The following are questions that attendees asked Secretary Sangvai and NCDHHS at the NC Coalition on Aging Meeting on March 28. Please see below for the responses.

1. **Mary Bethel – these are comments more than questions**
    a. **COA would like to go on record that we know Adult Services has moved to DSS from the Division of Aging. We hope that there is a great deal of collaboration between APS and Division of Aging and that the Department is evaluating the switch to make sure it was a good move.**

Response: The decision to move Adult Services to the NC Division of Social Services was made for the following reasons:

- Adult Services is conducted by county departments of social services. State supervision provided for this work is most aligned with DSS given the focus on continuous quality improvement and consistency of services.
- While there are many differences in the delivery of services between child and adult services, in NC both have required substantial transformation and modernization. This creates alignment and consistency in the process of implementing strategic system transformation as both are housed in DSS.
- Collaboration between Adult Services, which includes Adult Protective Services, Guardianship, and Special Assistance In-Home, and the Division of Aging remains a key priority. Many essential services that support vulnerable adults are delivered through the aging network. Division Directors for Adult Services and the Division of Aging both report to the Deputy Secretary for Opportunity and Well-Being creating shared expectations for outcomes.

    b. **We hope that the All Ages, All Stages NC will be elevated and will move forward with support from leadership.**

Response: The Department is committed to meeting the needs of older adults so they can live with dignity and respect in the communities and settings of their choosing. We agree that All Ages, All Stages NC is an important roadmap for achieving this vision, especially as this population continues to grow. The Department is committed to supporting this work.

2. **Lee Little**

a. **Can you speak about the federal mandates for APS and where NC stands in that? How the state conducts business can be different in terms of processes. Where are we with that?**

Response: In June 2024, the U.S. Department of Health and Human Services issued the first federal regulations for Adult Protective Services (APS), establishing national standards to be fully implemented by June 7, 2028. These regulations aim to create consistency in APS operations across all states.

North Carolina is actively working to align with these federal requirements through targeted improvements in three key areas:

- Implementing required laws and policies.
- Addressing Consistency of Practice with a focus on Continuous Quality Improvement
- Community Stakeholder Engagement and Education

APS in North Carolina is county-administered and state-supervised. County Department of Social Services (DSS) are responsible for receiving and evaluating reports of abuse, neglect, or exploitation of disabled adults. The APS Manual provides standardized procedures in accordance with state law and administrative code. While the current framework aligns with many core principles, additional efforts are underway to ensure full compliance with federal standards by 2028.

b. **Reading about momentum with funding streams that could impact APS moving forward. Are there any bills introduced at this current time?**

Response: Two bills introduced that could impact funding APS are Senate Bill 257, the 2025 Appropriations Act, and House Bill 391, More APS Staff to Address Elder Abuse.

3. **Lindsey Golden**
   a. **How can we support people with dementia and their families while managing costs with NC Medicaid? We are falling behind with our laws and grant funding.**

Response:

The Division of Aging works with a network of partners to provide a few programs that support people with dementia. Project C.A.R.E. provides care consultation and respite for caregivers of people living with Alzheimer's. Expanding Project C.A.R.E.'s infrastructure and capacity would allow it to serve more caregivers across the state, but this would require

additional funding. Another program that benefits caregivers is the Family Caregiver Support Program, which offers support to people providing care to individuals with a variety of conditions, including dementia. The Division and its partner's support:

- The Dementia Friends initiative which works to reduce the stigma associated with dementia.
- The Coalition for a Dementia Capable NC which coordinates various partners across the state.
- The Dementia Friendly Communities and Hospitals Network encourages more dementia friendly environments across the state.

The Division also provides many resources on its website: https://www.ncdhhs.gov/dementiacapablenc. Continued support for all of these services would help keep people in their communities, which would reduce the reliance on long-term care/Medicaid. Finally, more attention can be given to brain health to help prevent/delay the onset of dementia.

4. **Bill Lamb**
    a. **What is the Department doing to respond to the state auditor's report on regulatory oversite of nursing homes not meeting federal standards and the rising number of GG citations?**

Response: DHHS disagreed with the Findings and Recommendations in the State Auditor's Oversight of Nursing Homes Performance Audit Report for the reasons stated in the Response from Department of Health and Human Services with the exception of its Finding that complaint investigations were not completed per state law requirements.

As noted in our response –

- Since just 2015, DHSR had a 51% increase in annual nursing home complaints, from 2,594 in 2015 to 3,917 in 2023.
- Complaint allegations received by DHSR about care provided by a nursing home are triaged based on the severity and urgency of the allegations per criteria established by CMS and applied nationally.
- DHSR prioritizes and conducts complaint investigations per the criteria and within the timeframes established by CMS.
- G.S. § 131E-124 requires DHSR to initiate investigations of complaint allegations *immediately* (less than 24 hours), within 24 hours, within 48 hours, or within two weeks in other situations and complete all complaint investigations no later than 60 days after receipt of each complaint.

- Without significant additional resources, OSA's Recommendation that DHSR initiate and complete complaint investigations within 60 days per State law does not recognize the impact on meeting CMS's performance standards that would jeopardize federal funding as well as the inability of DHSR to meet this timeline within existing resources.
- At the request of the Department, Governor Cooper's four previous Recommended Budgets included additional nursing home surveyor positions that are desperately needed to manage the increased volume of nursing home complaints and severity of deficiencies found during our surveys and investigations. Unfortunately, none were approved and funded by the General Assembly.
- Thus, it is highly unlikely that the General Assembly will approve and fund a significant increase in the number of nursing home surveyors required to meet the timeframes in G.S. § 131E-124.

