

2017

**HOUSE
AGING**

MINUTES

**House Committee on Aging
Wednesday, February 22, 2017 at 11:00 AM
Room 423 of the Legislative Office Building**

MINUTES

The House Committee on Aging met at 11:00 AM on February 22, 2017 in Room 423 of the Legislative Office Building. Representatives Hurley, Turner, Earle, Clampitt, Farmer-Butterfield, Jordan, Lambeth, Meyer, Pittman and White attended.

The staff present were Debbie Holder (Committee Clerk), Barbara Gaiser (Committee Clerk), Theresa Matula, Tawanda Foster and Jennifer Hillman from the Legislative Analysis Division.

Representative Pat B. Hurley, Chair, presided and called the meeting to order at 11:10.

Chair Hurley introduced the Sergeants at Arms and Pages.

The members were given the opportunity to introduce themselves and tell a little about themselves.

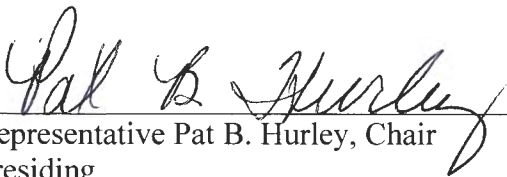
Suggestions were taken from the members as to the items they would like to have discussed in the committee, along with any possible legislation.

One of the suggestions included the Division of Aging provide us with a presentation at a future meeting. Theresa Matula indicated she would take care of having them at the next meeting. Another suggestion was to obtain information from the Institute of Medicine or have a presentation.

Concerns were elderly falls, elderly abuse, and reasonable housing costs in retirement communities, transportation, activities and meals.

The audience was asked to provide the committee with some of their concerns. There were guests there from AARP and Coalition on Aging.

The meeting adjourned at 11:40 AM.


Representative Pat B. Hurley, Chair
Presiding


Deborah Holder, Committee Clerk



**NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2017-2018 SESSION**

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

DAY & DATE: Wednesday, February 22, 2017

TIME: 11:00 AM

LOCATION: 423 LOB

COMMENTS: Rep. Pat Hurley, presiding.

This will be an informational only meeting and an opportunity for the members to become acquainted with each other.

Respectfully,

Representative Pat B. Hurley, Co-Chair
Representative Rena W. Turner, Co-Chair

I hereby certify this notice was filed by the committee assistant at the following offices at 10:04 AM on Thursday, February 09, 2017.

____ Principal Clerk
____ Reading Clerk – House Chamber

Deborah Holder (Committee Assistant)



**House Committee on Aging
Wednesday, February 22, 2017, 11:00 AM
423 Legislative Office Building**

AGENDA

Welcome and Opening Remarks by Chairs

Introduction of Sergeant-at-Arms and Pages

Introduction of Committee Members

Other Business

Adjournment



ATTENDANCE
HOUSE COMMITTEE ON AGING

[illegible]



**House Pages
Assignments
Wednesday, February 22, 2017
Session: 12:00 PM**

Committee	Room	Time	Staff	Comments	Member
Aging	423	11:00 AM	William Mitchell		Rep. Speaker Tim Moore
			Diamond McCray		Rep. Speaker Tim Moore



Committee Sergeants at Arms

NAME OF COMMITTEE House Committee on Aging

DATE: 02/22/2017 Room: 423

House Sgt-At Arms:

1. Name: Warren Hawkins
2. Name: Joe Crook
3. Name: Malachi McCullough, Jr
4. Name: _____
5. Name: _____

Senate Sgt-At Arms:

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



VISITOR REGISTRATION SHEET

House Committee on Aging

02/22/17

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Michelle Webb	Four Seasons Compassion for Life
Tracey Colvard	ASAC
Kay Castillo	NASW-NC
Mary Bethel	NC Coalition on Aging
Juba Adams-Schwend	State Elder GR
Chris Broughton	MWC
Wesley Fricks	Religh, NC
Amanda Donovan	TSS
Tom Akins	LEADING AGE NORTH CAROLINA
Frances Messer	North Carolina Assisted Living Assoc
Tony Adams	Adams and Assoc.



VISITOR REGISTRATION SHEET

House Committee on Aging

02/22/17

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

R Rogers	NCRGA
Charmaine Fuller Cooper	AARP
Dr Altha Tyler-Jones	DCSTHL
Person Gufti	SOG
Dr. Joseph Jones	
Suzanne Beasley	SEHNC
Emma Shelby	The Policy Group



VISITOR REGISTRATION SHEET

House Committee on Aging

02/22/17

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Kara Wiishaar

JA

Joyce Peters

CSS

Mr. Carlsberg

CSS



**House Committee on Aging
Wednesday, March 8, 2017 at 11:00 AM
Room 423 of the Legislative Office Building**

MINUTES

The House Committee on Aging met at 11:00 AM on March 8, 2017 in Room 423 of the Legislative Office Building. Representatives Hurley, Turner, Earle, Meyer, Pittman, and White attended.

Chair Turner presided and called the meeting to order at 11:05 a.m.


Chair Turner recognized the Page and Sergeants at Arms.

A presentation by the Division of Aging and Adult Services, Department of Health & Human Services was scheduled for this meeting. Chair Turner announced that the presentation would be postponed due to the low attendance and uncertainty of correct meeting date. The presentation has been rescheduled for the following Aging Committee meeting on March 22, 2017.

The meeting adjourned at 11:15 A.M.



Rep Rena Turner
Presiding



Barbara Gaiser, Committee Clerk



**House Committee on Aging
Wednesday, March 8, 2017, 11:00 AM
423 Legislative Office Building**

AGENDA

Welcome and Opening Remarks by Chair

Introduction of Sergeant-at-Arms and Pages

Presentation by: Suzanne Merrill, Director

Heather Burkhardt, Asst Director

Division of Aging and Adult Services, Dept. of Health & Human Services

Other Business

Adjournment



**NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2017-2018 SESSION**

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

DAY & DATE: Wednesday, March 8, 2017
TIME: 11:00 AM
LOCATION: 423 LOB
COMMENTS: Rep Turner will be chairing

Presentation by the Division of Aging and Adult Services, Department of Health and Human Services

Respectfully,

Representative Pat B. Hurley, Co-Chair
Representative Rena W. Turner, Co-Chair

I hereby certify this notice was filed by the committee assistant at the following offices at 10:18 AM on Monday, March 06, 2017.

____ Principal Clerk
____ Reading Clerk – House Chamber

Barbara Gaiser (Committee Assistant)



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**House Pages
Assignments
Wednesday, March 08, 2017
Session: 2:00 PM**

Committee	Room	Time	Staff	Comments	Member
Aging	Other	11:00 AM	Nikyah Bowers		Rep. Speaker Tim Moore
	423				
Appropriations, Information Technology	544	11:00 AM	Dylan Gabard		Rep. Speaker Tim Moore
			Jacob Harris		Rep. Ted Davis
Health	643	11:00 AM	Kaleah Poole		Rep. Speaker Tim Moore
			Shaun Robinson		Rep. Speaker Tim Moore



AGING COMMITTEE 3/8/2017

SGT AT ARMS



Dean Marshbourne

Rex Foster

Rey Cooke



VISITOR REGISTRATION SHEET

House Comm on Aging

3-8-17

Name of Committee

Date _____

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME _____

FIRM OR AGENCY AND ADDRESS

Cornel Burn

DRNC

Kelly Kulinski

DHAS

Tom Atkins

LEADING AGE NC

Ed Stiles

Office of Rep. Clumpitt (LA)



House Committee on Aging
Wednesday, March 22, 2017 at 11:00 AM
Room 423 of the Legislative Office Building

MINUTES

The House Committee on Aging met at 11:00 AM on March 22, 2017 in Room 423 of the Legislative Office Building. Representatives Hurley, Turner, Butler, Clampitt, Meyer, and Pittman attended.

Chair Turner presided and called the meeting to order at 11:05 a.m.

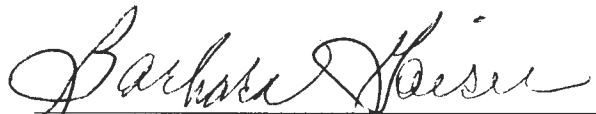
Chair Turner recognized the Pages and Sergeants at Arms.

