

**JOINT LEGISLATIVE COMMITTEE  
ON HEALTH AND HUMAN SERVICES -  
AGING SUBCOMMITTEE**

# **Aging in North Carolina**

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# Nationally, NC ranks in the top 10

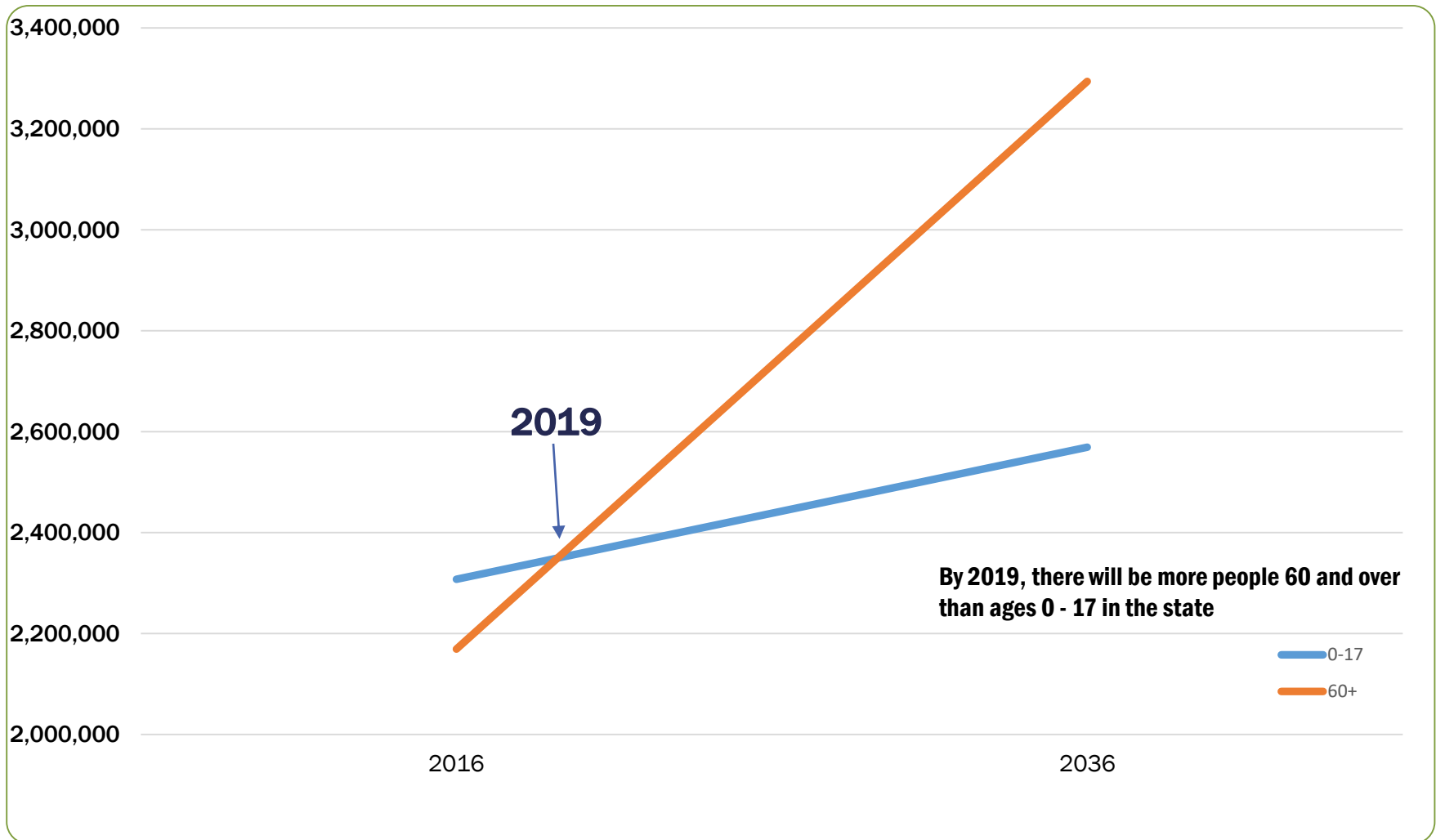
- **9<sup>th</sup>** in total population
- **9<sup>th</sup>** in population age 60 and over
- **10<sup>th</sup>** in population age 85 and over

Source: American Community Survey 2016, one year estimate

# Aging Population in North Carolina

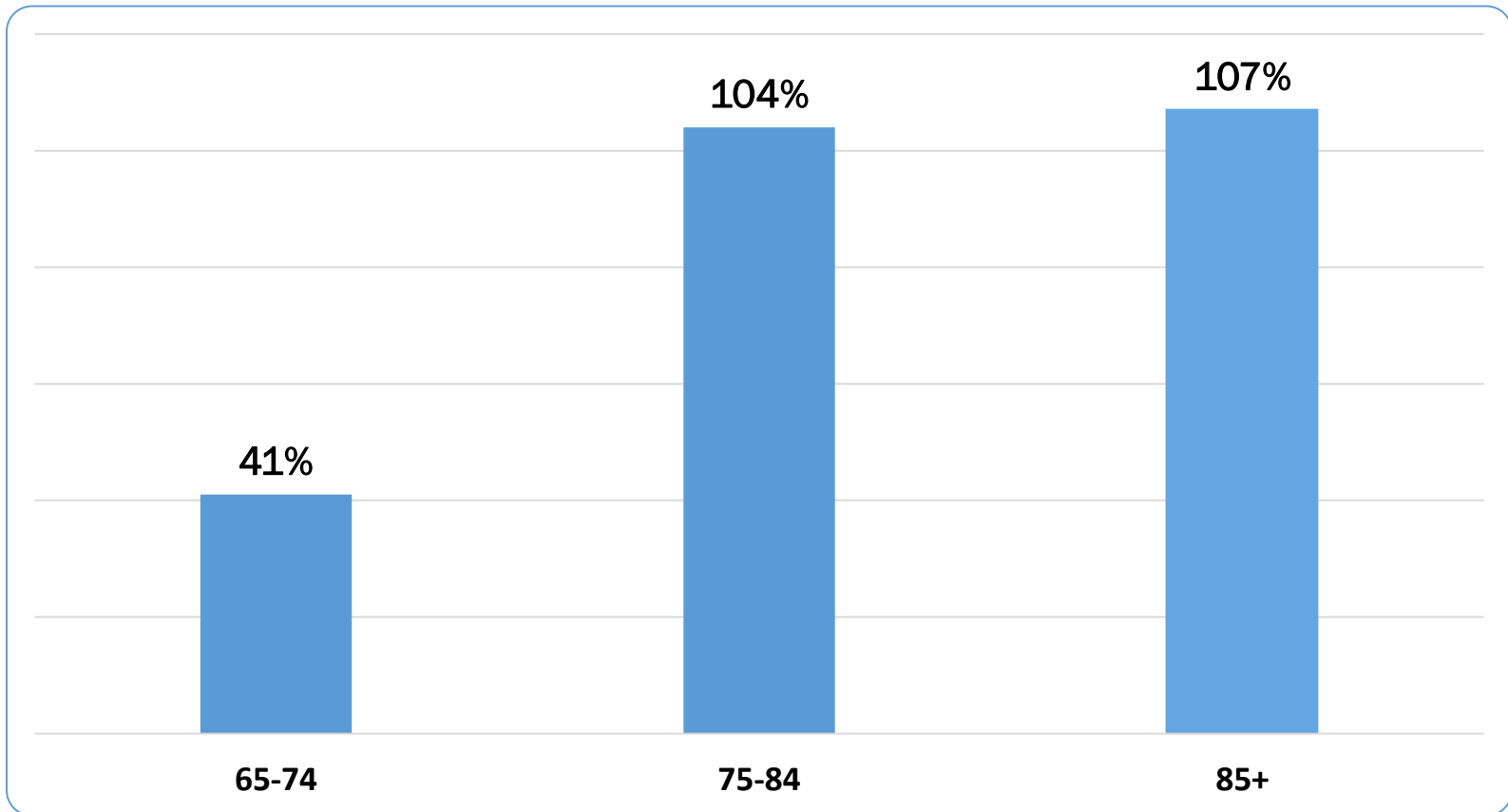
- In 2025, 1 in 5 North Carolinians will be 65+
- NC's 65+ population will increase from 1.6 to 2.6 million in the next 20 years.
- By 2019, the state is estimated to have more people 60 and over than under 18 years.
- People age 75-84 will be fastest growing segment in the next two decades and beyond 2030, older adults 85+ will increase as the baby boomers age.
- Of the people 65+,
  - 81% had at least one chronic disease, 51% had 2 or more;
  - Heart disease (22%) and cancer (21%) were the leading causes of death;
  - 160,000 have Alzheimer's disease, the 5<sup>th</sup> leading cause of death among people 65+;
  - 28% are living alone;
  - 10% have income below the poverty level and 34% have income < 199% of the poverty level.

