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AGING SERVICES GUIDE FOR LEGISLATORS



Prepared by the Research Division of the
Legislative Services Office
for the

**NORTH CAROLINA STUDY COMMISSION
ON AGING**

1992

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SECOND EDITION, 1992

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**AGING SERVICES GUIDE FOR
LEGISLATORS**

**NORTH CAROLINA STUDY COMMISSION
ON AGING**

1992

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PREFACE

The primary purpose of this publication is to introduce the State's aging programs and services to legislators, community leaders, program professionals, citizens and older adults themselves to the available resources and directories on aging services and programs in North Carolina. It is an introduction only and is not intended to be an exhaustive or complete listing. Therefore, there may be some community programs funded through federal agencies that may not be included. Also, no attempt was made to identify the many private agency, church, or other organized programs and informal programs and services throughout the State.

In order to make this information helpful to the reader, some common terms have been defined within some sections of the document, and a "Glossary of Aging Terms" has been included in the appendices and is printed on green paper.

In addition to identifying these programs and services, contacts who can supply further information are listed throughout the document. In order to ensure the most beneficial use of this information, the contacts have also been duplicated into the "Program Contacts Directory" which is the last section of this document and is printed on yellow paper.

Also included are a summary of trends and principal characteristics of the older adult population, demographic data charts, a history of aging programs, and an overview of North Carolina legislation affecting the elderly since 1977.

This collection of resources was first presented to the North Carolina Commission on Aging at its meetings in December 1989 and January 1990 and has been updated for the 1993 General Assembly. The many requests for information about aging services and programs received by legislators serving on the Commission from their constituents and county leaders across the State and the fact that no single source of information has ever been identified originally provided the motivation that led to the Commission's decision to authorize preparation and publication of this document.

At the direction of the Commission, this information has been updated and published by its staff, Sue Floyd and John Young of the Legislative Research Division, with the assistance of Jan Lee, in cooperation with the various departments, agencies, and divisions.

The Commission would like to extend sincere words of appreciation to the many individuals who provided information for the publication and who presented information to the Commission and to Sue Floyd, John Young and Jan Lee for their outstanding efforts.

Betsy L. Cochrane

James P. Greene, Sr.

Cochairs of the
NORTH CAROLINA STUDY COMMISSION ON AGING
December 1992

NORTH CAROLINA'S OLDER ADULTS

POPULATION TRENDS

As we approach the next century, dramatic changes are expected in the demographic profile of North Carolina which will have direct impact on our health and human services systems. Between 1980 and 2010, the population of older adults will have doubled to over 1.1 million. Older adults now comprise the fastest growing segment of our population. Between 1980 and 1990, North Carolina experienced a growth rate of 33% for individuals 65 and over compared to a growth rate of 12.7% for the state as a whole. This ranked North Carolina 10th in the United States in the growth of the older adult population. By the beginning of the next century, older adults will constitute 13 per cent of the total population.

Even more striking is the rate of increase occurring in the population 85 and older. The rate of increase during this same period for our oldest citizens was 55.8% and growth rates are expected to increase to 65.5% through the 1990s. It is the 85 plus population that experiences the highest rates of physical and health impairments which result in needs for health, personal care, and other supportive services. They are the largest group using both group, home, and community based care. This population of older adults is expected to increase from 70,000 in 1990 to almost 160,000 by 2010.

A significant contribution to the growth of the older adult population comes from persons retiring to North Carolina. Estimates of up to 40,000 retirees relocate to North Carolina each year. This ranks North Carolina fifth nationally in attracting out-of-state retirees. Mountain and coastal counties and the sandhills attract many, although urban areas also contribute, particularly from people who want to locate near major medical facilities. Older in-migrants are generally younger and financially better off than older native North Carolinians. Poverty rates for in-migrants is less than half the rates for other older North Carolinians.

POVERTY

Poverty is a striking characteristic of older North Carolinians. In 1990 almost one in five older North Carolinians (19.5%) had incomes less than the federal poverty level (individual \$6,810; family of two \$9,910). This compares to a national rate of 12.8%. Only five counties in North Carolina; Henderson, Dare, Carteret, Moore, and Catawba, have poverty rates less than the national average. This means many older adults in North Carolina who need health and supportive services lack financial resources needed to pay for their own care.

RURAL

The proportion of older adults in each of North Carolina's counties varies considerably across the state. While 12.1% of the state's population was 65+ in 1990, 66 of the state's 100 counties had higher proportions of older adults than the state's average. Counties with the largest overall populations tend to have smaller proportions of elderly which held down the state average. Mecklenburg, Guilford, Wake, Forsyth, Buncombe, Gaston, Durham, Rowan, Cumberland and Alamance Counties had the

greatest number of older adults while Polk, Macon, Henderson, Clay, Cherokee, Alleghany, Transylvania, Perquimans and Haywood had the highest proportions. As can be noted, rural counties tend to have the highest proportions of older adults and in 1990 overall, 50.7% of the state's 65+ population were living in rural areas. Rural is defined as living in a town or municipality with a population of less than 2,500 or an area outside a town or municipality.

RACE/GENDER

Race, gender, and advanced age have very distinct relationships. Older age groups have higher proportions of females and lower proportions of minorities. In 1990, for the 65+ age group, nearly 82% of the population was white and 62% was female. White women made up 49.7% of the population 65 and over and 60% of the population 85 and over. Both minority women and white women outnumber their male counterparts increasing by age. Minority women made up over 62% of the nonwhite population 65+ and 68% of those 85+.

LIVING ARRANGEMENTS

Unlike popular conceptions, most older adults live in independent living arrangements. In 1990 over 94% of the 65+ population lived independently, leaving just over 5% in group quarters (nursing homes, domiciliary care, or mental hospitals). For those living in households, 68% were living in families and approximately 30% lived alone. With respect to gender, women are much more likely to live alone due primarily to widowhood. Older adults who live in households are also more likely to own their own homes; 79% own and 21% rent.

The rapid aging of the citizens of the state will mandate attention to increasing needs for hospitals and health care, group care, housing, in-home and community based services, recreation, and a wide range of supportive services and programming needed and used by older adults and their families. At the same time, there is a need to better coordinate and use existing resources to assure optimal responses to expected increases in demands.

A BRIEF HISTORY OF AGING PROGRAMS IN NORTH CAROLINA

Today almost 1,000,000 persons 60 years old or older live in North Carolina. Every year each one faces all the normal human problems connected with his or her housing, health, income, transportation, gainful activity, food, recreation, and self-preservation. In American society, as in the rest of the western world, age is the principal basis for determining the social activities and opportunities of individuals. The country came to recognize during the great Depression of the 1930's that it had a sense of responsibility for the aged and the poor. As a result, in 1935 Congress passed the Social Security Act, which established social insurance for retired workers, and the Old Age Assistance Program, which provided public assistance for poor elderly people.

With this basic legislation enacted, the expectation came to be that older Americans would live out retirement supported by the "three-legged stool" of pensions, savings, and Social Security. By the 1960's, however, this theory belied the cruel reality. Inflation had eaten away hard-earned savings. Pension funds went bankrupt or workers left before they fulfilled the rigorous 20-year or 30-year "vesting" requirements. Social Security was fixed, and its meager income barely met the older person's minimal monthly expenses. Furthermore, our highly industrialized society meant mandatory retirement and discrimination against older workers in the job force. And to top it off, the astronomical rise in health costs was financially devastating for an elderly person with a long-term illness. Together with these economic changes came the gradual disintegration of the three-generation family-support network.

Despite their magnitude, the benefits of the New Deal, the Social Security Act, and the Old Age Assistance program could not alone meet the diverse and growing needs of the burgeoning elderly population. The first legislative responses to these needs in the last half of this century were the passage in 1965 of Medicare, which provides health insurance for the aged, and Medicaid, which covers health costs of lower-income persons many of whom are elderly. The Age Discrimination in Employment Act, passed in 1967, now protects workers between their 40th and 65th birthdays from discrimination in job promotions and hiring.

In the early 1970's, the congressional lobby for the elderly made substantial strides toward a better life for older Americans. Congress voted to regulate all nursing homes that receive Medicare or Medicaid funds. In 1973, amendments to the 1965 Older Americans Act used large sums in building state and local social services and nutrition programs for the elderly. Later, Congress gave money under this act for special employment programs and "senior centers." In 1974, Congress passed the Supplemental Security Income program (SSI), which in effect guarantees federal minimum income for poor aged, blind, and disabled persons. Also in 1974, Congress enacted Title XX of the Social Security Act which allocates large amounts of federal funds for social services to potentially abused, dependent, and neglected persons, many of whom are elderly.

For the first time, in 1965 legislation created an administrative agency responsible for the affairs of the elderly. The Administration on Aging (AoA) of the Department of Health, Education, and Welfare was charged in the Older Americans Act of 1965 with a series of responsibilities toward the elderly that included virtually every aspect of aging. The initial appropriation of AoA was \$10 million; in 1974 it administered programs with a combined budget of approximately \$400 million. Since 1965, AoA has made funds available to states to assist local government agencies and nonprofit organizations in implementing such activities as coordination of service planning and delivery; advocacy; development of information, referral, and counseling services; establishment of research and demonstration project; and the training of personnel working in the aging field.

The 1973 amendments modified and expanded provisions of the Older Americans Act. For the first time, local-level planning through area agencies on aging became a part of the aging network. Since its creation, AoA has focused some of its programs on specific problems, such as nutrition. It has developed a broad strategy for implementing its more open-ended responsibilities for providing social services. However, AoA has mainly been an administrative vehicle for transferring federal funds to states and area agencies on aging, which in turn determine what needs and problems need attention.

Until just over a decade ago, the elderly segment of the population in North Carolina was ignored by the State political process since those over-65 amounted to less than 8 percent of the population. It was perceived by the State leaders that federal programs like Social Security already served our older population. But since 1977, the elderly have quietly and steadily gained influence at the ballot box which has been recognized by both the executive and legislative branches. They have become a political entity with which to be reckoned.

Several factors may account for the turnaround in the political fortune of the elderly. One, no doubt, is the realization of the implications of the demographic forecasts. Where once the elderly could be overlooked because of their small portion of the population, the seventies and eighties have brought about an increased aging of the population. By the end of the twentieth century, North Carolina's elderly will grow to about 15 percent of the population.

In 1977, Governor James B. Hunt, Jr. initiated an emphasis on programs and policies designed to benefit the older population. The Office of Aging within the Department of Human Resources was upgraded to division status and the head of this division was designated as an Assistant Secretary within the Department of Human Resources. Also, the General Assembly approved executive recommendations for increased budget and staff for this new division.

In the same time period, the General Assembly began to recognize the older adult. In the House of Representatives, House Speaker Carl J. Stewart appointed the first standing House Committee on Aging and named State Representative Ernest B. Messer chairman. "We are plowing new ground in the field that has been hardly touched," declared Messer shortly after his appointment.

The General Assembly also studied the problems of aging on an annual basis through the Legislative Research Commission process from 1978 until it made its final report to the 1987 General Assembly. Only those issues which the General Assembly deems to be of utmost importance are given study commission status more than once.

The 1987 legislative session proved to be another watershed year for actions affecting aging policy issues. First, on June 4, 1987, the General Assembly passed "An Act to Establish an Aging Policy Plan for North Carolina." This act required the Secretary of the Department of Human Resources to prepare for the General Assembly by December 31, 1987, a statewide aging policy plan. In the same 1987 Session, the General Assembly established the North Carolina Study Commission on Aging with a \$100,000 budget. Many studies are established through resolution, but the North Carolina Study Commission on Aging was established by statute. Therefore, this Commission is designed to continue, not to expire after two years. The General Assembly's purpose for this rather unusual action is to offer a new and substantial forum for North Carolinians concerned about older adults.

NORTH CAROLINA SYSTEM OF COMMUNITY COLLEGES

The North Carolina Community College System serves the aging population by providing direct educational services in the form of courses and programs appropriate to the needs and interests of this clientele and by providing allied health and human services programs for workers who serve older adults. Inasmuch as the system delivers its services in a decentralized structure through its 58 institutions, agency contacts include those at the state level as well as those at the local level.

State Level

Contact: Dr. Neill McLeod, Associate Executive Vice President
(919) 733-7051, Ext. 721

Dr. James Wingate, Vice President for Programs
(919) 733-7051, Ext. 413

Local Colleges

Contact: Aging Education Coordinator
Allied Health Director
(Phone numbers are the same as those for presidents in the following section, "Presidents, etc.")

Presidents of Community and Technical Colleges

Alamance Community College
Dr. W. Ronald McCarter
(919) 578-2002

Blue Ridge Community College
Dr. David W. Sink
(704) 692-3572

Anson Community College
Dr. Edwin R. Chapman
(704) 272-7635

Brunswick Community College
W. Michael Reaves
(919) 754-6900

Asheville-Buncombe Technical
Community College
Kenneth Ray Bailey
(704) 254-1921

Caldwell Community College and
Technical Institute
Dr. Eric B. McKeithan
(704) 726-2200

Beaufort County Community College
Dr. U. Ronald Champion
(919) 946-6194

Cape Fear Community College
Dr. Richard Conrath
(919) 343-0481

Bladen Community College
Lynn G. King
(919) 862-2164

Carteret Community College
Dr. Donald W. Bryant
(919) 247-6000

Catawba Valley Community College
Dr. Cuyler Dunbar
(704) 327-7000

Central Carolina Community College
Dr. Marvin R. Joyner
(919) 775-5401

Central Piedmont Community College
Interim President
(704) 342-6566

Cleveland Community College
Dr. L. Steve Thornburg
(704) 484-4000

Coastal Carolina Community College
Dr. Ronald K. Lingle
(919) 455-1221

College of The Albemarle
Dr. Gerald W. Bray, Interim President
(919) 335-0821

Craven Community College
Dr. Lewis S. Redd, Interim
(919) 638-4131

Davidson County Community College
Dr. J. Bryan Brooks
(704) 249-8186

Durham Technical Community College
Dr. Phail Wynn, Jr.
(919) 598-9222

Edgecombe Community College
Charles B. McIntyre
(919) 823-5166

Fayetteville Technical Community College
Dr. Craig Allen
(919) 678-8400

Forsyth Technical Community College
Dr. Bob H. Greene
(919) 723-0371

Gaston College
Dr. W. Wayne Scott
(704) 922-6200

Guilford Technical Community College
Dr. Donald W. Cameron
(919) 334-4822

Halifax Community College
Dr. Elton L. Newbern, Jr.
(919) 536-2551

Haywood Community College
Dr. Dan W. Moore
(704) 627-4516

Isothermal Community College
Dr. Willard L. Lewis, III
(704) 286-3636

James Sprunt Community College
Dr. Donald L. Reichard
(919) 296-1341

Johnston Community College
Dr. John Tart
(919) 934-3051

Lenoir Community College
Dr. Lonnie H. Blizzard
(919) 527-6223

Martin Community College
Dr. Martin Nadelman
(919) 792-1521

Mayland Community College
Dr. Virginia A. Foxx
(704) 765-7351

McDowell Technical Community College
Dr. Robert M. Boggs
(704) 652-6021

Mitchell Community College
Dr. Douglas Eason
(704) 878-3200

Montgomery Community College
Bruce Turner, Acting President
(919) 572-3691

Nash Community College
Dr. J. Reid Parrott, Jr.
(919) 443-4011

North Carolina Center for Applied
Textile Technology (Belmont)
Dr. James Lemons
(704) 825-3737

Pamlico Community College
Dr. E. Douglas Kearney, Jr.
(919) 249-1851

Piedmont Community College
Dr. H. James Owen
(919) 599-1181

Pitt Community College
Dr. Charles E. Russell
(919) 355-4200

Randolph Community College
Dr. Larry K. Linker
(919) 629-1471

Richmond Community College
Joseph W. Grimsley
(919) 582-7000

Roanoke-Chowan Community College
Dr. Harold E. Mitchell
(919) 332-5921

Robeson Community College
Fred G. Williams, Jr.
(919) 738-7101

Rockingham Community College
Dr. N. Jerry Owens
(919) 342-4261

Rowan-Cabarrus Community College
Dr. Richard L. Brownell
(704) 637-0760

Sampson Community College
Dr. Clifton W. Paderick
(919) 592-8081

Sandhills Community College
Dr. John R. Dempsey
(919) 692-6185

Southeastern Community College
Dr. Stephen C. Scott
(919) 642-7141

Southwestern Community College
Dr. Barry Russell
(704) 586-4091

Stanly Community College
Dr. Jan Crawford,
(704) 982-0121

Surry Community College
Dr. Swanson Richards
(919) 386-8121

Tri-County Community College
Dr. Harry Garrett
(704) 837-6810

Vance-Granville Community College
Dr. Ben F. Currin
(919) 492-2061

Wake Technical Community College
Dr. Bruce I. Howell
(919) 772-0551

Wayne Community College
Dr. Edward H. Wilson, Jr.
(919) 735-5151

Western Piedmont Community College
Dr. James A. Richardson
(704) 438-6000

Wilkes Community College
Dr. James R. Randolph
(919) 667-7136

Wilson Technical Community College
Dr. Frank L. Eagles
(919) 291-1195

DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT

JOB TRAINING AND PARTNERSHIP ACT

The Division of Employment and Training administers the Job Training Partnership Act (a federal law) and supports the Job Training Coordinating Council which coordinates job training programs throughout state government. Title II-A of the Act provides federal funding for training services for economically disadvantaged adult and youth. Three percent of the State's Title II-A funds must be used to provide job training for the economically disadvantaged who are 55 years of age or older. In program year 1990-91 North Carolina received \$727,610 for this purpose and served 1,457 older individuals. In 1992 North Carolina received \$667,489.

Under the recently enacted Job Training Partnership Act Amendments, five percent of Title II-A funds are designated for the governor to provide job training programs for older individuals (55 or older) that are developed in conjunction with service delivery areas. These older individuals must be economically disadvantaged or must be facing serious barriers to employment and be eligible under Title V of the Older Americans Act. (This second group is limited to ten percent.)

Contact: Joel New
Director of Employment and Training
(919) 733-6383
FAX (919) 733-6923

ELDERHOSTEL

ELDERHOSTEL is a program that brings educational, recreational, and cultural opportunities to people 60 years and older. ELDERHOSTEL, a nationwide program, started in New Hampshire in 1975, is patterned after the youth hostels of Europe. ELDERHOSTELers stay in college dormitories usually in the summer when dormitory space is more readily available. ELDERHOSTEL is offered in all 50 states as well as in many other countries including Canada, Mexico, the British Isles, and much of Europe.

ELDERHOSTEL offers a short-term, residential, academic program which brings a group of older citizens (40-50) to the campus of a college, university, or other educational institution for one week. The participants are housed in residential facilities and take their meals in the local dining hall. Participating institutions design their own programs in accordance with ELDERHOSTEL format and guidelines, offering college level liberal arts courses on a non-credit basis with no homework or testing. The courses do not presume previous knowledge of the subject, and the concentrated one-week format permits hostellers to move on to other programs within the ELDERHOSTEL network.

ELDERHOSTEL is directed in each state by an office identified with one of the participating institutions selected by the national office. The national office is located at 75 Federal Street, Boston, Massachusetts 02116. The North Carolina office is located at the University of North Carolina-Chapel Hill, CB# 1020, The Friday Center, Chapel Hill, North Carolina 27599-1020.

As of September, 1992, the standard maximum ELDERHOSTEL fee in North Carolina is \$290 per person per program week, which includes all costs for tuition, room and board, and course-related activities. Each state develops its own policy for setting state maximum tuition levels, usually at a level lower than the national maximum.

Contact: Bobby D. Wagoner
N. C. State Elderhostel Director
(919) 962-1106
(919) 962-1125 UNC Chapel Hill Office

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES

DIVISION OF ADULT HEALTH

The Division of Adult Health has four functional units to carry out its programs and services: Division Office, Health Promotion Section, Health Care Section, and Chronic Disease Section.

DIVISION OFFICE

The Division Office directs and coordinates the activities and administration of its sections and units, is responsible for public health policy regarding adults, and coordinates interagency and public relations.

The Division Office provides support and technical assistance to the Governor's Council on Physical Fitness and Health. The Council promotes physical fitness and health to all ages. A subcommittee has been established to promote exercise programs across the State for older adults.

Guidance, consultation, and coordination regarding public health services and policies for older adults is provided. This assistance is primarily directed toward public health and state government agencies.

Consultation and guidance about public health pharmacy matters is provided through the Division Office.

Contact: Division Office
Dr. J. Dale Simmons, Division Director
Leslie Brown, Deputy Division Director
Shellie Pfohl, Executive Director, Governor's Council on
Physical Fitness and Health (919) 733-9615
Betty Wisler, Aging Services Consultant
Charles D. Reed, Pharmacist
(919) 733-7081

Contact: Washington Regional Office - Beaufort, Bertie, Brunswick, Camdem, Carteret, Chowan, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Hertford, Hyde, Jones, Lenoir, Martin, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, Wayne, Washington, Wilson.
Regional Program Supervisor
Regional Nursing Consultant
(919) 946-6481

Winston Salem Regional Office - Alamance, Alleghany, Ashe, Caswell, Davie, Davidson, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes, Yadkin.
Regional Program Supervisor
Regional Nursing Consultants
(919) 761-2390

Fayetteville Regional Office - Anson, Bladen, Cumberland, Harnett, Hoke, Montgomery, Moore, Richmond, Robeson, Sampson, Scotland.
Regional Program Supervisor
Regional Nursing Consultant
(919) 486-1191

Raleigh Regional Office - Chatham, Durham, Edgecombe, Franklin, Granville, Halifax, Johnston, Lee, Nash, Northampton, Orange, Person, Vance, Wake, Warren, Wilson.
Regional Program Supervisor
Regional Nursing Consultant
(919) 571-4700

Wilmington Regional Office - Brunswick, Carteret, Columbus, Duplin, New Hanover, Pender, Onslow.
Regional Program Supervisor
Regional Nursing Consultant
(919) 395-3900

Black Mountain Regional Office - Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey.
Regional Program Supervisor
Regional Nursing Consultant
(919) 571-4700

Mooresville Regional Office - Alexander, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union.
Regional Program Supervisor
Regional Nursing Consultant
(704) 663-1699

HEALTH PROMOTION SECTION

This section establishes and maintains cooperative relations with local health departments and other health services providers in order to improve the health status, quality of life and productivity of adult North Carolinians by preventing disease, disabilities and injury. Includes Adult Health, Arthritis, Health Promotion, Hypertension, and Renal Disease Prevention.

Contact: Meredith Cosby, Section Chief
(919) 733-7081

Adult Health Program - Purpose is to reduce premature death and disability from cardiovascular disease, cancer, diabetes, and hypertension, and to reduce disability from glaucoma. Local health departments with Adult Health Programs may provide services which include health history or risk assessment, screening, patient education and counseling, nutrition education, referral to medical care for evaluation and treatment, and follow-up care. Some health departments provide primary care as part of this program.

Contact: Lead Nursing Consultant
 (919) 733-7081

Arthritis Program - Purpose is to limit disability and long-term suffering from arthritis. Clinical services may include: health history and risk assessment, screening, patient education, referral to medical care for evaluation, treatment, and follow-up. Services also include, nutrition counseling for weight management, and self-care skills.

Contact: Lead Nursing Consultant
 (919) 733-7081

Statewide Health Promotion Program - Purpose is to reduce the known, prevalent, preventable/modifiable risk factors for North Carolina's leading causes of death: cardiovascular disease, cancer, and injuries. Each local health promotion program is planned and implemented based on community needs. Local programs may focus on nutrition, cholesterol, weight management, physical fitness, smoking and tobacco use cessation, hypertension, and others.

Contact: Barbara Pullen-Smith, Program Development Coordinator
 (919) 733-7081

Hypertension Program - Purpose is to reduce premature death and disability from hypertension, more commonly known as high blood pressure. Local health departments with programs provide clinical and community-based services geared toward local needs. These include health history and risk assessment, screening, patient education and counseling, nutrition education, and referral to medical care for evaluation and treatment.

Contact: Lead Nursing Consultant
 (919) 733-7081

Renal Disease Prevention Activity - Purpose is to reduce uncontrolled hypertension and diabetes which are predisposing factors for renal disease. The focus of this activity is on interventions for nutritional risk factors for persons with diabetes and hypertension.

Contact: Lead Nursing Consultant
 (919) 733-7081

HEALTH CARE SECTION

The goal of the Health Care Section is to improve the health status, quality of life and productivity of medically indigent and other disadvantaged residents of North Carolina by reimbursing providers who deliver specified preventive health, treatment, and medical care services.

Contact: Steve Sherman, Section Chief
(919) 733-7081

Epilepsy and Neurological Disorder Program - Purposes are to help persons with these conditions obtain adequate medical care; to provide funds to purchase anticonvulsant medications for persons with epilepsy who are indigent or have befallen temporary misfortune which has depleted their resources; and to provide public and professional education. The Program also supports the Epilepsy Information Services operated by Bowman Gray School of Medicine.

Contact: John C. Griswold, Home Health & Epilepsy Programs Manager
(919) 733-7081

Home Health Services Program - Purpose is to assure the availability of home health services throughout the state and to provide access to all individuals who are in need of services and unable to pay for them. The Program contracts with certified home health agencies to deliver these services. Effective October 1988 the Division received a three-year federal grant to develop a program to improve and better enable existing systems of home health care to help low-income individuals at risk avoid lengthy stays in hospitals or institutions.

Contact: John C. Griswold, Home Health Services Program Manager
Home Care Services in the Home Project Manager
(919) 733-7081

CHRONIC DISEASE SECTION

The purpose of this Section is to develop and assure that effective chronic disease prevention and control is available and accessible in North Carolina. This Section is charged with the responsibility to develop North Carolina's public health capacity to provide effective and efficient chronic disease prevention and control services through appropriate screening, follow-up, public education, professional education, quality assurance, surveillance, and evaluation.

Contact: Dr. Georjean Stoodt, Section Chief
(919) 733-7081

Smoking and Health Branch Purpose of this branch is to plan and implement Project ASSIST in North Carolina. Project ASSIST (American Stop Smoking Intervention Trial for Cancer Prevention) is a large scale, multi-site demonstration project designed to reduce smoking prevalence in adults to 15% of the population.

Contact: Sally Herndon Malek, Project ASSIST Program Manager
(919) 733-1881

Cancer Prevention and Control Branch Purpose of this branch is to educate the public about risk factors and need for screening for various cancers, and to assure the availability and utilization of early detection, diagnostic and treatment services, with the immediate focus being breast and cervical cancer.

Contact: Dr. Georjean Stoodt, Chief, Chronic Disease Section
(919) 715-0124

Diabetes Control Branch Purpose of this branch is to reduce complications and premature deaths among people with diabetes. Local health departments with Diabetes control Programs provide diabetic persons with health history and risk assessment, patient education and self evaluation and treatment. Local health departments work with local physicians to help patients adhere to diabetes therapy and to facilitate follow-up when specialized care is needed.

