GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1991

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HOUSE BILL 1204

Short Title: High-Risk Elderly Funds.	(Public)
Sponsors: Representatives Green; Bowman, Cunningham, Fitch, Hardawa Kennedy, Kimsey, Luebke, Oldham, Privette, Smith, and Wainwright.	y, H. Hunter,
Referred to: Appropriations.	

May 10, 1991

A BILL TO BE ENTITLED

AN ACT TO APPROPRIATE FUNDS TO PROVIDE SERVICES AND ESTABLISH COORDINATED MANAGED CARE PROGRAMS FOR THE HIGH-RISK ELDERLY.

Whereas, the population of persons 85 years of age is expected to more than triple from 45,169 in 1980 to an estimated 168,674 in 2010; and

Whereas, this population of older adults represents the greatest numbers of high-risk frail individuals whose complex care needs will require packages of health, personal care, and social services to remain at home; and

Whereas, seventy-seven percent (77%) of North Carolina's public expenditures for long-term care are for institutional care compared with thirteen percent (13%) for in-home care; and

Whereas, frail older adults prefer to remain in their own homes as long as possible; and

Whereas, the development of a more coordinated and visionary system of care for North Carolina's rapidly growing population of high-risk older adults is viewed as an urgent need by the Department of Human Resources Advisory Committee on Home and Community Care; and

Whereas, the system of care outlined by the Department of Human Resources Advisory Committee on Home and Community Care will effectively coordinate and target essential in-home and community-based services to high-risk frail older adults in all 100 counties by the year 2000; support family caregivers in the continuation of their caregiving responsibilities; and extend the availability of limited public resources to

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

The General Assembly of North Carolina enacts:

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

- (a) County plans on aging developed by participating counties shall address the implementation of a managed care program of services for the high-risk elderly in accordance with planning requirements established by the Division of Aging.
- (b) The county commissioners in each county shall be responsible for approving the county plan on aging and for designating a lead agency responsible for implementing the managed care program of services for the high-risk in accordance with criteria developed by the Division of Aging.
- (c) Designated lead agencies shall be responsible for: providing or arranging care management services for the high-risk; developing purchase of service agreements and other agreements necessary to coordinate service activities and funding sources for long-term care, including the Medicaid Community Alternatives Program; determining resources necessary to meet clients' service needs as agreed upon by clients, physicians, and others; and developing a quality assurance plan related to the program.
- (d) Care management and services funded through this program shall be limited to high-risk older adults who are at least 60 years of age and have at least three "activity of daily living" impairments; and have complicated medical, mental, social, or behavioral impairments; and whose needs cannot be met with services currently available to them and prefer to be cared for at home; and can be safely cared for at home at a public cost less than or equal to the public cost for nursing home care.
- (e) Service funds available through this program shall serve as funding of last resort. The maximum level of public funding per client will be consistent with the maximum level established for participants in the Medicaid Community Alternatives Program for disabled adults.
- (f) Persons served through this program shall pay for services based upon a sliding-fee scale in accordance with cost-sharing policies and procedures established by the Division of Aging.
- (g) The Division of Aging shall develop policies and procedures for the implementation and operation of coordinated managed care programs for high-risk older adults.
- (h) An initial evaluation of coordinated managed care programs shall be submitted by the Division of Aging to the Governor, Lieutenant Governor, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, the Legislative Services Office, and the North Carolina Study Commission on Aging by March 1, 1993. At a minimum, the evaluation shall address quality of care indicators, appropriateness of core and allowable services, client satisfaction, effective linkages

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- with the Community Alternatives Program and other home and community-based services.
- (i) The Division of Aging shall distribute funds to counties for the provision of home and community-based services for high-risk older adults served through this program. Funding made available to counties shall take into consideration the number of persons 60 years of age or older with three or more impairments in activities of daily living. The Division of Aging may use up to \$100,000 each year for the purpose of providing technical assistance to counties and for conducting a program evaluation.
- 9 Sec. 2. This act becomes effective July 1, 1991.