



Courtesy Mayview Convalescent Home

“Targeting” Older Persons for Services

by Cynthia Lambert and Bill Finger The Christmas spirit lives—with the Adopt-a-Grandparent program.

When discussing programs for older persons, two landmark dates stand above all others: 1935, when Congress passed the initial Social Security Act, and 1965, when Congress passed Medicare, Medicaid, and the Older Americans Act. The federal government *funds and administers* Social Security and Medicare, but it only *funds* the programs mandated by the Older Americans Act. State governments *administer* the programs funded by the Older Americans Act in various partnerships with regional councils of governments, local governments, and private non-profit groups. The states also administer Medicaid, the health care program designed for poor people.

From these landmark years, most government programs important to elderly persons have evolved under a “targeted” approach. Social Security, Medicare, and the Older Americans Act established programs generally designed for older persons. These federal laws also mandated separate administrative systems.

Some important exceptions to this “targeted” approach have emerged, however, often resulting in fragmented service delivery and administrative systems. This is particularly true when viewing programs designed for the poor. Last year in North Carolina, elderly persons

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received some \$23.6 million in social services through county departments of social services. Most of these funds came from federal programs designed for poor people. At the same time, Older Americans Act funds totaling some \$21.1 million went for similar types of programs but through a separate administrative system.

Much larger amounts of money are involved at the state Division of Medical Assistance. This office administers the Medicaid reimbursement system, which pays for health care for qualifying persons. While intended to serve the poor of all ages, Medicaid has been used increasingly in recent years by the elderly poor, primarily because it covers nursing home costs. Last year, almost two of every five dollars in Medicaid expenditures in North Carolina went to persons 65 and over (\$242 of \$648 million).

on state and local governments and on regional councils for implementation. In this article, terms like "elderly" and "older persons" refer to groups of varying ages, depending upon the program under discussion.

The Aging Network

Born during the Great Society years of the Johnson administration, the Older Americans Act reflects a "targeted" philosophy. The various types of programs mandated by this act—from in-home and nutrition services to legal counseling and support for senior centers—are aimed only at older persons. The act also requires a separate administrative structure, which has come to be known as the "aging network."

History of the N.C. Division of Aging

The Older Americans Act, passed by Congress in 1965, required each state to designate an official agency for the aging. Hence, the North Carolina General Assembly created in 1965 the Governor's Coordinating Council on Aging, which was to serve as the coordinating and information center for the planning, communication, and advocacy of programs aiding elderly persons.¹ In 1973, under State Government Reorganization, this council was placed under the new secretary of the Department of Human Resources. In 1973, Congress further delineated the requirements for an official state agency on aging. In North Carolina, that agency became the Department of Human Resources, which had responsibility for:

- developing and administering a state-wide plan;
- coordinating state activities related to implementing the Older Americans Act;
- dividing the state into planning and service areas and approving plans from these areas;

- monitoring and assessing the implementation of the area plans; and

- carrying out any other functions and responsibilities under the plan of the state agency.

In 1975, the Secretary of Human Resources designated an Office for Aging to administer these functions, and in 1977 the General Assembly changed the name of the Office for Aging to the Division of Aging.² Nathan Yelton, the first director of this new division, served from 1977 until his death in 1981. Ernest Messer, a former state representative (D-Haywood County) and chairperson of the legislative Study Commission on Aging, directed the division from 1981 until May of 1985. Elaine Stoops of Greensboro succeeded Messer (see page 32 for interview with Stoops). □

FOOTNOTES

¹Chapter 977, 1965 N.C. Session Laws.

²NCGS 143B-181.1.

This article focuses on programs targeted for older persons, particularly those programs involving state government. State laws and agencies have little involvement in the Medicare and Social Security programs. But the Older Americans Act and Medicaid depend largely

Since its initial 1965 national appropriation of \$6.5 million, the Older Americans Act has been amended and reauthorized by Congress nine times, now with a national pricetag of \$701.5 million and six separate titles (see Figure 1). The act requires each state to designate an

agency on aging.¹ In North Carolina, this is the Division of Aging within the Department of Human Resources (see sidebar on page 10).

In state fiscal year 1983-84, the Division of Aging administered some \$21.1 million in programs under the Older Americans Act. Most of this money comes through Title III of the act, which mandates a funding formula of 85 percent federal funds, 5 percent state funds, and 10 percent local funds. These monies are known as Title III funds or Administration on Aging (AoA) funds, referring to the federal agency within the U.S. Department of Health and Human Services that administers the Older Americans Act. In addition, \$2.7 million from other sources funded programs through the aging network. The Division of Aging is the only state-level agency that directs its efforts solely toward serving the elderly.

The Division of Aging itself has an operating budget of \$1.0 million, which covers 29½ positions. It functions as an advocate for elderly persons and—together with the regional “area agencies on aging”—as an administrative vehicle for monitoring and distributing the federal AoA funds. Services are provided directly at the local level by councils on aging, county government offices on aging, and various nonprofit groups. Together, these agencies are known as the aging network.

The term “aging network” implies a comprehensive administrative system for all governmental efforts to help older persons. In fact, it refers only to the six-tiered bureaucracy that implements the Older Americans Act (Figure 2 illustrates the tiers). As mandated by this act, local service providers receive AoA funding through a system of planning and service areas called *area agencies on aging*, usually referred to as “AAAs.”

To most North Carolinians, the acronym AAA might bring to mind a minor league baseball team, an auto club, or perhaps a bond rating. But in the aging network, the “triple As” are a key level in the bureaucracy that decides which local providers will spend millions of dollars on social services, nutrition programs, advocacy, and volunteer activities for older persons. In North Carolina, the AAAs work through the 18 Lead Regional Organizations (commonly referred to as Councils of Governments or COGs). Working with the same multi-county areas as COGs (and housed in the COG offices), the AAAs contract for services on the local level.

This contracting system allows AAAs to “do what’s right for each individual county—to provide the services each county most needs,”

Figure 1. The Older Americans Act of 1965, as Amended*

Title I:	Declaration of Objectives.
Title II:	Administration on Aging established in the Department of Health and Human Services.
Title III:	Grants for states and community programs on aging; provides 85% federal funds with a 5% state and 10% local matching ratio.
Title IIIA:	Provisions and funds for state administration.
Title IIIB:	Funds for area agencies on aging, community and social services, and multi-purpose senior centers.
Title IIIC:	Nutrition services. Part 1: funds for congregate meals; Part 2: funds for home delivered meals.
Title IV:	Training, research, and discretionary projects and programs. Funds for short- and long-term training of individuals employed in fields related to aging.
Title V:	Senior Community Service Employment Program which provides needy persons over 55 years old with part-time community service jobs.
Title VI:	Grants for Indian tribes for the above services.

*See Public Law 98-459, Older Americans Act Amendments of 1984, 42 U.S. Code, Sections 3001 et seq.

says Karen Buckle, who directs the Centralina AAA covering the eight-county region around Charlotte. Buckle points out that the Older Americans Act permits 8.5 percent of its funds to go for administration at the AAA level. “Our agency spent only 5.9 percent (of the AoA funds) on administration,” says Buckle. “We’re not just another level of government that skims off dollars.” Statewide, the AAAs averaged spending about 7 percent of the AoA funds on administration at the AAA level.

