

The Impact of the COVID-19 Pandemic on Older North Carolinians and the Programs That Serve Them

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Presentation Overview

- Overview of Older Adult Population in NC and the Prevalence of COVID -19
- Services for Older Adults in the State (Continuum of Services) and How Provider Networks Are Responding
- What Needs Continue to Exist and Challenges
- Recommendations for General Assembly

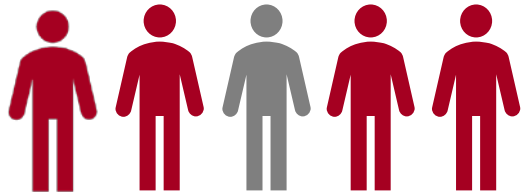


The NC Coalition on Aging

- Membership organization comprised of 75 agencies and organizations that in some way represent North Carolina's aging population as well as individuals who support the Coalition's work
- Members come together to give voice to issues that affect older adults in the state
- Facilitates networking and information exchange among members and provides the structure and leadership for collective advocacy, education, and public policy work



Older Adult Population in North Carolina



More than 1 in 5 North Carolinians are 60+

Effective 2019, the state has more people 60 and over than under the age of 18. In 2018, 80 counties in the state had more people 60 and over than under 18.

- People 65+ make up 16% of the state population (1,676,545)
 - 35% growth 2010-2018
- People 75+ make up 7% of state population (680,021)
 - 26% growth 2010-2018
- People 85+ make up 2% of state population (186,059)
 - 25% growth 2010-2018

Older Adult Population in North Carolina, Continued

- Health (65+)
 - 29% have One Chronic Condition
 - 55% have Two or More Chronic Conditions
- Living Arrangements (65+)
 - 27% Live Alone
 - 81% Own Their Homes
 - 3% Live in Group Quarters
- Economic Status (65+)
 - 9.2% are Below the Poverty Level
 - 22% have Income between 100%-199% of the Poverty Level



CDC Identifies High Risk Individuals for Severe Illness or Death from COVID-19

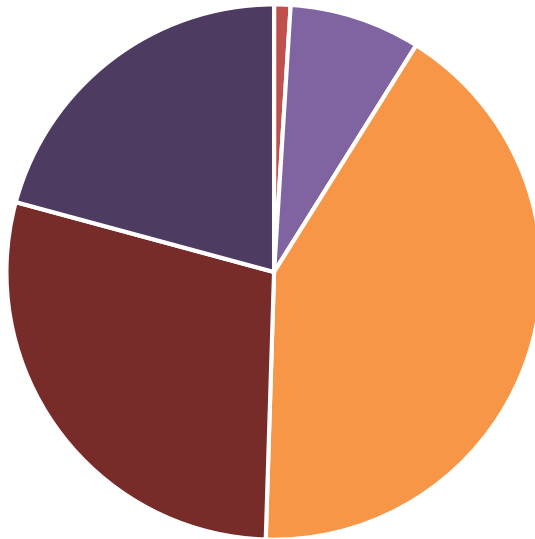
Adults 65
or older

Residents
of long-
term care
facilities

People
with
underlying
health
conditions

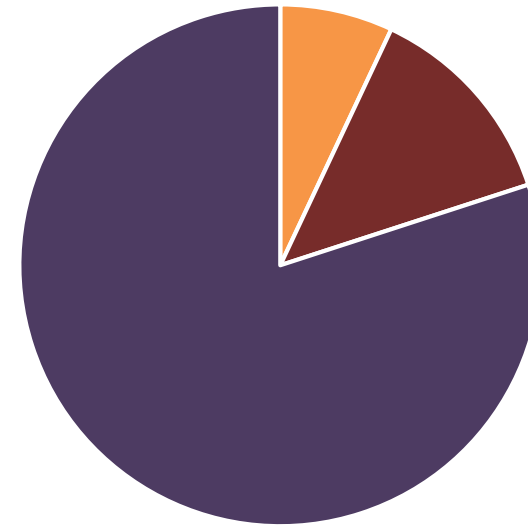
COVID-19 Prevalence and Percentage of Deaths by Age Group*

