

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1995

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SENATE BILL 126*

Short Title: Aging Comm. Sub./Long-Term Care Changes.

(Public)

Sponsors: Senators Cochrane; Carpenter, Speed, Martin of Pitt, Perdue, Hoyle, and Parnell.

Referred to: Rules and Operation of the Senate.

February 2, 1995

A BILL TO BE ENTITLED

1 AN ACT TO CREATE THE LONG-TERM CARE SUBCOMMITTEE AND TO
2 PROVIDE FOR THE CREATION OF OTHER SUBCOMMITTEES OF THE
3 NORTH CAROLINA STUDY COMMISSION ON AGING AND TO MAKE
4 CHANGES TO THE LONG-TERM CARE LAW.
5

6 The General Assembly of North Carolina enacts:

7 Section 1. G.S. 120-186.1 reads as rewritten:

8 "**§ 120-186.1. Commission; ~~Alzheimer's Subcommittee.~~ Alzheimer's Subcommittee,**
9 **Long-Term Care Subcommittee, and other subcommittees.**

10 ~~The Commission cochairmen shall appoint an Alzheimer's Subcommittee. The~~
11 ~~cochairmen shall appoint as members of the Subcommittee three Commission members~~
12 ~~and at least four but no more than six non-Commission members. The Commission shall~~
13 ~~prescribe the duties of the Alzheimer's Subcommittee which may include conducting~~
14 ~~studies on the availability and efficacy of currently existing geriatric or memory disorder~~
15 ~~services and programs, advising the Commission on matters regarding Alzheimer's~~
16 ~~services and programs, and recommending to the Commission solutions to related~~
17 ~~problems.~~

18 (a) The Commission cochairs shall appoint subcommittees as needed to assist with
19 the completion of the work of the Commission. These subcommittees may include an

1 Alzheimer's Subcommittee, a Long-Term Care Subcommittee, or other special subject
2 subcommittees. The cochairs shall appoint as members of any subcommittee not more
3 than four Commission members and at least four but no more than six non-Commission
4 members.

5 (b) The Commission cochairs shall prescribe the duties of any subcommittee
6 created. Duties of the Alzheimer's Subcommittee may include conducting studies on the
7 availability and efficacy of currently existing geriatric or memory disorder services and
8 programs, advising the Commission on matters regarding Alzheimer's services and
9 programs, and recommending to the Commission solutions to related problems. Duties
10 of the Long-Term Care Subcommittee may include developing a long-term care policy
11 for the State that has at least the following elements:

12 (1) Promotes elder independence, choice, and dignity;

13 (2) Provides a seamless, uniform system of flexible and responsive
14 services;

15 (3) Provides single-entry access;

16 (4) Includes a wide range of home and community-based services available
17 to all elderly who need them but targeted primarily to the most frail,
18 needy elderly;

19 (5) Provides care and services at the least expense in the least confusing
20 manner and based on the desires of the elder population and their
21 families;

22 (6) Expands Medicaid income eligibility to allow more services in the home
23 and community;

24 (7) Creates a single agency and budget stream to administer services to the
25 elderly; and

26 (8) Approaches long-term care within the context of the entire health care
27 system."

28 Sec. 2. Part 14B of Article 3 of Chapter 143B of the General Statutes reads as
29 rewritten:

30 "Part 14B. Long-Term Care.

31 **"§ 143B-181.5. ~~Department to develop systems of longt~~ Long-term care policy.**

32 The Secretary of the Department of Human Resources shall develop effective systems
33 of long-term care with interested counties to the extent that federal, State and local funds
34 are available to support the expanded programs and services.—The North Carolina
35 General Assembly finds that the aging of the population and advanced medical
36 technology have resulted in a growing number of persons who require assistance. The
37 primary resource for long-term care provision continues to be the family and friends.
38 However, these traditional caregivers are increasingly employed outside the home. There
39 is growing demand for improvement and expansion of home and community-based long-
40 term care services to support and complement the services provided by these informal
41 caregivers.

42 The North Carolina General Assembly further finds that the public interest would best
43 be served by a broad array of long-term care services that support persons who need such

1 services in the home or in the community whenever practicable and that promote
2 individual autonomy, dignity, and choice.

3 The North Carolina General Assembly finds that as other long-term care options
4 become more available, the relative need for institutional care will stabilize or decline
5 relative to the growing aging population. The General Assembly recognizes, however,
6 that institutional care will continue to be a critical part of the State's long-term care
7 options and that such services should promote individual dignity, autonomy, and a home-
8 like environment.