5. **Richard Rutherford**
    a. **What are Division of Health Benefits and DHSR doing to reduce administrative burden and align regulations across care settings?**
        i. **How can we provide health insurance through Medicaid for direct care workers?**
        ii. **Can we align rules on criminal backgrounds and rules on different populations to make it easier to work and give people a second chance?**
        iii. **How can we change the allowable services for an aide to help solve the nurse assistant I workforce shortage?**
        iv. **Can we align assessments for people to reduce the number that are needed/paid for?**
        v. **Can license renewal through DHSR be less frequent?**

Response:

DHSR's rules establish standards for the licensure of facilities. DHB's coverage guidelines establish guidelines for Medicaid coverage of a service.

i. DHB continues to work on public outreach for individuals who are eligible for coverage under Medicaid expansion. We have published a playbook for stakeholders to use to do outreach to potentially eligible beneficiaries here: https://medicaid.ncdhhs.gov/north-carolina-expands-medicaid/toolkitthat can be utilized to support outreach to DCW to apply for Medicaid coverage and marketplace coverage.

ii. The criminal background check requirements applicable to DHSR licensed facilities are set forth in State statute.

iii. The service definition for state plan personal care is defined by CMS, it is unclear how adding more work would "help solve" the workforce shortage, further "allowable services is to some degree guided by the NC Nurse Practice Act.

iv. Assessments are conducted by an independent vendor, not the provider. These measures are put in place to mitigate the risk of fraud, waste, and abuse.

v. State statute states that licenses must be renewed annually.

6. **Gina Upchurch**
    a. **Can we work with NC Dept of Commerce to change the frequency of filing taxes for W2 employees employed directly in the home, instead of through an agency, to annually (to align with federal unemployment) instead of quarterly?**

Response: We recommend that you reach out to NC Dept of Commerce to provide this feedback.

7. C**atherine Long**
    a. **What can we do to prioritize patients at end of life to get the services that they need quickly/expeditiously?**

Response: The Centers for Medicare & Medicaid Services' Hospice page (CMS) includes a host of services covered under the robust Hospice benefit:

- Physician Services
- Nursing Care
- Medical Social Services
- Drugs
- Medical Equipment
- Medical Supplies
- Hospice Aide and Homemaker Services
- Physical Therapy
- Occupational Therapy

- Speech-Language Pathology
- Dietary Counseling
- Spiritual Counseling
- Grief and Loss Counseling
- Respite Care
- Short-Term Inpatient Care

Workforce shortages, particularly acute in the healthcare sector, may be impacting the amount of time that beneficiaries enrolled in Hospice are waiting to receive these services. Unfortunately, Hospice beneficiaries are not eligible for many of the programs funded by the Older Americans Act (OAA), (allocated by the Division of Aging and provided by Area Agencies on Aging and the local provider network), because federal guidance from the Administration for Community Living (ACL) and the Centers for Medicare & Medicaid Services (CMS) states that services funded by the Older Americans Act (OAA) are exempt from Third Party Liability requirements and establishes OAA funding as the payer of last resort. (It further states that managed care plans may look for alternate sources of payment for services they are otherwise responsible for covering through a process called "cost avoidance" and that managed care plans' cost avoidance efforts should not involve attempting to have OAA funds used for services instead of the managed care plans reimbursing the provider for the covered service if the service is included as part of the Hospice benefit. (National Association of States United for Aging and Disabilities' Medicaid Third Party Liability and Older Americans Act Fact Sheet). North Carolina is working diligently to address the healthcare workforce shortage, and these efforts are likely to have the most success in improving service delivery wait times for Hospice beneficiaries.

Other services not covered by the Hospice benefit that are funded by the OAA and by North Carolina's Home and Community Care Block Grant (HCCBG), such as the caregiver services available through Project C.A.R.E., the Family Caregiver Support Program and the Lifespan Respite program, are available to the caregivers of Hospice beneficiaries, but the funding for these programs often does not meet the demand, and families may experience a delay in receiving the service after they have requested it. Still other OAA- and HCCBG-funded programs are available to Hospice beneficiaries themselves, and the Division of Aging is working closely with the Association for Home & Hospice Care of North Carolina to develop guidance related to Hospice enrollees' eligibility for OAA- and HCCBG-funded

services to streamline the referral process and provide optimal care coordination and continuity.

A training module for Options Counselors regarding "End of Life" resources and services, including Hospice and any services that may be provided in concert when making the decision to enter Hospice, is currently being developed which could also increase Hospice beneficiaries' awareness of available programs and support them in accessing them more quickly.

8. **Tovah Wax**
    a. **How will DHHS handle organizations that do not provide adequate communication access, especially for those that are blind, deaf, or hard of hearing?**

Response: The Division of Services for the Deaf and Hard of Hearing (DSDHH) has Seven Regional Centers strategically set up all over the state, covering all 100 NC counties. If a person, who is Deaf, Hard of Hearing or DeafBlind experiences barriers to communication, they can meet with staff at any one of those regional centers to get assistance with advocacy. DSDHH's Advocacy Escalation System has proven to be effective at breaking down barriers and educating agencies, businesses and organizations to effectively provide communication accommodations. Additionally, DSDHH, strategically works with systems throughout the state to build the capacity of entities through training and consultation.

9. **Lee Dobson**
    a. **What percentage of people on NC Medicaid already meet the work requirement**?

Response:

We don't have specific information for North Carolina, but national estimates project that 92 percent of adults on Medicaid are already working, are ill or disabled, are enrolled in school, or are caretaking another family member, and we expect North Carolina would follow that trend. That leaves only 8 percent are not working due to retirement, inability to find work, or other reason. https://www.kff.org/medicaid/issue-brief/understanding-the-intersection-of-medicaid-and-work-an-update/