Contact: Marilyn Norman, RN, Diabetes Control Program Coordinator
(919) 733-7081

In-Home Health Services Demonstration Branch The Health Care Service in the Home project is a federal demonstration program to demonstrate how existing systems of home health providers can most effectively and efficiently reach and serve low income individuals at high risk of institutionalization/hospitalization, thereby avoiding lengthy, costly stays in hospitals or institutions.

Contact: Phyllis Rochester, Project Manager
(919) 733-7081

DIVISION OF PARKS AND RECREATION

The Division of Parks and Recreation administers the statewide system of park and recreation resources which includes parks, natural areas, recreation areas, trails, lakes, and natural and scenic rivers. The Division is also responsible for the Land and Water Conservation Fund Program, a federal matching-fund program which supports outdoor recreation, conservation, and statewide recreation planning. Recreation consulting services are provided through a cooperative agreement with NCSU.

The Division provides, where possible, access to all its facilities and areas for the older population of North Carolina. Degree of accessibility varies depending on natural characteristics of the parks and funding for retro-fitting.

Contact: Individual Parks or Central Office
Phillip McKnelly, Director
Tom Wells, Deputy Director
(919) 733-4181

The **Recreation Resources Service (RRS)** located at NCSU provides a wealth of service to the aging populations. Complete information is available on construction, design, programs and funding for senior centers. RRS co-sponsors NC Senior Games and makes available such publications as: Access Guide to Parks and Recreation in North Carolina for People Who Need Special Assistance, Outdoor Recreation for the Disabled in North Carolina, Pep Up Your Life, A Fitness Book for Seniors, and A Healthy Old

Age: A Source Book for Health Promotion with Older Adults. RRS also provides technical assistance, continuing education, consulting services and applied research pertaining to all facets of parks and recreation in North Carolina.

Contact: NCSU
Director of Recreation Resources Service
(919) 515-4181

NORTH CAROLINA HOUSING FINANCE AGENCY

The North Carolina Housing Finance Agency was created in 1973 by the General Assembly to provide affordable housing for the state's low and moderate income citizens. The mission of the agency is to operate federal and state programs that assist first-time home buyers, finance rental units for low income families, and rehabilitates older units.

Several of these programs help with the housing needs of the aging. Three congregate care projects have been financed. The agency provides federal and state funded rent subsidies for rental housing and federal and state rehabilitation loans and grants for owner-occupied homes. These benefit households with the head of the household 65 years of age or older. In 1989 the Agency was involved with real estate development activity of which approximately 2500 housing units were provided for the elderly and \$7 million was provided to 37 apartment projects for the elderly. The Housing Trust Fund, created by the 1987 General Assembly, allows the Agency to make flexible loans to rehabilitate old units and construct new ones.

The Agency is currently participating with the Division of Aging in a federally funded demonstration program that involves developing a North Carolina model for home equity conversion.

Contact: Robert Kucab, Executive Director
North Carolina Housing Finance Agency
(919) 781-6115

DEPARTMENT OF HUMAN RESOURCES

DIVISION OF AGING

The Division of Aging is the state agency responsible for planning, administering, coordinating, and evaluating the activities, programs, and services developed under the Older Americans Act and related programs for the older adult population. As the state agency on aging, the Division of Aging has the responsibility to: develop, administer, and monitor the activities of the State Plan on Aging required by the federal Administration on Aging and of the State Aging Services Plan required by the State legislation; be primarily responsible for the coordination of all statewide activities related to the purposes of the Older Americans Act; divide the entire state into district planning and service areas; review and approve the area plans developed by North Carolina's Area Agencies on Aging (AAAs); monitor, assess, and evaluate the implementation of each area plan, including progress toward the achievement of the objectives set forth in each new plan; and carry out all other appropriate functions and responsibilities as prescribed under the Older Americans Act; federal regulations; the State Plans on Aging; and North Carolina Laws, rules, and regulations.

State aging mandates established by the Older Americans Act and by State law in 1977 for the Division of Aging include the following:

1. To maintain a continuing review of existing programs and unmet needs for the aging in North Carolina, and periodically make recommendations to the Secretary of the Department of Human Resources, to the Governor and to the General Assembly, as appropriate, for improvements in and additions to North Carolina's programs for the aging;
2. To study, collect, maintain, publish and disseminate factual data and pertinent information relative to all aspects of aging. These include the social, economic, educational, recreational and health needs and opportunities of the aging;
3. To stimulate, inform, educate, and assist local organizations (public and private), the community at large, and older people themselves about needs, resources and opportunities for the aging and about the role they can play in improving conditions for the aging;
4. To serve as the agency through which various public and private organizations concerned with the aged can exchange information, coordinate programs and be encouraged and assisted to engage in joint endeavors;
5. To provide advice, information and technical assistance to North Carolina State Government departments and agencies, to nongovernmental organizations, and to local organizations which may be considering the inauguration of services, programs, or facilities for the aging, or which can be stimulated to take such action;
6. To coordinate governmental programs with private agency programs on aging in order that such efforts can be made more effective, and to reduce unnecessary duplication and wasted effort;

7. To promote employment opportunities, as well as proper and adequate recreational use of leisure for older people, including opportunities for uncompensated but satisfying volunteer work;
8. To identify research needs, encourage research, and assist in obtaining funds for research and demonstration projects;
9. To establish, or help to establish, demonstration programs or services to the aging;
10. To assist in the development and operation of programs aimed at addressing the unmet needs of older persons;
11. To promote the development of adequate training resources for professional and non-professional personnel in the field of aging;
12. To plan and administer all appropriate Titles of the Older Americans Act, in conformance with federal and state regulations; and
13. To administer special state or other funds for the aging assigned to it by the state.

Additional legislation ratified in 1989 required, as stated earlier, the development of a State Aging Services Plan (House Bill 69, Chapter 52). The first plan was submitted in March of 1991 and subsequent plans are to be submitted every two years.

Aging Network System

In North Carolina there are 18 AAAs which cover all 100 counties. They are housed in Councils of Governments or multicounty Planning and Development Commissions. The Older Americans Act specifies that the AAAs are to carry out a wide range of functions including advocacy, planning, evaluation, and monitoring of service provision. Further the Older Americans Act stresses that the aging network should ensure the development of comprehensive community-based service systems in each county to assist older adults in leading independent, meaningful lives within their own homes and communities as long as possible. The term "aging network" refers to the tiered service system for implementing the Older Americans Act, and other funding sources administered by the Division of Aging, the 18 regional AAAs, and the local offices/councils on aging and other service providers.

Prior to 1992, the Division of Aging awarded grants to the eighteen AAAs for service programs. The AAAs, in turn, would contract for services with the counties based on a competitive bidding environment. The AAAs have the responsibility for planning for services in each county in their respective regions, and specifically to identify service priorities for funding. AAAs were charged with developing comprehensive and coordinated community-based service systems for older adults. AAAs contracted with an array of service provider organizations in each county. Service providers included public agencies, private non-profit organizations, and private-for-profit organizations.

Beginning in July 1992, the manner in which the Division of Aging and the AAAs fund county programs changed. This was due to the Home and Community Care Block Grant Bill ratified by the General Assembly in the 1991 session (Senate Bill 165,

Chapter 241-1991). The purpose of the Home and Community Care Block Grant is to improve the planning, management and coordination of in-home and community-based services provided in North Carolina.

To implement the requirements of the Block Grant legislation, the county commissioners of each county designate a lead agency to develop a funding plan. This lead agency may be an AAA, a department or council on aging, a social services department, other public agency, or other private non-profit agency. The individual counties have the flexibility to decide which agency is best suited to be the county's lead agency for development of the block grant funding plan. The advisory committee is to have broad representation in order to assure a fair and open process in deciding how the funds will be allocated.

The county aging funding plan identifies services to be provided, the funding levels for the services, unit costs, and the agencies designated by the county commissioners to provide or purchase services on behalf of the county. The proposed plan is reviewed and approved by the county commissioners. As a part of the proposed review of the plan by the county commissioners, a public hearing is held. After the plan is approved by the county commissioners, it is sent to the AAA for funding and then to the state Division of Aging so that the county, area and state plans can be coordinated. Area Agencies on Aging enter into grant agreements with counties based on the approved funding plan.

Services

An array of services can be funded by monies administered by the Division of Aging. The following are services that may be funded:

Adult Day Care - Provides an organized program of services during the day in a community group setting for the purpose of supporting the personal independence of older adults and promoting their social, physical, and emotional well-being. Services must include a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using community resources.

Adult Day Health Care - Provides an organized program of services during the day in a community group setting for the purpose of supporting older adults' personal independence, and promoting social, physical, and emotional well-being. Services must include health care services and a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using appropriate community resources.

Care Management - Provides professional assistance for older adults with complex care needs and/or their families in accessing, arranging and coordinating the package of services needed to enable the older adults to remain at home.

Congregate Nutrition - Provides meals which meet 1/3 of the recommended daily dietary allowance in a group setting. The purpose of this service is to promote the health and well being of older people through the provision of a nutritious meal and to provide opportunities for health, education, social, recreational, and other community services.

Health Screening - General medical testing, screening and referral for the purpose of promoting the early detection and prevention of health problems in older adults.

Home Delivered Meals - The provision of a meal that provides 1/3 of the recommended daily dietary allowance to home-bound older adults. The objective is to help maintain or improve the health of an impaired older person by providing nutritionally balanced meals served in their homes to enable the home-bound older person to remain in his/her home as long as possible.

Home Health - Skilled health care prescribed by a physician which is provided in the home of an older adult in need of medical care. Allowable services include: skilled nursing; physical, occupational, and/or speech therapy; medical social services and nutrition care.

Housing and Home Improvement - A service which assists older adults with obtaining or retaining adequate housing and basic furnishings. Types of assistance provided may include: providing information regarding housing/housing with service options available; methods of financing alternative housing/housing with services options; helping to improve landlord-tenant relations; identifying substandard housing; assisting with finding and relocating to alternative housing; and providing labor and/or materials for minor renovations and/or repair of dwellings to remedy conditions which create a risk to the personal health and safety of older adults.

Information and Case Assistance - A service which assists older adults, their families and others acting on behalf of older adults, in their efforts to acquire information about programs and services and to assist older persons with obtaining appropriate services to meet their needs.

In-Home Aide - The provision of paraprofessional services which assist functionally impaired older adults and/or their families with essential home management, personal care and/or supervision necessary to enable the older adult to remain at home as long as possible. Respite care for caregivers is an allowable in-home aide service.

Institutional Respite Care - The temporary placement of an older adult who requires constant care and or supervision out of his/her home to provide their unpaid, primary caregiver relief from caregiving responsibilities.

Mental Health Counseling - A service which incorporates care consultation, evaluation, and outpatient treatment to older adults who are experiencing mental health problems.

Senior Companion - A part-time stipend volunteer opportunity for low-income persons 60 years of age or older who are interested in community service. Senior companions provide support, task assistance and/or companionship to adults with exceptional needs (i.e. developmental disabilities, functional impairments, or persons who have other special needs for companionship.)

Senior Center Operations - Operation of a multipurpose senior center includes the provision of a broad spectrum of services and activities for older adults. The primary objectives of a multipurpose senior center are: the centralized provision of services which address the special needs of older adults; opportunities for older adults to become more involved in the community; and the prevention of loneliness and premature institutionalization by promoting personal independence and wellness.

Transportation - A service which provides travel to and/or from community resources such as medical appointments and nutrition sites or other designated areas for older adults needing access to services and activities necessary for daily living.

Volunteer Program Development - The development and operation of a systematic program for volunteer participation. The service is intended to involve volunteers of all ages in providing services to older adults while also providing community service opportunities for older adults.

Long Term Care Ombudsman Program - This program, through an advocacy network of the state long term care ombudsman, regional ombudsman, and local nursing/domiciliary home community advisory committees, protects and improves the quality of care and life for residents of long term care facilities. The ombudsman program accomplishes its goal by following the mandates set out in the Older Americans Act and North Carolina General Statutes 143B-181.15 through .25. The long term care ombudsman program is mandated to investigate and resolve complaints made by or on behalf of residents in long term care facilities, provide training and technical assistance to regional ombudsmen and community advisory committees, work with long-term care providers to resolve issues of common concern, promote community involvement, collect and analyze data about the numbers and types of complaints received as well as make recommendations for resolution of long-term care issues presented and provide information to public agencies, legislators and the general public.

Special Programs and Initiatives

The Division of Aging administers or provides the leadership for numerous special programs or initiatives. Some of these are as follows:

Title V Senior Community Service Employment Program Grant - This program provides part-time employment opportunities for low income persons aged 55 and over. The Division contracts with seven Area Agencies on Aging to be subsponsors for the Title V Programs.

N.C. Senior Games Program - The Division continues to be one of the major coordinating agencies for this program. This year-round health promotion and education program for adults aged 55 and over reached over 21,000 older adults in FY 91-92. Forty-three local/regional games were held throughout the state where participants chose from more than 40 sports and events. The Division also takes an on-going active role in promoting two additional programs sponsored by N.C. Senior Games: SilverArts and SilverStriders. SilverArts focuses on older adult participation in visual, literary, performing and heritage arts. SilverStriders is a statewide walking program for persons aged 50 and over.

Alzheimer's Disease - The Division of Aging takes an active role in advocating for programs and services for Alzheimer's Disease victims and their families. Staff respond to numerous inquiries from the public relative to resources and services available to support Alzheimer's victims and their caregivers and take a leadership role in promoting efforts to develop and strengthen family support activities. The Division also contracts with the Duke University Medical Center Family Support program to be a statewide central resource facility which provides assistance to the four Alzheimer's Association Chapters in the state and to professional and family caregivers of persons suffering from dementia. The Duke program provides information and referral,

education and training, and consultation services. Telephone inquirers are mailed appropriate resource materials and referred to Alzheimer's Association chapters or treatment and research facilities in the state. There is also a newsletter, "The Caregiver," which is produced three times per year that provides information to caregivers of Alzheimer's victims.

Contact: Division of Aging
Mary Bethel
(919) 733-3983

Duke Family Support Program
Lisa Gwyther or Edna Ballard
1-800-672-4213 or (919) 684-2328

Eastern NC Alzheimer's Association Chapter - Raleigh
(Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chatham, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Durham, Duplin, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lee Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Roberson, Sampson, Scotland, Tyrrell, Vance, Wake, Warren, Washington, Wayne, Wilson Counties)
Alice Watkins or Lisa Honeycutt
1-800-228-8738 or (919) 832-3732

Southern Piedmont Alzheimer's Chapter - Charlotte
(Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Montgomery, Moore, Richmond, Rowan, Stanley, Union Counties)
Gail Linker, Director
(704) 532-7390

Triad Alzheimer's Chapter - Winston-Salem
(Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin Counties)
Janet Sawyer, Director
1-800-228-9794 or (919) 722-0811

Western NC Alzheimer's Chapter - Asheville
(Alexander Alleghany, Ashe, Avery, Buncombe Burke, Caldwell, Catawba, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey Counties)
Michelle Manning, Director
1-800-522-2451 or (704) 254-7363

LINC - The Division has worked in cooperation with the North Carolina Housing Finance Agency to secure private foundation funding to develop a Housing LINC (Living Independence for Older North Carolinians) Program. Under this program, a set of policy recommendations for providing linkages between housing and community-based services for the frail older adult have been developed and other concrete steps have been undertaken to facilitate the development of the assisted independent living concept in the state.

National Eldercare - The Division of Aging is an active participant in the National Eldercare Campaign, an initiative of the Administration on Aging, to broaden the base of societal involvement and commitment to assist vulnerable older adults. As a part of the campaign, the Division is the recipient of an Administration on Aging Project CARE (Community Action to Reach the Elderly) grant to demonstrate the value of forming community eldercare coalitions as a way of addressing the unmet needs of at-risk older adults. As part of the Eldercare Campaign, the Division has also formed a State Eldercare Coalition comprised of representatives of both the public and private sectors, to provide leadership and expertise to the Division as it seeks to strengthen efforts to assist persons serving as informal caregivers to older persons.

ACTION - The Division of Aging is sponsor for the three federal ACTION funded Foster Grandparent programs located at Western Carolina Center, Caswell Center and Black Mountain Center which are state operated facilities for the mentally retarded. A total of 186 low income older adults provide supportive services to children with special needs through these programs.

Advocacy - As an advocate for older adults in North Carolina, the Division of Aging plays a leadership role in working with other agencies and groups in the state to promote the enhancement of resources, services, and opportunities for all our older citizens. In 1991-92, the Division played a key role in working to strengthen the service delivery system for developmentally disabled older adults, for deaf and hard of hearing older adults, and for older persons with mental health problems.

Contact: Division of Aging
Bonnie Cramer, Director
693 Palmer Drive
Caller Box 29531
Raleigh, NC 27626-0531
(919) 733-3983
FAX (919) 733-0443

Area Agencies on Aging (AAAs)

Region A - Southwestern NC Planning & Economic Development
Commission AAA - Bryson City (Cherokee, Clay, Graham, Haywood,
Jackson, Macon, Swain Counties)
(704) 488-9211

Region B - Land-of-Sky Regional Council AAA - Asheville
(Buncombe, Henderson, Madison, Transylvania Counties)
(704) 254-8131

Region C - Isothermal Planning & Economic Development
Commission AAA - Rutherfordton
(Cleveland, McDowell, Polk, Rutherford Counties)
(704) 287-2281

Region D - Region D Council of Government AAA - Boone
(Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey Counties)
(704) 264-5434

Region E - Western Piedmont Council of Government AAA - Hickory
(Alexander, Burke, Caldwell, Catawba Counties)
(704) 322-9191

Region F - Centralina Council of Government AAA - Charlotte
(Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanley,
Union Counties)
(704) 372-2416

Region G - Piedmont Triad Council of Government AAA -
Greensboro
(Alamance, Caswell, Davidson, Guilford, Randolph, Rockingham
Counties)
(919) 294-4950

Region H - Pee Dee Council of Governments AAA - Rockingham
(Anson, Montgomery, Moore, Richmond Counties)
(919) 895-6306

Region I - Northwest Piedmont Council of Governments AAA - Winston-
Salem
(Davie, Forsyth, Stokes, Surry, Yadkin Counties)
(919) 722-9346

Region J - Triangle J Council of Government AAA - Research Triangle
Park
(Chatham, Durham, Johnston, Lee, Orange, Wake Counties)
(919) 549-0551

Region K - Kerr-Tar Regional Council of Governments AAA -
Henderson
(Franklin, Granville, Person, Vance, Warren Counties)
(919) 492-8561

Region L - Region L Council of Government AAA - Rocky Mount
(Edgecombe, Halifax, Nash, Northampton, Wilson Counties)
(919) 446-0411

Region M - Mid-Carolina Council of Government AAA - Fayetteville
(Cumberland, Harnett, Sampson Counties)
(919) 323-4191

Region N - Lumber River Council of Governments AAA - Lumberton
(Bladen, Hoke, Robeson, Scotland Counties)
(919) 618-5533

Region O - Cape Fear Council of Governments AAA- Wilmington
(Brunswick, Columbus, New Hanover, Pender Counties)
(919) 763-0191

Region P - Neuse River Council of Governments - New Bern
(Carteret, Craven, Duplin, Green, Jones, Lenoir, Onslow, Pamlico,
Wayne Counties)
(919) 638-3185

Region Q - Mid East Commission AAA - Washington
(Beaufort, Bertie, Hertford, Martin, Pitt Counties)
(919) 946-8043

Region R - Albemarle Commission AAA - Hertford
(Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank,
Perquimans, Tyrrell, Washington Counties)
(919) 426-5753

DIVISION OF ECONOMIC OPPORTUNITY

The Division of Economic Opportunity formerly known as the State Economic Opportunity Office was established in 1966 to provide training and technical assistance to Community Action Agencies. In 1981 the Division was assigned the responsibility of administering the federal community Services Block Grant Program. Since that time, the Division has assumed the responsibility for administering three additional programs -- the state funded Community Action Partnership Program, the federally funded Emergency Services Homeless Grant Program, and the federally funded Emergency Shelter Grant Program.

The major goals of the Division are:

1. To encourage local grantees to develop and administer new and innovative projects which better address the causes, conditions, and problems arising as a result of the changing characteristics of the poverty.
2. To serve as an advocate for low-income families on the state level.
3. To foster improved management capabilities among grantees.
4. To promote the use of CSBG funds in all counties of the state.

Each of the grantees which operate programs to benefit the poor is unique. The programs and services they provide vary according to the needs of the community. Under the leadership of a Board of Directors, the local agency decides which programs will be undertaken in their community. Grantees serve urban, suburban, and rural populations.

COMMUNITY ACTION AGENCIES

Community Action Agencies have been involved in services to senior citizens since their inception. Shortly after the enactment of the Economic Opportunity Act of 1964,

funds were made available to Community Action Agencies to establish senior opportunity service programs. These programs were designed to provide various services to low-income senior citizens. In most areas of North Carolina, Community Action Agencies operated Aging Administration programs through contracts prior to the growth of county council on aging.

Currently eleven Community Action Agencies have contracts with local Area Agencies on Aging to provide services to senior citizens. Additionally, two agencies operate Foster Grandparents and RSVP programs funded by ACTION. Two Division grantees have as their purpose the provision of services to the low-income elderly. These agencies are the North Carolina Senior Citizens Federation which operates state-wide and United Senior Services which serves Jones, Craven, and Pamlico counties.

Elderly citizens continue to be a significant segment of the clientele served by Community Action Agencies although few agencies operate programs exclusively for them. They participate fully in agencies projects which include housing, employment, emergency assistance, information and referral, nutrition and income management.

Contact: Edith Hubbard, Director
(919) 733-2633

Alamance County Community Action
Ometta Corbett
(919) 229-7031

Blue Ridge Community Action (Alexander, Burke and Caldwell)
Kenneth L. Cox
(704) 438-6255

Blue Ridge Opportunity Commission (Ashe, Alleghany, Wilkes)
Elizabeth U. Baker
(919) 667-7174

Carteret Community Action (Carteret, Craven, Pamlico)
Leon Mann, Jr.
(919) 728-4528

Catawba County (Catawba)
Mr. Bobby Boyd
(704) 324-9940

Charlotte Area Fund
Kirk T. Grosch
(704) 372-3010

Choanoke Area Development Association
(Bertie, Halifax, Hertford, Northampton)
Sally Surface
(919) 539-4155

Cumberland County Community Action
Kenneth G. Smith
(919) 485-6131

Davidson County Community Action
Sandra Sanchez
(704) 249-0234

DOP Consolidated Human Services
Agency, Inc. (Duplin and Onslow)
Lester Moore
(919) 347-2151

Economic Improvement Council
(Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank,
Perquimans, Tyrrell, Washington)
Fentress T. Morris
(919) 482-4459

Experiment in Self-Reliance (Forsyth)
Robert B. Law
(919) 722-9400

Four-County Community Services
(Bladen, Hoke, Robeson, Columbus, Pender, Scotland)
Richard Greene
(919) 277-3500

Four Square Community Action, Inc.
(Cherokee, Clay, Graham, Swain)
H. Tommy Moore
(704) 321-4475

Franklin-Vance-Warren Opportunity (Franklin, Vance, Warren)
William S. Owens
(919) 492-0161

Gaston Community Action (Gaston)
Joseph W. Dixon
(704) 866-8721

Greene Lamp, Inc. (Greene, Lenoir)
Ida Whitfield
(919) 747-8146

Guilford Community Action (Guilford)
Earl Jones
(919) 274-4673

Head Start of New Hanover
(New Hanover)
Edward L. Lacewell
(919) 762-7808

I Care (Iredell)
Paul B. Wilson
(704) 872-8141

Johnston-Lee Community Action (Johnston, Lee)
Marie Watson
(919) 934-2145

Joint Orange-Chatham Community Action (Orange, Chatham)
Gloria M. Williams
(919) 542-4781

Macon Program for Progress, Inc.
Mary Ann Sloan
(704) 524-4471

Martin County Community Action (Beaufort, Martin, Pitt)
Haywood L. Harris
(919) 792-7111

Mountain Projects, Inc. (Haywood, Jackson)
Bob Leatherwood
(704) 452-1447

Nash-Edgecombe Economic Development, Inc.
(Nash, Edgecombe, Wilson)
A. J. Richardson
(919) 442-8081

Operation Breakthrough, Inc. (Durham)
Herbert A. Carter
(919) 688-8111

Opportunity Corporation of Madison-Buncombe
(Madison, Buncombe)
Lonnie D. Burton
(704) 252-2495

Salisbury-Rowan Community Service Council (Rowan)
Andrew T. Harris
(704) 633-6633

Sandhills Community Action
(Anson, Montgomery, Moore, Richmond)
Nezzie M. Smith
(919) 947-5675

Union County Community Action (Union)
Jenny R. McGuirt
(704) 283-7583

Wake County Opportunities, Inc. (Wake)
Dorothy N. Allen
(919) 833-2885

W.A.M.Y. Community Action (Watauga, Avery, Mitchell, Yancey)
H.C. Moretz, Jr.
(704) 264-2421

Wayne Action Group for Economic Solvency, Inc. (Wayne)
Bryan Sutton
(919) 734-1178

Western Carolina Community Action (Henderson, Transylvania)
John Leatherwood, Jr.
(704) 693-1711

Yadkin Valley Economic Development District, Inc.
(Davie, Stokes, Surry, Yadkin)
Jimmie R. Hutchens
(919) 367-7251

Indian Associations

Cumberland County Association for Indian People
Fayetteville, NC
Gladys Hunt
(919) 483-8442

Eastern Band of the Cherokee
Cherokee, NC
Jonathan Taylor
(704) 497-2771

Guilford Native American Association
Greensboro, NC
Ruth Revels
(919) 273-8686

Lumbee Regional Development Association
Pembroke, NC
James Hardin
(919) 521-9602

Metrolina Native American Association
Charlotte, NC
Johnny Ray Strickland
(704) 331-4818

Waccamaw Siouan Development Association
Bolton, NC 28423
Suzanne Rogers
(919) 452-3778

DIVISION OF FACILITY SERVICES

The Division of Facility Services does not offer direct services to the elderly but does regulate facilities which provide health care to the elderly. The Division is responsible for a number of functions that affect services to the elderly.

Licensure and Certification - Responsible for licensing health and social service facilities and solicitation organizations and medicaid/medicine surveys of hospitals, nursing homes and home health agencies.

Construction - Responsible for making sure that health and social service facilities are designed and built in a safe and functional manner.

Office of Emergency Medical Services - Administers all state programs relating to emergency medical care.

Health Resources Development - Establishes rural health centers in medically deprived areas of the state, recruits physicians and publishes the annual State Medical Facilities Plan.

Certificate of Need - Reviews applications for certain types of health care facilities and for services which, by law, must be granted certificates prior to construction or the offering of services.

