

February 26, 2009

**S 354. SOCIAL SECURITY INCREASE/MEDICAID ELIG.** Filed 2/26/09. *TO DIRECT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO ADOPT A POLICY ALLOWING A CERTAIN INCOME DISREGARD UNDER THE MEDICAID PROGRAM.*

Requires the Department of Health and Human Services (DHHS), Division of Medical Assistance, to adopt and implement a policy that will prevent a Medicaid recipient from losing Medicaid eligibility when the annual Social Security and Railroad Retirement Cost of Living Adjustments (COLAs) and the annual Federal Poverty Level adjustment cause a recipient to become income ineligible for Medicaid. Provides that the policy will only apply when Medicaid income eligibility is affected only by Social Security and Railroad Retirement COLAs and Federal Poverty Level adjustments and provides that the policy does not render a recipient eligible if all other eligibility requirements are not met. Requires DHHS to apply to the Centers for Medicare and Medicaid Services for approval if the Centers' approval is necessary for the policy to be implemented. Effective July 1, 2009.

**Intro. by Kinnaird.**

UNCODIFIED

April 23, 2009

**S 354. SOCIAL SECURITY INCREASE/MEDICAID ELIG.** Filed 2/26/09. Senate committee substitute makes the following changes to 1st edition. Clarifies that the policy required to be adopted and implemented by the Department of Health and Human Services, Division of Medical Assistance, to prevent a Medicaid recipient from losing Medicaid eligibility when the annual Social Security and Railroad Retirement Cost of Living Adjustments (COLAs) and the annual Federal Poverty Level adjustment cause a Medicaid recipient to become ineligible for Medicaid *benefits* must apply to MQB, QI-1, and QWD recipients. Prohibits the policy from applying to new applicants for Medicaid. Changes the effective date to when the act becomes law (was, July 1, 2009) and applies to all eligible Medicaid recipients as of March 31, 2009.

May 26, 2009

**S 354. SOCIAL SECURITY INCREASE/MEDICAID ELIG.** Filed 2/26/09. House committee substitute makes the following changes to 2nd edition. Deletes that the policy required to be implemented by the Department of Health and Human Services (DHHS), Division of Medical Assistance (Division), to prevent a Medicaid recipient from losing Medicaid eligibility when the annual Social Security and Railroad Retirement Cost of Living Adjustments (COLAs) and the Federal Poverty Level adjustment cause a Medicaid recipient to become income-ineligible for Medicaid benefits applies only to recipients of Medicaid and not to new applicants.

Requires the Division to apply for a Medicaid State Plan Amendment to implement Section 1 of the act. If the State Plan amendment is approved by the Centers for Medicare and Medicaid Services (1) DHHS may use available funds to reinstate eligibility lost due to the specified federal adjustments to income and (2) effective July 1, 2009, \$11,288,224 for 2009-10 and \$12,348,525 for 2010-11 is to be appropriated from the General Fund to the Division to implement the requirements of Section 1 of the act.

June 16, 2010

**S 354. CONTINUING CARE RETIRE. COMMUNITY/HOME CARE (NEW).** Filed 2/26/09. House committee substitute deletes all provisions of the 3rd edition and replaces it with *AN ACT TO PERMIT CONTINUING CARE RETIREMENT COMMUNITIES TO PROVIDE OR ARRANGE FOR HOME CARE SERVICES WITHOUT PROVIDING LODGING WHEN THOSE SERVICES ARE PROVIDED ADJUNCT TO A CONTRACT FOR CONTINUING CARE AND TO REQUIRE THE DEPARTMENT OF INSURANCE AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY ISSUES RELATED TO CONTINUING CARE RETIREMENT COMMUNITIES PROVIDING HOME CARE SERVICES WITHOUT PROVIDING LODGING.*

Amends GS 58-64-5 to increase the application fee for a continuing care license from \$500 to \$1000. Effective July 1, 2010.

