

North Carolina **Aging Services Plan**

2015-2019

Booming Forward:
Working Together to Improve Lives





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The North Carolina Division of Aging and Adult Services

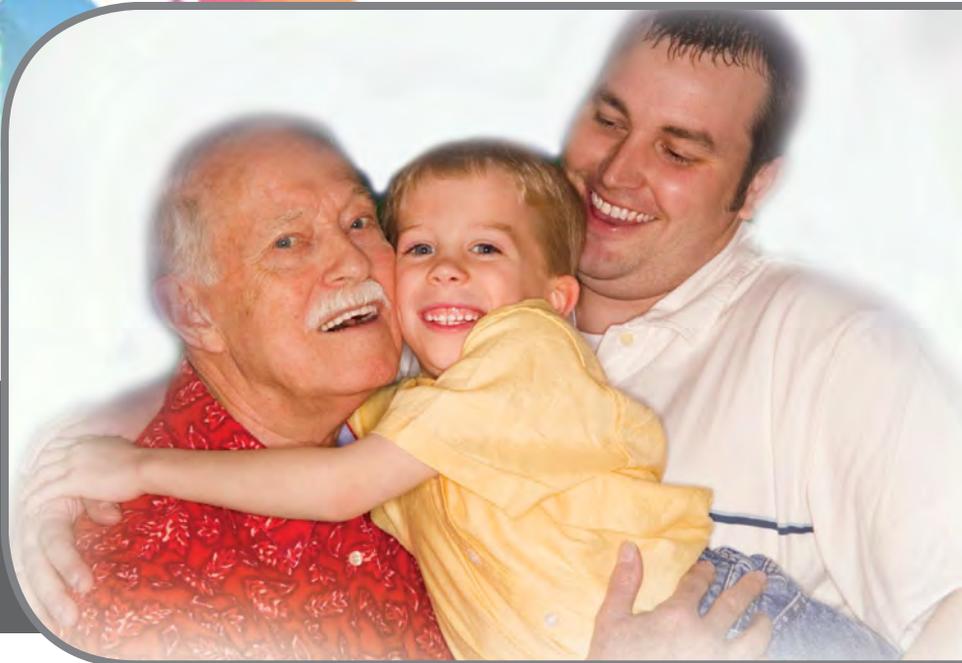
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www.ncdhhs.gov/aging





Letter from the Secretary



March 1, 2015

Dear Fellow North Carolinians:

The North Carolina Department of Health and Human Services is pleased to present the 2015-2019 North Carolina State Aging Services Plan as required by N.C.G.S. 143B-181.1A and Section 307 of the federal Older Americans Act (Public Law 109-365). The Division of Aging and Adult Services and its many partners have spent the past year gathering comments and ideas statewide about what is needed to best respond to our changing and growing older adult population. The Plan should help engage and serve our older citizens over the next several years. I am pleased that the 2015-2019 North Carolina State Aging Services Plan continues to build on my vision of a government that focuses on delivering the best possible results, customer service and improving the health for the people of North Carolina.

The Division of Aging and Adult Services partnered with the Governor's Advisory Council on Aging and the North Carolina Association of Area Agencies on Aging to host three listening sessions in May 2014 to acknowledge Older American's Month. Over 400 seniors, caregivers, providers of services, business and faith community leaders, and public officials from across the state responded to our invitation to share their thoughts on the status and future of seniors. They shared their challenges and hopes and we listened. The State Aging Services Plan reflects this exchange of information and the desire of the Department to lead in developing better ways for people to age with dignity.

Thank you for sharing and supporting our commitment to ensure the health, safety and well-being of older North Carolinians.

Sincerely,

Aldona Z. Wos, M.D.

Secretary, N.C. Department of Health and Human Services



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Executive Summary



The North Carolina Department of Health and Human Services (DHHS) is required by federal and state law to submit a State Plan every four years. The 2015-2019 State Aging Services Plan meets these requirements. The Plan provides important information regarding stakeholders and citizens of our state as well as sets goals to benefit older adults and their caregivers. Many of these goals will have value to individuals across their lifespan.

The development of the Plan was accomplished with the help and cooperation of many stakeholders, sister agencies within DHHS, and the many organizations that support the North Carolina Division of Aging and Adult Services' (DAAS) mission. Chief among our collaborators are the Governor's Advisory Committee on Aging (GACOA), and the 16 Area Agencies on Aging who support older adults and their caregivers within their respective communities. These organizations represent the diverse group of citizens that call North Carolina home.

Three listening sessions were held in various parts of our state during the past year to help guide the goals of the Plan. DAAS staff, along with our partners, worked collaboratively in the interpreting this data, thus assuring that a true and accurate picture of the populations served within our state emerged.

The Plan was developed and is presented at a very significant time in the state's history. DAAS will continue to explore innovative ways to meet budgetary challenges, while at the same time making sure that those with the most need continue to receive support. As a leader in home and community based services, DAAS funded programs will help "fill the gap", and keep older adults and persons with disabilities in their homes and communities.

The Plan contains six major goals, along with objectives that reflect the information received for development of the Plan. The overarching themes of this state plan include: assisting older adults and their families to make informed decisions; enabling and empowering older adults to remain independent; building capacity, health and wellness; and protecting the safety and rights of older adults; encouraging volunteerism; and improving performance based standards.



Goals and Objectives for 2015-2019



- Goal 1: Empower older adults and their families to make informed decisions, and easily access existing health and long-term care options**
- Goal 2: Enable older adults to remain independent and age in the place of their choice with appropriate services and supports**
- Goal 3: Empower older adults to have optimal health status and to have a healthy lifestyle**
- Goal 4: Protect the safety and rights of older and vulnerable adults, and prevent their abuse, neglect and exploitation**
- Goal 5: Facilitate communities and older adults working together plan and prepare for the future**
- Goal 6: Ensure public accountability and responsiveness**



Context of the Plan: *Introduction*

Every four years, the Division of Aging and Adult Services (DAAS) produces the State Aging Services Plan as required by N.C.G.S. 143B-181.1A and Section 307 of the federal Older Americans Act (Public Law 109-365). Although the Plan is the responsibility of DAAS, it is a collective effort of many partners and organizations, to help shape our priorities and set an aging agenda for the state.

The 2015-2019 State Aging Services Plan bears the title **Booming Forward: Working Together to Improve Lives**. It acknowledges that North Carolina's baby boomers have begun reaching retirement age, and a collective response is required to foster and support creative ideas, leverage resources, and build both public and private partnerships, to ensure positive outcomes for the diverse needs of our citizens. The goals of the Plan closely correlate with the U.S. Administration on Aging's Strategic Goals, and those of North Carolina Department of Health and Human Services Strategic Plan. In addition, the Plan has been informed by the sixteen regional Area Plans developed by the Area Agencies on Aging (AAA) as required by the Older Americans Act. Although much of the Plan's focus is on older adults, aging as a lifelong process requires a broader view across the lifespan. Any discussion of long-term services and supports, for example, must also consider the needs and interests of people with chronic illnesses and disabilities, regardless of age. In working to assist people in North Carolina regardless of age or ability, there is a strong need for actions that maximize our collective resources and encourage and reward personal responsibility.

Due to the changing demographics, North Carolina faces many of the same challenges as other states. Since the economic recession began in 2008, many legislatures have struggled to maintain balanced budgets and meet the growing service needs of an aging population. While this has sparked greater efficiencies in government, it has also been marked by a reduction in what can be expected of publicly financed services for vulnerable adults of all ages and their family caregivers. The coming four years will see increased efforts on the part of state agencies that serve these adults and their families to enhance collaboration, streamline service administration, target available resources, and emphasize accountability for improved person-centered outcomes.

The Plan's six goals take into account the multi-faceted nature of what is required to improve lives. This plan outlines the strategies we will use and how we will measure success. The goals acknowledge that government can have important roles, but limited resources to address all the needs of this growing population.