Contact: John Syria, Director
(919) 733-2342

DIVISION OF MEDICAL ASSISTANCE

The Division of Medical Assistance has responsibility for the state's Medicaid program which ensures that eligible low income people have access to appropriate and adequate medical care. Among the eligible individuals are the aged who must be 65 years or older. The Division develops policy and procedures to ensure these individuals are properly determined eligible for medical assistance and reimburses health care providers for services given to eligible persons.

Eligibility for services is determined at local departments of social services by application. Recipients obtain services from the provider of their choice. Providers of service bill the Medicaid program for payment and are reimbursed directly.

Elderly individuals who qualify for Medicaid by meeting the program's income and asset management standards may receive all Medicaid services as well as all Medicare services for which the cost-sharing amounts are paid by Medicaid. Services which are of particular benefit to the aged include nursing home care, home health care, personal care services, inpatient hospital care, prescribed drugs and physician care.

Categorical and Medically Needy - Individuals aged 65 and older qualify for Medicaid services by meeting North Carolina's Medicaid program income and asset standards:

Medicaid Income Levels

<u>Family Size</u>	<u>Month</u>	<u>Year</u>	<u>Assets</u>
1	\$ 242	\$2,900	\$1,500
2	\$ 317	\$3,800	\$2,250
3	\$ 367	\$4,400	\$2,350
4	\$ 400	\$4,700	NA

Medicare Buy-In - Federal statute permits Medicaid to "buy-in" Medicare enrollees who meet the Medicaid income standards by paying Medicare coinsurance, deductibles, and premium amounts. These individuals may receive all Medicaid services as well as all Medicare services for which cost-sharing amounts are paid by Medicaid.

Qualified Medicare Beneficiaries - Under the Catastrophic Coverage Act of 1988, Medicaid programs are mandated, on a phased-in basis, to pay Medicare cost-sharing amounts for Medicare enrollees who have incomes up to the Federal poverty level and who have special assets limits. Beginning on February 1, 1989, North Carolina Medicaid began covering individuals up to 80% of poverty; on January 1, 1990, this increased to 85% of poverty. Recent Congressional action on the Catastrophic Act is unlikely to affect this mandate--States will still be mandated to cover these dual enrollees. These individuals may receive only Medicare covered services for which Medicaid pays the cost-sharing amounts.

**Income
85% of Poverty**

<u>Family Size</u>	<u>Month</u>	<u>Year</u>	<u>Assets</u>
1	\$ 423	\$5,083	\$4,000
2	\$ 568	\$6,817	\$6,000

Contact: 100 County Departments of Social Services
Barbara Matula, Director
(919) 733-2060

Community Alternatives Program - The Community Alternatives Program for Disabled Adults (CAP/DA) is a part of the North Carolina Long Term Care Screening Program authorized by House Bill 405 in 1981. CAP/DA, funded through a Medicaid waiver, provides home and community based services to Medicaid recipients aged 18 and above who would otherwise require care in a SNF or ICF. Medical and non-medical services are provided to prevent or delay institutionalization, thereby providing an alternative effective and preferred by the client. The program is initiated at the county level, with the Board of County Commissioners selecting the lead agency. The program operates in 70 counties.

**DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES
AND SUBSTANCE ABUSE**

The Division provides services to persons of all ages, including the aging, who have mental illness, developmental disabilities and substance abuse problems. Services are

provided through 13 institutions (5 mental retardation centers, 4 psychiatric hospitals, 3 alcohol and drug abuse treatment centers, the North Carolina Special Care Center, 2 schools for emotionally disturbed children and adolescents and one residential treatment center for Willie M [33 assaultive, aggressive] adolescents) and 41 area mental health, developmental disabilities and substance abuse programs. People age 65 and over represented 5.23% of all clients served by area programs in the last fiscal year.

In accordance with state legislation and policy, services are directed toward elimination, reduction and prevention of the disabling effects of mental illness, developmental disabilities and substance abuse. This policy applies to all age groups. The institutions operated by the Division provide residential services for the disability group it is mandated to serve. Area programs are required to provide the following services to all age groups as applicable: outpatient, emergency, consultation and education, and case management for all disability groups, inpatient psychiatric services, psychosocial rehabilitation or partial hospitalization, developmental day services for preschool children with developmental disabilities, adult developmental activity programs, alcohol and drug education traffic schools, drug education schools, detoxification services, and forensic services.

Contact: Div. of Mental Health, Developmental Disabilities
and Substance Abuse
Michael S. Pedneau
(919) 733-7011

Alamance-Caswell Area Program
John V. Moon
(919)-222-6430

Albemarle Area Program
(Camden, Chowan, Currituck, Dare, Pasquotank, Perquimans)
Charles R. Franklin Jr.
(919) 335-0431

Blue Ridge Area Program
Buncombe, Madison, Mitchell, Yancey)
Lawrence E. Thompson III
(704) 258-3500

Catawba County Area Program
John Hardy
(704) 328-5361

Cleveland County Area Program
Dwight S. Brenneman, Ed.D.
(704) 482-8941

Cumberland County Area Program
Thomas Miriello
(919) 323-0601

Davidson County Area Program
C. Randall Edwards, Ph.D.
(919) 476-9900

Duplin-Sampson Area Program
Helen Moorefield, Ph.D.
(919) 296-1851

Durham County Area Program
Steven Ashby, Ph.D.
(919) 560-7200

Edgecombe-Nash Area Program
Helen Cleveland
(919) 937-8141

Foothills Area Program
(Alexander, Burke, Caldwell, McDowell)
Kathleen Meriac
(704) 438-6230

Forsyth-Stokes Area Program
Ronald W. Morton
(919) 725-7777

Gaston-Lincoln Area Program
Peter Adler
(704) 867-2361

Guilford County Area Program
Timothy Daughtry
(919) 373-4081

Halifax County Area Program
Lois T. Batton
(919) 537-6174

Johnston County Area Program
J. Daniel Searcy, Ph.D.
(919) 989-5500

Lee-Harnett Area Program
Mansfield M. Elmore
(919) 774-6521

Lenoir County Area Program
June S. Cummings
(919) 527-7086

Mecklenburg County Area Program
Peter E. Safir
(704) 336-2023

Neuse Area Program (Carteret, Craven, Jones, Pamlico)
Roy R. Wilson, Jr.
(919) 633-4171

New River Area Program
(Alleghany, Ashe, Avery, Watauga, Wilkes)
Dorothy Beamon
(704) 264-9007

Onslow County Area Program
Dan Jones, M.Ed.
(919) 353-5118

Orange-Person-Chatham Area Program
Thomas J. Maynard
(919) 929-0471

Piedmont Area Program
(Cabarrus, Stanley, Union)
Robert C. Lorish, Ed.D.
(704) 782-5505

Pitt County Area Program
Steve Creech Ph.D.
(919) 752-7151

Randolph County Area Program
Louise M. Galloway
(919) 625-1113

Roanoke-Chowan Area Program
(Bertie, Gates, Hertford, Northampton)
Joseph T. Jenkins
(919) 332-4137

Rockingham County Area Program
Billy G. Witherspoon, M.P.H.
(919) 342-8316

Rutherford-Polk Area Program
Tony Womack
(704) 287-6110

Sandhills Area Program
(Anson, Hoke, Moore, Montgomery, Richmond)
Michael Watson
(919) 673-9111

Smoky Mountain Area
(Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain)
Hugh D. Moon
(704) 586-5501

Southeastern Area (Brunswick, New Hanover, Pender)
William Douglas Sudduth
(919) 251-6440

Southeastern Regional Area
(Bladen, Columbus, Robeson, Scotland)
John S. Mckee III
(919) 738-5261

Surry-Yadkin Area Program
Brandy Morrison
(919) 789-5011

Tideland Area Program
(Beaufort, Hyde, Martin, Tyrrell, Washington)
LYnda K. Watkins
(919) 946-8061

Trend Area Program
(Henderson, Transylvania)
Ronald C. Metzger
(704) 692-7790

Tri-County Area Program
(Davie, Iredell, Rowan)
Daniel L. Bradshaw
(704) 637-5045

Vance-Warren-Granville-Franklin Area Program
J. Thomas McBride
(919) 492-4011

Wake County Area Program
James W. Kirkpatrick, Jr.
(919) 856-5260

Wayne County Area Program
Liston G. Edwards, D.P.A.
(919) 731-1133

Wilson-Greene Area Program
John White
(919) 399-8021

DIVISION OF SERVICES FOR THE BLIND

The Division of Services for the Blind does not have specific federal or state aging program mandates but this Division pursues its mission through an interdisciplinary team approach to serving the blind and visually impaired citizens which includes individuals of all ages. The Division's services and program are implemented at the local level through a network of 57 social workers who serve all of North Carolina's 100 counties. According to information on the Register for the Blind in North Carolina

there is a minimum of 14,808 blind and visually impaired persons age 55+ in this state.

Chore Services - Designed to enable individuals to meet basic daily needs and continue living in their own homes.

Special Assistance for the Blind - Provides money payment for those individuals who are blind, have need of rest home placement, and do not have the financial resources to pay for care.

Medical and Eye Care Services - Includes eye examinations, corrective eyeglasses, sight saving eye surgery, treatment, glaucoma detection, and personal care services.

Independent Living Rehabilitation Program - Through the group concept it serves visually impaired people 55+ by teaching independent living skills such as Braille-typing, cooking, money identification and mobility.

Independent Living Services - Designed to help the visually impaired achieve their maximum level of self-sufficiency. This program serves the greatest proportion of elderly with 69 percent of clients in 1989 being 55 years of age or more.

Contact: Division of Services for the Blind
Herman Gruber, Director
(919) 733-9822

All 100 County Departments of
Social Services

DIVISION OF SERVICES FOR THE DEAF AND HARD OF HEARING

This Division was established in 1988 to provide for the planning development, management and evaluation of special programs and services for citizens who are deaf and hard of hearing and to serve as a link between this population and other state and local agencies.

The services of the Division are based on disability rather than age.

Community Service Centers - Purpose is to provide information on services to persons who are deaf or hard of hearing and their families through a network of six centers located in Wilmington, Raleigh, Charlotte, Morganton, Asheville, and Wilson. Personnel in these centers provide direct interpreting services when no free-lance contractual interpreters are available. Assistance is also provided to 60+ age group in obtaining access to the current delivery system which may include applying for social security benefits, low income housing and other services.

Contact: Asheville Community Service Center
Voice: (704) 251-6190
T.D.D.: (704) 254-2281

Morganton Community Service Center
Voice: (704) 433-2958
T.D.D.: (704) 433-2960

Charlotte Community Service Center
Voice: (704) 342-5482
T.D.D.: (704) 342-5480

Raleigh Community Service Center
Voice: (919) 733-6714
T.D.D.: (919) 733-6715

Wilmington Community Service Center
Voice: (919) 251-0611
T.D.D.: (919) 343-9352

Wilson Regional Resources Center
Voice: (919) 243-3104
T.D.D. (919) 243-3104

William H. Peace, Division Director
Voice: (919) 733-5199
T.D.D.: (919) 733-5930

DIVISION OF SOCIAL SERVICES

Services are available for older and disabled adults through departments of social services in all 100 counties in the state. The services mandated by state statutes or mandated under the Social Services Block Grant Plan and used by older adults are described below.

Chore Services - Provides care or assistance to persons by performing home management or personal care tasks that are essential to the activities of daily living. Such tasks are performed to enable individuals to remain in their own homes when they are unable to carry out these activities for themselves and when no responsible person is available for these tasks. Home management includes tasks related to maintaining the home, shopping for and preparing meals, and providing essential transportation for the client. Personal care includes tasks related to physical care of clients (bathing, dressing, grooming, toileting, etc.).

Day Care Services for Adults - Provides an organized program of services during the day in a community group setting for the purpose of supporting adults' personal independence, and promoting their social, physical, emotional well-being. Services must be provided in a home or center certified to meet state standards for such programs. Adult Day Health Services are an extension of Adult Day Care Services which offer health care services to older and disabled adults under the supervision of nursing staff. The Community Alternatives Program for Disabled Adults (CAP/DA), funded through the Medicaid waiver, allows for reimbursement of Adult Day Health Services for those individuals who are Medicaid eligible and meeting the CAP/DA criteria.

Guardianship - A guardian is appointed when an individual is determined, by the court, to be mentally incompetent. The local department of social services, or another human resources agency, may be required to serve as guardian by the Clerk of Superior Court. In these cases the director of the county department of social services is authorized to be a substitute decision-maker for the incompetent adult. Services may

include making decisions about where the individual will live, authorizing medical treatment, arranging for other necessary services and managing the adult's finances. The county departments of social services are designated by the clerks of court to be guardians in the vast majority of these cases.

Foster Care Services for Adults - Provides assistance for aging or disabled individuals in finding a licensed domiciliary home suitable to their particular needs when they are unable to remain in their own homes or need to move out of higher levels of institutional care. This includes help in finding a suitable domiciliary home. Also included is ongoing monitoring, consultation and technical assistance to assist domiciliary homes in complying with licensure standards. The county departments of social services' role in enforcing the Domiciliary Home Residents' Bill of Rights is also carried out under this service.

Health Support Services - These services are directed toward helping individuals and families recognize health needs; cope with incapacities and limited functioning resulting from aging, disability, or handicap; and obtain and use resources through Medicaid. Assistance to older people and their families in finding a suitable nursing home is provided through this service.

Homemaker Services - Supportive services are provided by paraprofessionals who are trained, assigned, and supervised by the agency to help maintain, strengthen, and safeguard the care of older or disabled adults in their homes. These services include providing assistance in management of household budgets, planning nutritious meals, purchasing and preparing foods, and helping with housekeeping duties and basic personal and health care, with focus on avoiding unnecessary institutional care.

Individual and Family Adjustment Services - Services are designed to enable individuals and their family members to recognize, understand, and cope with problems and conflicts regarding such areas as aging, household management, consumer affairs, family life, etc. Such counseling is also designed to help individuals independently utilize community resources; take advantage of natural support systems; and achieve an adequate level of functioning within the family.

Case Management Services - Plans and directs the provision of social services to an individual who is receiving or who is applying to receive services. Activities include initial and on-going eligibility determination and assessment of the extent of the individual's current service needs as well as establishment of ways and means to tackle the individual's problem. This means assuming the role of prime agent who assures a dependable and coordinated flow of services to the client as he or she moves through the service delivery systems.

Protective Services for Adults - Services are available to adults (aged 18 or older) who are incapacitated due to physical or mental disability and who are in need of protection because they are abused, neglected or exploited. Services include receiving and evaluating reports of a need for protection; planning and counseling with disabled adults and their families to identify and address those problems which precipitate abuse, neglect or exploitation; assistance in arranging for needed services such as medical care, support services in the home, appropriate living arrangements, and others. Other services are provided by county departments of social services which are frequently used by the elderly. These services can be provided if the county department elects to provide them based on county need and available resources.

Housing and Home Improvement Services - Provides assistance to individuals and families in obtaining and retaining adequate housing and basic furnishings. Services include helping a person obtain or retain ownership of his own home or find and relocate to more suitable housing; minor renovations and repairs to owner-occupied dwellings; and basic appliances, such as a stove, refrigerator, or heater.

Preparation and Delivery of Meals - Prepares and delivers nutritious meals to an aging or disabled individual in his own home or in a central dining facility as necessary to prevent institutionalization or malnutrition.

Transportation Services - Transportation is provided as a part of a service plan to enable individuals for whom transportation is not otherwise available to have access to medical and health resources; shopping facilities, education, recreation, employment and training opportunities, and other community facilities and resources; and to support the delivery of other social services.

Personal Care Services - Performs tasks to assist persons with medical needs in activities such as personal hygiene, ambulation, meal preparation, and medical monitoring. Other tasks such as housekeeping and home management may also be performed, if they are integral, but secondary to tasks that relate to the personal care of the client. The service must be authorized by a physician and provided by aides under the supervision of a registered nurse. Personal Care Services are provided by 31 county departments of social services and are funded as part of the regular Medicaid Program.

County DSS agencies provide financial assistance to eligible people, including older adults. The following programs are available for older adults who meet the eligibility criteria.

State/County Special Assistance for Adults Program - The Department of Human Resources is authorized by General Statute 108A-40 to establish and supervise a State/County Special Assistance for Adults Program. This is a program of financial assistance for eligible residents of domiciliary homes and helps to pay for their care in domiciliary homes. It is administered by the county departments of social services under rules and regulations of the Social Services Commission.

Low Income Energy Assistance Program - Funds are used to assist low income people when a heating or cooling related crisis occurs. Allocations are provided to county departments of social services for direct payments to the households, or for vendor or voucher payments, or for the purchase of in-kind services, home repairs, or bulk buying. To be eligible, a household must: 1) be experiencing a life-threatening or health-related emergency; and 2) have income at or below 110% of the poverty level. The program was authorized by the Omnibus Budget Reconciliation Act of 1981.

Food Stamps - The Food Stamp Program is designed to help low income families buy the food they need for good health. County departments of social services administer the Program, including interviewing applicants, determining eligibility, and authorizing issuance of stamps. In North Carolina, stamps are issued in post offices, banks, or in local departments of social services. Clients may also receive their stamps by mail in some counties. The decision on the type of issuance is made by county officials. Food Stamp eligibility is based on both financial and nonfinancial criteria.

Contact: Mary K. Deyampert
(919) 733-3055

All 100 County Departments of
Social Services

DIVISION OF VOCATIONAL REHABILITATION

The Division of Vocational Rehabilitation Services is mandated by federal and state law to provide a program of rehabilitation services for disabled people who are vocationally handicapped and for whom such services will enhance their employability. These mandates specify that priority attention must be given to the most severely disabled, regardless of whether the handicap be physical, mental or emotional. Available services include assessment, counseling, physical restoration, training and job placement. Individuals are served without regard to age. "Employment" has not been recognized as a major concern in the aging handicapped population at this time; therefore, the Division does not offer specialized programs for the elderly. Less than 5 percent of the population served by this Division last year were 55 years of age or older.

Contact: Claude A. Myer, Director
(919) 733-3364

DEPARTMENT OF INSURANCE

The Department of Insurance is not specifically charged with providing services or programs for senior citizens. However, the Department does have functions that directly and indirectly benefit senior citizens. Those services and programs are:

1. The Seniors Health Insurance Information Program (SHIIP).
2. The licensing and regulation of continuing care retirement facilities or centers, also known as life care facilities or centers.
3. The regulation of long-term care insurance and of Medicare supplement insurance.

SHIIP

The Seniors Health Insurance Information Program (SHIIP) in the North Carolina Department of Insurance was created to help persons understand the options and benefits in health insurance products for older adults in North Carolina. SHIIP is designed to train volunteers in the areas of Medicare, private Medicare supplement insurance, and private long-term care insurance. Thousands of persons have participated in the training sessions, and there are close to 1,527 active trained volunteers in the 100 counties across the state to help people make better consumer decisions.

SHIIP works closely with local Councils on Aging and Senior Centers, Retired State Employees, and other groups providing services for senior citizens.

The SHIIP staff also answers questions about these areas.

Contact: Carla Suitt
(919) 733-0111
Toll-free 1-800-443-9354

CONTINUING CARE FACILITIES

The 1989 General Assembly enacted legislation to provide for the licensing and financial oversight of continuing care facilities and to provide additional safeguards for residents of, and applicants to, these facilities. The law became effective on January 1, 1990. It applies only to facilities that furnish lodging together with nursing services, medical services, or other health-related services under a contract that is to last for the life of the person receiving the lodging and services or that is to last for a period over one year. The law also contains provisions for disclosure of material facts to the public, inclusion of certain required provisions in contracts, and completion and disclosure of actuarial studies. It further requires meetings of residents with boards of directors of facilities; gives the Commissioner authority to intervene in the event of insolvency or the imminent danger of financial impairment; authorizes the

Commissioner to audit the books and records of facilities, and establishes a committee of experts to advise the Commissioner.

Contact: William Darden
(919) 733-5633

LONG-TERM CARE INSURANCE

Long-term care insurance policies provide coverage for not less than 12 consecutive months for each covered person on an expense incurred or indemnity basis. Long-term care can include a range of services provided in a nursing home or in a private home or other community setting. Such services include skilled or unskilled nursing care, home health care, personal care and a wide range of rehabilitative therapies.

The typical long-term care insurance policy offers the buyer a choice of daily dollar benefits, waiting or elimination periods and inflation protection. The long-term care insurance market has grown significantly because the fastest growing segment of our population is the group 85 and over, the group most likely to have a chronic illness or disability or for some other reason cannot care for themselves.

In 1987 and 1989, Commissioner James E. Long worked with the legislature to pass laws to regulate these policies and provide more protection for those people buying such policies. Rules and regulations were developed by the Commissioner to establish minimum benefits, proper disclosure and required loss ratio standards.

Contact: Theresa Shackelford
(919) 733-5060

MEDICARE SUPPLEMENT INSURANCE

Significant changes by the Omnibus Budget Reconciliation Act of 1990 (OBRA 90), signed by the President on November 5, 1990, require states to revise their regulatory requirements for Medicare supplement insurance. OBRA 90 also requires that state regulatory programs be approved by the Secretary of Health and Human Services.

To name a few of those changes, OBRA 90 limits Medicare supplement insurance sales to ten standard plans, requires open enrollment, prescribes a 65% loss ratio for individual policies and requires non-duplication of coverage.

No policy may be issued in a state unless the state's regulatory program is approved. North Carolina's regulatory program was approved by the Secretary of Health and Human Services on July 23, 1992.

Contact: Jean Holliday
(919) 733-5060

COMPLAINTS ABOUT AN INSURANCE COMPANY WITH RESPECT TO MEDICARE SUPPLEMENT OR LONG-TERM CARE INSURANCE

Contact: (919) 733-2004
Toll-free 1-800-662-7777

OFFICE OF STATE PERSONNEL

PREPARE PROGRAM

(PRE-RETIREMENT EMPLOYEE'S PLANNING/ASSISTING RETIRED EMPLOYEES)

The PREPARE Program is an educational program designed to help North Carolina State government employees and retirees prepare for their later years so that they remain productive and independent older adults. One way this is accomplished is through pre-retirement planning workshops which are offered to eligible state government employees (those age 50 years and older or those with at least 20 years of service).

Contact: Lavonda Van Bethuysen, Director
Vicki Mills, Staff Assistant
(919) 733-7112

RETIRED SENIOR VOLUNTEER PROGRAM

Every community in North Carolina faces the continuing challenge of providing necessary services with limited resources. Every community also has a growing number of retirees who want to remain active and useful.

RSVP as part of ACTION, the federal domestic volunteer agency, has a two-fold purpose:

1. To provide volunteer opportunities for older adults so that they can put the skills and experience of a lifetime to work for others thereby maintaining an active role for older adults in the community; and
2. To assess community needs, and, through the use of older adult volunteers, meet those needs.

RSVP involves volunteers who participate in the work of over 763 local agencies, organizations, and schools. This program has 17 projects in North Carolina and could expand to many more if funding was available. The cost of operation is minimal in proportion to numbers of persons giving their time and administering care both with in-home and community settings. RSVP has minimal staff and provides the following benefits to its volunteers: insurance, meal reimbursement, mileage reimbursement, recognition. There is no per diem or wage paid to participant volunteers.

Contact: RSVP-ACTION (Public Affairs)
Washington, D.C.
(202) 606-5108

ACTION-North Carolina Office
Robert Winston
(919) 856-4731

Carteret Community ACTION, Inc.
Ellen Peirce
(919)-247-4366

Charlotte-Mecklenburg Senior Center
Chauna Wall
(704) 334-3053

City of Raleigh, Department of Human Resources
Rebekah B. Ghazy
(919) 831-6295

Cumberland Co. Coordinating Council on Older Adults
Blanche Hodul
(919) 485-4448

Durham Technical Institute
Helen Featherson
(919) 598-9314

Harnett County Council for Senior Citizens
Louise Jackson
(919) 893-7578

Koinonia, Inc. (Lenior)
Janice Barger
(704) 758-9315

Land-of-Sky Regional Council
Juanita Storm
(704) 254-8131

Moore County RSVP (Carthage)
Kathy Batton
(919) 947-6395

Mountain Project, Inc.
Jackie Haney
(704) 452-1447 Ext. 35

New Hanover Co. Department of Aging
Marcelle Austin
(919) 341-4555

Northwest Piedmont COG (Winston-Salem)
Tracie Hunter
(919) 722-9346

RSVP of Orange County
Kathy Mangum
(919) 968-2054

Southeastern Community College (Whiteville)
Kathryn Wray Faulk
(919) 642-6274

United Services for Older Adults (Greensboro)
Sandra Mangum
(919) 373-4816

Wayne Action Group for Economic Solvency
Mary Best
(919) 734-1178

Yadkin Valley Economic Development District
Dulcy Fackrell
(919) 367-7251

SENIOR COMPANION PROGRAMS

The Senior Companion Program provides an opportunity for able-bodied low-income seniors to continue making meaningful contributions to their communities. They help older persons receiving long-term care, deinstitutionalized persons from hospitals and

nursing homes and others with special needs. The companionship that develops in these relationships is of great value to both giver and recipient. Senior Companion services include: Shopping and escorts on personal errands; home budgeting; readjustment for deinstitutionalized seniors; household management skills; exercise and recreational activities; nutritional assistance; health status monitoring; acute care discharge planning; and care for the terminally ill.

Contact: Wayne Action Group for Economic Solvency
Margaret Davis
(919) 734-1178

United Senior Services, Inc. (New Bern)
Gail Anderson
(919) 638-3800

New River Mental Health Center (Jefferson)
Debbie Wellborn
(919) 246-4898

Land-of-Sky Regional Council (Asheville)
Linda Mullis
(704) 254-8131

Mountain Projects, Inc. (Waynesville)
Joell Morris
(704) 452-1447

NORTH CAROLINA VISTA
(Volunteers in Service to America)

Another program offered by ACTION is VISTA. This is a full-time, year-long volunteer program for men and women 18 years of age and older from all backgrounds, who commit themselves to increasing the capability of low-income people to improve the conditions of their own lives. Volunteers are assigned to local sponsors which may be state or local public agencies or private non-profit organizations. Volunteers may serve in their home community or in other parts of the country. ACTION/VISTA pays travel expenses and provides some relocation assistance for volunteers who serve outside of their local community.

For more information contact:

ACTION North Carolina Office
(919) 856-4731

or

ACTION-VISTA Recruitment and Placement Office
Washington, D.C.
(800) 424-8867

NORTH CAROLINA SENIOR GAMES

North Carolina Senior Games is a statewide, year-round health promotion and education program for individuals 55 years of age and older. This wellness and prevention program focuses on keeping seniors healthy and independent and involved in a personal fitness program.