Chair Turner introduced Suzanne Merrill and Heather Burkhardt from Division of Aging and Adult Services, Department of Health and Human Services were recognized for a presentation. The topic of the presentation was Services and Programs for Older Adults in North Carolina. A copy of the presentation is attached as Exhibit "A". Throughout the presentation committee members asked questions, which the presenters answered. The presenters also informed the committee members that should they be interested in more detailed information, it could be obtained by visiting the various websites annotated in the copies of the presentation that was placed in their folders.

The meeting adjourned at 11:50 A.M.



Rep Rena Turner
Presiding



Barbara Gaiser, Committee Clerk



**NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2017-2018 SESSION**

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

DAY & DATE: Wednesday, March 22, 2017
TIME: 11:00 AM
LOCATION: 423 LOB
COMMENTS: Rep Turner will be chairing.

Presentation by the Division of Aging and Adult Services, Department of Health and Human Services

Respectfully,

Representative Pat B. Hurley, Co-Chair
Representative Rena W. Turner, Co-Chair

I hereby certify this notice was filed by the committee assistant at the following offices at 9:43 AM on Thursday, March 16, 2017.

____ Principal Clerk
____ Reading Clerk – House Chamber

Barbara Gaiser (Committee Assistant)



**House Committee on Aging
Wednesday, March 22, 2017, 11:00 AM
423 Legislative Office Building**

AGENDA

Welcome and Opening Remarks by Chair

Introduction of Sergeant-at-Arms and Pages

Presentation by: Suzanne Merrill, Director

Heather Burkhardt, Asst Director

Division of Aging and Adult Services, Dept. of Health & Human Services

Other Business

Adjournment







**House Pages
Assignments
Wednesday, March 22, 2017
Session: 2:00 PM**

Committee	Room	Time	Staff	Comments	Member
State and Local Government	544	10:00 AM	Autumn Brisson		Rep. William Brisson
			Akirah Graves		Rep. Rodney Moore
Aging	Other 423	11:00 AM	Blake Bellanger Connor Scanlon		Rep. Larry Bell Rep. Joe John
Health	643	11:00 AM	Lily Ahlin Colin Konieczka		Rep. George Cleveland Rep. Linda Hunt-Williams
Pensions and Retirement	415	12:00 PM	Autumn Brisson Kailey Gause		Rep. William Brisson Rep. William Brisson
Judiciary I	415	1:00 PM	Joshua Babson Garrett Penley		Rep. William Brisson Rep. Julia Howard
Judiciary III	421	1:00 PM	Kailey Gause Kayla Yarborough		Rep. William Brisson Rep. Dean Arp
Regulatory Reform	643	1:00 PM	Blake Bellanger Colin Konieczka		Rep. Larry Bell Rep. Linda Hunt-Williams



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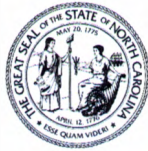
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Services and Programs for Older Adults in North Carolina



Presentation to the House Committee on Aging

March 22, 2017

Suzanne Merrill, Director
Heather Burkhardt, Assistant Director
NC Division of Aging and Adult Services

Presentation Overview

NC's Aging Demographics

Programs and Services for Older Adults

- Home and Community Based Services
- Residential Settings

Demographics

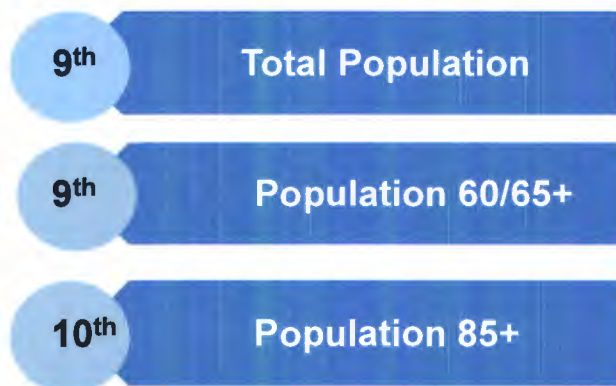
NC Aging Profile

<https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/NC%20State%20Aging%20Profile%202015.pdf>

County Profiles

<https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/County%20aging%20profiles%202015.pdf>

NC Ranks in the Top 10 in the Nation



Source: American Community Survey 2015, one year estimate

Current and Projected Growth of Those 65 and Older

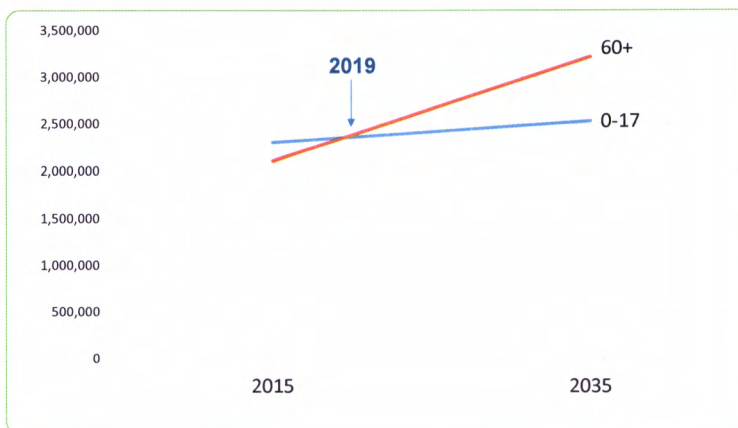
Ages	2015		2035		% Change 2015-2035
	#	%	#	%	
Total	10,056,683		12,167,836		21%
65+	1,508,441	15%	2,522,834	21%	67%
85+	173,970	2%	352,086	3%	102%

*% is given as a percentage of total population

Source: NC Office of State Budget and Management/demographics

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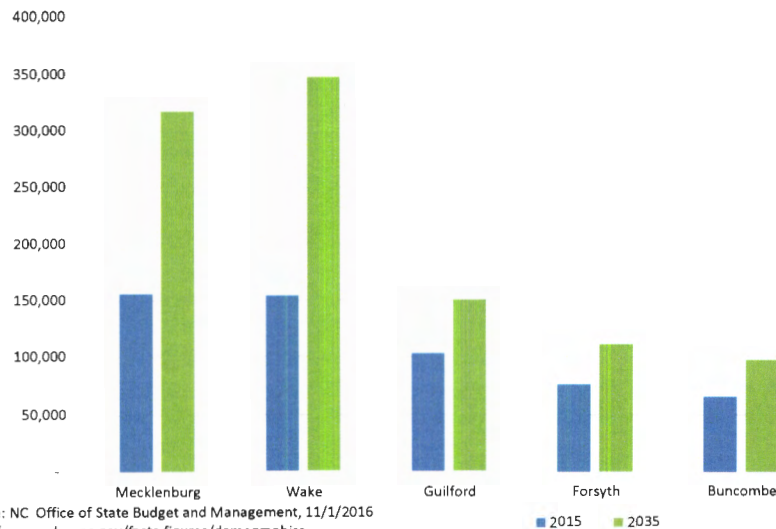
By 2019, the State Will Have More People 60+ Than Ages 0-17



Source: NC Office of State Budget and Management/demographics

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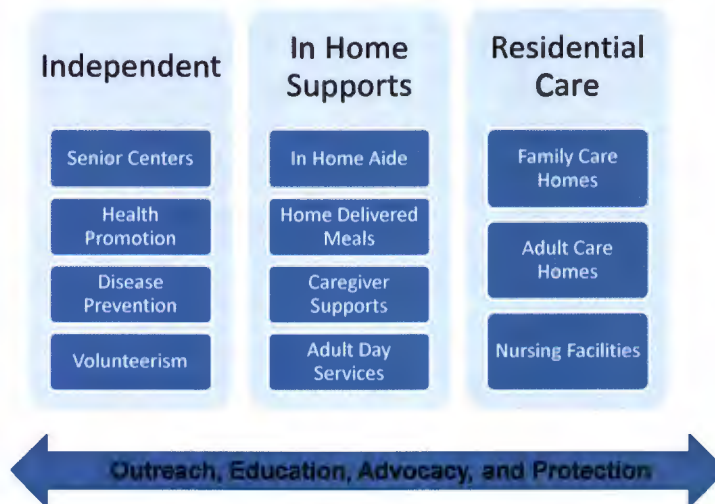
Top 5 Counties with the Most People 60 and Over



Programs and Services for Older Adults

- Range of federal, state, and locally funded and administered programs
- Eligibility is dictated by funding source and can be tied to a person's age, income, or functional limitations
- The continuum of services may vary depending on the location in which a person resides
- Types of assistance can range from information and referral, education, economic benefits, wellness activities, health care and/or social services and residential care.