Figure 2. The Aging Network: A Six-Tier Administrative System for Older Americans Act Funds

Federal

1. Administration on Aging (AoA), in the U.S. Department of Health and Human Services (Southeast Region IV, regional AoA office in Atlanta)

State

2. N.C. Department of Human Resources
3. Division of Aging

Regional

4. 18 Area Agencies on Aging

Local*

5. County Office on Aging or Council on Aging
6. Other Service Providers

*In some cases, the county office or council on aging is also the service provider; hence it is a five-tiered system. In other cases, another agency is the service provider.

Other planners, however, criticize such regional structures as an unnecessary level of bureaucracy, duplicating efforts of counties, municipalities, and special purpose districts. "The COG concept came to fruition in the Great Society antipoverty and economic development

programs of the 1960s," explains Jones C. Abernethy, a planner and a consultant to local governments in a 15-county region around Winston-Salem. "But COGs have lingered past the demise of many of these programs."²

Due to the growing political power of the elderly, however, the AoA programs have survived, even in an era of federal budget cuts. As AoA funding has remained and other programs have been cut, the AAAs have become one of the main planning projects of the COGs.³ While formally under the general guidance of the state Division of Aging, the AAA directors work closely with the regional council personnel and with contacts generated through the COGs. The AAAs contract services to all 100 counties. Every county has either a county government office of aging, a council on aging (usually a private, non-profit agency), or a designated "focal point" (such as a center for congregate meals).

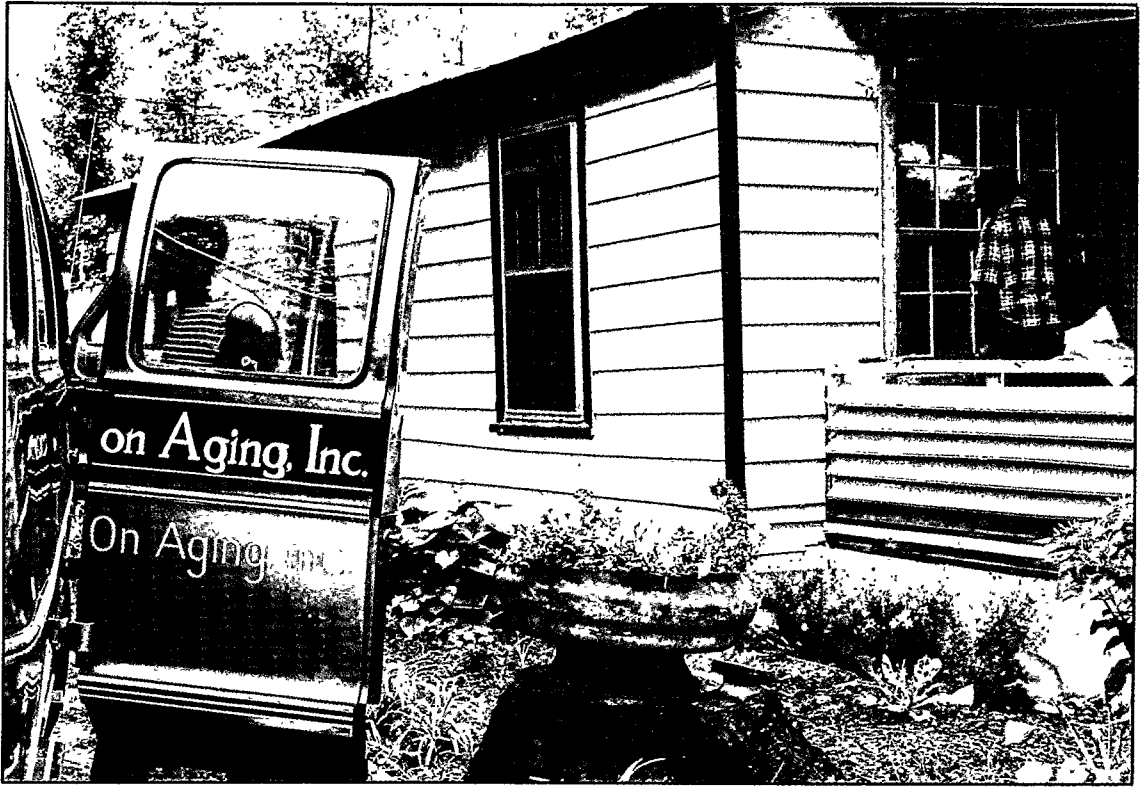
These offices serve as the major county-level clearing house for services and information for the elderly. While not part of the "aging network," county departments of social services play a similar role for elderly persons who are poor. In addition, there are 90 senior centers in 68 counties around the state, usually part of either the county aging office or the council on aging. Finally, the AAAs contract with: 1) other county agencies, such as departments of social services and public health agencies; 2) private non-profit agencies that work with various groups, including the elderly, such as community action agencies and churches; and 3) other government agencies, such as community colleges. The AAAs might contract with only a handful or literally dozens of agencies in a single year. The Centralina AAA, for example, contracted with 21 service providers in 1984.

Each AAA develops a "blueprint for action," as Karen Buckle calls the area plan, which must comply with the Older Americans Act and be approved by the Division of Aging.⁴ Within the limitations of the plan, the AAAs decide *what services* to fund, *who* should receive the funding (usually, a targeted group within the 60 and over population), and *what providers* to use.⁵ The Centralina AAA's plan for 1985-86, for example, projects that AoA funds can provide transportation services to 400 elderly people and 26,000 units of service in Gaston County. (A unit of transportation is a one-way trip, such as home to the doctor's office.)

The area agencies serve multi-county areas, but each county will have different needs. The area agencies study the needs of each county,



Courtesy Division of Aging



Carol Majors

although the depth of a “needs assessment” varies widely among the AAAs. The assessments are supposed to serve as a basis for the services an AAA decides to provide to each county. Hence, the range of services vary not only from one AAA to another but among the counties in a single AAA as well.

Gaston and Mecklenburg counties, for example, provide different services with AoA funds, even though both counties are in the Centralina planning area. Both counties provide information and referral, transportation, chore services, home delivered meals, congregate meals, homemaker-home health aides, and senior center services. But only Gaston County provides counseling and case management services. Mecklenburg County, though, provides some home health, health screening, and legal services not available in Gaston County.⁶

The aging network has evolved over its 20-year life into a system that varies widely in quality, structures, and sense of purpose. One council of aging staff member describes her agency like this: “We live according to grant cycles. The director discovers that a proposal is due in three days, and everybody drops everything to get the proposal in. We never seem to develop a long-term mission.” On the other hand, some AAAs and local service providers have excellent reputations throughout their

communities—as places where an elderly person can go and get assistance regardless of the problem.

Within the aging network, how well can an elder find support, get regular hot meals, or learn about other services in the community? It depends upon the area, unfortunately. Moreover, the network implementing the Older Americans Act does not administer the three programs most important to elderly persons—Social Security, Medicare, and Medicaid. In addition, in FY 84, the Division of Social Services administered some \$24 million in social services alone to older persons. The policy-making and reimbursement systems affecting the long-term care of elderly persons are spread among many federal, state, and local agencies. Only an exceptional office within this network could help guide an elderly person through the maze of agencies involved in formulating policy and delivering services to the elderly.

The following sections of this article, viewed together with Table 1, provide an overview of government services for elders: income, health, social services and nutrition, transportation, employment and training, and housing. While summarizing most programs that have large components for older persons, these sections focus on services targeted for the elderly and on state-level efforts.

