

Presentation to Aging Subcommittee
Joint Legislative Oversight Committee on
Health and Human Services
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What is the NC Coalition on Aging?

The Coalition is a state level membership organization comprised of agencies and organizations (63 currently) that in some way represent North Carolina's aging populations as well as individuals who support the work of the Coalition. There are consumer, provider, advocacy, and trade groups among our diverse membership. See handout for a list of agency and organization members.

Mission of the Coalition

To bring members together to work collaboratively to give voice to issues that impact older North Carolinians so as to improve their quality of life.

Key Activities of Coalition

- Hold monthly membership meetings that provide opportunities to share and network, to be updated on key issues going on at the state and federal level related to aging, and to hear from speakers on current and emerging topics.
- Provide routine monthly *Updates* and action alerts as needed on time sensitive issues.
- Represent the interests of older adults and our membership at meetings, public hearings, and other forums.
- Identify priority issues for legislative and public policy action and communicate these issues to appropriate officials.
- Coordinate special events for members including A Day at The Legislature and an Annual Meeting that includes a presentation by a national keynote speaker.

Key Focus Areas in Identifying Priority Issues/Recommendations Include:

- Strengthening services and support for the most vulnerable older adults including those at or near the poverty level and those at increased risk due to such things as mental or physical impairments, advanced age, and social isolation.
- Supporting families in their caregiving role (families provide 80% of care).
- Addressing system issues that present challenges for the entire older adult population.

Legislative priorities for 2018 for the Coalition will include those items left undone from our 2017 priority list. In addition, we will be responsive to other issues that may come up in the short legislative session.

2017 Legislative Priorities

- Increase the recurring funding for the Home and Community Care Block Grant (HCCBG) by \$7 million. **General Assembly made \$969,549 non-recurring through FY 18-19.**

The waiting list for HCCBG services has grown to 10,303 as of November 17, 2017.

- Establish a joint legislative committee to examine issues pertaining to the state's growing older adult population, including health care and financial security, and to make recommendations on how the state can better support North Carolinians to age with dignity.

Aging Subcommittee of Joint Legislative Oversight Committee on HHS was appointed.

- Increase state funding and support for adult protective services (APS) and public guardianship services and conduct a comprehensive evaluation of these services.

APS (abuse, neglect or exploitation) reports increased for SFY 16-17 to 27,483. Publically funded guardianships increased to 6,885 in SFY 16-17.

There is currently a workgroup on a Rethinking Guardianship initiative that will propose comprehensive recommendations for action by the General Assembly in the 2019 long legislative session on reforming public guardianship in the state. In the meantime, there is a critical need for funding to support staffing at the county department of social services level).

- In order to better support direct care workers and help reduce worker turnover, invest in Medicaid Personal Care Services (PCS) and the Community Alternatives Program for Disabled Adults (CAP-DA) programs by increasing the reimbursement rate over a two year period from \$13.88 per hour to the national average of \$18.82. **General Assembly took action to increase the PCS rate to \$15.52 per hour**

- Pass legislation that will support working family caregivers and help to keep them in the workforce.

Other Key Issues

Not Enough People Working in the Aging Field

- Shortage in many occupations, both professional and para-professional.
- Particularly a shortage of “direct care workers” (personal care aides, home health aides and nursing assistants).
- Bureau of Labor Statistics estimates that an additional 1.1 million direct care workers will be needed by 2024 (26% increase over 2014).
- The population who tends to be direct care workers (primarily women 25 to 64 years of age) will increase at a much slower rate.

- An improving economy has led many direct care workers to pursue higher paying alternatives (ex. in service sector) and turnover rates have soared.
- The NC Division of Health Service Regulation reports a decrease in the last several years of the number of active CNA's (121,961 in 2013-2014 and 116,532 in 2015-2016).
- Wages for direct care workers have not risen. The hourly rate nationally is \$10.11 which is a few cents lower than a decade ago according to PHI, an organization that studies the direct care workforce.

- Shortages of direct care workers are especially prevalent in rural areas.
- The shortage of direct care workers comes at the same time as a steep decline in the caregiver support ratio (the number of potential caregivers age 45 to 64 for each person age 80 and older) in the state from 8 to 1 in 2010 to 3.9 to 1 in 2030 (source AARP).

Lack of Availability of Services in Communities

- Continuum of care (independent living, supportive services, assisted living, skilled nursing services) lacking.
- Community does not have resources to support a program, particularly in rural areas.
- Public reimbursement rates are often not sufficient to cover costs (ex. adult day services and home delivered meals).

- Lack of services often means try to put a square peg into a round hole - try to fit the need of the individual into what is available sometimes at a higher cost/level than is needed.
- Waiting lists for services that are available are often long. Many don't bother to get on waiting lists.
- Can Medicaid transformation serve as a catalyst for looking at how to increase service options and viability in communities?

Shortage of Safe, Adequate, and Affordable Housing Options

- Housing is closely tied to the ability to remain in the community and is a determinate of health status.
- Many older adults are “house rich and cash poor.”
- Property taxes are a burden for some seniors on a fixed income even with the state’s property tax relief programs.

- The Housing Trust Fund is a flexible source of funding to expand the housing stock in the state. A program funded by the Trust Fund is the Urgent Housing Repair and Rehabilitation Program which enables low-income seniors to stay in their homes. A recent policy brief released by the NC Housing Finance Agency reports that every dollar invested in the Urgent Repair Program could yield as much as \$19 in savings to Medicare and Medicaid. Continuing support for these programs is urged.

Transportation Challenges

- One's ability to remain independent is linked to their ability to drive or to have accessible and affordable transportation options.
- The aging of our state's population has implications for every aspect of our transportation system - from funding public transportation to the layout of streets and the design of highway signs.

- Recent innovations such as driverless cars may significantly impact the mobility of older adults.
- The House Select Committee on Strategic Transportation Planning and Long Term Funding Solutions has scheduled a presentation in January on the aging of the state's population and its impact on transportation.

Impact of Federal Tax Reform Legislation

- Final provisions of tax reform legislation not finalized yet.
- Potential for loss of medical expense deduction.
- Significant increase in federal deficit will likely result in cuts to Medicaid, Medicare, Older Americans Act, and Social Security benefits.
- What will be the trickle-down effect to states and to older residents?

Other Challenging Issues:

- Caring for an increasing numbers of persons with Alzheimer's/dementia when Medicaid costs are 19 times higher for persons with dementia (source: NC Division of Aging and Adult Services) and care can be of long duration.
- Many people in the state are not planning for or adequately saving for retirement.

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