Prevalence



■ 0-17 yrs (1%) ■ 18-24 yrs (8%) ■ 24-49 yrs (42%)
■ 50-64 yrs (29%) ■ 65+ yrs (21%)

Deaths



■ 0-17 yrs (0%) ■ 18-24 yrs (0%) ■ 25-49 yrs (7%)
■ 50-64 yrs (13%) ■ 65+ yrs (80%)

*Information current as of April 8, 2019 11:00am, Source: COVID-19 NC Dashboard

General Observations on the Response of Older Adults and Provider Community to COVID-19

- Older North Carolinians are sheltering in place
- As older adults self-isolate, there is a growing concern about social isolation
- Older adults are key volunteers in many human service programs and their scaling back on community volunteering is felt by the providers
- Agencies and programs that serve older adults are going the extra mile to see their needs are met
- The community is coming together. New partnerships are being developed and existing collaborative efforts are flourishing. Many public/private partnerships are being formed



Providers of Services to Older North Carolinians– What We Know

The following slides are an overview of services for Older Adults in the state and how they are helping during the pandemic. These providers are members of the North Carolina Coalition on Aging



Local Aging Offices/ Councils on Aging

- Every county in the state has an agency or organization that is viewed as the focal point for aging services
- Most are non-profit but some are county agencies
- Most have closed their offices to the public but staff are continuing to provide services
- Many are doing non-traditional services such as picking up groceries and prescriptions for seniors
- Telephone well checks are being done on seniors



Senior Centers

- There are 171 centers in 96 counties
- Almost all centers have closed
- Those receiving small amount of operational funds from DAAS are continuing to receive these funds but programming has shifted from on-site to staff doing remote tasks such as telephone wellness checks among others

Nutrition Programs

- Most home delivered meals programs are now delivering frozen or shelf-stable meals once a week. A few are still providing hot meals five days a week. Frozen meals are more expensive
- All of the 330 congregate nutrition sites have closed. Programs are providing “grab to go” meals and delivering meals to participants homes
- DAAS has provided waivers if needed so programs can send out “nourishing” meals even if recipients do not meet 1/3 RDA
- Staff are doing wellness check calls
- Volunteer numbers have decreased, younger adults and/or staff are delivering meals

Transportation Services

- Many transportation services have suspended operations, especially for general transportation
- Medical transportation continues
- Waivers have been issued to allow transportation providers to transport meals to seniors

Senior Games

- There are 52 local programs that serve all 100 counties
- Two local games have cancelled and 50 have postponed
- Participants want the local games to take place. This is a qualifying year for national Senior Olympics



Adult Day Services Providers

- There are 94 programs in the state in 50 counties
- Waivers have been approved for the closure of about 74 centers
- Programs struggle financially to stay open and many have closed in the last decade. Public reimbursement is about half of the actual cost of care
- DAAS is authorizing providers to bill and be reimbursed based on the daily participation count as of March 10 until June 30, 2020
- While closed, providers are required to stay in contact with participants
- Providers are assisting other community agencies with their needs



County Departments of Social Services

- There is a DSS in every county in the state
- Some have closed their physical offices to the public but the department is still responsible for having services accessible to the public
- Key services for adults are Medicaid, Food and Nutrition Services (FNS - food stamps), State/County Special Assistance, Adult Guardianship and Adult Protective Services
- The certification period for FNS and Medicaid have been extended
- All families who receive FNS will receive the maximum amount allowed for March 2020 and April 2020 for their household size
- With increased anxiety and stress due to COVID-19, it is expected that there will be an increase in APS reports. Funding for APS is already strapped

Programs for All Inclusive Care for the Elderly (PACE)

- There are 11 PACE programs in the state, with 12 centers, serving frail elderly with multiple medical conditions in all or part of 36 counties
- The centers include both adult day activity areas and medical clinics. All 12 clinics remain open and seven of the 12 have closed for day center activities, the remaining have reduced attendance as much as possible
- All programs continue to provide services in participants' homes through home visits and telehealth