# Aging Population (60+) in North Carolina



Source: NC Office of State Budget and Management/demographics  
Retrieved 10/19/2017

# Population Growth 65+ (2016-2036)



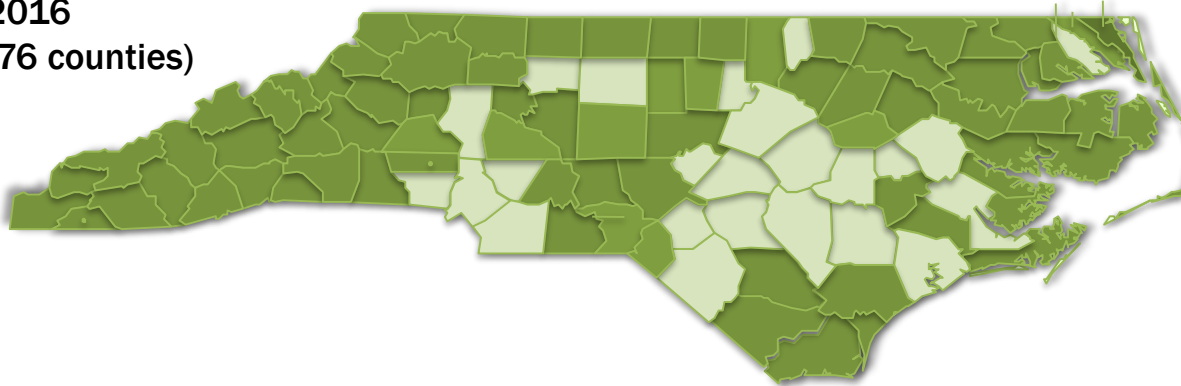
- Of the population 65 and over, age group 75-84 will grow more rapidly in the next 2 decades.
- Beyond 2030 the growth will shift to the ages 85 and over, as the baby boomers move into this age group.

\*As a % of age group

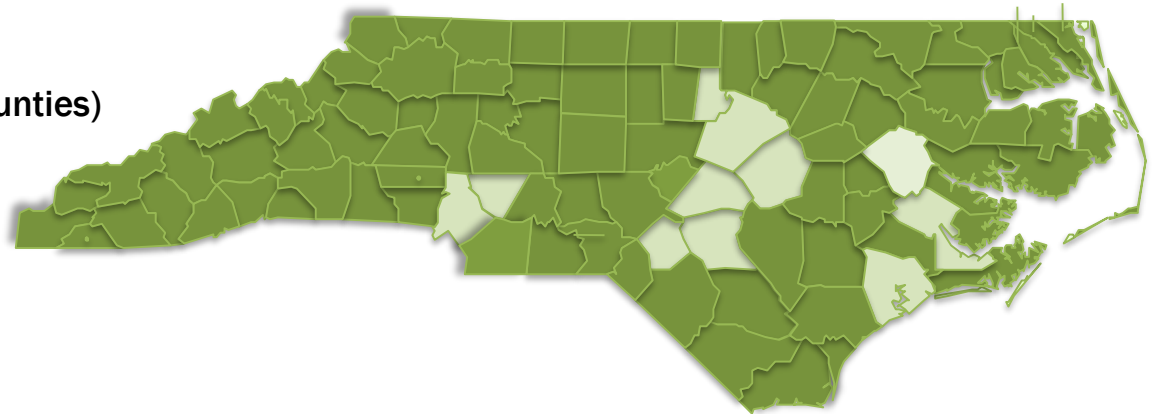
Source: NC Office of State Budget and Management/demographics



# Aging Population (60+) in North Carolina Counties

2016  
(76 counties)



2025  
(89 counties)



-  Counties with more people ages 60+ than 0-17
-  Counties with more people ages 0-17 than 60+

By 2036, 94 counties will have more people 60 and over than under age 18.

The 6 counties with more people 0 - 17 than 60 and over are Craven, Cumberland, Durham, Harnett, Hoke and Onslow.

