



2017

Summaries of Enacted Legislation Pertaining to Older & Disabled Adults

2017 Regular Session

Legislative Analysis Division, North Carolina General Assembly

2017 Substantive Enacted Legislation in the Health and Human Services Area Pertaining to Older & Disabled Adults

This document provides summaries of substantive legislation enacted during the 2017 Session of the General Assembly in the health and human services area pertaining to older and disabled adults. Summaries of *HHS Enacted Legislation* pertaining to other areas within health and human services may be found at the [website](#) for the Joint Legislative Oversight Committee on Health and Human Services among the handouts for the [first meeting](#).

The brief summaries contained in this document represent work products from the following Legislative Analysis Division staff members: Susan Barham, Jennifer Hillman, Theresa Matula, Jason Moran-Bates, and Gus Willis. A more thorough summary of most bills may be found on the NCGA website: <http://www.ncleg.net/Legislation/Legislation.html>

OLDER & DISABLED ADULTS

Development and Use of Funds for Alzheimer's Registry (S.L. 2017-57, Sec 11A.5A/ S257 – 2017 Appropriations Act)

Section 3.1 of S.L. 2017-197 amends PART XI of S.L. 2017-57 to add a section (11A.5A) to require that support for the development of an Alzheimer's Registry be accomplished through the Bryan Alzheimer's Disease Research Center at Duke University Medical Center. This section is notwithstanding anything to the contrary in the Joint Conference Committee Report on the Base, Capital, and Expansion Budgets for S.L. 2017-57, and pertains to funds appropriated for the Alzheimer's Registry to the Department of Health and Human Services, Division of Central Management and Support, for each fiscal year of the 2017-2019 fiscal biennium.

This section became effective July 1, 2017.

Increase Access to Public Benefits for Older Dual Eligible Seniors (S.L. 2017-57, Sec. 11C.8/ S257 – 2017 Appropriations Act)

Sec. 11C.8 of S.L. 2017-57 (SB 257) requires the Department of Health and Human Services (DHHS), Division of Social Services (DSS), continue implementing an evidence-based pilot program to increase access to public benefits for seniors aged 65 and older who are dually enrolled in Medicare and Medicaid to: (i) improve the health and independence of seniors and (ii) reduce health care costs. DSS must continue to partner with a not-for-profit firm to engage in a data-driven campaign to identify individuals, conduct an outreach program to enroll individuals in SNAP, provide application assistance, evaluate project effectiveness, and make recommendations on policy options. Any nonrecurring funds from 2016-17 fiscal year will not revert but will remain available for continued pilot implementation along with any private or nonprofit funding. If funding and capacity is available, DSS may expand the pilot. DSS must report to the Office of the

Governor and the Joint Legislative Oversight Committee on Health and Human Services on the progress in the pilot program by February 1 following each year the pilot program is in place.

This section became effective July 1, 2017.

Temporary Financial Assistance for Facilities Licensed to Accept State-County Special Assistance (S.L. 2017-57, Sec. 11C.13/ S257 – 2017 Appropriations Act)

Sec. 11C.13 of S.L. 2017-57 (SB 257) outlines the criteria for the payment of temporary financial assistance on behalf of a resident and recipient of State-County Special Assistance in the form of a monthly payment to facilities licensed to accept State-County Special Assistance payments. Counties must pay 50% of the cost of providing the monthly payment. The Department of Health and Human Services (DHHS), Division of Social Services (DSS), must make the payments to facilities in accordance with the following requirements:

- The monthly payment is \$34.00 per month per resident who is a State-County Special Assistance recipient.
- The payments must only be used to offset the cost of serving the residents who are recipients of State-County Special Assistance.
- DSS must make the payments only from July 1, 2017, until June 30, 2019, and only to the extent that sufficient State and county funds allocated for this purpose are available.
- DSS must not make payments under this section on behalf of a resident whose eligibility determination for State-County Special Assistance is pending.
- DSS must terminate all monthly payments under this section on the earlier of June 30, 2019, or upon depletion of the funds allocated and is not required to provide temporary assistance beyond this period.

