2019

HOUSE AGING

MINUTES

.



North Carolina General Assembly

Committee on Aging

2019-2020 Session

Chair(s)

Representative Pat Hurley

Committee Clerk(s)

Debbie Holder

The Committee did not meet during the 2020 short session.

Signed Committee Chairman_

AGING House Standing Committee

Chair



Rep. Hurley

Members



Rep. Dobson



Rep. Hunt



Rep. John



Ren. P. Jones



Rep. Lambeth



Rep. White

Pursuant to House Rules 26(e) and 26(f), the Chair of the Committee on Rules, Calendar and Operations of the House, the Speaker Pro Tempore, the Majority Leader, and the Deputy Majority Leader are ex officio members of each standing committee and permanent subcommittee with the right to vote. The previous sentence does not apply to the Standing Committee on Ethics. For the purposes of determining a quorum, when serving only as ex officio members, these members shall be counted among the membership of the committee or subcommittee only when present.

HOUSE COMMITTEE ON AGING MEMBERSHIP

MEMBER	ASSISTANT	PHONE	OFFICE	SEAT
Rep. Pat Hurley, Chair	Debbie Holder, Clerk	3-5865	532	10
Rep. Jean Farmer-Butterfield	Jay Butler	3-5898	1220	21
Rep. Josh Dobson	Julie Ryan	3-5862	307B	114
Rep. Rachel Hunt	Sarah Shaefer	3-5800	1111	107
Rep. Joe John	Jamie Moore	3-5530	1013	69
Rep. Perrin Jones	Susie Farrell	3-5747	537	73
Rep. Donny Lambeth	Pan Briles	3-5747	303	53
Rep. Donna White	Susan Mullins	3-5605	306A2	85
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Rep. John Bell	Susan West Horne	5-3017	301-F	5
Rep. Brenden Jones	Jacob Hardesty	3-5821	1227	88
Rep. David Lewis	Grace Rogers	5-3015	2301	6
Rep. Sarah Stevens	Lisa Brown	5-1884	419	7

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ATTENDANCE HOUSE COMMITTEE ON AGING 2019-20

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Rep. Pat Hurley, Chair													
Rep. Farmer-Butterfield, Vice Chair	<)		
Rep. Josh Dobson													
Rep. Rachel Hunt										/			
Rep. Joe John									/				
Rep. Perrin Jones								/					
Rep. Donny Lambeth							/						
Rep. Donna White													
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Rep. John Bell, EX-OFFICIO					/								
Rep. Brenden Jones, EX-OFFICIO													
Rep. David Lewis, EX-OFFICIO													
Rep. Sarah Stevens, EX-OFFICIO													
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Debbie Holder, Committee Clerk													
Jessica Boney, Legislative Analysis													
Jennifer Hillman, Leg. Analysis											1		
Theresa Matula, Leg. Analysis													
Nelson Dollar, Speaker's Office													
Shelby Armentrout, Speakers Office													

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North Carolina General Assembly

Aging Committee

2019-20 Session

Representative Hurley (Chair)

Representative Farmer-Butterfield (Vice-Chair)

Deborah Holder (Committee Clerk)

AGING House Standing Committee

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Rep. Hurley

Vice Chair



Rep. Farmer-Butterfield

Members



Rep. Black



Rep. Lambeth



Rep. Dobson



Rep. Murphy



Rep. Hunt



Rep. White



Rep. John

Pursuant to House Rules 26(e) and 26(f), the Chair of the Committee on Rules, Calendar and Operations of the House, the Speaker Pro Tempore, the Majority Leader, and the Deputy Majority Leader are ex officio members of each standing committee and permanent subcommittee with the right to vote. The previous sentence does not apply to the Standing Committee on Ethics. For the purposes of determining a quorum, when serving only as ex officio members, these members shall be counted among the membership of the committee or subcommittee only when present.

HOUSE COMMITTEE ON AGING

2-12-19

MEMBER	ASSISTANT	PHONE	OFFICE	SEAT
Rep. Pat Hurley, Chair	Debbie Holder, Clerk	3-5865	532	10 ,,
Rep. Jean Farmer-Butterfield	Winnona Swayze	3-5898	1220	21
Rep. Mary Ann Black	Chandler Spaulding	3-5872	501	59
Rep. Josh Dobson	Julie Ryan	3-5862	307B	114
Rep. Rachel Hunt	Kelly Russell	3-5800	1111	107
Rep. Joe John	Ridge Mazingo	3-5530	1013	69
Rep. Donny Lambeth	Pan Briles	3-5747	303	53
Rep. Greg Murphy	Anne Harvey Smith	3-5757	307B	73
Rep. Donna White	Susan Mullins	3-5605	306A2	85
Rep. John Bell	Susan West Horne	5-3017	301-F	5
Rep. Brenden Jones	Andrew Bailey	3-5821	1227	88
Rep. David Lewis	Grace Rogers	5-3015	2301	6
Rep. Sarah Stevens	Lisa Brown	5-1884	419	7

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ATTENDANCE

HOUSE COMMITTEE ON AGING 2019-20

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Rep. Pat Hurley, Chair			7	,						
Rep. Farmer-Butterfield, Vice Chair			1							
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Rep. MaryAnn Black		V	V							
Rep. Josh Dobson		V	/							
Rep. Rachel Hunt	1	1								
Rep. Joe John	/	\checkmark	V							
Rep. Donny Lambeth										
Rep. Greg Murphy	V					,				
Rep. Donna White	/									
Rep. John Bell, EX-OFFICIO										
Rep. Brenden Jones, EX-OFFICIO										
Rep. David Lewis, EX-OFFICIO										
Rep. Sarah Stevens, EX-OFFICIO										
Debbie Holder, Committee Clerk	/	V	V							
Jessica Boney, Legislative Analysis	/		V							
Jennifer Hillman, Leg. Analysis	/	<u> </u>	V							
Theresa Matula, Leg. Analysis	\checkmark	√	V							
Nelson Dollar, Speaker's Office	V		V							
Shelby Armentrout, Speakers Office										

House Committee on Aging Tuesday, March 5, 2019 at 2:00 PM Room 1228/1327 of the Legislative Building

MINUTES

The House Committee on Aging met at 2:00 PM on March 5, 2019 in Room 1228/1327 of the Legislative Building. Representatives Hurley, Hunt, John, Murphy, and White attended.

Representative Pat B. Hurley, Chair, presided and called the meeting to order at 2:05 PM.

Chair Hurley welcomed the members and recognized the Sergeants at Arms and asked the Pages to introduce themselves.

Tara Myers, Deputy Secretary for Human Resources, DHHS, and Joyce Massey-Smith, Director for the NC Division of Aging and Adult Services, DHHS, were recognized by Chair Hurley, to present their power point presentations which included information on the aging population, Medicaid, Opioid misuse in older adults, and protective services (Attachment 1A), the Area Agencies on Aging throughout the State (Attachment 1B), APS Reports by County DSS Offices (Attachment 1C), and a Comparison of Estimated and Projected Population Changes in NC Counties by Age (Attachment 1D).

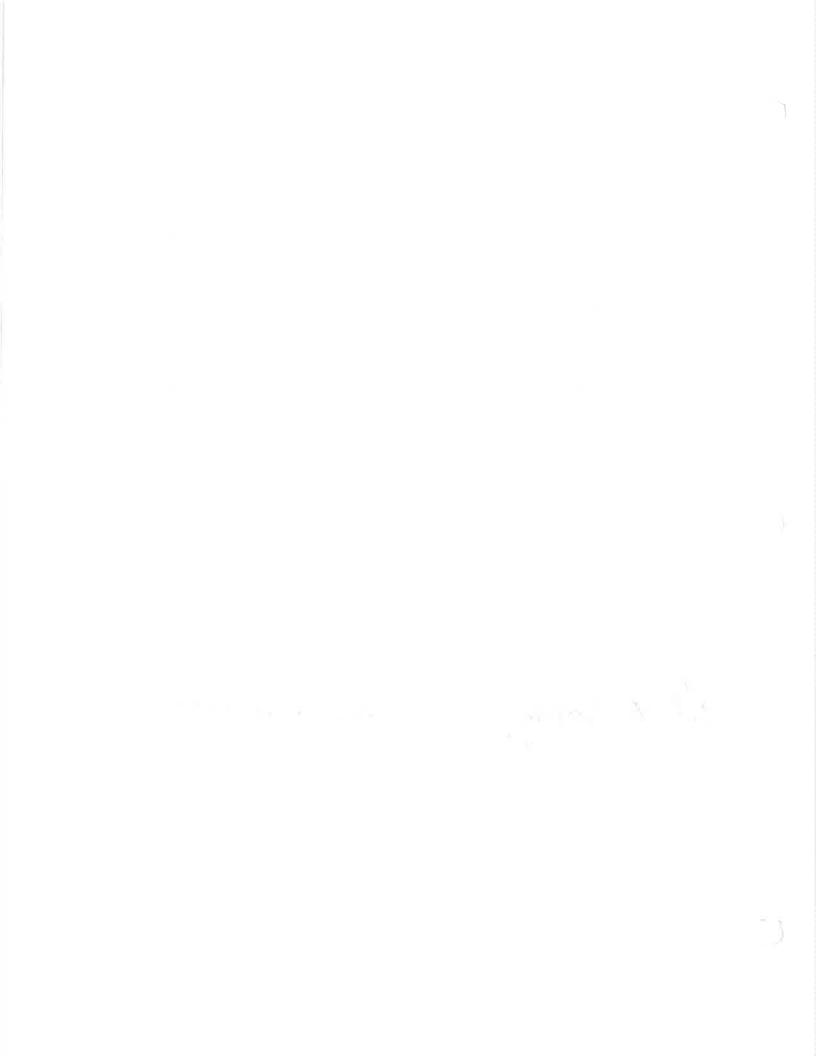
Chair Hurley recognized Mary Bethel, Executive Director – NC Coalition on Aging. She presented handouts from the North Carolina Coalition on Aging, Agency/Organization/Group Members of the Coalition Contacts (Attachment 2A), and NC Coalition on Aging, Legislative Priorities for 2019 (Attachment 2B).