There are 39 regional Senior Games that serve the state and a State Finals held annually. In addition to the Games, the organization offers statewide workshops, leadership training for professionals, educational materials such as exercise posters and health information. North Carolina Senior Games is supported by the State of North Carolina, 3 corporate sponsors and many coordinating and endorsing agencies such as the Division of Aging, Health Services, Parks and Recreation, AARP, and the medical profession.

SILVERSTRIDERS

This is a new statewide walking program for seniors and is the most comprehensive of its kind in the nation. This walking program offers free log books for seniors to track their mileage and gifts and incentives to keep them motivated. It can be used by any senior who can walk. Speed does not matter. Log books are being used by long term care facilities, hospitals, doctor's offices, senior centers, recreation departments, malls and corporations as part of their pre-retirement programs. It has a broad application for many seniors who wish to remain healthy and active.

Contact: Margot Raynor, Director, NCSG, Inc.
(919) 851-5456

Alamance-Burlington
Betsy Chandler
(919) 222-5030

Brunswick County
Tina Pritchard
(919) 222-4790

Asheville-Buncombe
Ann Joyce
(704) 259-5800

Cabarrus County
Mike Murphy
(704) 788-6150

Bladen County
Katie Meshaw
(919) 862-6930

Carteret County
Deborah Pasteur
(919) 728-8401

Blue Ridge
North Wilkesboro
Gwenda Wagoner
(919) 670-2644

Charlotte-Mecklenburg
Penny Hess
(704) 378-4414

Cleveland-Rutherford
Tracy Davis
(704) 482-3488

Davie County
Mocksville
Kathleen Streit
(704) 634-2325

Down East
Rocky Mount
Tami Wiggs
(919) 291-8111

Durham
Ronnie Ferrell
(919) 477-2695

Four Seasons
Hendersonville
Sandi Hosey
(704) 697-4884

Greater Greensboro
Rhonda Maxson
(919) 373-2283

Greater High Point
Tommy Shoaf
(919) 883-3482

Greater Statesville
Betty Millsaps
(704) 878-3433

Greenville-Pitt
Alice Keene
(919) 830-4216

Haywood County
Rinda Green
(704) 452-2370

High Country
Boone
Debra Wynne
(704) 264-9512

Johnston County
Larry Bailey
(919) 553-5866

Macon County
Franklin
Guy Taylor
(704) 524-6421

McDowell County
Jonelle Daniels
(704) 652-8953

Mid-Carolina
Pope AFB
Mary Ann Dolister
(919) 323-4191

Onslow
Mike Wetzel
(919) 347-5332

Orange County
Jody Jameson
(919) 968-7703

Outer Banks
Kill Devil Hill
Karen Coble
(919) 441-1181

Piedmont Plus
Winston-Salem
Edith Bailey
(919) 727-2502

Raleigh-Wake
Steve White
(919) 831-6850

Randolph County
Foster Hughes
(919) 626-1240

Region K
Henderson
Leslie Payne
(919) 492-7276

Region P
New Bern
Rusty Cotton
(919) 636-6606

Region R
Elizabeth City
Lee Riddick
(919) 426-5753

Robeson County
Betty Rising
(919) 618-5533

Rutherford County
Forest City
Diana Brooks
(704) 245-0515

Salisbury/Rowan
Hilary McConnell
(704) 638-5295

Scotland County
Rodney Jackson
(919) 277-2585

Senior Games by the Sea
Wilmington
Annette Crumpton
(919) 452-6400

Senior Games in the Pines
Southern Pines
Pam Smith
(704) 692-7376

Senior Games of Richmond County
Hamlet/Rockingham
Susan Sellars
(919) 582-6281

Smokey Mountain
Sylva
Kathy Jaudon
(704) 586-6333

Stanly County
Albemarle
Judy Floyd
(704) 983-7334

Swain County
Bryson City
Steve Claxton
(704) 488-6159

Thomasville-Davidson-Lexington
Donna Bishop
(704) 242-2290

Transylvania County
Brevard
Chris Parker
(704) 884-3156

Unifour
Hickory
Alan Hall
(704) 322-9191

Union County
Ben Myers
(704) 843-3919

N. C. HIGHER EDUCATIONAL RESOURCES

Some of the constituent institutions of the University of North Carolina System and other private institutions provide services to the aging citizens of our state in two areas: preparation of professional personnel to provide services to the aging; and retirement centers for continuing education which provide the opportunity of life-long educational enrichment for the aging population.

In addition to the training of physicians and specialists in the medical schools at UNC-Chapel Hill and East Carolina, the special needs of the aging population and clinical training to meet those needs are addressed in graduate and professional programs throughout the University in nursing, social work, pharmacy, dentistry, public health, psychology, education, and recreation and leisure studies programs. In almost every program there are internship and clinical training activities where advanced professional training is taking place while, at the same time, direct services are being provided by interns and faculty supervisors. The 1990-1991 Compendium of Aging Programs compiled by the Division of Aging lists the wide range of educational, research and service activities provided through colleges and universities in our State.

Of particular interest are some recent developments designed to focus greater attention on the needs of the aging populations and the demand for more and better prepared professional personnel to staff aging programs and services. Initiatives have been taken in the development of undergraduate and graduate programs in social work and gerontology.

Appalachian State University at Boone offers an undergraduate minor in gerontology which is coordinated through the Sociology Department and open to all students. There is also a graduate program in gerontology. This program covers the service, administration, research, and counseling aspects of gerontology and includes internships. Academic courses are integrated with the following community programs: Senior Scholar Program; Elderhostel Program; and Speech-Hearing Clinic. Education and training opportunities for older persons are offered in the areas of health, personal needs, economics, and some general outreach courses. ASU Foundation and Brian Center Corporation own and operate the Appalachian-Brian Residential Facility for Older Adults.

Elizabeth City State University at Elizabeth City offers a concentration in gerontology which is coordinated for human services majors at the undergraduate level. This program covers the service, research, and clinical practice aspects of gerontology.

North Carolina State University at Raleigh offers undergraduate and graduate concentrations as well as graduate certification in gerontology. The program is coordinated through the Department of Adult and Community College Education. The gerontology program covers education, administration, and research with optional internships.

Specialized nursing education programs in geriatrics and aging problems are available through the undergraduate and graduate programs at the following institutions:

East Carolina University
North Carolina A & T State University

North Carolina Central University
UNC-Chapel Hill
UNC-Charlotte
UNC-Greensboro
UNC- Wilmington
Western Carolina University
Winston-Salem State University

These special nursing programs range from formal courses to continuing education programs and include career counseling programs to attract and retain nurses in patient care and prevention programs for aging citizens.

LEARNING RETIREMENT CENTERS IN NORTH CAROLINA

The Duke Institute for Learning in Retirement at Duke University in Durham offers courses in liberal arts. All courses are held on campus, and Senior students have complete use of library facilities available to them.

Contact: Sarah Craven, Director
(919) 684-6259

Guilford College in Greensboro offers courses of interest to senior students through the "Great Decisions" lecture series and through the "Adventures in Learning" courses. Senior students may also register for academic classes for credit toward a degree. (There is a reduced rate for auditing classes.)

Contact: Mary Vick, Director of continuing Education Admissions and
Community Programs
(919) 282-5511

In recognition of the need to expand and to strengthen its programs and services for the older population, North Carolina State University in Raleigh has established the Encore Program for Lifelong Enrichment. Encore identifies and directs NCSU resources toward meeting the cultural and educational needs and interests of older adults. It offers special interest courses as well as courses in liberal arts. All classes are held in the Encore Center, with the exception of the physical education classes which are held in the campus gym facilities. Senior students receive free parking, a library access card, and a 20% reduction on food in the cafeteria. There are approximately 200 senior students in the program per semester.

Contact: Dennis Jackson, Director
(919) 515-2277

The University of North Carolina at Asheville offers the North Carolina Center for Creative Retirement. The Center provides senior students with a variety of learning opportunities. All classes are held on campus. Senior students receive the same student I.D. as regular students and are afforded the same use of campus facilities. Senior students may also participate in volunteer work through a program called

"Seniors in the Schools." The various programs offered at the North Carolina Center for Creative Retirement include:

College for Seniors
Seniors Wellness Program
Retirement Planning Program
Senior Academy for Intergenerational Learning
Senior Entrepreneurs

Contact: Ron Manheimer, Director
(704) 251-6140

For more information contact:

Appalachian State University
Dr. Alfred M. Denton, Jr.
(704) 262-6390

Barber-Scotia College
Mr. Charles R. Cox
(704) 786-5171 Ext. 407

Barton College
Dr. Walter R. Parker, Jr.
(919) 237-3161

Belmont Abbey College
Ms. Jo Singleton
Peter Lodge
(704) 825-3711

Campbell University
Dr. Joyce White, Dept. of Social Work
(919) 893-4111 Ext. 6111
Dr. Joyce Mallet, School of Pharmacy
(919) 893-4111 Ext 3300
or (919) 383-9225 (Durham)

Duke University
George Maddox, Ph.D.
(919) 684-6118
Dr. Harvey J. Cohen
(919) 684-3654

East Carolina University
Dr. Jim Mitchell, Director Gerontology
(919) 757-6768

Elizabeth City State University
Ms. Deborah Reddick
(919) 335-3330

Elon College
Dr. Howard Higgs
(919) 584-2347

Fayetteville State University
Dr. Pinapaka V.L.N. Murthy
(919) 486-1691
Mr. Willie Beasley
(919) 486-1226

Gardner-Webb College
Ms. Deborah Reddick
(919) 335-3330

High Point College
Ms. Mary Anne Busch
(919) 841-9224
(800) 4220-4644

Johnson C. Smith University
Dr. Ruth L. Greene
(704) 378-1052

Lees-McRae College
Mr. Odell Smith
(704) 328-1741

Mars Hill College
Ken Sanchagrin
(704) 699-8011

North Carolina Central University
Dr. Karen Smith
(919) 560-5300
(919) 560-5200

North Carolina State University
Dr. J. Conrad Glass, Jr.
(919) 515-3590

Pembroke State University
Stephen M. Marson
(919) 521-4214 Ext. 380

Shaw University
Dr. Joseph L. Richardson
(919) 755-4824

UNC-Asheville
Dr. William H. Haas, III
(704) 251-6426

UNC Chapel Hill
Dr. Gary M. Nelson (Sch.of Social Work) (919) 962-1225
Dr. Mark E. Williams (Sch.of Medicine) (919) 966-5945

UNC-Charlotte
Mr. James McGavran
(704) 547-4290

UNC-Greensboro
Dr. Marianna Newton
(919) 334-5932
Dr. Virginia Newbern
School of Nursing
(919) 334-5010

UNC-Wilmington
Dr. Eleanor Maxwell
(919) 395-3435

Wake Forest University
Dr. John Earle
(919) 759-5494

Western Carolina University
Dr. Judith M. Stillion
(704) 227-7495
Dr. Nancy S. Betchart
(704) 227-7361

NORTH CAROLINA COOPERATIVE EXTENSION SERVICE

The North Carolina Cooperative Extension Service is an educational organization supported by federal, state and county funds. It serves 100 North Carolina counties and the Cherokee Reservation. Extension Agents in Cooperative Extension Centers serve as field faculty of land grant universities. Agents deliver research-based informal educational programs addressing the priority concerns selected by each county's advisory system. Extension Specialist at North Carolina State University and North Carolina A & T University develop educational materials, as well as train and support the county staff.

A major focus of Extension programs since 1988 has been planning for elder care -- the probability of future family caregiving responsibilities and the possibility (at any age) of personal dependency. An original video tape and brochure (available in every county) were developed to increase public awareness of in-home and community based services for dependent older adults and their families, and to encourage families to gather essential information before a medical emergency limits available options. A series of twelve fact sheets describe the specific consumer decisions which must be made in making arrangements for dependent elder care. These publications give individuals and families the information they need in planning for housing, health care and insurance, financial arrangements, legal authority to act for another (including advance medical directives), and other aspects of elder care. The link between planning for dependency and estate planning is emphasized in complementary publications and A-V materials from other sources.

Helping family members who are already serving as informal caregivers reduce the stress of coping with caregiving is a second major focus of Extension programs. Volunteer outreach is taking place in counties with an aging network that supports the recruitment and training of volunteers to locate family caregivers who are unaware of local resources. The volunteers provide information to caregivers and/or "time out" from the stressful responsibilities of caregiving as **Volunteer Information Providers** or **Volunteer Adult Sitters**.

The **Training Family Caregivers Program** offers information and emotional support directly to caregivers. A month-long home study program on a variety of personal care topics is introduced at a group meeting that permits caregivers to share and discuss their concerns, and concludes with a group meeting presenting new Extension materials that promote health care for caregivers and provide a community aging services resource fair. Interested caregivers are assisted in organizing a support group.

An additional focus in the 1992-95 plan of work is directed to aging and older adults who live alone, with programs and materials on a variety of ways to maintain their independence (nutrition, health promotion, lifecycle housing, adaptive devices, fabric and garment selection, resource management, and family relationships).

Contact: **Judith E. Mock**, Interim Assist. Director, In-Charge Home Economics
(919) 515-2781 FAX (919) 515-3483 or 3135
Wayne Matthews, Human Development Specialist
Janice H. Lloyd, Family Resource Management Specialist
(919) 515-2770 FAX (919) 515-3483 or 3135

AHEC (AREA HEALTH EDUCATION CENTERS) PROGRAM

The AHEC Program seeks to improve the supply, distribution and quality of health care professionals in North Carolina through its ten regional centers. AHEC works with the State's four university medical centers to sponsor a wide range of educational activities related to health manpower development, including community training for health science students, medical residency training programs in primary care, continuing education and information services. AHEC was created in 1972 by the School of Medicine at UNC-CH and funded with a federal grant. In 1974, the General Assembly expanded the AHEC Program and took over its funding. Today the Program is funded about equally from state and local sources and is administered by the Dean of the UNC-CH School of Medicine.

Program activities fall into three broad categories: community-based training for health professional students and medical residents; health professions continuing education; and information services for health care agencies and professionals.

AHEC activities are focused on the supply, distribution and education of health care professionals. The nine regional centers work within their regions to assess the education and training needs of the health professionals and agencies serving older adults, including long-term-care facilities. They then develop education programming to meet those needs.

Contact: Dr. Eugene S. Mayer, Program Director
(919) 966-2461

Area L AHEC
David M. Webb
(919) 972-6958

Greensboro AHEC
Dr. Donald D. Smith
(919) 379-4025

Charlotte AHEC
Dr. William T. Williams
(704) 355-3146

Mountain AHEC
Dr. Thomas J. Bacon
(704) 257-4400

Duke AHEC
Dr. Harry Gallis, Liaison
(919) 684-3279

Northwest AHEC
James C. Leist
(919) 777-3000

Eastern AHEC
Eldine K. Guthrie
(919) 551-5200

Wake AHEC
Dr. Ed Abrams
(919) 250-8548

Fayetteville AHEC
Gerald Strand
(919) 678-7230

Wilmington AHEC
Dr. William McMillan
(919) 343-0161

APPENDIX A

"Article 21.

"The North Carolina Study Commission on Aging.

§ 120-180. Commission; creation.

The North Carolina Study Commission on Aging is created to study and evaluate the existing system of delivery of State services to older adults and to recommend an improved system of delivery to meet the present and future needs of older adults. This study shall be a continuing one and the evaluation ongoing, as the population of older citizens grows and as old problems faced by older citizens magnify and are augmented by new problems. (1987, c. 873, s. 13.1)

§ 120-181. Commission; duties.

The Commission shall study the issues of availability and accessibility of health, mental health, social, and other services needed by older adults. In making this study the Commission shall:

- (1) Study the needs of older adults in North Carolina;
- (2) Assess the current status of the adequacy and of the delivery of health, mental health, social, and other services to older adults;
- (3) Collect current and long range data on the older adult population and disseminate this data on an ongoing basis to agencies and organizations that are concerned with the needs of older adults;
- (4) Develop a comprehensive data base relating to older adults, which may be used to facilitate both short and long range agency planning for services for older adults and for delivery of these services;
- (5) Document and review requests of federal, State, regional, and local governments for legislation or appropriations for services for older adults, and make recommendations after review;
- (6) Evaluate long-term health care and its non-institutional alternatives;
- (7) Propose a plan for the development and delivery of State services for older adults that, if implemented, would, over 10 years, result in a comprehensive, cost-effective system of services for older adults;
- (8) Study all issues and aspects of gerontological concerns and problems, including but not limited to Alzheimer's Disease; and
- (9) Carry out any other evaluations the Commission considers necessary to perform its mandate. (1987, c. 873, s. 13.1.)

§ 120-182. Commission; membership.

The Commission shall consist of 17 members, as follows:

- (1) The Secretary of the Department of Human Resources or his delegate shall serve ex officio as a non-voting member;
- (2) Eight shall be appointed by the Speaker of the House of Representatives, five being members of the House of Representatives at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults; and
- (3) (For applicability see note) Eight shall be appointed by the President of the Senate, five being members of the Senate at the time of their appointment, and at least two being planners for or providers of health, mental health, or social services to older adults.

(3) (For applicability see note) Eight shall be appointed by the President Pro Tempore of the Senate, five being members of the Senate at the time and at least two being planners for or providers of health, mental health, or social services to older adults.

Any vacancy shall be filled by the appointing authority who made the initial appointment and by a person having the same qualifications. All initial appointments shall be made within one calendar month from the effective date of this Article. Members' terms shall last for two years. Members may be reappointed for two consecutive terms and may be appointed again after having been off the Commission for two years. (1987, c. 873, s. 13.1.; 1991, c. 739, s. 18.)

§ 120-183. Commission; meetings.

The Commission shall have its initial meeting no later than October 1, 1987, at the call of the President of the Senate and Speaker of the House. The President Pro Tempore of the Senate and the Speaker of the House of Representatives shall appoint a cochairman each from the membership of the Commission. The Commission shall meet upon the call of the cochairmen. (1987, c. 873, s. 13.1.; 1991, c. 739, s. 19.)

§ 120-184. Commission; reimbursement.

The Commission members shall receive no salary as a result of serving on the Commission but shall receive necessary subsistence and travel expenses in accordance with the provisions of G.S. 120-3.1, G.S. 138-5 and G.S. 138-6, as applicable. (1987, c. 873, s. 13.1.)

§ 120-185. Commission; public hearings.

The Commission may hold public meetings across the State to solicit public input with respect to the issues of aging in North Carolina. (1987, c. 873, s. 13.1.)

§ 120-186. Commission; authority.

The Commission has the authority to obtain information and data from all State officers, agents, agencies and departments, while in discharge of its duties, pursuant to the provisions of G.S. 120-19, as if it were a committee of the General Assembly. The Commission shall also have the authority to call witnesses, compel testimony relevant to any matter properly before the Commission, and subpoena records and documents, provided that any patient record shall have patient identifying information removed. The provisions of G.S. 120-19.1 through G.S. 120-19.4 shall apply to the proceedings of the Commission as if it were a joint committee of the General Assembly. In addition to the other signatures required for the issuance of a subpoena under this section, the subpoena shall also be signed by the cochairmen of the Commission. Any cost of providing information to the Commission not covered by G.S. 120-19.3 may be reimbursed by the Commission from funds appropriated to it for its continuing study. (1987, c. 873, s. 13.1.)

§ 120-186.1. Commission; Alzheimer's Subcommittee.

The Commission cochairmen shall appoint an Alzheimer's Subcommittee. The cochairmen shall appoint as members of the Subcommittee three Commission members and at least four but no more than six non-Commission members. The Commission shall prescribe the duties of the Alzheimer's Subcommittee which may include conducting studies on the availability and efficacy of currently existing geriatric or memory disorder services and programs, advising the Commission on matters regarding Alzheimer's services and programs, and recommending to the Commission solutions to related problems. (1989, c. 368, s. 1.)

§ 120-187. Commission; reports.

The Commission shall report to the General Assembly and the Governor the results of its study and recommendations. A written report shall be submitted to each biennial session of the General Assembly at its convening. (1987, c. 873, s. 13.1.)

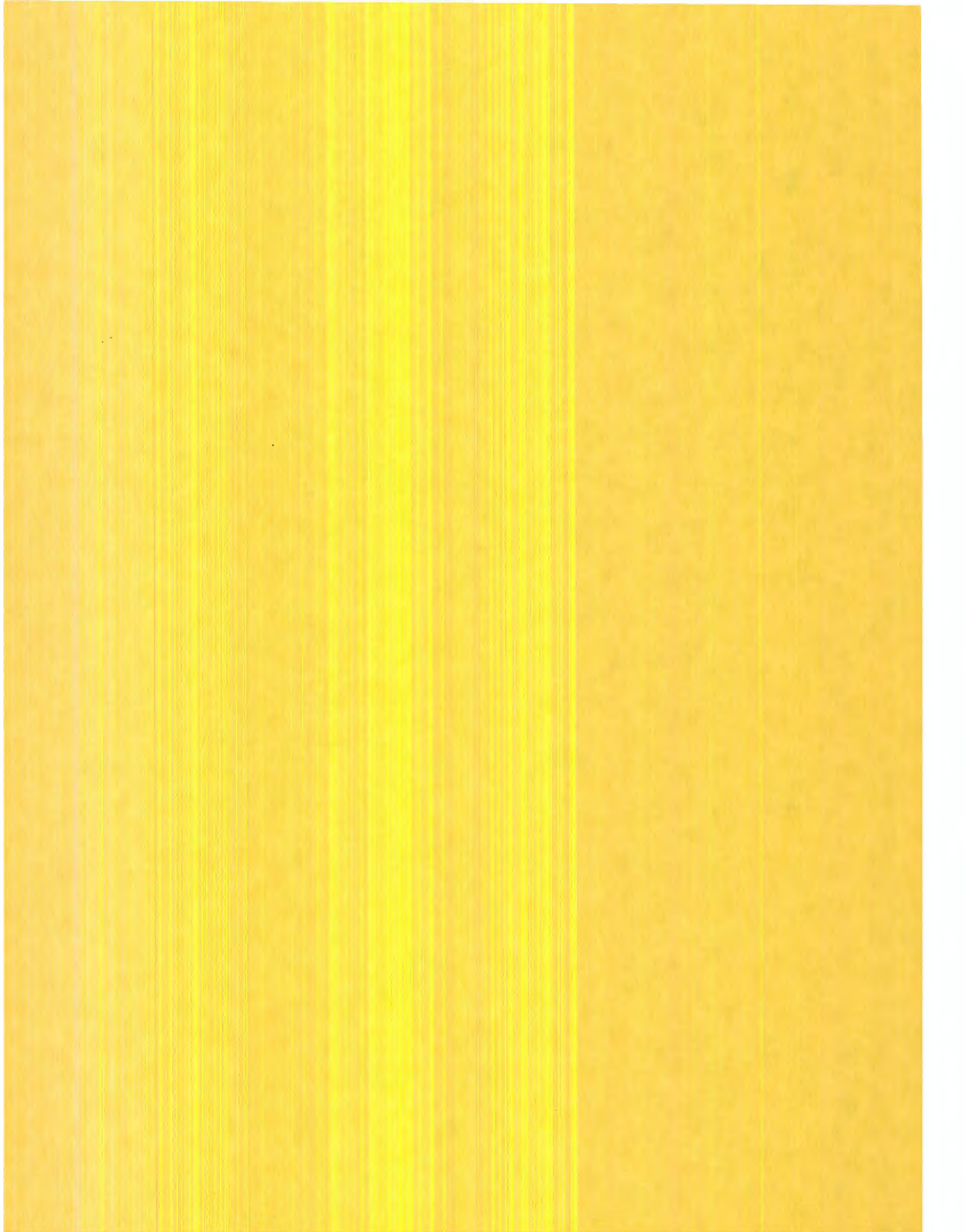
§ 120-188. Commission; staff; meeting place.

The Commission may contract for clerical or professional staff or for any other services it may require in the course of its on-going study. At the request of the Commission, the Legislative Services Commission may supply members of the staff of the Legislative Services Office and clerical assistance to the Commission as the Legislative Services Commission considers appropriate.

The Commission may, with the approval of the Legislative Services Commission, meet in the State Legislative Building or the Legislative Office Building. (1987, c. 873, s. 13.1.)

Note:

Subdivision (3) Set Out Twice. -- The first version of subdivision (3) is applicable until the amendment by Session Laws 1991, c. 739, s. 33 becomes applicable. The second version of subdivision (3) is applicable to any appointments for terms beginning on or after January 1, 1993, and to the filling of any unexpired terms where the term began before that date but the vacancy occurs on or after that date.



APPENDIX B

NORTH CAROLINA STUDY COMMISSION ON AGING
SUBCOMMITTEE ON ALZHEIMER'S

Senator Robert C. Carpenter, Cochair
180 Georgia Road
Franklin, NC 28734
(704) 524-5009

Senator James F. Richardson
1739 Northbrook Drive
Charlotte, NC 28216

Ms. Alice W. Watkins
N. C. Alzheimer's Association
Eastern Chapter
P. O. Box 2917
Raleigh, NC 27602
(919) 856-1144 or 832-3732

Ms. Judy Hudson
N. C. Alzheimer's Association
Southern Piedmont Chapter
2908 Park Road
Charlotte, NC 28209
(704) 373-1215

Ms. Michelle Manning
219-A Haywood Street
P.O. Box 1066
Asheville, NC 28802
(704) 254-7363

Rep. Peggy A. Wilson, Cochair
214 W. Hunter Street
Madison, NC 27025
(919) 427-5537

Ms. Sharon Grubb
3225 Twin Brooks Drive
Greensboro, NC 27407
(919) 379-8640

Ms. Lisa Gwyther, Executive Director
Duke Family Support Program
Duke University Medical Center
Box 3600
Durham, NC 27710
1-800-672-4213

Ms. Emily Simmons, Manager
Patient and Family Services
Wilson Memorial Hospital
1705 South Tarboro Street
Wilson, NC 27893
(919) 399-8198

APPENDIX C

NORTH CAROLINA GENERAL ASSEMBLY SIGNIFICANT LEGISLATION FOR THE ELDERLY 1977 THROUGH 1992

Since 1977, legislation for the elderly has addressed a number of broad areas of concern such as: health care, taxation, employment retirement benefit packages, and social programs. The following summary lists legislation chronologically and provides a brief description of each bill. Continuation budget items and special appropriations are not included.