First, government can have a role in helping people help themselves and others. Preparing to age well requires having access to trusted information and appropriate assistance throughout life. Decisions about good health practices, education, personal savings, and other matters affect choices and conditions in later years. Access to reliable information and assistance is also vital to families caring for older loved ones, and to individuals wanting to contribute time and talents to benefit those less able or fortunate.

Second, the plan recognizes the role government can play in helping those who are most vulnerable because of age or situation. Innovative and efficient service delivery, and sound management of resources are essential. So, too, is prudent planning and developing the workforce needed to serve and protect those struggling with the frailties that can accompany old age.

And third, government can have a constructive role in raising awareness about the implications of an aging society and engaging all sectors in readying for the associated changes. The continued active engagement of aging boomers will be essential to our state's well-being.

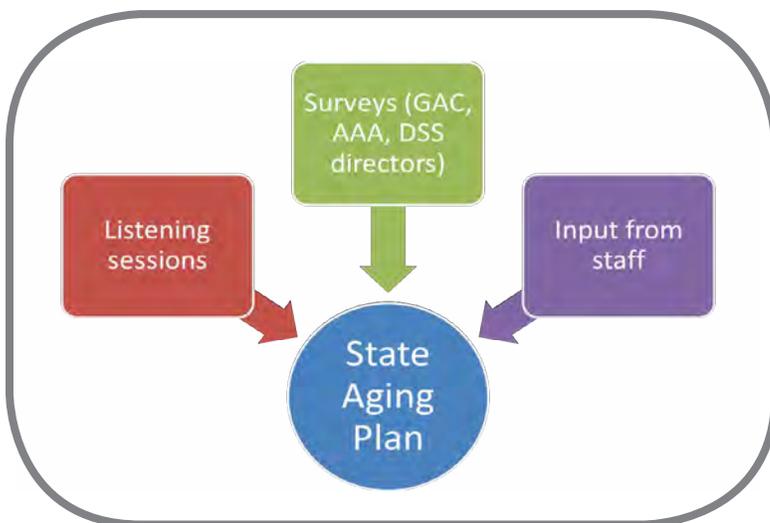


Context of the Plan: *Development*

The Division of Aging and Adult Services, in partnership with the Governor’s Advisory Council on Aging (GACOA) and the North Carolina Association on Aging (NC4A), underwent an intense year of planning to provide the foundation for developing the 2015-2019 State Aging Services Plan. More than 400 individuals provided input, which included older adults, baby boomers, caregivers, advocates, government officials, faith-based leaders, representatives from local businesses and organizations, educators, and researchers.

Three listening sessions were hosted regionally to identify critical issues that required effective policy and programmatic responses. Additionally, a web-based survey was conducted with the 16 Area Agencies on Aging, the 100 County Department of Social Services Directors, and members of GACOA, to gather input

about existing policies and programs, challenges and opportunities, and ideas on future actions that could make a positive difference affecting older North Carolinians. Further, staff at the DAAS shared their views on the current programs and policies, and recommended strategies which were integrated in developing the current Plan.



Demographics



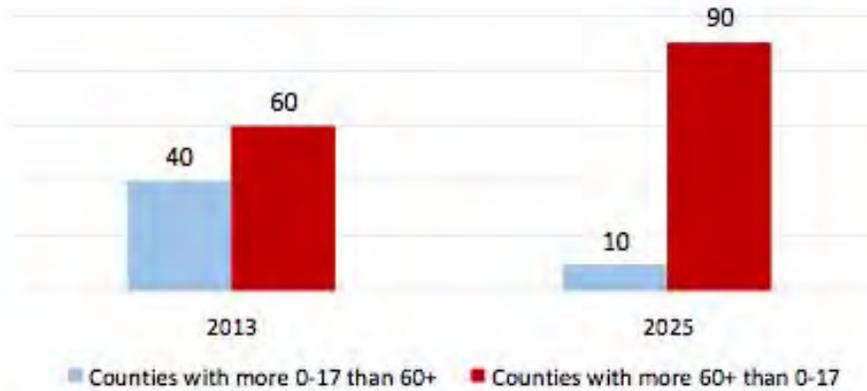
North Carolina is home to an estimated 10 million people, and ranks tenth nationally in the total population, ninth in the size of the population 60 and over, and eleventh in the population 85 and over. [1] North Carolina communities are experiencing a significant growth in the proportion of the population 60 and over as the wave of the 2.4 million baby boomers born between 1946-1964 have begun entering the retirement age. In addition, people are living longer than ever before, and North Carolina continues to attract more people from other states and abroad. This growth of the aging population in the coming decades will create opportunities and challenges, for long-term supports and services.

Population Change

Ages	2013		2033		Percent Change 2013-2033
	Number	Percent	Number	Percent	
Total	9,861,952		11,856,858		20.2%
60+	1,969,351	20.0%	3,117,795	26.3%	58.3%
65+	1,402,321	14.2%	2,411,960	20.3%	72.0%
85+	164,848	1.7%	309,807	2.6%	87.9%

Source: NC State Data Center, Population estimates and projections, October 2014

Number of counties with more people 60+ than ages 0-17 will increase



Source: N.C. State Data Center; Population estimates and projections, October 2014

Between now and 2033, the proportion of the population aged 65 and over will increase from 1.4 million to 2.4 million. By 2025, 90 counties in North Carolina are estimated to have more people 60 and over than ages 0-17. [2] The necessity to plan for this changing age profile is already here, as the demand for services continues to increase. From education, transportation, housing and community services, local and state planners, and providers, are having to take into account the needs of the older residents, as well as effective use of the many resources older adults bring to their communities.

The Older Americans Act (OAA) specifies that its funds should be directed to “older individuals with the greatest economic and social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency and older individuals residing in rural areas)” [Section 305 (a) (2) (E)]. Many older North Carolinians fall into one or more of these target groups, and this “double jeopardy” (sometimes triple jeopardy or higher) makes them particularly vulnerable. An estimated 1.8% of residents aged 60 and over speak English less than “very well” in the state. [3] Approximately 39% of residents aged 60 and over live in rural areas, in the state and face many challenges in accessing needed services and supports. [4]



Racial and ethnic diversity is often linked to both economic security, and the likelihood of living with chronic illness or disability that creates a need for support services. Of all North Carolinians aged 65 and over, 18% are members of ethnic minority groups, but unlike many other states, most are African-Americans (16% compared to 9% nationally). A higher proportion of African-Americans live in rural counties, and are linked

to lower median household income, and level of education, higher rates of poverty and disabilities. Around 3% of the minority population aged 65 and over belong to other groups, including American-Indians, Hispanics and Asians. North Carolina has welcomed immigrants and refugees from Vietnam and Russia, for example, but they are concentrated in a few counties. Although North Carolina has seen an increase in the Hispanic/Latino population in the past decade, most are younger than 60, and 1.4% of adults aged 65 and over belong to that ethnic group. [3] This increasing diversity will create new challenges and opportunities to provide services that reflect the interests and culture specific needs of the population.

