

Adult Care Home and Nursing Home

Long Term Care Community Advisory Committees (CACs)

THE ESSENTIAL GUIDE

ACKNOWLEDGEMENT

The Essential Guide was developed as a resource tool for Boards of County Commissioners, Board Clerks and County Attorneys. Representatives from the N.C. Association of Area Agencies on Aging, the N. C. Division of Aging and Adult Services' Office of State Long Term Care Ombudsman and the N. C. Regional Long Term Care Ombudsman Association collaborated on the development of this tool, including the model documents in the appendices.

P R E F A C E

This document is designed to serve as ***The Essential Guide*** to the selection, appointment and requirements for ***North Carolina's Long Term Care Community Advisory Committees (CACs)*** and explains their relationship with the N. C. Long Term Care Ombudsman Program. The primary purposes of the community advisory committees are to maintain the intent of the Nursing Home and Adult Care Home Residents' Bill of Rights within nursing homes and adult care homes across North Carolina. CACs promote community involvement and cooperation with nursing homes and adult care homes to ensure quality of care for older and disabled adults. There are three types of CACs: Adult Care Home, Nursing Home and Joint Nursing and Adult Care Home Committees.

It is the intent of the North Carolina General Assembly that each community in the state should take a more active role in promoting the interests and well being of residents in long term care settings – nursing homes and adult care homes (most commonly referred to as assisted living facilities or rest homes). As such, county commissioners are given the responsibility of appointing citizens in their communities to serve on these vital committees. Boards of County Commissioners and the North Carolina Long Term Care Ombudsman Program work together to ensure that new appointees receive adequate training, technical assistance and support.

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NORTH CAROLINA LONG TERM CARE OMBUDSMAN PROGRAM BASIC PROGRAM OVERVIEW

The Older Americans Act (federal law) requires that each state establish and maintain a statewide Long Term Care Ombudsman Program to advocate on behalf of residents in nursing homes and adult care homes (rest homes). The Long Term Care Ombudsman Program has been in existence in North Carolina since 1976. In 1989, the North Carolina General Assembly enacted legislation for the Long Term Care Ombudsman Program (G.S. 143B-181.15-.25) which incorporated federal mandates in the Older Americans Act for the Program and clearly defined the roles and responsibilities of the state and regional long term care ombudsmen. In North Carolina, the Office of State Long Term Care Ombudsman is located in the Department of Health and Human Services, Division of Aging and Adult Services. The Regional Long Term Care Ombudsman Programs are housed in area agencies on aging located in the 17 regional councils of government.

The major responsibilities of this program include: receiving and resolving complaints made by or on behalf of residents in long term care facilities; providing information to the general public on long term care issues; promoting community involvement with long term care facilities and residents; working with long term care providers to resolve issues impacting the welfare of residents; assisting long term care providers with staff training (particularly

on Residents' Rights); training and assisting community advisory committees; providing information to public agencies, legislators, and others on problems impacting the rights of residents living in long term care facilities; and making recommendations for resolution of issues identified.

Summary of Programmatic Responsibilities

The Long Term Care Ombudsman Program provides the following direct services:

- (a) Guidance on long term care placement which involves:
 - Explaining long term care options and services,
 - Educating individuals on how to select a facility,
 - Assisting with access to information about state certification surveys, complaint investigation reports and community advisory committee reports on specific facilities,
 - Explaining Residents' Rights and other federal and state laws and regulations affecting long term care residents and facilities,
 - Providing general information about Medicare, Medicaid and State County Special Assistance, and
 - Offering guidance and referral for information on legal authority such as powers of attorney, living wills and guardianship;

- (b) Educational presentations for both community groups and long term care providers on various topics pertinent to long term care facilities and residents;
- (c) Investigation of complaints or situations on behalf of residents and providing assistance in resolving the concerns and problems;
- (d) Assistance to individuals in filing complaints or concerns with the appropriate regulatory agency when resolution of an issue is not possible at the local level;
- (e) Communication with the regulatory agencies during the Licensure and Certification surveys and attending survey exit conferences, since the regional ombudsmen and community advisory committee volunteers visit long term care facilities on a regular basis;
- (f) Ongoing training, support and technical assistance to community advisory committee volunteers; and
- (g) Participation in local, state and national government policy-making groups as a representative voice of long term care residents.

There are volunteer advocates in each county who are appointed by the county commissioners to serve on the nursing home and adult care home community advisory committees (G.S. 131E-128 and 131D-31). North Carolina currently has over 1,168 such volunteers. The primary purpose of the community advisory committees is to

maintain the intent of the Nursing Home and Adult Care Home Residents' Bill of Rights in facilities across North Carolina, and to promote community involvement and cooperation with these homes to ensure quality of care. The community advisory committees are responsible for advising the board of county commissioners of the general conditions existing in the long term care facilities within each county. The committees fulfill this obligation through formal and informal visits to the facilities. In addition, they submit quarterly and annual reports to the county commissioners as well as the regional ombudsmen. Community advisory committees may assist individuals in resolving grievances with facilities at the local level; however, most grievances are referred to the appropriate regional ombudsman for investigation.

To contact the State Long Term Care Ombudsman Program, call the N. C. CARE-LINE toll free number at 1-800-662-7030 and request the operator transfer your call to the Division of Aging and Adult Services or call directly to (919) 733-8395. You can access contact information for State and Regional Ombudsmen on the Division's web site at www.ncdhhs.gov/aging/ombud.htm.

You may contact the Regional Ombudsman serving your county directly at:

FREQUENTLY ASKED QUESTIONS

1. What is the role of a community advisory committee (CAC)?

The N. C. General Assembly authorized three types of community advisory committees:

Nursing Home Community Advisory Committee,
Adult Care Home Community Advisory Committee, and
Joint Nursing Home and Adult Care Home Community Advisory Committee.

Each Committee is mandated to:

- Work to maintain the intent of the Residents' Bill of Rights and ensure quality care for the long term care residents,
- Promote community involvement and cooperation within long term care facilities,
- Conduct quarterly visits in adult care homes and nursing homes in the county and annually visit all family care homes in the county,
- Apprise itself of the general conditions under which persons are residing in the homes and work for the best interests of the persons in the homes. This may include assisting persons who have

grievances with the home and facilitating the resolution of grievances at the local level, and

- Prepare reports as required by the Department of Health and Human Services containing an appraisal of the problems of facilities as well as issues affecting long term care in general.

2. Who can be appointed to serve on a community advisory committee?

- Must be a citizen residing in the county.
G.S. 131E-128(f) Nursing Home Community Advisory Committee
G.S. 131D-31 (g) Adult Care Home and Joint Community Advisory Committees
- Up to 1/3 of the members shall be nominated by a majority of the chief facility administrators of either adult care homes or nursing homes in the county. If no nominations from administrators are received within 45 days after written notification, then appointments may be made without nominations. *G.S. 131E-128(b)(3)*
- Any county commissioner who is appointed shall serve in an **ex officio** capacity. *G.S. 131E-128(f) and G. S. 131D-31 (g)*

QUESTION 2:

Model community advisory committee job description

Appendix C

Example application for appointment

Appendix D

3. Who cannot serve as a community advisory committee member?

- No person or immediate family member* with a financial interest in a facility served or employee or governing board member of a facility served.
- Immediate family member* of a resident in a facility.
- Whenever an immediate family member of a current advisory committee member becomes a resident in a facility visited by the committee, that advisory committee member immediately becomes ineligible to serve on the committee.
- Immediate relative of an employee or owner/operator of a facility served by the community advisory committee.
- See G. S. 131D-31() and G.S. 131E-128(f).

**Immediate family member is defined as mother, father, sister, brother, spouse, child, grandmother, grandfather, and in-laws.*

4. How are community advisory committee members appointed?

- Each County Board of Commissioners is responsible for making appointments to community advisory committees. *G.S. 131D-31(b) (4) and G.S.131E-128(b) (3)*
- Each committee member shall serve an initial term of one year; persons reappointed to a second or subsequent term shall serve a two-or three-year term at the county commissioners' discretion. *G.S. 131E-128 (c) Nursing Home Community Advisory Committee G.S. 131D-31(d) Adult Care Home and Joint Community Advisory Committee*
- The appointee and regional ombudsman should be notified in a timely manner, in writing of appointment or reappointment by county commissioners.

QUESTION 3:

N. C. General Statute 131D-31(g) and 131E-128 (f)
Model pre-screening tool for CAC applicants

Appendix A
Appendix E

QUESTION 4:

Example letter for newly appointed CAC members
Example regional ombudsman welcome letter
Example of committee bylaws

Appendix F
Appendix G
Appendix H

5. What are minimum qualifications or requirements for appointment to a community advisory committee?

- Individual is available and willing to commit 8-24 hours per quarter to fulfill the duties of the Advisory Committee.
- Individual agrees to comply with attendance at committee business meetings and to participate in scheduled facility visits.
- Individual has reliable transportation.
- Individual agrees to participate in the completion and submission of a Quarterly Member Activities Record and Quarterly/Annual Visitation Report.
- Individual will assist with completion of a written Annual Report which is part of a Community Advisory Committee's responsibilities.
- Individual agrees to complete 15 hours of initial training and 10 hours of ongoing training/education annually (after initial 1 year appointment).

6. What are the initial training requirements of newly appointed community advisory committee members?

All newly appointed community advisory committee members must complete scheduled classroom training to learn about:

- Roles and responsibilities of a community advisory committee member mandated under G.S. 131D-31 & 32 and G.S. 131E-128,
- Residents' Bill of Rights,
- Roles of Division of Health Service Regulation, county departments of social services and area agencies on aging,
- North Carolina Adult Protective Services Law and reporting requirements,
- Role of the regional long term care ombudsman, complaint resolution procedures, confidentiality requirements, and
- Reporting requirements: Quarterly Member Activities Record, Quarterly/Annual Visitation Report and the Annual Report.