Income Programs

Old Age Survivors and Disability Insurance (OASDI), commonly referred to as **Social Security**, provides retirement and disability benefits for insured workers and also provides benefits for survivors and dependents of insured workers. The amount received varies, based in part on contributions into the Social Security system (compulsory for each person and the person's employer, depending upon quarters of the year worked and amounts earned). The benefit amount also reflects a weighting in favor of the lower income earner in an effort to achieve some minimal standard of benefit. Over 93 percent of all individuals 65 years and older receive Social Security benefits. A person must be 62 to receive Social Security retirement benefits; a widow may receive survivor benefits at age 60. Between the ages of 62 and 70, a person who earns more than a specified amount will have benefits reduced proportionately. After age 70, a person can earn any amount and receive Social Security too. Income from savings and investments does not affect benefits.

In North Carolina last year, 537,552 people 62 and over received a monthly Social Security check that averaged \$402. Put another way, the Social Security Administration pumped a total of \$216.4 million *per month*—or almost \$2.6 billion a year—into North Carolina's economy via Social Security checks just to persons over 62. (For *all* OASDI checks—to widows and children and for disability benefits—the figures jump to: 925,931 people receiving monthly

checks averaging \$359, or a total of \$332.8 million per month and \$4 billion a year.)

A second major income program is **Supplemental Security Income (SSI)**, which provides benefits over and above Social Security to people in need. To be eligible for SSI, a person must be 65 years or older, blind, or handicapped, in addition to having limited assets and income. The benefit level varies according to the income a person is already receiving. Hence, income above an allowable amount per month will reduce SSI benefits. To receive SSI, a person's monthly income must not exceed \$345. The average SSI benefit in FY 84 was \$178 per month; the maximum amount paid to a recipient was \$325. In North Carolina in FY 84, 132,000 people received a total of \$282.2 million in SSI payments. The U.S. Social Security Administration administers both Social Security and SSI, but SSI is paid for out of general revenues rather than from Social Security contributions. Amounts paid to recipients do not vary according to region of the country.

For more on income programs, see article on page 47.

Health

Medicare, a health insurance system sponsored by the federal government, has two parts. Part A is a free *hospital* insurance system for persons over 65 who are eligible for Social Security. It basically covers minimum costs for illnesses, very limited care for treatable conditions that require a skilled nursing facility, and

Table 1. Government Programs Targeted for the Elderly

Service	Purpose	Agency Responsible for Program in N.C.	Service Provider
I. INCOME			
Social Security (Old Age Survivors and Disability Insurance)	Retirement and disability benefits for insured workers and benefits for survivors and dependents of insured workers	U.S. Social Security Administration	40 branch offices in state
Supplemental Security Income	Provides benefits to individuals in financial need	U.S. Social Security Administration	40 branch offices in state

some types of home health services. Part B Medicare, a *voluntary medical* insurance system, is available to persons at age 65 for a \$15.50 monthly premium (provided a person enrolls at age 65). Part B covers *physician services, hospital out-patient services, and other medical services and equipment*.

Nationally, the Social Security Administration has ultimate responsibility for administering Medicare, but the Health Care Financing Administration within the U.S. Department of Health and Human Services coordinates the reimbursement schedule. Each state has a designated agent to handle all claims and reimbursements. In North Carolina, there are two designated agents, Blue Cross and Blue Shield of N.C. for Part A and Prudential Medicare (a subsidiary of Prudential Insurance Company) for Part B. In North Carolina for FY 84, Blue Cross and Blue Shield paid \$870.6 million for Part A reimbursements and Prudential paid \$259.7 million for Part B. North Carolinians, meanwhile, paid \$126 million in monthly premiums for Part B coverage.

Medicaid is a federally regulated medical assistance program for the poor. Federal, state, and local funds pay for Medicaid according to a formula established by Congress. Federal funds pay 66.4 percent of a state's total Medicaid appropriation; state and county funds pay the other 33.6 percent. Each year, the Division of Medical Assistance within the N.C. Department of Human Resources estimates what each aspect of the program—from nursing home care



Courtesy Mayview Convalescent Home

A group of older persons at the N.C. State Fair.

to prescription drugs—will cost. Then, the General Assembly establishes the amount for the whole Medicaid program, according to projected costs. In FY 84, the total Medicaid expenditure in North Carolina was \$648 million; \$242 million, or 37 percent, went to people 65 and over. Of the portion going to older persons, \$199 million went for institutional care.

Federal law mandates that Medicaid cover some services, such as hospital care; states may choose to cover other services. North Carolina, for example, decided to cover, in addition to standard medical care, some dental services.

Eligibility	Cost to Client	Expenditures in N.C. (FY 84, in millions)				Citation
		State	Federal	Other	Total	
Retirement: age 62 and over	Worker and employer contribute to programs	\$0	\$2,596	\$0	\$2,596	42 USC 402
Other OASDI: varies		\$0	\$3,994 (all OASDI)	\$0	\$3,994 (all OASDI)	
65 and over, blind, or disabled and must meet a means test	None	\$0	\$282	\$0	\$282	42 USC 1382(e)

table continued page 18

Medicaid is known as an "entitlement" program. That is, once persons are determined eligible for Medicaid through a county Department of Social Services, then they are guaranteed all the services approved for Medicaid. Persons become eligible for Medicaid by being classified either "categorically needy" or "medically needy."

In most states, a person who either receives or would be eligible for a cash assistance program—Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI)—is "categorically" eligible for Medicaid. North Carolina, however, has chosen *not* to follow this method for determining which elders are categorically needy but has instead adopted income guidelines that are *more restrictive* than those for SSI. To receive SSI, a person's monthly income may not exceed \$345. To be categorically needy for Medicaid in North Carolina, a person over 65 must either receive or be eligible for SSI or AFDC. In addition, the person's monthly income—not counting SSI benefits—may not exceed \$200.

To qualify for Medicaid as "medically needy," a person must have medical expenses sufficient to reduce one's disposable income to \$200 per month. This process is called "spending down." For example, if a person (elderly or not), has a monthly income of \$500 and monthly medical bills of over \$300, that person *would not* qualify for a cash assistance program but *would* qualify for Medicaid through the "medically needy" category. The elder would pay for the first \$300 of medical bills; Medicaid would pay for the rest.

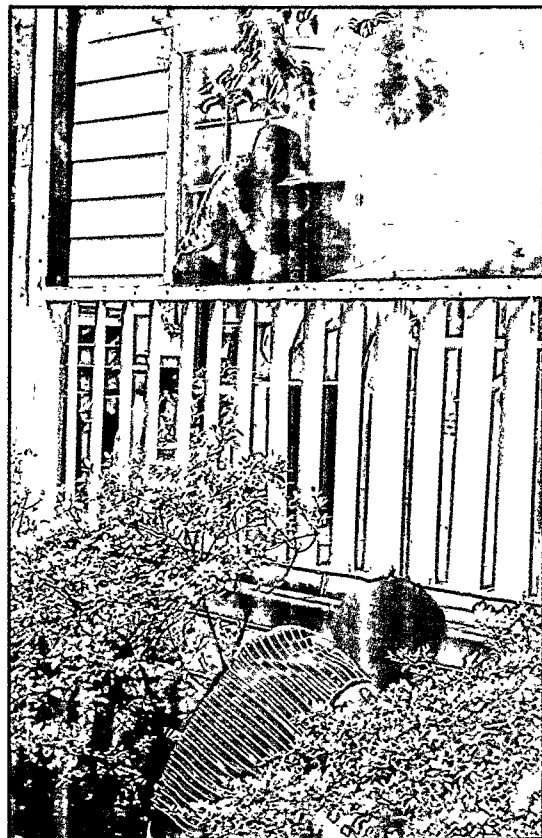
A state may choose whether to certify people eligible for Medicaid under this category, as North Carolina has done. The policy to make benefits available to the "medically needy" category is what makes Medicaid so valuable to older adults in North Carolina. Between Social Security and SSI, not many elders are categorically needy, yet many have such high medical bills that they would be wiped out financially without Medicaid. While \$200 a month is hardly enough to live on under any circumstances, at least an older person's resources are not totally wiped out by medical bills, such as care in a nursing home. In FY 84, of the \$199 million in Medicaid reimbursements that went to older persons for institutional care, \$167 went to nursing homes.⁷

