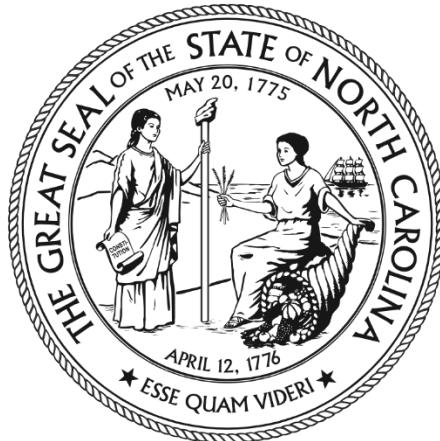


**Project C.A.R.E.**  
**(Caregiver Alternatives to Running on Empty)**

**Session Law 2010-31, Section 10.35B**



**Report to**  
**The Governor's Advisory Council on Aging**  
**and**  
**The Fiscal Research Division**  
**by**  
**North Carolina**  
**Department of Health and Human Services**

**January 27, 2026**

## Project C.A.R.E 2025

### Background

According to the Alzheimer's Association, approximately 210,500 North Carolinians aged 65 and older are currently living with Alzheimer's disease. The projected cost to NC Medicaid for providing care to individuals with Alzheimer's for 2025 is \$1.8 billion, which represents only a fraction of the care provided. Much of the day-to-day care is uncompensated, delivered by an estimated 381,000 unpaid caregivers, whose efforts are valued at approximately \$13 billion annually. Without advancements in treatment or care, the total cost of supporting individuals with Alzheimer's and other dementias nationwide is projected to reach nearly \$1 trillion by 2050. In 2022 alone, Alzheimer's disease was responsible for 4,272 deaths in North Carolina, a 147% increase in deaths related to the disease since 2000, an increase that is partially attributable to improved screening and longer life expectancy. The overall costs for healthcare and long-term care for those living with dementia are significantly higher than for those without, adding financial stress to the already substantial physical, emotional, and social burden placed on families.<sup>1</sup>

Pursuant to Section 10.35B of Session Law 2010-31, the North Carolina Department of Health and Human Services (DHHS), Division of Aging (DAAS) implemented a plan for the use of \$200,000 in recurring state appropriations to support Alzheimer's-related activities consistent with the goals of Project C.A.R.E. The session law required DAAS to submit an annual report to the Governor's Advisory Council on Aging and the Fiscal Research Division by October 1<sup>st</sup>. Originally, Session Law 2010-31 called for the report to be provided to the North Carolina Study Commission on Aging, but this is no longer applicable because the Commission was repealed in 2011.

### Statewide Caregiver Support

Project C.A.R.E. is a state-funded, dementia-specific support program for individuals who directly care for persons with Alzheimer's disease or related dementias. Started in 2001 as a demonstration project serving 6 counties, Project C.A.R.E. was expanded statewide in 2016 and now serves all 100 counties. Administered by DAAS, Project C.A.R.E. utilizes a care consultation model providing information and referral services, dementia specific education, caregiver assessment, care planning, and respite.

A key goal of Project C.A.R.E. is to provide services for dementia caregivers enabling their care recipients to age in place, delaying or altogether avoiding unnecessary placement in long-term care facilities. DAAS continues to recognize the importance of unpaid caregivers as an essential partner to address the quality-of-life needs and well-being for all older adults, and particularly those of individuals with greater challenges and higher level of needs.

Project C.A.R.E. contracts with six community-based organizations to provide care consultation services in all 100 counties, as shown in Figure 1. Family consultants collaborate closely with NC's 16 area agencies on aging (AAAs) and the Family Caregiver Support Program. This

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<sup>1</sup> 2025 Alzheimer's Disease Facts and Figures [www.alz.org/facts](http://www.alz.org/facts)

relationship allows for available, local resources to be coordinated and leveraged for maximum impact.

Project C.A.R.E. family consultants provide support directly to caregivers of persons living with Alzheimer's disease and related dementias by:

1. Offering care consultation services that include dementia-specific information, caregiver assessments and individualized care plans, caregiver education, and connections to social support networks;
2. Linking families with available community resources to address unmet needs, including local support groups, supportive services, entitlement programs, and other community resources;
3. Partnering with each AAA through its Family Caregiver Support Program to provide outreach, training, and education;
4. Providing consumer-directed respite care vouchers (\$500 each) to caregivers whereby the caregiver decides who, when, and where to hire help;
5. Providing training and assistance to AAAs and the community-at-large to increase capacity to assist persons with dementia and their families; and
6. Enhancing partnerships with and among the various entities that specialize in serving persons living with Alzheimer's disease and their caregivers.