QUESTION 5:

Model Quarterly Member Activities Record

Appendix I

Model Quarterly/Annual Visitation Report

Appendix J

Model Annual Report Form

Appendix K

Example Nursing Home CAC Brochure

Appendix O

Example Adult Care Home CAC Brochure

Appendix O

7. What are the responsibilities of a regional long term care ombudsman in regards to community advisory committees?

- Provides the initial 15 hours of required training for each newly appointed community advisory committee member and ongoing training at least quarterly.
- Provides technical assistance and support to each committee and attends their business meetings at least quarterly. *G. S. 143B-181.19 b (8)*

8. How are new community advisory committee appointees trained?

- New CAC members must complete a minimum of 15 hours of initial training prior to exercising their duties.
- Initial training includes 8 hours of classroom time conducted by a regional ombudsman, 4-6 hours for facility orientation visits with a regional ombudsman, and approximately three (3) hours of reading at a minimum.
- Regional ombudsmen provide ongoing training for each community advisory committee at least once per quarter as well as direct technical assistance and support as needed.

9. What happens when there is a complaint against a community advisory committee member?

- The regional ombudsman schedules time to discuss the alleged issues separately with both the advisory committee member(s) and the complainant.
- A review of General Statutes and LTC Ombudsman Program Policy is conducted to internally evaluate whether the advisory committee member's actions were outside the scope of their appointed duties and training.
- Both parties are notified of the conclusions.
- If the regional ombudsman determines that the complaint is valid, but can be remedied, then re-training is provided for the committee member.
- Any determination that the individual's actions resulted in serious consequences, requires the regional ombudsman to notify the chairman of the county board of commissioners and submit a formal request to remove the CAC member for cause. All documentation available would be provided along with the formal request to remove.

QUESTION 9:

Example letters of nonattendance
Model letter for CAC removal

Appendices L & M
Appendix N

10. How do I contact my Regional Ombudsman?

Regional Ombudsman Name:

Address:

Telephone number:

Fax number:

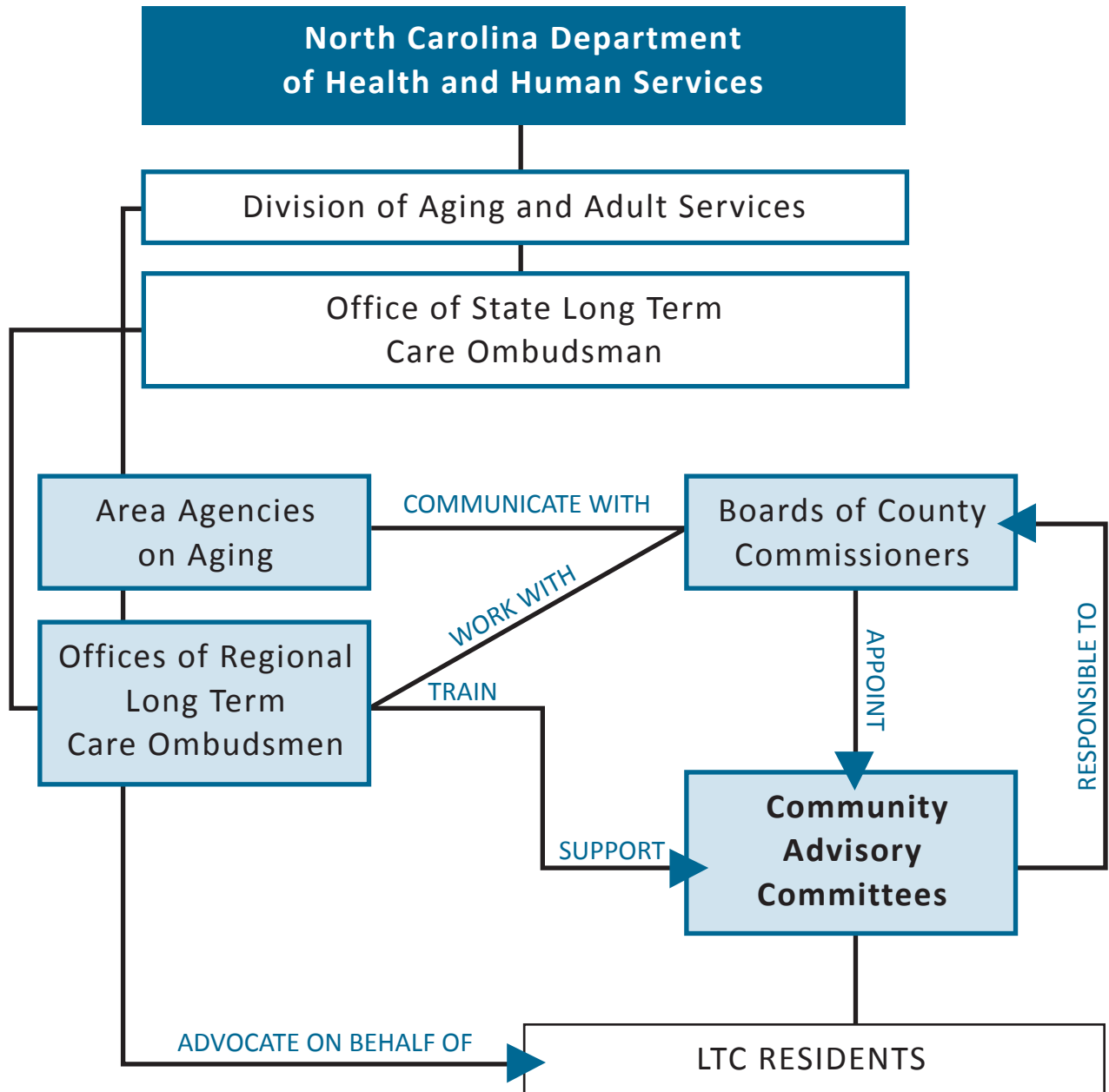
Email:

Or

How to reach your Regional Ombudsman
online:

www.ncdhhs.gov/aging/ombud.htm

COMMUNITY ADVISORY COMMITTEE ORGANIZATIONAL DIAGRAM



APPENDICES

Appendix A

Note: N. C. General Statutes have not been amended to reflect that the Division of Aging is now the Division of Aging and Adult Services.

§ 131D-31. Adult care home community advisory committees.

- (a) Statement of Purpose. – It is the intention of the General Assembly that community advisory committees work to maintain the intent of the Adult Care Home Residents’ Bill of Rights within the licensed adult care homes in this State. It is the further intent of the General Assembly that the committees promote community involvement and cooperation with adult care homes to ensure quality care for the elderly and disabled adults.
- (b) Establishment and Appointment of Committees. –
 - (1) A community advisory committee shall be established in each county that has at least one licensed adult care home, shall serve all the homes in the county, and shall work with each of these homes for the best interests of the residents. In a county that has one, two, or three adult care homes with 10 or more beds, the committee shall have five members.
 - (2) In a county with four or more adult care homes with 10 or more beds, the committee shall have one additional member for each adult care home with 10 or more beds in excess of three, and may have up to five additional members at the discretion of the county commissioners, not to exceed a maximum of 25 members. In each county with four or more adult care homes with 10 or more beds, the committee shall establish a subcommittee of no more than five members and no fewer than three members from the committee for each adult care home in the county. Each member must serve on at least one subcommittee.
 - (3) In counties with no adult care homes with 10 or more beds, the committee shall have five members. Regardless of how many members a particular community advisory committee is required to have, at least one member of each committee shall be a person involved in the area of mental retardation.
 - (4) The boards of county commissioners are encouraged to appoint the Adult Care Home Community Advisory Committees. Of the members, a minority (not less than one-third, but as close to one-third as possible) shall be chosen from among persons nominated by a majority of the chief administrators of adult care homes in the county. If the adult care home administrators fail to make a nomination within 45 days after

written notification has been sent to them requesting a nomination, these appointments may be made without nominations. If the county commissioners fail to appoint members to a committee by July 1, 1983, the appointments shall be made by the Assistant Secretary for Aging, Department of Health and Human Services, no sooner than 45 days after nominations have been requested from the adult care home administrators, but no later than October 1, 1983. In making appointments, the Assistant Secretary for Aging shall follow the same appointment process as that specified for the County Commissioners.

- (c) Joint Nursing and Adult Care Home Community Advisory Committees. – Appointment to the Nursing Home Community Advisory Committees shall preclude appointment to the Adult Care Home Community Advisory Committees except where written approval to combine these committees is obtained from the Assistant Secretary for Aging, Department of Health and Human Services. Where this approval is obtained, the Joint Nursing and Adult Care Home Community Advisory Committee shall have the membership required of Nursing Home Community Advisory Committees and one additional member for each adult care home with 10 or more beds licensed in the county. In counties with no adult care homes with 10 or more beds, there shall be one

additional member for every four other types of adult care homes in the county. In no case shall the number of members on the Joint Nursing and Adult Care Home Community Advisory Committee exceed 25. Each member shall exercise the statutory rights and responsibilities of both Nursing Home Committees and Adult Care Home Committees. In making appointments to this joint committee, the county commissioners shall solicit nominations from both nursing and adult care home administrators for the appointment of approximately (but no more than) one-third of the members.

(d) **Terms of Office.** – Each committee member shall serve an initial term of one year. Any person reappointed to a second or subsequent term in the same county shall serve a two- or three-year term at the county commissioners' discretion to ensure staggered terms of office.