This section does not obligate the General Assembly to appropriate funds for the purpose of this section, and is not an entitlement to provide funds for this purpose to a facility, resident of a facility, or other individual.

This section became effective July 1, 2017, and expires June 30, 2019.

State-County Special Assistance (S.L. 2017-57, Sec. 11D.1/ S257 – 2017 Appropriations Act)

Sec. 11D.1 of S.L. 2017-57 (SB 257) establishes the 2017-2019 fiscal biennium maximum monthly rate for State-County Special Assistance recipients who are residents in adult care home facilities at \$1,182 per month per resident, and the maximum monthly rate for residents in Alzheimer's/Dementia special care units at \$1,515 per month per resident.

This section became effective July 1, 2017.

Authorization for Secretary of DHHS to Raise the Maximum Number of State-County Special Assistance In-Home Payments (S.L. 2017-57, Sec. 11D.1A/ S257 – 2017 Appropriations Act)

Sec. 11D.1A of S.L. 2017-57 (SB 257) authorizes the Secretary of the Department of Health and Human Services, within existing appropriations, to waive the 15% cap on the number of Special Assistance in-home payments. This section is notwithstanding G.S. 108A-47.1 which

authorizes the payments be made for up to 15% of the caseload for all State-County Special Assistance.

This section became effective July 1, 2017, and expires June 30, 2019.

Alignment of State and Federal Aging Plan Reporting Deadlines (S.L. 2017-57, Sec. 11D.2/ S257 – 2017 Appropriations Act)

Sec. 11D.2 of S.L. 2017-57 (SB 257) amends G.S. 143B-181.1A to change the date, from March 1 to July 1 of every other odd-numbered year, that the Department of Health and Human Services, Division of Aging and Adult Services, is required to submit a plan for serving older adults in the State.

This section became effective July 1, 2017

Recommendation to Appoint a Subcommittee on Aging (S.L. 2017-57, Sec. 11D.3/ S257 – 2017 Appropriations Act)

Sec 11D.3 of S.L. 2017-57 (SB 257) encourages the cochairs of the Joint Legislative Oversight Committee on Health and Human Services to consider appointing a subcommittee to examine the State's delivery of services for older adults to: (1) determine their service needs, and to (2) make recommendations to the Committee on how to address those needs. The subcommittee is encouraged to seek input from a variety of stakeholders and interest groups, including the Division of Aging and Adult Services and the Division of Social Services in the Department of Health and Human Services; the North Carolina Coalition on Aging; the North Carolina Senior Tarheel Legislature; and the Governor's Advisory Council on Aging. If the subcommittee is appointed it must submit an interim report on or before March 1, 2018, and a final report on or before November 1, 2018.

This section became effective July 1, 2017.

Moratorium on Special Care Unit Licenses (S.L. 2017-57, Sec. 11G.3/ S257 – 2017 Appropriations Act)

Sec. 11G.3 of S.L. 2017-57 (SB 257) prohibits the Department of Health and Human Services (DHHS), Division of Health Service Regulation, from issuing licenses for special care units, except in specified situations, from the period beginning July 1, 2017, and ending June 30, 2019. The section also requires DHHS to submit a report to the Joint Legislative Oversight Committee on Health and Human Services by March 1, 2019. The report must contain the following:

- The number of licensed special care units in the State.
- The capacity of the currently licensed special care units to serve people in need of their services.
- The anticipated growth in the number of people needing special care unit services.
- The number of applications received from special care units seeking licensure as permitted by this section, and the number of applications that were not approved.

This section became effective July 1, 2017.

Increase Personal Care Services Rate (S.L. 2017-57, Sec. 11H.12/ S257 – 2017 Appropriations Act)

Sec. 11H.12 of S.L. 2017-57 (SB 257) directs the Department of Health and Human Services, Division of Medical Assistance, to increase the rate paid for Medicaid personal care services and for in-home aide, respite care in-home aide, and personal care assistance services that are provided under the Community Alternatives Program for Children (CAP-C) waiver. The rate for these services is increased to \$3.90 per 15-minute billing unit, which is equivalent to \$15.76 per hour.