Chair Hurley thanked the committee members and presenters for attending and adjourned the meeting at 2:48 PM

Representative Pat B. Hurley, Chair

Presiding

Deborah Holder, Committee Clerk



NORTH CAROLINA HOUSE OF REPRESENTATIVES COMMITTEE MEETING NOTICE AND BILL SPONSOR NOTIFICATION 2019-2020 SESSION

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

DAY & DATE: T	uesday, March 5, 2019
TIME: 2	:00 PM
LOCATION: 1	228/1327 LB
	Rep. Hurley Presiding
	ting - Presentations from Division of Aging and Adult Services, and NC
Coalition on Aging	. No bills will be heard
	Decreatfully
	Respectfully,
	Representative Pat B. Hurley, Chair
	representative 1 at 2. 11 min j, chimi
	notice was filed by the committee assistant at the following offices at 10:10 AM or
Tuesday, February 2	26, 2019.
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	rincipal Clerk
K	Leading Clerk – House Chamber
Deborah Holder (Co	ammittee Assistant
Deboran Holder (CC	minutee Assistanty
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House Committee on Aging Tuesday, March 5, 2019, 2:00 PM 1228/1327 Legislative Building

AGENDA

Welcome and Opening Remarks

Member Introduction

Introduction of Sergeants at Arms

Introduction of Pages

Presentations:

Joyce Massey-Smith, Director - DHHS Division of Aging and Adult Services

Mary Bethel, Executive Director - NC Coalition on Aging

Other Business

Adjournment

HOUSE COMMITTEE ON AGING



Division of Aging and Adult Services

Tara Myers and Joyce Massey-Smith Department of Health and Human Services March 5, 2019

Aging Population in North Carolina

- 9th in population age 60 and over
- By 2025, 1 in 5 North Carolinians will be 65+
- Of the current 65+ population,
 - 82% had at least one chronic disease and 55% had 2 or more
 - Heart disease (22%) and cancer (20%) were the leading causes of death
 - **170,000** have Alzheimer's disease (2018)
 - 26.6% are living alone
 - 43% have income under 200% of poverty

Healthcare Spending Increases with Age

- As adults live longer, they're more likely to live with multiple chronic conditions & functional limitations
 - Despite a longer life expectancy, boomers have higher rates of hypertension, high cholesterol, diabetes and obesity
 - More ED visits, inpatient hospitalizations
 - Higher Medicare and Medicaid spending for inpatient hospital, skilled nursing facility, and home health services

N.C. Medicaid Covers More Than 2.1 Million People

Individuals with a disability	Children	Older Adults (65+)
14.9% of program	54.1% of program	6.3% of program
47.1% of spending	22.7% of spending	16.9% of spending

Older Adults at Higher Risk of Opioid Misuse

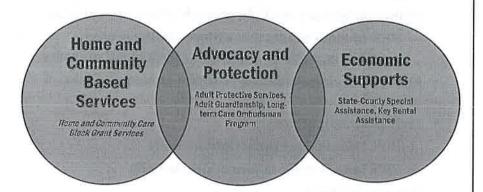
- · High instances of chronic pain
- Older adults have multiple comorbidities and diagnoses
 - 85% of older adults live with multiple chronic conditions, such as diabetes or high blood pressure
- Multiple doctors and care provided across multiple settings
- Multiple medications
 - 80% take up to 4 prescriptions daily
 - 20% take 5 or more prescriptions daily
- Socially isolated

Addressing Healthy Opportunities

Enabling Aging in Communities with NC's Services and Supports:

- Providing economic support
- Opportunities for social engagement
- Reducing isolation
- Support to family caregivers
- Education and counseling
- Reducing hunger and food insecurity
- · Promoting healthy aging
- Access to information and resources
- Providing safety and security
- Promoting safe and affordable housing

Division of Aging and Adult Services Core Areas of Work



Home and Community Care Block Grant

- NC General Assembly established Home and Community Care Block Grant (HCCBG) in July 1992
- Combines Federal Older Americans Act, Federal Social Services Block Grant, and State Appropriations
- 19 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 atrisk of institutionalization

HCCBG Services, Expenditures, and Clients Served in SFY 2017-18*

Service	Expend	itures	% of Total	Clients Served	Wait List (Jan 2019)
In-Home Level Services	\$ 19,5	8,719	29.3%	6,436	4,826
Home Delivered Meals	\$ 15,6	1,854	23.4%	18,252	3,821
Congregate Nutrition	9 10.6	34,278	15.9%	24,027	278
Senior Center	\$ 5,53	20,764	8.3%	135,395	
Transportation, General	S 4,7	8,291	7.196	5,537	469
Adult Day Health	\$ 2,6	37.857	4.0%	697	52
Transportation, Medical	\$ 2,00	1,410	3.0%	3,791	
Information and Options Counseling	\$ 1,99	7,932	3.0%	119	
Adult Day Care	5 1,75	3,451	2.7%	582	1R3
Housing and Home Improvement	\$ 9	18,187	1.4%	984	910
Health Promotion	\$	57,673	0.1%	24	
Health Screening	5	3,671	0.0%	46	
Care Management	\$ 30	00,804	0.6%	68	24
Institutional Respite	\$ 3	75,822	0.6%	74	
Consumer Directed Care	\$ 1	60,937	0.2%	50	10
Seniar Companion	\$ 1	35,113	11,2%	45	
Group Respite	\$ (59,646	0.1%	38	32
Volunteer Program Development	S :	8,889	0.1%	44	
TOTAL	\$ 66,72	5,298	100.0%	196,095	10,605

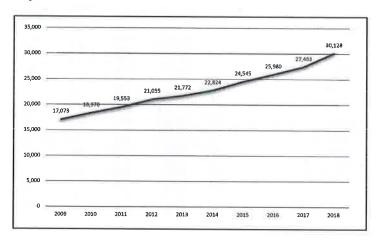
SOURCE: DAAS ARMS (Aging Resource Management System), November 5, 2018 and January 23, 2019
*Expenditures represent total cost of services and are not tracked at the client level

Adult Protective Services (APS)

Provides for protection of vulnerable adults through NCGS, Article 6, 108A

- County DSS social workers:
 - Receive reports of alleged abuse, neglect, and/or exploitation of vulnerable 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)

Adult Protective Services Reports (2009-2018)



✓ Source: NC DAAS APS Annual Survey 2018

Adults Reported as Mistreated SFY 2017-18

- 64% self-neglect
- 24% caretaker neglect
- 4% caretaker abuse, however research indicates abuse is under reported
- 73% age 60 or older
- 80% lived alone or with family members
- Most frequently named perpetrator is adult child, followed by spouse, non-relative caregivers, and other relatives

Adult Guardianship

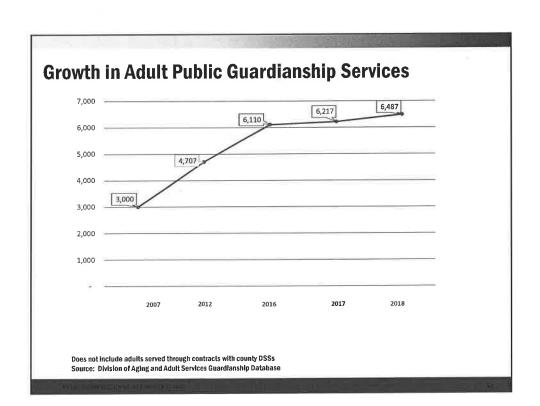
If an adult is determined incompetent by the clerk of superior court and family members or a corporation chartered to provide guardianship services is not available, then the county DSS Director is appointed guardian