Support for Persons with Dementia and Their Families

- This is a time for heightened stress for persons with dementia and their families
- Programs are placing a lot of information on-line for families
- On-line family support groups are being done
- Families with relatives in care facilities are increasingly anxious about not being able to see them

Home Care, Home Health and Hospice Providers

- There are 1,184 licensed in-home aide providers, over 200 certified home health providers, and over 200 hospice providers in the state.
- These providers serve approximately 100,000 patients per year and employ around 400,000 persons
- There is a severe need for PPE for most front line workers who touch patients to care for them
- Home care workers cannot work in the homes until they are fingerprinted and go through a criminal background check. Most sheriff's offices have shut down fingerprinting to reduce traffic in their buildings in most counties so this is causing a delay in getting workers in the community
- Medicaid rates have been increased 5% temporarily due to COVID-19 which is a great help to pay front line workers a better wage
- Many front-line workers have quit and are taking jobs at grocery stores for more money and a slightly safer environment than healthcare. Some workers are applying for unemployment because they are scared

Assisted Living Facilities

- There are 591 adult care homes (7 beds and up) and 593 family care homes (2-6 beds) in the state that provide housing for over 30,000 residents
- Many facilities have voluntarily banned or severely limited new admissions due to the fear of the virus
- Operators are seeing staffing pressures and supply costs increases due to efforts to combat COVID-19
- Some facilities are considering designating a part of their facility for confirmed COVID-19 cases if needed
- As of April 7, DHHS reports outbreaks of COVID-19 in three residential care facilities which include adult care homes and family care homes
- It is recommended that all assisted living facilities restrict visitors during the pandemic
- Facilities are required to have an approved written disaster plan and all homes must train staff on the state approved infection control course

Nursing Homes

- There are 421 licensed nursing homes in the state located in 98 counties that care for nearly 38,000 individuals every day. They employ nearly 40,000 people statewide
- Nursing homes provide short-term skilled nursing and rehab and long-term care to individuals who need 24/7 medical supervision and care
- Almost all homes participate in Medicare and Medicaid
- Visitation restrictions are in place at homes except in limited circumstance (e.g. end of life care)
- As of April 7, nine nursing homes in the state had two or more confirmed cases of COVID-19
- Homes are trying to use separate staffing teams for COVID-19 positive residents and to use separate units within a facility for negative residents and positive residents or those with unknown status
- COVID-19 has worsened the shortage of direct care workers available to homes
- A new strategy that is being worked on includes state agencies working with health departments, hospitals, and nursing home associations to ensure coordination among facilities to determine which facilities may dedicate themselves to accepting and caring for COVID-19 patients, with support to provide additional supplies and PPE, if available



Continuing Care Retirement Communities (CCRCs)

- There are 60 licensed CCRCs in the state. 53 are non-profit. They have 22,000 residents served by 16,000 staff
- Visitors are being restricted, dining halls and activity centers are closed, and food is being delivered to residents. Single points of access are established
- Phone calls and virtual connections to residents are frequent
- At least four communities report positive cases of COVID-19

Information and Assistance (I&A) Resources and Help Lines

- Many local agencies are doing I&A continuously
- NC 2-1-1, a statewide information and referral service that families and individuals can call to obtain free and confidential information on health and human services resources within their community, is receiving a high volume of calls. NC 2-1-1 operates 24 hours a day, seven days a week, 365 days a year and resources are available in most languages
- NC Baptist Aging Ministry's Hope Line (1-866-578-4673) which is targeted to people 65+ who want to talk with someone has gone from one line to three lines in the last several weeks. It has received over 600 calls since mid-March
- National Alliance on Mental Illness (NAMI) NC reports increased calls on their Help Line related to anxiety, stress, and people wanting support



Medical and Acute Care

- Doctor's offices, clinics, hospitals and other health care locations continue to remain open but with added health and safety procedures in place
- The Centers for Medicare and Medicaid Services (CMS) has relaxed rules about using telehealth in order to help ensure Medicare beneficiaries can receive health and mental health services