- (e) **Vacancies.** – Any vacancy shall be filled by appointment of a person for a one-year term. If this vacancy is in a position filled by an appointee nominated by the chief administrators of adult care homes within the county, then the county commissioners shall fill the vacancy from persons nominated by a majority of the chief administrators. If the adult care home administrators fail to make a nomination by registered mail within 45 days after written notification has been sent to them

requesting a nomination, this appointment may be made without nominations. If the county commissioners fail to fill a vacancy, the vacancy may be filled by the Assistant Secretary for Aging, Department of Health and Human Services no sooner than 45 days after the commissioners have been notified of the appointment or vacancy.

- (f) **Officers.** – The committee shall elect from its members a chair, to serve a one-year term.

- (g) **Minimum Qualifications for Appointment.** – Each member must be a resident of the county which the committee serves. No person or immediate family member of a person with a financial interest in a home served by the committee, or employee or governing board member of a home served by the committee, or immediate family member of a resident in a home served by the committee may be a member of that committee. Any county commissioner who is appointed to the committee shall be deemed to be serving on the committee in an ex officio capacity. Members of the committee shall serve without compensation, but may be reimbursed for actual expenses incurred by them in the performance of their duties. The names of the committee members and the date of expiration of their terms shall be filed with the Division of Aging, Department of Health and Human Services.

- (h) **Training.** – The Division of Aging, Department of Health and Human Services, shall develop training materials, which shall be distributed to each committee member. Each committee member must receive training as specified by the Division of Aging prior to exercising any power under G.S. 131D-32. The Division of Aging, Department of Health and Human Services, shall provide the committees with information, guidelines, training, and consultation to direct them in the performance of their duties.

- (i) Any written communication made by a member of adult care home advisory committee within the course and scope of the member's duties, as specified in G.S. 131D-32, shall be privileged to the extent provided in this subsection. This privilege shall be a defense in a cause of action for libel if the member was acting in good faith and the statements and communications do not amount to intentional wrongdoing.

To the extent that any adult care home advisory committee or any member is covered by liability insurance, that committee or member shall be deemed to have waived the qualified immunity herein to the extent of indemnification by insurance. (1981, c.923, s. 1; 1983, c. 88, s. 1; 1987, c. 682, s. 2; 1995, c. 535, s. 14; 1997-176, s. 2; 1997-443, s. 11A.118(a).)

Appendix A-2

§ 131E-128. Nursing home advisory committees.

- (a) It is the purpose of the General Assembly that community advisory committees work to maintain the intent of this Part within the nursing homes in this State, including nursing homes operated by hospitals licensed under Article 5 of G.S. Chapter 131E. It is the further purpose of the General Assembly that the committees promote community involvement and cooperation with nursing homes and an integration of these homes into a system of care for the elderly.
- (b) (1) A community advisory committee shall be established in each county which has a nursing home, including a nursing home operated by a hospital licensed under Article 5 of G.S. Chapter 131E, shall serve all the homes in the county, and shall work with each home in the best interest of the persons residing in each home. In a county which has one, two, or three nursing homes, the committee shall have five members. In a county with four or more nursing homes, the committee shall have one additional member for each nursing home in excess of three, and may have up to five additional members per committee at the discretion of the county commissioners.
- (2) In each county with four or more nursing homes, the committee shall establish a subcommittee of no more than five members and no fewer than three members from the committee for each nursing home in the county. Each member must serve on at least one subcommittee.
- (3) Each committee shall be appointed by the board of county commissioners. Of the members, a minority (not less than one-third, but as close to one-third as possible) must be chosen from among persons nominated by a majority of the chief administrators of nursing homes in the county and of the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes. If the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes fail to make a nomination within 45 days after written notification has been sent to them by the board of county commissioners requesting a nomination, these appointments may be made by the board of county commissioners without nominations.
- (c) Each committee member shall serve an initial term of one year. Any person reappointed to a second or subsequent term in the same county shall serve a three-year term. Persons who were originally nominees of nursing home

chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes, or who were appointed by the board of county commissioners when the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes failed to make nominations, may not be reappointed without the consent of a majority of the nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes within the county. If the nursing home chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes fail to approve or reject the reappointment within 45 days of being requested by the board of county commissioners, the commissioners may reappoint the member if they so choose.

- (d) Any vacancy shall be filled by appointment of a person for a one-year term. Any person replacing a member nominated by the chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes or a person appointed when the chief administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes failed to make a

nomination shall be selected from among persons nominated by the administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes, as provided in subsection (b). If the county commissioners fail to appoint members to a committee, or fail to fill a vacancy, the appointment may be made or vacancy filled by the Secretary or the Secretary's designee no sooner than 45 days after the commissioners have been notified of the appointment or vacancy if nomination or approval of the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes is not required. If nominations or approval of the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes is required, the appointment may be made or vacancy filled by the Secretary or the Secretary's designee no sooner than 45 days after the commissioners have received the nomination or approval, or no sooner than 45 days after the 45-day period for action by the nursing home administrators and the governing bodies of the hospitals licensed under Article 5 of G.S. Chapter 131E, which operate nursing homes.

- (e) The committee shall elect from its members a chair, to serve a one-year term.

(f) Each member must be a resident of the county which the committee serves. No person or immediate family member of a person with a financial interest in a home served by a committee, or employee or governing board member or immediate family member of an employee or governing board member of a home served by a committee, or immediate family member of a patient in a home served by a committee may be a member of a committee. Membership on a committee shall not be considered an office as defined in G.S. 128-1 or G.S. 128-1.1. Any county commissioner who is appointed to the committee shall be deemed to be serving on the committee in an ex officio capacity. Members of the committee shall serve without compensation, but may be reimbursed for the amount of actual expenses incurred by them in the performance of their duties. The names of the committee members and the date of expiration of their terms shall be filed with the Division of Aging, which shall supply a copy to the Division of Facility Services.

(g) The Division of Aging, Department of Health and Human Services, shall develop training materials which shall be distributed to each committee member and nursing home.

Each committee member must receive training as specified by the Division of Aging prior to exercising any power under subsection (h) of this section. The Division of Aging, Department of Health and Human Services, shall provide the

committees with information, guidelines, training, and consultation to direct them in the performance of their duties.

(h) (1) Each committee shall apprise itself of the general conditions under which the persons are residing in the homes, and shall work for the best interests of the persons in the homes. This may include assisting persons who have grievances with the home and facilitating the resolution of grievances at the local level.

(2) Each committee shall quarterly visit the nursing home it serves. For each official quarterly visit, a majority of the committee members shall be present. In addition, each committee may visit the nursing home it serves whenever it deems it necessary to carry out its duties. In counties with four or more nursing homes, the subcommittee assigned to a home shall perform the duties of the committee under this subdivision, and a majority of the subcommittee members must be present for any visit.

(3) Each member of a committee shall have the right between 10:00 A.M. and 8:00 P.M. to enter into the facility the committee serves in order to carry out the members' responsibilities. In a county where subcommittees have been established, this right of access shall be limited to homes served by those

subcommittees to which the member has been appointed.

- (4) The committee or subcommittee may communicate through its chair with the Department or any other agency in relation to the interest of any patient. The identity of any complainant or resident involved in a complaint shall not be disclosed except as permitted under the Older Americans Act of 1965, as amended, 42 U.S.C. § 3001 et seq.
- (5) Each home shall cooperate with the committee as it carries out its duties.
- (6) Before entering into any nursing home, the committee, subcommittee, or member shall identify itself to the person present at the facility who is in charge of the facility at that time.
- (i) Any written communication made by a member of a nursing home advisory committee within the course and scope of the member's duties, as specified in G.S. 131E-128, shall be privileged to the extent provided in this subsection. This privilege shall be a defense in a cause of action for libel if the member was acting in good faith and the statements or communications do not amount to intentional wrongdoing.

To the extent that any nursing home advisory committee or any member thereof is covered by liability insurance, that committee or member shall be deemed to have waived the qualified immunity herein to the extent of indemnification by insurance. (1977, c.897, s. 2; 1977, 2nd Sess., c. 1192, s. 1; 1983, c. 143, ss. 4-9; c. 775, s. 1; 1987, c. 682, s. 1; 1995, c. 254, s. 7; 1997-176, s. 1; 1997-443, s. 11A.118(a).)

Appendix B

Community Advisory Committee: The Vital Link for Residents...

What is a community advisory committee? North Carolina has an advocacy system in place to help promote and protect the rights of long term care residents. Community advisory committees were established by North Carolina State Legislature (G.S. 131D-31 & G.S. 131E-128) to be volunteer, grassroots advocates for residents in long-term care facilities. These volunteers receive training from the Regional Long Term Care Ombudsman Program to interview residents, families, and staff as well as observe the facility environment to determine how and if the residents' rights are being honored. CAC members conduct three types of visits: Friendly visits, Official Quarterly or Annual visits and Complaint investigation visits, which are initiated by or on behalf of residents. All three types of visits are conducted by at least two or more committee members, and complaint investigations are carried out under the direction of the committee chairperson. Community Advisory Committee members are empowered under N.C. General Statute to make unannounced visits, communicate in private with residents and act on their behalf to resolve concerns. Having a facility staff member accompany them on visits or complaints, or refusing residents privacy during a visit would violate the law for the N. C. Long Term Care Ombudsman

Program and Residents' Rights. (G.S. 143B-181.20a and G.S. 131E-117).