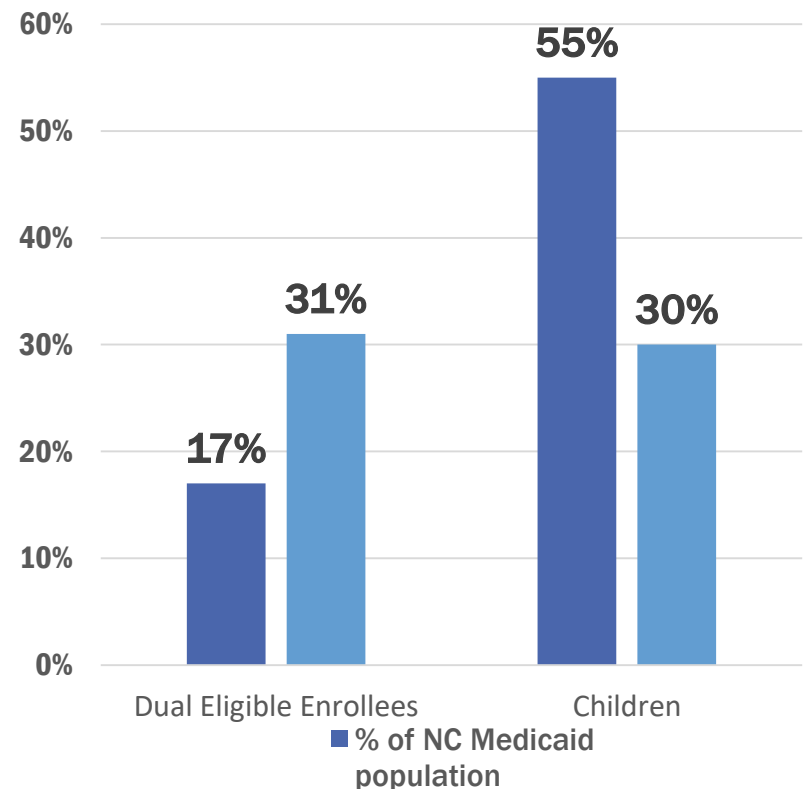
# Healthcare Spending Increases with Age

- Increasing number of people on Medicare & Medicaid dual-eligible
- Increasing per capita spend with age
  - Age 70 ~\$7,566
  - Age 96 ~\$16,145
- As adults live longer, they're more likely to live with multiple chronic conditions & functional limitations
  - Despite a longer life expectancy, boomers have higher rates of hypertension, high cholesterol, diabetes and obesity.
  - More ED visits, inpatient hospitalizations
  - Higher Medicare and Medicaid spending for inpatient hospital, skilled nursing facility, and home health services

# Growing Need for Medicaid Amongst Boomers

- As 65+ population grows, dual eligible patients will grow and state resources will be strain
- Fidelity Investments recently estimated that the total out-of-pocket, medical costs for a couple retiring in 2013 will be \$220,000.
- Boomers lost between 25 and 28 percent of median net worth during the Great Recession as of 2010.
- 28% of NC Medicaid spend is already on nursing home and long term care.

Dual Eligible Enrollees' vs. Children in % of Medicaid Population and % of Medicaid spend (2015)





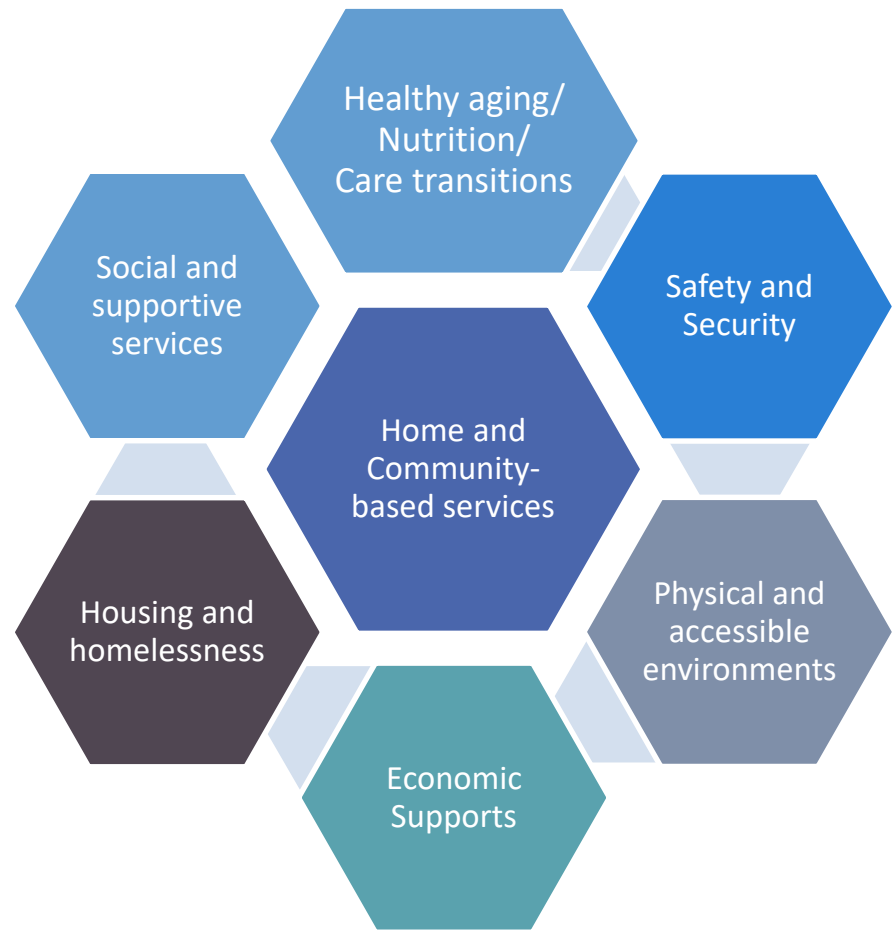
# Older Adults at Higher Risk Opioid Misuse and Addiction

- High instances of chronic pain
- Older adults have multiple comorbidities and diagnoses
  - 85% of older adults live with multiple chronic conditions, such as diabetes or high blood pressure
- Multiple doctors and care provided across multiple settings
- Multiple medications
  - 80% take up to 4 prescriptions daily
  - 20% take 5 or more prescriptions daily
- Socially isolated
- Dosage changes– Physiological changes/ slower metabolism in older adults
- Age-related mental illness– 14% of adults 50+ have a mental illness

# Beyond Health Care for Aging Population

Achieving health equity – target older individuals with greatest economic and social needs and those at-risk of institutional placement, low income minority individuals, older adults with limited English proficiency and residing in rural areas

Enabling aging in the communities – Provide home and community-based services and supports across a continuum of care for healthy aging, reducing hunger and food insecurity, promoting social engagement, economic opportunities, safety and security, access and choices to services, housing and many other services