Issues and Concerns

- There are increasing reports of **scams and fraudulent activities** targeted to older adults since the onset of the pandemic. Many older adults are very anxious about the COVID-19 virus and this along with the increased social isolation that some of them are facing makes them more vulnerable to fraud and financial exploitation
- Agencies across the continuum of services **need more PPE** – not just health care providers. For example, social workers with local DSSs need this when they go into homes

Issues and Concerns

- There are **concerns about testing**, the availability of testing supplies, and the length of time it takes to get test results
- Many local agencies operate on a very tight budget, and they do not have the **staff or resources to sustain many of the outreach efforts** they have ramped up in the last month, particularly those related to addressing **social isolation** of seniors. There is strong evidence that social isolation and loneliness is associated with poor health and higher rates of mortality among the elderly

Issues and Concerns, Continued

- Due to the stay at home orders and social distancing provisions, many agencies are implementing continuous operations plans to support working remotely. Some agencies **do not have equipment** such as cell phones, laptops, tablets, and other items needed to help ensure they are able to operate with new requirements, and funding for these items were not included in current operating budget
- There is great dependence on the use of the Internet, not only for using telemedicine as a substitute for office visits with doctors and other medical providers but for such things as providing a source of communication for older adults in long-term care facilities with their family members who are now restricted from visiting them. Unfortunately, **reliable Internet access is not a given** in every county in our state

Issues and Concerns, Continued

- CMS is not allowing telephone (audio) only communication in its new flexible regulations regarding Medicare reimbursement for telehealth. This may create a barrier to seniors as some do not have access to smartphones, do not know how to use the video chat capability, or do not have adequate and reliable Internet service to support video communications
- Programs with strained financial resources are even more challenged with the pandemic. Two programs that come to mind are adult day care/adult day health care and adult protective services. In addition, the main funding source for a lot of the community-based services noted (Home and Community Care Block Grant) had large waiting lists for services prior to the onset of COVID-19 (11,114 on wait list in January)

Issues and Concerns, Continued

- **All group care facilities are incurring additional expenses** including increased prevention and infection control staffing; increased wages (e.g. hazard pay incentives); use of agency labor at elevated rates; increased paid time off and child care costs to enable staff to work; increased PPE, cleaning, and other supply costs; and community cleaning and sanitizing costs
- **Older adult on fixed incomes**, including those whose life savings are tied to the stock market or volatile pension plans, may be at risk of having insufficient money coming in to cover basic expenses such as housing, food, transportation, and medical co-pays, deductibles and premiums

Issues and Concerns, Continued

- Due to the COVID-19 virus, there is heightened **concern among some older adults about estate planning, and executing documents** such as wills, powers of attorney, and health care powers of attorney which require witnesses and notaries. Due to the provisions of current state law, these sorts of transactions are now becoming more difficult. Some states have enacted provisions for electronic wills and remote notarization statutes
- Because the impact of the COVID-19 virus is expected to extend into the run off election as well as the general elections in November concerns are being raised about the **need for accommodating older voters** in the elections

Issues and Concerns, Continued

- Many of the agencies that provide services to older adults are non-profits which rely on charitable giving and fund raising to fund significant percentages of their budgets. Agencies are already seeing a **reduction in giving** and many of them have had to cancel fund raising event for the foreseeable future. Also, many non-profits depend on funding in the DHHS budget for continuing operational support
- There are more than 1,200 people over the age of 65 in prisons in the state. **Elderly prisoners** are more likely to have multiple or serious health conditions like heart disease or diabetes that could lead to higher risk of COVID-19. Under North Carolina law, some people who are terminally ill, permanently and totally disabled or age 65 or older can be released and returned home through medical release. Also, the Secretary of the Department of Public Instruction has authority to "extend the limits of confinement" for people who are permanently and totally disabled or terminally ill so they can receive medical care outside of prison

