**Supporting Older Adults and their Families**

**10/31/2023**

Recommendations from October 11, 2023 Group Meetings

**North Carolinians will have access to services and resources that enable them to stay in their homes and communities as they age.** The Supporting Older Adults and Their Families workgroup focuses on identifying supportive services, caregiver support, and resources for aging individuals and their families, fostering aging in place and enhancing the quality of life.

**Service Options and Payment Models** (Leads: Lee Dobson and Bill Lamb)

***Area of focus:*** *Service Options and Payment Model is focused to ensure a diverse range of service options and explore flexible payment models to accommodate the needs and preferences of older adults and their families.*

* Build a uniform data set for HCBS to achieve value-based pricing as Medicaid value-based care is the direction CMS and Medicaid would like to go.
* Medicaid expansion *should* increase access to care .

**Adaptive and Assistive Technology**  (Leads: Tammy Koger and Jan Moore)

***Area of Focus:*** *Promote the adoption and use of adaptive and assistive technologies that can enhance the independence, safety, and quality of life for older adults, such as home automation systems, wearable devices, and telehealth solutions.*

* Digital Access: Need to increase access to mobile/smart home technologies for individuals and family members and caregivers
* Digital Access: Make things low and no cost for technologies and for monitoring services or find funding to pay
* Technologies to support in care givers and care giving
* Assistive Technology needs to be recognized as a medical necessity (or in same category of medical necessity).
* Possible grants to set up pilot projects for assessments and use of artificial intelligence and smart home/remote support

**Caregiver Support** (Leads: Linda Atack and Melissa Swartz)

***Area of Focus:*** *Develop programs and resources specifically designed to assist family and friend caregivers, including grandparents raising grandchildren, by providing guidance, training, and respite care.*

From Focus Area Packet

* NCCOA recommendations: Enhance support for caregivers of older adults.
* Age-friendly initiative: Use data to analyze lifestyle factors that may lead to Alzheimer’s, develop public health actions, address social determinants of health, and support caregivers.
* [BOLD ACT Grant:](https://www.cdc.gov/aging/pdf/2018-2023-Road-Map-508.pdf) Use data to set priorities, to develop public health actions, to address social determinants of health, and to provide support for caregivers who take care of people with dementias.
* BOLD ACT Grant: funding for the BOLD Public Health Programs to Address Alzheimer’s Disease and Related Dementias; Funded health departments will promote a strong public health approach to Alzheimer’s disease and related dementias (ADRD); Enabled NC to pursue the federal CDC BOLD – Healthy Brain Initiative and to build a NC public health infrastructure that addressed Alzheimer’s Disease and Related Dementias with objectives including: increasing early detection and diagnosis, risk reduction, prevention of avoidable hospitalizations, and supporting dementia caregiving.
* NCCOA recommendations: 2. Support Economic Self-Sufficiency for Older Adults and Their Caregivers: Expand access to health care by eliminating the health insurance coverage gap, especially for seniors who are not yet eligible.

**Addressing Needs of Persons with Dementia** (Leads: Heather Carter and Laura Jane Ward)

***Area of Focus:*** *Develop comprehensive strategies to address the unique challenges faced by individuals with dementia and their families, including specialized care programs, dementia-friendly environments, and support services focused on memory care and cognitive stimulation.*

* Promote multi-generational families from which to draw assistance from to provide relief for the caregivers;
* Promote descriptor: Dementia Spectrum. There is need for more proper diagnosis...just saying “dementia” covers a WIDE spectrum with different treatments and outcomes;
* Medicare should better address options for the families and the patient.

**Expansion of Public and Private Resources** (Leads: Renee Myatt and TBD)

***Area of Focus:*** *Increase the availability and accessibility of public and private resources aimed at supporting older adults and their families, including financial assistance, healthcare services, and social support networks.*

* Multi-generational approach
* Coordinated creative and innovated effort; look at other countries. Big picture, no more silos
* Funding to support research; not just look at current research and add on to what is occurring.
* Regulation around insurance. One challenge is patients discharged before services are in place.
	+ The current system minimize care, maximize cost.
* Tax credit: Long-term care insurance path. State policy that would promote savings.
	+ Federal Medicaid long-term care provision, larger asset base.
	+ Promote saving. Remarked current system punish savers.
* Expanding senior communities, such as a dementia village model. Must have private interest to promote.

**Support for Persons with Special Challenges** (Lead: Carol Conway)

***Area of Focus:*** *Provide targeted support for older adults with special challenges beyond dementia, including those with physical disabilities, chronic illnesses, or mental health conditions, by offering tailored services, accessibility accommodations, and appropriate healthcare interventions.*

* Integrating adults with I/DD into the wider senior care community, such as Senior Centers.
* Engaging the I/DD community in dialog about aging with other disability groups, such as NAMI and LENS.
* Ensuring that aging adults with I/DD that suddenly need a higher level of service aren’t simply dumped from their existing living situation without proper supports, as was the case a few decades ago in de-institutionalizing adults with mental illness.
* Acknowledging that aged adults with I/DD may not be well served in existing senior care facilities, and perhaps replicating the small retirement center in Chapel Hill that specializes in I/DD.
* Raising family awareness about existing adaptive technologies and services that can keep their loved one in their home and creating mechanisms that enable families to afford those tools and services.
* Address caregivers of adults with I/DD or MH who are themselves aging, but there’s another subgroup addressing that, I believe.