# Addressing Social Determinants of Health

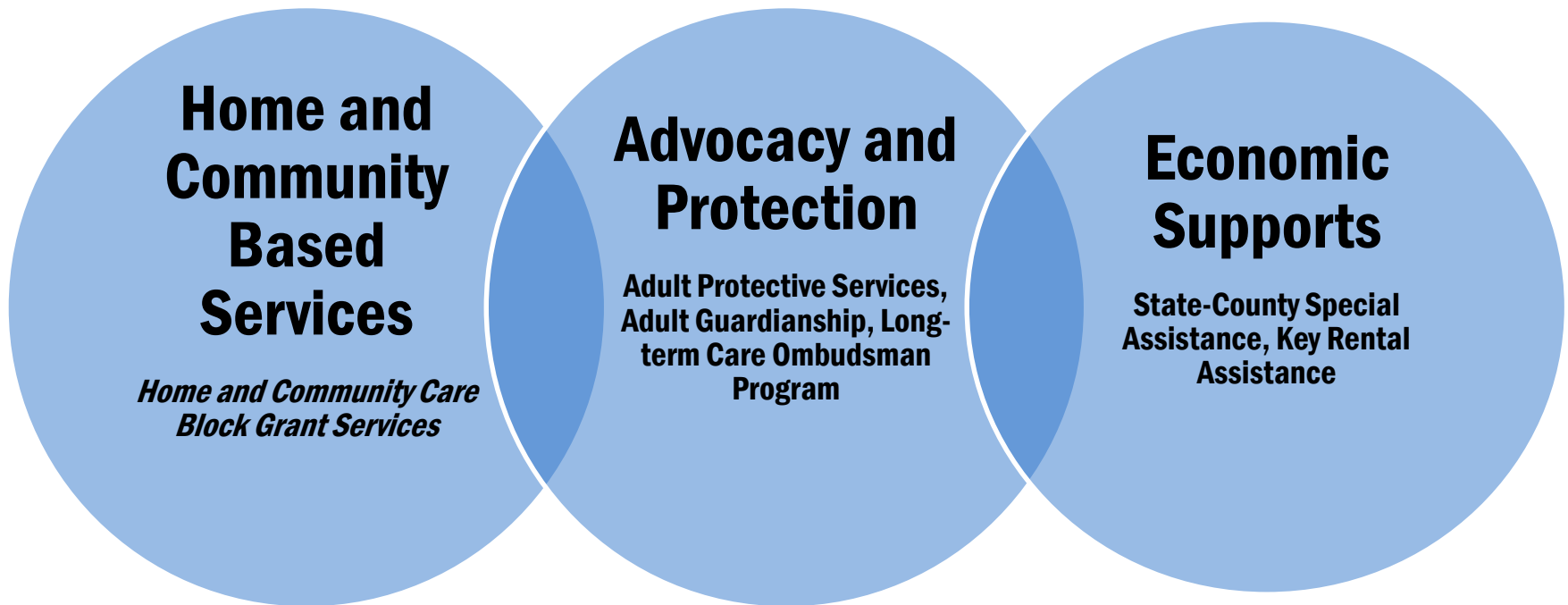
## Enabling Aging in Communities with NC's Services and Programs

- Providing economic support
- Providing opportunities for social engagement
- Reducing isolation
- Providing support to family caregivers
- Providing education and counseling
- Reducing hunger and food insecurity
- Promoting healthy aging
- Providing access to information and resources
- Providing safety and security
- Promoting safe and affordable housing

# Meeting the Needs of an Aging State

- **Recognize unique health and wellness challenges at different ages and tailor solutions to meet varying needs**
  - Capture advances in medicine and behavioral health
  - Focus on primary and secondary prevention efforts
  - Address unmet social needs as part of overall health and well-being
- **Grow community capacity to allow folks to remain at home**
  - Invest in home and community based services
  - Healthcare workforce investments needed – particularly in rural areas
- **Rethink how Medicaid can reduce isolation and improve health and well-being of older adults at home**
  - Expanding transportation services and access to healthy foods
  - Investments in telehealth and mobile health technology
- **Focus on collaborative care planning**
  - Care in the right setting at the right time – avoid ED/hospital settings
  - Coordinated care works - focus on transitions of care
- **Drive Innovation in the long term care setting**
  - New payment and delivery models – bundles, gain sharing models, various risk sharing models
- **Accelerate overall delivery system reform – smarter spending through Medicaid Transformation efforts**

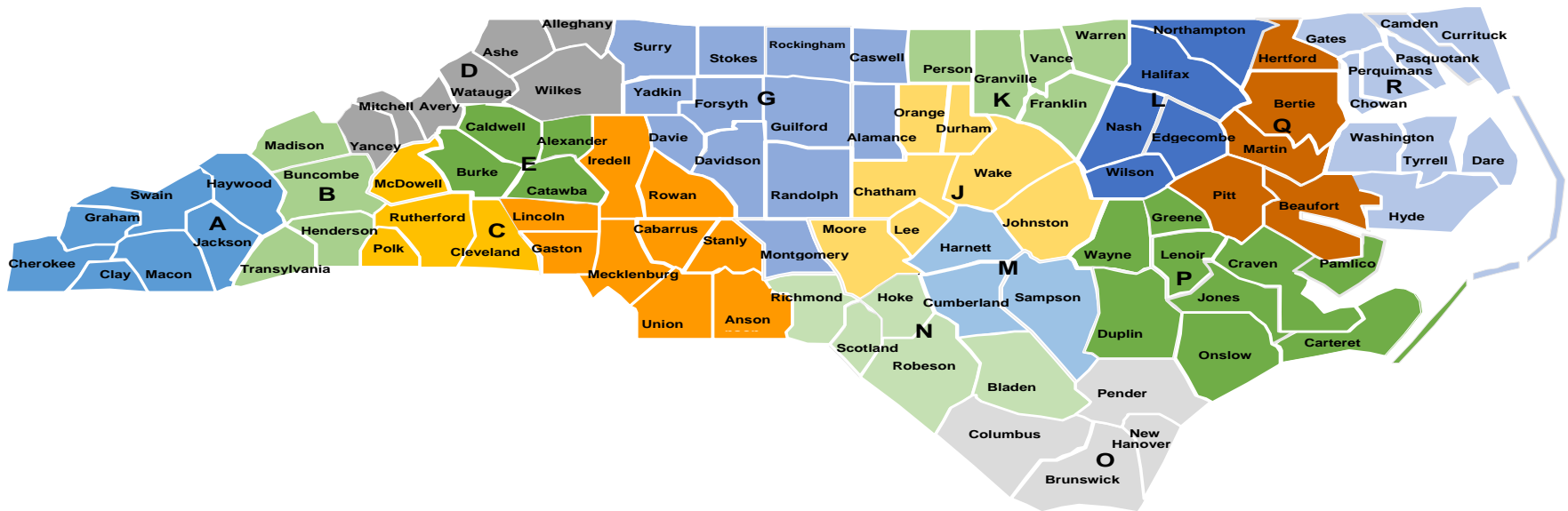
# DAAS Core Areas of Emphasis



# Home and Community Care Block Grant Overview

- **General Assembly established Home and Community Care Block Grant (HCCBG) in July 1992**
- **Combines federal Older Americans Act, Federal Social Services Block Grant, and State Appropriations**
- **18 eligible services for adults age 60 and older**
- **County Boards of Commissioners determine services, funding levels, and providers through a local planning process**
- **16 regional Area Agencies on Aging contract with and monitor nearly 350 community-based providers**
- **Priority given to Adult Protective Services and those at-risk of institutionalization**

# Area Agencies on Aging (AAA)



Located in the 16 regional Councils of Government. AAAs have functions in five basic areas: (1) advocacy; (2) planning; (3) program and resource development; (4) information brokerage; and (5) funds administration and quality assurance.