Adults need guardians when:

 Limitations such as cognitive impairments, intellectual and developmental disabilities, traumatic brain injuries, physical illness, substance use issues, or serious and persistent mental illness prevent them from being able to make and communicate decisions regarding their person and finances

When the DSS Director is guardian:

 DSS social workers ensure that housing, medical treatments, community services and supports are provided or arranged for individuals they serve



State-County Special Assistance (SA)

- 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
- Special Assistance Adult Care Home 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
- · Individuals eligible for SA also receive Medicaid
- County DSS staff determine eligibility for the SA Program

Long-Term Care (LTC) Ombudsman Program

- Receive complaints made by or on behalf of residents in long term care facilities
- · Educate residents and assist them in exercising their rights
- Conduct training for administrators and staff on topics relevant to the provision of quality care and services to residents
- Provide information to the public on long term care facilities and assistance in navigating the care continuum
- Office of the State Long-Term Care Ombudsman is located within the NC Division of Aging and Adult Services
- Regional LTC Ombudsmen are located within the 16 Area Agencies on Aging
- Certified and designated Community Advisory Committee Members

Senior Community Service Employment Program

- Federally funded by the US Administration for Community Living
- Only nationally mandated workforce training program for older adults
- Serves low-income adults, age 55+ who live at or below 125% of the federal poverty level
- Program Goals:
 - 1. Foster economic self-sufficiency
 - 2. Increase number of mature workers in obtaining employment in the general workforce
 - 3. Promote part-time opportunities in community service agencies including aging services programs

Housing and Homelessness Programs

Targeting and Key Program

- Partnership between DHHS, NC Housing Finance Agency and private developers
- Supportive housing program for people who are very low income, disabled, and in need of affordable housing
- Developers reserve 10 20% of units developed using the Low Income Housing Tax Credit for program participant
- As of June 2018, 3,380 households living In Targeting units across the state
- Since October 2005, 2,634 households have received Key rental assistance

Emergency Solutions Grant (ESG)

- Programs funded through HUD in partnership with the NC Department of Commerce to provide housing services to homeless individuals and families
- Approximately 80 contracts awarded annually to local providers who operate Emergency Homeless Shelters, Street Outreach and Homelessness Prevention and Rapid Rehousing Programs
- In SFY 2018, 15,818 individuals received Emergency Shelter; 3,156 received Rapid Rehousing services; 427 received Street Outreach or Prevention services

Supporting Family Caregivers

Social and economic support to caregivers and families

Family Caregiver Support Program

- o Promote health of caregivers
- Provide economic security
- Counseling and support groups
- o Respite care
- Supplemental services

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

- o Promote health of caregivers
- Provide economic security
- o Counseling, education and information
- o Respite care
- o Connections to social support networks

NC's Alzheimer's Strategic Plan

- o Raising awareness and transforming attitudes
- Having supportive options that foster quality of life
- Supporting caregivers and families touched by the disease
- o Promoting meaningful participation in community life
- o Reaching those who are underserved

Resources

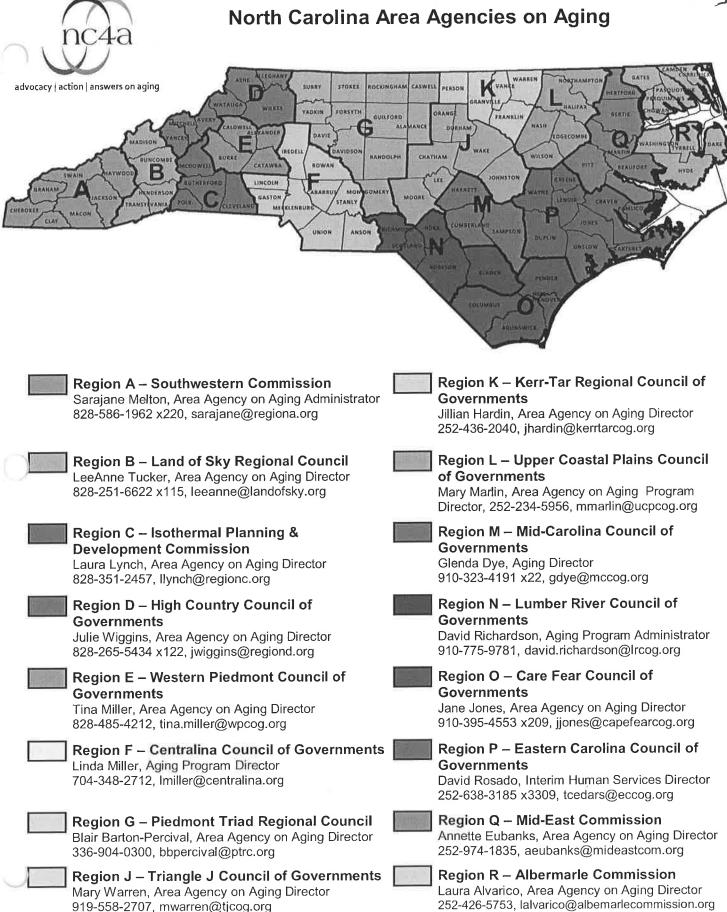
NC Aging Profile

https://files.nc.gov/ncdhhs/documents/files/NC%20State%20Aging%20Profile%202017 0.pdf

County Profiles

https://files.nc.gov/ncdhhs/documents/files/NC%20County%20Aging%20Profiles%202017.pdf

Attachoneut 1B



APS in NC Reports Received by County DSS SFY 2015-2018

County	APS Reports 2015-16	APS Reports 2016-17	APS Reports 2017-18
Alamance	474	584	747
Alexander	172	130	152
Alleghany	44	65	65
Anson	32	69	55
Ashe	130	127	146
Avery	103	44	80
Beaufort	249	249	224
Bertie	42	54	61
Bladen	101	93	113
Brunswick	300	305	334
Buncombe	1,848	1,905	1,938
Burke	344	382	393
Cabarrus	380	388	414
Caldwell	406	404	436
Camden	7	6	9
Carteret	242	298	343
Caswell	69	65	84
Catawba	438	458	578
Chatham	84	99	118
Cherokee	139	178	201
Chowan	37	59	66
Clay	47	48	65
Cleveland	761	764	791
Columbus	228	282	307
Craven	218	247	280
Cumberland	531	757	924
Currituck	56	50	81
Dare	113	74	78
Davidson	402	365	391
Davie	91	103	112
Duplin	185	168	230
Durham	495	524	546
Edgecombe	153	199	183
Forsyth	868	1001	1070
	114	102	99
Gaston	948	877	1011
Gates	24	23	32
Graham	42	43	33
Granville	111	107	131
Greene	52	44	56
Guilford	781	773	801
Halifax	23	28	52

APS in NC Reports Received by County DSS SFY 2015-2018

County	APS Reports 2015-16	APS Reports 2016-17	APS Reports 2017-18
Harnett	162	188	211
Haywood	191	190	276
Henderson	415	483	537
Hertford	29	38	33
Hoke	110	93	137
Hyde	9	18	17
Iredell	178	139	143
Jackson	171	189	207
Johnston	473	409	477
Jones	17	24	28
Lee	135	133	155
Lenior	141	148	178
Lincoln	204	207	210
Macon	109	173	185
Madison	93	84	123
Martin	95	103	90
McDowell	152	146	184
Mecklenburg	2,599	2,678	2,931
Mitchell	40	53	72
Montgomery	83	93	109
Moore	226	368	534
Nash	76	91	127
New Hanover	1179	1242	1149
Northampton	42	43	43
Onslow	470	509	642
Orange	106	132	124
Pamlico	58	38	44
Pasquotank	66	81	77
Pender	169	179	185
Perquimans	44	69	66
Person	109	110	138
Pitt	420	436	541
Polk	81	93	128
Randolph	391	553	262
Richmond	58	70	123
Robeson	591	517	561
Rockingham	390	246	451
Rowan	250	276	359
Rutherford	348	346	312
Sampson	106	118	131
Scotland	54	54	40
itanley	236	224	246

APS in NC Reports Received by County DSS SFY 2015-2018

County	APS Reports 2015-16	APS Reports 2016-17	APS Reports 2017-18
tokes	133	120	131
urry	110	124	129
wain	89	70	78
ransylvania	176	201	209
yrrell	13	19	30
Inion	198	249	342
ance	91	129	104
Vake	1,325	1,521	1,312
Varren	27	17	27
Vashington	29	35	48
Vatauga	61	75	96
Vayne	367	342	417
Vilkes	288	243	298
Vilson	159	201	243
adkin	80	106	133
ancey	74	106	115
ancey	25,980	106 27,483	30,12

Source: NC DAAS APS Annual Survey 2017-18

Comparison of Estimated and Projected Population Change in NC Counties for Age Groups 0-17 and 60+ between 2017-2025

