



## 2023-24 LEGISLATIVE PRIORITIES



The NC Senior Tar Heel Legislature recommends these priorities to the NC General Assembly.

Visit [www.ncseniorlegislature.org](http://www.ncseniorlegislature.org) for more information.

### #1 Allocate an additional \$8M in recurring funds for Adult Protective Services (APS) to address staff shortages.

In SFY 21, APS received 32,075 reports across the state, compared to 14,001 reports in SFY 2005-2006, reflecting an increase of 129% in 17 years.

### #2 Increase the Senior Center General Purpose Appropriation by \$1,265,316 in recurring funds.

Senior Center General Purpose funding is currently \$1,265,316, which is not meeting the demands of a growing population.

### #3 Allocate an additional \$8M in recurring funds for the Home and Community Care Block Grant.

The Home and Community Care Block Grant is the primary funding source for community-based programs that support people 60 and older and current funding is insufficient to meet the need. The current state appropriation is \$36.9M.

### #4 Allocate an additional \$1.5M in recurring funds for 11 Additional Long-Term Care Ombudsmen.

Ombudsmen serve as advocates for residents in nursing homes and assisted living facilities, providing protections for vulnerable elders. The current state appropriation for this program is \$918.8K.

### #5 Strengthen Long-Term Care Staffing Standards.

In nursing homes, NC mandates minimum staffing standards for RNs and LPNs. For Certified Nursing Assistants (CNAs), there are no staffing standards, resulting in a strong likelihood of substandard care of frail elders.

**These recommendations totaling \$18.75M will provide supportive services and protection for the state's 2.4 million older adults.**

## 2023-24 LEGISLATIVE PRIORITIES

- #1 Allocate an additional \$8M in recurring funds for Adult Protective Services (APS) to address staff shortages.**  
In SFY 21, APS received 32,075 reports across the state, compared to 14,001 reports in SFY 2005-2006, reflecting an increase of 129% in 17 years.

### The Background

- In North Carolina, county departments of social services are mandated by General Statute 108A to evaluate reports of abuse, neglect, and exploitation of vulnerable adults through their Adult Protective Services (APS) programs.
- In North Carolina, the state does not allocate funds for APS. The federal Social Services Block Grant (SSBG) provides 21% of the funding for county DSS staff and counties provide the remaining 79% of funding.
  - In addition to APS, SSBG provides funding for several other county DSS departments, resulting in disparities in availability of APS resources across counties.
  - SSBG funds earmarked for APS are often depleted by mid-year.

### The Issues

- The New York State Elder Abuse Prevalence Study reports that for every 1 case that is reported, 24 cases go unreported.
- With the growth in the older adult population, county departments of social services APS staff are simply overwhelmed by the increased demand.
- Counties report they need an average of two additional full-time APS staff to address the protective services needs of their citizens.

### The Solution

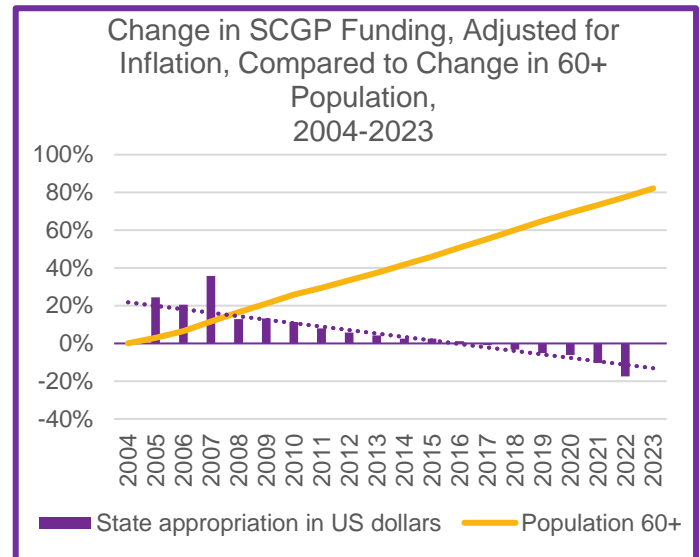
**Allocate an additional \$8M in recurring funds from the state budget to augment the federal funding to provide adequate staff to effectively handle the increasing volume of APS reports.**

### 2023-24 LEGISLATIVE PRIORITIES

**#2 Increase the Senior Center General Purpose appropriation by \$1,265,316 in recurring funds.**  
 Senior Center General Purpose (SCGP) funding is currently \$1,265,316, which is not meeting the demands of a growing older adult population.