# Home and Community Care Block Grant Services

**Promoting economic, social, health and well-being of older adults**

## Available Home and Community Care Block Grant (HCCBG) Services

Adult Day Care	Information & Options Counseling
Adult Day Health Care	In-Home Aide
Care Management	Institutional Respite Care
Congregate Nutrition	Mental Health Counseling
Group Respite	Senior Center Operations
Health Promotion & Disease Prevention	Senior Companion
Health Screening	Skilled Home Health Care
Home Delivered Meals	Transportation
Housing & Home Improvement	Volunteer Program Development

### Promoting health equity:

Average HCCBG client across all services is:

- Age (77 years)
- Female (70%)
- Living alone (46%)
- At or below poverty (44%)



# Aging Services and Clients Served (60+)

Service	% of Total	Clients Served
In-Home Aide	28.85%	6,531
Home Delivered Meals	23.40%	16,917
Congregate Nutrition	16.11%	22,560
Transportation	10.44%	9,157
Senior Center Operations	7.83%	**
Adult Day Health	4.06%	690
Information and Options Counseling	3.03%	**
Adult Day Care	2.60%	529
Housing and Home Improvement	1.40%	977
Care Management	0.91%	110
Institutional Respite	0.59%	81
Consumer Directed Care	0.29%	**
Senior Companion	0.25%	46
Group Respite	0.13%	40
Health Promotion	0.07%	**
Volunteer Program Development	0.06%	**
Health Screening	0.01%	**
Home Health	0.00%	0
Mental Health Counseling	0.00%	0
<b>Total HCCBG</b>	<b>100.00%</b>	<b>59,832</b>

Source DAAS ARMS (aging resource management system) SFY 2016-17

# Nutrition Programs

**Congregate  
Nutrition and  
Home-delivered  
Meals**



- **Reduce hunger and food insecurity**
- **Promote socialization**
- **Promote health and well-being**
- **Delay adverse health conditions**
- **Enable adults to remain in the community**

In 2017:

- 1,627,877 congregate meals were served
- 2,617,924 home-delivered meals were served

# Supporting Family Caregivers

**Social and economic support to caregivers and families**

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graph LR; A["Social and economic support to caregivers and families"] --> B["Family Caregiver Support Program"]; A --> C["Project C.A.R.E. (Caregiver Alternative to Running on Empty)"]; A --> D["NC's Alzheimer's Strategic Plan"];
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## **Family Caregiver Support Program**

- **Promote health of caregivers**
- **Provide economic security**
- **Counseling and support groups**
- **Respite care**
- **Supplemental services**

## **Project C.A.R.E. (Caregiver Alternative to Running on Empty)**

- **Promote health of caregivers**
- **Provide economic security**
- **Counseling, education and information**
- **Respite care**
- **Connections to social support networks**

## **NC's Alzheimer's Strategic Plan**

- **Raising awareness and transforming attitudes**
- **Having supportive options that foster quality of life**
- **Supporting caregivers and families touched by the disease**
- **Promoting meaningful participation in community life**
- **Reaching those who are underserved**

# Multipurpose Senior Centers

## 163 Centers in 97 Counties

### Provide Access to Vital Services

- ✓ Access to average of 25 services, such as congregate nutrition (180 sites), legal aid, support groups, etc.
- ✓ Integrated (focal point) system of service delivery.

### Prevent Isolation

- ✓ Only source of interaction for many.
- ✓ Provide access to activities, computers, and lending libraries.

### Promote Health

- ✓ Offer health/fitness classes to accommodate most fitness levels.
- ✓ 83% offer evidence-based health promotion programs.

### Promote Volunteerism

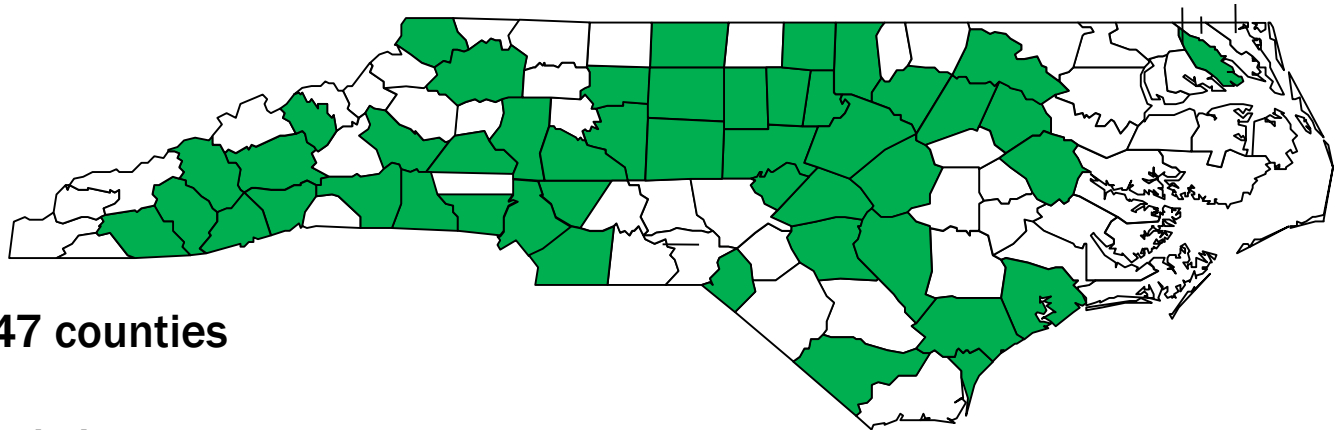
- ✓ 115 volunteers on average.
- ✓ Volunteers save money, promote health.

### Senior Center Certification Program

- **81 Centers of Excellence**
- **8 Centers of Merit**

# Adult Day Care and Day Health Care Services

- Provide group care and supervision for adults who have physical or cognitive impairments
- Offer a variety of activities and socialization including: music, arts and crafts, wellness activities, nutritious meals and social events
- Available at a minimum of 5 days a week for 6 hours a day
- Day Health Services must have a nurse onsite for a minimum of 4 hours per day.