BILLS

1977

Nursing home bill of rights was passed to assure quality of life for 20,000 patients occupying intermediate and skilled care beds in North Carolina. (H 532, Ch. 242)

Excluded homestead property belonging to elderly and disabled persons with incomes below \$9,000 per year from ad valorem taxes; first \$7,500 of assessed value exempted from property tax. (H 21, Ch. 666)

Prohibited discriminatory hiring practices based upon race, color, religion, national origin, age, sex or handicap. (S 459, Ch. 720)

Permitted school cafeterias to be used for purposes other than school functions such as senior citizen programs. (H 83, Ch. 599)

Created the Division on Aging in the Department of Human Resources to pursue solutions to problems facing the elderly (H 531, Ch. 242) and appropriated funds to establish Division on Aging. (H 532, Ch. 960)

Authorized municipalities to undertake programs for the elderly. (H 535, Ch. 187)

Authorized elderly to attend classes tuition-free at state-supported institutions of higher education, community colleges and technical institutes. (H 842, Ch. 981)

1978

Appropriated \$42,500 in funds for training Nursing Home Advisory Committee members. (H 1540, Ch. 1255)

Required home health services to be provided in every county. (S 931, Ch. 1184)

Modified eligibility standard for medically-needy recipients of Medicaid. (S 1028, Ch. 1228)

Created Nursing Home Advisory Committees. (H 1547, Ch. 1192)

Permitted boards of education to allow school buses to be used by senior citizen groups. (H 1542, Ch. 1280)

1979

Appropriated \$300,000 for a home-maker/home health aide demonstration program and \$6 million per year for in-home services including adult day care, chore services, homemaker/home health aid services.

Added mobile homes to the definition of homestead property excluded from ad valorem tax. (H 22, Ch. 846)

Allowed homeowners, age 55 and older a once-in-a-lifetime tax exclusion of up to \$100,000 of capital gains on the sale of their principal residence. (H 67, Ch. 801)

Simplified procedural time frames for homestead exclusion for elderly and disabled. (S 203, Ch. 356)

Raised the mandatory retirement age to age 70 for State and local employees and allowed for continued service beyond age 70. (H 65, Ch. 862)

Eliminated the age limit on day care center employees. (H 68, Ch. 9)

Adopted Policy Act for the Aging which outlines policy goals for programs for the elderly. (H 219, Ch. 983)

Exempted charter bus operations for senior citizen groups from rate regulation and route certification procedures. (H 607, Ch. 204)

Extended voting hours for the elderly and disabled. (629, Ch. 425)

1980

Made jury service optional for persons age 65 and older. (S 965, Ch. 1207)

1981

Created a pre-admission screening program for persons at risk of institutionalization to determine if the individual can remain at home with the provision of in-home services; appropriated funds (\$50,000) to DHR to establish a comprehensive screening program. (H 1376; Ch 1120) By the end of 1984, 20 counties to be participating in the project with several hundred thousand in state funds. (H 405, Ch. 675)

Enacted standards for sale of Medicare supplemental insurance to protect elderly consumers. (S 449, Ch. 503)

Placed moratorium on issuance of certificates of need for the construction of nursing home beds. (H 675, Ch. 667)

Appropriated \$390,000 for adult day care services. (S 727, Ch. 1048)

Domiciliary home patient's bill of rights. (H 1098, Ch. 928)

Excluded a person's home and adjoining property (if valued under \$12,000) when determining eligibility for state county medical assistance. (H 1216, Ch. 849)

Increased homestead exemption from \$7,500 of assessed value to \$8,500 of assessed value. (H 5, Ch. 1052)

Extended deadline to apply for homestead exemption (H 14, Ch. 28) and simplified application procedures for homestead exemption. (S 39, Ch. 54)

Amended entry age restrictions in the Teachers - State Employees Retirement System and allowed purchase of past service credits. (H 1274, Ch. 1396)

Simplified procedures for requesting exemption from jury duty by the elderly. (S 38, Ch. 9; S 39, Ch. 54)

Raised punishment for assault on the handicapped. (S 40, Ch. 780)

Recodified social service laws detailing policies, programs and procedures on behalf of adults in need of protective services. (S 153, Ch. 273)

Eliminated barriers to coordinating human service volunteer transportation. (H 1229, Ch. 792)

Appropriated \$65,000 to provide one-time grants to senior citizen centers across North Carolina. (H 1392, Ch. 1127)

1982

Appropriated \$50,000 to Wake County to establish a comprehensive screening program for the elderly. (H 1340, Ch. 1284)

Increased retirement formula for local employees retirement system. (H 1340, Ch. 1284)

1983

Created a Domiciliary Home Community Advisory Committee and provided for training to committee members. (S 18, Ch. 88)

Eliminated "deeming" income or assets of the spouse when determining Medicaid eligibility for a person who is at risk of institutionalization. (S 23, Ch. 761)

Authorized study of "life care" centers to determine if there are sufficient legal protections for the elderly who subscribe to them. (H 1142, Ch. 05)

Appropriated \$100,000 to fund State Adult Day Care Programs. (S 552, Ch. 876)

1985

Provided broad-based tax relief to North Carolina citizens. (H 222, Ch. 656)

Intangibles Tax - Exempted money on deposit in banks, money on hand, funds on deposit with insurance companies and short term cash balances held by stock and bond brokerage companies; effective January 1, 1985

Inheritance Tax - Exempted most spouses from the inheritance tax effective August 1, 1985; exemption would rise to \$500,000 by 1989.

Gift Tax - Exempted gifts between spouses from gift tax and increased lifetime exemption from \$30,000 to \$100,000.

Income Tax - Provided a new income tax credit of \$25 for returns up to \$5,000; \$20 for returns from \$5,000 to \$10,000; and \$15 for returns of \$10,000 to \$15,000

Sales Tax on Funerals - Increased the state and local sales tax exemption for funerals from \$150 to \$1,500

Food Stamp Purchases - Exempted food purchased with food stamps from state sales tax.

Homestead Exemption - Increased the property tax homestead exemption from \$8,500 to \$10,000 and qualifying income limit from \$9,000 to \$10,000 in January 1986; in 1987 exemption increased to \$12,000 on an income of \$11,000

Removed the reporting requirements for estates of less than \$100,000. (H 6, Ch. 82)

Allowed spouses to use each others \$3,000 annual exclusion from gift tax only if both are North Carolina residents when gift is made. Consent to share exclusion with spouse must be given on timely filed gift tax return and is irrevocable. (H 46, Ch. 86)

Eliminated the necessity of obtaining an inheritance tax waiver for securities declared and interest accruing after the decedent's death. (H 50, Ch. 87)

Required the Department of Human Resources to inspect and certify adult day care programs. (H 151, Ch. 67)

Improved Adult Protective Services Law to allow access by the county social services director to records kept by an individual, facility, or agency that is acting as a caretaker; gave county social services director the authority to conduct a private interview with a disabled adult who has been reported to be abused, neglected, or exploited. (H 665, Ch. 658)

Established that it is not an unreasonable preference or advantage for the Utilities Commission to order waiver of fees or lifeline rates for low income residential subscribers of local telephone services. (H 1010, Ch. 694)

1986

Appropriated in H 2055:

\$375,000 for home health care for indigents to provide skilled nursing, therapy, home health aide, medical social services, durable medical equipment and supplies to indigent patients who are homebound.

\$737,000 to increase the number of adult day care slots by 190 additional people.

\$350,000 for new program called "Respite Care" to help relieve family members who ordinarily care for the elderly patient by giving a short break or respite.

\$750,000 to increase the personal needs allowance from \$29-\$34 for residents of rest homes who participate in the state/county special assistance program.

1987

Provided tax exemption of personal and real property for certain retirement communities. (H 318, Ch. 356)

Exempted motorized wheelchairs and similar vehicles not exceeding 1,000 pounds from registration card titling requirements. (H 551, Ch. 157)

Allowed a \$4,000 income tax exemption for all public sector retirees; increased retirement formula for state and local retirees; provided \$2,000 tax exemption for private sector retirees. (H 1311, Ch. 792)

Required that prior to execution of a contract to provide continuing care, the provider shall make an adequate disclosure statement to the purchaser of the contract; escrow accounts are required. (S 78, Ch. 83)

Established performance and disclosure standards for long-term care insurance policies. (S 462, Ch. 331)

Established fund with \$19.6 million from a federal lawsuit, for local housing authorities, municipalities, and others to assist the poor in finding places to live. (S 738, ch. 841)

Limited liability of a director, trustee or officer of a religious society, a fraternal society or order, or non-profit corporation; the immunity is personal to the directors, trustees and officers and does not immunize the corporation for liability for acts or omissions of the directors, trustees or officers. (S 771, Ch. 799)

Allowed counties to develop a single portal of entry, a consolidated case management system, and a common data base for human services. (S 868, Ch. 422)

Made it unlawful for any person to intentionally abuse a patient at a health care facility or a resident of a resident care facility; provides penalties. (H 354, Ch. 527)

Allowed curbside voting during the entire time the polls are open. (H 494, Ch. 300)

Required the State Board of Elections to issue rules to assure that any handicapped or elderly voter assigned to an inaccessible voting place will be assigned to an accessible voting place. (H 549, Ch. 465)

Provided qualified immunity from civil liability from libel for members of nursing home and domiciliary home advisory committees. (H 663, Ch. 682)

Created a new Chapter G.S. 35A which establishes a simplified uniform statutory structure and procedure for adjudication of incompetence and appointment of guardians. (H 954, Ch. 550)

Increased the permissible amount of funeral expenses against an estate from \$1,000 to \$2,000. (H 1029, Ch. 286)

Revised and made more stringent penalties for violations by nursing and domiciliary care homes. (H 1057, Ch. 600)

Required the development of a statewide aging policy plan documenting ways in which the State can best meet the needs of the aged. (H 1159, Ch. 289)

Provided first available bed priority for nursing home patients temporarily absent from a nursing facility due to a hospital stay. (H 1065, Ch. 1080)

Established the independent Study Commission on Aging Part XIII with an appropriation on aging. (H 1350, Ch. 873)

Improved solvency protection of health maintenance organizations and established net worth definitions and financial criteria. (H 683, Ch. 631)

Prohibited certain unfair methods of competition in the advertising and sale of insurance, and required the fair representation of policy benefits in Medicare Supplement policies. (H 773, Ch. 787)

1988

Increased the annual State income tax exclusion for federal employee retirement programs from \$3,000 per year to \$4,000 per year. (H 142, Ch. 892)

Increased the retirement formula for members of the Teachers and State Employees Retirement System and the Local Government Employees Retirement System. (S 661, Ch. 1110)

Appropriated more than \$6.5 million to fund a three-part package to foster a better system of community-based help. One part provided transportation assistance; second part focused on in-home and community-based care for the elderly and made an attempt to put together a coordinated system of these services; third part appropriated money for renovation of a facility for persons with Alzheimer's. (S 1559, Ch. 1095)

Used \$327,424 from Social Services Block Grant to continue Respite Care Program which attempts to avoid the complete institutionalization of older adults. (H 2641, Ch. 1086)

1989

Required the Division of Aging to submit to the General Assembly every two years a plan for serving older adults including an analysis of needs, current services, and specific recommendations for expanding services and funding. (H 69, Ch. 52)

Required that the Division of Aging serve as the lead agency to ensure that adequate data are available regarding the elderly. (H 70, Ch. 695)

Amended the statute creating the North Carolina Study Commission on Aging to include the requirement that an Alzheimer's Subcommittee be a permanent part of the Commission. (H 258, Ch. 368)

Established within the Department of Human Resources an Advisory Committee of 25 members to recommend to the Secretary and to the General Assembly strategies for improving in-home and community based care for older adults. (H 1008, Ch. 457)

Formally established the long-term care ombudsman program office in the Division of Aging; set functions and duties; established regional ombudsmen in each area Agency on Aging whose duties include complaint resolution and public education. Complainant's identity confidential; retaliation prohibited. (S 80, Ch. 403)

Amended the description of duties and membership of the committee that reviews finances for nursing homes and rest homes; membership set at nine. (H 76, Ch. 556)

Required the Department of Human Resources to follow up on promises made by recipients of certificate of need because the process is very competitive and the decision to award CON by the State is based on representations contained in the application; Department shall obtain evidence from recipients that the facility is operating in material compliance with the application for the CON. (H 1082, Ch. 233)

Improved long-term care insurance coverage for elderly; standards established by the 1987 General Assembly strengthened in 1989 and made more consistent with other states. (S 503, Ch. 207)

Made changes in the 1987 statutes regulating continuing care centers; removed the act from the Department of Human Resources and placed in Chapter 58 related to the Department of Insurance; changed from being self-regulated to being subject to licensure by Insurance Commissioner. (S 519, Ch. 758)

Required the Division of Aging serve as information clearinghouse regarding education and training programs about and for the elderly. (H 74, Ch. 696)

Required the Department of Human Resources to formulate Social Services Plan for each county including cost estimates, timetables, standards, financing responsibilities, and supervision and enforcement mechanisms and to present the plan to the 1990 General Assembly. (H 141, Ch. 448)

Added a provision to the Nursing Home Patients' Bill of Rights that the patient or patient's family or guardian be notified when a facility is issued a provisional license or notice of revocation of a license. (H 174, Ch. 75)

Conformed state individual income tax to the federal income tax law to simplify calculation of the tax. Modernized the tax system and adjusted for inflation by increasing personal exemptions and the standard deduction. Reduced taxes for approximately 65% of low to moderate income taxpayers and increased to some extent for the remaining taxpayers. (S 51, Ch. 728)

Authorized the Department of Human Resources to petition the Utilities Commission for the creation of special telephone dual party relay services for the deaf and speech impaired; system to be funded with a surcharge on all residential and business local exchange access facilities. (H 1186, Ch. 599)

Required temporary nursing pools to obtain licenses from the Department of Human Resources and to comply with the North Carolina Medical Care Commission rules which regulate supervisory structure, employee training, and quality control; Commission must ensure proper licensing and professional liability insurance coverage. (S 245, Ch. 744)

Clarified restrictions of transfer of property for the purpose of obtaining Medicaid coverage as enacted in 1981 to apply only to transfers made before July 1, 1988; for those after July 1, 1988, the federal Medicare Catastrophic Coverage Act of 1988 will apply. Does not prohibit transfers of property for people living at home; prohibits transfers for nursing home residents made within 30 months prior to Medicaid application. (H 657, Ch. 120)

Revised the minimum standards for Medicare supplement insurance policies; authorized the Commissioner of Insurance to adopt rules establishing standards for policy provisions, benefits and claims payment, and low ratios of policies on the basis of incurred claims experience or incurred health care expenses and earned premiums; required that applicant receive full and fair disclosure; provided for a 30-day period within which an applicant may return a policy for full refund. (S 446, Ch. 729)

1990

Changed the reporting date that the Department of Human Resources has to report its plan for social services in each county from the convening of the 1990 Session to the Convening of the 1991 Session of the General Assembly. (S 1443, Ch. 868)

Amended the statutes on hunting licenses and hook-and-line fishing licenses to provide a lifetime combination hunting and fishing license for an individual state resident who reaches the age of 70. (H 2091, Ch. 909)

Provided complimentary lifetime hook-and-line fishing licenses to individual residents of rest homes. (H 2092, Ch. 926)

1991

Requires the Medical Core commission, which makes rules for nursing homes, and the Social Services Commission, which makes rules for rest homes to develop rules containing standards for special care units for Alzheimers Disease and related dementia. (H 75, Ch. 222)

Gives authority to the Social Services Commission to establish personnel requirements for staff in rest homes. Any requirement that proposes additional costs must be reviewed by the commission on Governmental Operations. (H 204, Ch. 462)

Changed Respite Care Program to expand eligibility for services to include persons 60 or older caring for persons 18 and over and eliminates ceiling on maximum allowable hours. (H 505, Ch. 332)

Required Secretary of the Department of Human Resources to report on consolidation of rest home functions under the Division of Facility Services. (S 102, Ch. 41)

Requires Department of Human Resources to study certain issues related to state reimbursement of rest homes. (S 158, Ch. 32)

Requires the state-level staff of the Penalty Review Committee to complete its review of penalty recommendations from local departments of social services within 60 days of receipt. (S 161, Ch. 66)

Requires that rest homes obtain an independent certification of cost report before reporting information to the Department of Human Resources. (S 164, Ch. 89)

Establishes a Home and Community Block Grant administered by the Division of Aging which coordinates existing funding under the Older Americans Act state funds for home and community-based services and portions of in-home and adult day-care funds. (S 165, Ch. 241)

Gives the Division of Aging authority to establish a sliding fee schedule based on type of service and income. (S 166, Ch. 52)

Shortens the appeals time frame in certain contested rest home cases and allows the Department of Human Resources to issue a provisional license with the right of an administrative hearing under certain provisions. (S 257, Ch. 572)

Makes changes in nursing home administrator qualifications to recognize service as an administrator for hospital based long term care. (S 760, Ch. 710)

1992

Expands uniform chart of accounts and cost and revenue reporting requirements to all types of rest homes. (S 1082, Ch. 928)

Effective July 1, 1992, the rest home reimbursement rate increases from \$843 to \$889 for ambulatory residents and from \$882 to \$928 for semiconductor residents. (H 1340, Ch. 900, Sec. 144)

Resolutions

1977

- Res. 81: Urged Congress to plan and finance a White House Conference on Aging in 1980 or 1981
- Res. 86: Directed a Legislative Research Commission to study the problems of the aging

1978

- Res. 106: Resolved to continue LRC Study of the problems of the aging
- Res. 107: Directed DHR to appoint a Task Force to study Home Health and Homemaker Services

1979

- Res. 13: Endorsed In Home Services as an alternative to Institutional Care and directed DHR to develop a comprehensive In Home Care System
- Res. 68: Provided for continuation of LRC study on problems of the aging

1981

- Res. 58: Called upon Congress to make more funds available for Adult Day Care

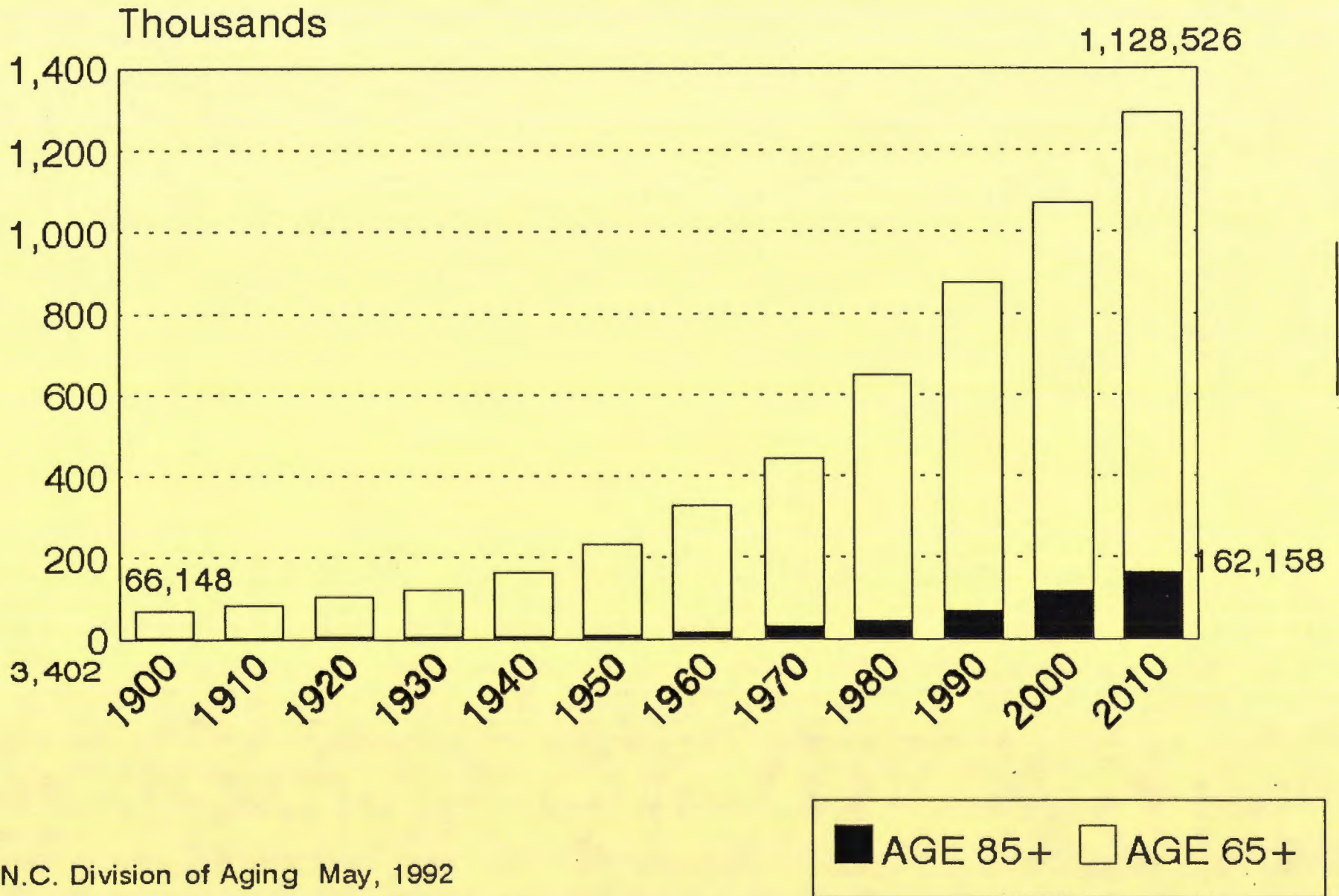
1983

- Res. 11: Requested the Governor to appoint representatives of the elderly to boards and committees
- Res. 44: Continued LRC study on problems of the aging

1985

- Res. 4: Designated the week of March 10 through 16 as "Employ the Older Worker Week" and honored the memory of people throughout history who accomplished great things late in life

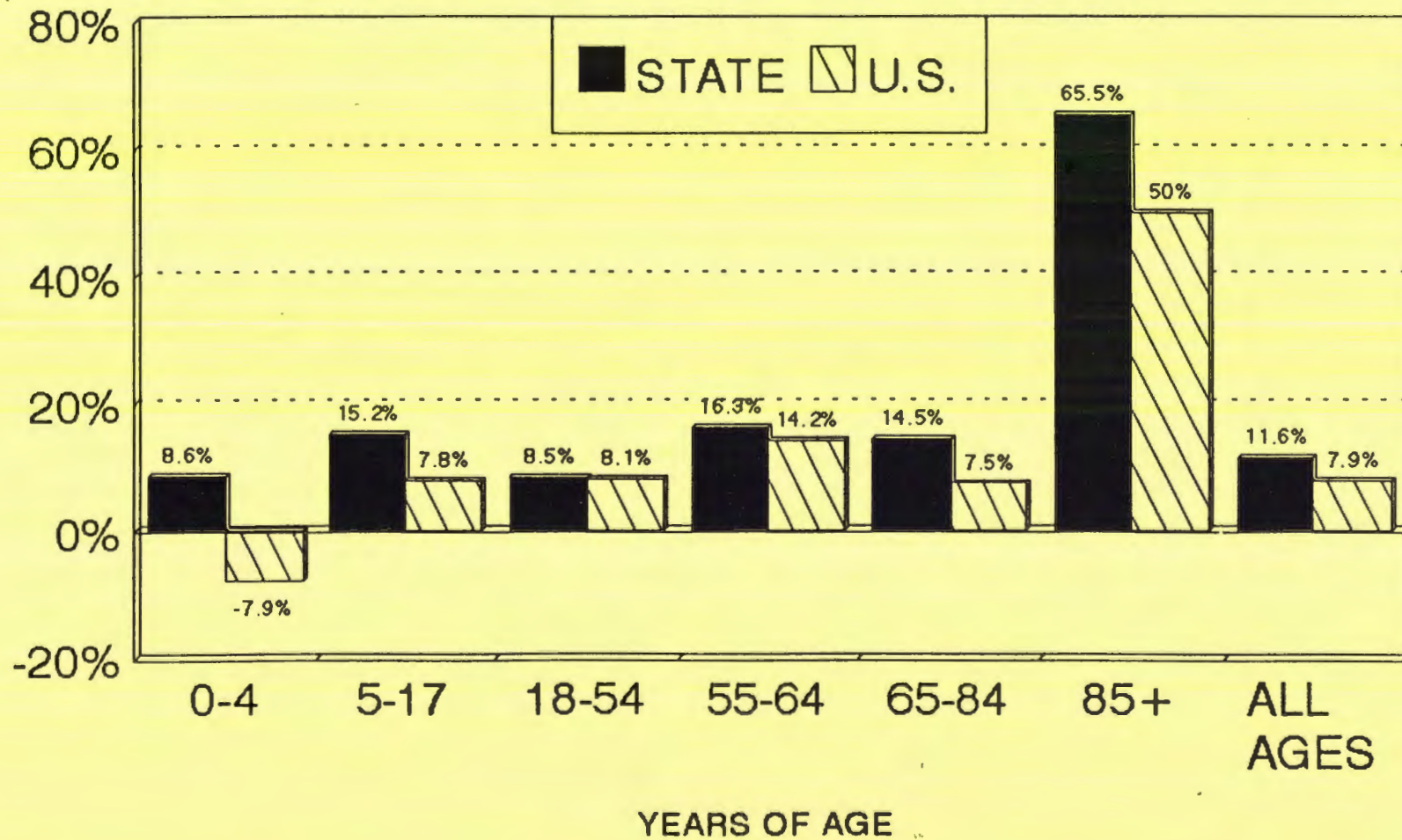
ACTUAL AND PROJECTED POPULATION AGE 65+ NORTH CAROLINA 1900 - 2010



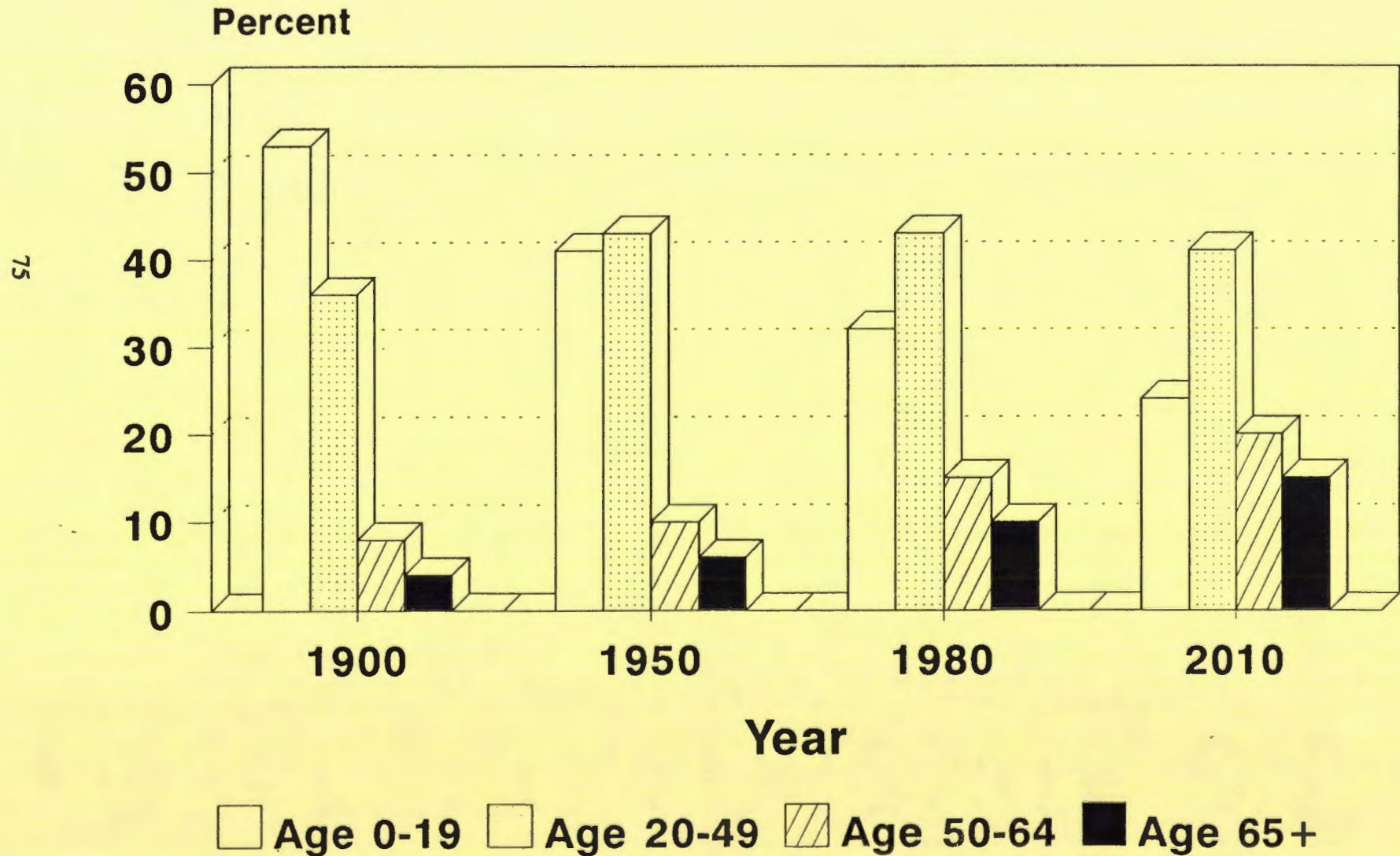
POPULATION GROWTH CHART

NORTH CAROLINA AND THE U.S.

