

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

October 1, 2020

SENT VIA ELECTRONIC MAIL

Mark Trogdon
Fiscal Research Division
North Carolina General Assembly
619 Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Trogdon:

Session Law 2010-31, Section 10.35B requires the Division of Aging and Adult Services (DAAS), as part of the Department of Health and Human Services, to develop and implement a plan for use of recurring funds to support Alzheimer's related activities consistent with the goals of Project C.A.R.E (Caregiver Alternatives to Running on Empty). This report is to be submitted annually to the Governor's Advisory Council on Aging and the Fiscal Research Division by no later than October 1 of each year. Originally, this Senate Bill also called for the report to be submitted to the NC Study Commission on Aging, which is no longer in existence.

The Division regularly reports on the status of Project C.A.R.E to the Governor's Advisory Council on Aging. Attached is a summary report of Project C.A.R.E as a statewide approach to support the needs of caregivers of those with Alzheimer's and related dementias.

Should you have any questions regarding this report, please contact Joyce Massey-Smith, Director for the Division of Aging and Adult Services, at 919-855-3400.

Sincerely,

DocuSigned by:
Tara Myers
B21898BA92B341B
on behalf of
Mandy Cohen, MD, MPH
Secretary

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

Session Law 2010-31, Section 10.35B



Report to

**The Governor's Advisory Council on Aging
and
The Fiscal Research Division**

by

**North Carolina Department of Health and Human Services
Division of Aging and Adult Services**

October 1, 2020

Project C.A.R.E 2019-2020

The Alzheimer's Association projects that by 2025, an estimated 210,000 North Carolinians (age 65 and older) will have Alzheimer's disease, a 16.7% increase from 180,000 persons in 2020. Medicaid costs are projected to increase 22.2% during this five-year period for persons with Alzheimer's disease. In North Carolina, much of the care provided is by an estimated 479,000 unpaid caregivers with the cost of care valued at approximately \$7.15 billion in 2019. The costs of health care and long-term care services for individuals living with dementia is substantially higher than for those without dementia, which adds a financial burden to the physical, emotional, and social challenges families encounter with dementia caregiving.

Pursuant to Section 10.35B of Session Law 2010-31 (Senate Bill 897), the North Carolina Department of Health and Human Services (DHHS), Division of Aging and Adult Services (DAAS) implemented a plan for use of \$200,000 in recurring state appropriations to support Alzheimer's-related activities consistent with the goals of Project C.A.R.E. (Caregiver Alternatives to Running on Empty). The session law called for an annual report to be submitted to the Governor's Advisory Council on Aging and the Fiscal Research Division by October 1st each year. Originally, this Senate Bill called for the report to also be provided to the North Carolina Study Commission on Aging, which is no longer in existence.

Statewide Caregiver Support

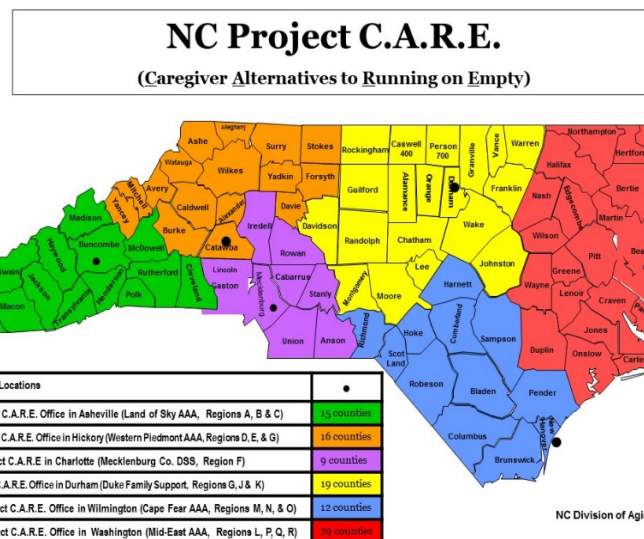
Project C.A.R.E. is a state-funded, dementia-specific support program for individuals who directly care for persons with Alzheimer's disease or related dementias (ADRD). Project C.A.R.E. utilizes a coordinated delivery system that is responsive to the needs, values and preferences of unpaid family caregivers and is administered by the DHHS Division of Aging and Adult Services (DAAS).