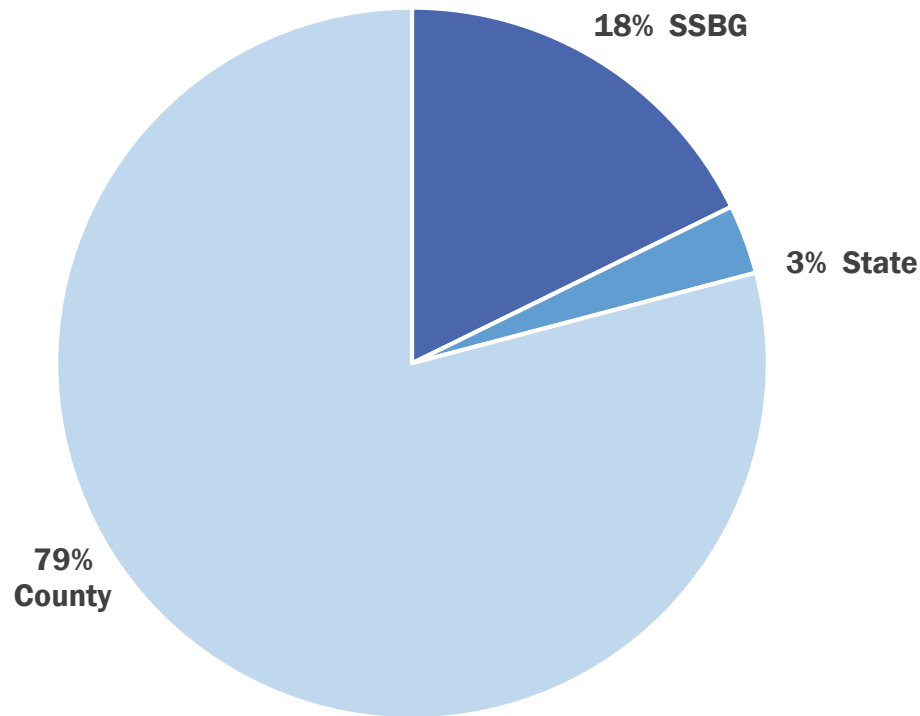
■ Available in 47 counties  
92 centers  
4,918 certified slots

# Adult Protective Services (APS)

- **Mandated service for county DSSs as required by NCGS 108A**
- **DSS social workers must:**
  - **Receive reports of alleged abuse, neglect, and/or exploitation of vulnerable adults age 18 and over**
  - **Evaluate reports with face-to-face visit to adult and contacts with others knowledgeable of the situation**
  - **Provide or arrange protective services (home/community based or residential settings)**

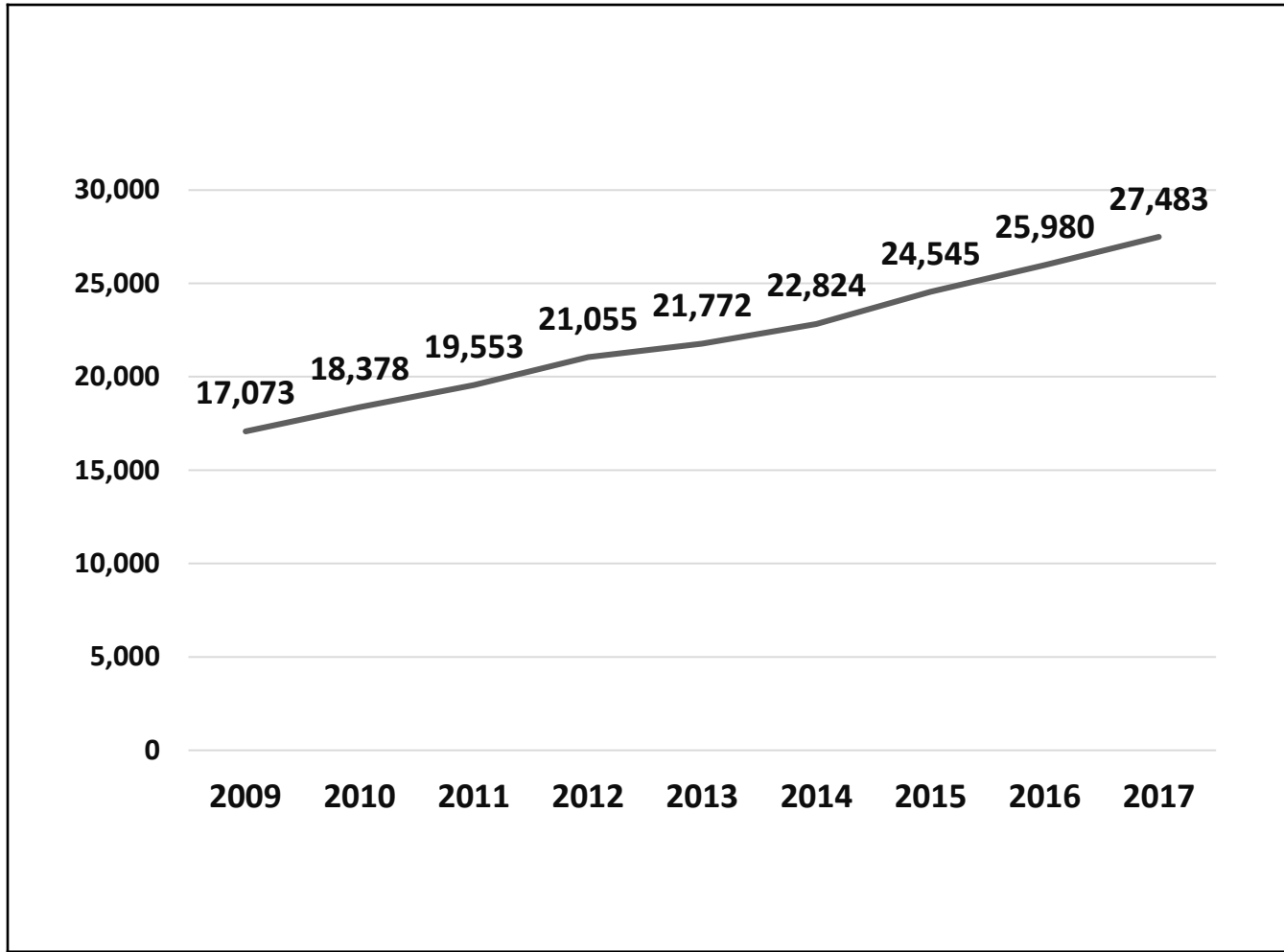
# APS provided by County DSS

**Total Expenditures for SFY 2016-17**  
**\$23,542,432**



**Data Source: NC  
Division of Social  
Services Budget  
Office**

# APS Reports (2009-2017)





# Adults Reported as Mistreated

## Types of Mistreatment

66%	Self Neglect
24%	Caretaker Neglect
12%	Exploitation
5%	Abuse

## Age

73%	60 years and older
27%	18-59 years old

## Living Arrangements

88%	Alone or with family
12%	Facilities, institutions, or shelters

Exceeds 100% due to multiple forms of mistreatment can be found in a single case.

