

# The Boomers Are Coming!

Throughout the country, shouts can be heard from healthcare providers, government agencies, financial advisors, and anyone involved in the aging field, “The boomers are coming! The boomers are coming!” This is an indisputable cry, as the aging baby boomers (those born between 1946 and 1964) are the largest generation in our country’s history, and are now reaching their sixties. It is not a cry unfamiliar to North Carolina who, along with the rest of the United States, is starting to see the effects of an aging population.

In year 2006, the number of older adults in North Carolina was barely over the one million mark. Within the next 20 years, the projected number of older North Carolinians is expected to double. As the population continues to age, policymakers will have to face challenges presented by the growing number of older adults, making sure that enough services and support are available to address their increasing needs. The shift in demographics has already begun to have an impact on policy and legislation at the local and state level.

As the NC General Assembly gears up for its 2008 Legislative Session, there are several issues that aging interest groups will bring to the attention of state legislators. Some of these legislative issues, which can be viewed as “hot topics” for the upcoming Session, include: the high cost of Medicaid, increased funding for the Home and Com-

munity Care Block Grant, additional support needed for senior and extended family caregivers, and more financial support for NCRx - the newly initiated program that provides prescription drug assistance to lower-income NC residents.

## Medicaid

An issue that is generally on the minds of policymakers is the cost of Medicaid. Medicaid is a state administered program, which mean that each state sets its own guidelines regarding eligibility and services. In general, one is eligible for Medicaid as determined by their income and if he/she matches one of the descriptions of the state specified eligibility groups. Low income as defined by these guidelines is only one measure for Medicaid eligibility. Assets and resources are also measured against established guidelines. Since most of the Medicaid services for older adults are optional, it makes them vulnerable to cuts – meaning less available Medicaid services or a higher degree of inaccessibility.

Currently, to be eligible to qualify for Medicaid services – as an aged, blind or disabled person – you must be age 65 or older OR have been diagnosed with a severe disability that is expected to last at least 12 months. You must also qualify based on set monthly income requirements (no greater than \$851 for individuals and \$1,141 for couples). Additionally, there are Medicaid qualifying asset limits that aged, blind or disabled persons must meet in order to qualify for

Medicaid services, which are set at \$2,000 for individuals and \$3,000 for couples.

During the 2008 Legislative Session, the state of North Carolina will likely see aging interest groups advocating to increase support for Medicaid programs available for older adults. One way of doing so is to raise the asset limit for Medicaid eligibility. The Governor’s Advisory Council on Aging and North Carolina Coalition on Aging are both advocating for an increase in the asset limits for categorically and medically needy Medicaid eligibility for aged, blind and disabled persons from \$2,000 to \$6,000 for individuals and from \$3,000 to \$9,000 for couples. Increasing the asset limits for eligibility would allow more elderly and disabled adults to access needed services provided by Medicaid programs, such as those older adults who currently have a few dollars over the asset limit.

## Home and Community Care Block Grant

As North Carolina’s population continues to age, the need for home and community based care services will remain an important political issue. The Home and Community Care Block Grant for Older Adults, which is administered by the NC Division of Aging and mandated by NC General Statute 143B-181.1(a)(11), is a source of funding for in-home and community based services. This grant, made up of federal, state and local funds, as well as

consumer contributions, provides funding for services such as home-delivered meals, in-home aide services, adult day care services, transportation, respite care for family caregivers, among many others.

Due to the increased need for home and community based care services, which derives from the fact that people are living longer and using available services longer, there is a pool of people on a waiting list to access needed services. North Carolina has over 10,000 people on these waiting lists, who are all trying to access services that will help maintain their independence and keep them in their homes and out of adult care or nursing homes.

This past 2007 Legislative Session, aging interest groups and concerned policymakers advocated for an increase in funds to be appropriated to the Home and Community Care Block Grant. The Governor’s Advisory Council on Aging advocated for an additional \$10 million, and the Senior Tar Heal Legislature, NC Coalition on Aging and NC Study Commission on Aging advocated for an additional \$5 million, to be appropriated to the Block Grant. Despite these recommendations, the General Assembly only allocated \$536,000 in new money this year to the Home and Community Care Block Grant, which is recurring for 2008-09. According to the NC Division of Aging and Adult Services, it would take an estimated additional \$14 million in Home and Community Care

Block Grant funds to address the need of over 10,000 older adults on the waiting lists.

### **Project C.A.R.E.**

Another emerging issue being brought to the forefront is the need for additional support for those caring for loved ones suffering from Alzheimer's disease or other forms of dementia. Caregiver advocates are encouraging policymakers to turn more attention toward providing additional support, assistance and resources for those assisting their family members. Caregivers can experience stress in several different ways including: physically, emotionally or financially. Taking care of a loved one can take time away from work, cost money, and put a strain on family relationships and personal life.

Project C.A.R.E. (Caregiver Alternatives to Running on Empty) is a pilot program that consists of consumer-directed respite services for caregivers of persons living with dementia in ten NC counties – Mecklenburg, Forsyth, Stokes, Surry, Henderson, Madison, McDowell, Polk, Rutherford and Transylvania. Through this program, caregivers have access to services such

as counseling, information on how to make appropriate care decisions, assistance in choosing and locating respite care that best meets their needs, training and educational resources. Additionally, for those who are eligible, the program provides access to funding to support adult care services, in-home personal care or overnight residential respite care.

This debilitating disease affects both older adults as well as family caregivers and unfortunately these numbers are projected to dramatically increase in the next few years. The NC Study Commission on Aging has advocated for an additional \$500,000 to be appropriated to support Project C.A.R.E. It is likely that the state will evaluate the impact of this pilot program before appropriating a large amount of additional funding.

### **NCRx**

Since the enactment of Medicare Part D, a prescription drug program for Medicare beneficiaries, older adults have been asking for additional assistance in order to pay for their needed prescription drugs. In October 2006, Governor Easley announced a new prescription drug premium

assistance program available to NC Medicare beneficiaries.

NCRx is a state assistance program that is aimed at providing supplementary relief for those older adults who have been going without needed medications due to high insurance premiums. North Carolinians are eligible to participate in the NCRx program if they are a Medicare beneficiary, age 65 or older, have an income at or below \$17,868 for individuals and \$23,958 for married couples. They must also have combined savings, investments and real estate of \$20,412 or less for individuals and \$30,618 for married couples, are enrolled or will enroll in a Medicare Prescription Drug Plan that participates with NCRx, have no other form of drug coverage, and are not eligible for the full federal "Extra Help" subsidy available under the federal Medicare Part D. The program helps eligible older residents pay for their prescription drugs – up to \$18 of their monthly premium.

In the 2007 Legislative Session, \$250,000 was allocated for grants-in-aid to community organizations to assist seniors enrolling in the NCRx program and Medicare Part D prescription drug benefit. Since NCRx is

a newly initiated program, there is still time for changes to occur and more money to be allocated.

So although the shouts announcing the baby boomers have been heard loud and clear, it hasn't been until recently that more businesses, politicians and community groups have made great strides towards answering their increasing needs by providing additional services specifically for our aging population and their caregivers. As the older adult population in NC is projected to climb to more than two million over the next 20 years, these fundamental changes in funding, programs, services and assistance offered for our senior citizens will need to be continually addressed. Help is on the way. Remember, we're all aging!

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