

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001**

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HOUSE BILL 1671*

Short Title: CAP/DA Funds.

(Public)

Sponsors: Representatives Earle; Adams, Alexander, Baddour, Barnhart, Bell, Blust, Bonner, Boyd-McIntyre, Carpenter, J. Crawford, M. Crawford, Culpepper, Cunningham, Easterling, Fox, Gibson, Goodwin, Hackney, Haire, Hensley, Hill, Holliman, Howard, Hunter, Hurley, Insko, Jarrell, Jeffus, Johnson, Lucas, Luebke, McLawhorn, Michaux, Oldham, Rogers, Saunders, Smith, Sutton, Teague, Tolson, Underhill, Wainwright, Walker, Weatherly, Weiss, West, Willingham, Womble, Wright, and Yongue.

Referred to: Appropriations.

June 13, 2002

A BILL TO BE ENTITLED

1
2 AN ACT TO APPROPRIATE FUNDS FOR THE COMMUNITY ALTERNATIVES
3 PROGRAM FOR DISABLED ADULTS AND TO DIRECT THE NORTH
4 CAROLINA INSTITUTE OF MEDICINE TO CONDUCT A STUDY ON
5 IMPROVING THE COMMUNITY ALTERNATIVES PROGRAM FOR
6 DISABLED ADULTS ADMINISTRATION.

7 The General Assembly of North Carolina enacts:

8 **SECTION 1.** There is appropriated from the General Fund to the
9 Department of Health and Human Services the sum of twenty million dollars
10 (\$20,000,000) for the 2002-2003 fiscal year. These funds shall be used to resume
11 admissions of qualified applicants for CAP/DA services.

12 **SECTION 2.** The North Carolina Institute of Medicine shall conduct a study
13 of the Community Alternatives Program for Disabled Adults (CAP/DA) administered
14 by the Department of Health and Human Services and shall recommend ways of
15 improving the administration of CAP/DA. In conducting the study, the Institute shall
16 consider the following:

- 17 (1) Whether the lead agency for CAP/DA should also be a provider of
18 direct services under CAP/DA.
19 (2) Whether case managers should be employed by the provider agency.
20 (3) Whether funds for CAP/DA should be reduced below the ninety
21 percent (90%) maximum that currently exists.

- 1 (4) Review current policy for service requirements, management, and
2 supervision as it pertains to strengthening the family and case manager
3 and agency requirements.
- 4 (5) Whether case managers and provider agencies should have increased
5 responsibility for upholding guidelines.
- 6 (6) Whether oversight of CAP/DA by the Division of Medical Assistance
7 needs strengthening.
- 8 (7) Alternative funding sources for CAP/DA.
- 9 (8) Determination of funding needs for CAP/DA based on corroboration
10 with long-term care policy initiatives.
- 11 (9) What changes should be made to CAP/DA to reduce cost of services
12 per person in order to serve more individuals within existing funds.
- 13 (10) Any other matters the North Carolina Institute of Medicine considers
14 pertinent to the study.

15 The North Carolina Institute of Medicine shall report its findings and recommendations
16 to the 2003 General Assembly upon its convening.

17 **SECTION 3.** Section 1 of this act becomes effective July 1, 2002. The
18 remainder of this act is effective when it becomes law.