9 **"§ 143B-181.6. Screening program for elderly. Purpose and intent.**

10 ~~The Secretary of Human Resources shall develop a comprehensive screening program~~
11 ~~for elderly people in need of care, to be administered at the local level, focused on~~
12 ~~providing elderly persons with the least restrictive level of care that meets the medical~~
13 ~~and social needs of the person. This program shall provide for expansion of the~~
14 ~~preadmission screening of applicants and recipients in need of long term care, setting~~
15 ~~priorities according to immediate need. The process should be made more efficient in~~
16 ~~identifying those people in need of care who could remain at home if provided the precise~~
17 ~~program of in home care each individual requires. Private paying patients may take~~
18 ~~advantage of the screening services and services necessary to remain in their homes by~~
19 ~~paying fees for these services, pursuant to G.S. 108A-10 or G.S. 130-17(e) as~~
20 ~~appropriate. The screening shall be carried out by a team of at least two people, a social~~
21 ~~worker and a registered nurse familiar with care of the elderly, each of whom must be~~
22 ~~experienced in evaluation and provision of in home services. The process shall include a~~
23 ~~visit to the home by at least one member of the screening team. The team in consultation~~
24 ~~with a physician licensed to practice medicine in North Carolina shall determine if in-~~
25 ~~home care, whether health, social or both would enable the person to stay at home or in~~
26 ~~the community. The team shall plan precisely what program of care and support services~~
27 ~~are available through both public or private agencies. Provision must be made for such~~
28 ~~care in conformity with established quality assurance procedures for the care so rendered,~~
29 ~~together with periodic reassessment. Nothing contained in the act shall require counties to~~
30 ~~participate in the comprehensive screening program.—It is the North Carolina General~~
31 ~~Assembly's intent that:~~

- 32 (1) Long-term care services administered by the Department of Human
33 Resources and other State agencies include a balanced array of health,
34 social, and supportive services that promote individual choice, dignity,
35 and the highest practicable level of independence and that these services
36 be open to all persons regardless of income;
- 37 (2) Home and community-based services be developed, expanded, or
38 maintained in order to meet the needs of consumers and to maximize
39 effective use of limited resources;
- 40 (3) Long-term care services be responsive and appropriate to individual
41 need and also cost-effective for the State;
- 42 (4) Institutional care is provided in such a manner and in such an
43 environment as will promote maintenance or enhancement of the quality

1 of life of each resident and timely discharge to a less restrictive care
2 setting when appropriate; and

3 (5) State health planning for institutional bed supply take into account
4 increased availability of other home and community-based services
5 options.

6 "~~§ 143Bà The Department of Human Resources shall define by rule the population~~
7 ~~to be screened, establish a uniform screening and assessment schedule,~~
8 ~~and promulgate a uniform reporting form. Prior to action by the~~
9 ~~Department, the Secretary shall convene an implementation committee~~
10 ~~composed of local providers, representatives of State agencies and~~
11 ~~organizations with experience and information about in-home services and~~
12 ~~long-term care to assist in implementation and development of these rules.~~

13 "~~§ 143Bi The Secretary of the Department of Human Resources may utilize~~
14 ~~Medicaid funds to the extent provided for by federal law and regulation~~
15 ~~for home health and personal care and seek such waivers as may be~~
16 ~~necessary to implement this act including Medicaid eligibility criteria~~
17 ~~supporting the provision of in-home care.~~

18 "~~§ 143Bi The Department shall report to the Legislative Research Commission on~~
19 ~~the implementation of this act, including the eligibility requirements,~~
20 ~~screening processes, and financial barriers to implementation. Such report~~
21 ~~shall be made no later than January 1, 1982, but the Legislative Research~~
22 ~~Commission may require interim progress reports from the Department.~~

23 "~~§ 143B-181.9A. Advisory Committee on Home and Community Care.~~

24 (a) There is established the Advisory Committee on Home and Community Care
25 for Older Adults within the Department of Human Resources. In order to achieve a
26 coordinated, county-based, full service system for older adults and their families, this
27 Committee shall recommend to the Department of Human Resources and the General
28 Assembly the design and implementation of managed care programs for high-risk older
29 adults at the county level; initiatives and strategies to address the social, income security
30 and employment, mental health, health, and housing needs of at-risk older adults. To the
31 end of achieving coordinated Programs on Aging in all North Carolina counties that both
32 care for and invest in older adults, the Committee shall make recommendations regarding
33 common service standards and guidelines for county-based Programs on Aging, county
34 aging plans, and managed care programs for high-risk older adults. These
35 recommendations shall build on the needs and goals developed through local input of all
36 100 North Carolina counties and with the assistance and consultation of the Area
37 Agencies on Aging and the Division of Aging.