These volunteers complete a report on the facility, which is public record. These reports are kept by the Regional Ombudsman program and shared with consumers seeking placement, departments of social services, state regulatory agencies, lawyers and reporters upon request. The report gives a snapshot of the home as observed during the volunteers' visits, and the findings are shared with a representative of the facility before the committee leaves. These volunteers are also involved in rights advocacy for the residents, accessing community resources for needed services, or talking to legislators about needed improvements in the minimum standards. Some committees meet monthly, others quarterly, for business and training sessions. These meetings follow the Open Meetings statute and anyone is welcome to attend to learn more about the committee or long term care issues in their county. Confidential issues will be discussed in a closed portion of the meeting.

What are the responsibilities of a Community Advisory Committee (CAC) member?

- Assists persons with concerns/ complaints regarding Residents' Rights issues in a long term care facility.
- Makes official quarterly visits and attends monthly or quarterly committee meetings.

- Serves as a nucleus for increased community involvement in long term care facilities.
- Promotes community education and awareness of needs of residents in long term care facilities.
- Keeps the public informed about operations of facilities in the county that they serve.
- Once orientation training is complete, CAC members spend an average of 8 hours per month fulfilling their duties.

Appendix C

Model Job Description

Community Advisory Committee Job Description

Title: Adult Care Home Community Advisory Committee Member

Major Objectives:

- Promote community involvement and cooperation with adult care homes in the county.
- Act as an advocate for residents living in adult care homes (also known as rest homes and assisted living facilities).
- Ensure the Adult Care Home Residents' Bill of Rights is upheld.
- Promote community education and awareness of the needs of older adults and people with disabilities residing in adult care homes.
- Develop and recruit volunteer resources to enhance the quality of life of residents.

Major Responsibilities:

1. Work for the best interests of residents in the facility.
2. Assist residents or families with grievances. Committee members may (not shall) facilitate the resolution of grievances at the local level.
3. Visit each adult care home as assigned on a quarterly or annual basis.
4. Prepare written reports of official visits.
5. Maintain confidentiality of residents and their concerns, unless they or their legal representative give written permission to disclose their identity.

Resident Visitation: Most visits will be made between normal visiting hours of 10 am-8 pm. However, when special circumstances merit, CAC members can enter facilities during other hours in response to complaints.

Time Commitment: Members must attend regular meetings of the committee. Committee members can expect to spend between 8-20 hours per quarter carrying out their duties. The estimate of time spent performing required duties includes attendance at meetings, conducting both official and friendly visits and other activities to benefit long term care residents.

Length of Appointment: A one-year initial appointment is made with the possibility of reappointment to a subsequent two- or three-year term.

Qualifications:

1. Must be a resident living in the county in which they have been appointed to serve.
2. Must not be a family member or employee of a person with financial interests in any adult care home served by the committee.
3. Must not have an immediate* family member residing in any adult care home that the committee serves.
4. Must have access to reliable transportation.
5. Must have an interest in the issues of residents in adult care homes.
6. Must agree to complete training.

**Immediate family member is defined as mother, father, sister, brother, spouse, child, grandmother, grandfather, and in-laws.*

Training and Preparation:

Appointees must complete an initial orientation which includes in-facility training visits totaling 15 hours.

Appointees must also participate in continuing education training totaling 10 hours per year.

The meeting dates, times and locations of training will vary by county.

Accountability and Reports: Members are accountable to the chairman of the board of county commissioners. CAC members receive training, technical assistance, programmatic guidance and instruction from the Regional Long Term Care Ombudsman Program. The following reports are required to be completed and submitted to the regional ombudsman:

- Quarterly/Annual Visit Worksheet
- Annual Report*
- Committee Member Activities Record

In addition, there are requirements for attending scheduled CAC meetings. Check with the county's attendance policy and refer to the community advisory committee by-laws.

**Each community advisory committee is required to submit an Annual Report to the board of county commissioners, the director of the county department of social services and to the regional ombudsman.*

Appendix C-2

Model Job Description

Community Advisory Committee Job Description

Duties and responsibilities listed below reflect requirements enumerated in G. S. 131E-128

Title: Nursing Home Community Advisory Committee Member

Major Objectives:

- Promote community involvement and cooperation with nursing homes.
- Be an advocate for residents living in nursing homes.
- Ensure the Nursing Home Residents' Bill of Rights is upheld.
- Promote community education and awareness of the needs of older adults and people with disabilities residing in nursing homes.
- Develop and recruit volunteer resources to enhance the quality of life of residents.

Major Responsibilities:

1. Work for the best interests of residents in the facility.
2. Assist residents or families with grievances.
3. Committee members may (not shall) facilitate the resolution of grievances at the local level.
4. Visit each nursing home as assigned on a quarterly basis.
5. Prepare and submit written reports of official visits.
6. Maintain confidentiality of residents and their concerns, unless they or their legal representative give written permission to disclose their identity.

Resident Visitation: Most visits will be made between normal visiting hours of 10 am-8 pm. However, when special circumstances merit, CAC members can enter facilities during other hours in response to complaints.

Time Commitment: Members must attend regular meetings of the committee. Committee members can expect to spend between 8-20 hours per quarter carrying out their duties. The estimate of time spent performing required duties includes attendance at meetings, conducting both official and friendly visits and other activities to benefit long term care residents.

Length of Appointment: A one-year initial appointment is made with the possibility of reappointment to a subsequent two- or three-year term.

Qualifications:

1. Must be a resident living in the county in which they have been appointed to serve.
2. Must not be a family member or employee of a person with financial interests in any nursing home served by the committee.
3. Must not have an immediate *family member residing in any nursing home that the committee serves.
4. Must have access to reliable transportation.
5. Must have an interest in the issues of residents in nursing homes.
6. Must agree to complete training.

**Immediate family member is defined as mother, father, sister, brother, spouse, child, grandmother, grandfather, and in-laws.*

Training and preparation:

Appointees must complete an initial orientation which includes in-facility training visits totaling 15 hours.

Appointees must also participate in continuing education training totaling 10 hours per year.

The meeting dates, times and locations of training will vary by county.

Accountability and Reports: Members are accountable to the chairman of the board of county commissioners. CAC members receive training, technical assistance, programmatic guidance and instruction from the Regional Long Term Care Ombudsman Program. The following reports are required to be completed and submitted to the regional ombudsman:

- Quarterly/Annual Visit Worksheet
- Annual Report*
- Committee Member Activities Record

In addition, there are requirements for attending scheduled CAC meetings. Check with the county's attendance policy and refer to the community advisory committee by-laws.

**Each community advisory committee is required to submit an Annual Report to the board of county commissioners, the director of the county department of social services and the regional ombudsman.*

Appendix D Application for: Authorities, Boards, Commissions, and Committees

Note: All information on this document will be released to the public on request.

Please **P R I N T** clearly:

Name: _____ Ethnic Background: _____

Sex: (M) _____ (F) _____

Home Phone Number: _____ Age (over 18): Yes _____ No _____

Home Fax Number: _____

Email Address: (Please provide this contact information) _____

Home Address: _____
(street) (city) (state) (zip)

Name of Authority/Board/Commission/Committee:

Specific category applying for: (e.g. Nurse, Attorney, At-Large, etc.)

Qualification for specific category: _____

Occupation: _____

Place of Business: _____

Business Address: _____
(street) (city) (state) (zip)

Business Phone Number _____ Business Fax Number: _____

Do you live within _____ County? Yes _____ No _____ Township: _____

Do you live within the corporate city limits? Yes _____ No _____

Education: _____

Name of any _____ County or City of _____ Board/Commission/Committee on which you presently serve: _____

If reapplying for a position you presently hold, how many consecutive terms have you served? _____

Based on your qualifications and experiences, briefly describe why your services on this Authority/ Board/ Commission/Committee would be beneficial to the County of _____:

Is your property tax listing current? Yes _____ No _____

Are your City and County property and motor vehicle taxes paid in full on a current basis?

Yes _____ No _____

Other information you consider pertinent: (i.e., civic memberships, related work experience, etc.):

(If necessary, you may add additional pages.) (Check if additional pages are added: _____)

Note: All information on this document will be released to the public on request.

Date: _____ Applicant's Signature: _____

Return application to:

Clerk to the Board of County Commissioners

Mailing Address: _____ County Government

Fax Number: _____

Appendix E Model Pre-Screening Tool Community Advisory Committee Appointment

Interview Questions:

How did you learn about this volunteer opportunity?

What specifically interests you in being appointed to serve as a community advisory committee member?

Do you have previous experience in any capacity working with older or disabled adults that you think would be helpful to you in this volunteer role? Please discuss.

Do you currently have volunteer commitments with other local agencies?

(Hospice volunteers may have a conflict of interest in cases where their assigned patients reside in a long term care facility that they are assigned to visit through the community advisory committee.)

Have you ever had or do you currently have an immediate family member who is a resident of a long term care facility, is an employee of a long term care facility or has financial or ownership interests in a long term care facility? If yes:

Type of facility?

What county is the facility located in?

Were you pleased with the care provided by that facility?

How did you handle any problems that occurred?

Have you worked in a long term care facility before?

If yes, when and what type of facility.

Are you aware of any financial interests you may have related to a long term care facility in the county in which you want to be appointed?

(Give examples of possible conflicts: facility ownership in immediate family, current employment, paid consultant to facility in any capacity, employee of agency with business involvement with facility, paid services for any resident in the facility.)

Do you currently serve in any capacity as a public official in this county?

Are you willing to submit to a criminal background check if required?

Can you commit up to 15 hours to complete the required initial training?

(Explain components of training to interviewee.)

Are you able to commit a minimum of 8-24 hours every three months to visit with residents in facilities in your county once assigned to a CAC team?

(Describe typical CAC activities that must be completed quarterly/annually, including regularly scheduled meetings.)