Medicare and Medicaid are reimbursement systems, providing payment to providers for services rendered—to hospitals, doctors, nursing homes, home health agencies, pharmacists, etc. Several smaller but important government reimbursement systems—together with Medi-

care, Medicaid, individuals' resources, and some private insurance plans—pay for health care through what has come to be called the "long-term care continuum." Generally, this continuum refers to health care systems and health-related programs from the most restrictive to the least restrictive setting. The major points on the continuum are hospitals, nursing homes, domiciliary care homes, retirement villages, community care systems, and in-home services. (See the article on page 60 for more on the long-term care issue.)

Dividing government programs into "health" and "social services and nutrition" categories (as this article does) is somewhat artificial, when viewed from the perspective of a long-term care continuum. For example, chore and homemaker services are more social services than health programs. Yet without chore workers, far more elders would enter the traditional health care system—nursing homes and hospitals. Moreover, programs such as home-health aides and home health provide similar services but are classified as health or as social services, depending upon the administrative system employed. Some of the services described in the rest of this health section and in the social services section, which follows, should be

Home maintenance program at work.



Carol Majors

viewed together—as part of the long-term care continuum.

North Carolina State-County Special Assistance for Adults (called Special Assistance for short) assists needy persons 65 years or older, blind, or disabled. This program is mandatory for persons who were eligible for the now defunct federal program called “aid to the aged, blind, and disabled.” For other persons, the program varies from state to state (and the amount of assistance for all persons varies among the states). In North Carolina, by far the largest portion of this program goes to pay for domiciliary care for older persons.

“Domiciliary” care refers to three basic types of rest homes: family care homes (up to six persons per home); homes for aged and disabled (usually 60 to 80 persons); and group homes for developmentally disabled persons (up to nine persons). In FY 84, \$31.6 million went to persons qualifying for this program. The state paid 70 percent of the cost, the counties 30 percent; beginning in FY 85, the funding portions will go to a 50-50 arrangement. The Division of Social Services within the Department of Human Resources administers this program through the county departments of social services (DSS).

New ramp allows easier access for homebound.



Carol Majors

Social workers in county DSS offices determine eligibility using a means test for persons 65 and over. Some disabled persons over age 18 can also qualify. In FY 84, an average of 11,184 elderly persons in domiciliary homes received Special Assistance; only 154 disabled persons received Special Assistance. For FY 86, the Division of Social Services anticipates a case load of 12,127 older persons qualifying for this program, at a cost of \$36.8 million.

The General Assembly determines the payment level for Special Assistance. Last year, a rest home got \$565 per month for an ambulatory person who qualified for Special Assistance (\$594 per month for a semi- or non-ambulatory person). Older persons may pay some portion of this \$565 or \$594, depending primarily upon their monthly income, as determined by the county DSS.

The state and the Older Americans Act fund **home health services** through the divisions of Aging and Health Services. (Medicare and Medicaid also pay for many types of home health services, under the administrative systems described above.) The AoA funds allow area agencies on aging to allocate funds to home health programs in a county, depending on the needs assessments (see discussion on needs assessments on page 13). For example, the Triangle J Council of Governments has contracted with the Orange County Department of Aging to provide home health services. But other counties may not have a home health program funded with AoA funds. Home health services go to all ages, but AoA funds may be used only for persons 60 and over; there is a fee, which varies according to income.

In addition to the AoA-funded home health program administered through the Division of Aging, the state since 1979 has funded home health services through the Division of Health Services, also in the Department of Human Resources. These funds, totaling \$1.5 million in FY 84, went to public health departments and private home health agencies throughout the state, providing free services to a person with an income below \$6,225 (\$8,400 for a two-person family, \$12,750 for a family of four). These income levels were 125 percent of the federal poverty thresholds.⁸ A person might receive free services with higher incomes as well (125 to 199 percent of the federal poverty level), depending upon the service, the amount of funds available to the public health department or private agency delivering the service, and other mitigating circumstances. A three-person staff within the Division of Health Services administers this program.

continued page 20

Table 1. Government Programs Targeted for the Elderly, cont'd.

Service	Purpose	Agency Responsible for Program in N.C.	Service Provider
II. HEALTH			
Medicare:	Health insurance system.	U.S. Social Security Administration and Health Care Financing Administration	Doctors, hospitals, and other medical services qualified under state and federal standards
Part A	Covers some hospital, skilled nursing facility, and home health costs	Blue Cross and Blue Shield of N.C.	
Part B	Covers physician costs, hospital outpatient services, and other medical treatments	Prudential Medicare	
Medicaid	Provides medical assistance for the poor	Health Care Financing Administration; N.C. Division of Medical Assistance; eligibility by county DSS offices	Doctors, hospitals and other medical services qualified under state and federal standards
N.C. State-County Special Assistance for Adults	Provides benefits to individuals in need of rest home care and who are financially needy	Division of Social Services	County DSS offices
Home Health	Provides physical and speech therapy, routine nursing care, and other health-related services	Divisions of Aging and Health Services	County aging office, council on aging, non-profit organization, or public health department
Comprehensive Screening	Determine where person might best meet health and social needs	Division of Social Services	Lead agency designated at county level
Health Screening	Detect medical problems in early stages	Division of Aging	County aging office, council on aging, or non-profit organization
Long-Term Care Ombudsman	Monitors nursing home and rest home issues	Division of Aging	Ombudsman based in area agency on aging
Health Support	Finding and using appropriate medical care, including nursing homes	Division of Social Services	County DSS offices

Eligibility	Cost to Client	Expenditures in N.C. (FY 84, in millions)				Citation
		State	Federal	Other	Total	
65 and over						Title XVIII, Social Security Act:
	None	\$0	\$871	\$0	\$871	42 USC 1395c-e
	\$15.50 monthly premium	\$0	\$260	\$0	\$260	42 USC 1395j-xx
Based on need	None	\$168 (all Medicaid payments)	\$426	\$54	\$648	Title XIX, Social Security Act: 42 USC 1396 et seq.
		\$62 (65 and over payments)	\$161	\$18	\$242	NCGS 108A, Article 2, Part 6
65 and over, blind, or disabled and must meet a means test	None	\$22.1	\$0	\$9.5	\$31.6	NCGS Chap. 108A, Article 2, Part 3
60 and over	Fee, sliding according to income	Aging: Title IIIB funds (see Table 2)				42 USC 255; see also, Home Agency Licen- sure Act, NCGS 131E-135 et seq.
		\$1.5	\$0	\$0	\$1.5	
Need for service	None or fee	\$0	\$5	\$0	\$5	NCGS 143B-181.6
60 and over	None	Title IIIB funds (see Table 2)				42 USC 3027(a)(12); NCGS 131E-128
—	None	\$0.02	\$20	\$0.03	\$25	42 USC 1397 et seq.
60 and over; means test	None	\$0	\$1.0	\$3	\$1.3	42 USC 1397 et seq.

table continued page 22

Another relatively recent program that affects the long-term care continuum is the **comprehensive screening** program administered by the Division of Social Services. Some 25 counties are now participating in this program, which is designed to help determine where elders might best get their social and health needs met—in a nursing home or through some system of community or in-home services. This is part of a larger and complicated program often referred to as the Medicaid waiver or Community Alternatives Program (for more on this, see page 70).