Counties in **bold** are those where the population 60+ is greater than 0-17. Counties in *italics* are those where the population 0-17 is greater than 60+. Both **bold** and *italicized* counties are ranked in descending order by the population 60+

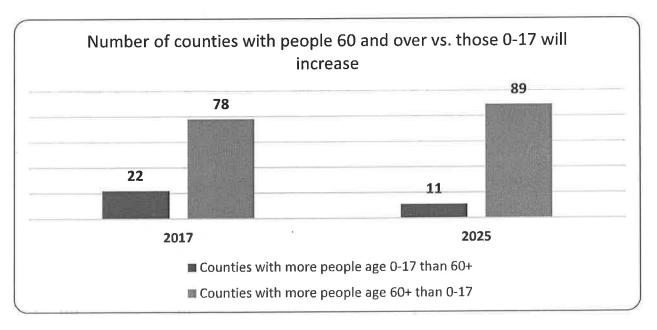
	2017			2025	
county	0-17	60+	county	0-17	60+
Buncombe	49,823	68,138	Guilford	120,493	134,696
New Hanover	42,982	52,374	Forsyth	89,520	97,217
Brunswick	22,204		Buncombe	50,124	82,368
Davidson	36,015		New Hanover	45,758	65,451
Henderson	22,111	38,510	Brunswick	23,630	65,381
Alamance	36,108	37,426		59,108	59,268
Catawba	34,852	37,170	Gaston	49,779	57,499
Randolph	32,028		Iredell	40,547	50,763
Rowan	31,733	33,007	Davidson	35,705	47,615
Moore	20,174	31,903	Alamance	37,883	47,071
Orange	26,416	27,923	Henderson	22,260	46,190
Cleveland	21,140	24,506	Catawba	33,459	43,980
Rockingham	18,530		Rowan	31,500	39,757
Burke	18,352	24,011	Randolph	30,307	38,936
Nash	20,394		Moore	22,324	38,810
Chatham	14,001	23,306	Orange	25,523	36,867
Carteret	12,197	22,520	Wayne	30,517	32,512
Caldwell	16,712		Chatham	14,103	32,475
Haywood	11,358	20,136	Robeson	26,801	29,689
Lincoln	17,295	19,947	Burke	17,995	28,326
Wilson	18,751	19,519	Nash	19,630	27,841
Wilkes	14,217	19,387	Cleveland	20,590	27,739
Surry	15,385	18,932	Rockingham	17,830	27,099
Rutherford	13,962	18,836	Lincoln	17,363	26,485
Stanly	13,242	15,742	Carteret	12,033	26,398
Franklin	14,702	15,359	Caldwell	16,256	25,128
Lenoir	12,699	15,173	Haywood	11,870	23,131
Pender	12,665	15,004	Wilson	18,510	22,939
Beaufort	9,720	14,880	Wilkes	13,827	22,449
Columbus	12,084	14,229	Rutherford	14,021	21,886
Edgecombe	12,304	14,126	Surry	14,598	20,945
Halifax	11,105	14,102	Franklin	15,144	20,524
Granville	11,986	13,716	Pender	13,886	19,415
Transylvania	5,603	13,243	Stanly	13,287	19,172
Macon	6,556	12,652	Granville	12,331	18,716
Stokes	8,672	12,639	Sampson	15,327	16,848
McDowell	9,254	12,567	Lenoir	12,012	16,460
Watauga	6,858	11,840	Beaufort	8,774	16,257
Davie	8,591		Edgecombe	11,156	15,655

Comparison of Estimated and Projected Population Change in NC Counties for Age Groups 0-17 and 60+ between 2017-2025

Jackson	7,481	10 072	Columbus	11 226	45.450
Vance	10,674		Halifax	11,336	15,459
Richmond	10,325		Transylvania	10,281	15,333
Cherokee	4,968	10,727		5,918	15,283
Dare				14,927	15,240
	6,909		Macon	7,256	14,820
Person Alexander	8,320		Duplin	13,210	14,816
Yadkin	7,701		Stokes	8,225	14,780
	7,933		McDowell	8,960	14,607
Bladen	7,197		Watauga	8,206	14,448
Ashe	4,949		Davie	8,710	14,255
Scotland	8,343	8,670		7,031	12,959
Polk	3,443		Jackson	7,877	12,889
Montgomery	6,146		Cherokee	5,065	12,453
Martin	4,736		Person	8,285	12,029
Madison	4,010		Alexander	7,310	11,832
Caswell	4,226		Vance	10,256	11,774
Northampton	3,860	6,339	Richmond	9,745	11,707
Hertford	4,708	6,222	Yadkin	7,745	11,620
Warren	3,725	6,208	Ashe	4,824	10,052
Currituck	5,498	6,072	Pasquotank	9,032	9,735
Anson	5,216	6,041	Scotland	8,401	9,527
Yancey	3,357	5,796	Bladen	6,561	9,291
Bertie	3,778	5,314	Polk	3,396	8,997
Avery	2,765	5,024	Currituck	6,155	8,680
Greene	4,539	4,765	Montgomery	5,747	8,422
Pamlico -	2,035		Madison	4,121	8,073
Mitchell	2,764	4,685	Caswell	4,019	7,379
Perquimans	2,550		Martin	4,600	7,339
Chowan	2,916		Hertford	4,375	6,762
Clay	1,988		Anson	4,730	6,702
Washington	2,639		Warren	3,544	6,522
Swain	3,415		Northampton	3,579	6,365
Alleghany	1,992		Yancey	3,375	6,172
Gates	2,367		Bertie	3,571	5,805
Jones	1,998		Avery	2,641	5,758
Graham	1,805		Greene	4,088	5,636
Camden	2,106		Pamlico	1,923	5,234
Hyde	931		Perquimans	2,522	5,210
Tyrrell	805	1,134		2,121	4,999
Wake	253,894	170,716		2,785	
Mecklenburg	258,481	170,716		2,629	4,840
Guilford	116,297	108,695		3,755	4,434
Forsyth	87,237		Alleghany		4,352
Cumberland	87,705		Washington	2,008	4,013
Durham	72,019		Gates	2,498	3,926
Gaston	49,567			2,185	3,827
Custon	49,50/	48,128	Jones	1,929	3,160

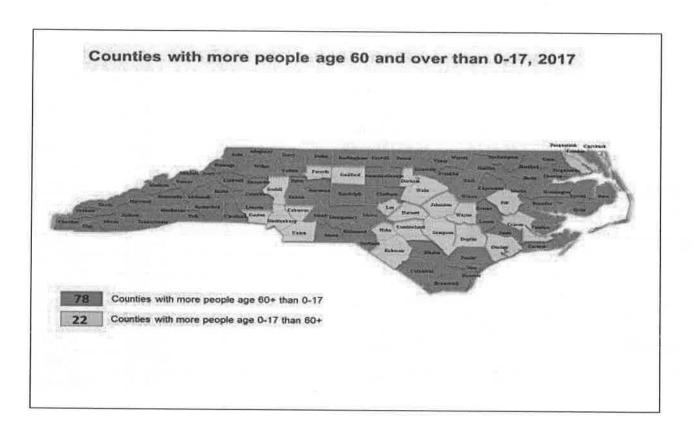
Comparison of Estimated and Projected Population Change in NC Counties for Age Groups 0-17 and 60+ between 2017-2025

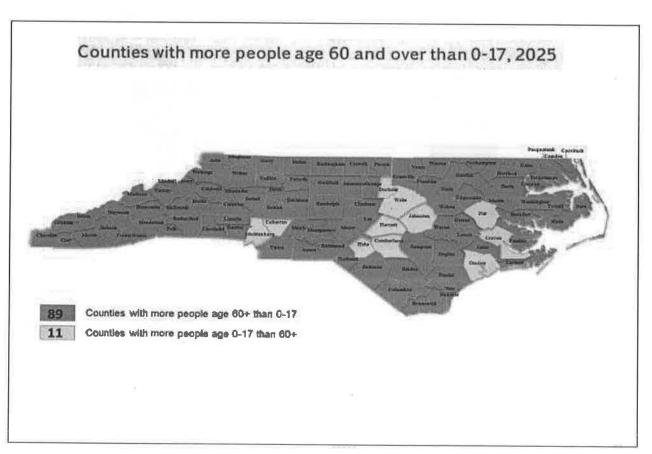
Union	57,894	40,143	Camden	1,905	2,970
iredell	39,327	37,763	Graham	1,670	2,859
Cabarrus	51,269	37,720	Hyde	845	1,628
Johnston	48,852	35,852	Tyrrell	816	1,301
Pitt	38,922	31,799	Wake	264,268	250,512
Robeson	32,155	27,083	Mecklenburg	277,948	237,192
Wayne	30,419	27,056	Cumberland	87,588	69,844
Onslow	58,190	26,061	Durham	80,579	68,930
Craven	26,318	23,479	Cabarrus	54,011	51,008
Harnett	35,777	22,966	Johnston	51,706	50,091
Sampson	15,692	15,034	Pitt	39,504	39,054
Duplin	14,346	13,993	Onslow	67,211	31,949
Lee	14,916	13,189	Harnett	38,105	29,375
Pasquotank	9,163	8,502	Craven	26,864	24,554
Hoke	16,547	7,492	Hoke	18,715	10,861
State	2,312,886	2,240,226	State	2,368,973	2,789,602



^{*}Effective this year (2019), the state is projected to have more people 60+ than ages 0-17.