Of People Aged 65+ in North Carolina:

- 10% live below the poverty level, compared to 9% nationally and 25% live between 100 and 199% of poverty, compared to 22% nationally. [4] In 2013, the poverty threshold (U.S. Census) for an individual was \$11,173 and \$15,142 for a couple.
- 24% did not graduate from high school, and another 32% have only a high school diploma, GED or alternative [3]
- 27% live alone and are vulnerable to social isolation. [3]
- Four in 10 of community-dwelling people aged 65 and over reported having at least one disability, and as may be expected, the proportion affected rises with age. [3]

Status of those 65 and Older (as a % of age group)

Charateristics	NC	US
Living alone	27%	27%
Veterans	22%	23%
Have a disability	38%	37%
Have less than a high school diploma	24%	22%
Median household income	\$34,117	\$37,000
Income below the poverty level	10%	9%
Income is between 100-199% of the poverty level	25%	22%
In labor force	16%	17%
Own their homes	82%	79%

Source: US Census, 2005-2009 ACS, *2009 ACS

According to the N.C. State Center for Health Statistics, if age-specific mortality remains unchanged, North Carolinians age 65 and over are expected to live, on average an additional 19.1 years to almost 84 years old. [5]

As elsewhere in the nation, cancer and heart diseases are the leading causes of death among people age 65 and over in North Carolina. The fifth leading cause of death in North Carolina is Alzheimer's disease. [6] Unlike some of the other causes of death, which have a relatively short course, dementia produces progressive disability, often over a decade or more, before ending the lives of those who have it. The number of older North Carolinians with Alzheimer's disease is projected to increase by 40% from 150,000 in 2014 to 210,000 in 2025. [7]

Top Seven Leading Causes of Death Among People in N.C. Age 65 and Over in 2013

Rank	Cause
1	Cancer
2	Diseases of the heart
3	Chronic lower respiratory diseases
4	Cerebrovascular disease
5	Alzheimer's disease
6	Diabetes mellitus
7	Pneumonia & influenza

N.C. State Center for Health Statistics

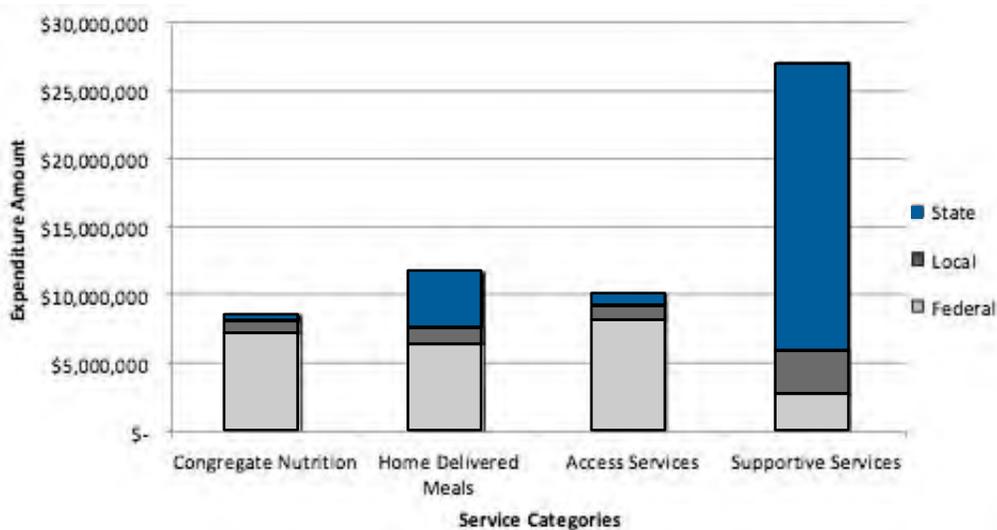


Status of the Home and Community Care Block Grant

The N.C. Division of Aging and Adult Services is enjoined by the Older Americans Act to “promote the development and implementation of a state system of long-term care that is a comprehensive, coordinated system that enables older individuals to receive long-term care in home and community-based settings, in a manner responsive to the needs and preferences of the older individuals and their family caregivers” [Section 305 (a) (3)]. The Home and Community Care Block Grant (HCCBG) was established in 1992 under N.C.G.S. 143B-181.1(a) (11) to provide a common funding stream for a comprehensive and coordinated system of eighteen home and community-based services for older adults age 60 and older with preference to those who are economically and socially needy. Services provided under the HCCBG allow individuals to remain in their homes and communities rather than moving to more costly settings. The typical individual receiving at least one HCCBG service is an 83 year old Caucasian woman who lives alone. Priority is given to eligible older adults who (1) have a substantiated need for Adult Protective Services, (2) are at risk of abuse, neglect or exploitation, (3) are at-risk of placement or substitute care, or (4) have extensive activities of daily living (ADLs) and instrumental activities of daily living (IADLs) needs.

As North Carolina plans for the future, we face significant budgetary challenges to keep at-risk older adults and persons with disabilities in their homes and communities. The NC General Assembly for State Fiscal Year 2015 passed a recurring reduction of \$969,599 in the HCCBG. It is estimated that the reduction will result in 41,352 fewer meals delivered to home-bound seniors.

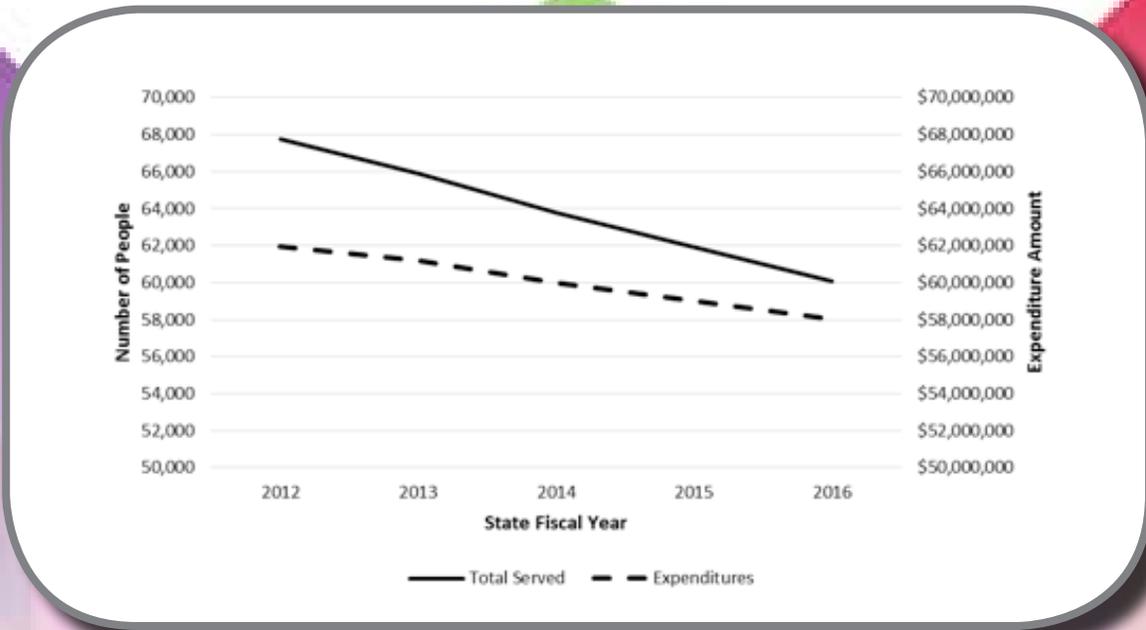
Distribution of HCCBG funding: 47% of the Block Grant Funds are Spent on Supportive Services