The Division of Aging administers a **health screening** program through the aging network. This screening attempts to detect medical problems in the early stages before serious problems develop.

Finally, in the health area, the area agencies on aging designate a staff person to spend some portion of his or her time as a **long-term care ombudsman**. These ombudsmen, together with committees established by statute and appointed by the county commissioners at the local level, try to monitor and resolve problems between patients, their families, and the administrators of nursing and domiciliary homes.

Social Services and Nutrition

While the federal government plays the lead role in many income and health programs for the elderly, the state takes the lead in administering most social service and nutrition programs. The Division of Aging, through the network discussed above, and the Division of Social Services administer these programs, which can be grouped into four general categories: in-home services, other social services, access to services, and nutrition (see Table 1).

In-home Services. These services are designed to help older persons remain in their own homes and carry out activities of daily living. **Chore services** provides elders with personal care and home management assistance. **Home maintenance** helps older persons with minor home repairs, which includes some weatherization efforts. The **homemaker-home health aide** programs provide social workers or nursing assistants to cook meals or help with routine health maintenance for homebound persons aged 60 or over (there's a fee for this program, which slides upward according to a person's income). Both the aging network and county departments of social services (DSS) provide these services.

Services available only through the aging network include **in-home security** and **companion-**



Carol Majors

Fourth of July festivities at the Whitaker Mill Senior Center in Raleigh.

ionship programs. In-home security provides a daily check for an elderly person at home alone and concerned about possible medical difficulties; the check usually comes through a telephone network or a postal safety check. Through the **companionship program**, groups such as Adopt-A-Grandparent visit elderly persons on a regular basis. (These visits might go beyond the home to a hospital, nursing home, or rest home.)

The county DSS offices administer a major low-income **energy assistance** program, providing free home-heating fuel during the winter months. In FY 84, this program provided fuel costing \$10.3 million to persons 60 and over, all with federal funds. (Another \$15.8 million went to persons under age 60.) The county DSS offices also distributed over \$900,000 in weatherization funds to persons over age 60.

Other Social Services. Services outside the home are also available to older persons. The 90 **senior centers** across the state offer a wide range of recreational and educational activities. At the Gaston County senior center and the Whitaker Mill Road Senior Center in Raleigh (centers visited in researching this article), scores of elders work with ceramics and quilts, play ping pong and croquet, take field trips to outdoor



dramas, and organize holiday parties. At the Whitaker Mill center, a clutter of scenery from a play the regulars had just put on blocked the path into the browsing library, composed of books on loan from the public library system.

Another kind of facility emphasizes care for persons who are more dependent—**adult day care centers**. These centers are designed to serve elderly persons who no longer can take care of themselves—where safety, for example, is a concern—but who are not bedridden, do not need to be in a nursing home, and have someone to care for them at night. The Division of Social Services certifies these centers. Certification is voluntary, but a center must be certified to receive state funds. Currently, there are 40 certified adult day care centers in the state. They receive funds from five sources: the federal Social Services Block Grant, state in-home service funds, state adult day care funds, private contributions (United Way, etc.), and fees (on a sliding scale).

County DSS offices also administer a **foster care** program for older persons. In FY 84, the DSS offices spent \$1.3 million on this program, which helped elders find appropriate rest home care and monitored the compliance of rest homes with licensure standards.

Another kind of social service is **protective services**, administered through the county DSS offices. Under this program, local DSS offices work to provide help to elderly or disabled persons who are abused, neglected, or exploited. Last year, some 4,000 cases of abuse were reported to DSS offices. These included “self” abuse, such as when a very old person was not eating properly. Where a DSS office believes criminal abuse might be involved, the office reports the case to the local district attorney.

Finally, DSS offices and the aging network provide **counseling**, helping older persons with a variety of problems. The aging network also provides some basic **legal services** (contributions are requested from clients).

Access to Services. Older persons and their families can usually find out which programs exist in their county through their local council on aging, county office on aging, or the county DSS office. Many of these offices have a formal **information and referral** service available. Some have a case management service, which can help an elderly person identify the specific services in the county he or she needs. A case manager might also serve as an advocate for a person if problems concerning these services develop. Finally, the aging network sponsors an **outreach**

program in many areas in an effort to link hard-to-reach older adults with services in the community.

Funds for all the social service programs provided through the aging network come primarily from Title IIIB of the Older Americans Act. Other funds also come into the aging network, such as weatherization grants from the Energy Division of the Department of Commerce, the state in-home service fund, and contributions from private agencies such as the United Way. The state Division of Social Services distributes funds for social service programs to county departments of social services. These DSS funds come primarily from the federal Social Services Block Grant (Title XX), the state in-home fund, and the adult day care fund. County DSS offices might also get funds from the United Way and other public and private sources.



Carol Majors

Nutrition. There are basically three kinds of food programs utilized by elders: group/congregate meals outside the home, in-home meals, and food stamps. **Group/congregate meals** are

Table 1. Government Programs Targeted for the Elderly, cont'd.

Service	Purpose	Agency Responsible for Program in N.C.	Service Provider
III. SOCIAL SERVICES and NUTRITION			
<i>A. In-Home Services</i>			
Chore Services	Provides assistance with personal care and home management	Divisions of Aging and Social Services	County aging office, council on aging, non-profit agency; County DSS
Home Maintenance	Provides minor home repairs	Divisions of Aging and Social Services	County aging office, council on aging, non-profit agency; County DSS
Homemaker-Home Health Aide	Provides personal care, nutrition, and home management services	Divisions of Aging and Social Services	County aging office, council on aging, non-profit agency; County DSS
In-Home Companionship	Provides regular visits by volunteers such as Adopt-a-Grandparent or Friendly Visiting	Division of Aging	County aging office, council on aging, or non-profit organization
In-Home Security	Provides telephone reassurance and postal alert safety checks	Division of Aging	County aging office, council on aging, or non-profit organization
Energy Assistance	Provides home-heating fuel during winter months and funds for cooling in summer for those with special needs	Division of Social Services	Lead agency determined through county DSS offices

provided only through the AoA aging network. In FY 84, more than \$7 million in AoA funds alone went to meals for persons 60 and over in designated sites in a county, often at the senior center. This program provides not only a hot, nutritional meal but also a setting for fellowship.

Both the aging network and the county DSS offices fund **in-home meals**. In many cases, private non-profit organizations such as community action agencies (or restaurants, in a few instances) actually operate the in-home meals programs, often using both AoA and DSS funds. In-home meals are available to those over 60 who are medically homebound and have no one to prepare their meals. Hot meals are delivered once a day, often by volunteers working with the community agency that has the contract for this service. Under DSS administration, certified persons may receive home-de-

livered meals free, while others pay a sliding-scale fee.

In the aging network, contributions are suggested for these two meal programs. In the Centralina area last year, contributions covered 13 percent of group meals (\$195,920 of the total cost of \$1,399,861) and 8 percent of in-home meals (\$49,830 of \$598,933).

