



Priority Recommendations of the NC Coalition on Aging to The NC General Assembly for Addressing COVID-19

1. **Ensure that staff working with older adults in the home (ex. from local aging agencies and county departments of social services) and in all care settings (including home care, hospice, assisted living, and nursing home) have adequate personal protective equipment (PPE) and that issues with testing for COVID-19 are addressed to the extent possible.** In addition to gloves, face masks, and gowns, there is also a need for adequate supplies of diapers, wipes, and hand sanitizer. Staff who work with older adults, particularly those with compromised immune systems, should also be a priority for COVID-19 testing.
2. **Provide funding in the amount of \$4.5 million (with no match requirement) to support local aging service providers to cover non-unit emergency response costs pertaining to COVID-19 incurred between the onset of the pandemic and the receipt of federal assistance funding.** Many local aging agencies have had to purchase unexpected (not budgeted for) but necessary supplies and equipment as they have changed the way they do business and continue to serve older adults in their communities. They have also expanded their service capacity and many of them are doing non-traditional tasks to ensure that vulnerable older adults, many of whom live alone and are at high risk of the problems caused by social isolation, can continue to stay in their homes.
3. **Increase state funding to providers whose budgets are particularly “tight” that deliver critical services to very vulnerable population groups. Specifically we ask that:**
 - a. **\$5 million be appropriated for county departments of social services to support adult protective services (APS) across the state.** APS is a mandated service for county departments of social services and reported cases of abuse, neglect and exploitation of older and disabled adults continue to rise. The environment created by COVID-19 puts vulnerable older and disabled adults at increased risk for APS due to many factors including their added vulnerability because of social isolation, the heightened stress caregivers are under, and the increased incidence of financial exploitation during times like this.
 - b. **Appropriate funding to increase the temporary State/County Special Assistance payment to assisted living facilities to \$184/resident/month retroactive to January 1, 2020.** Assisted living facilities (adult care homes and family care homes) that receive public funding through the State/County Special Assistance Program have not received temporary Special Assistance funds for almost a year and with the added costs incurred by facilities due to

COVID-19, cash flow is becoming a serious issue with many facilities putting them at financial risk.

4. **Appropriate \$500,000 to be used by group care facilities, including nursing homes and assisted living facilities, to purchase technological devices such as tablets that can be used to help residents communicate with their family members who are now restricted from visiting them due to “no visitor” requirements.** Heart rendering stories are surfacing of residents and their families who are not able to have contact with each other, even as the health of some residents who test positive for COVID-19 deteriorates. Though no substitute for person-to-person interaction, tablets and other similar communication devices help to fill that void of no contact.
5. **Look at ways to better support existing staff as well as steps the state can take to expand the workforce across the continuum of services for older adults from direct care workers to medical personnel.** Provisions pertaining to health care access, sick leave benefits, child care assistance, and other work place provisions need to be strengthened. In addition, potential options for increasing the supply of workers such as relaxing scope of practice requirements and promoting the use of volunteers and non-clinicians as feasible need to be explored.
6. **Appropriate \$1 million that can be used by food banks to supplement the USDA Commodity Supplemental Food Program which provides a box of USDA commodities to low-income older adults once a month.** Additional funding could provide food a second time each month to the seniors. This could be done in cooperation with local aging agencies that can assist with the distribution of the food. The 2-1-1 statewide information and referral service reports that calls related to food access is the number one call they receive from older adults.
7. **Facilitate voting by older adults in upcoming elections by expanding absentee voting provisions and increasing the number and use of Multipartisan Assistance Teams (MATs).** Older adults will likely be adhering to social distancing provisions during the election times this year. Accommodations for ensuring they can vote without physically going to their polling site will help to keep them safe. MATs are currently maintained by every County Board of Elections to help those in facilities such as nursing homes, hospitals, and assisted living facilities request and submit absentee ballots. The role of MATs could be expanded to assist anyone outside of these facilities who needs assistance.
8. **As the state moves forward in its response to COVID-19, there is a need to implement practices to ensure that racial disparities are reduced and to develop widespread metrics to measure the significant impact of family caregivers in the state which can serve as a baseline for evaluating family caregiver efficacy within the health care system going forward.** Data is showing that African Americans have a higher prevalence rate and death rate from COV-19 than other population groups. The state must do more to address the root causes of this problem. Most persons who test positive for COVID-19 do not go to a hospital or reside in a group care facility. That means that the majority of those

with COVID-19 are cared for by family members or friends who play a critical role blunting the overall impact of this pandemic, especially with the high risk elderly population and those with vulnerable pre-existing conditions.

9. **Appropriate funding to compensate home care and group care providers for the additional expenses they are incurring due to COVID-19.** Costs to providers are increasing due to added prevention and infection expenses (e.g. cleaning and sanitizing costs and increased PPE) and increased staffing expenses (e.g. hazard pay incentives, use of agency labor at higher rates, increased time off and child care cost to enable staff to work).
10. **Ask the federal Centers for Medicare and Medicaid Services (CMS) to allow audio-only communication for telehealth under the Medicare program.** Although this is a federal issue, input from the General Assembly to CMS may help to spur a change in this policy. Video only communication may create a barrier to seniors in using telehealth to interact with medical personnel as some do not have access to smartphones, do not know how to use the video chat capability, or do not have adequate and reliable internet service to support video communications.