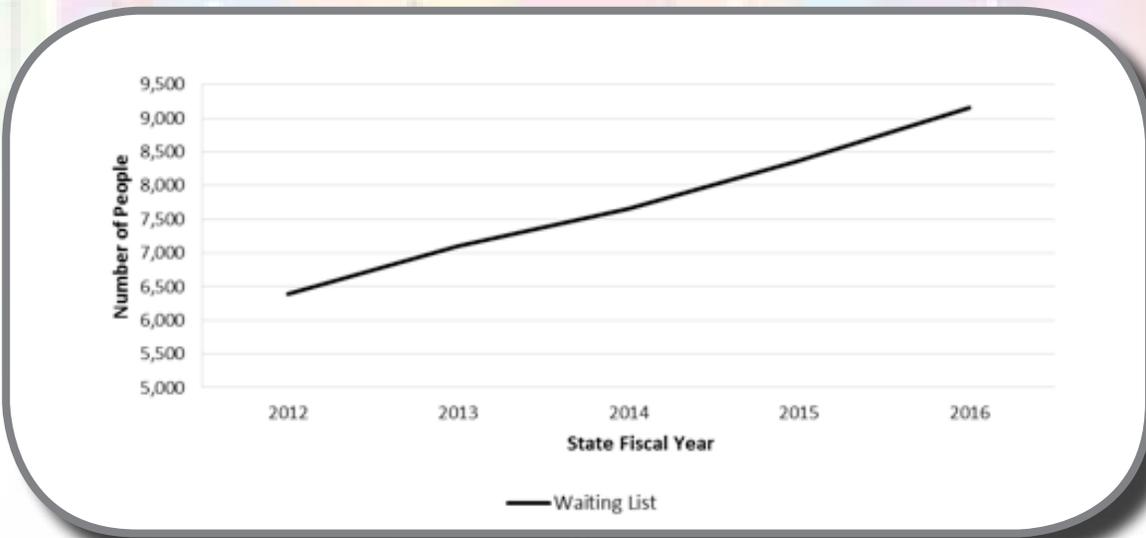
Waiting lists for HCCBG services continue to increase. The largest amount of funds goes to Supportive Services which includes critical services such as in-home aide, adult day services, respite, housing/home improvement and others. Currently 59% of those waiting for services are waiting for at least one Supportive Services.

As the Amount of Available Funds Decrease each State Fiscal Year, the Number of Persons Served Decreases While the Waiting List Significantly Increases

Decline of total persons served and funds spent with projections into SFY 2016



The Waiting List will Experience a 30% Increase from State Fiscal Year 2014 to State Fiscal Year 2016 if the Current Trend Continues



As public funding decreases, it is important to recognize the amount of care that is provided by families and friends of people with disabilities. In 2013, an estimated 442,000 North Carolinians provided unpaid care for family members with dementia, which would have cost over \$6 billion to replace with paid care. [7] The cost savings attributed to family caregivers also extends to other generations, with nearly 100,420 grandparents in North Carolina responsible for raising grandchildren under age 18. [8]

In summary, North Carolina has a large, economically and ethnically diverse older population. With this diversity come both opportunities and challenges. We must be aware that those who face disabilities, disparities of income and health care, caregivers and the grandparents caring for grandchildren are more likely to need public services and supports. While there are many challenges in the coming years, there are also tremendous opportunities to utilize the strengths and skills of older adults, and develop new partnerships to build a future for older North Carolinians to enjoy a high quality of life in their communities.



Strategic Goals



Goal 1: Empower older adults and their families to make informed decisions, and easily access existing health and long-term care options

North Carolina seeks to provide greater awareness and understanding of the opportunities that exist to enhance the quality of life for older adults. There are a variety of benefits and services available that can assist older adults and their family caregivers, but they need to be knowledgeable of these sources of assistance, and plan in advance for their health and long-term care needs.

Objective 1.1: Educate the public on the availability of services to foster independence, self-sufficiency and their future planning for long-term needs

Strategies:

- Conduct outreach, and inform Medicare Beneficiaries about benefits aimed at preventing disease and promoting wellness, such as the Low-Income Subsidy (LIS) and Medicare Savings Programs (MSP).

Measure:

Track the number of LIS applications reported by N.C. Seniors' Health Insurance Information Program (SHIIP) by Area Agencies on Aging and local SHIIP coordinating sites, with a goal of assisting 6,000 older adults annually.

- Support public education and awareness of the needs of family caregivers.
 - Measure:
 - Annually recognize Governor’s Proclamation of Family Caregiver Month in November.
- Provide caregiver training and educational resources to professionals who interact with family caregivers, to strengthen family capacity to provide care.
 - Measures:
 - Annually track the number of participants annually completing online module “Planning and Using Respite: Working with Family Caregivers Across the Lifespan”.
 - Annually track the number of family caregivers and units served in Aging Resources Management Systems (ARMS).
- Provide advance planning and wills clinics in rural areas.
 - Measure:
 - Annually track the number of law schools, students volunteering and the number of seniors served with legal aide services.
- Expand public awareness of driver safety resources and promote safe driving.
 - Measure:
 - Participation of DAAS in the North Carolina Executive Committee of Highway Safety, Older Driver Workgroup (a statewide multi-agency driver work group).
- Target outreach and in-reach to nursing homes and their residents on home and community-based services and support options.
 - Measure:
 - Annually track the number of in-reach and outreach activities conducted by Local Contact Agencies with a target increase of 50 events.

Objective 1.2: Streamline access to long-term services and supports to facilitate informed decision-making

Strategies:

- Develop a plan to create a single statewide No Wrong Door access system for long-term services, and supports for all populations and all payers.
 - Measure:
 - Completion of the plan by N.C. Division of Medical Assistance by September 2015.

Objective 1.3: Ensure inclusion of diverse cultures and abilities in all aspects of the aging and adult services network

Strategies:

- Increase outreach to consumers with limited English proficiency and Native Americans.
 - ┌ *Measures:*
 - └ *Increase the proportion of minority individuals served annually (In State Fiscal Year 2014, the number of minority individuals served was 37 percent).*
 - └ *Track the number of collaborations with other agencies/institutions on minority issues to establish a baseline.*
- Collaborate with key agencies and organizations supporting persons with disabilities to raise awareness about physical, sensory, and intellectual disabilities affecting older adults and their caregivers.
 - ┌ *Measure:*
 - └ *Establish a baseline for the number of meetings participated in on an annual basis.*
- Expand implementation of the Chronic Disease Self-Management Program (CDSMP) to limited-English speaking older adults by expanding the Spanish-language CDSMP, called Tomando Control de Su Salud.
 - ┌ *Measure:*
 - └ *Track the number of participants, and those who successfully complete the program. (In State Fiscal Year 2014, there were 106 participants and 86 who completed the program).*
- Expand training and educational opportunities to the aging network on the unique needs of the aging lesbian, gay, bisexual, and transgender (LGBT) community.
 - ┌ *Measure:*
 - └ *Annually conduct at least one provider training annually*
- Continue building the capacity of providers to better support the needs of older adults with intellectual and developmental disabilities, and/or their aging caregivers.
 - ┌ *Measure:*
 - └ *DAAS will attend 100% of the North Carolina Council on Developmental Disabilities meetings and disseminate relevant information to the aging network.*



Goal 2:

Enable older adults to remain independent and age in the place of their choice with appropriate services and supports

North Carolina will continue to expand quality services and supports throughout the long-term care continuum. It is vital that those with long-term service and support needs obtain the right assistance, at the right time, in a way they prefer. Efforts are needed to build the capacity of providers, and support new models of care to ensure availability, and enhance consumer-directed options of older adults and family caregivers.

Objective 2.1: Maintain and expand the availability of community-based services and supports

Strategies:

- Continue to increase the availability of State-County Special Assistance In-Home (SA-IH) option.

Measures:

Increase the number of overall statewide active cases (In November 2014, there were 2,744 active cases).

Track the proportion of SA-IH active cases of all SA cases statewide (In November 2014, the proportion of SA-IH active cases was 11 percent).