% Change Projected During Decade 1990-2000



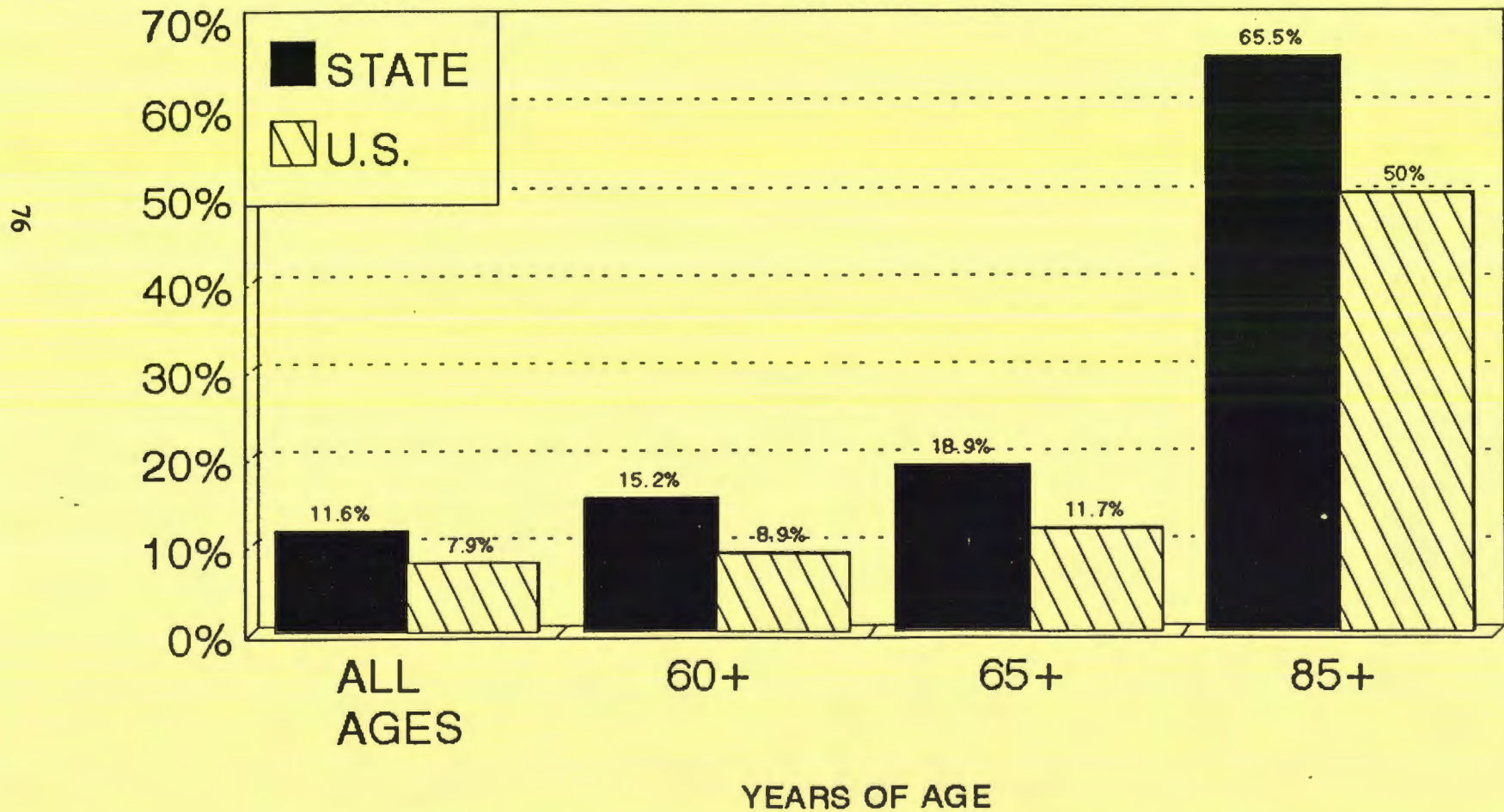
Age Distribution of the Population: North Carolina 1900, 1950, 1980, 2010



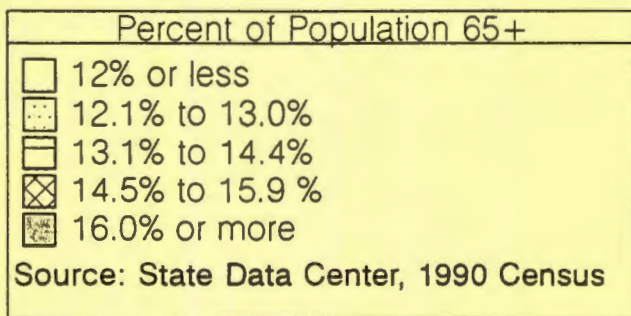
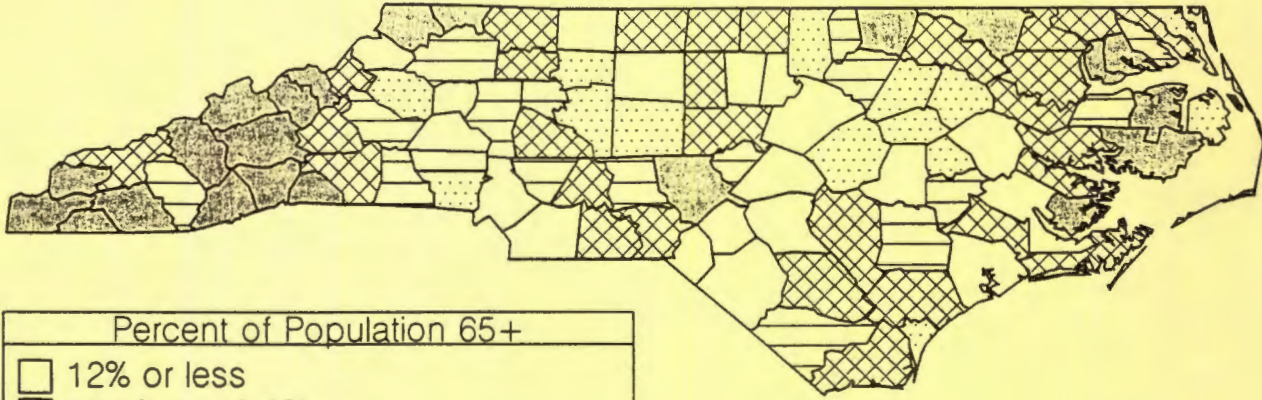
POPULATION GROWTH CHART

NORTH CAROLINA AND THE U.S.

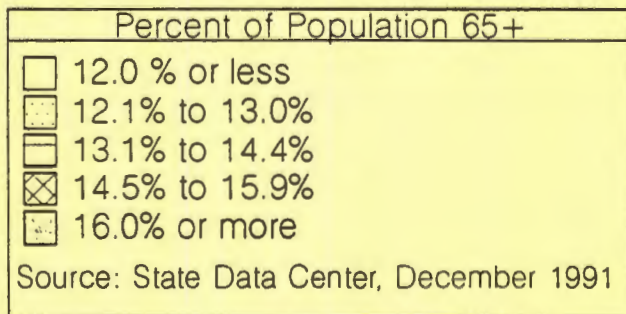
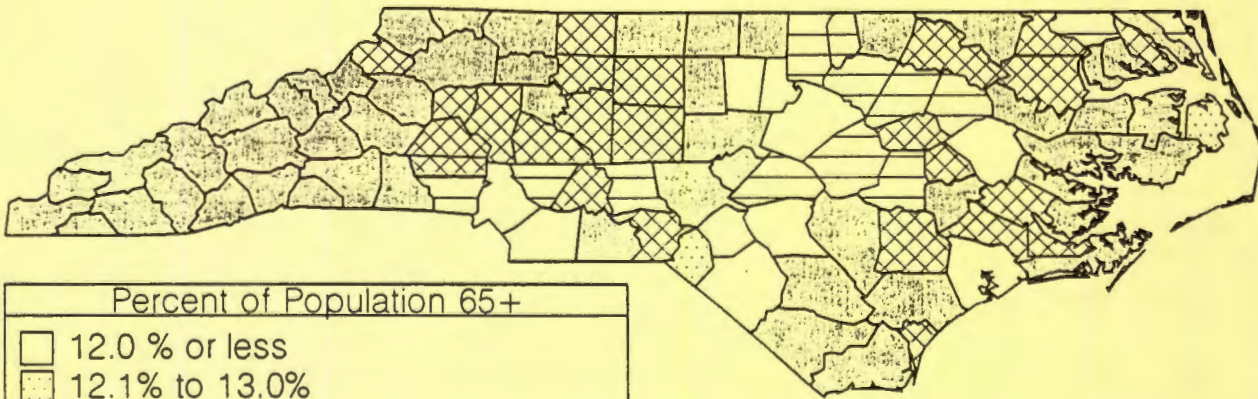
% Change Projected During Decade 1990-2000



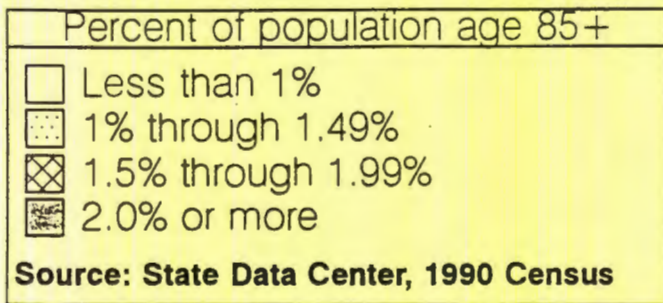
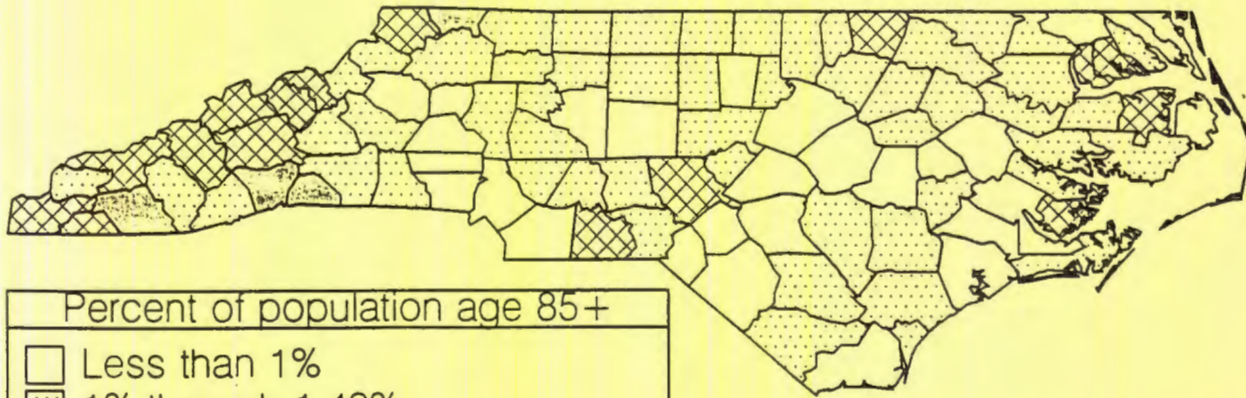
Percent of the Population Age 65+: North Carolina, 1990



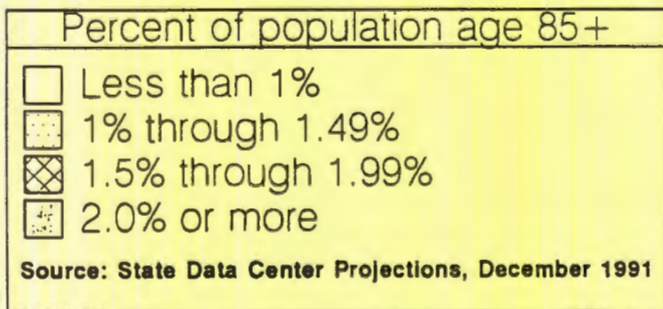
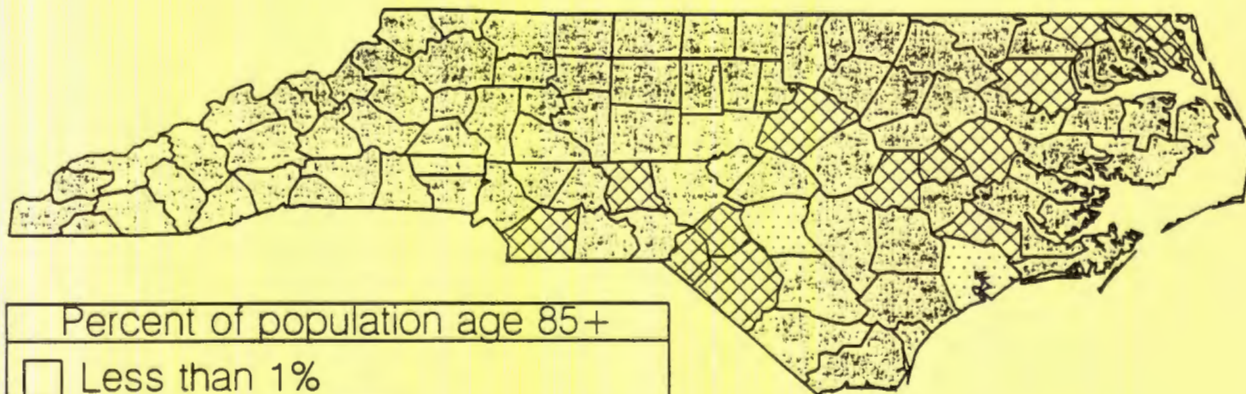
Projected Percent of the Population Age 65+: North Carolina, 2010



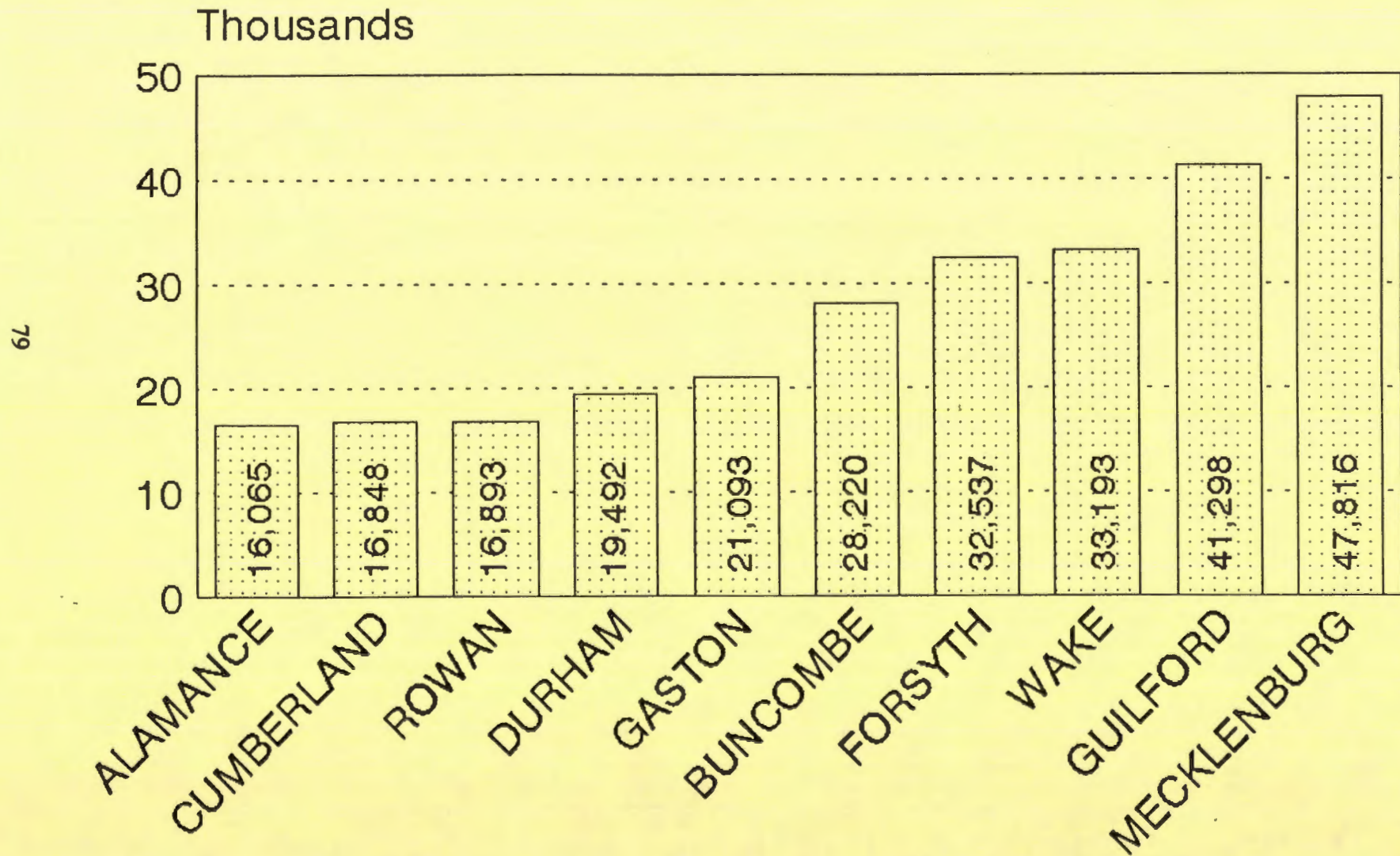
Percent of the Population Age 85+: North Carolina, 1990



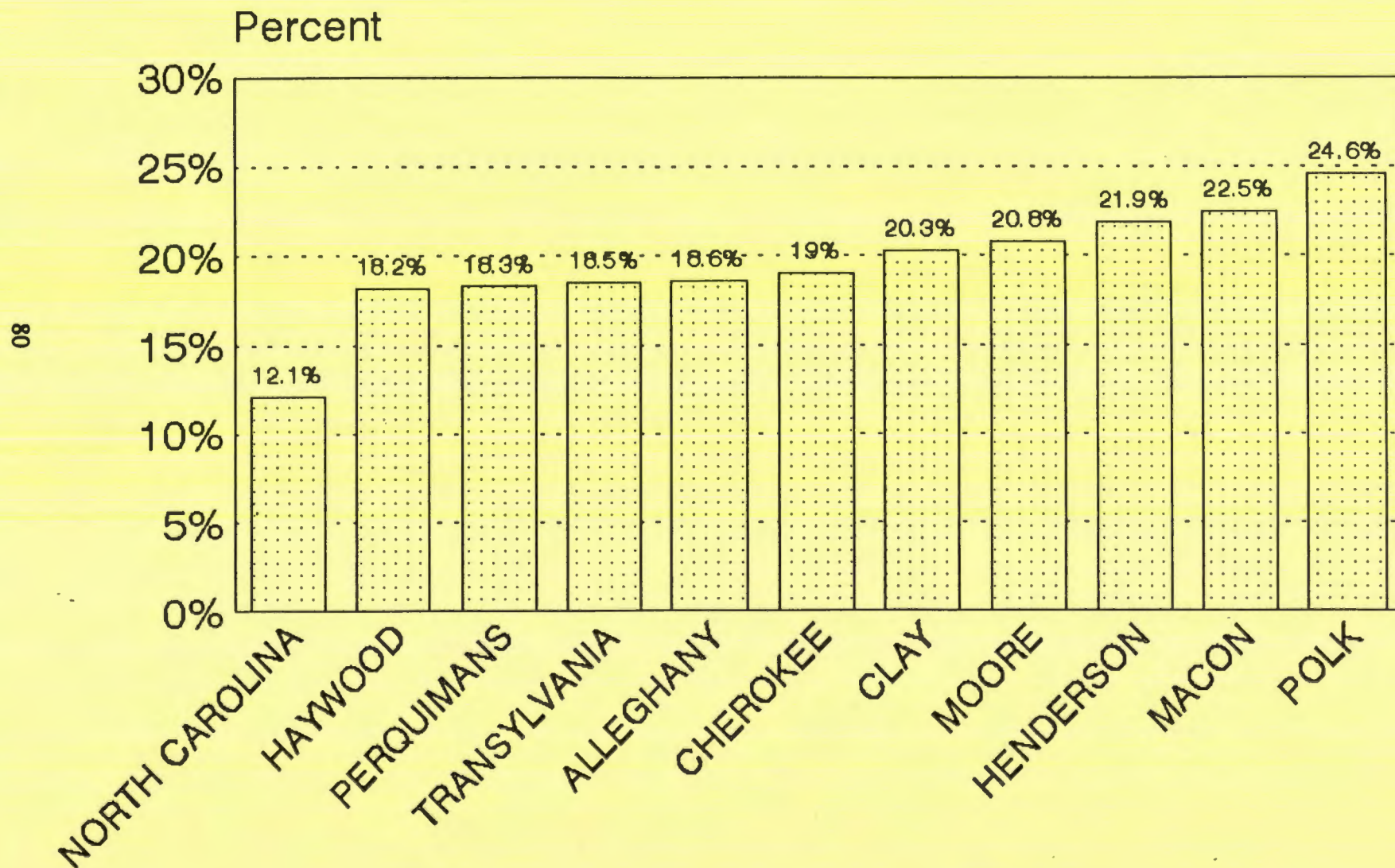
Projected Percent of the Population Age 85+: North Carolina, 2010



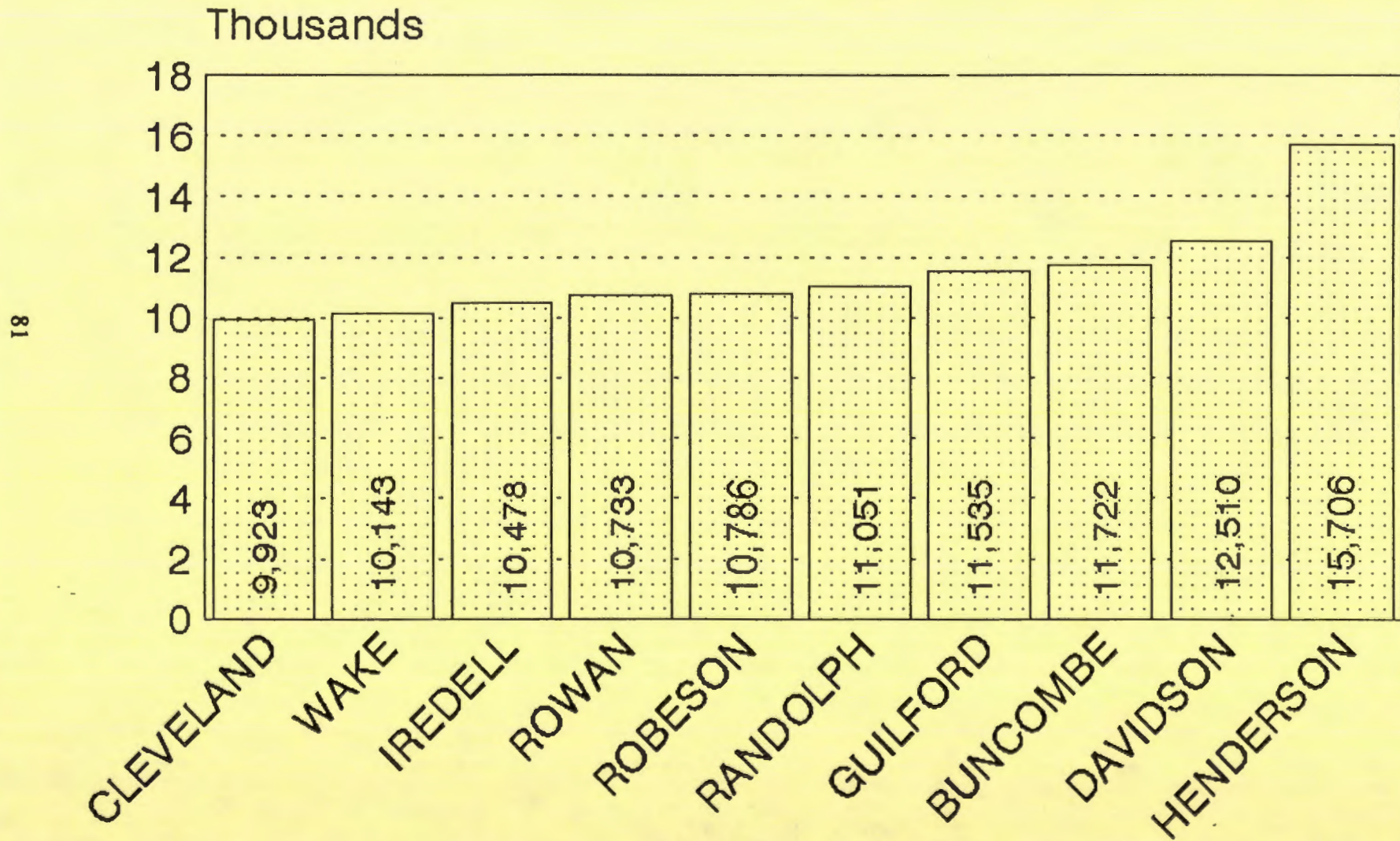
POPULATION AGED 65 AND OLDER, TOP TEN COUNTIES NORTH CAROLINA, 1990



