

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

S

1

SENATE BILL 857*

Short Title: High-Risk Elderly Funds.

(Public)

Sponsors: Senator Perdue.

Referred to: Appropriations.

May 2, 1991

A BILL TO BE ENTITLED

**AN ACT TO APPROPRIATE FUNDS TO PROVIDE SERVICES AND ESTABLISH
COORDINATED MANAGED CARE PROGRAMS FOR THE HIGH-RISK
ELDERLY.**

Whereas, the population of persons 85 years of age is expected to more than triple from 45,169 in 1980 to an estimated 168,674 in 2010; and

Whereas, this population of older adults represents the greatest numbers of high-risk frail individuals whose complex care needs will require packages of health, personal care, and social services to remain at home; and

Whereas, seventy-seven percent (77%) of North Carolina's public expenditures for long-term care are for institutional care compared with thirteen percent (13%) for in-home care; and

Whereas, frail older adults prefer to remain in their own homes as long as possible; and

Whereas, the development of a more coordinated and visionary system of care for North Carolina's rapidly growing population of high-risk older adults is viewed as an urgent need by the Department of Human Resources Advisory Committee on Home and Community Care; and

Whereas, the system of care outlined by the Department of Human Resources Advisory Committee on Home and Community Care will effectively coordinate and target essential in-home and community-based services to high-risk frail older adults in all 100 counties by the year 2000; support family caregivers in the continuation of their caregiving responsibilities; and extend the availability of limited public resources to respond to a rapidly increasing population of frail older adults who will require

1 packages of health, personal care, and social services in order to remain at home; Now,
2 therefore,

3 The General Assembly of North Carolina enacts:

4 Section 1. There is appropriated from the General Fund to the Department of
5 Human Resources, Division of Aging, the sum of \$1,100,000 for the 1991-92 fiscal year
6 and the sum of \$1,100,000 for the 1992-93 fiscal year to provide services and establish
7 a coordinated managed care program for the high-risk elderly in Cleveland, Durham,
8 Pamlico, and Surry counties.

9 (a) County plans on aging developed by participating counties shall address the
10 implementation of a managed care program of services for the high-risk elderly in
11 accordance with planning requirements established by the Division of Aging.

12 (b) The county commissioners in each county shall be responsible for approving
13 the county plan on aging and for designating a lead agency responsible for
14 implementing the managed care program of services for the high-risk in accordance
15 with criteria developed by the Division of Aging.

16 (c) Designated lead agencies shall be responsible for: providing or arranging care
17 management services for the high-risk; developing purchase of service agreements and
18 other agreements necessary to coordinate service activities and funding sources for
19 long-term care, including the Medicaid Community Alternatives Program; determining
20 resources necessary to meet clients' service needs as agreed upon by clients, physicians,
21 and others; and developing a quality assurance plan related to the program.

22 (d) Care management and services funded through this program shall be limited
23 to high-risk older adults who are at least 60 years of age and have at least three "activity
24 of daily living" impairments; and have complicated medical, mental, social, or
25 behavioral impairments; and whose needs cannot be met with services currently
26 available to them and prefer to be cared for at home; and can be safely cared for at home
27 at a public cost less than or equal to the public cost for nursing home care.

28 (e) Service funds available through this program shall serve as funding of
29 last resort. The maximum level of public funding per client will be consistent with the
30 maximum level established for participants in the Medicaid Community Alternatives
31 Program for disabled adults.

32 (f) Persons served through this program shall pay for services based upon a
33 sliding-fee scale in accordance with cost-sharing policies and procedures established by
34 the Division of Aging.

35 (g) The Division of Aging shall develop policies and procedures for the
36 implementation and operation of coordinated managed care programs for high-risk older
37 adults.

38 (h) An initial evaluation of coordinated managed care programs shall be
39 submitted by the Division of Aging to the Governor, Lieutenant Governor, the Speaker
40 of the House of Representatives, the President Pro Tempore of the Senate, the
41 Legislative Services Office, and the North Carolina Study Commission on Aging by
42 March 1, 1993. At a minimum, the evaluation shall address quality of care indicators,
43 appropriateness of core and allowable services, client satisfaction, effective linkages

1 with the Community Alternatives Program and other home and community-based
2 services.

3 (i) The Division of Aging shall distribute funds to counties for the provision
4 of home and community-based services for high-risk older adults served through this
5 program. Funding made available to counties shall take into consideration the number
6 of persons 60 years of age or older with three or more impairments in activities of daily
7 living. The Division of Aging may use up to \$100,000 each year for the purpose of
8 providing technical assistance to counties and for conducting a program evaluation.

9 Sec. 2. This act becomes effective July 1, 1991.