^{*}By 2037, 94 counties are estimated to have more people ages 60 and over than 0-17. The 6 counties with more people ages 0-17 than 60 and over are Craven, Cumberland, Durham, Harnett, Hoke and Onslow.





Source: NC State Office of State Budget and Management/ facts-figures, Certified county estimates and projections, 2017, 2025, 2037

North Carolina Coalition on Aging

The North Carolina Coalition on Aging is comprised of agencies/organizations/groups that in some way represent North Carolina's aging populations as well as individuals who support the work of the Coalition. Together, members of the Coalition on Aging work to collaboratively give voice to issues that affect older North Carolinians. The Coalition facilitates networking and information exchange among members and provides the structure and leadership for collective advocacy, education, and public policy work.

To find out more about the Coalition, go to www.nccoalitiononaging.org.

Agency/Organization/Group Members of The Coalition Are:

- AARP-NC
- Access Dental Care
- Aetna Medicare
- Alzheimer's Association
- American Heart Association/American Stroke
 Association
- Association for Home & Hospice Care of NC
- Autumn's Way Care Home
- · A Helping Hand
- Cape Fear Council of Governments Area Agency on Aging
- Carol Woods Retirement Community
- Carolinas Center for Hospice & End of Life Care
- Center for Responsible Lending
- Charles House Association
- Community and Senior Services of Johnston County
- Dementia Alliance of North Carolina
- Durham County Department of Social Services
- Fiduciary Litigation Law Group
- Food Bank of Central and Eastern North Carolina
- Friends of Residents in Long Term Care
- Greene County Department of Social Services
- Institute for Family Caregiving
- Kerr Tar Regional Council of Governments Area Agency on Aging
- LeadingAge North Carolina
- LifeLinks Care Management
- Meals on Wheels of Durham
- Meals on Wheels Association of North Carolina
- Music Makers Relief Foundation
- NAMI North Carolina
- National Association of Social Workers NC Chapter
- National Domestic Workers Alliance
- Navigate NC
- NC Adult Day Services Association
- NC Adult Foster Care Association
- NC Alliance for Retired Americans Education Fund
- NC Assisted Living Association
- NC Association of Area Agencies on Aging
- NC Association of County Directors of Social Services

- NC Association on Aging
- NC Baptist Aging Ministry
- NC Bar Association Elder and Special Needs Law Section
- NC Continuing Care Resident Association
- NC Council of Chapters Military Officers Association of America
- NC Department of Insurance Seniors' Health Insurance Information Program
- NC Division of Services for Deaf & Hard of Hearing
- NC Guardianship Association
- NC Health Care Facilities Association
- NC Housing Coalition
- NC Housing Finance Agency
- NC Justice Center
- NC Mental Health, Substance Use, and Aging Coalition
- NC Oral Health Collaborative
- NC PACE Association
- NC Partnership to Address Adult Abuse
- NC Public Transportation Association
- NC Retired Governmental Employees' Assoc.
- NC Retired School Personnel
- NC Senior Center Alliance
- NC Senior Games, Inc.
- NC Senior Living Association
- Nurse Care of North Carolina
- Resources for Seniors, Inc.
- Randolph Cloud and Associates
- SAGE Raleigh, LGBT Center of Raleigh
- Senior Law Clinic, Campbell University
- Senior PharmAssist
- Southern Gerontological Society
- State Employees Association of North Carolina
- The Center for Volunteer Caregiving
- Transitions LifeCare
- Triangle J Council of Governments Area Agency on Aging
- United Healthcare
- United Way of NC/NC 2-1-1
- Wake County Human Services Senior and Adult Services
- Woodland Terrace Senior Living



NC Coalition on Aging

Agencies, organizations, and individuals that represent and support our state's aging population coming together to give voice to issues that affect older North Carolinians.

The older adult population in North Carolina is growing by leaps and bounds and as such, their needs are increasing.

- Today, 1 in 5 over 2 million people in the state are age 60 and over. By 2033, about 1 in 4 will be over 60, and people over 85 will be the fastest growing population group.
- Effective this year, it is estimated that there are more people in the state over the age of 60 than under the age of 18. Our 65+ population will increase in the next 20 years from 1.6 to 2.6 million.

2019 Legislative Priorities

Each year after dialogue among its members, the Coalition develops legislative priorities. The five issues identified here are the Coalition's priorities for 2019; however, they do not represent the entirety of the issues which the Coalition supports and on which it will take a position.

Invest state dollars in adult protective services (APS), mandated core services provided by county departments of social services to our state's most vulnerable adults.

- In recent years, there has been a major increase in the need for APS services. In 2009, there were 17,073 reported cases of abuse, neglect, or exploitation of adults. In SFY 17-18, this number increased to 30,128 reported cases of which 15,563 were "screened-in" by county departments of social services to determine if the adults reported were in needs of APS. Abuse, neglect or exploitation was found for 6,066 cases, and many of these cases were very complex.
- In SFY 17-18, \$26.2 million was expended on APS. Funding was 0.01% state, 82% county, and 18% federal Social Service Block Grant.
- There are growing challenges as the number of APS cases increase and many counties, particularly low wealth counties, are struggling to find the money to provide needed services and to adequately carry out mandated responsibilities.

Close the health insurance coverage gap in the state.

- There are an estimated 400,000+ low-income people in the state who have no affordable health insurance options available to them. Many of these fall into the category of those 55+ who are most likely to have pre-existing conditions that if not treated will result in bigger problems as they age.
- Closing the coverage gap will provide access to preventive care for this population and result in an influx of additional funding to the state that can support our health care delivery system.

Increase the recurring state funding for the Home and Community Care Block Grant (HCCBG) by \$7 million.

- The Block Grant is the primary funding source for services, including high demand services such as home delivered meals and in-home aides, for older adults not eligible for Medicaid. Most recipients of services are frail and have low to moderate income and many live alone. The Block Grant helps them to remain independent and living in the community. It combines federal and state dollars along with local matching funds.
- The state is losing ground in its efforts to help at-risk older adults in the community through the Block Grant with waiting lists growing and fewer individuals being served each year. In January of 2019, there were 10,600 seniors on waiting lists for services.
- An appropriation of \$7 million would make a huge impact: The waiting list could be reduced by approximately one-third.

Increase funding for the Housing Trust Fund and increase the Homestead Property Tax Exemption to help ensure older adults and persons with disabilities have safe and affordable housing.

- The state has a shortage of safe and affordable housing and the recent hurricane has increased the lack of adequate housing for older and disabled adults, populations who were hit hard by the storm.
- Housing has been identified as a key social determinant of health, and the lack of adequate housing can be a factor in vulnerable adults no longer being able to remain independent in the community.
- The Housing Trust Fund has been a valuable resource for rehabbing and providing modifications to homes and for developing affordable housing for seniors and persons with disabilities. The current funding for the Trust Fund, \$7.66 million, is not adequate to address the growing housing crisis.
- Paying the property taxes on their home is a burden for many seniors and persons with disabilities. The Homestead Property Tax Exemption provides low-income persons 65 and older and those who are permanently disabled some property tax relief. In 2018, the total income for eligibility for a homeowner and their spouse could not exceed \$30,200, and the amount excluded from taxation was the first \$25,000 or 50% (whichever is greater) of assessed value of the permanent residence. The General Assembly has not examined property tax relief for older and disabled adults for ten years.

Conduct a comprehensive study about how the state can better support family caregivers, particularly caregivers who are in the workforce so they can continue to work.

- There are over 1.28 million family caregivers in the state providing care to an adult with limitations in daily activities.
- Families provide at least 80% of all care services needed to help older relatives live in their homes. They are the backbone of our long-term care system.
- More than 60% of family caregivers work, and of this number approximately 60% report making work
 accommodations because of caregiving. Approximately 10% say they have to give up work entirely
 in order to care for their relative. When caregivers cut back on hours or leave the workforce, they
 often loose benefits, including health insurance, and their retirement income, including Social
 Security, may be less.

To see a list of the Coalition on Aging's agency and organization members in support of these priorities, go to http://www.nccoalitiononaging.org/members.html. For more information about the Coalition or on its priorities, contact Mary Bethel, Executive Director of the Coalition, at mmbethel72@gmail.com or (919) 818-0881.