Amends GS 58-64-1 to provide that the term *continuing care* applies to the furnishing of lodging together with nursing services, medical services, or other health-related services to an individual that is not related by blood, marriage, or adoption to the person providing the care under a contract approved by the Department of Insurance (Department). Also provides that *continuing care* applies to home care services by a provider of lodging at a facility to an individual who has entered into a continuing care contract with the provider but who is not yet receiving lodging. Adds definition for *home care services* as defined in GS 131E-136 and defines *lodging* as a living unit as provided in a contract provided by the Department under Article 64 of Chapter 58. Provision expires July 1, 2012.

Amends GS 58-64-25 to provide that a contract offering continuing care services without lodging must include procedures for determining when the individual will transition to receiving both lodging and health-related services. Provision expires July 1, 2012.

Enacts new GS 58-64-7 to specify the information that a continuing care retirement community (CCRC) licensed under Article 64 that wishes to provide continuing care services without lodging must submit to the Department. Requires the CCRC to submit to the Department (1) an application to offer continuing care services without lodging; (2) an amended disclosure statement describing the proposed continuing care service to be provided without lodging; (3) a copy of the written service agreement as prescribed in GS 58-64-25(b); (4) a summary of an actuarial report on the impact of providing services without lodging on the overall operation of the CCRC; (5) a financial feasibility study prepared by a certified public accountant; and (6) evidence of the license required under Part 3, Article 6, of Chapter 131E (Home Care Agency Licensure Act) or a contract with a licensed home care agency for provision of services under the continuing care services without lodging program. Requires a provider issued a start-up certificate to provide continuing care services without lodging to enter into a binding written service agreement with subscribers to provide those services. Also directs a CCRC service provider without lodging to account for the related revenue and expenses generated from the provision of these services separate from the facility's on-site operation. Provision expires July 1, 2012.

Although the above designated provisions sunset as of July 1, 2012, contracts executed on or after the effective date of the act that allow for the provision or arrangement of continuing care without lodging remain effective after July 1, 2012, and the CCRC may provide home care service without lodging under the terms of the contract after July 1, 2012.

Directs the Department of Insurance (Department) and the Department of Health and Human Services (DHHS) to identify any barriers that prevent or discourage individuals that contract with CCRCs from receiving home care services for as long as the services are needed and they are able to be safely cared for in their homes. Requires the Department and DHHS to provide an interim status report on or before November 1, 2010, and a final report on September 1, 2011, to the NC Study Commission on Aging and the Joint Legislative Health Care Oversight Committee.

Except as otherwise indicated, the act is effective when it becomes law.

June 29, 2010

**S 354. CONTINUING CARE RETIRE. COMMUNITY/HOME CARE.** Filed 2/26/09. House committee substitute makes the following changes to 4th edition. Adds provisions tying an expiration date of requirements in the amended statute to funding for transfer of a position as Insurance Company Manager Position to the Financial Evaluation Division at specified budget amount, setting an expiration date of July 1, 2012, if the position is not transferred. Makes other technical changes.

July 1, 2010

**S 354. CONTINUING CARE RETIRE. COMMUNITY/HOME CARE.** Filed 2/26/09. House amendment makes the following changes to 5th edition. Amends the effective date of the act so that it is now effective when it becomes law, removing language making effective dates contingent on enactment of specific provision in the Joint Conference Committee Report on the Continuation, Expansion, and Capital Budget dated June 28, 2010.

July 28, 2010

**SL 2010-128 (S 354). CONTINUING CARE RETIREMENT COMMUNITY/HOME CARE. AN ACT TO PERMIT CONTINUING CARE RETIREMENT COMMUNITIES TO PROVIDE OR ARRANGE FOR HOME CARE SERVICES WITHOUT PROVIDING LODGING WHEN THOSE SERVICES ARE PROVIDED ADJUNCT TO A CONTRACT FOR CONTINUING CARE AND TO REQUIRE THE DEPARTMENT OF INSURANCE AND THE DEPARTMENT OF HEALTH AND HUMAN SERVICES TO STUDY ISSUES RELATED TO CONTINUING CARE RETIREMENT COMMUNITIES PROVIDING HOME CARE SERVICES WITHOUT PROVIDING LODGING.** Summarized in *Daily Bulletin* 6/16/10, 6/29/10, and 7/1/10. Enacted July 21, 2010. Effective July 21, 2010.