38 (b) The Committee shall be guided by the following program and policy goals:

39 (1) To provide high-risk and at-risk older adults and their families with
40 options for quality home and community based care;

41 (1.1) To provide older adults with opportunities for continued productive
42 aging through employment, volunteer, and self-help activities;

- 1 (2) To ensure a coordinated and efficient utilization of public and private
2 resources; and
- 3 (3) To build on the current strengths and initiatives in North Carolina's
4 aging and long-term care service networks.
- 5 (c) The Committee's recommendations will include consideration of the following:
- 6 (1) Repealed by Session Laws 1991, c. 711, s. 1.
- 7 (1.1) Comprehensive County-Based Programs on Aging: the establishment
8 of comprehensive, coordinated county-based programs on aging in all
9 North Carolina counties by the year 2000;
- 10 (1.2) Managed Care for High-Risk Older Adults: The establishment of
11 managed care programs for high-risk older adults in all North Carolina
12 counties by the year 2000. These programs shall provide high-risk older
13 adults with the option of remaining in the least restrictive environment
14 of their choice with the support of a core of supportive home and
15 community services;
- 16 (2) Repealed by Session Laws 1991, c. 711, s. 1.
- 17 (2.1) Options for At-Risk Older Adults: Strategies and initiatives for at-risk
18 older adults that provide them with home and community care options
19 for an improved quality of life in the areas of social functioning,
20 employment and income security, mental health, health care, and
21 housing;
- 22 (2.2) Investment in Well Older Adults: Strategies and initiatives for well
23 older adults that facilitate productive aging in the areas of continued
24 employment, volunteerism, and self-help;
- 25 (3) Coordinated Aging Services Budget: Compilation of a State aging
26 services budget to coordinate existing program funding sources, to
27 develop a common funding stream, and to identify new funding
28 resources to meet the needs of older adults; and
- 29 (4) Guidelines, Standards, and Procedures: To the greatest extent possible,
30 development of compatible service definitions, service standards,
31 assessment instruments, eligibility criteria, reimbursement methods, and
32 reporting requirements for in-home and community based services for
33 older adults, throughout the Department of Human Resources.
- 34 (5), (6) Repealed by Session Laws 1991, c. 711, s. 1.
- 35 (d) The Committee shall consist of the Secretary of the Department of Human
36 Resources and 32 members, to be appointed as follows:
- 37 (1) One member each appointed by the Secretary of the Department of
38 Human Resources from the Divisions of Aging, of Medical Assistance,
39 of Mental Health, Developmental Disabilities, and Substance Abuse
40 Services, of Social Services, and one director of an area agency on
41 aging elected from among all the directors of the area agencies on aging.
42 One member appointed by the Secretary of Environment, Health, and
43 Natural Resources.

- 1 (2) One member each appointed by the Secretary of the Department of
2 Human Resources from the North Carolina Institute of Medicine, the
3 North Carolina Health Care Facilities Association, the Center for Aging
4 Research and Educational Services at The University of North Carolina
5 at Chapel Hill, the Long-Term Care Resources Program at Duke
6 University, the North Carolina Association of Long-Term Care
7 Facilities, the North Carolina Association for Home Care, the Center for
8 Creative Retirement, University of North Carolina at Asheville, the
9 Geriatric Medicine Programs at the following institutions: (i) Bowman
10 Gray School of Medicine of Wake Forest University, (ii) the School of
11 Medicine of the University of North Carolina at Chapel Hill, (iii) the
12 School of Medicine at Duke University, and (iv) the School of Medicine
13 at East Carolina University, the North Carolina Association of
14 Continuity of Care, the North Carolina Association of Hospital Social
15 Work Directors, the North Carolina Medical Society, and the North
16 Carolina Hospital Association.
- 17 (3) One member appointed from the House of Representatives by the
18 Speaker of the House of Representatives;
- 19 (4) One member appointed from the Senate by the President Pro Tempore
20 of the Senate;
- 21 (5) One member who is a county commissioner appointed by the Secretary
22 of the Department of Human Resources, upon the recommendation of
23 the North Carolina Association of County Commissioners; and
- 24 (6) Eight members appointed by the Secretary of the Department of Human
25 Resources, one upon the recommendation of the North Carolina
26 Association on Aging, one other upon the recommendation of the
27 Association of Local Health Directors, one other upon the
28 recommendation of the Association of the County Directors of Social
29 Services, one other upon the recommendation of Hospice of North
30 Carolina, one other from the Governor's Advisory Council on Aging,
31 upon recommendation of that organization, two others upon
32 recommendation of the American Association of Retired Persons, and
33 one other from the North Carolina Senior Citizens Association, upon
34 recommendation of that organization.

35 The Secretary of the Department of Human Resources shall be Chair of the Committee.
36 Members shall serve at the pleasure of the Secretary. Vacancies shall be filled in the
37 same manner as the initial appointment.

38 (e) The Committee shall, in performing its charge, develop an annual work plan
39 and convene task forces or work groups comprised of interested State and local public
40 and private service providers, older adult consumer groups, university programs on aging,
41 distinguished gerontologists, and others, as appropriate for making recommendations.

42 (f) The Committee shall make a written progress report of every odd-numbered
43 year, beginning in 1991. The report shall be submitted to the Governor, the Lieutenant

1 Governor, the Speaker of the House of Representatives, the President Pro Tempore of the
2 Senate, the Legislative Services Office, and the North Carolina Study Commission on
3 Aging."

4 Sec. 3. This act is effective upon ratification.