This section became effective July 1, 2017, and requires the rate increase begin January 1, 2018.

Retroactive Personal Care Services Payment (S.L. 2017-57, Sec. 11H.12A/ S257 – 2017 Appropriations Act)

Sec. 11H.12A of S.L. 2017-57 (SB 257) pertains to Medicaid reimbursement for personal care services provided to a Medicaid recipient before prior approval for the services has been requested. Before this provision, Medicaid policy has allowed prior approval for personal care services to be effective retroactively up to 10 days prior to the date prior approval was requested. This section extends the prior approval retroactive effective period to up to 30 days prior to the date prior approval was requested, which allows providers to receive Medicaid reimbursement for personal care services provided up to 30 days prior to requesting prior approval for the services.

This section became effective August 1, 2017, and applies to personal care services requests received on or after that date.

Study Program of All-Inclusive Care for the Elderly (PACE) (S.L. 2017-57, Sec. 11H.25/ S257 – 2017 Appropriations Act)

Sec. 11H.25 of S.L. 2017-57 (SB 257) requires the Department of Health and Human Services (DHHS), Division of Medical Assistance, to study the efficacy of the Program of All-Inclusive Care for the Elderly (PACE). DHHS must engage a variety of stakeholders, PACE organizations, PACE consumers, and the general public, and the study must consist of the following:

- An evaluation of the existing program, including an update on the report required by Sec. 12H.3 of S.L. 2014-100, structures of PACE organizations, and clinical outcome and quality measures.
- A statewide assessment of anticipated long-term care needs over the next 10 years, by county.
- A review of PACE experiences in other states with an analysis of costs and quality.
- An evaluation of State regulations on PACE providers, including any that could be eliminated.
- An assessment of the role of PACE in the continuum of care and the opportunities to apply the PACE model to additional populations under the PACE Innovations Act of 2015, P.L. 114-85.

No later than March 1, 2018, DHHS must submit a report to the Joint Legislative Oversight

Committee on Health and Human Services on the information above and recommendations to provide the highest quality programs at a low cost and to keep aging individuals in their homes.

This section became effective July 1, 2017.

Ombudsman Changes - DHHS Study (S.L. 2017-103/ H248)

S.L. 2017-103 (HB 248) makes changes to the adult care home and nursing home community advisory committees and to the duties of the Office of the State Long-Term Care Ombudsman Program to conform to federal changes.

The act also requires the Department of Health and Human Services to study Public Law 113-51, HIV Organ Policy Equity (HOPE) Act, and the Final Safeguards and Research Criteria publication by the US Department of Health and Human Services and the National Institutes of Health, to determine any necessary public health safeguards, regulations, and statutory changes. The Department is required to submit findings and recommendations on any necessary changes related to the HOPE Act and the corresponding safeguards to the Joint Legislative Oversight Committee on Health and Human Services on or before January 1, 2018.

This act became effective July 12, 2017.

Improve Adult Care Home Regulation (S.L. 2017-184/H657)

S.L. 2017-184 (HB 657) makes the following changes pertaining to adult care homes: exempts from certificate of need review the acquisition of certain unlicensed adult care homes; implements an informal dispute resolution process for certain inspection findings; changes the training requirements for personal care aides; makes changes to the star rating program; and requires the Department of Health and Human Services to study the Star Rated Certificate Program and report on progress to the Joint Legislative Oversight Committee on Health and Human Services by February 1, 2018, with a final report by October 1, 2018.

This act becomes effective October 1, 2017, with the following exceptions which became effective July 25, 2017: Section 4 requiring the Division of Health Service Regulation, Department of Health and Human Services, and county Departments of Social Services to establish procedures to implement an Informal Dispute Resolution, Section 6 requiring the Star-Rated Certificate study, and Section 7 pertaining to the certificate of need exemption.