Providing Services & Supports Across a Continuum of Care



Reported Expenditures for Services to 60+, SFY 2015-16

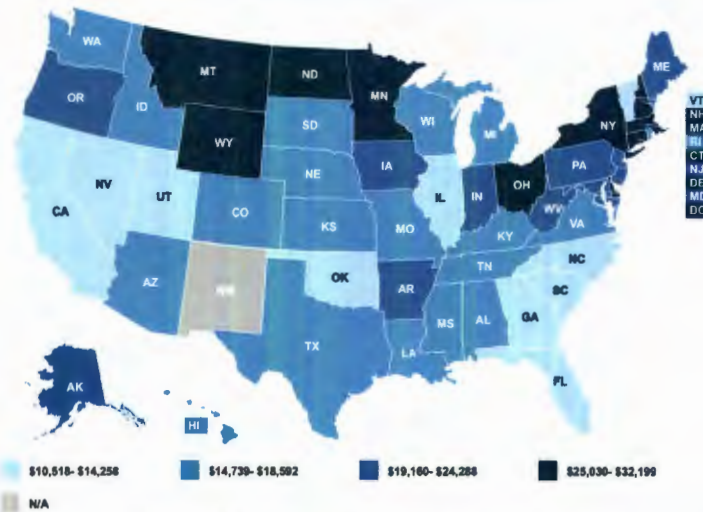
Agency	Percentage
Division of Medical Assistance	83.49%
Division of Mental Health/Developmental Disabilities/Substance Abuse Services	6.20%
Division of Social Services	5.25%
Division of Aging and Adult Services	4.68%
Department of Transportation	0.17%
Division of Vocational Rehabilitation	0.17%
Division of Services for the Blind	0.03%
Total	100.00%

*These figures do not include Medicare costs.

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease

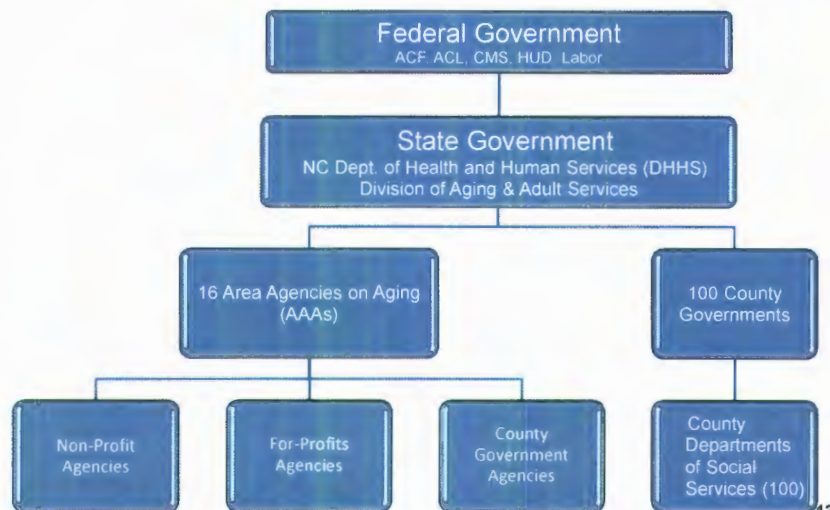
Figures are reported to DAAS annually by each agency. The full report is available at <http://www.ncdhhs.gov/divisions/daas/data-reports>

NC Medicaid Spending for Aged is Below the National Average



SOURCE: Kaiser Family Foundation

Service Delivery System Government Agencies and Levels



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Overview of Home and Community Care Block Grant (HCCBG)

- General Assembly established HCCBG in July 1992
- Combines federal Older Americans Act, federal Social Services Block Grant, and State Appropriations
- 18 eligible services for adults age 60 and older
- County Boards of Commissioners determine services, funding levels, and providers through a local planning process
- 16 regional Area Agencies on Aging contract with and monitor nearly 350 community-based providers
- Priority given to Adult Protective Services and those at-risk of institutionalization

Area Agencies on Aging (AAA)



Located in the 16 regional Councils of Government. AAAs have functions in five basic areas: (1) advocacy; (2) planning; (3) program and resource development; (4) information brokerage; and (5) funds administration and quality assurance.

Available HCCBG Services

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

HCCBG Services, Expenditures, Clients Age 60 and Above, and Served in SFY 2015-16

Service	Amount	% of Total	Clients Served
In-Home Aide	\$18,891,758	28.65%	6,471
Home Delivered Meals	\$15,510,214	23.52%	18,618
Congregate Nutrition	\$10,744,938	16.30%	22,934
Transportation	\$7,063,841	10.71%	9,179
Senior Center Operation	\$5,244,024	7.95%	*
Adult Day Health	\$2,676,488	4.06%	764
Information and Options Counseling	\$1,933,873	2.93%	*
Adult Day Care	\$1,540,530	2.34%	488
Housing and Home Improvement	\$861,655	1.31%	988
Care Management	\$761,883	1.16%	127
Institutional Respite Care	\$413,182	0.63%	70
Senior Companion	\$168,237	0.26%	57
Group Respite	\$74,899	0.11%	33
Health Promotion/Disease Prevention	\$45,589	0.07%	*
Health Screening	\$3,671	0.01%	*
Total	\$65,934,782	100%	59,729

As of 3/1/2017
the waiting list
was 10,142

Who is Served

Average HCCBG client across all services is:

- a female (70%),
- who lives alone (49%), and
- at or below poverty (46%)

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Focus on Highly Utilized HCCBG Services

In Home Aide
Home Delivered Meals
Congregate Nutrition
Transportation
Multipurpose Senior Centers
Adult Day Care & Adult Day Health

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In-Home Aide Services

- In-home aide services are provided by paraprofessionals to assist adults in their own homes with activities of daily living such as bathing, feeding, dressing, toileting, ambulation.
- Other activities can include assistance with grocery shopping, meal preparation, transportation to medical appointments, and home maintenance tasks.
- Who receives HCCBG In-Home Aide services:
 - Average age is 81 years old
 - 48% live alone

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Home-Delivered Meals

- Provides a nutritious meal (at least 1/3 of the Recommended Dietary Allowance) and a personal visit to home-bound older adults through the effective use of volunteers.
- For almost 50% of recipients, the home-delivered meal provides 1/2 or more of their daily food intake.
- 97 counties fund home-delivered meals with HCCBG
- Individuals currently served are:
 - At moderate to high risk for functional impairments (96%)
 - Moderate/high nutritional risk (95%)
 - At or below poverty (51%)

Congregate Nutrition Programs

- Provides a nutritious meal (at least 1/3 of the Recommended Dietary Allowance) in a group setting such as senior centers, community centers, and churches
- 303 nutrition sites statewide
- Congregate nutrition sites funded with HCCBG in all counties
- *More than a Meal:* In addition to meal service, nutrition activities must include: outreach, screening, nutrition education, and activity programming for congregate nutrition sites
- Individuals served are:
 - Moderate/high nutritional risk (85%)
 - At or below poverty (41%)
 - At risk or high risk for functional impairments (31%)

Transportation Services

- **General Transportation** – e.g., rides to such places as grocery stores, farmers market, senior centers, and pharmacies (90 counties funded with HCCBG)
- **Medical Transportation** – rides to medical appointments (57 counties funded with HCCBG)

Multipurpose Senior Centers

163 Centers in 97 Counties

Provide Access to Vital Services

- ✓ Access to average of 25 services, such as congregate nutrition (180 sites), legal aid, support groups, etc.
- ✓ Integrated (focal point) system of service delivery.

Prevent Isolation

- ✓ Only source of interaction for many.
- ✓ Provide access to activities, computers, and lending libraries.

