senators Dannelly, Allran, Bingham, Malone; Dorsett, Jenkins, Lucas, and Rand.	
Referred to:	Health Care.	

May 11, 2006

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ENSURE AWARENESS OF ADULT DAY HEALTH SERVICES AND TO PROVIDE A STATUS REPORT ON CHANGES IMPLEMENTED AS A RESULT OF THE ADULT DAY SERVICES STUDY, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1.(a) The Department of Health and Human Services, Division of Aging and Adult Services and the Division of Medical Assistance, shall provide education, and training if necessary, to ensure that Community Alternatives Program (CAP) case managers are aware of adult day health services and that this option is being considered in all situations appropriate for the client.

SECTION 1.(b) The Department of Health and Human Services, Division of Aging and Adult Services, shall report on the status of the Partners in Caregiving Study recommendations.

SECTION 1.(c) The Department shall report the status of its activities under this section to the North Carolina Study Commission on Aging not later than July 30, 2006.

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

SENATE BILL 1278:
Adult Day Awareness/Status of Study Recom

BILL ANALYSIS

Committee:	House Aging	**Date:**	June 28, 2006
Introduced by:	Sen. Dannelly	**Summary by:**	Theresa Matula
Version:	First Edition		Committee Staff

SUMMARY: Senate Bill 1278 directs the Department of Health and Human Services to ensure that CAP case managers are aware of adult day health programs, and it requires the Department to make a status report on the Partners in Caregiving study recommendations by July 30, 2006. This bill is a recommendation by the NC Study Commission on Aging.

On 6/28/06, the House Aging Committee gave a favorable report to the identical House bill, HB 2054.

BILL ANALYSIS:

Senate Bill 1278 pertains to adult day and adult day health services in North Carolina. The bill requires the following:

- The Department of Health and Human Services, Division of Aging and Adult Services and the Division of Medical Assistance, must provide education, and training if necessary, to ensure that Community Alternatives Program (CAP) case managers are aware of adult day health services and that this option is being considered in all situations appropriate for the client.
- The Department's Division of Aging and Adult Services must report on the status of recommendations contained in the Partners in Caregiving Study.

With regard to the two activities above, the Department is required to report to the Study Commission on Aging by July 30, 2006. The act is effective when it becomes law.

BACKGROUND:

The Study Commission on Aging's report to the 2006 General Assembly contained a recommendation for this bill. **Section 1(a) of the bill**, pertaining to increased awareness of adult day health services, is in response to a presentation on health services provided to Community Alternatives Program (CAP) participants as compared to health services provided at an adult day health care program. The Commission realizes that adult day health services may not be appropriate for all CAP clients, but believes that some clients may benefit from the health services and routine monitoring provided in an adult day health facility. Adult day health care may also be a more cost effective option for some clients. This provision will simply increase the awareness of adult day health facilities among CAP case managers. **Section 1(b) of the bill**, pertaining to the status of the adult day care study, is in response to a presentation on the adult day services study by Partners in Caregiving, authorized by S.L. 2004-124, Sec. 10.21. The Division of Aging and Adult Services has begun work on some of the recommendations contained in the study report. This bill will allow the Commission to continue to track the status of adult day and adult day health programs and to monitor progress on the study recommendations.

Adult Day programs serve adults with decreased physical, mental and social functioning. Clients attend the program during the day and return home in the evening. There are three program models: a social model, a health model, and a combination of the two. Program services include: mental and physical exercises and stimulation, meals, and opportunities for social interaction. The health models assist with medication management and the provision of personal care services, and have a nurse onsite for a minimum of four hours per day.

North Carolina currently has 49 adult day care programs with the social model, 54 combination programs and 3 adult day health only programs, for a total of 106 adult day care programs in 57 counties. The average cost for providing services in an adult day care facility is $46.00 per day, the average cost for providing services in an adult day health care facility is $53.00 per day.

S1278e1-SMSH

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 2005

S 2

SENATE BILL 1279*

Health Care Committee Substitute Adopted 5/31/06

Short Title: Review of NC Institutional Bias Report.	(Public)
Sponsors:	
Referred to:	

May 11, 2006

A BILL TO BE ENTITLED

AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO COLLABORATE WITH PROVIDERS AND ADVOCATES OF HOME AND COMMUNITY-BASED SERVICES TO REVIEW AND MAKE RECOMMENDATIONS ADDRESSING BIASES IDENTIFIED IN THE NORTH CAROLINA INSTITUTIONAL BIAS STUDY REPORT, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

The General Assembly of North Carolina enacts:

SECTION 1. The Department of Health and Human Services shall collaborate with providers and advocates of home and community-based long-term care services to review the North Carolina Institutional Bias Study Report prepared by the Lewin Group and make recommendations on ways to address the biases identified in the report. The Department shall report its findings and recommendations to the North Carolina Study Commission on Aging on or before October 15, 2006.

