

1 respond to a rapidly increasing population of frail older adults who will require
2 packages of health, personal care, and social services in order to remain at home; Now,
3 therefore,

4 The General Assembly of North Carolina enacts:

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

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

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

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

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

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

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

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

39 (h) An initial evaluation of coordinated managed care programs shall be
40 submitted by the Division of Aging to the Governor, Lieutenant Governor, the Speaker
41 of the House of Representatives, the President Pro Tempore of the Senate, the
42 Legislative Services Office, and the North Carolina Study Commission on Aging by
43 March 1, 1993. At a minimum, the evaluation shall address quality of care indicators,
44 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.