Do you have reliable transportation available to attend meetings and conduct visits?

Review the community advisory committee Volunteer Job Description with the individual.

Appendix F Example Template

A g e n c y L e t t e r h e a d

CAC Applicant Name

Address

Address

Address

Dear _____:

It is a pleasure to inform you that the County Commissioners; at our Regular Session on Monday, February 25, 2008, appointed you to serve a term on the Adult Care Home Community Advisory Committee in the At-large position. Your term will expire in February 2010.

By copy of this letter to the Chairperson of the Adult Care Home Community Advisory Committee, and _____, Regional Long-Term Care Ombudsman, I am pleased to inform them of your appointment and request that you be notified of training requirements, committee meeting dates and other pertinent information.

On behalf of the Commissioners, I want to thank you for your interest in the Adult Care Home Community Advisory Committee and for your willingness to serve _____ County and its elderly population in this way.

Sincerely,

Appendix G Example Template Welcome Letter

A g e n c y L e t t e r h e a d

Address

Address

Address

Dear Ms. _____

The Region ___ Ombudsman Program welcomes you as a newly appointed member of the
_____ County Adult Care Home Community Advisory Committee.

The Regional Ombudsmen hold the responsibility of training newly appointed committee members prior to their assuming active committee responsibilities. (Per N.C. General Statutes, new members should be trained within 90 days of appointment.)

**Our next new member training is scheduled for _____ in the
_____ conference room.** Directions are enclosed. Please plan to attend this training if at all possible, as training sessions are only scheduled bimonthly. We will provide a deli lunch, as well as snacks and beverages.

Please call as soon as you get this notice, at _____ to let us know if you can attend on this date.

If you cannot attend on this date, the next training is scheduled for _____. Please call and reserve your space.

Regional Ombudsmen also provide ongoing training and technical assistance to Community Advisory Committee members. The Ombudsmen for this region and their contact information are listed below, along with the counties in their purview.

Enclosed are copies of the *Residents' Rights*, *"Just What Are CACs?"* and *Volunteers: "Grassroots" Ombudsmen*. **Please review these before your training.** You will receive additional information and guidelines about Residents' Rights, long term care facility rules and regulations and committee responsibilities at the training.

Appendix G Example Template Welcome Letter

A g e n c y L e t t e r h e a d

We will contact you later regarding the second part of your training, accomplished through facility orientation visits in a county facility. The chairperson of your committee will call you to let you know the location, time and date of the business meetings, which you may begin to attend. You cannot, however, assume official committee responsibilities such as facility visits until you have completed your training.

Please remember to RSVP. If you confirm attendance for a training session and need to cancel, kindly give 48 hours notice. (Please note that if fewer than 4 people have confirmed for training, training may need to be rescheduled for a later date). We will be providing lunch. Please call in advance if you have any dietary concerns or preferences. Feel free to call with any other questions.

On behalf of the _____ Regional Ombudsman Program, thank you for making this commitment of your time as an advocate for residents in long term care facilities! We look forward to working with you!

Sincerely,

Phone: _____

Fax: _____

Email: _____

(Enclosures)

Appendix H Example Bylaws

Bylaws of COUNTY ADULT CARE HOME COMMUNITY ADVISORY COMMITTEE

ARTICLE I

Purpose, Duties, and Membership

The County Adult Care Home Community Advisory Committee, hereinafter referred to as the Advisory Committee, was established in accordance with the North Carolina General Statute 13ID-31, to work to maintain the spirit of the Adult Care Home Residents' Bill of Rights and to promote community involvement and cooperation with Adult Care Homes to ensure quality care for the older adults and people with disabilities that reside in these homes. State law defines the appointment by the County Commissioners, as well as the duties of the Advisory Committee Members.

ARTICLE 2

General Rules

All Advisory Committee members are expected to attend committee meetings, training sessions and assigned quarterly visits to Adult Care Homes. The chairperson will request that the board of county commissioners replace anyone who is not active.

ARTICLE 3

Officers and Duties

A. **Election of Officers:** The Advisory Committee shall elect a chairperson, vice-chairperson and a secretary annually. All officers may succeed themselves. No more than one office will be held simultaneously by any member.

B. Chairperson

The chairperson shall preside at all meetings of the Advisory Committee; shall decide all matters of order and procedure unless a majority call for a final decision by the Advisory Committee; shall appoint the sub-committee members necessary to investigate any matters before the Advisory Committee or to perform any of it's duties. The chairperson may vote, as an Advisory Committee member, on any issue before the Advisory Committee. The chairperson or a majority of the Advisory Committee may call a special meeting whenever such is justified. All official committee communication with the board of commissioners, state and local officials will be conducted through the chairperson.

C. Vice-Chairperson

The vice-chairperson shall assume the duties of the chairperson in his/her absence.

D. Secretary

The secretary shall keep the minutes of the Advisory Committee; shall carry on routine correspondence; shall maintain the files of the Advisory Committee and, shall provide written minutes of the previous meetings to the Advisory Committee and, upon request, to the county manager or the board of county commissioners. The Advisory Committee may designate a recording or clerical secretary who need not be an Advisory Committee member, to assist the secretary.

Files/Records

All quarterly reports of the Advisory Committee shall be public records. Information regarding complaints must be kept confidential; any confidential information shall be disclosed by the State Long Term Care Ombudsman only.

ARTICLE 4

MEETINGS

1. Regular Meetings

Regular meetings of the full Advisory Committee shall be held once a quarter, with the date, time and location selected by the Advisory Committee. Notice of the meeting shall be given to the secretary.

A. Quorum

A quorum shall consist of a majority of the members.

B. Voting

Except as otherwise specified herein, the vote of a majority of those members present shall be sufficient to bring matters before the Advisory Committee, provided a quorum is present. A tie vote shall be interpreted as no recommendation on those matters referred to the board of commissioners.

C. Conduct of Meetings

All meetings shall be conducted in accordance with normally accepted parliamentary procedure and shall be open to the public except where confidentiality is required or permitted by law. The order of business at regular meetings shall generally be as follows:

- 1) roll call;
- 2) approval of the minutes of previous meetings;
- 3) sub-committee reports;
- 4) old business; and
- 5) new business.

D. Cancellation of Meetings

Whenever there is no business for the Advisory Committee, the chairperson, with the consent of all the subcommittee chairpersons, may dispense with the regular meeting by giving notice to all members and to the clerk of the board of county commissioners not less than seven (7) days prior to the time set for the meeting.

E. Executive Sessions

Executive sessions may be held according to the North Carolina laws governing Meetings of Public Bodies. Permitted purposes for calling an executive session are outlined in North Carolina G. S. 143-318.11.

ARTICLE 5

Amendments of By-laws

A notice of any proposed change in these bylaws shall be sent to all committee members ten days prior to the meeting involved and an amendment to these bylaws shall be made by a two-third majority of all the members present.

ARTICLE 6

Supersede

Upon adoption, these bylaws shall supersede any other bylaws governing the activities of the Advisory Committee.

Date

Chairman

Appendix J Model Report Form

Community Advisory Committee Quarterly/Annual Visitation Report

County	Facility Type - <input type="checkbox"/> Family Care Home <input type="checkbox"/> Adult Care Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Combination Home	Facility Name
Visit Date / /	Time Spent in Facility hr min	Arrival Time : <input type="checkbox"/> am <input type="checkbox"/> pm
Name of Person Exit Interview was held with _____ Interview was held <input type="checkbox"/> In-Person <input type="checkbox"/> Phone <input type="checkbox"/> Admn. <input type="checkbox"/> SIC(Supervisor in Charge) <input type="checkbox"/> Other Staff Rep (Name & Title)		
Committee Members Present:		Report Completed by:
Number of Residents who received personal visits from committee members:		
Resident Rights Information is clearly visible. <input type="checkbox"/> Yes <input type="checkbox"/> No		Ombudsman contact information is correct and clearly posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
The most recent survey was readily accessible. <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for Nursing Homes Only)		Staffing information is posted. <input type="checkbox"/> Yes <input type="checkbox"/> No
Resident Profile		Comments & Other Observations
1. Do the residents appear neat, clean and odor free? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Did residents say they receive assistance with personal care activities, <i>Ex. brushing their teeth, combing their hair, inserting dentures or cleaning their eyeglasses?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Did you see or hear residents being encouraged to participate in their care by staff members? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Were residents interacting w/ staff, other residents & visitors? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Did staff respond to or interact with residents who had difficulty communicating or making their needs known verbally? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Did you observe restraints in use? <input type="checkbox"/> Yes <input type="checkbox"/> No 7. If so, did you ask staff about the facility's restraint policies? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Living Accommodations		Comments & Other Observations
8. Did residents describe their living environment as homelike? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Did you notice unpleasant odors in commonly used areas? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Did you see items that could cause harm or be hazardous? <input type="checkbox"/> Yes <input type="checkbox"/> No 11. Did residents feel their living areas were too noisy? <input type="checkbox"/> Yes <input type="checkbox"/> No 12. Does the facility accommodate smokers? <input type="checkbox"/> Yes <input type="checkbox"/> No 12a. Where? <input type="checkbox"/> Outside only <input type="checkbox"/> Inside only <input type="checkbox"/> Both Inside & Outside. 13. Were residents able to reach their call bells with ease? <input type="checkbox"/> Yes <input type="checkbox"/> No 14. Did staff answer call bells in a timely & courteous manner? <input type="checkbox"/> Yes <input type="checkbox"/> No 14a. If no, did you share this with the administrative staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Resident Services		Comments & Other Observations
15. Were residents asked their preferences or opinions about the activities planned for them at the facility? <input type="checkbox"/> Yes <input type="checkbox"/> No 16. Do residents have the opportunity to purchase personal items of their choice using their monthly needs funds? <input type="checkbox"/> Yes <input type="checkbox"/> No 16a. Can residents access their monthly needs funds at their convenience? <input type="checkbox"/> Yes <input type="checkbox"/> No 17. Are residents asked their preferences about meal & snack choices? <input type="checkbox"/> Yes <input type="checkbox"/> No 17a. Are they given a choice about where they prefer to dine? <input type="checkbox"/> Yes <input type="checkbox"/> No 18. Do residents have privacy in making and receiving phone calls? <input type="checkbox"/> Yes <input type="checkbox"/> No 19. Is there evidence of community involvement from other civic, volunteer or religious groups? <input type="checkbox"/> Yes <input type="checkbox"/> No 20. Does the facility have a Resident's Council? <input type="checkbox"/> Yes <input type="checkbox"/> No Family Council? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Areas of Concern		Exit Summary
Are there resident issues or topics that need follow-up or review at a later time or during the next visit?		Discuss items from "Areas of Concern" Section as well as any changes observed during the visit.