Promote Health

- ✓ Offer health/fitness classes to accommodate most fitness levels.
- ✓ 83% offer evidence-based health promotion programs.

Promote Volunteerism

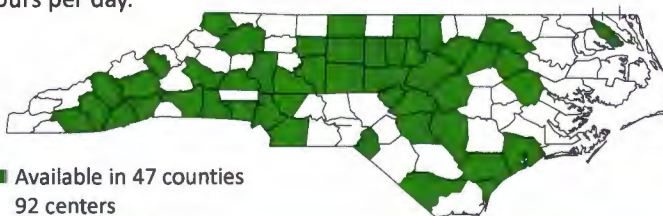
- ✓ 115 volunteers on average.
- ✓ Volunteers save money, promote health.

Senior Center Certification Program

- 81 Centers of Excellence
- 8 Centers of Merit

Adult Day Services (Adult Day Care and Day Health Care)

- Provide group care and supervision for adults who have physical or cognitive impairments
- Offer a variety of activities and socialization, including music, arts and crafts, wellness activities, nutritious meals and social events
- Available at a minimum of 5 days a week for 6 hours a day
- Day Health Services must have a nurse onsite for a minimum of 4 hours per day.



Other Services Supporting Family Caregivers

Family Caregiver Support Program

- Federally funded by the Older Americans' Act to offer a range of services to support family caregivers statewide. Works in conjunction with other community-based services to provide a coordinated set of supports. Studies have shown that these services can reduce caregiver depression, anxiety, and stress and enable them to provide care longer, thereby avoiding or delaying the need for institutional care.

Project C.A.R.E. (Caregiver Alternatives to Running on Empty)

- State funded dementia-specific program to support caregivers of individuals with Alzheimer's disease or related dementia.
- Provides caregivers information, education, counseling, respite care, and connections to social support networks
- Offered statewide with 6 partner agencies

Core Services Provided by County Departments of Social Services (DSS) to Adults

- Adult Protective Services
- Adult Guardianship Services
- Energy Assistance Programs
 - Crisis Assistance Program
 - Low Income Energy Assistance Program
- Food and Nutrition Services
- State-County Special Assistance

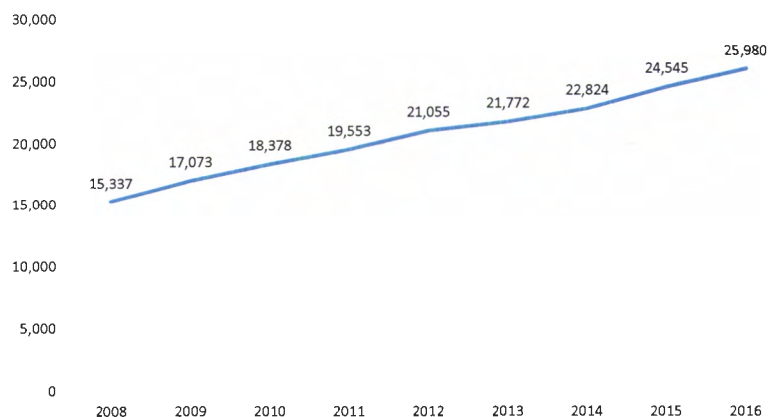
Adult Protective Services (APS)

Service Delivery System

- Mandated service for county DSSs as required by NCGS 108A, Article 6
- DSS social workers must:
 - Receive reports of alleged abuse, neglect, and/or exploitation of disabled adults age 18 and over
 - Evaluate reports with face-to-face visit to adult and contacts with others knowledgeable of the situation
 - Provide or arrange protective services (home/community based or residential settings)

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APS Reports (2008-2016)



Data Source: NC APS Register and DHHS Office of the Controller

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Adults Reported as Mistreated

Types of Mistreatment	Age	Living Arrangements
66% Self Neglect	73% 60 years and older	88% Alone or with family
24% Caretaker Neglect	27% 18-59 years old	12% Facilities, institutions, or shelters
12% Exploitation		
5% Abuse		

(exceeds 100% due to multiple forms of mistreatment can be found in a single case)

Most frequently named perpetrator of mistreatment is adult child, followed by a spouse, a parent, a non-relative caregiver, and other relatives.

Source: NC APS- Register 2015-16

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Adult Public Guardianship

Service Delivery System

- NCGS 35A, provides that if an adult is determined incompetent by the clerk of superior court and family members and a corporation chartered to provide guardianship services are not available, then the county DSS director or assistant director is appointed guardian.
- DSS social workers ensure that housing, medical treatments, community services and supports are provided or arranged for individuals they serve.
- DAAS contracts with 8 guardianship corporations to support individuals needing a guardian.
- Some county DSSs contract directly with corporations for guardianship services.
- Individuals needing a guardian appointed can include those with cognitive impairments, intellectual and developmental disabilities, substance use disorders, serious and persistent mental illness, or traumatic brain injuries.

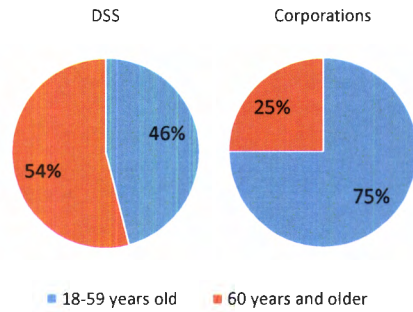
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Public Guardianship Services 2015-2016

**Types of Public Guardians
and Number Served**

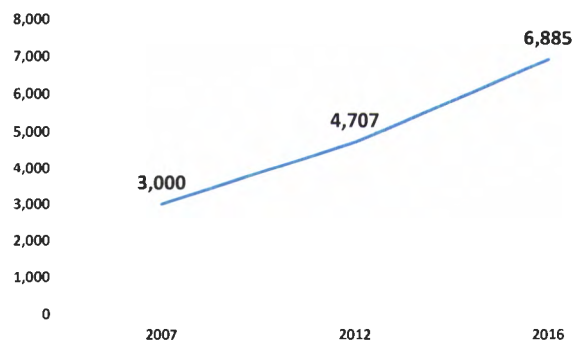
DSS	4,645
DAAS Contracts with Corporations	1,465
DSS Contracts	775
Total	6,885

Percentage of Caseload by Age



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Public Guardianship Services (2007-2016)



Source: Division of Aging and Adult Services Guardianship Database

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Energy Assistance Programs

Crisis Intervention Program (CIP)

A Federally-funded program that provides assistance to eligible households that are in a heating or cooling related emergency. Benefits may vary based upon the amount needed to alleviate the crisis. A household is in a crisis if it is currently experiencing or is in danger of experiencing a life-threatening or health-related emergency and sufficient, timely, and appropriate assistance is not available from any other source.

Low Income Energy Assistance Program

A Federally-funded program that provides for a one-time vendor payment to help eligible households pay their heating bills. Households containing an elderly person age 60 and above or a disabled person receiving services through the Division of Aging and Adult Services (DAAS) are eligible to potentially receive benefits from December 1st through December 31st or until funds are exhausted.

Any household can potentially receive benefits from January 1 through March 31 or until funds are exhausted.

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Food and Nutrition Services (FNS)

Federal food assistance program that provides low-income families the food they need for a nutritionally adequate diet. Benefits are issued via Electronic Benefit Transfer cards (EBT cards).

Eligibility is based on

1. Income
2. Household Composition
3. Citizenship/Immigration Status
4. Resources

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State-County Special Assistance (SA)

Service Delivery System

- Special Assistance provides a monthly cash supplement to an individual's income to help pay the cost of room and board in licensed adult care homes/assisted living, family care homes, and group homes.
- Funding is 50% state and 50% county.
- Maximum rates are established by the NC General Assembly.
 - Basic \$1,182 /Special Care Unit \$1,515 per month
- Individuals eligible for SA also receive Medicaid.
- **Special Assistance In-Home** provides an alternative to placement in an adult care home for those who can live safely at home with appropriate services. Payments assist with financial needs related to health and safety.
- County DSS staff determine eligibility for the SA Program using NC FAST.