House	Committee	on	Aging

3/5/2019

Name of Committee

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME

FIRM OR AGENCY AND ADDRESS

Frances Messer	North Carolina Assisted Living Assoc Farends of Residents in CTC
3.21 LAMB	Farends of Residents in CTC
Ben Popkin	FORLTC
AMES SIMMONS	EQUALITY NC
JERRY SCHILL	MC FISHERTES ASSO,
Diane Cox	Kerr-Tar Area Agency on Aging
Alan Winstral	Mals on Wheels Wake County
Clarkiasnemaker	garenno office
Jon Carr	The Carolinas center for Hospiu +
	End of life care
Deja Taliaferro	
Nothalle Shoral Julia Idams Scheurich	Dass City GR LIC

House Committee on Aging	3/5/2019
Name of Committee	Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Helen M. Mack	Mach Cardense AARD
Lisa Riegel	AARP
Ju Manzo	AARP VOLUNTER
Judy DeMartis	AHRP Costal
Henry J Belade JR	AARP
Paola Learny d	NC coalition on Kging
Zandolph Cloud	V
Lynn Harrell	NC Senior Games
Swile Shaw	NE PACE Association
Tom AKUKS	LEADING AGE HOZAL GROLINA
Tony Adams	adams and associates

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House Committee on Aging	3/5/2019	
Name of Committee	Date	

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

NAME	FIRM OR AGENCY AND ADDRESS
Cliff Lowery	AARP
Dwight Willis	AARP
Deborab Wagner	AARP
Henrictta Coursey	AARP
MARY EDWARDS	D A A S
Kent Woodson	DAAS
Posalyn Petty For	AARP
Jolin W ray Hacks	O AARP- Coastal
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Joan WINKLER	ARP-Coastal

House Committee on Aging	3/5/2019
Name of Committee	Date
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Committee Sergeants at Arms

NAME OF COMMITTEE House	se Committee on Aging	K.
DATE: 03/05/2019	1000/1007	LB
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	House Sgt-At Arms:	
1. Name: Warren Hawkins		
2. Name: Jonas Cherry		
Name: Joe Crook	K.	
4. Name:		
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House Pages Assignments Tuesday, March 05, 2019

Session: 4:45 PM

	Committee	Room	Time	Staff	Comments	Member
	Aging	1228/1327	2:00 PM	Ivy Herring		Rep. Carson Smith
Γ				Emily Maerz		Rep. Pat B. Hurley

2			
			2

House Committee on Aging Tuesday, March 26, 2019 at 2:00 PM Room 1228/1327 of the Legislative Building

MINUTES

The House Committee on Aging met March 26, 2019, at 2:00 PM, in Room 1228/1327 of the Legislative Building. Representatives Black, Dobson, Hunt, Hurley, and John attended.

Representative Pat B. Hurley, Chair, presided.

Chair Hurley recognized Joyce Massey-Smith, Director, Division of Aging and Adult Services for a PowerPoint presentation on the Resources and Supports in Long Term Care Facilities in North Carolina (Attachment A).

Sabrina Lea, Associate Director, NC Medicaid, Long Term Supports and Services was recognized by Chair Hurley, to continue the PowerPoint presentation section addressing the increasing nursing home PNA (Personal Needs Allowance), Nursing Facility Reimbursement, and Nursing Facility Per Diem.

Chair Hurley recognized Tara Myers, Deputy Secretary for Human Resources to finish the PowerPoint presentation section pertaining to the Long Term Care Ombudsman Program.

Chair Hurley opened the floor for questions from the members. Rep. Black inquired to the complaints individuals in nursing homes and their family members have. Joyce Massey-Smith responded, indicating there are always staffing shortages and there is need for additional training for individuals prior to working in the home.

Chair Hurley opened the floor for comments from the visitors. Bill Lamb, Friends of Residence of Long Term Care, commented on the personal needs allowance of \$30 per month. It is the minimum allowed, and is mandated by the Federal Government. This amount hasn't increased in over 30 years.

Chair Hurley thanked everyone for coming and the meeting was adjourned at 2:29 PM

Representative Pat B. Hurley, Chair

Presiding

Deborah Holder, Committee Clerk

NORTH CAROLINA HOUSE OF REPRESENTATIVES COMMITTEE MEETING NOTICE AND BILL SPONSOR NOTIFICATION 2019-2020 SESSION

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

DAY & DATE: Tuesday, March 26, 2019

TIME: 2:00 PM LOCATION: 1228/1327 LB

COMMENTS: No bills will be heard

Informational meeting only on the following:
Personal Needs Allowance for Long-Term Care Residents
Ombudsmen Program
Medicaid Personal Needs Allowance

Respectfully,

Representative Pat B. Hurley, Chair

I hereby certify this notice was filed by the committee assistant at the following offices at 12:06 PM on Thursday, March 21, 2019.

____ Principal Clerk ____ Reading Clerk – House Chamber

Deborah Holder (Committee Assistant)

House Committee on Aging Tuesday, March 26, 2019, 2:00 PM 1228/1327

AGENDA

Welcome and Opening Remarks

Introduction of Sergeants at Arms

Introduction of Pages

Presentations – Resources and Supports in Long Term Care Facilities

Tara Myers, Deputy Secretary for Human Resources Joyce Massey-Smith, Director, Division of Aging and Adult Services Sabrina Lea, Associate Director, NC Medicaid, Long Term Supports and Services

Other Business

Adjournment

03/25/2019 Attackment A

HOUSE COMMITTEE ON AGING



Resources and Supports in Long Term Care Facilities

Tara Myers
Joyce Massey-Smith
Sabrena Lea
Department of Health and Human Services
March 26, 2019

Long Term Care Facilities in NC

- State/County Special Assistance (SA) and Personal Needs Allowance (PNA)
- Medicaid Coverage in Nursing Facilities and Personal Needs Allowance
- The Long Term Care Ombudsman Program

Assisted Living Facilities in North Carolina

- Adult Care Homes, Family Care Homes, Group Homes (formerly referred to as rest homes or county homes)
- State/County Special Assistance pays for room and board for low income individuals who qualify for this level of care (individuals who require daily supervision, some personal care and medication administration)
- Funding for SA is 50% county/ 50% state
- Licensed by the Division of Health Service Regulation
- Eligibility for SA determined by County DSS

Nursing Homes in North Carolina

- Provide for higher level of care than assisted living facilities
- Nursing facilities provide daily licensed nursing care, but do not require the degree of medical consultation and support services available in an acute care hospital
 - Skilled nursing services are those which must be furnished under the direct supervision of licensed nursing personnel and under the general direction of a physician in order to achieve the medically desired results and to assure quality patient care.

Special Assistance - Assisted Living Facility Rates

- State/County Special Assistance was established by NC G.S. 108A-25 and G.S 108A-40 to 108A-47.1
- The rate monthly facilities can charge Special Assistance (SA) residents is established by the NC General Assembly
- 2018-2019 rate for "basic" facility room and board and SA is \$1,182. The rate is \$1,515 for recipients residing in licensed special care units
- Each recipient receives \$46month for personal needs. This rate is also established by the General Assembly

10A NCAC 710.0102 DEFINITIONS Related to Special Assistance:

- Maintenance Amount
 - "Maintenance Amount" shall mean the Adult Care Facility Rate plus the Personal Needs Allowance"
- Personal Needs Allowance \$46 (month)
 - "Personal Needs Allowance" shall mean, for the purposes of this Subchapter, the monthly sum of money that a recipient of the State/County Special Assistance Program may retain from his or her personal income for clothing and other personal needs and expenses as described in 42 C.F.R. 435.83(c)(1). The monthly Personal Needs Allowance for the State/County Special Assistance Program is established by the General Assembly
- \$20 General Income Exclusion
 - The first \$20 per month of unearned and/or earned income is excluded

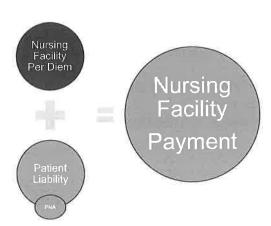
Impact of a PNA Increase on the SA Budget

- Currently NC has 20,503 SA recipients
- To increase the Personal Needs Allowance to \$70.00, a \$24.00 increase per SA recipient would be required
- 20,503 recipients x \$24.00 = \$492,072 per month
- Annual Fiscal Impact = \$5,904,864.00

Increasing Nursing Home PNA

- There are approximately 29,873 individuals residing in Skilled Nursing Facilities in NC
- The current PNA for nursing homes is \$30.00 per month
- Increasing the PNA for these individuals from \$30.00 to \$50.00 would have an impact of \$3,584,760* for a 6 month time period and \$7,169,520* for a 12 month time period
- * The amount does not reflect the Medicaid Flscal Impact but does reflect a revenue Impact for facilities.