- Increase supports for persons with dementia and their caregivers who are living at home.
 - Measures:
 - Expand funding for Project C.A.R.E. (In State Fiscal Year 2014, funding totaled \$305,630).*
 - Increase funding for respite care services (In State Fiscal Year 2014, funding totaled \$2,329,925).*
- Build the capacity of the Lifespan Respite Coalition.
 - Measure:
 - Completion of a statewide respite care strategic plan by October 2015.*
- Continue to support integrated models of care, such as the Program for All-Inclusive Care for the Elderly (PACE).
 - Measure:
 - Annually track the number of PACE programs that maintain Adult Day Health Certification.*
- Partner with interested Area Agencies on Aging (AAAs) to promote regional and local planning for expanded transportation options.
 - Measure:
 - Utilize wait list information to target regions where enhanced transportation is needed and work with the AAAs to enhance transportation options.*
- Increase access to mental health services.
 - Measures:
 - Support the University of North Carolina at Chapel Hill's School of Nursing to prepare up to 15 N.C. counties over the next three years, including those that serve low English proficiency older adults, to integrate the Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors) program into existing provision of services.*
 - Support the work of The North Carolina Institute of Medicine's Mental Health and Substance Abuse Taskforce which will develop a set of recommendations for optimal community-based prevention and treatment of mental illness and substance use disorders, with a focus on older adults.*
- Increase awareness of housing and home improvement services, and promote mobility and accessibility services as a means of keeping people safely in their home.
 - Measure:
 - Increase in the number of service providers and people served (In State Fiscal Year 2014, there were 30 providers and 948 clients served).*

- Support the business capacity and acumen of the AAAs.

Measure:
 Number of AAAs trained on strategic business planning.
 Track the number of AAAs contracting with health care entities to provide community-based long-term services and supports.

Objective 2.2: Promote flexibility in publicly funded services and supports to offer older adults and their caregivers more opportunities to choose how and where they receive services

Strategies:

- Implement the Veterans-Directed Home Community-Based Services Program (VD-HCBS).

Measure:
 At least one of the AAAs will offer the Veterans-Directed Home and Community-Based Services program by July 2015. Statewide implementation of the program by July 2017.

- Educate providers, older adults and their caregivers on the benefits of consumer-directed options.

Measure:
 Conduct a minimum of two trainings annually on consumer-directed options.

- Increase the availability of consumer-directed care options supported with HCCBG funds.

Measures:
 Increase the amount of HCCBG funds spent on consumer-directed care (In State Fiscal Year 2014, \$180,548 was spent on consumer-directed care).
 Increase the number of Home Care Independence programs by two each fiscal year encompassed in this Plan.

- Support adults of all ages to transition from facilities to home and community settings through the Money Follows the Person (MFP) Demonstration Grant.

Measures:
 Transition 155 individuals in calendar year 2015.
 Transition 180 individuals in calendar year 2016.
 Transition 180 individuals in calendar year 2017.

- Increase aging human service agencies participating as referral agencies to the Targeted Unit Housing Program.

Measure:
 Track number of HCCBG providers that are referral agencies (In December 2014, there were 31 Targeted Unit referral agencies who were also HCCBG providers).

- Maximize the integration of person-centered philosophy into service delivery.

Measure:

Track the number of aging and adult services providers participating in Person-Centered Thinking training offered by the University of North Carolina, Center for Aging Research and Educational Services (CARES).

- Support Family Caregivers of individuals who transition from institutional settings.

Measure:

Fund local initiatives that build the capacity of family caregivers through the use of Money Follows the Person's Rebalancing Funds, with guidance from the Life Span Respite Advisory Team.

- Provide education to older adults, and home and community-based providers, on effective person-centered care transitions.

Measure:

Continue to be a lead partner for North Carolina Alliance for effective Care Transitions (NC ACT) and support the annual Care Transition Summit.





Goal 3: Empower older adults to have optimal health status and to have a healthy lifestyle

The rapidly increasing number of older North Carolinians has far-reaching implications and will place unprecedented demands on the provision of health and human services in North Carolina. Efforts to promote optimal health and functional independence are critical. Older adults who practice healthy behaviors, take advantage of health promotion and disease prevention services, and continue to engage with family and friends are more likely to live independently, and incur fewer health-related costs.

Objective 3.1: Promote engagement in health and wellness programs, and initiatives **Strategies:**

- Demonstrate that N.C. Senior Games is an effective year-round physical and mental health promotion program.
 - Measure:
Seventy-five percent of Senior Games participants will state their present health as “excellent” or “very good”, compared to others their age (In 2010, 66% of Senior Games participants stated their health as “excellent” or “very good”).
- Promote and expand Seniors’ Farmers Market Nutrition Program (SFMNP).
 - Measure:
Seventy-five percent of Senior Farmers Market Nutrition Program participants will have stated that they have learned a new way to prepare or cook fresh fruits or vegetables as

a result of participating in the program (In 2013, 56% of N.C. SFMNP participants reported they had learned a new way to prepare or cook fresh fruits or vegetables as a result of participating in the program).

- Increase the vaccination rates for those 65 years of age and older, by collaborating with key stakeholders, disseminating education materials and conducting a statewide media campaign.

Measures:

Increase the proportion of North Carolina adults aged 65 and older who are vaccinated annually against influenza from 71% to 73% (According to the Behavioral Risk Factor Surveillance Survey, 71% of adults aged 65 and older received the influenza vaccination in 2013).

Increase the proportion of North Carolina's adults aged 65 and older who are vaccinated against pneumococcal disease from 72% to 74% (According to the Behavioral Risk Factor Surveillance Survey, 72% of adults aged 65 and older received the pneumococcal vaccination in 2013).

Contribute to increasing the proportion of US adults aged 60 years and older, who are vaccinated against Herpes Zoster (Shingles) disease from 20% to 22% (According to Centers for Disease Control report in 2012, 20% of adults aged 60 years and older received a Herpes Zoster shot).

Objective 3.2: Expand access to, and increase participation in evidence-based health promotion and disease prevention programs

Strategies:

- Increase access to evidence-based healthy aging programs among older adults, through program promotion and referrals.

Measure:

Establish at least two new partnerships with DAAS to promote healthy aging programs by 2019.

- Enhance the capacity of evidence-based programs through statewide partnerships and collaboration, to ensure that monitoring and fidelity evaluation components are in place for all evidence-based programs.

Measure:

Collaborate with state and local partners to streamline referrals through a statewide clearinghouse.

- Increase the number of those who participate in evidence-based health promotion programs.

Measure:

Enroll, on average, 3,000 participants per year in evidenced-based health promotion programs to reach a goal of 12,000 participants enrolled over the four-year period encompassed in this Plan.

- Ensure North Carolina prevents falls by increasing awareness, providing education and training, and providing tools and resources.

Measure:

Develop and implement a statewide online resource that provides consumers and providers with falls prevention information, tools, and linkages to local programs by 2016.



Goal 4: **Protect the safety and rights of older and vulnerable adults, and prevent their abuse, neglect and exploitation**

Across North Carolina, communities are coming together to protect older and vulnerable adults from mistreatment and safeguard their rights, regardless of the setting in which they live. By working collectively to prevent abuse, neglect, and exploitation, preparing individuals and communities to respond in times of disaster, and fighting fraud, we are building safer communities for everyone.

Objective 4.1: Maximize collaboration, outreach, and training to prevent abuse, neglect and exploitation

Strategies:

- Strengthen North Carolina's response to reports of abuse, neglect and exploitation of vulnerable adults.

Measures:

Reduce the number of repeat Adult Protective Services (APS) referrals to below 10% (In State Fiscal Year 2014, the number of repeat APS referrals was 13.5%).

Increase the number of professionals reporting abuse, neglect and exploitation of vulnerable adults by 5% each year (In State Fiscal Year 2014, the number of professionals reporting abuse, neglect and exploitation was 55%).

Increase the annual percentage of substantiated APS cases to 30% by 2017 (In State Fiscal Year 2014, the annual substantiated APS cases was 25%).