Selected Types of Licensed Care

<https://www2.ncdhhs.gov/dhsr/reports.htm>

	Home Care	Family Care Home	Adult Care Home	Nursing Facility
Number of Providers	1666	643	599	416
Services	Home Care, Hospice, Home Health Services and Nursing Pool	Provides 24 hour supervision, meals and medication administration	Provides 24 hour supervision, meals and medication administration	Primary need is nursing care and/medical supervision
Regulation	NC Division of Health Service Regulation	NC Division of Health Service Regulation	NC Division of Health Service Regulation	NC Division of Health Service Regulation
Monitoring	NC Division of Health Service Regulation	County DSS	County DSS	NC Division of Health Service Regulation
Types of Payments	Medicare, Medicaid, Private pay, and Long Term Care Insurance	Private pay, State-County Special Assistance, and Long Term Care Insurance	Private pay, State-County Special Assistance, and Long Term Care Insurance	Medicare, Medicaid, Private pay, and Long Term Care Insurance

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Long Term Care (LTC) Ombudsman Program

- Assists residents of long-term care facilities to exercise their rights and resolve grievances between resident/families and facilities
- Non-regulatory; uses mediation to resolve concerns
- Educates community groups and long-term care providers on various topics such as resident's rights.

In FFY 2016 the LTC Ombudsman Program

- Received 3,769 complaints
- Conducted a total of 7,164 visits to residents
- Provided 2,274 consultations to long term care facilities and their staff

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How to Access Services and Supports?

Regional Area Agencies on Aging

<http://www.ncdhhs.gov/aging/aaa.htm>

County Departments of Social Services

<http://www.ncdhhs.gov/dss/local/>

United Way of NC 211

<http://www.nc211.org>

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Contact Information

NC Division of Aging and Adult Services
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Committee Sergeants at Arms

NAME OF COMMITTEE House Comm on Aging

DATE: 3-22-17

Room: 424

House Sgt-At Arms:

1. Name: Dean Marshbourne

2. Name: Rey Cooke

3. Name: Jonas Cherry

4. Name: _____

5. Name: _____

Senate Sgt-At Arms:

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____



VISITOR REGISTRATION SHEET

House Comm on Aging

Name of Committee

3-22-17

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Flint Benson

SEANC

Resha Fortson

SEANC

Penny Lough

SOG



VISITOR REGISTRATION SHEET

House Comm on Aging

Name of Committee

3-22-17

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Dr. Althea Taylor-Jones

NCSTHL

Mary Butler

NC Coalition on Aging

Frances Messer

NCAAL

Tony Adams

Adams and Assoc.

Jere Royall

NCFPC

Kathy Kingbury

BP

P. B. Lawrence

RLA



**House Committee on Aging
Thursday, April 20, 2017 at 12:00 PM
Room 423 of the Legislative Office Building**

MINUTES

The House Committee on Aging met at 12:00 PM on April 20, 2017 in Room 423 of the Legislative Office Building. Representatives Hurley, Turner, Earle, Butler, Clampitt, Farmer-Butterfield, Jordan, Meyer, Pittman and White attended.

Representative Pat B. Hurley, Chair, presided and called the meeting to order at 12:02 PM.

She recognized the Sergeants at Arms.

Rep. Burr was recognized to present his bill:

HB 657 Improve Adult Care Home Regulation. (Representatives Burr, Dobson, White, Sauls)

Representative Turner read in a technical amendment, with Representative Lambeth moving for approval of the amendment. All members were in favor.

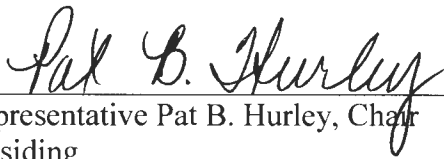
There was a time for questions and answers from the committee members and the audience.

Representative Farmer-Butterfield moved for a favorable report to the bill as amended and rolled into a Proposed Committee Substitute with a referral to House Health.

The motion carried.

Representative adjourned the meeting at 12:10 AM.

The meeting adjourned at Enter Adjournment Time.



Representative Pat B. Hurley, Chair
Presiding



Deborah Holder, Committee Clerk



**NORTH CAROLINA HOUSE OF REPRESENTATIVES
COMMITTEE MEETING NOTICE
AND
BILL SPONSOR NOTIFICATION
2017-2018 SESSION**

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

DAY & DATE: Thursday, April 20, 2017
TIME: 12:00 PM
LOCATION: 423 LOB
COMMENTS: Representative Hurley Chairing

The following bills will be considered:

BILL NO.	SHORT TITLE	SPONSOR
<u>HB 657</u>	Improve Adult Care Home Regulation.	Representative Burr Representative Dobson Representative White Representative Sauls

Respectfully,

Representative Pat B. Hurley, Co-Chair
Representative Rena W. Turner, Co-Chair

I hereby certify this notice was filed by the committee assistant at the following offices at 2:59 PM on Wednesday, April 19, 2017.

____ Principal Clerk
____ Reading Clerk – House Chamber

Deborah Holder (Committee Assistant)



**NORTH CAROLINA GENERAL ASSEMBLY
HOUSE OF REPRESENTATIVES**

**AGING COMMITTEE REPORT
Representative Pat B. Hurley, Co-Chair
Representative Rena W. Turner, Co-Chair**

FAVORABLE COM SUB , UNFAVORABLE ORIGINAL BILL AND RE-REFERRED

HB 657

Improve Adult Care Home Regulation.

Draft Number: H657-PCS30366-SH-17

Serial Referral: **HEALTH**

Recommended Referral: None

Long Title Amended: No

Floor Manager: Burr

TOTAL REPORTED: 1



* C M R 2 7 6 - V - 1 *





NORTH CAROLINA GENERAL ASSEMBLY
AMENDMENT
House Bill 657

H657-ASH-11 [v.1]

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

Page 1 of 1

Amends Title [NO]
First Edition

Date _____, 2017

Representative

- 1 moves to amend the bill on page 4, line 47, by deleting "Nurses Aides Registry." and
2 substituting "Nurse Aide Registry.".
3

SIGNED _____
Amendment Sponsor

SIGNED _____
Committee Chair if Senate Committee Amendment

ADOPTED _____ FAILED _____ TABLED _____



* H 6 5 7 - A S H - 1 1 - V - 1 *



GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017

H

1

HOUSE BILL 657

Short Title: Improve Adult Care Home Regulation.

(Public)

Sponsors: Representatives Burr, Dobson, White, and Sauls (Primary Sponsors).

For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Aging, if favorable, **Health, if favorable, Judiciary I**

April 11, 2017

A BILL TO BE ENTITLED

AN ACT MODIFYING THE LAWS PROHIBITING ISSUANCE OF ADULT CARE HOME LICENSES DUE TO PRIOR VIOLATIONS; EXEMPTING FROM CERTIFICATE OF NEED REVIEW NEW INSTITUTIONAL HEALTH SERVICES INVOLVING THE ACQUISITION OF AN UNLICENSED ADULT CARE HOME THAT WAS PREVIOUSLY LICENSED; ESTABLISHING A PROCESS FOR ADULT CARE HOMES TO REQUEST INFORMAL DISPUTE RESOLUTION OF CERTAIN ADVERSE INSPECTION FINDINGS BY COUNTY DEPARTMENTS OF SOCIAL SERVICES PRIOR TO IMPOSITION OF A PENALTY OR ISSUANCE OF A STAR RATING CERTIFICATE BASED ON THE ADVERSE INSPECTION FINDINGS; AMENDING THE RULES PERTAINING TO MINIMUM TRAINING FOR PERSONAL CARE AIDES; ELIMINATING THE TWELVE- TO TWENTY-FOUR-MONTH PENALTY ON ADULT CARE HOME STAR RATINGS; AND DIRECTING THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY THE EFFECTIVENESS OF THE NORTH CAROLINA STAR-RATED CERTIFICATE PROGRAM FOR ADULT CARE HOMES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 131D-2.4 reads as rewritten:

"§ 131D-2.4. Licensure of adult care homes for aged and disabled individuals; impact of prior violations on licensure; compliance history review; license renewal.

(a) Licensure. – Except for those facilities exempt under G.S. 131D-2.3, the Department of Health and Human Services shall inspect and license all adult care homes. The Department shall issue a license for a facility not currently licensed as an adult care home for a period of six months. If the licensee demonstrates substantial compliance with Articles 1 and 3 of this Chapter and rules adopted thereunder, the Department shall issue a license for the balance of the calendar year. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of G.S. 131E-184(a)(8).

