

GENERAL ASSEMBLY OF NORTH CAROLINA
1995 SESSION

CHAPTER 583
SENATE BILL 126

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

The General Assembly of North Carolina enacts:

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

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

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

(a) The Commission cochairs shall appoint subcommittees as needed to assist with the completion of the work of the Commission. These subcommittees may include an Alzheimer's Subcommittee, a Long-Term Care Subcommittee, or other special subject subcommittees. The cochairs shall appoint as members of any subcommittee not more than four Commission members and at least four but no more than six non-Commission members.

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

- (1) Promotes elder independence, choice, and dignity;
- (2) Provides a seamless, uniform system of flexible and responsive services;
- (3) Provides single-entry access;

- (4) Includes a wide range of home and community-based services available to all elderly who need them but targeted primarily to the most frail, needy elderly;
- (5) Provides care and services at the least expense in the least confusing manner and based on the desires of the elder population and their families;
- (6) Expands Medicaid income eligibility to allow more services in the home and community;
- (7) Creates a single agency and budget stream to administer services to the elderly; and
- (8) Approaches long-term care within the context of the entire health care system."

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

"Part 14B. Long-Term Care.

"§ 143B-181.5. Department to develop systems of long Long-term care policy.

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

The North Carolina General Assembly further finds that the public interest would best be served by a broad array of long-term care services that support persons who need such services in the home or in the community whenever practicable and that promote individual autonomy, dignity, and choice.

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

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

~~The Secretary of Human Resources shall develop a comprehensive screening program for elderly people in need of care, to be administered at the local level, focused on providing elderly persons with the least restrictive level of care that meets the medical and social needs of the person. This program shall provide for expansion of the preadmission screening of applicants and recipients in need of long term care, setting priorities according to immediate need. The process should be made more efficient in identifying those people in need of care who could remain at home if provided the~~

~~precise program of in-home care each individual requires. Private paying patients may take advantage of the screening services and services necessary to remain in their homes by paying fees for these services, pursuant to G.S. 108A-10 or G.S. 130-17(e) as appropriate. The screening shall be carried out by a team of at least two people, a social worker and a registered nurse familiar with care of the elderly, each of whom must be experienced in evaluation and provision of in-home services. The process shall include a visit to the home by at least one member of the screening team. The team in consultation with a physician licensed to practice medicine in North Carolina shall determine if in-home care, whether health, social or both would enable the person to stay at home or in the community. The team shall plan precisely what program of care and support services are available through both public or private agencies. Provision must be made for such care in conformity with established quality assurance procedures for the care so rendered, together with periodic reassessment. Nothing contained in the act shall require counties to participate in the comprehensive screening program. It is the North Carolina General Assembly's intent in the State's development and implementation of long-term care policies that:~~

- ~~(1) Long-term care services administered by the Department of Human Resources and other State and local agencies shall include a balanced array of health, social, and supportive services that promote individual choice, dignity, and the highest practicable level of independence;~~
- ~~(2) Home and community-based services shall be developed, expanded, or maintained in order to meet the needs of consumers in the least confusing manner and based on the desires of the elderly and their families;~~
- ~~(3) All services shall be responsive and appropriate to individual need and shall be delivered through a seamless system that is flexible and responsive regardless of funding source;~~
- ~~(4) Services shall be available to all elderly who need them but targeted primarily to the most frail, needy elderly;~~
- ~~(5) State and local agencies shall maximize the use of limited resources by establishing a fee system for persons who have the ability to pay;~~
- ~~(6) Institutional care shall be provided in such a manner and in such an environment as to promote maintenance or enhancement of the quality of life of each resident and timely discharge to a less restrictive care setting when appropriate; and~~
- ~~(7) State health planning for institutional bed supply shall take into account increased availability of other home and community-based services options.~~

~~**"§ 143B-181.7. Development and implementation of rules.**~~

~~The Department of Human Resources shall define by rule the population to be screened, establish a uniform screening and assessment schedule, and promulgate a uniform reporting form. Prior to action by the Department, the Secretary shall convene an implementation committee composed of local providers, representatives of State~~

agencies and organizations with experience and information about in-home services and long-term care to assist in implementation and development of these rules.

~~"§ 143B-181.8. Utilization of Medicaid funds.~~

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

~~"§ 143B-181.9. Reporting~~

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

Sec. 3. This act is effective upon ratification.

In the General Assembly read three times and ratified this the 20th day of June, 1996.

Dennis A. Wicker
President of the Senate

Harold J. Brubaker
Speaker of the House of Representatives