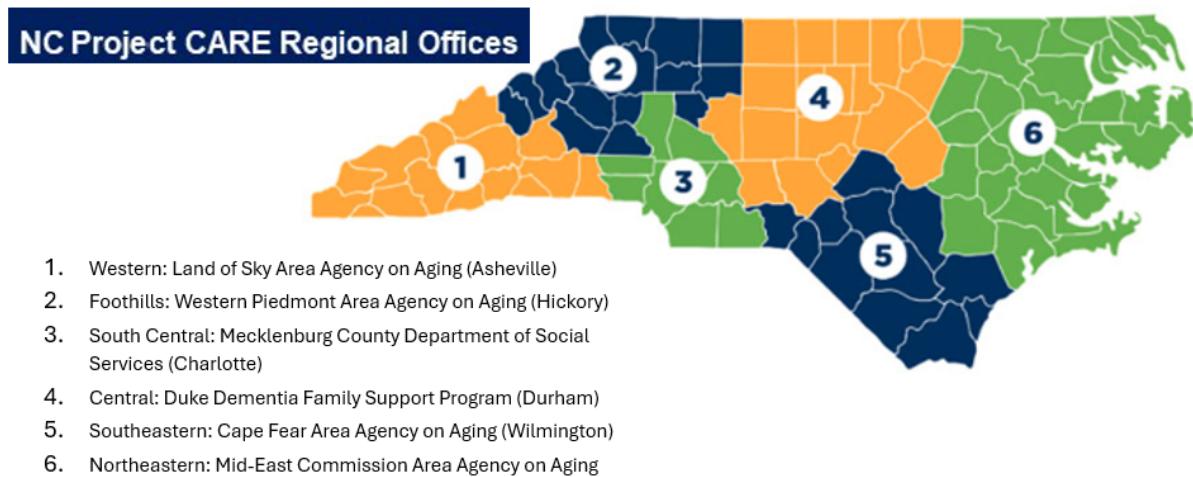


Figure 1. NC Project C.A.R.E. Regional Office locations

## Service Delivery

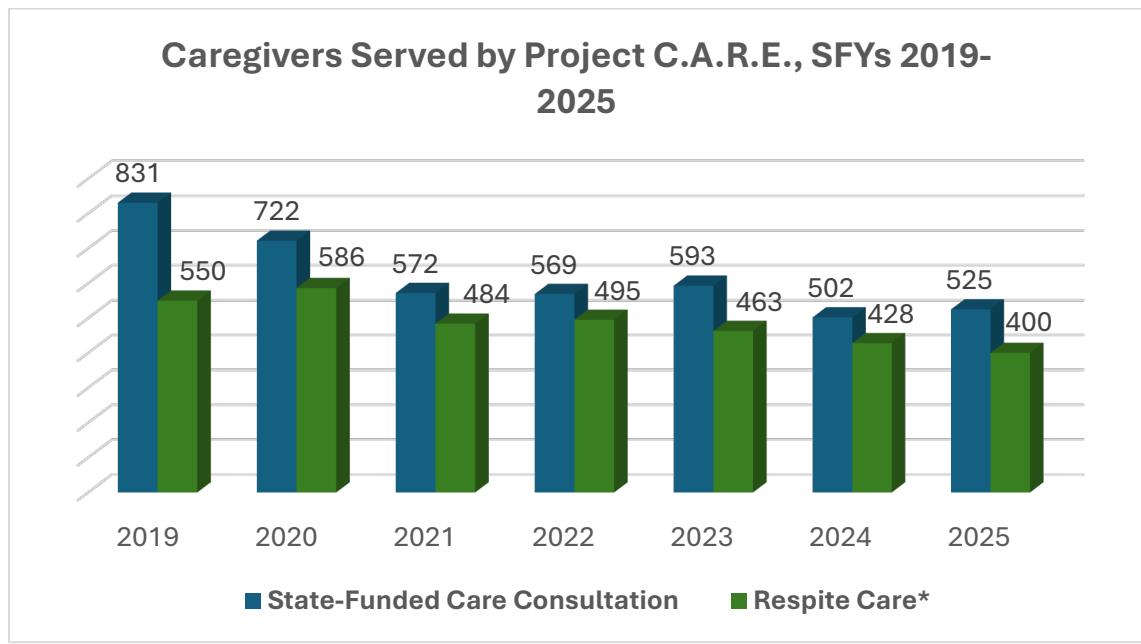
In 2014 the NC General Assembly required DAAS to develop the state's first strategic plan addressing Alzheimer's disease and related dementias (Session Law 2014-100). Partnering with the NC Institute of Medicine and a 47-member task force, DAAS released the March 2016 plan, *Dementia Capable North Carolina*, which included a recommendation to increase support of Project C.A.R.E. The Governor and the NC General Assembly approved the appropriation of additional funds through Session Law 2016-94 (House Bill 1030). Effective October 1, 2016, \$550,000 was appropriated to support three additional Project C.A.R.E. Family Consultants and

to provide funding for respite care vouchers for unpaid family caregivers for the state fiscal year ending June 30, 2016. Effective July 1, 2016, the total recurring appropriation was annualized \$1,033,333.

In SFY 2025, Project C.A.R.E. provided care consultation services to 525 non-Medicaid family caregivers in 90 counties, as shown in Table 1. The six FTE Project C.A.R.E. family consultants worked at full capacity effectively utilizing 99.98% of the state appropriation. All the respite budget was utilized for direct services, as intended by law.

Of the 525 non-Medicaid eligible family caregivers served, 400 caregivers received respite care vouchers; 237 (59%) of those receiving respite were new to the program in 2025. A caregiver may receive up to three \$500 vouchers annually. In SFY 2025, 41% of the 164 caregivers were awarded and utilized between two and three vouchers. Consumer-directed respite services were delivered based upon the needs and wishes of the unpaid caregiver with service options including an individual respite worker, home care agency, group respite (adult day care/adult health care), or in special cases, overnight facility-based care. In SFY 2025, 90% of caregivers chose to hire an individual to provide in-home respite services.

Due to a combination of ongoing challenges, the program has experienced a decline in the number of caregivers served through Project C.A.R.E. respite services, with a 7.86% decrease from SFY 2023 to SFY 2024, followed by a 6.8% decrease between SFY 2024 to SFY 2025. The challenges include an intensifying shortage in the direct care workforce, rising operational costs for host agencies amidst level funding, and a marked increase in the complexity of caregiver needs. As a result, Family Consultants requiring family consultants to invest more time to each case to ensure tailored support in line with the programs commitment to meeting caregivers' evolving needs”.



\*All caregivers receiving respite services also receive care consultation.

Data source: NC DHHS Division of Aging