This Document is a **PUBLIC RECORD**. Do not identify any Resident(s) by name or inference on this form.
Top Copy is for the Regional Ombudsman's Record. **Bottom Copy** is for the CAC's Records.

Appendix K Model Report Form

ANNUAL REPORT FOR ADULT CARE AND NURSING HOME COMMUNITY ADVISORY COMMITTEES

COUNTY _____

REPORTING YEAR _____

COMMITTEE _____

CHAIRPERSON _____

1. Were all the homes in the county served by the committee? _____

If not, why? _____

2. Describe educational efforts by the committee. _____

3. Describe community involvement by the committee. _____

4. Describe problems encountered by the committee. _____

Appendix K Model Report Form

5. Was the committee involved in grievance resolution during the year? _____

6. Summarize the strengths and weaknesses of the facilities in the county.

7. Other comments:

THE REGIONAL OMBUDSMAN WILL DISTRIBUTE THIS REPORT TO THE COUNTY COMMISSIONERS, THE COUNTY DEPARTMENT OF SOCIAL SERVICES, AND THE DIVISION OF AGING AND ADULT SERVICES.

Prepared by: _____ Date prepared: _____

Appendix L Example Follow-up Letter

A g e n c y L e t t e r h e a d

Name

Address

City, State Zip

Date

Dear Committee member,

You were appointed by the [County] Board of Commissioners on [date of appointment] to serve on the [county /type of CAC] as an advocate for area long term care residents. It has been _____ months since your appointment, and effective this date, you have not yet fulfilled the training requirements. At this time, I must inquire if you wish to remain on the [County CAC type] Community Advisory Committee.

Regional Ombudsmen are mandated by state law to provide initial orientation training as well as ongoing support and technical assistance to community advisory committee members. State law requires new appointees to complete an initial one-day training, as well as make facility site visits, both arranged by the Regional Ombudsman before a new appointee can assume official duties with the Community Advisory Committee. The State Long Term Care Ombudsman Program Policies and Procedures establish that committee members must complete initial training within 3 months of their appointment.

To date, you have not fulfilled your community advisory committee obligations.

I look forward to hearing from you regarding your intent to fulfill your obligations, and would welcome an opportunity to discuss the the Community Advisory Committee roles and responsibilities with you. You may contact me by email at _____ or by telephone at _____. In the event you connect with my voice mail, leave me a telephone number and the best time of day to call you back.

Please respond by (2 weeks from date of letter). If I have not heard from you by this date, I will conclude that you wish to resign from the committee and will notify the Board of County Commissioners.

I thank you for your interest in protecting the rights of long term care facility residents.

Sincerely,

Regional Long Term Care Ombudsman

Cc: *Name*, Chairman, _____ County Board of Commissioners

Appendix M Example Status Inquiry Letter

A g e n c y L e t t e r h e a d

Date

Community Advisory Committee Member

Address

Address

Dear

I am writing this letter in reference to your service on the _____ County (Nursing Home, Adult Care Home or Joint) Community Advisory Committee (CAC). Over the past year we have missed your presence during our visits to the designated long term care facilities. As you are aware, Community Advisory Committee members are charged to work to maintain the spirit of the Residents' Bill of Rights, conduct quarterly/annual visits with residents of assigned homes, as well as promote community involvement to ensure quality care for the elderly and disabled in _____ County.

If you are unable or unavailable to fulfill the statutory duties required of community advisory committee members at this time, please contact me so we can discuss your options.

You may contact me in regard to this letter and your continued service as a CAC member at telephone number _____, extension _____. I need to hear from you not later than _____.

Sincerely,

Regional Long Term Care Ombudsman

Appendix N Model Form

Agency Letterhead

Date

RE: Official Request to remove [name of volunteer] from [name] Community Advisory Committee.

Dear [Board Clerk, County Manager]

I am writing to officially request that the [County Board of Commissioners] initiate proceedings to remove [CAC member name] from the [County NH/ACH/Joint CAC].

[CAC member] is currently ineligible to continue serving for the following reason(s):

- _____ has a conflict of interest as outlined in [General Statute citation].
- _____ has failed to complete required initial orientation and training as outlined in [General Statute citation].
- _____ has resigned from the [county, type] community advisory committee effective [date of resignation].
- _____ has failed to adhere to [county, type] community advisory committee bylaws adopted effective [date adopted].
- _____ has failed to attend [quarterly/monthly] CAC scheduled business meetings since [date of last activity].
- _____ has failed to participate in required facility visitation since [date of last activity].
- _____ other reason for ineligibility: See attached documentation.

This an **official request to the [county] Board of Commissioners to remove [above named individual] from any further service with the [CAC type community advisory committee]**.

Documentation to support this request for removal is attached. Questions or requests for additional information may be directed to [regional ombudsman, AAA Director or CAC Chairman]. My contact information is (telephone number _____ or email _____).


I appreciate your prompt response to this request.

Sincerely,

[Name of writer
Title]

Cc:

Appendix O


<p>What is an Adult Care Home Community Advisory Committee?</p> <p>This Adult Care Home Community Advisory Committee was established in 1981 by the North Carolina General Assembly. It was the intent of the General Assembly that each community in the state should take a more active role in promoting the interests and well being of residents in adult care homes. The N.C. Division of Aging and Adult Services, through a network of regional long term care ombudsmen, provide the committee members with training and assistance in the performance of their duties. Each county in North Carolina that has a licensed adult care home is served by an Adult Care Home Community Advisory Committee.</p> <p>What do the Committees do?</p> <p>The committees work to maintain the rights of adult care home residents as listed in this brochure. They are available to help resolve matters of concern that may arise during the resident's stay in a licensed adult care home. The committee members are also the link between the community and the adult care home, seeking to increase community involvement and cooperation with adult care homes to ensure quality care for residents.</p> <p>What is the purpose of the Committee?</p> <ol style="list-style-type: none"> 1. To work to resolve grievances or problems pertaining to "Adult Care Home Residents' Bill of Rights" at the local level. 2. To promote community involvement with adult care homes and their residents. 3. To promote community education and awareness of the needs of residents in adult care homes. 	<p>Who serves on the Adult Care Home Community Advisory Committees?</p> <p>Local citizens are appointed by the County Commissioners to serve on the Adult Care Home Community Advisory Committee as volunteers. They are selected because of their interest in ensuring quality care for residents in these homes.</p> <p>IF YOU.....</p> <ul style="list-style-type: none"> ▪ would like to find out more about the Adult Care Home Community Advisory Committee in your county; ▪ need information regarding matters pertaining to adult care homes in your area; ▪ have a question about the quality of care a loved one in a adult care home is receiving; ▪ would like to know how you can be of service to the adult care home residents in your area. <p>CONTACT:</p> <p>The Regional Ombudsman responds to confidential calls about resident care. The ombudsman will provide information and make referrals, when appropriate, to the Adult Care Home Community Advisory Committee or other agencies.</p> <p>OR</p> <p>N.C. Department of Health and Human Services Division of Aging and Adult Services N.C. Long Term Care Ombudsman Program 2101 Mail Service Center, Raleigh, N.C. 27699. (919) 733-8395 or through the CARE-LINE, toll free in N.C. at 1-800-662-7030. 3/2005</p>	 <p>Adult Care Home Community Advisory Committee</p> <p>"To ensure quality of care for adult care home residents in North Carolina"</p>
--	---	--