**Most frequently named perpetrator of mistreatment is adult child, followed by a spouse, a parent, a non-relative caregiver, and other relatives.**

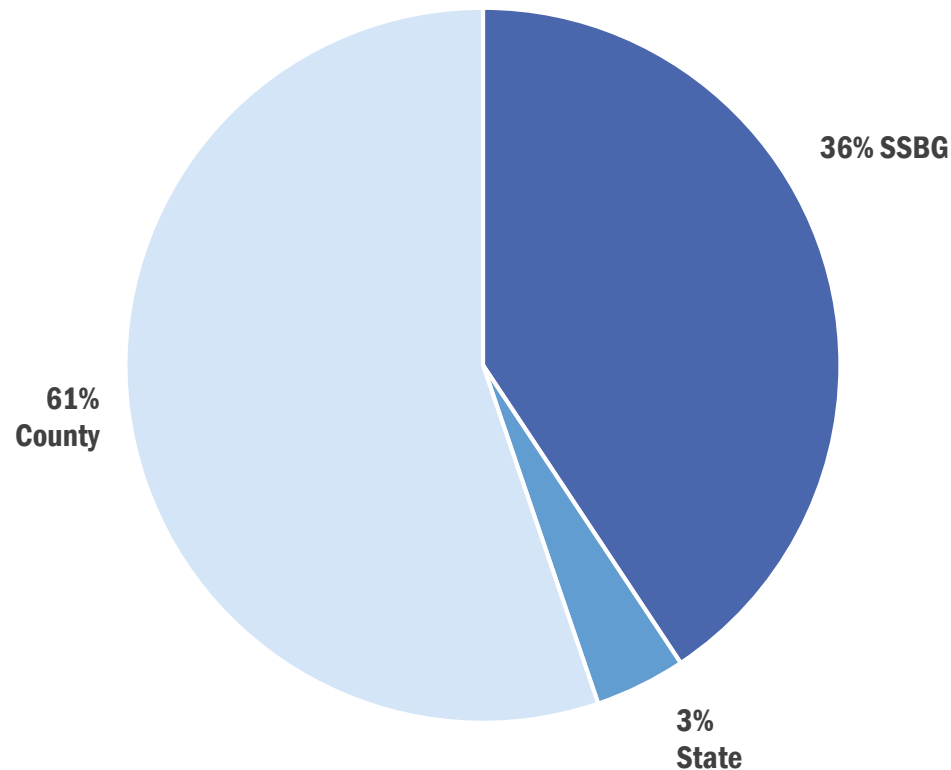
# Adult Guardianship Services

- **NCGS 35A**, provides that if an adult is determined incompetent by the clerk of superior court and family members and a corporation chartered to provide guardianship services are not available, then the county DSS director or assistant director is appointed guardian.
- **DSS social workers** ensure that housing, medical treatments, community services and supports are provided or arranged for individuals they serve.
- **DAAS** contracts with 6 guardianship corporations to support individuals needing a guardian.
- **Some county DSSs** contract directly with corporations for guardianship services.
- **Individuals needing a guardian appointed** can include those with cognitive impairments, intellectual and developmental disabilities, substance use disorders, serious and persistent mental illness, or traumatic brain injuries.

# Adult Public Guardianship Services Expenditures

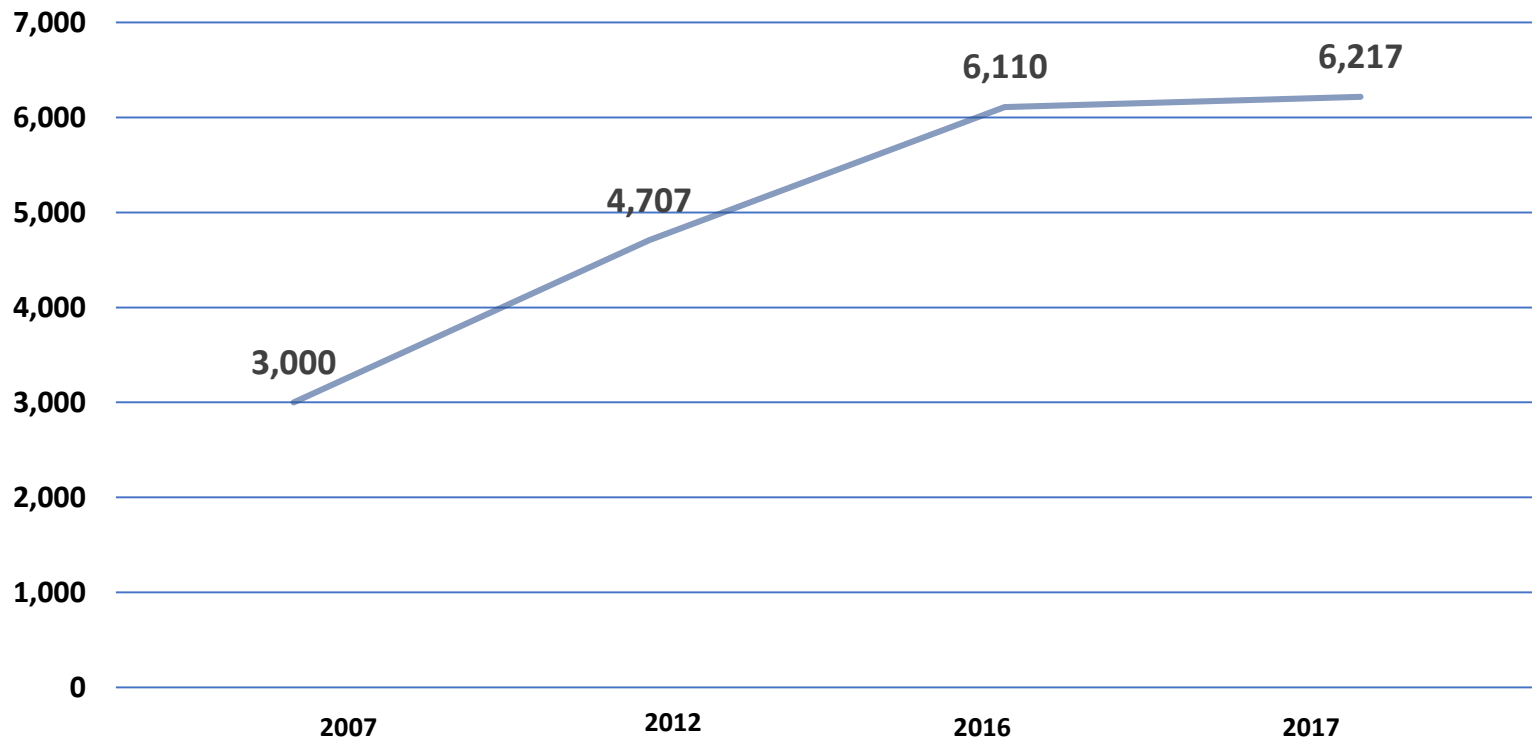
**Total Expenditures for SFY 2016-17**

**\$21,807,416**



**Data Source: DHHS Client Services Data Warehouse. Division of Social Services Budget Office, and NC DAAS Guardianship Survey, 2017**