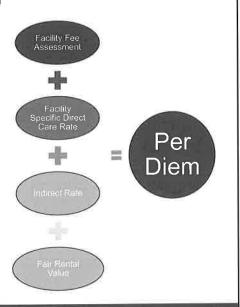
Nursing Facility Reimbursement



- Nursing Home per diem is the rate paid to each nursing facility based on the unique Case Mix Index.
- Patient Liability is that portion of the resident's social security payment and/or other funds the individual must contribute to the cost of his/her care.

Nursing Facility Per Diem

- Facility Fee Assessment: reimburses the nursing facility for the provider's assessment costs incurred for delivering care
- Facility Specific Direct Care Rate includes case mix adjusted cost and non case mix adjusted cost
- Indirect Rate includes administrative and operations cost
- Fair Rental Value: provider specific data elements based on capital data surveys



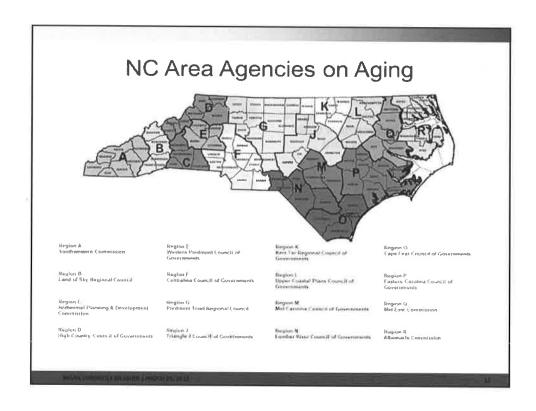
Long Term Care Ombudsman Program

Purpose

- Assist residents of long-term care facilities to exercise their rights and attempt to resolve grievances between residents, families and/or facilities
- Educate community groups and long-term care providers on various topics such as residents' rights
- Use of mediation to resolve concerns; non-regulatory approach

Framework

- Office of the State Long-Term Care Ombudsman located in the NC Division of Aging and Adult Services
- Regional LTC Ombudsmen located in 16 offices across NC
- 987 local volunteers donating 29,876 hours in FY 2017-18



Regional Ombudsman

Provides training and technical assistance to the community advisory committees:

- Initial training of new volunteers 15 hours, and facility orientation
- . On-going training throughout the year 10 hours
- . Maintain documentation of all training and activities
- . Provide consultation and support to all volunteers

Ombudsman FTEs per Region in FY 2018/2019

REGION	Number of Regional Ombudsmen
A	1000
В	3
C	2
D	1
E	1.5
F	5
G	6
J	5
к	1
1	2
M	1
N	2
0	2
P	2
Q	1
R	1
Total	36.5 FTEs (2018)

Adult Care Home Residents Served by Long Term Care Ombudsman Program – FFY 2017

Complaints

- 2,084 complainants who expressed 4,350 complaints
- Approximately 61% of complaints were handled to complainants satisfaction (without formal investigations)

LTC Ombudsman Program

- Provided information and consultation to 5,785 individuals
- Provided 2,747 consultations to long-term care facilities
- Provided a total of 313 training sessions for staff of longterm care facilities

Top Complaints

- Discharge, eviction, planning/notice/procedure
- Dignity, respect, staff attitudes
- Medication administration, organization
- Exercise of choice, civil consumer choice
- · Call lights, requests for assistance

House Committee on Aging

3/26/2019

Name of Committee

Date

NAME	FIRM OR AGENCY AND ADDRESS
Herry	L559
Sugarn Brasley	SEANC
Frances Messen	NCALA
tony adams	Odems and assoc.
Rosafyar Petty Fore	· XCSTHL
Kanborn	BPS
Mimi Wilson	NCGA.
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House Committee on Aging

3/26/2019

Name of Committee

NAME

Date

VISITORS: PLEASE SIGN IN BELOW AND RETURN TO COMMITTEE CLERK

FIRM OR AGENCY AND ADDRESS

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Tyler Ford MWC

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Committee Sergeants at Arms

NAME OF COMMITTEE HO	use Committee on Aging	g_
DATE: 3/26/2017	Room: 1228/1327	
	House Sgt-At Arms:	
1. Name: Ken Gilbert		
2. Name: Rex Foster		
Name: Russell Salisbu		
4. Name: David Leighton		
5. Name:	-	*
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House Pages Assignments Tuesday, March 26, 2019

Session: 4:45 PM

<i>e</i> 0	Committee	Room	Time	Staff	Comments	Member
£	Aging	1228/1327	2:00 PM	Aria Harrell		Rep. Evonne Holley
				Imani Hayes		Rep. Garland Pierce
				Jada Long		Rep. Zack Hawkins
Energy	and Public Utilties	643	3:00 PM	Jared Danaher		Rep. William O. Richardson
				Blake Ellison		Rep. George G. Cleveland
				Everett McAteer		Rep. John Szeka
				Spencer Neill		Rep. Jay Adams

House Committee on Aging Tuesday, April 2, 2019 at 2:00 PM Room 1228/1327 of the Legislative Building

MINUTES

The House Committee on Aging met at 2:00 PM on April 2, 2019 in Room 1228/1327 of the Legislative Building. Representatives Black, Dobson, Farmer-Butterfield, Hunt, Hurley, and John attended.

Representative Pat B. Hurley, Chair, presided and introduced the Sergeants at Arms and Pages.

Chair Hurley recognized Representative Howard to explain the following bill:

HB 410 Require Generators/Nursing & Adult Care Homes. (Representatives Howard, Setzer, Carney, Lucas)

Representative Black moved to have the PCS before the committee.

Representative Howard began by stating she didn't want to put anyone out of business, however, the elderly and disabled needed to be cared for.

Representative Howard stated there were options for Duke Energy and the Electric Cooperatives to evaluate each facility and determine the size and type of generator that would be needed to provide the facility with electricity during an outage. Their service provides the installation, management, and maintenance of the generator. The facility would have a monthly lease, with a designated time period in which they could purchase the units.

Representative Hurley recognized Nelson Dollar, Policy Staff, Speaker's Office, to address the funding differences between skilled nursing, assisted living and adult homes. He indicated they all have different funding structures.

Chair Hurley opened the floor for questions from the Committee Members. There were several questions pertaining to how the facilities are evaluated and equipped with generators, with wiring and permitting needed during the installation.

Chair Hurley opened the floor for comments from the individuals in the audience. Jeff Horton, NC Senior Living Association spoke on the cost some of the facilities would incur and they would not be able to pay those costs and remain open. Ben Popkin, Friends of Residence in Long Term Care, spoke in favor of the bill.

Representative Howard indicated she was ok with holding the bill, if that's what the committee wanted to do, however, she mentioned the bill was a long way from becoming law, and there was plenty of time to gather additional information.

Representative Hunt made a motion for a favorable report to the PCS, unfavorable to the original bill with a serial referral to House Rules.

The motion carried.

Chair Hurley adjourned the meeting at 2:46 PM

Representative Pat B. Hurley, Chair

Presiding

Deborah Holder, Committee Clerk

NORTH CAROLINA HOUSE OF REPRESENTATIVES COMMITTEE MEETING NOTICE AND BILL SPONSOR NOTIFICATION 2019-2020 SESSION

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

DAY & DATE TIME: LOCATION:	Tuesday, April 2, 2019 2:00 PM 1228/1327 LB	
The following	bills will be considered:	
HB 410	SHORT TITLE Require Generators/Nursing & Adult Care Homes.	SPONSOR Representative Howard Representative Setzer Representative Carney Representative Lucas
	Respectf	ully,
	Represer	ntative Pat B. Hurley, Chair
I hereby certify Thursday, Mar		ssistant at the following offices at 11:37 AM or
-	Principal Clerk Reading Clerk – House Chamber	
Deborah Holde	er (Committee Assistant)	



House Committee on Aging Tuesday, April 2, 2019, 2:00 PM 1228/1327 Legislative Building

AGENDA

Welcome and Opening Remarks

Introduction of Sergeants at Arms and Pages

Bills

BILL NO. SHORT TITLE

HB 410 Require Generators/Nursing & Adult

Care Homes.

SPONSOR

Representative Howard Representative Setzer

Representative Carney Representative Lucas

Other Business

Adjournment

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GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2019

H

HOUSE BILL 410 PROPOSED COMMITTEE SUBSTITUTE H410-CSSH-5 [v.5] 04/01/2019 02:43:39 PM

Short Title: Require Generators/Nursing & Adult Care Homes.

(Public)

Sponsors:
Referred to:

March 21, 2019

A BILL TO BE ENTITLED

AN ACT REQUIRING NURSING HOMES, COMBINATION HOMES, AND ADULT CARE
HOMES TO HAVE EMERGENCY ELECTRICAL SERVICE AVAILABLE FOR USE
DURING POWER OUTAGES.