Appendix O

A Condensation of North Carolina's Bill of Rights for Adult Care Home Residents

1. To be treated with respect, consideration, dignity and full recognition of his or her individuality and right to privacy.
2. To receive care and services which are adequate, appropriate and in compliance with relevant federal and state laws and rules and regulations.
3. To receive upon admission and during his or her stay, a written statement of the services provided by the facility and the charges for these services.
4. To be free of mental and physical abuse, neglect and exploitation.
5. Except in emergencies, to be free from chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
6. To have his or her personal and medical records kept confidential and not disclosed without the written consent of the individual or guardian, which consent shall specify to whom the disclosure may be made, except as required by applicable state or federal statute or regulation or by the third party contract. In the case of an emergency, disclosure can be made to agencies, institutions or individuals that are providing the emergency medical services.
7. To receive a reasonable response to his or her requests from the facility administrator and staff.
8. To associate and communicate privately and without restriction with people and groups of his or her own choice on his or her own initiative at any reasonable hour.
9. To have access at any reasonable hour to a telephone where he or she may speak privately.
10. To send and receive mail promptly and unopened, unless the resident requests that someone open and read mail, and to have access at his or her expense to writing instruments, stationery, and postage.
11. To be encouraged to exercise his or her rights as a resident and citizen, and to be permitted to make complaints and suggestions without fear of coercion or retaliation.
12. To have and use his or her own possessions where reasonable and have an accessible, lockable space provided for security of personal valuables. This space shall be accessible only to the resident, the administrator or supervisor in charge.
13. To manage his or her personal needs funds unless such authority has been delegated to another. If authority to manage personal needs funds has been delegated to the facility, the resident has the right to examine the account at any time.
14. To be notified when the facility is issued a provisional license or notice of revocation of license by the North Carolina Department of Health and Human Services and the basis on which the provisional license or notice of revocation of license was issued. The resident's responsible family member or guardian must also be notified.
15. To have freedom to participate by choice in accessible community activities and in social, political, medical, and religious resources and to have freedom to refuse such participation.
16. To receive upon admission to the facility a copy of this section.
17. To not be transferred or discharged from the facility except for medical reasons, the resident's own or other residents' welfare, nonpayment for the stay, or when the transfer is mandated under the state or federal law. The resident shall be given at least 30 days' advance notice to ensure orderly transfer or discharge, except in the case of jeopardy to the health or safety of the resident or others in the home. The resident has the right to appeal a facility's attempt to transfer or discharge the resident pursuant to rules adopted by the Secretary, and the resident shall be allowed to remain in the facility until resolution of the appeal unless otherwise provided by law. The Secretary shall adopt rules pertaining to the transfer and discharge of residents that offer at least the same protection to residents as state and federal rules and regulations governing the transfer or discharge of residents from nursing homes.

Appendix O

<p>What is a Nursing Home Community Advisory Committee?</p> <p>The Nursing Home Community Advisory Committee was established in legislation ratified in 1978 by the North Carolina General Assembly. It was the intent of the General Assembly that each community in the state should take a more active role in promoting the interest and well being of persons residing in nursing homes. The N.C. Division of Aging and Adult Services, through a network of regional long term care ombudsmen, provide the committee members with training and assistance in the performance of their duties. A Nursing Home Community Advisory Committee is established in each county that has a nursing home.</p>	<p>Who serves on the Nursing Home Community Advisory Committees?</p> <p>Local citizens are appointed by the County Commissioners to serve on the Nursing Home Community Advisory Committee as volunteers. They are selected because of their interest in ensuring quality nursing home care.</p> <p>IF YOU.....</p> <ul style="list-style-type: none"> would like to find out more about the Nursing Home Community Advisory Committee in your county; need information regarding matters pertaining to nursing homes in your area; have a question about the quality of care a loved one in a nursing home is receiving; would like to know how you can be of service to the nursing home residents in your area. <p>CONTACT:</p> <p>The Regional Ombudsman responds to confidential calls about resident care. The ombudsman will provide information and make referrals, when appropriate, to the Nursing Home Community Advisory Committee or other agencies.</p> <p>OR</p> <p>N.C. Department of Health and Human Services Division of Aging and Adult Services N.C. Long Term Care Ombudsman Program 2101 Mail Service Center, Raleigh, N.C. 27699. (919) 733-8395 or through the CARE-LINE, toll free in N.C. at 1-800-662-7030.</p>	 <p>Nursing Home Community Advisory Committee</p> <p>“To ensure quality care for nursing home residents in North Carolina”</p>
<p>What do the Committees do?</p> <p>The committees work to maintain the rights of nursing home residents as listed in this brochure. They are available to help resolve matters of concern that may arise during the resident's stay in a nursing home. The committee members are also the link between the community and the nursing home, seeking to increase community involvement and, at the same time, keep the public informed about aspects of long term care and operation of the nursing home.</p> <p>What is the purpose of the Committee?</p> <ol style="list-style-type: none"> To work to resolve grievances or problems pertaining to nursing home Residents' Rights at the local level. To promote community involvement with nursing homes and their residents. To promote community education and awareness of the needs of residents in nursing homes. 		

Appendix O

A Condensation of North Carolina's Bill of Rights for Nursing Home Residents

1. To be treated with consideration, respect, and full recognition of personal dignity and individuality.
2. To receive care, treatment, and services which are adequate, and in compliance with relevant federal and state statutes and rules.
3. To receive at the time of admission and during stay, a written statement of services provided by the facility and of related charges. Charges for services not covered under Medicare and Medicaid shall be specified.
4. To have on file physician's orders with proposed schedule of medical treatment. Written, signed evidence of prior informed consent to participation in experimental research shall be in patient's file.
5. To receive respect and privacy in his medical care program. All personal and medical records are confidential.
6. To be free of mental and physical abuse. To be free of chemical and physical restraint unless authorized for a specified period of time by a physician according to clear and indicated medical need.
7. To receive from the administrator or staff of the facility a reasonable response to all requests.
8. To receive visitors or have access to privacy in phone use at any reasonable hour. To send and receive mail promptly and unopened, with access to writing materials.
9. To manage his/her own financial affairs unless other legal arrangements have been so ordered.
10. To have privacy in visits by the patient's spouse.
11. To enjoy privacy in his/her room.
12. To present grievances and recommend changes in policies and services without fear of reprisal, restraint, interference, coercion, or discrimination.
13. To not be required to perform services for the facility without personal consent and written approval of the attending physician.
14. To retain, to secure storage for, and to use his personal clothing and possessions, where reasonable.
15. To not be transferred or discharged from a facility except for medical, financial, or their own or other patient's welfare. Any such transfer shall require at least five days' notice, unless the attending physician orders immediate transfer, which shall be documented in the patient's medical record.
16. To be notified when the facility's license is revoked or made provisional. The responsible party or guardian must be notified, also.

Appendix P Glossary

Glossary of Aging Terms

Activities of Daily Living – Basic self-care activities, including eating, bathing, dressing, transferring from bed to chair, bowel and bladder control, and independent ambulation, which are widely used as a basis for assessing individual functional status.

Administration on Aging (AOA) – The primary agency in the federal government having responsibility to administer the provisions of the Older Americans Act. It advocates at the federal level for the needs, concerns and interests of older citizens throughout the nation.

Administrator – The person who is responsible for the total operation of a home and is responsible for the facility meeting standards and maintaining rules as established by the state.

Adult Care Home – A facility licensed in North Carolina that provides care for (7) or more people who do not need nursing care but are no longer able to remain in their own homes because they need assistance in meeting their day-to-day needs.

Adult Care Home Licensure Section – The unit within the Division of Health Service Regulation which issues adult care home licenses and enforces overall compliance with the licensure standards.

Adult Home Specialist – The person(s) in the county department of social services given

primary responsibility for the monitoring and oversight of adult care homes in the county and responding to all inquiries regarding licensure.

Adult Protective Services – Services provided to protect disabled adults 18 years of age and older from abuse, neglect and exploitation. All 100 county departments of social services within the state have a legal mandate to receive and evaluate all reports alleging a disabled adult has been abused, neglected or exploited, and provide and/or arrange for services to prevent further abuse, neglect or exploitation.

Alzheimer’s Disease – A progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. It is estimated that at least 70,000 people, primarily older adults, suffer from this disease in North Carolina.

Ambulatory with Assistance – Able to walk with the aid of assistive devices such as a cane, walker, etc.

Area Agency on Aging (AAA’S) – A body located within regional councils of governments which plans, coordinates, oversees and advocates for the development of a comprehensive service delivery system to meet the needs of older people in a multi-county area. They together with the United States Administration on Aging, the State Division of Adult and Aging Services, and local service provider agencies comprise the “aging network”.

Authorized Representative – Any person that the Social Security beneficiary or Supplemental Security Income recipient requests to be given the right to represent him or her in any business with the Social Security Administration. The right to have an authorized representative exists for all claimants of Social Security and Supplemental Security Income benefits and is obtained by securing and completing the “Appointment of Representative” form SSA-1696 which defines the limit for fees to be charged by an authorized representative, the penalties for charging an unauthorized fee, and conflict of interest.

Case Management – An inter-agency, standardized process focusing on the coordination of a number of services needed by vulnerable citizens. It includes an objective assessment of client needs; the development of individualized care plan based on assessment that is goal oriented and time limited; arrangement of services; and reassessment, including monitoring and follow-up.

Community Advisory Committee – Appointed citizens who work to maintain the spirit of the Residents’ Bill of Rights as well as promotes community education and awareness of the operation of long term care facilities in a county and the needs of the persons residing in these facilities.

Certificate of Need (CON) – A certificate issued by a government body to a health care provider who is proposing to construct, modify, or expand facilities, or to offer new

or different types of health services. CON is needed to prevent duplication of services and creation of unnecessary beds. The certificate signifies that the change has been approved. In NC, the Division of Health Services Regulation in the Department of Health and Human Services handles CON.

Combination Facility – A facility licensed under G.S. 131E-102 providing nursing care and/or skilled nursing care and adult home care.

Continent – Able to control the passage of urine and feces. The opposite is incontinent or unable to control the passage of urine and feces.

Continuum of Care – A comprehensive system of long-term care services and support systems in the community, as well as in institutions. The continuum includes: (1) community services such as senior centers; (2) in-home care such as home delivered meals, homemaker services, home health services, shopping assistance, personal care, chore services, and friendly visiting; (3) community-based services such as adult day care; (4) non-institutional housing arrangements such as congregate housing, shared housing; and (5) adult care homes and nursing homes.

Contractures – Stiffening of muscles and joints.

Copayment – A type of cost sharing whereby insured or covered persons pay a specified flat amount per unit of service or

unit of time, and the insurer or public agency pays the rest of the cost.

Council on Aging – (Department on Aging or Office on Aging)- A private nonprofit organization or public agency that serves as a county focal point on aging and which traditionally provides supportive services to older adults.

