

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

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SENATE BILL 814
Veteran and Military Affairs, Law Enforcement, and
Senior Citizens Committee Substitute Adopted 5/8/91
Third Edition Engrossed 5/9/91

Short Title: Older Adults Ad. Comm. Change.

(Public)

Sponsors:

Referred to:

April 24, 1991

A BILL TO BE ENTITLED

AN ACT TO AMEND THE LAW RELATING TO THE ADVISORY COMMITTEE
ON HOME AND COMMUNITY CARE FOR OLDER ADULTS.

The General Assembly of North Carolina enacts:

Section 1. G.S. 143B-181.9A reads as rewritten:

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

(a) There is established the Advisory Committee on Home and Community Care for Older Adults within the Department of Human Resources. In order to achieve a coordinated, county-based, full service system for older adults and their families, this ~~This~~ Committee shall recommend to the Department of Human Resources and the General Assembly the design and implementation of managed care programs for high-risk older adults at the county level; initiatives and strategies to address the social, income security and employment, mental health, health, and housing needs of at-risk older adults. To the end of achieving coordinated Programs on Aging in all North Carolina counties that both care for and invest in older adults, methods for alleviating the ~~service fragmentation and client intake duplication associated with in-home and community based supportive services for older adults and their families. To achieve a coordinated full service system of home and community care for older adults, the Committee shall~~ recommend ~~make recommendations regarding~~ common service definitions, ~~service standards, assessment instruments, reporting requirements, eligibility criteria, and reimbursement methods compatible with a coordinated system of care.~~ standards and

1 guidelines for county-based Programs on Aging, county aging plans, and managed care
2 programs for high-risk older adults. These recommendations shall build on the needs
3 and goals developed through local input of all 100 North Carolina counties and with the
4 assistance and consultation of the Area Agencies on Aging and the Division of Aging.

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

6 (1) To provide high-risk and at-risk older adults and their families ~~elderly~~
7 ~~individuals~~ with options for quality home and community based care;

8 (1.1) To provide older adults with opportunities for continued productive
9 aging through employment, volunteer, and self-help activities;

10 (2) To ensure a coordinated and efficient utilization of public and private
11 resources; and

12 (3) To build on the current strengths and initiatives in North Carolina's
13 aging and long-term care service networks.

14 (c) The Committee's recommendations will include consideration of the
15 following:

16 (1) ~~In-Home and Supportive Family Caregiver Services: The~~
17 ~~identification of a core set of in-home and supportive family services~~
18 ~~for older adults in need regardless of their county of residence;~~

19 (2) ~~Services in the Least Restrictive Environment: Provision of choice to~~
20 ~~older adults of receiving necessary services in the least restrictive~~
21 ~~environment or program setting compatible with the individual's safety~~
22 ~~and well-being;~~

23 (1.1) Comprehensive County-Based Programs on Aging: the
24 establishment of comprehensive, coordinated county-based
25 programs on aging in all North Carolina counties by the year 2000;

26 (1.2) Managed Care for High-Risk Older Adults: The establishment of
27 managed care programs for high-risk older adults in all North
28 Carolina counties by the year 2000. These programs shall provide
29 high-risk older adults with the option of remaining in the least
30 restrictive environment of their choice with the support of a core of
31 supportive home and community services;

32 (2.1) Options for At-Risk Older Adults: Strategies and initiatives for at-
33 risk older adults that provide them with home and community care
34 options for an improved quality of life in the areas of social
35 functioning, employment and income security, mental health, health
36 care, and housing;

37 (2.2) Investment in Well Older Adults: Strategies and initiatives for well
38 older adults that facilitate productive aging in the areas of continued
39 employment, volunteerism, and self-help;

40 (3) Coordinated Aging Services Budget: Compilation of a State aging
41 services budget to coordinate existing program funding sources, to
42 develop a common funding stream, and to identify new funding
43 resources to meet the needs of older adults, including the identification of
44 the availability of private sector resources; adults; and