The other major nutrition program used by elderly persons is **food stamps**, a federal program under the U.S. Department of Agriculture. In North Carolina, the Division of Social Services administers the program statewide through county DSS offices. North Carolina began participating in the program in 1974, 10 years after it was established by Congress.

Persons qualify for food stamps through a two-step test: a resource and an income test. First, a person over age 60 may not have more than \$3,000 in reserve funds (a one-person

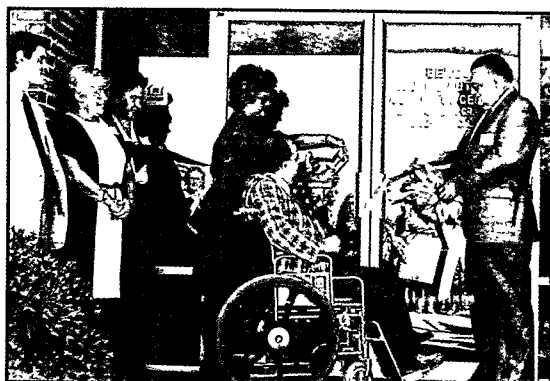
continued page 26

Eligibility	Cost to Client	Expenditures in N.C. (FY 84, in millions)				Citation
		State	Federal	Other	Total	
60 and over; means test (DSS only)	Contribution suggested (Aging); None or sliding scale (DSS)	Aging: See Table 2, IIIB fund Social Services: \$3.2	\$5.1	\$1.3	\$9.6	42 USC 3026(a)(2)(B); 42 USC 1397 et seq.
60 and over; means test (DSS)	Contribution suggested (Aging); None or sliding scale (DSS)	Aging: See Table 2, Title IIIB fund Social Services: \$.05	\$.04	\$.01	\$.1	same as above
60 and over; means test (DSS)	None or sliding scale	Aging: See Table 2, Title IIIB fund Social Services: \$.9	\$3.5	\$.7	\$5.1	same as above
60 and over	None	See Table 2, Title IIIB fund				42 USC 3026(a)(2)(B)
60 and over; live alone or couple with medical problems	None	See Table 2, Title IIIB fund				42 USC 3026(a)(2)(B)
Means test	None or sliding scale	\$0	\$10.3	\$0	\$10.3	42 USC 8601 et seq.

III. SOCIAL SERVICES and NUTRITION, cont'd.

Service	Purpose	Agency Responsible for Program in N.C.	Service Provider
<i>B. Other Social Services</i>			
Senior Centers	Provides a variety of educational, social, and recreational activities	Division of Aging	Senior Centers
Adult Day Care	Provide a day-care setting for older adults	Division of Social Services	County DSS offices and private agencies
Adult Foster Care	Find appropriate rest home care and monitor compliance with licensure standards	Division of Social Services	County DSS offices
Adult Protective Services	Means of providing help to elderly or disabled adults who are abused, neglected, or exploited	Division of Social Services	County DSS offices
Counseling	Counsel persons on various problems	Divisions of Aging and Social Services	County aging office, council on aging, non-profit agency, county DSS offices
Legal	Provides legal assistance	Division of Aging	County aging office, council on aging, or non-profit organization
<i>C. Access to Services</i>			
Information and Referral	Provides information by telephone or visit	Divisions of Aging and Social Services	County aging office, council on aging, non-profit agency, county DSS offices
Outreach	Links hard-to-reach older adults with services in the community	Division of Aging	County aging office, council on aging, or non-profit organization
<i>D. Nutrition</i>			
Meals: Group/ Congregate	Provides meals in group settings at designated community sites	Division of Aging	County aging office, council on aging, or non-profit organization
Meals: In-Home	Provides hot meals for homebound persons	Divisions of Aging and Social Services	County aging office, council on aging, non-profit agency, county DSS offices
Food Stamps	Supplements low-income households ability to buy food	Division of Social Services	County DSS offices

Eligibility	Cost to Client	Expenditures in N.C. (FY 84, in millions)				Citation
		State	Federal	Other	Total	
60 and over	None	See Table 2, Title IIIB fund				42 USC 3026(a)(1)
Means test	None or sliding fee	\$.1	\$.8	\$.2	\$ 1.1	42 USC 1397 et seq.
Need for service	None	NA	\$ 1.0	\$.3	\$ 1.3	42 USC 1397 et seq. NCGS 131D-2
Need for service	None	NA	\$ 1.1	\$.4	\$ 1.5	NCGS 108A, Article 6
60 and over; means test (DSS)	None	Aging: See Table 2, Title IIIB fund Social Services: NA \$ 1.4 \$.5 \$ 1.9				42 USC 3030d(a)(6), (9), and (12) 42 USC 1397 et seq.
60 and over	Contribution suggested	See Table 2, Title IIIB fund				42 USC 3026(a)(2)(C)
60 and over	None	Aging: See Table 2, Title IIIB fund Social Services: NA				42 USC 3026(a)(2)(A)
60 and over	None	See Table 2, Title IIIB fund				42 USC 3026(a)(5)(B)
60 and over	Contribution suggested	See Table 2, Title IIIC				42 USC 3027(a)(13)(A)
60 and over; Medically home-bound with no one	Contribution suggested (Aging); none or sliding fee (DSS)	Aging: See Table 2, Title IIIC Social Services: \$.2 \$.1 \$.1 \$.4				42 USC 1397 et seq.
Means test	None	\$.2	\$ 2.4	\$ 2.3	\$ 4.9	7 USC 2011 et seq. NCGS Chap. 108A, Article 2, Part 5



The opening ceremony for the Senior Center in Benson, N.C.

household); the figure is \$1,500 for anyone younger than 60. The requirements in the second step, the income test, also differ for persons over age 60. Elderly persons must meet only a *net income* test, \$415 for one person or \$560 for a couple, per month. (The general population must meet a *gross* and a *net* income test.) The amount of food stamps a person may receive per month varies by income, but cannot exceed \$79 per month, per person.

Transportation

Government funds help elderly persons get around in two ways. First, the aging network and county DDS offices administer **individual pick-ups** and **group trips** for persons aged 60 and over. The individual pick-ups are designed to provide transportation for elders to nutritional, health care, shopping, and recrea-

tional services. In theory, persons must make reservations with the council on aging or county office. Volunteers usually pick up the riders, helping them to and from the car if necessary. Some AoA-funded programs also offer group trips with vans.

The N.C. Department of Transportation (DOT) administers another type of program targeted specifically for elderly and disabled persons, known as the **section 16(b)(2) program**. A federal mass transit program, section 16(b)(2) funds are distributed by the State Board of Transportation through a grant system, usually following DOT staff recommendations. In FY 85, \$804,825 went to 19 agencies; of this, \$643,860 (80 percent) was in federal funds and \$160,965 was in state and local funds (10 percent each). These funds are available only for capital assistance, primarily for purchasing vehicles. In the ten-year life of the program, section 16(b)(2) funds have paid for some 550 vehicles used in almost every North Carolina county. Grantees, which must be private, non-profit agencies and be considered a "lead" agency for this grant, often share the vehicles with other groups. In 1984-85, grants went to such groups as the Johnston County Council on Aging (\$60,900 for four, 15-person vans) and the Caswell County Council on Aging (\$15,255 for one van). The local councils on aging are an important component of most coordinated transportation systems receiving these 16(b)(2) funds, and hence benefit from these funds even if they are not a direct recipient of a grant.

Table 1. Government Programs Targeted for the Elderly, cont'd.