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

SENATE BILL 1279:
Review of NC Institutional Bias Report

BILL ANALYSIS

Committee:	House Aging	**Date:**	June 28, 2006
Introduced by:	Sen. Dannelly	**Summary by:**	Theresa Matula
Version:	Second Edition		Committee Staff

SUMMARY: Senate Bill 1279 requires collaboration between the Department of Health and Human Services and providers and advocates of home and community-based services to review and make recommendations addressing biases identified in the Institutional Bias Study Report. This bill is a recommendation from the North Carolina Study Commission on Aging.

On 6/28/06, the House Aging Committee gave a favorable report to the identical House bill, HB 2052.

HISTORY:

The NC Study Commission on Aging recommended that the 2004 General Assembly require the Department of Health and Human Services 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 to recommend ways to alleviate this bias, if such a bias existsS.L. 2004-124, Section 10.13, required the Department of Health and Human Services to contract with an independent entity 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 Lewin Group conducted the study and identified 10 biases and recommendations. The Study Commission on Aging received information and engaged in discussion about the report during meetings on January 4, 2006, and March 29, 2006. In a letter dated March 29, 2006, Secretary Hooker Odom indicated that the Department was in the process of addressing a number of areas where additional work is needed.

BILL ANALYSIS:

Senate Bill 1279 directs the Department of Health and Human Services to collaborate with providers and advocates of home and community-based long-term care services to make recommendations addressing the biases identified in the institutional bias report prepared by The Lewin Group. (Institutional bias refers to the policies and practices within Medicaid that make it easier for a beneficiary to access institutional care than services in home and community based settings.)

The Department is required to report its findings and recommendations to the NC Study Commission on Aging on or before October 15, 2006. The act would be effective when it becomes law.

S1279e2-SMSH

VISITOR REGISTRATION SHEET

Aging — 6/29/06

Name of Committee — Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Jeffrey Cooper	NCALA
Lyn Watson	NCALTCF
DAVID BARNES	Poyner & Spruill
Wayne Yoy	Staff
Mary Bone	AARP - NC
Jay Colvard (Colvard)	Div. of Medical Assistance (DHHS)
Mary Edwards	DAHS
Lynette Jones	HHS
Jan Edgerton	BHDC
Abby C. Emanuel	NMSS
Cathy McConnell	NC AARP

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Bordsen, Farmer-Butterfield (Chairs) for the Committee on AGING.

☐ Committee Substitute for

SB 1276 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO REVIEW THE CAP/DA PROGRAM IN RESPONSE TO ISSUES IDENTIFIED IN THE MEDICAID INSTITUTIONAL BIAS STUDY, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

☒ With a favorable report.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Bordsen, Farmer-Butterfield (Chairs) for the Committee on AGING.

☐ Committee Substitute for

SB 1278 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ENSURE AWARENESS OF ADULT DAY HEALTH SERVICES AND TO PROVIDE A STATUS REPORT ON CHANGES IMPLEMENTED AS A RESULT OF THE ADULT DAY SERVICES STUDY, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

☒ With a favorable report.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:
By Representative Bordsen, Farmer-Butterfield (Chairs) for the Committee on AGING.

☒Committee Substitute for
SB 1279 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO COLLABORATE WITH PROVIDERS AND ADVOCATES OF HOME AND COMMUNITY-BASED SERVICES TO REVIEW AND MAKE RECOMMENDATIONS ADDRESSING BIASES IDENTIFIED IN THE NORTH CAROLINA INSTITUTIONAL BIAS STUDY REPORT, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

☒ With a favorable report.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.

2005 COMMITTEE REPORT
HOUSE OF REPRESENTATIVES

The following report(s) from standing committee(s) is/are presented:

By Representative Bordsen, Farmer-Butterfield (Chairs) for the Committee on AGING.

☒Committee Substitute for

SB 1279 A BILL TO BE ENTITLED AN ACT TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO COLLABORATE WITH PROVIDERS AND ADVOCATES OF HOME AND COMMUNITY-BASED SERVICES TO REVIEW AND MAKE RECOMMENDATIONS ADDRESSING BIASES IDENTIFIED IN THE NORTH CAROLINA INSTITUTIONAL BIAS STUDY REPORT, AS RECOMMENDED BY THE STUDY COMMISSION ON AGING.

☒ With a favorable report.

(FOR JOURNAL USE ONLY)

_____ Pursuant to Rule 32(a), the bill/resolution is re-referred to the Committee on _____.

_____ Pursuant to Rule 36(b), the bill/resolution is placed on the Calendar of _____.