5 The General Assembly of North Carolina enacts:

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SECTION 1. Article 1 of Chapter 131D of the General Statutes is amended by adding a new section to read:

"§ 131D-4.3A. Emergency electrical service required.

Notwithstanding any other provision of law to the contrary, all adult care homes, as defined in G.S.131D-2.1, licensed pursuant to this Article, and operating in this State shall provide emergency electrical service for use in the event of failure of the normal electrical service. Each facility subject to this section shall provide emergency electrical service sufficient to provide heat, air conditioning, lighting, and other essential electrical services required by rules of the Medical Care Commission."

SECTION 2. Part 1 of Article 6 of Chapter 131E of the General Statutes is amended by adding the following new section to read:

"§ 131E-114.3A. Emergency electrical service required.

Notwithstanding any other provision of law to the contrary, all nursing homes, combination homes, and adult care homes, as those terms are defined in G.S. 131E-101, licensed and operating in this State shall provide emergency electrical service for use in the event of failure of the normal electrical service. Each facility subject to this section shall provide emergency electrical service sufficient to provide heat, air conditioning, lighting, and other essential electrical services required by rules of the Medical Care Commission."

SECTION 3. G.S. 143B-165 is amended by adding a new subdivision to read:

"(14) The Commission shall adopt rules specifying the essential electrical services nursing homes, combination homes, and adult care homes are required to provide through the use of emergency electrical services pursuant to G.S. 131D-4.3A and G.S. 131E-114.3A."

SECTION 4. Section 3 of this act and this section become effective when this act becomes law. The remainder of this act becomes effective on the date the rules adopted by the Medical Care Commission, pursuant to G.S. 143B-165(14), as amended by this act, become effective. The Medical Care Commission shall notify the Reviser of Statutes of the date the rules become effective.





HOUSE BILL 410: Require Generators/Nursing & Adult Care Homes.

2019-2020 General Assembly

Committee: House Aging. If favorable, re-refer to Rules, Date:

April 1, 2019

Calendar, and Operations of the House

Introduced by: Reps. Howard, Setzer, Carney, Lucas

Prepared by: Theresa Matula

Analysis of: PCS to First Edition

Committee Staff

H410-CSSH-5

OVERVIEW: The Proposed Committee Substitute (PCS) for House Bill 410 would require adult care homes, nursing homes, and combination homes to have emergency electrical service during power outages. The PCS amends a reference to the statute that defines adult care homes, adds a requirement that air conditioning be covered by essential electrical services, and makes a technical change to the effective date.

BILL ANALYSIS:

Section 1 of the PCS for HB 410 adds a new statutory section to Article 1 of Chapter 131D, pertaining to the licensing of adult care homes, to require adult care homes as defined in G.S. 131D-2.1, to provide emergency electrical service when a failure of the normal electrical service occurs. Section 2 adds a new statutory section to Part 1 of Article 6 of Chapter 131E, pertaining to the licensing of nursing homes, to require nursing homes, combination homes, and adult care homes, as defined in G.S. 131E-101, to provide emergency electrical service when a failure of the normal electrical service occurs. Both sections require the emergency electrical service to provide heat, air conditioning, lighting, and other essential services required by the Medical Care Commission. The PCS corrects the reference to the definition of "adult care home," adds "air conditioning" to the list of essential electrical services, and makes a technical change to the effective date.

<u>Section 3</u> amends the powers and duties of the NC Medical Care Commission to require the adoption of rules providing the essential electrical services required in Sections 1 and 2.

EFFECTIVE DATE: Sections 3 and 4 become effective when the bill becomes law. The remainder of the bill becomes effective on the date the rules adopted by the Medical Care Commission become effective.

CURRENT LAW:

G.S. 131D-2.1 contains the following definitions:

- (3) Adult care home. 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. ... Adult care homes that provide care to two to six unrelated residents are commonly called family care homes.
- (9) Family care home. An adult care home having two to six residents. The structure of a family care home may be no more than two stories high, and none of the aged or physically disabled persons being served there may be housed in the upper story without provision for two direct exterior ground-level accesses to the upper story.

Karen Cochrane-Brown Director



Legislative Analysis Division 919-733-2578

House PCS 410

Page 2

G.S. 131E-101 contains the following definitions:

- (1) "Adult care home", as distinguished from a nursing home, means a facility operated as a part of a nursing home and which provides residential care for aged or disabled persons whose principal need is a home with the shelter or personal care their age or disability requires. Medical care in an adult care home is usually occasional or incidental, such as may be required in the home of any individual or family, but the administration of medication is supervised. ... Adult care homes are to be distinguished from nursing homes subject to licensure under this Part.
- (1a) "Combination home" means a nursing home offering one or more levels of care, including any combination of skilled nursing, intermediate care, and adult care home.
- (6) "Nursing home" means a facility, however named, which is advertised, announced, or maintained for the express or implied purpose of providing nursing or convalescent care for three or more persons unrelated to the licensee. A "nursing home" is a home for chronic or convalescent patients, who, on admission, are not as a rule, acutely ill and who do not usually require special facilities such as an operating room, X-ray facilities, laboratory facilities, and obstetrical facilities. A "nursing home" provides care for persons who have remedial ailments or other ailments, for which medical and nursing care are indicated; who, however, are not sick enough to require general hospital care. Nursing care is their primary need, but they will require continuing medical supervision.

BACKGROUND: Currently the Medical Care Commission has a rule pertaining to emergency electrical service for nursing homes.

Nursing Homes Rule for Emergency Electrical Service - The Medical Care Commission adopted 10A NCAC 13D .3402 requiring emergency electrical service in which the following equipment, devices, and systems were deemed essential: nurses' calling system; fire pump, if installed; one elevator, where elevators are used for the transportation of patients; equipment such as burners and pumps necessary for operation of one or more boilers and their necessary auxiliaries and controls, required for heating and sterilization, if installed; equipment necessary for maintaining telephone service; task illumination of boiler rooms, if applicable; and a dedicated critical branch circuit per bed for ventilator-dependent patients is required. In addition, "heating equipment provided for ventilator dependent patient bedrooms shall be connected to the critical branch of the essential electrical system and arranged for delayed automatic or manual connection to the emergency power source if the heating equipment depends upon electricity for proper operation. Where electricity is the only source of power normally used for the heating of space, an essential electrical system shall provide for heating of patient rooms. Emergency heating of patient rooms shall not be required in areas where the facility is supplied by at least two separate generating sources or a network distribution system with the facility feeders so routed, connected, and protected that a fault any place between the generating sources and the facility will not cause an interruption of more than one of the facility service feeders." Sufficient fuel shall be stored for the operation of the emergency power generator for a period not less than 72 hours, on a 24-hour per day operational basis with on-site fuel storage.

NORTH CAROLINA GENERAL ASSEMBLY **HOUSE OF REPRESENTATIVES**

AGING COMMITTEE REPORT Representative Pat B. Hurley, Chair

FAVORABLE COM SUB , UNFAVORABLE ORIGINAL BILL AND RE-REFERRED

HB 410

Require Generators/Nursing & Adult Care Homes.

Draft Number: H410-PCS10326-SH-5

Serial Referral: RULES, CALENDAR, AND

OPERATIONS OF THE HOUSE

Recommended Referral: None Long Title Amended: No Floor Manager:

Howard

TOTAL REPORTED: 1



House Committee on Aging

NAME	FIRM OR AGENCY AND ADDRESS
Payranmague	82-
Dus Musishia	Intern-Ret. Farmer-Butterhold
Mike Leighs	DHMS
Megan Lamphere	DHHS
Steren LEWIS	· Da197
Hyh Janson	NYC
JOE LAWIER	TROUMAN
LaPenn	1 CSS 1
Julie alam Selección	anh Cely 6,2
Lincley Douling	755
Marissa Turner	755

House Committee on Aging

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Blair Burr Jennfer Albright	Staff Autumn's Way Cage Home Inc. 1601 James St Durnam 27707
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a Rew	NCAEC
Jeff Hovan	NCSLA
Joyce Paters	CSS.
Ben Popler	Pageon Strategius
Kari Barsness	BPS
Menens	C5 3
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House Committee on Aging

	NAME	FIRM OR AGENCT AND ADDRESS		
Tory adams		adams and associates		
	Frances Messer	NCACH		
j	Madeleine Eldrudge	UNC-Chapel Hill		
	BILL SUBGIN	ts 1		
)	Lori Ann Narvis	· CAHA		
	More 1 sigst	h L legado		
	Joel Anymore	6PM: 65882		

Committee Sergeants at Arms

NAME OF COMMITTEE _	House Committee on	Aging
DATE: 4/2/2019	Room: 1228/1327	30
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e e	House Sgt-At Arms:	
1. Name: Rex Foster		
2. Name: Ken Gilbert		
Name: Rex Foster	(4)	
4. Name: David Leigh	ton	
5. Name:		*
	Senate Sgt-At Arms:	
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