Decubitus Ulcer – A sore or ulcer caused by the lack of blood circulating to some area of the body. This condition usually results from sitting or lying in one position too long. Other names are bedsore, pressure sore, and decubitus sore.

Deductible – The amounts payable by the enrollee for covered services before Medicare or private health insurance makes reimbursements. The Medicare hospital insurance's deductible applies to each new benefit period, is determined each year by using a formula specified by law, and approximates the current cost of a one-day inpatient hospital stay.

Department of Social Services – An agency of county government in all 100 NC counties responsible for providing and administering programs and services to its most vulnerable citizens.

An agency of county government through which many programs and services for older adults are administered.

Dehydration – Lack of adequate fluid in the body; a crucial factor in the health of older people.

Diabetes – A condition caused by a failure of the pancreas to secrete enough insulin. An older person may have poor circulation, poor eyesight, or other debilitating complications from the disease.

Discharge Planning – A centralized, coordinated program developed by a hospital or nursing home to ensure that each patient has a planned program for need continuing or follow-up care once they leave the facility.

Disorientation – Loss of one's bearing's loss of sense of familiarity with one's surroundings; loss of one's bearings with respect to time, place and person. The opposite of this is oriented.

Division of Health Service Regulation (DHSR) – The state agency which oversees medical, mental health and group care homes, emergency medical services, and local jails. Their authority also extends to long term care settings such as adult care homes and nursing homes. This Division has the responsibility of ensuring that people receiving care in these facilities are safe and receive appropriate care through the monitoring and enforcement of state and federal requirements.

Family Care Home – A residential home that is licensed in North Carolina to provide care for 2 to 6 people. The building itself is a normal house and is usually in a regular neighborhood with other homes and families next door. The care provided includes: room and board, personal assistance, supervision,

and meaningful activities provided in a family-like setting.

FL-2 – The form used by the physician to indicate the appropriate level of care needed by a patient.

Functionally Disabled – A person with a physical or mental impairment that limits the individual’s capacity for independent living.

Geriatrician – A physician who specializes in the diagnosis and treatment of diseases of aging and the aged.

Guardianship – The legal power and duty given by the court to a person (guardian) for the purpose of serving as the legal surrogate decision maker for another person (ward) who has been determined incapable of making decisions about his or her personal and financial affairs. The legal powers and duties given to a guardian depend on the type of guardianship ordered by the court. The court may order that the guardian’s power and duties be limited resulting in a limited guardianship.

Guardian of the Estate – Responsible for collecting, preserving and administering the ward’s real and personal property.

Guardian of the Person – Responsible for making decisions, such as where the ward will live, and gives consent for medical care, counsel and professional treatment for the ward.

General Guardian – Performs the duties of both the Guardian of the Estate and Guardian of the Person.

Hospice Care – Care that addresses the physical, spiritual, emotional, psychological, social, financial, and legal needs of dying patients and their families. Hospice care is provided by an inter-disciplinary team of professionals and volunteers in a variety of settings, both inpatient and at home, and includes bereavement care for the family.

Medicaid – A medical assistance program for low-income people administered by the state through the Division of Medical Assistance in the North Carolina Department of Health and Human Services. To be eligible a person must meet income and asset limits, be aged, blind, disabled, or a member of a family with dependent children, or a pregnant woman. Some people are covered by both Medicare and Medicaid. Medicaid pays the Medicare deductible and co-insurance and the Part B premium for persons eligible for both Medicare and Medicaid. The program is based on regulations from both federal and state.

Medical Care Commission – The Commission adopts, recommends or rescinds rules for regulation of most health care facilities. (hospitals, hospices, free standing outpatient surgical facilities, nursing homes, home care agencies, home health agencies, nursing pools, facilities providing mammography/pap smear services, free standing abortion clinics, ambulances, and emergency medical services personnel).

Medically Needy – A category of persons who may receive medical assistance under

some states' Medical Assistance Program. Medically needy coverage is the same as categorical coverage except that it often does not pay for emergency hospitals, intermediate care facilities, clinic services, and psychologists.

Medicare – A federal health insurance program for people 65 or older and certain disabled people. It is run by the U.S. Department of Health and Human Services. Social Security Administration offices across the country take applications for Medicare and provide general information about the program.

The major parts of the Medicare program are: Hospital Insurance (Part A) helps pay for inpatient hospital care, inpatient care to a skilled nursing facility, home health care and hospice care; Medical Insurance (Part B) helps pay for doctors' services, outpatient hospital services, durable medical equipment, and a number of other medical services and supplies that are not covered by the Hospital Insurance part of Medicare and Prescription Drug Coverage (Part D) which helps beneficiaries pay for prescription drugs through enrollment in an authorized prescription drug insurance plan.

Nursing Home – A health care facility licensed by the state to provide long-term medical services according to the directives of a patient's physician and standards of quality set by the state and the facility. Nursing homes in North Carolina are staffed by professional personnel under the direction of a licensed nursing home

administrator; they deliver a variety of medical and social services to their patients.

Ombudsman – A representative of a public agency or a nonprofit organization who investigates and resolves complaints made by or on the behalf of older individuals who are residents of long-term care facilities. In North Carolina the State Long-Term Care Ombudsman is in the Division of Aging and Adult Services of the Department of Health and Human Services. There are Regional Ombudsmen across the state serving all counties. They are located within the Area Agencies on Aging.

Personal Care – Care that involves help with eating, dressing, walking, and other personal needs but very little or no nursing supervision. The terms "custodial care", "domiciliary care", "adult care" and "residential care" are often used interchangeably with "personal care", although strictly defined "personal care" may imply a somewhat higher level of service.

Personal Needs Fund – A sum of money which residents who are Medicaid eligible, living in long-term care facilities are allowed to retain from their income to purchase personal items and/or services.

Power of Attorney – The simplest and least expensive legal device for authorizing one person to manage the affairs of another. In essence, it is a written agreement, usually with a close relative, an attorney, or financial advisor, authorizing that person to sign documents and conduct transactions on

the individual's behalf. The individual may delegate as much or as little power as desired and end the arrangement at any time.

Health Care Power of Attorney – A person designated to make healthcare decisions for another person when the designator is not capable of making those decisions.

Representative Payee – An individual who is chosen by the Social Security Administration and agrees to receive a social security or SSI recipient's check and to handle the funds in the best interest of the recipient.

Residents' Council – An organization comprised of either nursing home or adult care home residents. The establishment of the council in nursing homes is a federal requirement; however, there isn't a similar mandate for adult care homes. The purpose of the council(s) is to improve the quality of life, care and communication within the institution by providing residents a vehicle through which to voice their concerns and complaints in an organized and collective manner to management. Their presence offers residents an opportunity to exert some measure of control and self-determination.

Restraint – A device used to prevent a resident from falling out of a chair; e.g. a belt around the waist tied to a wheelchair or a jacket with straps tied to a wheelchair. A jacket restraint could be used to prevent a resident from crawling over the side rails of a bed. Wrist restraints are used under unusual circumstances. Restraints should be used as

protection for the resident and when other means are not reasonable.

Self Care – Bathing, dressing, toileting, and feeding oneself.

Skilled Nursing Facility (SNF) – A nursing home which provides 24 hour-a-day nursing services for a person who has serious health care needs but does not require the intense level of care provided in a hospital. Rehabilitation services may also be provided. Many of these facilities are federally certified, which means they may participate in Medicaid or Medicare programs.

Social Security Administration (SSA) – The federal government agency which administers programs throughout the United States. These programs include: Supplemental Social Security (SSI), retirement and survivors' benefits, and disability benefits.

Spend Down – Also known as a deductible. Under the Medicaid Program, spend-down refers to a method by which an individual established Medicaid eligibility by reducing gross income through incurring medical expenses until net income (after medical expenses) meets Medicaid financial requirements.

State-County Special Assistance for Adults – The Special Assistance Program provides financial assistance to help pay for room and board for older adults or adults with disabilities who are living in licensed adult care homes. Eligible recipients

automatically receive Medicaid to assist in paying for medical services and personal care. There is a special higher rate for persons living in licensed special dementia care units. The Special Assistance In-Home program, available in most counties, provides financial assistance to help Medicaid eligible individuals remain at home if they need the type of care provided in adult care homes. These programs are administered by local departments of social services.

Supervisor-In-Charge – A person whose qualifications have been cleared by the county Department of Social Services and approved by the N.C. Division of Health Service Regulation to live in an adult care home full-time or have charge of the management of it when the administrator does not live in or remain in the home full-time. There should be a supervisor assigned on each of the three shifts if they do not live-in.

State Unit On Aging – An agency of state government designated by the governor and the legislature as the focal point for all matters related to the needs of older persons within the state. Currently, there are 57 State Units on Aging located in the 50 states, the District of Columbia, and the U.S. territories. In North Carolina, the office is called the Division of Aging and Adult Services (DAAS) and is located within the Department of Health and Human (DHHS).

Supplemental Security Income (SSI) – A federal program that pays monthly checks to people in need who are 65 years or older

and to people in need at any age who are blind and disabled. The purpose of the program is to provide sufficient resources so that anyone who is 65, or blind, or disabled can have a basic monthly income. Eligibility is based on income and assets. SSI is administered nationally and locally by the Social Security Administration.

**North Carolina Association
of Area Agencies on Aging**



State of North Carolina
Beverly Eaves Perdue, Governor

N.C. Department of Health and Human Services
Lanier M. Cansler, Secretary
Dennis W. Streets, Director, Division of Aging and Adult Services
Sharon C. Wilder, State Long Term Care Ombudsman

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