Service	Purpose	Agency Responsible for Program in N.C.	Service Provider
IV. TRANSPORTATION			
Individual pick-up	Provides transportation to grocery stores, doctors' offices, and government agencies	Divisions of Aging and Social Services	County aging office, council on aging, non-profit agency, county DSS offices
Group trips (vans, etc.)	Provides transportation for groups	Division of Aging	County aging office, council on aging, non-profit agency, county DSS office
Capital purchases (vans, etc.)	Provide vehicles for group trips for elderly and handicapped	Division of Transportation	Lead agency at local level, as designated by DOT

Employment and Training

Two federal employment and training programs assist persons over age 55 who need and want to work: **Title V of the Older Americans Act** and the **Job Training Partnership Act (JTPA)** “set-aside”. Most of the Title V funds, which total \$317 million nationally, go for salaries and wages. The JTPA set-aside for persons over 55, some \$56 million nationwide, goes primarily for job training. In FY 85, North Carolina received \$1.7 million in Title V funds and \$1.3 million in JTPA funds targeted for persons over 55. To qualify for either program, a person must be at or near the poverty level (\$5,250 for an individual or \$7,050 for a family of two).

Title V, by design, is a subsidized, community service jobs program. The U.S. Department of Labor has overall administrative responsibility for the program. At the state level, the governors designate the administrative agent for about 20 percent of the funds; in North Carolina, that designee is the Division of Aging. The other 80 percent of the funds go to the states through six national contractors, distributed in North Carolina according to a formula worked out by the Division of Aging.⁹

Title V placements must be in the public or private non-profit sectors. Many placements are made at senior centers, thus helping to support the aging network. The Title V positions are designed to encourage the transition of older workers to the unsubsidized job market and to provide part-time employment to low-income

older persons. People paid with Title V funds are paid minimum wage or slightly higher, get a free annual physical exam, and have the flexibility of part-time work.

The Job Training Partnership Act, the federal manpower act that in 1983 replaced CETA (Comprehensive Employment and Training Act), includes a **3 percent “set-aside”** designated for persons over 55. The Department of Natural Resources and Community Development administers the entire JTPA program, through the Division of Employment and Training and the Job Training Coordinating Council (see Table 3 for more on this group). At the local level, “private industry councils” or PICs approve how the funds should be spent, according to a complex system of service delivery areas—11 in urban regions and a 12th covering the rest of the state through the COG network.

For more on these programs and other employment issues, see article on page 42.

Housing

Housing for the elderly is primarily a federal effort through the U.S. Department of Housing and Urban Development (HUD) and the Farmers Home Administration. Farmers Home provides **grants in rural areas** to low-income persons 62 or over. These grants, available by application through the Farmers Home office in each county, are for home repairs and improvements.

Eligibility	Cost to Client	Expenditures in N.C. (FY 84, in millions)				Citation
		State	Federal	Other	Total	
60 years and over; No one available to provide transportation	Contribution suggested (Aging): none or sliding scale (DSS)	Aging: see Table 2, Title IIIB fund Social Services; NA	\$.7	\$.2	\$.9	42 USC 3026(a)(2)(A) 42 USC 1397 et seq.
60 years and over; No one available to provide transportation	Contribution suggested	See Table 2, Title IIIB fund				
60 years and over; disabled persons	None	\$.08	\$.64	\$.08	\$.8	Section 16(b)(2), Urban Mass Transportation Act of 1964, as amended, 49 USC 1612

Over the years, HUD has provided a variety of **rent subsidies** to elders through its **Section 8** program. Many of these programs were reduced in the first round of federal budget cuts under the Reagan administration.¹⁰ In FY 84, only \$2.2 million in "new" Section 8 money came into North Carolina, all of it in conjunction with HUD's **Section 202** program. Under Section 202, which is restricted to elderly and handicapped persons, HUD provides approved non-profit borrowers money at below-market interest rates. The owners of the completed projects receive Section 8 rent subsidies according to the income levels of the elderly tenants. Under Section 8, elderly persons can pay no more than 30 percent of their incomes for rent. The \$2.2 million in Section 8 subsidies for FY 84 were approved for 21 projects with 476 housing units.

Section 8 funds continue to come into

North Carolina over the life of housing projects approved in past years, but tabulations of the amount of such "old" Section 8 funds are not available from HUD.

Conclusion

In highlighting the programs most important for elders, the wide variations in standards, procedures, reimbursement systems, and administrative structures become clear. But the variations grow even larger when discussing *all* government programs that benefit older persons. Some programs not discussed here cost the state substantial sums.

The state Division of Mental Health, Mental Retardation, and Substance Abuse Services, for example, in FY 84 spent \$29.7 million on persons 60 and over—\$22 million for care in mental hospitals and special care centers and

Table 1. Government Programs Targeted for the Elderly, cont'd.

Service	Purpose	Agency Responsible for Program in N.C.	Service Provider
V. EMPLOYMENT and TRAINING			
Job Training and Partnership Act (3 percent set-aside)	Provides job training for elderly persons	Department of Natural Resources and Community Development	Private employers
Senior Community Service Employment Program (Title V of Older Americans Act)	Provides elderly with access to employers and opportunities for community service	Division of Aging	County aging office, council on aging, or non-profit organization
VI. HOUSING			
Rural	Grants to low-income elderly home owners for home improvements	U.S. Farmers Home Administration	County FHA office
Rent Subsidies	Provides housing assistance for low-income elderly	U.S. Department of Housing and Urban Development	Non-profit group developing housing project

Note: Table 1 summarizes the major government programs targeted for older persons. The general authority for the N.C. Division of Aging is provided in NCGS Chapter 143B, Article 3, Part 14, especially at NCGS 143B-181.1. The N.C. Division of Social Service receives its funds and statutory authority for social services from various sources, especially NCGS Chapter 108A and the federal Social Services Block Grant. The term "means test" refers to the maximum income a client could receive to be eligible for a program. Means tests are used particularly by the Division of Social Services to determine eligibility for programs.

\$7.7 million in community programs.¹¹ Older persons received four types of tax breaks, including the "homestead" exemption (a reduction in property taxes) and a "double" exemption on the state personal income tax. Together, the four cost the state some \$41.1 million per year (see article on page 55 for more).

The administrative systems that focus on elderly persons are constantly evolving. The Division of Aging, for example, has begun to focus its planning process according to whether the persons served through the aging network are well, moderately well, or frail. For the upcoming fiscal year, 9 of the 18 AAAs targeted the services in their annual plans according to these three levels of health. By July 1986, all 18 AAAs will use this planning process.

Similarly, the Division of Social Services is taking a close look at the administration of the

State-County Special Assistance program, which helps pay for care in domiciliary homes. The population groups in domiciliary homes are sicker than in previous years because changes in Medicare reimbursement procedures seem to be pushing people out of hospitals sooner (see page 67 for more on this issue). The result is that county departments of social services are getting more involved in the health delivery system. The Division of Medical Assistance is having to cope with this and other health issues, as the article on page 60 explains.

While Table 1 contains a lot of information, it also suggests many unanswered questions. For example, is the role of government properly balanced between those who are poor and those who have money? Are services designed more for those who have their health or for those who are no longer independent?

Eligibility	Cost to Client	Expenditures in N.C. (FY 84, in millions)				Citation
		State	Federal	Other	Total	
60 and over; Income restrictions	None	\$0	\$1.3	\$0	\$1.3	29 USC 1501 et seq.
55 and over; Income restrictions vary by county	None	\$0	\$1.7	\$0	\$1.7	42 USC 3056 et seq.
62 and over; Income restrictions	None	\$0	\$.9	\$0	\$.9	42 USC 1474 et seq.
62 and over; Income restrictions	None	\$0	\$2.2	\$0	\$2.2	Housing Act of 1959, as amended: Sec- tion 202, 12 USC 1701q; and Section 8, 42 USC 1437 et seq.