- Continue to utilize Elder Abuse Prevention funds to educate consumers and professionals.
 - Measures:
 - Conduct 80 community education training events statewide, on elder abuse and neglect prevention and identification/reporting elder abuse, and financial exploitation of seniors through the Long-Term Care Ombudsman program.
 - Conduct 40 long-term care staff in-services trainings focused on elder abuse, neglect and exploitation through the Long-Term Care Ombudsman Program.
- Implement recommendations of the N.C. Adult Protective Services (APS) Task Force, in conjunction with implementation of the federal Elder Justice Act, as appropriations become available.
 - Measure:
 - Appropriation of State or Federal funds.
- Leverage funding resources for the Long-Term Care Ombudsman program to expand the work of the Strategic Alliances For Elders in Long Term Care Task Force (S.A.F.E.).
 - Measure:
 - Conduct four sessions of the Investigating Crimes in Long-Term Care Facilities: Voiceless Victims Course annually at the N.C. Justice Academy, and administer survey to determine effectiveness and post-courses utilization through the Long-Term Care Ombudsman Program.
- Expand World Elder Abuse Awareness Day activities to communities throughout the state.
 - Measure:
 - Form a statewide Elder Abuse Coalition by 2016.
- Continue efforts of the N.C. Senior Consumer Fraud Task Force to educate seniors and the general public about fraud, scams, and how to avoid becoming a victim.
 - Measure:
 - Disseminate fraud alerts and information regarding ScamJams, Shred-a-thons, and other educational outreach on an ongoing basis.
- Educate Medicare beneficiaries on the importance of Medicare fraud, including how to protect, detect and report Medicare fraud.
 - Measure:
 - Number of outreach events conducted annually by North Carolina Department of Insurance's Senior Medicare Patrol Program.
- Continue growth of the Victim's Assistance Program, to help seniors who have been exploited from becoming re-victimized.
 - Measure:
 - Track the number of presentations, radio shows, number of clients calling and receiving services, and number of collaborations with other agencies/organizations.

- Explore guardianship alternatives, and supporting policies and practices, for individuals with intellectual and developmental disabilities, to have the least restrictive options.

Measure:
Successfully implement North Carolina Council on Developmental Disabilities grant Rethinking Guardianship: Building a Case for Less Restrictive Alternatives by December 31, 2017.

Objective 4.2: Strengthen emergency preparedness and response for older adults and people with disabilities

- Continue to be an active member of the N.C. Emergency Management State Emergency Response Team (SERT) to represent the interests of seniors and persons with disabilities.

Measure:
Participate in 100% of the state-sponsored Emergency Operations Center drills/exercises.

- Work with the U.S. Administration for Community Living, North Carolina Department of Health and Human Services, and private sector partners to develop systems and tools that support and inform seniors and persons with disabilities prior to and during an emergency.

Measure:
Disseminate public information available to seniors and persons with disabilities to be better prepared in the event of a disaster.





Goal 5: **Facilitate communities and older adults working together plan and prepare for the future**

The aging of the Baby Boomers in the coming decades will bring both challenges and opportunities in communities preparing for their future, and by tapping Baby Boomer's skills and expertise as a resource. Older North Carolinians represent a largely untapped reservoir of experience that can inform and enrich all age groups. It is important that communities continue to provide opportunities for employment, personal growth, social engagement and volunteerism for older adults. Such opportunities are critical for successful aging of older adults and strengthening communities.

Objective 5.1: Promote volunteerism and other active engagement

Strategies:

- Collaborate with the NC Commission on Volunteerism and Community Service, to connect and increase opportunities for older adults in volunteerism and community service.

Measures:

At least one AAA will host an AmeriCorps program and receive technical assistance by 2018.

Annually increase the number of Aging Network agencies that support nominations for the Governor's Volunteer Service Award.

Disseminate information on AmeriCorps funding opportunities and training sessions in the community through Aging Network.

- Promote volunteerism by recruiting Senior Medicare Patrol (SMP) volunteers to help educate individuals on Medicare about Medicare fraud, waste and abuse.
 - Measure:
 - Annually track the number of new SMP volunteers.
- Provide training, technical assistance, and best-practice strategies to senior centers to ensure they address the needs and interests of the Baby Boomers and older adults.
 - Measures:
 - Ensure that volunteer requirements are continually met through the Senior Center Certification Program.
 - Incorporate volunteer education into senior center training.
- Continue to work with senior centers across the state, North Carolina Association of Area Agencies on Aging (NC4A), and N.C. Association on Aging (NCAOA) to build the capacity of senior center staff and increase the number of Centers of Excellence and/or Merit.
 - Measures:
 - Number of annual training opportunities provided to enhance the professional skills of senior center staff, through the Senior Center Leadership Symposium.
 - Number of annual training opportunities provided through the Ann Johnson Institute and certification training for senior center staff, to increase both their professional capacities and opportunity for senior center certification.
- Maximize collaboration to publicize and strengthen participation of older adults in artistic endeavors.
 - Measure:
 - Increase older adults participating in Senior Games Silver Arts (In State Fiscal Year 2014, 3,540 older adults participated in Silver Arts).
 - Facilitate on-going relationships between the North Carolina Arts Council and the aging network.

Objective 5.2: Promote older workers as vital for businesses seeking a trained, qualified and reliable workforce

- Enable older low-income job seekers to develop the skills and self-confidence to obtain unsubsidized jobs, and become financially self-sufficient.
 - Measures:
 - Percentage of Senior Community Service Employment Program (SCSEP) participants who exited into unsubsidized employment.
 - Percentage of SCSEP participants who retained unsubsidized employment for six months after exiting program.
 - Total earnings of SCSEP participants in unsubsidized employment six months after exiting program.

- Provide valuable community service at on-the-job training sites, as a means to improve a SCSEP participant's self-sufficiency, perform meaningful civic service and strengthen communities.

Measures:

- Total number of hours (in the aggregate) of community service employment provided by SCSEP.
- Percent of eligible individuals served by SCSEP.
- Average number of barriers, per SCSEP participant.

Objective 5.3: Support state and local communities, to better prepare and plan for an aging population

Strategies:

- Develop a State Alzheimer's Disease Plan to help North Carolina become a more dementia capable state.

Measure:

- Convene a Taskforce, in partnership with the North Carolina Institute of Medicine, to develop North Carolina's Strategic Plan for Alzheimer's disease by December 2015.

- Enable local communities and others to use data to make informed decisions regarding programs/services and advocacy.

Measure:

- Provide reliable data on aging population, services provided and expenditures annually.

- Continue supporting the Senior Tar Heel Legislature (STHL) in its promotion of citizen involvement and advocacy concerning aging issues.

Measure:

- Number of STHL priorities met each year.





Goal 6: Ensure public accountability and responsiveness

As the demand for publicly supported services grows, state and local governments are facing hard choices about how to use limited revenues. Good planning and stewardship of public funds require agencies and organizations to be able to track spending and results, and use that information to influence planning.

Objective 6.1: Implement operational improvements and managerial efficiencies, for critical services and supports

Strategies:

- Effectively implement and monitor a waiting list policy for services provided by the Home and Community Care Block Grant.

Measures:

Complete adjustments within the Aging Resource Management System that will ensure the accuracy of wait lists.

Include a review of DAAS wait list policy and include wait list maintenance in the overall HCCBG monitoring process by 2016.

- Expand the implementation and amount of consumer contributions to allowable Older Americans Act (OAA) services.
 - Measures:
 - Increase the number of providers who report consumer contributions for allowable services (In State Fiscal Year 2014, the number of providers who reported consumer contributions for at least one service was 209).*
 - Increase in the amount of revenue generated through consumer contributions (In State Fiscal Year 2014, the amount of consumer contributions reported by providers was \$1,635,139).*
- Monitor and identify trends related to impact of North Carolina’s current economic climate, on the availability and delivery of home and community-based services.
 - Measures:
 - Conduct an annual survey of HCCBG providers.*
 - Explore additional data sets to include in the survey that will enhance the understanding of the needs of older adults.*
- Expand and improve performance measures for DAAS programs and services in N.C. DHHS Open Window (DHHS Open Window captures information on services, programs, contracts, key planning and performance information).
 - Measure:
 - Update DAAS program performance measures every six months.*

Objective 6.2 Strengthen performance-based standards and outcomes

Strategies:

- Update DAAS policies and procedures, setting measurable goals in services and contracts to assure best practice standards.
 - Measures:
 - Conduct a review of DAAS policy and procedures, and update standards and outcomes.*
 - Update the Home and Community Care Block Grant Manual by 2016.*
 - Review performance-based standards, and continue to incorporate performance-based monitoring within the policy.*
- Strengthen DAAS’s process for fiscal monitoring of grants and contracts.
 - Measure:
 - Develop, in collaboration with DAAS program staff and stakeholders, a reasonable and fair system for adhering to compliance standards.*

- Implement in the National Core Indicators-Aging and Disabilities (NCI-AD) for HCCBG and Medicaid funded services.