(b) Compliance History Review. – Prior to issuing a new license or renewing an existing license, the Department shall conduct a compliance history review of the facility and its principals and affiliates. The Department may refuse to license a facility when the compliance history review shows a pattern of noncompliance with State law by the facility or its principals or affiliates, or otherwise demonstrates disregard for the health, safety, and welfare of residents in current or past facilities. The Department shall require compliance



1 history information and make its determination according to rules adopted by the Medical Care
2 Commission.

3 (c) Prior Violations. – No new license shall be issued for any adult care home to an
4 applicant for licensure ~~who~~under any of the following circumstances for the period of time
5 indicated:

6 (1) Was the owner, principal, or affiliate of a licensable facility under this
7 Chapter, Chapter 122C, or Article 7 of Chapter 110 of the General Statutes
8 and was responsible for the operation of the facility that had its license
9 revoked until ~~one full year~~ five years after the date of ~~revocation~~;the
10 revocation became effective.

11 (1a) Was the owner, principal, or affiliate of a licensable facility under this
12 Chapter, Chapter 122C, or Article 7 of Chapter 110 of the General Statutes
13 and was responsible for the operation of the facility that had its license
14 summarily suspended until five years after the date the suspension was lifted
15 or terminated.

16 (2) Is the owner, principal, or affiliate of an adult care home and is responsible
17 for the operation of the facility that was assessed a penalty for a Type A or
18 Type B violation until the earlier of one year from the date the penalty was
19 assessed or until the home has substantially complied with the correction
20 plan established pursuant to G.S. 131D-34 and substantial compliance has
21 been certified by the ~~Department~~ Department.

22 (3) Is the owner, principal, or affiliate of an adult care home and is responsible
23 for the operation of the facility that had its license ~~summarily suspended or~~
24 downgraded to provisional status or had its admissions suspended as a result
25 of Type A or Type B violations under this Article, Chapter 122C, or Article
26 7 of Chapter 110 of the General Statutes until six months from the date of
27 reinstatement of the license, restoration from provisional to full licensure, or
28 termination of the provisional license, as applicable; or lifting or termination
29 of the suspension of admissions, as applicable.

30 (4) ~~Is the owner, principal, or affiliate of a licensable facility that had its license~~
31 ~~summarily suspended or downgraded to provisional status as a result of~~
32 ~~violations under this Article or Chapter 122C of the General Statutes or had~~
33 ~~its license summarily suspended or denied under Article 7 of Chapter 110 of~~
34 ~~the General Statutes until six months from the date of the reinstatement of~~
35 ~~the license, restoration from provisional to full licensure, or termination of~~
36 ~~the provisional license, as applicable.~~

37 (5) Is or was the owner, principal, or affilate of an adult care home and is
38 responsible for the operation of the facility where outstanding fees, fines,
39 and penalties imposed by the State against the facility have not been paid.
40 Fines and penalties for which an appeal is pending are exempt from
41 consideration under this subdivision.

42 An applicant for new licensure may appeal a denial of certification of substantial
43 compliance under subdivision (2) of this subsection by filing with the Department a request for
44 review by the Secretary within 10 days of the date of denial of the certification. Within 10 days
45 of receipt of the request for review, the Secretary shall issue to the applicant a written
46 determination that either denies certification of substantial compliance or certifies substantial
47 compliance. The decision of the Secretary is final.

48 (d) License Renewals. – License renewals shall be valid for one year from the date of
49 renewal unless revoked earlier by the Secretary for failure to comply with any part of this
50 section or any rules adopted hereunder. Licenses shall be renewed annually upon filing and the
51 Department's approval of the renewal application. The Department shall not renew a license if

1 outstanding fees, fines, and penalties imposed by the State against the home have not been paid.
2 Fines and penalties for which an appeal is pending are exempt from consideration. The renewal
3 application shall contain all necessary and reasonable information that the Department may
4 require.

5 (e) In order for an adult care home to maintain its license, it shall not hinder or interfere
6 with the proper performance of duty of a lawfully appointed community advisory committee, as
7 defined by G.S. 131D-31 and G.S. 131D-32.

8 (f) The Department shall not issue a new license for a change of ownership of an adult
9 care home if outstanding fees, fines, and penalties imposed by the State against the home have
10 not been paid. Fines and penalties for which an appeal is pending are exempt from
11 consideration. The consent of the current licensee is not a required prerequisite to a change of
12 ownership of an adult care home if the current licensee has (i) been removed from the facility
13 pursuant to Articles 3 and 7 of Chapter 42 of the General Statutes or (ii) abandoned the facility,
14 as determined by the Department's reasonable discretion.

15 (g) Any applicant for licensure who wishes to contest the denial of a license is entitled
16 to an administrative hearing as provided in Chapter 150B of the General Statutes. The applicant
17 shall file a petition for a contested case within 30 days after the date the Department mails a
18 written notice of the denial to the applicant."

19 **SECTION 2.** G.S. 131D-2.11 reads as rewritten:

20 **"§ 131D-2.11. Inspections, monitoring, and review by State agency and county**
21 **departments of social services.**

22 ...

23 (a2) Informal Dispute Resolution-Resolution – Division of Health Service Regulation. –

24 (1) The Division of Health Service Regulation shall offer each adult care home
25 an opportunity, at the facility's request and upon the facility's receipt of the
26 official statement of deficiencies, to informally resolve disputed findings
27 from inspections conducted by the Division of Health Service Regulation in
28 accordance with this section.

29 (2) Failure of the Division of Health Service Regulation to complete informal
30 dispute resolution timely does not delay the effective date of any
31 enforcement action taken by the Division of Health Service Regulation
32 against an adult care home.

33 (3) An adult care home is not entitled to seek a delay of any enforcement action
34 against it on the grounds that the Division of Health Service Regulation has
35 not completed informal dispute resolution prior to the effective date of the
36 enforcement action.

37 (4) If an adult care home successfully demonstrates during informal dispute
38 resolution that any of the deficiencies cited in the official statement of
39 deficiencies should not have been cited, the Division of Health Service
40 Regulation shall remove the incorrectly cited deficiencies from the official
41 statement of deficiencies and rescind any enforcement actions imposed on
42 the adult care home solely as a result of the incorrectly cited deficiencies.

43 (5) ~~Upon request, the~~ The Division of Health Service Regulation shall provide an
44 ~~adult care home with written notification of these informal dispute resolution~~
45 ~~procedures.~~ make available on its Internet Web site the informal dispute
46 resolution procedures for adult care homes.

47 (a3) Informal Dispute Resolution – County Departments of Social Services. –

48 (1) The Division of Health Service Regulation and county department of social
49 services shall jointly offer each adult care home an opportunity, at the
50 facility's request and upon the facility's receipt of the official statement of
51 deficiencies, to informally resolve disputed findings from inspections

1 conducted by the county department of social services that resulted in the
2 citation of a Type A1 violation, Type A2 violation, Uncorrected Type A1,
3 violation, Uncorrected Type A2 violation, or Uncorrected Type B violation,
4 in accordance with this section.

5 (2) Failure of the Division of Health Service Regulation and county department
6 of social services to complete informal dispute resolution timely does not
7 delay the effective date of any enforcement action taken by the Division of
8 Health Service Regulation against an adult care home.

9 (3) An adult care home is not entitled to seek a delay of any enforcement action
10 against it on the grounds that the Division of Health Service Regulation and
11 the county department of social services has not completed informal dispute
12 resolution prior to the effective date of the enforcement action.

13 (4) If an adult care home successfully demonstrates during informal dispute
14 resolution that any of the deficiencies cited in the official statement of
15 deficiencies should not have been cited, the county department of social
16 services shall remove the incorrectly cited deficiencies from the official
17 statement of deficiencies and the Division of Health Service Regulation shall
18 rescind any enforcement actions imposed on the adult care home solely as a
19 result of the incorrectly cited deficiencies.

20 (5) The Division of Health Service Regulation shall make available on its
21 Internet Web site the informal dispute resolution procedures for adult care
22 homes.