POPULATION AGED 65+ AS PERCENT OF TOTAL POPULATION NORTH CAROLINA AND TOP TEN COUNTIES, 1990



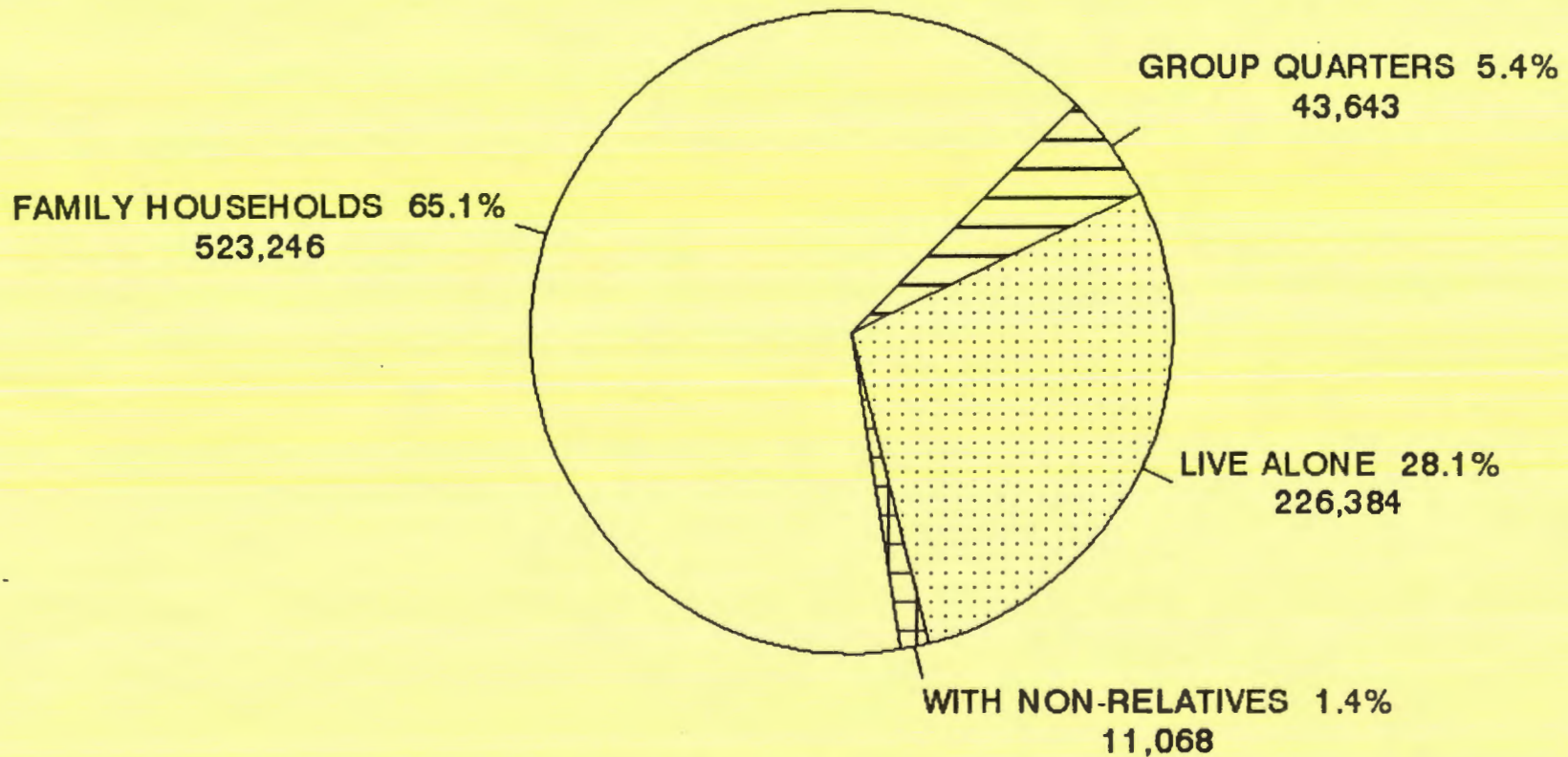
TOP TEN COUNTIES RANKED BY 60+ POPULATION RURAL NORTH CAROLINA, 1990



1990--LIVING ARRANGEMENTS FOR PERSONS AGE 65+

County and State

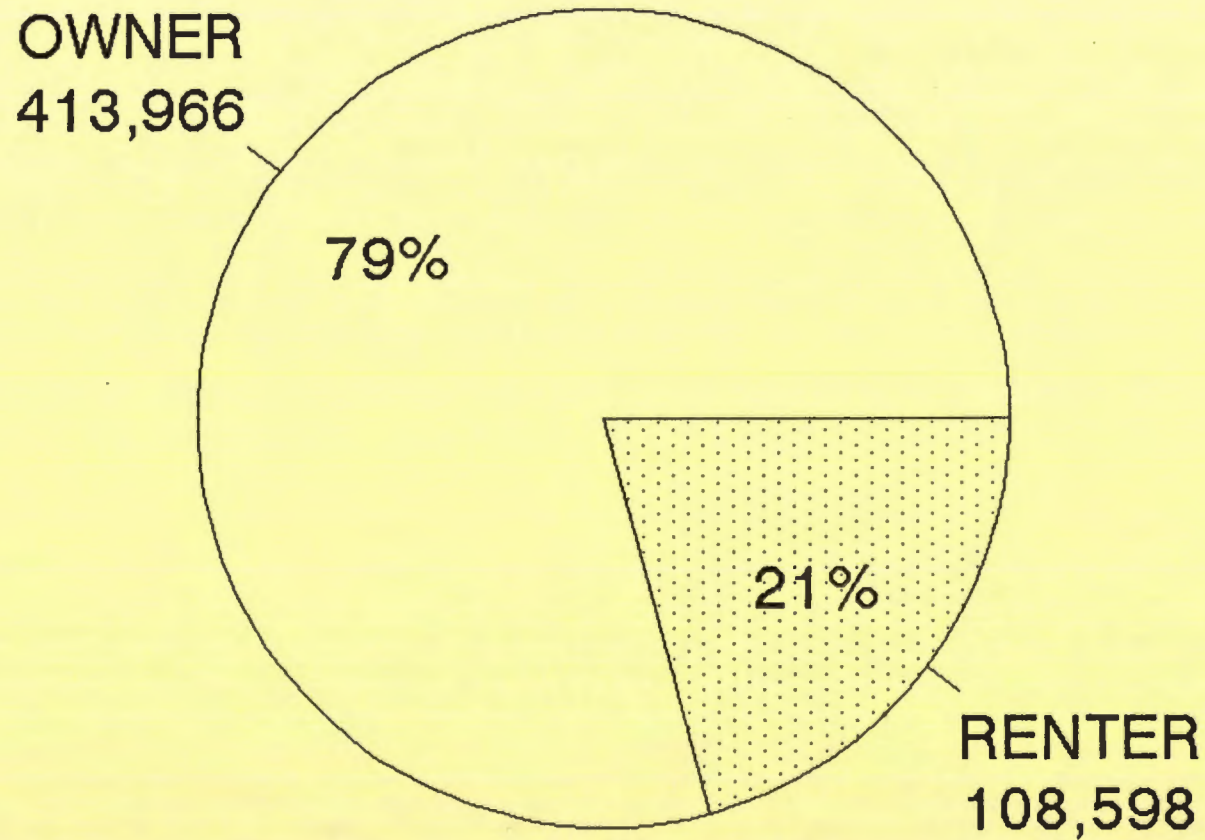
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NORTH CAROLINA

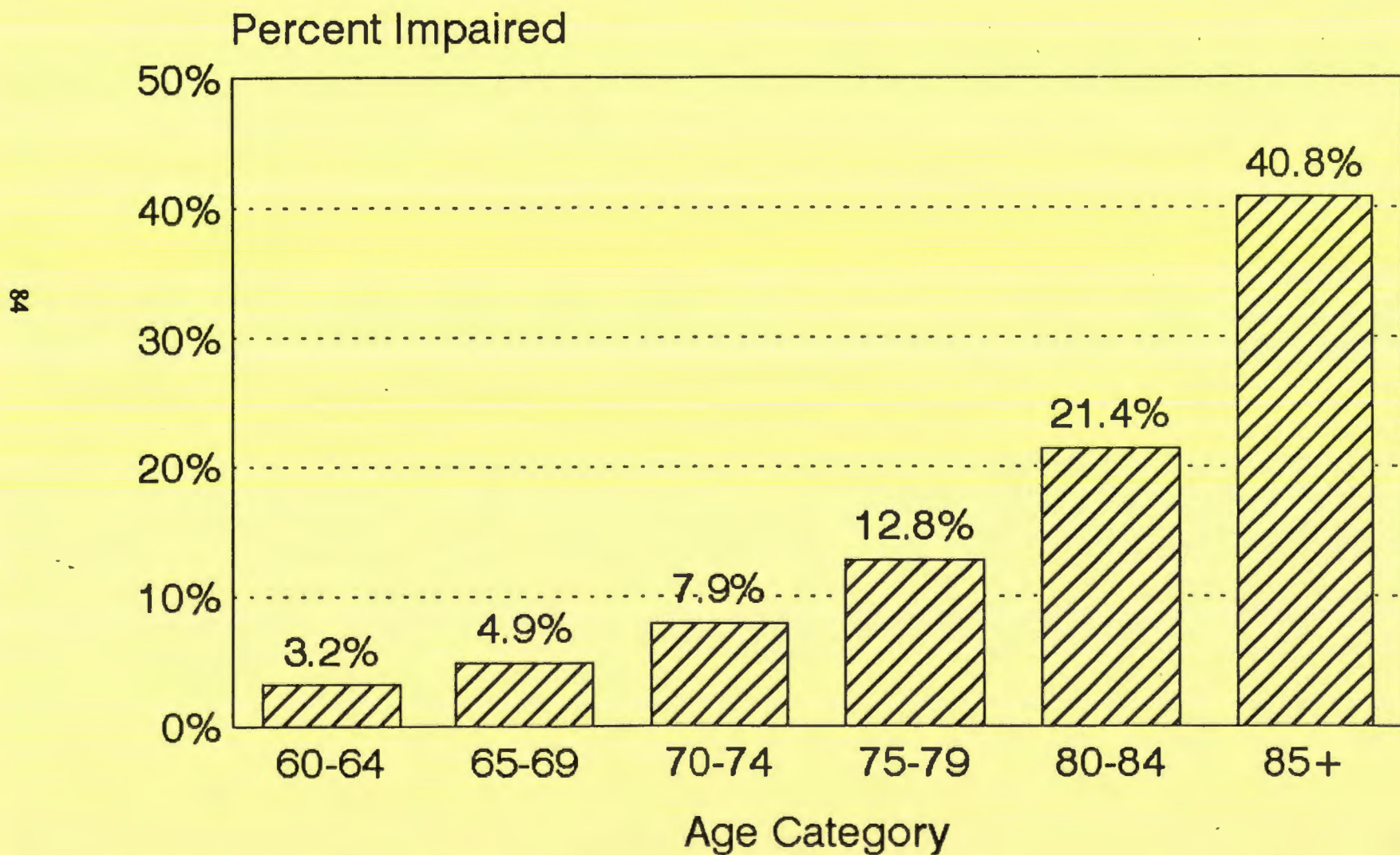
TENURE FOR HOUSEHOLDER AGE 65+

OWNER/RENTER OCCUPIED



83

ESTIMATED RATE OF FUNCTIONAL & MOBILITY IMPAIRMENT BY AGE GROUP



ESTIMATES OF PERSONS BELOW POVERTY, 1990 AND 1980 UNITED STATES AND NORTH CAROLINA

UNITED STATES	1990 CENSUS 1989 INCOME	1980 CENSUS 1979 INCOME
PERSONS BELOW POVERTY	31,742,864	27,392,580
PERCENT PERSONS BELOW POVERTY	13.1%	12.4%
PERSONS AGE 65+ BELOW POVERTY	3,780,585	3,581,729
PERCENT PERSONS 65+ BELOW POVERTY	12.8%	14.8%
RELATED CHILDREN IN FAMILIES BELOW POVERTY	11,161,836	10,025,623
PERCENT BELOW POVERTY	17.9%	16%
NORTH CAROLINA	1990 CENSUS 1989 INCOME	1980 CENSUS 1979 INCOME
PERSONS BELOW POVERTY	829,858	839,950
PERCENT PERSONS BELOW POVERTY	13%	14.8%
PERSONS AGE 65+ BELOW POVERTY	148,341	137,237
PERCENT PERSONS 65+ BELOW POVERTY	19.5%	23.9%
RELATED CHILDREN IN FAMILIES BELOW POVERTY	266,933	298,821
PERCENT BELOW POVERTY	16.9%	18.3%

SOURCES: 1990 AND 1980 CENSUSES

APPENDIX E

GLOSSARY OF AGING TERMS*

ACCESS SERVICES - Currently, one of three priority areas designated in the Older Americans Act to help meet the needs of older adults. Refers to such services as transportation, outreach and information and referred which help to facilitate "access" to existing supportive services.

ACTIVITIES OF DAILY LIVING - Basic self-care activities, including eating, bathing, dressing, transferring from bed to chair, bowel and bladder control, and independent ambulation, which are widely used as a basis for assessing individual functional status.

ADMINISTRATION ON AGING (AOA) - The principal agency in the federal government having responsibility to administer the provisions of the Older Americans Act. It advocates at the federal level for the needs, concerns and interests of older citizens throughout the nation.

ADULT DAY CARE - The daily and regular provision of a range of services, provided under the auspices of a health care facility or freestanding day care center, which may include health, medical, psychological, social, nutritional, and educational services that allow a person to function in the home.

ADULT DAY HEALTH - Adult day health is a term that applies to programs that offer a variety of health and social services in a congregate setting to functional impaired adults. Specific services may vary among programs but include counseling, exercise, case management, health screening or monitoring, physical therapy, occupational therapy or speech therapy. Generally adult day health programs operate 5 days a week. Transportation may be provided to and from the program.

ADULT FOSTER CARE - A community living alternative, serving primarily the elderly in family-like settings and providing assistance with activities of daily living. Programs receive major financial support from state and local governments.

AGING NETWORK - A highly differentiated system of federal, state and local agencies, organizations and institutions which are responsible for serving and/or representing the needs of older people. The network is variously involved in service systems development, advocacy, planning, research, coordination, policy development, training and education, administration and direct service provision. The core structures in the network include the Administration on Aging (AoA), State Offices on Aging, Area Agencies on Aging (AAAs), and numerous service provider agencies.

AHOY - Add Health to Our Years (AHOY) is an exercise/physical fitness program for older adults that emphasizes safe and enjoyable movements that will improve an older adult's strength, endurance, and flexibility.

* Resources: Division of Aging
National Conference of State Legislatures

ALZHEIMER'S DISEASE - A progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behavior. It is estimated that approximately 50,000 people, primarily older adults, suffer from Alzheimer's in North Carolina.

AREA AGENCY ON AGING - Area Agencies on Aging (AAAs) plan, coordinate and advocate for the development of a comprehensive service delivery system to meet the needs of older people in a specific geographic area. The AAAs are the result of the 1973 amendments to the Older Americans Act and together with the federal level Administration on Aging, the State Offices on Aging, and local service provider agencies comprise the "aging network."

AREA AGENCY ADMINISTRATOR - The full-time director of the Area Agency on Aging.

AREA PLAN ON AGING - An area plan is the document submitted by an Area Agency to the State agency in order to receive subgrants from the state agency's grant under the Older Americans Act. The area plan contains provisions required by the law and commitments that the Area Agency will administer activities funded under the Act in accordance with all federal requirements. The area plan also contains a detailed statement of the manner in which the Area Agency is developing a comprehensive and coordinated system throughout the planning and service area for all services authorized under the Older Americans Act.

BLOCK GRANT - An intergovernmental transfer of federal funds to states and local governments for broad purposes, such as health, education or community development in general. A block grant holds few requirements for how the money is to be spent, instead offering state and local discretion within general guidelines established by Congress and the executive branch. Annual program plans or applications are normally required.

CASE MANAGEMENT - An inter-agency, standardized process focusing on the coordination of a number of services needed by vulnerable clients. It includes an objective assessment of client needs; the development of an individualized care plan based on a needs assessment that is goal oriented and time limited; arrangement of services; and reassessment, including monitoring and follow-up.

CATEGORICALLY NEEDY - Aged, blind, or disabled individuals or families and children who are otherwise eligible for Medicaid and who meet financial eligibility requirements for Aid for Families with Dependent Children, Supplemental Security Income, or an additional state supplement.

CERTIFICATE OF NEED (CON) - A certificate issued by a government body to a health care provider who is proposing to construct, modify, or expand facilities, or to offer new or different types of health services. CON is intended to prevent duplication of services and overbedding. The certificate signifies that the change has been approved.

CHISS (CONSUMER HOUSING INFORMATION SERVICE FOR SENIORS) - A program which the N. C. Division of Aging is working with the American Association of Retired Persons to implement in North Carolina that focuses on training volunteers to provide information and counseling on housing options for older adults.

CHORE - Choreworkers are trained paraprofessionals who provide a range of services necessary to enable a functionally impaired person to remain at home. Services may vary among programs and funding sources, but may include assistance with personal care and routine household tasks, such as cooking, cleaning and laundering. Chore workers receive professional supervision usually from a registered nurse, social worker or home economist.

COMMUNITY ALTERNATIVE PROGRAM - A Medicaid waiver program that provides community-based services to disabled adults, mentally retarded adults and children who meet the medical requirements for nursing home level care. CAP services may include traditional Medicaid home health services (nursing, physical therapy, home health aide, etc.) as well as services not generally available under Medicaid (home delivered meals, respite care, chore services, etc.).

COMMUNITY-BASED CARE - A term used to describe a wide range of non-institutional services, including supportive, health, and personal care, which help older people who need assistance maintain maximum, independent functioning in their own homes or a substitute environment of their choice. Normally, the community care network includes family, friends, religious institutions, public and private agencies, and others.

COMPREHENSIVE AND COORDINATED SERVICE SYSTEM - A system for providing all necessary supportive systems in a manner designed to: (1) facilitate accessibility to and utilization of all services provided within the geographic area served by such system, (2) develop and make the most efficient use of supportive services in meeting the needs of older individuals, and (3) use available resources efficiently and with a minimum of duplication.

CONGREGATE MEALS - Congregate meals refers to a nutrition program that provided meals in a group setting, 5 days a week, to older adults. These programs are often based in churches, schools, senior centers or community recreations centers. Opportunities for socialization or recreation are frequently provided along with meals.

CONTINUUM OF CARE - A comprehensive systems of long-term care services and support systems in the community, as well as in institutions. Continuum includes: (1) community services such as senior centers; (2) in-home care such as home delivered meals, homemaker services, home health services, shopping assistance, personal care, chore services, and friendly visiting; (3) community-based services such as adult day care; (4) noninstitutional housing arrangements such as congregate housing, shared housing, and board and care homes and (5) nursing homes.

COPAYMENT - A type of cost-sharing whereby insured or covered persons pay a specified flat amount per unit of service or unit of time, and the insurer or public agency pays the rest of the cost.

COUNCIL ON AGING - (Department on Aging or Office on Aging) - A private nonprofit organization or public agency that serves as a county focal point on aging and which traditionally provides supportive services to older adults.

DEDUCTIBLE - The amounts payable by the enrollee for covered services before Medicare or private health insurance makes reimbursements. The Medicare hospital insurance deductible applies to each new benefit period, is determined each year by

using a formula specified by law, and approximates the current cost of a one-day inpatient hospital stay. The Medicare supplementary medical insurance deductible is currently fixed by law at the first \$60 of covered charges per calendar year.

DIAGNOSIS-RELATED GROUP - Commonly referred to as a DRG. A system of classifying patients that groups together patients with similar diagnoses who are expected to require similar levels of resource consumption. A DRG determines how much the federal government will pay a hospital for treating a Medicare patient under the Prospective Payment System established in 1983.

DISCHARGE PLANNING - A centralized, coordinated program developed by a hospital or nursing home to ensure that each patient has a planned program for needed continuing or follow-up care once they leave the health facility.

DOMICILIARY CARE - Room, board, and the provision of some assistance with daily living: grooming, bathing, eating, etc.

DOMICILIARY HOME COMMUNITY ADVISORY COMMITTEE PROGRAM - This program is the result of legislation passed by the 1981 North Carolina General Assembly and revised in 1983. In passing this legislation it was the intent of the General Assembly that each community in the state should take an active role in promoting the interest and well being of all residents of domiciliary homes.

FAMILY CARE HOME - A residential home that is licensed in North Carolina to provide care for 6 or less people. The building itself is like a normal house and is usually located in a regular neighborhood with other homes and families next door. The care provided includes: room and board, personal assistance, supervision, and meaningful activities provided in a family setting.

FISCAL YEAR - Refers to a 12-month accounting period. Accounting periods in states and sub-state jurisdictions do not necessarily conform to the federal government's. The fiscal year carries the date of the calendar year in which it ends. (Federal accounting period of 12 months is from October 1 to September 30. North Carolina accounting period is from July 1 to June 30.)

FOSTER GRANDPARENT PROGRAM - A program funded by ACTION, the federal agency that administers volunteer programs that enables persons 60 years of age or older to provide companionship and guidance to children of all ages with special needs.

FRIENDLY VISITOR - This is a program which provides volunteers who visit homebound or isolated adults on a regular basis, usually one a week. Friendly visitor programs may be sponsored by churches, civic clubs, or senior centers. Examples of friendly visitor activities include conversation, reading, playing cards and board games, letter writing, social outings, or running small errands.

FUNCTIONALLY DISABLED - A person with a physical or mental impairment that limits the individual's capacity for independent living.

GATEKEEPER - An agency or process which monitors and controls formal and informal services provided to an individual or group.

GERIATRICIAN - A physician who specializes in the diagnosis and treatment of diseases of aging and the aged.

GRANNY FLATS (ALSO KNOWN AS ECHO HOUSING OR GRANNY COTTAGES) - Factory-built or prefabricated, self-contained, energy-efficient living units, usually placed on or nearby the property residence of a relative. The concept does not exclude adding on to an existing building. Structures can be either mobile or permanent. Personal care and other supportive services can be provided by a relative or by a nearby agency.

HOME DELIVERED MEALS - Home delivered meals is a nutrition program which utilizes a network of volunteers to deliver at least one hot nutritious meal per day (generally 5 days per week) to homebound adults. Special dietary needs can often be taken into consideration. These programs are typically organized through councils on aging or churches.

HOME FOR THE AGED & INFIRM - A facility licensed in North Carolina to provide care for 7 or more people who do not need nursing care but are no longer able to remain in their own homes because they need assistance in meeting their day-to-day basic needs.

HOME HEALTH AGENCY - A public or private organization that provides home health services supervised by a licensed health professional in the patient's home either directly or through arrangements with other organizations.

HOME HEALTH AIDE - A person who, under the supervision of a home health or social service agency, assists elderly, ill or disabled persons with household chores, bathing, personal care, and other daily living needs. Social service agency personnel are sometimes called personal care aides.

HOME HEALTH SERVICES - Services and items furnished to an individual by a home health agency, or by others under arrangements made by such an agency. The services are furnished under a plan established and periodically reviewed by a physician and supervised by a licensed nurse. The services are provided on a visiting basis in an individual's home and may include: part-time or intermittent skilled nursing care; physical, occupational, or speech therapy; medical social services; medical supplies and appliances (other than drugs and biologicals); personal care services.

HOMEMAKER SERVICES - Household services, such as shopping, cooking, and cleaning that can be part of a home care program. These services can be delivered in conjunction with home health care, as a separate service to those with functional limitations but who are otherwise healthy, or to replace or forestall the need for institutional care.

HOSPICE CARE - Care that addressed the physical, spiritual, emotional, psychological, social, financial, and legal needs of the dying patient and his family. Hospice care is provided by an interdisciplinary team of professional and volunteers in a variety of settings, both inpatient and at home, and includes bereavement care for the family.

INFORMATION AND REFERRAL SOURCE - A location where any public or private agency or organization (1) maintains current information with respect to the opportunities and services available to older persons and develops current lists of older

individuals in need of services and opportunities, and (2) employs, where feasible, a specially trained staff to assess the needs and capacities of community services which are available, and to assist older persons to take advantage of them.

IN-HOME SERVICES - Currently, one of three priority areas designated by the Older Americans Act to help meet the needs of older persons. Refers to such services as home health aid, family respite services, visiting and telephone reassurance and chore maintenance which enable older persons to remain in their homes for as long as possible. They offer an alternative to premature institutionalization.

INTERMEDIATE CARE FACILITY (ICF) - A nursing home that provides a level of medical care which is less intensive than skilled nursing, while ensuring the daily availability of nursing services. Regular medical, nursing, social and rehabilitative services are provided, in addition to personal and residential care for patients not capable of full independent living.

MEDIGAP POLICY - A health insurance policy designed to supplement medicare benefits.

MOBILITY - The capacity to negotiate one's physical surroundings or environment. Mobility is frequently assessed in terms of the extent of limitation (bedfast, housebound, ambulatory), and whether assistance is needed (a mechanical or assistive device and/or another human being).

NURSE AIDE - An unlicensed nursing staff member who assists professional nurses.

NURSING HOME - A nursing home is a health care facility licensed by the state to provide long term medical services according to the directives of a patient's physician and standards of quality set by the state and the facility. Nursing homes in North Carolina are staffed by professional personnel under the direction of a licensed nursing home administrator; they deliver a variety of medical and social services to their patients.

NURSING HOME COMMUNITY ADVISORY COMMITTEE PROGRAM - This program is the result of legislation passed by the 1977 North Carolina General Assembly and revised in 1987. In passing this legislation, it was the intent of the general Assembly that each community in the state should take a more active role in promoting the interest and well-being of persons residing in nursing homes. The N.C. Division of Aging, through a network of regional ombudsmen, provides the committees with training and gives professional assistance in the performance of their duties. Each county in North Carolina that has a nursing home is now served by a Nursing Home Community Advisory Committee.

OLDER AMERICANS ACT OF 1965 - Federal legislation that is directed to improving the lives of America's elderly, particularly in relation to income, health, housing, employment, long-term care, retirement and community services.

OMBUDSMAN - A representative of a public agency or a private nonprofit organization who investigates and resolves complaints made by or on behalf of older individuals who are residents of long-term care facilities.

PEER REVIEW - An evaluation by practicing physicians or other health professionals of the necessity, effectiveness and efficiency of services ordered or performed by other practicing physicians or members of the profession.

PERSONAL CARE - Services to assist individuals with activities of daily living, including bathing, grooming, and eating.