Measures:

Develop a contractual agreement with UNC-Chapel Hill to develop and conduct the NCI-AD survey by January 1, 2015.

Complete client interviews for the survey by September 2015.

Develop reports gathered from information received that allows North Carolina to compare data with other states, and communities within the state, by December 2015.

Conclusion



The Department of Health and Human Services (DHHS) is committed to meeting the various needs of North Carolina's rapidly growing aging population, and tapping our maturing population as a key resource. Toward this end, DHHS and its Division of Aging and Adult Services look forward to working across state government, and with the many local and private partners. The six goals set forth in this Plan provide the vision and structure for moving North Carolina forward. To achieve the goals defined in this Plan, collective actions are required by state, regional and local agencies. As we move forward, we are keenly aware of the economic challenges facing our state and its citizens. Our best work will come when we work together. We will need to enhance collaboration, streamline service administration, target available resources and emphasize accountability for improved outcomes. It is only with the support and strength of the many and varied stakeholders that we can hope to achieve the Plan's goals.



References



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- [8]. U.S. Census Bureau. 2009-2013 American Community Survey; Table B10050. Grandparents living with own grandchildren under 18 years by responsibility for own grandchildren by length of time responsible for own grandchildren for the population 30 years and over

Acknowledgements



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Acronyms and Web Resources



North Carolina State Government Offices and Agencies

DCR	Department of Cultural Resources www.ncdcr.gov/
DHHS	Department of Health and Human Services www.ncdhhs.org
DAAS	Division of Aging and Adult Services www.ncdhhs.gov/aging/index.htm
DHSR	Division of Health Service Regulation www.ncdhhs.gov/dhsr/
DIRM	Division of Information Resource Management www.ncdhhs.gov/dirm/
DMA	Division of Medical Assistance www.ncdhhs.gov/dma/
DMH/DD/SAS	Division of Mental Health, Developmental Disabilities, and Substance Abuse Services www.ncdhhs.gov/mhddsas/index.htm
DPH/CDI	Division of Public Health www.publichealth.nc.gov/
DSB	Division of Services for the Blind www.ncdhhs.gov/dsb/index.htm

DSDHH	Division of Services for the Deaf and Hard of Hearing www.ncdhhs.gov/dsdhh/
DSS	Division of Social Services www.ncdhhs.gov/dss/index.htm
DVR	Division of Vocational Rehabilitation www.ncdhhs.gov/dvrs/
ORHCC	Office of Rural Health and Community Care www.ncdhhs.gov/orhcc/
DOI	Department of Insurance www.ncdoi.com/
DOJ	Department of Justice www.ncdoj.gov/
DOT	Department of Transportation www.ncdot.gov
DES	Division of Employment Security https://desncc.com/deshome
NCBSE	North Carolina Board of State Elections www.sboe.state.nc.us/
NCCCS	North Carolina Community College System www.nccommunitycolleges.edu/
NCCDD	North Carolina Council on Developmental Disabilities http://www.nc-ddc.org/
NCCVCS	North Carolina Commission on Volunteerism and Community Service www.volunteernc.org/
NCHFA	North Carolina Housing Finance Agency www.nchfa.com/

North Carolina Regional or County Government

AAA	Area Agency on Aging www.ncdhhs.gov/aging/aaa.htm
LME/MCO	Local Management Entity/Managed Care Organization, the regional organization that manages the delivery of public mental health services www.ncdhhs.gov/mhddsas/lme-mcomap4-1-14.pdf
EBCI	Eastern Band of Cherokee Indians http://nc-cherokee.com/

Federal Government

ACL	Administration for Community Living, U.S. Health and Human Services www.acl.gov
ADA	Americans with Disabilities Act www.ada.gov/
AoA	Administration on Aging, U.S. Health and Human Services www.aoa.gov
CDC	Centers for Disease Control and Prevention www.cdc.gov
CMS	Centers for Medicare and Medicaid Services www.cms.gov
HHS	U.S. Department of Health and Human Services www.hhs.gov
HUD	U.S. Department of Housing and Urban Development www.hud.gov
IRS	Internal Revenue Service www.irs.gov
MIPPA	Medicare Improvements for Patients and Providers Act
OAA	Federal Older Americans Act www.aoa.gov/aoaroot/aoa_programs/oa/index.aspx
USDA	U.S. Department of Agriculture www.usda.gov

Other Organizations and Partnerships

AARP NC	AARP NC, the North Carolina chapter of AARP www.aarp.org/states/nc/
CCME	Carolinas Center for Medical Excellence www.thecarolinascenter.org/
DDTI	UNC's Developmental Disabilities Training Institute www.unc.edu/depts/ddti/
FORLTC	Friends of Residents in Long-term Care www.forltc.org

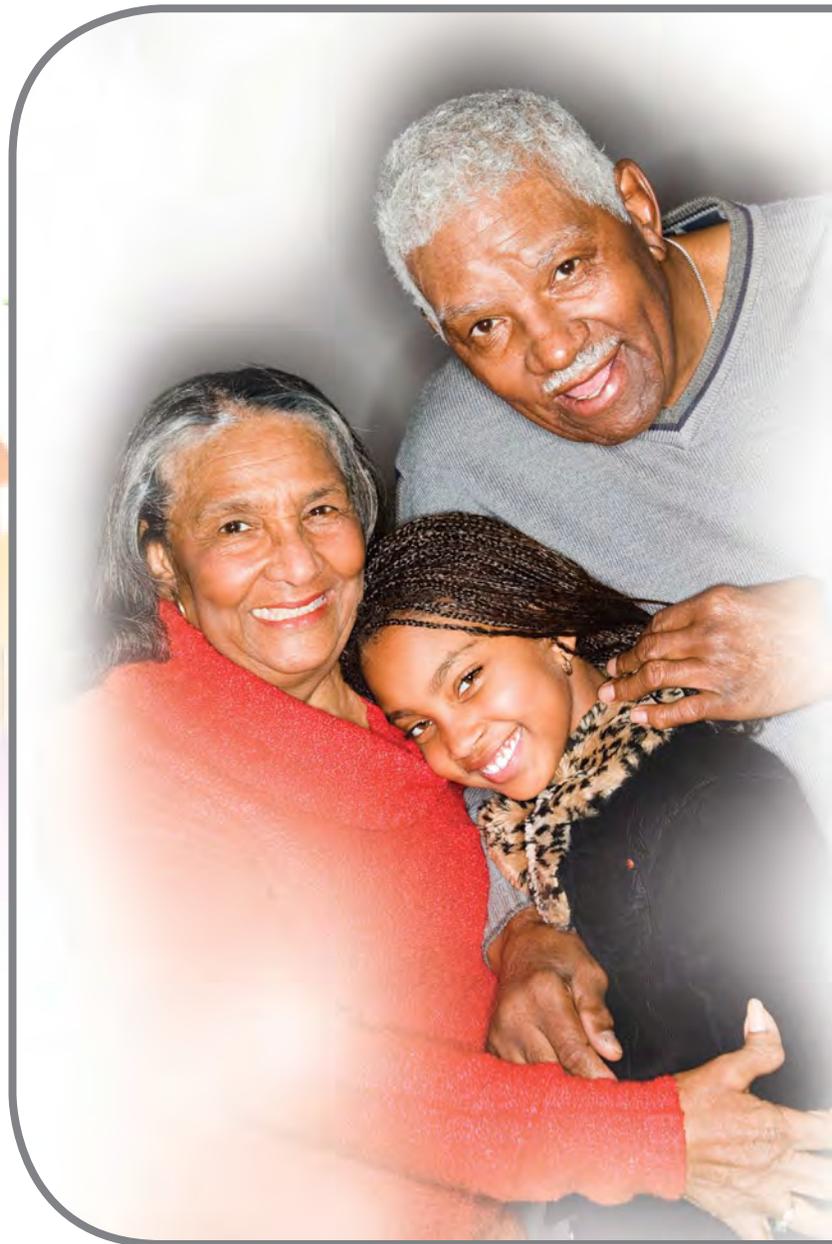
GAC	Governor's Advisory Council on Aging www.ncdhhs.gov/aging/gaclist.htm
NCAOA	North Carolina Association on Aging www.ncaoa.org/
NC4A	North Carolina Association of Area Agencies on Aging
NCACDSS	North Carolina Association of County Directors of Social Services www.ncacdss.org/
NCALTCF	North Carolina Association of Long-term Care Facilities www.ncaltcf.com/
NCANPHA	North Carolina Association of Non-Profit Homes for the Aging www.ncanpha.org/
NCCOA	North Carolina Coalition on Aging www.nc4a.org
NCCCN	North Carolina Community Care Network www.communitycarenc.com/
NCBAM	North Carolina Baptist Aging Ministries www.ncbam.org/
NCIOM	North Carolina Institute of Medicine www.nciom.org
NCSDSC	North Carolina Senior Driver Safety Coalition www.ncdot.org/doh/preconstruct/traffic/ECHS/groups/older.html
NCSG	North Carolina Senior Games www.ncseniorgames.org/
WDS	Workforce Development System
UNC CARES	Center for Aging Research and Educational Services, Jordan Institute for Families, School of Social Work, University of North Carolina at Chapel Hill http://ssw.unc.edu/cares/cares.htm