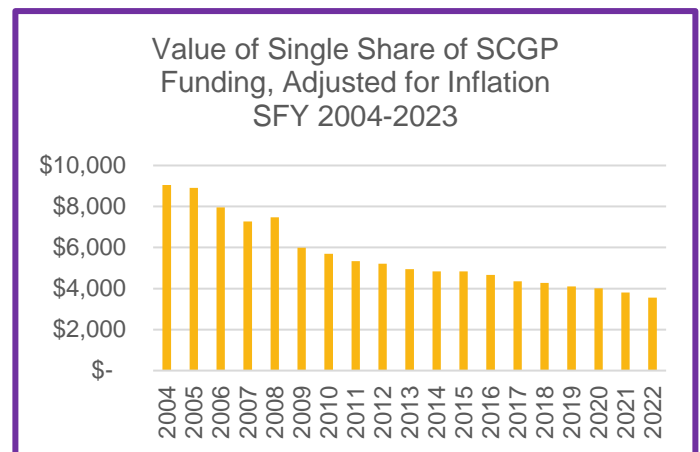
#### The Background

- Senior centers offer programs that promote health, improve access to services, and decrease social isolation.
- Senior centers can become certified as centers of merit or excellence. Certification levels are based on progressively higher levels of programming.
- SCGP funding is distributed based on certification status via a share system. This system provides an incentive for pursuing certification.



#### The Issues

- SCGP funding helps expand programs and staffing.
- Adjusting for inflation, SCGP funding has **decreased by 18%** since 2004, while the population 60+ has grown by 82%.
- The number of certified centers has increased over time, further reducing the value of a SCGP share. The adjusted value of a single share has **decreased by 61%** since 2004.



#### The Solution

**Increase Senior Center General Purpose funding by \$1,265,316 in recurring funds.**

- **Distribute \$500,000 evenly amongst all 100 counties to help offset increased administrative costs.**
- **Allocate the remaining \$765,316 for the Division of Aging and Adult Services certification program to increase the allocation each center receives.**

## 2023-24 LEGISLATIVE PRIORITIES

**#3**

### Allocate an additional \$8M in recurring funds for the Home and Community Care Block Grant.

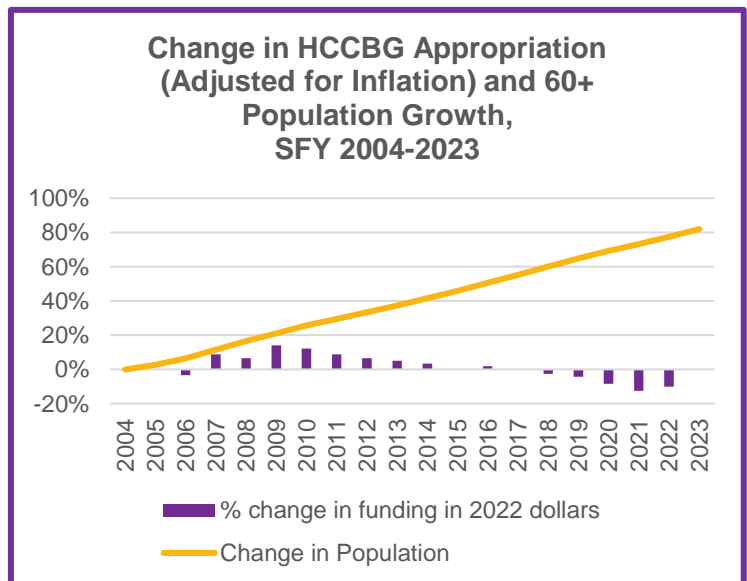
The Home and Community Care Block Grant is the primary funding source for community-based programs that support people ages 60 and older and current funding is insufficient to meet the need. The current state appropriation is \$36.9M.