# Growth in Adult Public Guardianship Services

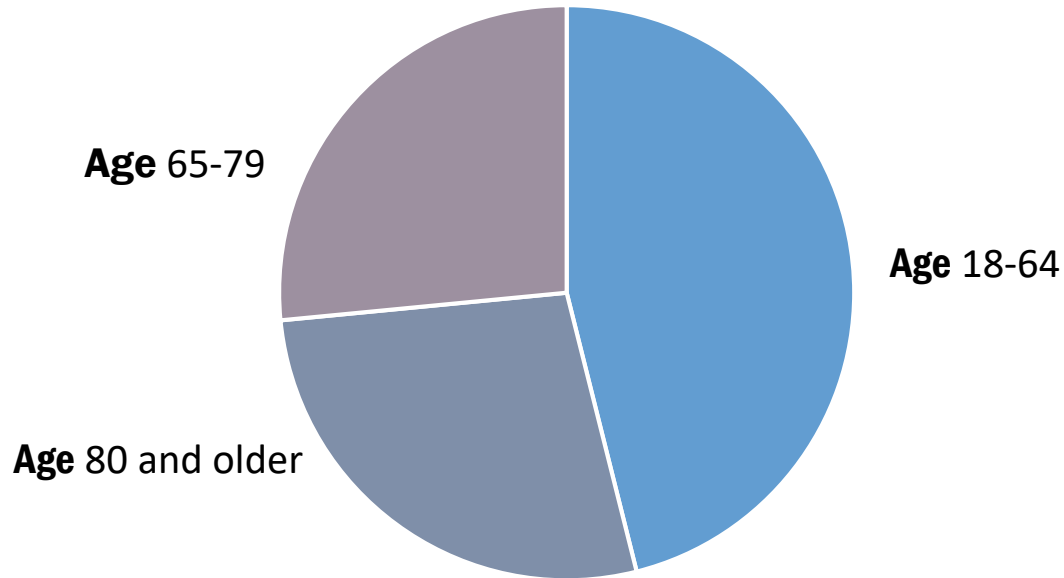


Does not include adults served through contracts with county DSSs  
Source: Division of Aging and Adult Services Guardianship Database

# State-County Special Assistance (SA)

- Special Assistance provides a monthly cash supplement to an individual's income to help pay the cost of room and board in licensed adult care homes/assisted living, family care homes, and group homes.
- Funding is 50% state and 50% county.
- Maximum rates are established by the NC General Assembly.
  - Basic \$1,182 /Special Care Unit \$1,515 per month
- Individuals eligible for SA also receive Medicaid.
- Special Assistance In-Home provides an alternative to placement in an adult care home for those who can live safely at home with appropriate services. Payments assist with financial needs related to health and safety.
- County DSS staff determine eligibility for the SA Program using NC FAST.

# SA Beneficiaries (SFY 2016-17)



Total	Age 18-64	% of Total 18-64	Age 65-79	% of Total 65-79	Age 80 and older	% of Total 80 and older
29,791	12,347	46%	7,336	27%	7,108	27%

# Long-Term Care (LTC) Ombudsman Program

## Purpose

- Assist residents of long-term care facilities to exercise their rights and attempt to resolve grievances between residents, families and/or facilities
- Educate community groups and long-term care providers on various topics such as residents' rights
- Use of mediation to resolve concerns; non-regulatory approach

## Framework

- Unified program operating at multiple levels
- Office of the State Long-Term Care Ombudsman located in the NC Division of Aging and Adult Services
- Regional LTC Ombudsmen located in 16 offices across NC; 34.41 total staff
- 1,020 local volunteers donating 30,158 hours

# Adult Care Home Residents Served by LTC

## Ombudsman Program FY 2016

### Complaints

- 1,932 complainants who expressed 3,769 complaints
- Approximately 62% of complaints were handled to complainants satisfaction (without formal investigations)

### LTC Ombudsman Program

- Provided information and consultation to 5,873 individuals
- Provided 2,274 consultations to long-term care facilities
- Provided a total of 282 training sessions for staff of long-term care facilities



# **Top Five Complaints in Adult Care Homes (FY 2016)**

- 1. Autonomy, Choice, Preference, Exercise of Rights, Privacy**
- 2. Resident Care**
- 3. Financial, Property**
- 4. Environment**
- 5. Admission, Transfer, Discharge**

# Targeting Housing Program

- Supportive housing program for people who are very low income, disabled, and in need of affordable housing
- Partnership between North Carolina Housing Finance Agency (NCHFA) and DHHS in collaboration with owners, property management, and service provider agencies
- Each year 10% of all the rental apartments that are developed using the Low Income Housing Tax Credit (LIHTC) are reserved (targeted) to allow people with disabilities to apply to live in them
- Properties may opt to increase their participation up to 20%

# Key Rental Assistance Program

- Provides rental assistance to eligible individuals occupying Targeted units where the property owner has agreed to participate in the program
- Individuals must be disabled and have income below 50% of area median income with a minimum gross income of \$300/month
- Assistance is based on a fixed rent payment standard established for the program between DHHS and NCHFA
- Program participants pay no more than 25-30% of income toward rent and Key assistance pays the difference between that amount and the payment standard

# Emergency Solutions Grant (ESG)

- ESG is a partnership with HUD and the NC Department of Commerce providing funds to providers of homelessness services statewide.
- The program must comply with HUD regulations and is subject to audit monitoring at any time.
- The ESG program is a part of the states Community Development Block Grant Continuum that is overseen by the Department of Commerce
- ESG Programs are selected through an RFP process each year
- Funds are provided for eligible homelessness activities defined by HUD
- Funding is subject to fiscal and programmatic monitoring by HUD
- DHHS has participated in the ESG program for the past 15 years

# ESG Eligible Activities

- **Emergency Response activities include:**
  - **Street Outreach**
  - **Emergency Shelter**
- **System Coordination activities include:**
  - **Homeless Management Information Systems (HMIS)**
- **Housing Stability activities include prevention and rapid re-housing through:**
  - **Financial assistance**
  - **Case Management Services**

# Resources

## NC Aging Profile

<https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/NC%20State%20Aging%20Profile%202015.pdf>

## County Profiles

<https://ncdhhs.s3.amazonaws.com/s3fs-public/documents/files/County%20aging%20profiles%202015.pdf>