Grants, Projects and Programs

ARMS	Aging Resources Management System, Division of Aging and Adult Services www.ncdhhs.gov/aging/arms/armsforms.htm
APS	Adult Protective Services, Division of Aging and Adult Services www.ncdhhs.gov/aging/adultsvcs/afs_aps.htm
BRFSS	Behavioral Risk Factor Surveillance System, Division of Public Health www.epi.state.nc.us/SCHS/brfss/
CAC	Community Advisory Committee volunteer advocates appointed by county commissions who are part of the Long-Term Care Ombudsman Program www.ncdhhs.gov/aging/ombud/cac.htm
CAP-DA	Community Alternatives Program for Disabled Adults, Division of Medical Assistance www.ncdhhs.gov/dma/services/capda.htm
CAP-Choice	Community Alternatives Program for Disabled Adults, consumer-directed option, Division of Medical Assistance www.ncdhhs.gov/dma/services/capchoice.htm
Project C.A.R.E.	Caregiver Alternatives to Running on Empty, Division of Aging and Adult Services www.ncdhhs.gov/aging/ad/NCAIzDemo.htm
CDSMP	Chronic Disease Self-Management Program Grant—known in North Carolina as Living Healthy, Division of Aging and Adult Services www.ncdhhs.gov/aging/livinghealthy/livinghealthy.htm
EBP	Evidence-based Programs www.healthyagingprograms.org/content.asp?sectionid=32
FCSP	Family Caregiver Support Program, Division of Aging and Adult Services www.ncdhhs.gov/aging/fchome.htm
FNS	Food and Nutrition Services (formerly known as Food Stamps) www.ncdhhs.gov/dss/foodstamp/
HCCBG	Home and Community Care Block Grant, Division of Aging and Adult Services www.ncdhhs.gov/aging/manual/hccbg/hccbg.htm
Healthy IDEAS	Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors), an evidence-based program that develops the capacity of older adult care providers in the community to detect depression and intervene effectively. http://healthyideasnc.web.unc.edu/
Home Care Independence	Consumer-directed option through Home and Community Care Block Grant, Division of Aging and Adult Services www.ncdhhs.gov/aging/CDS/cds.htm
ILR	Independent Living Rehabilitation, Division of Services for the Blind www.ncdhhs.gov/dsb/services/independent.htm

ILRP	Independent Living Rehabilitation Program, Division of Vocational Rehabilitation www.ncdhhs.gov/dvrs/pwd/ils.htm
LIS	Low-Income Subsidy or “extra-help” provides financial assistance for Medicare beneficiaries with limited income and resources www.ssa.gov/prescriptionhelp/
MFP	Money Follows the Person, Division of Medical Assistance www.ncdhhs.gov/dma/MoneyFollows/
MOB	A Matter of Balance, evidence-based fall prevention program www.ncoa.org/improve-health/center-for-healthy-aging/a-matter-of-balance.html
MOST	Medical Orders for Scope of Treatment www.ncdhhs.gov/dhsr/EMS/dnrmost.html
MSP	Medicare Savings Program is a Medicaid program for people who have Medicare and also have limited income and resources, Division of Medical Assistance www.ncdhhs.gov/dma/medicaid/medicare.htm
NWD	No Wrong Door, Division of Medical Assistance www.acl.gov/Programs/CDAP/OIP/ADRC/Index.aspx
NCATP	North Carolina Assistive Technology Program, Division of Vocational Rehabilitation www.ncatp.org/index.htm
PACE	Programs of All-Inclusive Care for the Elderly, Division of Medical Assistance www.ncdhhs.gov/dma/services/pace.htm
PCP	Person-centered Planning www.unc.edu/depts/ddti/pct-training.html
SA-ACH	Special Assistance Adult Care Program, Division of Aging and Adult Services www.ncdhhs.gov/aging/adultsvcs/afs_special.htm
SA/IH	Special Assistance In-Home Program, Division of Aging and Adult Services www.ncdhhs.gov/aging/adultsvcs/afs_sa_inhome.htm
S.A.F.E.	Strategic Alliances for Elders in Long-Term Care, Division of Aging and Adult Services www.ncdhhs.gov/aging/pub/safe.pdf
SCSEP	Senior Community Service Employment Program www.ncdhhs.gov/aging/scsep.htm
SFMNP	Seniors’ Farmers Market Nutrition Program, Division of Aging and Adult Services www.fns.usda.gov/wic/SeniorFMNP/SeniorFMNPoverview.htm
SHIIP	Seniors’ Health Insurance Information Program, Department of Insurance www.ncdoi.com/shiip/default.asp
SMP	Senior Medicare Patrol, NC Department of Insurance www.ncdoi.com/SHIIP/SMP/shiip_smp_home.asp

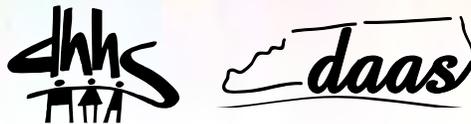
SSBG	Social Services Block Grant www.acf.hhs.gov/programs/ocs/programs/ssbg
SSI	Supplemental Security Income www.ssa.gov/ssi/
STHL	North Carolina Senior Tar Heel Legislature www.ncdhhs.gov/aging/sthl.htm
VAP	Victims Assistance Program, Division of Aging and Adult Services www.ncdhhs.gov/aging/vap.htm



North Carolina **Aging Services Plan** 2015-2019

Booming Forward:

Working Together to Improve Lives



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Pat McCrory, Governor

Department of Health and Human Services
Dr. Aldona Wos, Secretary
www.ncdhhs.gov

Division of Aging and Adult Services
www.ncdhhs.gov/aging/index.htm

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