Recommendations to the General Assembly

- Expedite the process for ensuring additional federal funding coming into the state gets to the local level quickly and that there is flexibility with accountability in how the funding can be used to meet needs in the community
- Take steps to ensure that people can get the services they need when they need them. Seek federal approval for waivers and other administrative “fixes” to expedite service delivery
- **Identify ways to increase the reimbursement to at risk providers so as to ensure their viability.** Specific critical needs are: 1) Provide adult care homes with funding for the temporary State/County Special Assistance (SA) payment which has not been available for almost a year, 2) Seek approval from the federal Centers for Medicare and Medicaid Services (CMS) to provide more flexible access to the \$30 million in Civil Money Penalties (CMP) funds for skilled nursing facilities to supplement programs designed to improve the quality of life of nursing facility residents during this emergency period, 3) Increase the daily reimbursement rate for adult day services, 4) Provide additional funding to county departments of social services for adult protective services, and 5) Compensate group care facilities and local aging agencies for the increased costs they are incurring due to the COVID-19 pandemic

Recommendations to the General Assembly, Continued

- **Look at ways to better support existing staff as well as steps the state can take to expand the workforce across the continuum from direct care workers to medical personnel.** Policies pertaining to health care access, sick leave benefits, child care assistance, and other work place provisions need to be examined. In addition, potential options for increasing the supply of workers such as allowing medical and nursing students to graduate early, addressing provisions relative to locum tenens providers, fast tracking reciprocity of licensure for providers from out of state, relaxing scope of practice requirements, and promoting the use of volunteers and non-clinicians as feasible need to be explored.
- **Identifying ways to support older adults at risk financially through efforts such as short-term financial assistance and counseling on options and budgeting.**
- **Identify funding that can be used to make grants available to local aging service providers to expand their services to reach out to older adults in their communities**



Recommendations to the General Assembly, Continued

- Ensure that staff working with older adults in the home (ex. from local aging agencies and county departments of social services) and in all care settings (including home care, hospice, assisted living, and nursing home) have adequate personal protective equipment (PPE) and that issues with testing for COVID-19 are addressed to the extent possible. In addition to gloves, face masks, and gowns, there is also a need for adequate supplies of diapers, wipes, and hand sanitizer. Staff who work with older adults, particularly those with compromised immune systems, should also be a priority for COVID-19 testing
- Ask the federal Centers for Medicare and Medicaid services to allow audio-only communication for telehealth under the Medicare program
- Address measures to combat frauds and scams targeting the elderly.
- Ensure access to reliable broadband and technology is available in every community in our state, and provide flexible funding for reimbursement for technology required to sustain operations



Recommendations to the General Assembly, Continued

- Consult with the NC Bar Association's Elder and Special Needs Law Section, the NC Association of County Directors of Social Services, and other relevant entities to evaluate the need for changing North Carolina requirements pertaining to estate planning and power of attorney documents
- In order to facilitate voting by older adults in upcoming elections, the General Assembly and the State Board of Elections should examine absentee voting provisions as well as look into the possibility of **expanding the use of Multipartisan Assistance Teams (MATs)**. These teams are currently maintained by every County Board of Elections to help those in facilities such as nursing homes, hospitals, and assisted living facilities request and submit absentee ballots. The role of MATs could be expanded to assist anyone outside of these facilities who needs assistance



Recommendations to the General Assembly, Continued

- Consider a tax change to add a targeted, temporary giving credit or deduction that would be available to all North Carolinians to encourage them to support the work of charitable organizations in their communities and continue to fund support for non-profits in the DHHS budget
- Examine the medical release and medical furlough provisions as they apply to older prisoners to determine if they are being used to the current extent needed to save as many lives as possible, conserve prison healthcare resources, and protect the public health

Thank You

Thank you for your time and consideration regarding Older Adults and the Response for Caring for them During the COVID-19 Pandemic

For additional information on the Coalition on Aging please go to www.ncccoalitiononaging.org or email executivedirector@ncccoalitiononaging.org