- 1 (4) Guidelines, Standards, and Procedures: To the greatest extent
2 possible, development of compatible service definitions, service
3 standards, assessment instruments, eligibility criteria, reimbursement
4 methods, and reporting requirements for in-home and community
5 based services for older adults, throughout the Department of Human
6 Resources; Resources.
- 7 ~~(5) Independent Evaluation of Information and Referral Projects:
8 Independent evaluation of the seven existing Information and Referral
9 Projects funded through the Division of Aging. Elements of the
10 evaluation, to be completed by May 1, 1990, shall include evaluation
11 of criteria, standards for the demonstrations, expenditures, and a self-
12 evaluation by the projects; and~~
- 13 ~~(6) Design of Coordinated Home and Community Care Demonstrations
14 for At Risk Older Adults: Development of necessary guidelines,
15 standards, procedures, and cost estimates for implementing
16 coordinated home and community care demonstrations in no fewer
17 than four and no more than eight pilot counties. The establishment of
18 demonstrations in coordinated home and community care shall be
19 coordinated with the Division of Aging's efforts to facilitate the
20 development of county plans on aging and a State plan on aging.~~
- 21 (d) The Committee shall consist of the Secretary of the Department of Human
22 Resources and ~~25-32~~ members, to be appointed as follows:
- 23 (1) One member each appointed by the Secretary of the Department of
24 Human Resources from the Divisions of Aging, of Medical Assistance,
25 of Mental Health, Developmental Disabilities, and Substance Abuse
26 Services, of Social Services, and one director of an area agency on
27 aging elected from among all the directors of the area agencies on
28 aging. One member appointed by the Secretary of Environment,
29 Health, and Natural Resources.
- 30 (2) One member each appointed by the Secretary of the Department of
31 Human Resources from the North Carolina Institute of Medicine, the
32 North Carolina Health Care Facilities Association, the Center for
33 Aging Research and Educational Services at The University of North
34 Carolina at Chapel Hill, the Long-Term Care Resources Program at
35 Duke University, the North Carolina Association of Long-Term Care
36 Facilities, the North Carolina Association for Home Care, the Center
37 for Creative Retirement, University of North Carolina at Asheville.
38 Asheville, the Geriatric Medicine Programs at the following
39 institutions: (i) Bowman Gray School of Medicine of Wake Forest
40 University, (ii) the School of Medicine of the University of North
41 Carolina at Chapel Hill, (iii) the School of Medicine at Duke
42 University, and (iv) the School of Medicine at East Carolina
43 University, the North Carolina Association of Continuity of Care, the
44 North Carolina Association of Hospital Social Work Directors, the

1 North Carolina Medical Society, and the North Carolina Hospital
2 Association.

3 (3) ~~Three members~~ One member appointed from the House of
4 Representatives by the Speaker of the House of Representatives;

5 (4) ~~Three members~~ One member appointed from the Senate by the
6 President Pro Tempore of the Senate;

7 (5) One member who is a county commissioner appointed by the
8 Secretary of the Department of Human Resources, upon the
9 recommendation of the North Carolina Association of County
10 Commissioners; and

11 (6) ~~Four~~ Eight members appointed by the Secretary of the Department of
12 Human Resources, one upon the recommendation of the North
13 Carolina Association on Aging, one other upon the recommendation of
14 the Association of Local Health Directors, one other upon the
15 recommendation of the Association of the County Directors of Social
16 Services, ~~and~~ one other upon the recommendation of Hospice of North
17 ~~Carolina~~ Carolina, one other from the Governor's Advisory Council on
18 Aging, upon recommendation of that organization, two others upon
19 recommendation of the American Association of Retired Persons, and
20 one other from the North Carolina Senior Citizens Association, upon
21 recommendation of that organization.

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

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

30 (f) The Committee shall make a written progress report ~~each March 1, beginning in~~
31 ~~1990~~ of every odd-numbered year, beginning in 1991. The report shall be submitted to
32 the Governor, the Lieutenant Governor, the Speaker of the House of Representatives,
33 the President Pro Tempore of the Senate, the Legislative Services Office, and the North
34 Carolina Study Commission on Aging."

35 Sec. 2. This act shall be funded from funds currently available. No
36 additional funds are required to be appropriated to implement this act.

37 Sec. 3. This act becomes effective July 1, 1991.