23"

24 **SECTION 3.** G.S. 131D-4.3(a) reads as rewritten:

25 "(a) Pursuant to G.S. 143B-165, the North Carolina Medical Care Commission shall
26 adopt rules to ensure at a minimum, but shall not be limited to, the provision of each of the
27 following by adult care homes:

28 (1) Repealed by Session Laws 2000-111, s. 1.

29 (2) A minimum of ~~75-80~~ hours of training for personal care aides performing
30 heavy care tasks and a minimum of 40 hours of training for all personal care
31 aides. The training for aides providing heavy care tasks shall be comparable
32 to State-approved Certified Nurse Aide I training. ~~For those aides meeting~~
33 ~~the 40-hour requirement, at least 20 hours shall be classroom training to~~
34 ~~include at a minimum:~~

- 35 a. Basic nursing skills;
- 36 b. Personal care skills;
- 37 c. Cognitive, behavioral, and social care;
- 38 d. Basic restorative services;
- 39 e. Residents' rights.

40 ~~A minimum of 20 hours of training shall be provided for aides in family care homes that do not~~
41 ~~have heavy care residents. Persons who either pass a competency examination developed by the~~
42 ~~Department of Health and Human Services, have been employed as personal care aides for a~~
43 ~~period of time as established by the Department, or meet minimum requirements of a~~
44 ~~combination of training, testing, and experience as established by the Department shall be~~
45 ~~exempt from the training requirements of this subdivision; The facility may exempt from the~~
46 80-hour training requirement any personal care aides who are or have been either licensed as a
47 health care professional or listed on the Nurses Aides Registry.

48 (3) Monitoring and supervision of ~~residents;~~ residents.

49 (4) Oversight and quality of care as stated in ~~G.S. 131D-4.1; and~~ G.S. 131D-4.1.

50 (5) Adult care homes shall comply with all of the following staffing
51 requirements:

- a. First shift (morning): 0.4 hours of aide duty for each resident (licensed capacity or resident census), or 8.0 hours of aide duty per each 20 residents (licensed capacity or resident census) plus 3.0 hours for all other residents, whichever is greater;
- b. Second shift (afternoon): 0.4 hours of aide duty for each resident (licensed capacity or resident census), or 8.0 hours of aide duty per each 20 residents plus 3.0 hours for all other residents (licensed capacity or resident census), whichever is greater;
- c. Third shift (evening): 8.0 hours of aide duty per 30 or fewer residents (licensed capacity or resident census).

~~In addition to these requirements, the~~ The facility shall provide staff to meet the needs of the facility's heavy care residents equal to the amount of time reimbursed by Medicaid. As used in this subdivision, the term "heavy care resident" means an individual residing in an adult care home who is defined "heavy care" by Medicaid and for which the facility is receiving enhanced Medicaid payments for such needs. residents. Each facility shall post in a conspicuous place information about required staffing that enables residents and their families to ascertain each day the number of direct care staff and supervisors that are required by law to be on duty for each shift for that day."

SECTION 4.(a) The Division of Health Service Regulation and county departments of social services shall establish procedures to implement the requirements of G.S. 131D-2.11(a3), as amended by this act, within 60 days after the effective date of this act.

SECTION 4.(b) This section is effective when it becomes law.

SECTION 5. G.S. 131D-10 reads as rewritten:

"§ 131D-10. Adult care home rated certificates.

(a) Rules adopted by the North Carolina Medical Care Commission for issuance of certificates to adult care homes shall contain a rating based, at a minimum, on the following:

- (1) Inspections and substantiated complaint investigations conducted by the Department to determine compliance with licensing statutes and rules. Specific areas to be reviewed include:
 - a. Admission and discharge procedures.
 - b. Medication management.
 - c. Physical plant.
 - d. Resident care and services, including food services, resident activities programs, and safety measures.
 - e. Residents' rights.
 - f. Sanitation grade.
 - g. Special Care Units.
 - h. Use of physical restraints and alternatives.

(b) ~~The initial ratings awarded~~ The Division of Health Service Regulation shall issue ratings to a facility pursuant to the rules adopted under this section ~~shall be based on inspections, penalties imposed, both of the following:~~

- (1) Inspections and investigations of ~~substantiated~~ complaints conducted pursuant to G.S. 131D-2.11 and G.S. 131D-26 that revealed noncompliance with statutes and rules, that occurred on or after the act becomes law. rules.
- (2) The facility's participation in any quality improvement programs approved by the Department.

(c) ~~Type A penalties shall affect the rating for 24 months from the date the penalty is assessed. Type B penalties shall affect the rating for 12 months from the date the penalty is assessed.~~

(c1) The Division of Health Service Regulation shall issue a star rating to a facility within 45 days from the date the Division mails the survey or inspection report to the facility, except when a timely request has been made by the facility under G.S. 131D-2.11 for informal dispute resolution. If a facility makes a timely request for informal dispute resolution, the Division of Health Service Regulation shall issue a star rating to the facility within 15 days from the date the Division mails the informal dispute decision to the facility.

(d) Adult care homes shall display the rating certificate in a location visible to the public. Certificates shall include the Web site address for the Department of Health and Human Services, Division of Health Service Regulation, which can be accessed for specific information regarding the basis of the facility rating. For access by the public on request, adult care homes shall also maintain on-site a copy of information provided by the Department of Health and Human Services, Division of Health Service Regulation, regarding the basis of the facility rating. ~~In addition to information on the basis of the rating, the Department of Health and Human Services, Division of Health Service Regulation, shall make information available via its Web site and in the materials available on site at the facility regarding quality improvement efforts undertaken by the facility including:~~

(1) ~~Participation in any quality improvement programs approved by the Department.~~

(2) ~~The facility's attainment of the North Carolina New Organizational Vision Award special licensure designation authorized in Article 5, Chapter 131E of the General Statutes.~~

(e) The Department shall make available free of charge to the general public on the Division of Health Service Regulation Web site each facility rating and specific information regarding the basis for calculating each facility rating."

SECTION 6.(a) The Department of Health and Human Services shall conduct a study of the North Carolina Star Rated Certificate Program. The study shall (i) evaluate the effectiveness of the program in providing information to consumers of adult care home services, (ii) examine potential evidence-based alternatives, and (iii) make recommendations for any regulatory or legislative changes that could result in improvement of the current system.

SECTION 6.(b) By February 1, 2018, the Department shall report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the progress of the study. By October 1, 2018, the Department shall conclude the study and report its findings and recommendations, including any recommendations for regulatory or legislative changes, to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division.

SECTION 6.(c) This section is effective when it becomes law.

SECTION 7.(a) G.S. 131E-184(a)(8) reads as rewritten:

"(8) To acquire an existing health service facility, including equipment owned by the health service facility at the time of acquisition. A facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for the purposes of this subdivision."

SECTION 7.(b) This section is effective when it becomes law.

SECTION 8. Except as otherwise provided, this act becomes effective October 1,

2017.



HOUSE BILL 657: Improve Adult Care Home Regulation.

2017-2018 General Assembly

Committee:	House Aging. If favorable, re-refer to Health. If favorable, re-refer to Judiciary I	Date:	April 19, 2017
Introduced by:	Reps. Burr, Dobson, White, Sauls	Prepared by:	Theresa Matula Committee Staff
Analysis of:	First Edition		

OVERVIEW: *House Bill 657 makes the following changes pertaining to adult care homes: exempts from certificate of need review the acquisition of certain unlicensed adult care homes; implements an informal dispute resolution process for certain findings; changes the training requirements for personal care aides; makes changes to the star-rating program; and requires the Department of Health and Human Services to study the Stat Rated Certificate Program.*

CURRENT LAW:

Adult Care Home – Defined in G.S. 131D-2.1(3) as an assisted living residence in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents, either directly or for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Some licensed adult care homes provide supervision to persons with cognitive impairments. Adult care homes that provide care to two to six unrelated residents are commonly called family care homes.

G.S. 131E-184(a)(8) – allows the Department of Health and Human Services to exempt from certificate of need review a new institutional health service if it receives prior written notice from the entity proposing the new institutional health service providing that is acquiring an existing health service facility, including equipment owned by the health service facility at the time of acquisition.