### The Background

- Community-based services such as adult day care, home-delivered meals, transportation, senior centers, and in-home aide, help older adults remain in their homes and cost far less than long-term care.
- The Home and Community Care Block Grant (HCCBG) combines federal Older Americans Act funding with separate state funding and local funds and is the primary funding source for non-Medicaid home and community-based services.
- HCCBG focuses on assisting persons with the greatest social or economic need, older individuals with limited English proficiency, and older persons residing in rural areas.

### The Issues

- When adjusted for inflation, North Carolina’s HCCBG appropriation has **decreased by 10%** since 2004, while the population of those 60 and over **has grown by 82%**.
- Services have not been able to expand to keep up with the growing need.
- There are currently at least **10,000 older adults on NC’s waiting lists** for HCCBG services.



### The Solution

**Allocate an additional \$8M in recurring funds to align HCCBG funding with the aging population growth, provide crucial services at lesser expense to the state, and help address the 10,000+ waiting list.**

## 2023-24 LEGISLATIVE PRIORITIES

### **#4 Allocate an additional \$1.5M in recurring funds for 11 additional long-term care ombudsmen.**

Ombudsmen serve as advocates for residents in nursing homes and assisted living facilities, providing protections for vulnerable elders. The current state appropriation for this program is \$918.8K.

### **The Background**

- Ombudsman in the long-term care (LTC) setting are state-trained individuals who advocate for the rights of residents in long-term care facilities.
- The importance of their role was heightened by facility visitation restrictions imposed during the COVID-19 pandemic.
- For those with a loved one in a LTC setting, knowing the regional LTC ombudsman can make a huge difference in their experience with the facility.
- In 1995, the National Academy of Sciences Institute of Medicine (NASIOM) recommended one full-time equivalent (FTE) paid ombudsman per every 2,000 LTC beds.

### **The Issues**

- NC has more than 90,000 LTC beds and 35 approved FTE ombudsmen staff positions.
- Based on NASIOM recommendation of one ombudsman for every 2,000 beds, NC should have 46 FTE ombudsmen positions.
- NC needs 11 additional FTE ombudsman positions at an expense of \$1.5 million in recurring funds to meet best practice staffing standards and the increased demands of LTC ombudsman roles.

### **The Solution**

**Allocate \$1.5M in recurring funds to fund 11 additional ombudsmen positions. Distribute these funds to the regions most in need of additional ombudsman, based on the number of beds per region.**

## 2023-24 LEGISLATIVE PRIORITIES

- #5 Strengthen long-term care staffing standards.**  
In nursing homes, NC mandates minimum staffing standards for RNs and LPNs. For Certified Nursing Assistants (CNAs), there are no staffing standards, resulting in a strong likelihood of substandard care of frail elders.

### The Background

- Federal law requires Medicare and Medicaid certified nursing homes to have a registered nurse (RN) on duty at least 8 hours a day, 7 days a week; and a licensed nurse (RN or licensed practical nurse) on duty 24 hours a day. However, there are no minimum staffing levels for nurse's aides, who provide most of the day-to-day care.
- In a nursing home, the Certified Nurse Assistant (CNA) is the true point person when it comes to providing adequate one-on-one care to the resident. They implement bathing, toileting, grooming, feeding, and all other personal care functions for the resident.
- Considering minimal national requirements, most states require staffing above the federal standards.

### The Issues

- While there are federal nursing home staffing standards, North Carolina is not among states which require staffing above federal minimum requirements.
- Quality of care is directly related to the adequacy, competence and stability of the direct care workforce.
- With the absence of defined staffing standards, North Carolina ranks 43<sup>rd</sup> nationally in hours of care provided daily to nursing home residents.

### The Solution

**North Carolina should establish nursing home patient-to-staff ratios for certified nurse assistants that supports a quality standard of care for residents in these facilities.**