Table prepared by Cynthia Lambert, Bill Finger, Ran Coble, and Jody George of the N.C. Center for Public Policy Research.

Table 2. Older Americans Act Expenditures, by Title and Program (FY 84)

Title	Program	Expenditures (in thousands)			
		State	Federal	Local ¹	Total
Title I A	State Administration	\$ 85	\$ 1,277	\$ 341	\$ 1,703
Title III B	Social Services ²	\$405	\$ 6,892	\$ 811	\$ 8,108
Title III C	Nutrition				
subpart (1)	Congregate Meals	\$389	\$ 6,616	\$ 778	\$ 7,783
subpart (2)	In-Home Meals	\$ 81	\$ 1,385	\$ 163	\$ 1,629
Title IV	Training, Research, and Discretionary Projects and Programs	\$ 0	\$ 77	\$ 0	\$ 77
Title V	Senior Community Service Employment Program	\$ 0	\$ 1,589	\$ 178	\$ 1,767
Totals		\$960	\$17,836	\$2,271	\$21,067

FOOTNOTES

¹ The funds shown in this column represent matching amounts mandated by the Older Americans Act. In addition, local service providers in the aging network receive U.S. Department of Agriculture payments of 55.6 cents per meal for group and in-home meals, contributions from clients, and other miscellaneous donations.

² Social services include health screening, home health, chore services, home maintenance, homemaker-home health aide, information and referral, companionship, in-home security, counseling, legal services, outreach, transportation, and senior centers. Title III funds are allocated to each area agency on a formula basis; each area agency then awards contracts for services to sub-grantees. The sub-grantees, such as councils on aging and private non-profit groups, actually divide these funds among particular services. To determine total funds spent throughout North Carolina for a specific service, a researcher would have to contact all sub-grantees individually.

Source: N.C. Department of Human Resources, Division of Budget and Analysis.

If this article has provided a useful overview of current programs and services for the elderly, then the articles that follow—on income programs, employment, tax breaks, and health issues—will attempt to tackle the larger policy issues that lie ahead. □

FOOTNOTES

¹42 U.S. Code 3025.

²Jones C. Abernethy III, "Con: Time for a Change," included in a three-part section called "Regionalism in North Carolina—What Course for the Future?," *North Carolina Insight*, October 1984 (Vol. 7, No. 2), p. 43. Jonathan B. Howes and Bradley S. Barker presented the case supporting COGs, "Pro: An Effective Resource."

³In 1974, Governor James E. Holshouser Jr. initiated a state-local counterpart to the Nixon administration's New Federalism and delegated planning authority for five major programs to the lead regional organizations (manpower; child development; family planning; food programs for women, infants, and children; and services to the aging). By 1983, of those five programs, all 18 regional councils were still administering only the AoA programs. (The 18 councils still do planning for the current manpower program, the Job Training Partnership Act.)

⁴42 U.S. Code 3026.

⁵An AAA plan must include the number of persons to be served, the number of units of service, and the definition of the various units of service for each county that receives funds from the AAA. In addition, the area plan—which must be approved by the Division of Aging—includes statements on accomplishments and initiatives to be undertaken in the next five years.

⁶To determine how to target services within a county, an AAA must first conduct a needs assessment of each county and consider what services are already being provided in that county (through private agencies, etc.). An AAA then attempts to provide those services most needed. If for example, the needs assessment shows that counseling is needed in Mecklenburg and Gaston counties but that another organization is already providing counseling in Mecklenburg, then the AAA would provide only limited funds to Gaston County.

⁷The other Medicaid funds for institutional care for persons 65 or older were: mental retardation (\$2 million), mental hospitals (\$6 million), and general hospitals (\$24 million). In addition, a portion of the following costs went for institutional care: drugs (\$19 million), doctors (\$5 million), outpatient services (\$2 million), dental (\$1 million), and administration (\$36 million). The Division of Medical Assistance does not break down these costs according to location of care.

⁸The Division of Health Services was using the federal poverty standards set prior to the beginning of the state FY 84-85. Beginning July 1, 1985, the division began using the current federal poverty thresholds: \$5,250 (family of one), \$7,050 (family of two), and \$10,650 (family of four).

⁹The six contractors are: Green Thumb, National Council on Aging, National Center on the Black Aged, U.S. Forest Service, National Urban League, and the National Council of Senior Citizens.

¹⁰See Priscilla Cobb, "Cutbacks in Federal Housing Programs," *North Carolina Insight*, Vol. 5, No. 2, August 1982, p. 27.

¹¹Only one of the 14 mental hospitals, mental retardation facilities, and other special care centers has a specific emphasis on older persons—the North Carolina Special Care Center in Wilson. Formerly a tuberculosis sanatorium, this center includes mostly psychiatric patients who have grown old in this institutional system.

**Table 3. Executive Branch Boards, Commissions, and Councils
Serving Older Persons**

Board, Commission, or Council	Established by	Purpose	Members, Appointed by	N.C. Department where Group is Housed
1. Governor's Advisory Council on Aging	NCGS 143B-181	To review existing programs and make recommendations to the Secretary of the Department to improve services to the elderly and to promote public understanding of problems of the aging through information exchange.	29-Governor 2-Lt. Governor 2-House Speaker <u>33-Total</u>	Human Resources
2. State Health Coordinating Council	PL 93-641, Sec. 1524(a); Executive Orders #19,6/76; #91,2/83; and #13, 6/85	To advise the Department of Human Resources on issues related to state health needs including the development of a yearly medical plan that includes planning for long-term care and services.	25-Governor 1-Ex-Officio (non-voting) ¹ <u>26-Total</u>	Human Resources
3. State Medical Care Advisory Committee	42 CFR 431.12(b); Secretary Directive AC 8-78, 8/78	To advise, review, and make recommendations to the Division of Medical Assistance on problems and policies involving all aspects of Medicaid.	13-Secretary of Human Resources 2-Ex-Officio ² <u>15-Total</u>	Human Resources
4. Social Services Commission	NCGS 143B-153	To adopt, amend, and rescind rules that govern the state's social service program, including an Adult Services Section which develops policies for nursing homes, adult day care, and abuse and neglect of the elderly.	11-Governor	Human Resources
5. Employment Security Commission	NCGS 96-3	To plan and implement programs which reduce and prevent unemployment and assist in vocational training; includes a specialist on services for older workers.	7-Governor	Commerce
6. N.C. State Job Training Coordinating Council	PL 97-300, Sec. 122 (Job Training Partnership Act, 10/13/83; Chap. 543, sec. 4 of 1985 N.C. Session Laws (HB 1333)	To advise the Governor on goals, objectives, and policies regarding employment and training and to review plans and programs of agencies or service delivery areas operating federally funded programs or employment-related services, including review of JTPA (3% designated for older persons).	17-Governor	Natural Resources and Community Development

FOOTNOTES

¹ Designee of Chief Medical Director of Veteran's Administration.

² Director, Division of Social Services; Director, Division of Health Services.

Table prepared by Cynthia Lambert and Jim Bryan. For more, see the Center's report, Boards, Commissions, and Councils in the Executive Branch of N.C. State Government, 1985, pp. 297, 314, 329, 343, 207, and 373.