

NC Coalition on Aging 2019 Legislative Priorities

- Increase state funding and support for adult protective services (APS).

Key points: Reported cases of abuse, neglect, and exploitation of adults continue to increase in the state. There were 27,483 cases in SFY 16-17. Counties are picking up over 80% of the cost of APS, which is a mandated service, and this is presenting significant challenges in low wealth counties. Due to inadequacy funding, staff turnover is great in APS and limited resources are available for training staff. This issue has legs with the Governor's Advisory Council on Aging, the Senior Tar Heel Legislature, The Partnership to Address Adult Abuse and the state Div. of Aging and Adult Services getting behind it. Inadequately supported APS is a crisis ready to come to a head in the view of many state policy people.

- Take steps to ensure that older adults and persons with disabilities have safe and affordable housing.

Key points: Housing has been identified as a key social determinant of health. The state already had a housing shortage and the recent hurricanes have increased the lack of adequate housing for older and disabled adults. Two older men committed suicide following Hurricane Florence because they lost their homes - one of them had previously lost his home in Hurricane Matthew. The lack of housing can be a factor for community dwelling older and disabled adults going to group care. Providing services at home is increasingly becoming a location of cost effective care. Based on conversations with housing experts, two specific actions are recommended for addressing the housing crisis many older and disabled adults face: (1) Increase funding for the Housing Trust Fund which provides funding for rehabbing and providing modifications to homes and for developing affordable housing for seniors and persons with disabilities. Current state funding for the Housing Trust Fund is \$7.66 million. It has been as high as \$20 million but was cut during the recession and state funds have gone to other programs. The Housing Finance Agency which administers the Trust Fund plans to ask to restore the funding for the Trust Fund to \$20 million. (2) Increase the Homestead Property Tax Exemption which provides low-income persons 65 and older and those who are permanently and totally disabled property tax relief. In 2017, the total income for eligibility for a homeowner and their spouse could not exceed \$29,600 and the amount excluded from taxation was the first \$25,000 or 50% (whichever is greater) of assessed value of the permanent residence. The income threshold for eligibility and the amount of the exclusion have not been increased in many years and many stories are being reported of older people who can't keep their homes due to being "house rich and cash poor."

- Increase the recurring state funding for the Home and Community Care Block Grant (HCCBG) by \$7 million.

Key points: The Block Grant is the primary funding source in the state for non-Medicaid funded services to help older adults remain independent and living in the community. It combines federal, state, and local matching dollars and most of the recipients are at or below 200% of the FPL. Each county gets an allocation of Block Grant dollars based on a funding formula and determines which of 16 different

services it will fund with the money. The most heavily funded services are home delivered meals, in-home aide services, and transportation assistance. Demand for services far exceeds funding. There are over 11,000 persons on waiting lists for services but many people don't bother to get on a waiting list when they hear how long the wait will actually be and some agencies limit waiting lists. The Coalition asked for \$7 million last year which was expected to reduce the waiting list significantly. In the last legislative session, the General Assembly budgeted \$855,000 in additional SSBG federal receipts and an additional \$94,444 in local match for the HCCBG. With an increase in the older population, the waiting list continues to grow. This issue remains a priority of many key aging advocacy groups in the state.

- Close the health insurance coverage gap in the state.

Key points: We are concerned that there are many people between the ages of 55-65 who do not have health insurance. There are an estimated 400,000+ low-income people in the state who have no affordable health insurance option available to them. Many of these fall into the category of those 55+ who are more likely to have pre-existing conditions that if not treated will result in bigger problems as they continue to age. Closing the coverage gap will not only provide access to preventive care for this population but it will also result in an influx of additional funding to the state that can be used to support our health care delivery system (ex. support hospitals in rural counties). There are some signs that the General Assembly, which has been opposed (particularly the Senate), to closing the coverage gap by expanding Medicaid may be more receptive to the idea considering the state needs additional revenue with the big hurricane recovery costs. The outcomes of the November election may have a bearing on this too considering three more conservative states voted to expand Medicaid and North Carolina is in the minority by not expanding.

- Conduct a comprehensive study about how the state can better support family caregivers, particularly caregivers who are in the workforce so they can continue to stay in the workforce.

Key points: There are over 1.28 million family caregivers in the state providing care to an adult with limitations in daily activities. Families provide at least 80% of all care services needed to help older relatives live in their homes. More than 60% of family caregivers work. Of that number, approximately 70% report making work accommodations because of caregiving. Over 10% say they have to give up work entirely in order to care for their relative. As the older population continues to grow, this exodus of caregivers has major implications for our workforce. In addition, those who leave the workforce to be caregivers give up benefits (ex. health insurance, earning SSA quarters, pensions, etc.) which could have serious implications on their future financial well-being. A comprehensive study could include the following: the scope of caregiving in the state; the challenges of caregivers; the programs and services available and what is needed; the impact of caregiving on the workforce and on caregivers who are working; and the programmatic, policy, and legislative changes needed to better support caregivers.