BILL ANALYSIS: Section 1 of HB 657 would amend G.S. 131D-2.4 which pertains to the licensure of adult care homes. *Subsection (a)* is amended to provide that a facility not currently licensed as an adult care home but licensed as such in the preceding 12 months, is considered an existing health service facility under G.S. 131E-184(a)(8).

Subsection (c) outlines the circumstances in which new licenses are prohibited from being issued to applicants. This subsection is being amended to incorporate circumstances in which the owner, principal, or affiliate of a licensable facility was also responsible for the operation and had its license revoked; summarily suspended; was assessed a penalty for a Type A or B violation; had its license downgraded to provisional status or admissions suspended; or where fees, fine, and penalties imposed by the State against the facility have not been paid. The changes contemplate situations where the owner, principal, or affiliate is not responsible for operation in an effort to avoid emergency resident relocation. The changes also increase the prohibition period on new licenses in certain circumstances.

Subsection (f) is amended to provide that the consent of the current licensee is not a required prerequisite to a change of ownership if the current licensee has been: (i) removed from the facility due to summary ejectment or expedited eviction of drug traffickers and other criminals, or (ii) abandoned the facility, as determined by the reasonable discretion of the Department of Health and Human Services (DHHS).

Karen Cochrane-Brown
Director



Legislative Analysis
Division
919-733-2578

House Bill 657

Page 2

Subsection (g) is a new subsection that provides that any applicant for licensure who wishes to contest the denial of a license is entitled to an administrative hearing as provided in Chapter 150B (Administrative Procedure). The applicant must file a petition for a contested case within 30 days after the date DHHS mails a written notice of denial.

Section 2 would amend G.S. 131D-2.11 pertaining to inspections, monitoring, and review by the State and county departments of social services. The section is amended to set out an "Informal Dispute Resolution – Division of Health Service Regulation" process (subsection (a2) of the current law) and an "Informal Dispute Resolution – County Department of Social Services" process (new subsection (a3)). The new Informal Dispute Resolution – County Department of Social Services process provides the following:

- (1) The Division of Health Service Regulation (DHSR) and county department of social services (DSS) must jointly offer each adult care home an opportunity, at the facility's request and upon the facility's receipt of the official statement of deficiencies, to informally resolve disputed findings from inspections conducted by the county DSS that resulted in the citation of a Type A1 violation, Type A2 violation, Uncorrected Type A1 violation, Uncorrected Type A2 violation, or Uncorrected Type B violation, in accordance with the section.
- (2) Provides that failure of the DHSR and county DSS to complete informal dispute resolution timely does not delay the effective date of any enforcement action taken by the DHSR against an adult care home.
- (3) Provides that an adult care home is not entitled to seek a delay of any enforcement action against it on the grounds that the DHSR and the county DSS has not completed informal dispute resolution prior to the effective date of the enforcement action.
- (4) Provides that if an adult care home successfully demonstrates during informal dispute resolution that any of the deficiencies cited in the official statement of deficiencies should not have been cited, the county DSS shall remove the incorrectly cited deficiencies from the official statement of deficiencies and the DHSR must rescind any enforcement actions imposed on the adult care home solely as a result of the incorrectly cited deficiencies.
- (5) Requires the DHSR to make available on its Internet Web site the informal dispute resolution procedures for adult care homes.

Section 3 of the bill would amend G.S. 131D-4.3 which outlines the minimum rules that must be adopted for adult care homes by the NC Medical Care Commission. Specifically the rules pertaining to personal care aide are being amended to provide that the minimum number of hours of training is 80. (Currently, 75 hours is required for aides performing heavy care tasks and a minimum of 40 hours of training is required for all personal care aides. Also under current law, 20 of the 40 hours of training are required to be classroom training, and family care home aides that do not have heavy care residents are limited to a minimum of 20 hours of training.) The facility is allowed to exempt from the 80-hour training requirement any personal care aides who are or have been either licensed as a health care professional or listed on the Nurse Aide Registry.

Section 4 requires the DHSR and county DSSs to establish procedures to implement the requirement of the Informal Dispute Resolution – County Departments of Social Services (G.S. 131D-2.11(a3)), contained in Section 2 of the act, 60 days after the effective date of the act (October 1, 2017). Section 4 of the bill is effective when it becomes law.

Section 5 amends G.S. 131D-10 which provides for the adult care home rated certificates. *Subsection (b)* is amended to provide that the DHSR must issue ratings to a facility pursuant to rules adopted by the NC Medical Care Commission based on both:

House Bill 657

Page 3

(1) Inspections and investigations of complaints conducted pursuant to G.S. 131D-2.11 (Inspections, monitoring and review by the State and county DSSs) and G.S. 131D-26 (Enforcement and investigation) that revealed noncompliance with the statutes and rules.

(2) The facilities participation in any quality improvement programs approved by the Department.

Subsection (c) requiring Type A penalties to affect the rating for 24 months and Type B penalties to affect the rating for 12 months is being repealed.

A new subsection (c1) is added to require DHSR to issue a star rating to a facility within 45 days from the date the Division mails the survey or inspection report to the facility, except when a request for an informal dispute resolution is made. If a facility makes a timely request for an informal dispute resolution, the DHSR must issue a star rating to the facility within 15 days from the date the Division mails the decision to the facility.

Subsection (d) amends the availability of the rating information to require each facility rating and specific information regarding the basis for calculating each facility rating to be available free of charge on the DHSR Web site.

Section 6 of the bill requires DHHS to conduct a study of the North Carolina Star Rated Certificate Program. The study must (i) evaluate the effectiveness of the program in providing information to consumers of adult care home services, (ii) examine potential evidence-based alternatives, and (iii) make recommendations for any regulatory or legislative changes that could result in improvement of the current system. By February 1, 2018, the Department is required to report to the Joint Legislative Oversight Committee on Health and Human Services and the Fiscal Research Division on the progress of the study. By October 1, 2018, the Department must conclude the study and report its findings and recommendations, including any recommendations for regulatory or legislative changes, to the Oversight Committee and the Fiscal Research Division. Section 6 becomes effective when the bill becomes law.

Section 7 amends G.S. 131E-184(a)(8) pertaining to the exemption from certificate of need to provide that a facility not currently licensed as an adult care home that was licensed as an adult care home within the preceding 12 months is considered an existing health service facility for purposes of the subdivision when acquiring an existing health service facility, including equipment owned by the health service facility at the time of acquisition. (This conforms to the changes in Section 1 of the bill in G.S. 131D-2.4(a).) Section 7 becomes effective when the bill becomes law.

EFFECTIVE DATE: Except as otherwise provided, the bill would become effective October 1, 2017.



Committee Sergeants at Arms

NAME OF COMMITTEE House Committee on Aging

DATE: 4/20/2017 Room: 424

House Sgt-At Arms:

1. Name: Dean Marshbourne

2. Name: Rey Cooke

3. Name: Jonas Cherry

4. Name: _____

5. Name: _____

Senate Sgt-At Arms:

1. Name: _____

2. Name: _____

3. Name: _____

4. Name: _____

5. Name: _____



VISITOR REGISTRATION SHEET

House Committee on Aging

4/20/2017

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Irene Moon	C GA
Frances Messer	North Carolina Assisted Living Assoc
Tony Adams	Adams and Assoc.
Marian Cavell	NASW-NC
Bruce Johnson	NASW-NC
Mary Butler	NC Coalition on Aging



VISITOR REGISTRATION SHEET

House Committee on Aging

4/20/2017

Name of Committee

Date

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NAME

FIRM OR AGENCY AND ADDRESS

Perry Hu	SOG
JESS Goodman	DHHS/DHSR
Megan Lamphere	DHHS/DHSR
Adrian Dellinger	NC DOJ / Counsel for DHSR
J. Peters	CSS
Joyce Reten	CSS
Chris Broughton	MWC

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AGING

House Standing Committee
2018

Rep. Pat B. Hurley, Chair

Rep. Rena Turner, Chair

Deborah Holder

Barbara Gaiser

Committee Assistants

NOTE: The House Aging Committee did not meet during the 2018 short session of the North Carolina General Assembly.

Respectfully submitted:


Deborah Holder


Barbara Gaiser