State funding for Project C.A.R.E. in the fall of 2013 and again in October 2016, facilitated the expansion of the program from 36 counties to all 100 counties. DAAS continues to recognize the importance of unpaid caregivers as an essential partner to address the quality of life needs and well-being for all older adults, and particularly those of individuals with greater challenges and higher level of needs. Given the current pandemic environment, this program highlights the importance of unpaid and familial supports. A key goal of Project C.A.R.E. is to provide services for dementia caregivers enabling their care recipients to age in place and to delay or avoid unnecessary placement in long-term care facilities.

Project C.A.R.E. contracts with six community-based organizations to provide care consultation services in all 100 counties. Family consultants collaborate closely with the sixteen Area Agencies on Aging (AAA) and the Family Caregiver Support Program. This relationship allows for available resources to be coordinated and leveraged for maximum impact. Family consultants provide support directly to caregivers of persons living with ADRD by:

1. Offering caregivers of persons living with dementia care consultation services: dementia-specific information, caregiver assessments and individualized care plans, caregiver education and connections to social support networks;

2. Linking families with available community resources to address unmet needs including local support groups, supportive services, entitlement programs and other community resources;
3. Partnering with each AAA through its Family Caregiver Support Program to provide outreach, training and education;
4. Providing caregivers consumer-directed respite care vouchers (\$500 each) whereby the caregiver decides who, when and where to hire help;
5. Providing training and assistance to AAA and the community-at-large to increase capacity to assist persons with dementia and their families; and
6. Enhancing partnerships with and among the various entities serving persons living with Alzheimer's disease and assisting their caregivers.



Service Delivery

The NC General Assembly, in 2014, required the NC Department of Health and Human Services, Division of Aging and Adult Services to develop the state's first strategic plan addressing Alzheimer's disease and related dementias (Senate Bill 744 / S.L. 2014-100). In response, the Division, in partnership with the NC Institute of Medicine, along with a 47-member task force, completed a plan in March 2016 titled "Dementia Capable North Carolina" which included the recommendation for increased support of Project C.A.R.E. The Governor and the General Assembly approved the appropriation of additional funds through Session Law 2016-94 (House Bill 1030). Effective October 1, 2016, \$550,000 was appropriated to support three additional Project C.A.R.E. Family Consultants and to provide funding for respite care vouchers for unpaid family caregivers and this amount was annualized to \$733,333 currently.

In State Fiscal Year 2020, Project C.A.R.E. provided care consultation services to 722 non-Medicaid family caregivers of which 586 caregivers received respite care vouchers; 406 or 69% of those receiving respite were new to the program this year. A caregiver may receive up to three \$500 vouchers annually however 64% of the 586 caregivers were awarded a single voucher as compared to 60% in FY 2019. Consumer-directed respite services were performed based upon the needs and wishes of the unpaid caregiver with service options including in-home respite services, group respite (adult day care/adult day health care), or in special cases, overnight facility-based care. Project C.A.R.E. reached caregivers in 96 counties in FY 2020. As of June 30, 2020, approximately 115 unpaid family caregivers were waiting to enroll into Project C.A.R.E. and many enrolled caregivers were requesting additional respite. The six FTE

Project C.A.R.E. family consultants work at their fullest capacity effectively utilizing 97% of the state appropriation.

Number of Family Caregivers Served					
	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Total Appropriation	\$300,000	\$850,000	\$1,033,333	\$1,033,333	\$1,033,333
Care Consultation	220	774	818	831	722
Respite Care (Care consultation clients who also received State funded respite)	n/a	569	630	550	586