PREADMISSION SCREENING - An assessment process conducted prior to entry into a nursing home to determine a person's functional abilities, service needs, and service and living arrangement alternatives to institutional placement.

PRIORITY SERVICES - Designated by the Older Americans Act "to better meet the most crucial needs of the elderly." Categories currently include access, in-home and legal assistance.

PROPRIETARY - A for-profit, tax paying organization.

RESPIRE SERVICES - Services provided on a short term basis to a dependent individual whose usual caregiver is temporarily unavailable or in need of a break from caregiving. Respite care is provided in the person's own home or in an alternative residence.

RETIRED SENIOR VOLUNTEER PROGRAM (RSVP) - A program funded by ACTION, the federal agency that administers volunteer programs, which provides opportunities for retired persons 60 and over to volunteer on a regular basis in a variety of settings through the community.

SENIOR CENTER - A community or neighborhood facility established for the organization and provision of a broad spectrum of supportive services, including health, social, nutritional, and educational services, and the provision of facilities for recreational activities for older individuals.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM - An employment program which provides part-time subsidized employment and work experience in public and private nonprofit agencies for low-income persons 55 and over (funded by Title V of the Older Americans Act).

SENIOR COMPANION - A program funded by ACTION, the federal agency that administers volunteer programs, that enables persons 60 years of age or older to serve as companions to homebound older persons with special needs.

SENIOR GAMES - Senior Games in North Carolina is a network of quality health and recreational experiences for adults ages 55 and over. In addition to local Senior Games and a Senior Games State Finals, numerous year round health promotion and education programs are offered.

SENIOR HEALTH INSURANCE INFORMATION PROGRAM (SHIIP) - A program of the N.C. Department of Insurance which focuses on providing information to older adults about Medicare, Medicare supplement insurance and long term care insurance. Volunteer are trained across the state to provide counseling to older adults regarding insurance issues and to assist older persons in filing insurance claims.

SERVICE PROVIDER - Any entity that is awarded a sub-grant or contract to provide services at the local level.

SILVERSTRIDERS - A statewide walking program for people 55 years of age and older.

SKILLED NURSING FACILITY (SNF) - A nursing home which provides 24 hour-a-day nursing services for a person who has serious health care needs but does not require the intense level of care provided in a hospital. Rehabilitation services may also be provided. Many of these Facilities are federally certified, which means they may participate in Medicare or Medicaid programs.

SPEND DOWN - Under the Medicaid program, spend-down refers to a method by which an individual establishes Medicaid eligibility by reducing gross income through incurring medical expenses until net income (after medical expenses) meets Medicaid financial requirements.

STATE OFFICE ON AGING - An agency of state government designated by the governor and state legislature as the focal point for all matters related to the needs of older persons within the state. Currently, there are 57 State Offices on Aging located in the 50 states, the District of Columbia, and the U.S. territories.

STATE PLAN ON AGING - A State Plan is the document submitted by a state in order to receive grants from its allotments under the Older Americans Act. It contains provisions required by the law with implementing regulations and commitments that the State agency will administer or supervise the administration of activities funded under the Older Americans Act in accordance with all Federal requirements. In North Carolina, the State Plan covers a two year period and it represents the work plan for the Division of Aging through the duration of that period.

SUPPLEMENTAL SECURITY INCOME - A federal program that pays monthly checks to people in need who are 65 years or older and to people in need at any age who are blind and disabled. The purpose of the program is to provide sufficient resources so that anyone who is 65 or blind or disabled can have a basic monthly income. Eligibility is based on income and assets.

TELEPHONE REASSURANCE - Daily or regularly scheduled telephone calls made by family, friends, or volunteers to check on those who are homebound.

APPENDIX F

PROGRAM CONTACTS DIRECTORY

AAA (AREA AGENCIES ON AGING) (Department of Human Resources)

Region A - Southwestern NC Planning & Economic Development Commission AAA
- Bryson City
(Cherokee, Clay, Graham, Haywood, Jackson, Macon, Swain Counties)
(704) 488-9211

Region B - Land-of-Sky Regional Council AAA - Asheville
(Buncombe, Henderson, Madison, Transylvania Counties)
(704) 254-8131

Region C - Isothermal Planning & Economic Development
Commission AAA - Rutherfordton
(Cleveland, McDowell, Polk, Rutherford Counties)
(704) 287-2281

Region D - Region D Council of Government AAA - Boone
(Alleghany, Ashe, Avery, Mitchell, Watauga, Wilkes, Yancey Counties)
(704) 264-5434

Region E - Western Piedmont Council of Government AAA - Hickory
(Alexander, Burke, Caldwell, Catawba Counties)
(704) 322-9191

Region F - Centralina Council of Government AAA - Charlotte
(Cabarrus, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanley, Union
Counties)
(704) 372-2416

Region G - Piedmont Triad Council of Government AAA -
Greensboro
(Alamance, Caswell, Davidson, Guilford, Randolph, Rockingham Counties)
(919) 294-4950

Region H - Pee Dee Council of Governments AAA - Rockingham
(Anson, Montgomery, Moore, Richmond Counties)
(919) 895-6306

AAA continued

Region I - Northwest Piedmont Council of Governments AAA -
Winston-Salem
(Davie, Forsyth, Stokes, Surry, Yadkin Counties)
(919) 722-9346

Region J - Triangle J Council of Government AAA -
Research Triangle Park
(Chatham, Durham, Johnston, Lee, Orange, Wake Counties)
(919) 549-0551

Region K - Kerr-Tar Regional Council of Governments AAA - Henderson
(Franklin, Granville, Person, Vance, Warren Counties)
(919) 492-8561

Region L - Region L Council of Government AAA - Rocky Mount
(Edgecombe, Halifax, Nash, Northampton, Wilson Counties)
(919) 446-0411

Region M - Mid-Carolina Council of Government AAA - Fayetteville
(Cumberland, Harnett, Sampson Counties)
(919) 323-4191

Region N - Lumber River Council of Governments AAA - Lumberton
(Bladen, Hoke, Robeson, Scotland Counties)
(919) 618-5533

Region O - Cape Fear Council of Governments AAA- Wilmington
(Brunswick, Columbus, New Hanover, Pender Counties)
(919) 763-0191

Region P - Neuse River Council of Governments - New Bern
(Carteret, Craven, Duplin, Green, Jones, Lenoir, Onslow, Pamlico, Wayne
Counties)
(919) 638-3185

Region Q - Mid East Commission AAA - Washington
(Beaufort, Bertie, Hertford, Martin, Pitt Counties)
(919) 946-8043

AAA Continued

Region R - Albemarle Commission AAA - Hertford
(Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Perquimans,
Tyrrell, Washington Counties)
(919) 426-5753

ADULT HEALTH DIVISION (Department of EHNR)

Dr. J. Dale Simmons, Division Director
Leslie Brown, Deputy Division Director
(919) 733-7081

Washington Regional Office Beaufort, Bertie, Brunswick, Camdem, Carteret, Chowan,
Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Hertford, Hyde, Jones,
Lenoir, Martin, Pamlico Pasquotank, Perquimans, Pitt, Tyrrell, Wayne, Washington,
Wilson.

Regional Program Supervisor
Regional Nursing Consultant
(919) 946-6481

Winston Salem Regional Office - Alamance, Alleghany, Ashe, Caswell, Davie,
Davidson, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Watauga, Wilkes,
Yadkin.

Regional Program Supervisor
Regional Nursing Consultants
(919) 761-2390

Fayetteville Regional Office - Anson, Bladen, Cumberland, Harnett, Hoke,
Montgomery, Moore, Richmond, Robeson, Sampson, Scotland.

Regional Program Supervisor
Regional Nursing Consultant
(919) 486-1191

Raleigh Regional Office - Chatham, Durham, Edgecombe, Franklin, Granville, Halifax,
Johnston, Lee, Nash, Northampton, Orange, Person, Vance, Wake, Warren, Wilson.

Regional Program Supervisor
Regional Nursing Consultant
(919) 571-4700

Wilmington Regional Office - Brunswick, Carteret, Columbus, Duplin, New Hanover,
Pender, Onslow.

Regional Program Supervisor
Regional Nursing Consultant
(919) 395-3900

ADULT HEALTH DIVISION continued

Black Mountain Regional Office - Avery, Buncombe, Burke, Caldwell, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Yancey.

Regional Program Supervisor
Regional Nursing Consultant
(919) 571-4700

Mooresville Regional Office - Alexander, Cabarrus, Catawba, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, Union.

Regional Program Supervisor
Regional Nursing Consultant
(704) 663-1699

ADULT HEALTH PROGRAM (Department of EHNR)

Lead Nursing Consulting
(919) 733-7081

AGING SERVICES CONSULTANT (Department of EHNR)

Betty Wiser
(919) 733-7081

AHEC PROGRAM (University of North Carolina)

Dr. Eugene S. Mayer, Program Director
(919) 966-2461

Area L AHEC
Dr. David M. Webb
(919) 972-6958

Charlotte AHEC
Dr. William T. Williams
(704) 355-3146

Duke Liaison
Dr. Harry Gallis
(919) 684-3279

Eastern AHEC
Eldine K. Guthrie
(919) 551-5200

Fayetteville AHEC
Dr. Harold L. Godwin
(919) 323-1152

Greensboro AHEC
Gerald Strand
(919) 379-4025

Mountain AHEC
Dr. Thomas J. Bacon
(704) 257-4400

Northwest AHEC
James C. Leist
(919) 777-3000

Wake AHEC
Dr. Ed Abrams
(919) 250-8548

Wilmington AHEC
Dr. William McMillan
(919) 343-0161

ALZHEIMER'S (Department of Human Resources)

Division of Aging
Mary Bethel
(919) 733-3983

Duke Family Support Program

Lisa Gwyther or Edna Ballard
1-800-672-4213 or (919) 684-2328

Eastern NC Alzheimer's Association Chapter - Raleigh (Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chatham, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Durham, Duplin, Edgecombe, Franklin, Gates, Granville, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lee Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Orange, Pamlico, Pasquotank, Pender, Perquimans, Person, Pitt, Roberson, Sampson, Scotland, Tyrrell, Vance, Wake, Warren, Washington, Wayne, Wilson Counties)

Alice Watkins or Lisa Honeycutt
1-800-228-8738 or (919) 832-3732

Southern Piedmont Alzheimer's Chapter - Charlotte (Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Montgomery, Moore, Richmond, Rowan, Stanley, Union Counties)

Gail Linker, Director
(704) 532-7390

Triad Alzheimer's Chapter - Winston-Salem (Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Randolph, Rockingham, Stokes, Surry, Yadkin Counties)

Janet Sawyer, Director
1-800-228-9794 or (919) 722-0811

Western NC Alzheimer's Chapter - Asheville (Alexander Alleghany, Ashe, Avery, Buncombe Burke, Caldwell, Catawba, Cherokee, Clay, Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga, Wilkes, Yancey Counties)

Michelle Manning, Director
1-800-522-2451 or (704) 254-7363

ARTHRITIS PROGRAM (Department of EHNR)

Lead Nursing Consultant
(919) 733-7081

BLIND, DIVISION OF SERVICES FOR THE (Department of Human Resources)

Herman Gruber, Division Director
(919) 733-9822

All 100 County Departments of Social Services

CANCER CONTROL PROGRAM (Department of EHNR)

Marion White, Program Manager
(919) 733-7081

CHRONIC DISEASE SECTION (DEPARTMENT OF EHNR)

Dr. Georjean Stoodt, Section Chief
(919) 733-7081

COMMUNITY COLLEGES, NORTH CAROLINA SYSTEM OF

Dr. Neill McLeod, Associate Executive Vice President
(919) 733-7051, Ext. 721

Dr. James Wingate, Vice President for Programs
(919) 733-7051, Ext. 413

Local College Level

Aging Education Coordinator
Allied Health Director
(Phone numbers are the same as those for presidents in the following section, "Presidents, etc.")

Presidents of Community and Technical Colleges

Alamance Community College
Dr. W. Ronald McCarter
(919) 578-2002

Anson Community College
Dr. Edwin R. Chapman
(704) 272-7635

Asheville-Buncombe Technical
Community College
Kenneth Ray Bailey
(704) 254-1921

Beaufort County Community College
Dr. U. Ronald Champion
(919) 946-6194

Bladen Community College
Lynn G. King
(919) 862-2164

Blue Ridge Community College
Dr. David W. Sink
(704) 692-3572

Brunswick Community College
W. Michael Reaves
(919) 754-6900

Caldwell Community College and
Technical Institute
Dr. Eric B. McKeithan
(704) 726-2200

Cape Fear Community College
Dr. Richard Conrath
(919) 343-0481

Carteret Community College
Dr. Donald W. Bryant
(919) 247-6000

Catawba Valley Community College
Dr. Cuyler Dunbar
(704) 327-7000

Central Carolina Community College
Dr. Marvin R. Joyner
(919) 775-5401

Central Piedmont Community College
Interim President
(704) 342-6566

Cleveland Community College
Dr. L. Steve Thornburg
(704) 484-4000

(COMMUNITY COLLEGES Continued)

Coastal Carolina Community College
Dr. Ronald K. Lingle
(919) 455-1221

College of The Albemarle
Dr. Gerald W. Bray
(919) 335-0821

Craven Community College
Dr. Lewis S. Redd, Interim
(919) 638-4131

Davidson County Community College
Dr. J. Bryan Brooks
(704) 249-8186

Durham Technical Community College
Dr. Phail Wynn, Jr.
(919) 598-9222

Edgecombe Community College
Charles B. McIntyre
(919) 823-5166

Fayetteville Technical Community
College
Dr. Craig Allen
(919) 678-8400

Forsyth Technical Community College
Dr. Bob H. Greene
(919) 723-0371

Gaston College
Dr. W. Wayne Scott
(704) 922-6200

Guilford Technical Community College
Dr. Ronald W. Cameron
(919) 334-4822

Halifax Community College
Dr. Elton L. Newbern, Jr.
(919) 536-2551

Haywood Community College
Dr. Dan W. Moore
(704) 627-4516

Isothermal Community College
Dr. Willard L. Lewis, III
(704) 286-3636

James Sprunt Community College
Dr. Donald L. Reichard
(919) 296-1341

Johnston Community College
Dr. John Tart
(919) 934-3051

Lenoir Community College
Dr. Lonnie H. Blizzard
(919) 527-6223

Martin Community College
Dr. Martin Nadelman
(919) 792-1521

Mayland Community College
Dr. Virginia A. Foxx
(704) 765-7351

McDowell Technical Community College
Dr. Robert M. Boggs
(704) 652-6021

Mitchell Community College
Dr. Douglas Eason
(704) 878-3200

Montgomery Community College
Bruce Turner, Acting President
(919) 572-3691

Nash Community College
Dr. J. Reid Parrott, Jr.
(919) 443-4011

North Carolina Center for
Applied Textile Technology
(Belmont)
Dr. James Lemons
(704) 825-3737

Pamlico Community College
Dr. E. Douglas Kearney, Jr.
(919) 249-1851

(COMMUNITY COLLEGES Continued)

Piedmont Community College
Dr. H. James Owen
(919) 599-1181

Pitt Community College
Dr. Charles E. Russell
(919) 355-4200

Randolph Community College
Dr. Larry K. Linker
(919) 629-1471

Richmond Community College
Joseph W. Grimsley
(919) 582-7000

Roanoke-Chowan Community College
Dr. Harold E. Mitchell
(919) 332-5921

Robeson Community College
Fred G. Williams, Jr.
(919) 738-7101

Rockingham Community College
Dr. N. Jerry Owens
(919) 342-4261

Rowan-Cabarrus Community College
Dr. Richard L. Brownell
(704) 637-0760

Sampson Community College
Dr. Clifton W. Paderick
(919) 592-8081

Sandhills Community College
Dr. John R. Dempsey
(919) 692-6185

Southeastern Community College
Dr. Stephen C. Scott
(919) 642-7141

Southwestern Community College
Dr. Barry Russell
(704) 586-4091

Stanly Community College
Dr. Jan Crawford
(704) 982-0121

Surry Community College
Dr. Harry Garrett
(919) 386-8121

Tri-County Community College
Vincent W. Crisp
(704) 837-6810

Vance-Granville Community College
Dr. Ben F. Currin
(919) 492-2061

Wake Technical Community College
Dr. Bruce I. Howell
(919) 772-0551

Wayne Community College
Dr. Edward H. Wilson, Jr.
(919) 735-5151

Western Piedmont Community College
Dr. James A. Richardson
(704) 438-6000

Wilkes Community College
Dr. James R. Randolph
(919) 667-7136

Wilson Technical Community College
Dr. Frank L. Eagles
(919) 291-1195

CONSUMER SERVICES DIVISION (Department of Insurance)
COMPLAINTS REGARDING MEDICARE SUPPLEMENT OR LONG-TERM CARE INSURANCE

(919) 733-2004
Toll-free 1-800-662-7777

CONTINUING CARE RETIREMENT FACILITIES IN NORTH CAROLINA
(Department of Insurance)

William Darden
(919) 733-5633

DEAF AND HARD OF HEARING, DIVISION OF SERVICES FOR THE
(Department of Human Resources)

Asheville Community Service Center
Voice: (704) 251-6190
T.D.D.: (704) 254-2281

Wilmington Community Service Center
Voice: (919) 251-0611
T.D.D.: (919) 343-9352

Morganton Community Service Center
Voice: (704) 433-2958
T.D.D.: (704) 433-2960

Wilson Regional Resources Center
Voice: (919) 243-3104
T.D.D.: (919) 243-3104

Charlotte Community Service Center
Voice: (704) 342-5482
T.D.D.: (704) 342-5480

William H. Peace, Division Director
Voice: (919) 733-5199
T.D.D.: (919) 733-5930

Raleigh Community Service Center
Voice: (919) 733-6714
T.D.D.: (919) 733-6715

DIABETES CONTROL PROGRAM (Department of EHNR)

Marilyn Norman
(919) 733-7081

DIVISION OF AGING (Department of Human Resources)

Bonnie Cramer
(919) 733-3983

DOMICILIARY HOMES IN NORTH CAROLINA

John Syria, Director of Facility Services
(919) 733-7081

ECONOMIC OPPORTUNITY, DIVISION OF (Department of Human Resources)

Edith Hubbard, Director

(919) 733-2633

Alamance County Community Action

Ometta Corbett

(919) 229-7031

Blue Ridge Community Action

(Alexander, Burke and Caldwell)

Kenneth L. Cox

(704) 438-6255

Blue Ridge Opportunity Commission

(Ashe, Alleghany, Wilkes)

Elizabeth U. Baker

(919) 667-7174

Carteret Community Action

(Carteret, Craven, Pamlico)

Leon Mann, Jr.

(919) 728-4528

Catawba County (Catawba)

Bobby Boyd

(704) 324-9940

Charlotte Area Fund

Kirk T. Grosch

(704) 372-3010

Choanoke Area Development Assoc.

(Bertie, Halifax, Hertford, Northampton)

Sally Surface

(919) 539-4155

Cumberland County Community Action

Kenneth G. Smith

(919) 485-6131

Davidson County Community Action

Sandra Sanchez

(704) 249-0234

DOP Consolidated Human Services

Agency, Inc. (Duplin, Onslow)

Lester Moore

(919) 347-2151

Economic Improvement Council

(Camden, Chowan, Currituck, Dare, Gates, Hyde, Pasquotank, Prequimans, Tyrrell, Washington)

Fentress T. Morris

(919) 482-4459

Experiment in Self-Reliance (Forsyth)

Robert B. Law

(919) 722-9400

Four County Community Services

(Bladen, Hoke, Robeson, Columbus, Pender, Scotland)

Richard Greene

(919) 277-3500

Four Square Community Services

(Cherokee, Clay, Graham, Swain)

H. Tommy Moore

(704) 321-4475

Franklin-Vance-Warren Opportunity

(Franklin, Vance, Warren)

William S. Owens

(919) 492-0161

Gaston Community Action (Gaston)

Joseph W. Dixon

(704) 866-8721

Greene Lamp (Greene, Lenoir)

Ida Whitfield

(919) 747-8146

Guilford Community Action (Guilford)

Earl Jones

(919) 274-4673

Head Start of New Hanover

Edward L. Lacewell

(919) 762-7808

I Care (Iredell)

Paul B. Wilson

(704) 872-814

(ECONOMIC OPPORTUNITY, Division of Continued)

Johnston-Lee Community Action
(Johnston, Lee)
Marie Watson
(919) 934-2145

Joint Orange-Chatham Community
Action (Orange, Chatham)
Gloria M. Williams
(919) 542-4781

Macon Program for Progress
Mary Ann Sloan
(704) 524-4471

Martin County Community Action
(Beaufort, Martin, Pitt)
Haywood L. Harris
(919) 792-7111

Mountain Projects (Haywood, Jackson)
Bob Leatherwood
(704) 452-1447

Nash-Edgecombe Economic Development
(Nash, Edgecombe, Wilson)
A. J. Richardson
(919) 442-8081

Operation Breakthrough (Durham)
Hubert A. Carter
(919) 688-8111

Opportunity Corporation of Madison-
Buncombe (Madison, Buncombe)
Lonnie D. Burton
(704) 252-2495

Salisbury-Rowan Community Service
Council (Rowan)
Andrew T. Harris
(704) 633-6633

Sandhills Community Action
(Anson, Montgomery, Moore, Richmond)
Nezzie M. Smith
(919) 947-5675

Union County Community Action (Union)
Jenny R. McGuirt
(704) 283-7583

Wake County Opportunities (Wake)
Dorothy N. Allen
(919) 833-2885

W.A.M.Y. Community Action
(Watauga, Avery, Mitchell, Yancey)
H.C. Moretz, Jr.
(704) 264-2421

Wayne Action Group for Economic
Solvency, Inc. (Wayne)
Bryan Sutton
(919) 734-1178

Western Carolina Community Action
(Henderson, Transylvania)
John Leatherwood, Jr.
(704) 693-1711

Yadkin Valley Economic Development
District (Davie, Stokes, Surry, Yadkin)
Jimmie R. Hutchens
(919) 367-7251

EDUCATIONAL RESOURCES, (North Carolina Higher)

Appalachian State University
Dr. Alfred M. Denton, Jr.
(704) 262-6390

Barber-Scotia College
Mr. Charles R. Cox
(704) 786-5171 Ext. 407

Barton College
Dr. Walter R. Parker, Jr.
(919) 237-3161

Belmont Abbey College
Ms. Jo Singleton
Peter Lodge
(704) 825-3711

Campbell University
Dr. Joyce White, Dept. of Social Work
(919) 893-4111 Ext. 6111
Dr. Joyce Mallet, School of Pharmacy
(919) 893-4111 Ext 3300
or (919) 383-9225 (Durham)

Duke University
George Maddox, Ph.D.
(919) 684-6118
Dr. Harvey J. Cohen
(919) 684-3654

East Carolina University
Dr. Jim Mitchell, Director Gerontology
(919) 757-6768

Elizabeth City State University
Ms. Deborah Reddick
(919) 335-3330

Elon College
Dr. Howard Higgs
(919) 584-2347

Fayetteville State University
Dr. Pinapaka V.L.N. Murthy
(919) 486-1691
Mr. Willie Beasley
(919) 486-1226

Gardner-Webb College
Ms. Deborah Reddick
(919) 335-3330

High Point College
Ms. Mary Anne Busch
(919) 841-9224
(800) 4220-4644

Johnson C. Smith University
Dr. Ruth L. Greene
(704) 378-1052

Lees-McRae College
Mr. Odell Smith
(704) 328-1741

Mars Hill College
Ken Sanchagrin
(704) 699-8011

North Carolina Central University
Dr. Karen Smith
(919) 560-5300
(919) 560-5200

North Carolina State University
Dr. J. Conrad Glass, Jr.
(919) 515-3590

Pembroke State University
Stephen M. Marson
(919) 521-4214 Ext. 380

Shaw University
Dr. Joseph L. Richardson
(919) 755-4824

UNC-Asheville
Dr. William H. Haas, III
(704) 251-6426

UNC Chapel Hill
Dr. Gary M. Nelson (Sch.of Social
Work)
(919) 962-1225
Dr. Mark E. Williams (Sch.of Medicine)
(919) 966-5945

(EDUCATIONAL RESOURCES Continued)

UNC-Charlotte
Mr. James McGavran
(704) 547-4290

Wake Forest University
Dr. John Earle
(919) 759-5494

UNC-Greensboro
Dr. Marianna Newton
(919) 334-5932
Dr. Virginia Newbern
School of Nursing
(919) 334-5010

Western Carolina University
Dr. Judith M. Stillion
(704) 227-7495
Dr. Nancy S. Betchart
(704) 227-7361

UNC-Wilmington
Dr. Eleanor Maxwell
(919) 395-3435

ELDERHOSTEL

Bobby D. Wagoner, N. C. State Elderhostel Director
(919) 962-1106

EPILEPSY AND NEUROLOGICAL DISORDER PROGRAM (Department of EHNR)

John C. Griswold
(919) 733-7081

FACILITY SERVICES, DIVISION OF (Department of Human Resources)

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HEALTH CARE SECTION (Department of EHNR)

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HEALTH PROMOTION SECTION (Department of EHNR)

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HEALTH PROMOTION PROGRAM, STATEWIDE (Department of EHNR)

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HOME HEALTH SERVICES PROGRAM (Department of EHNR)

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HYPERTENSION PROGRAM (Department of EHNR)

Lead Nursing Consultant
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JOB TRAINING (Department of Economic and Community Development)

Joel New, Director of Employment and Training
(919) 733-6383

LEARNING RETIREMENT CENTERS

Duke Institute for Learning in Retirement (Durham)
Sarah Craven, Director
(919) 684-6259

Guilford College (Greensboro)
Mary Vick, Director of Continuing Education Admissions and
Community Programs
(919) 282-5511

North Carolina State University (Raleigh)
Encore Program for Lifelong Enrichment
Dennis Jackson, Director
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University of North Carolina (Asheville)
North Carolina Center for Creative Retirement
Ron Manheimer, Director
9704) 251-6140

LONG-TERM CARE INSURANCE (Department of Insurance)

Theresa Shackelford
(919) 733-5060

LONG-TERM CARE INSURANCE, COMPLAINTS ABOUT (Department of Insurance)

(919) 733-2004
Toll-free 1-800-662-7777

MEDICAL ASSISTANCE, DIVISION OF (Department of Human Resources)

100 County Departments of Social Services
Barbara Matula, Director
(919) 733-2060

MEDICARE SUPPLEMENT INSURANCE (Department of Insurance)

Jean Holliday
(919) 733-5060

**MEDICARE SUPPLEMENT, COMPLAINTS ABOUT INSURANCE COMPANY
REGARDING** (Department of Insurance)

(919) 733-2004
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**MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE
ABUSE, DIVISION OF**

Contact: Michael S. Pedneau
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Alamance-Caswell Area Program
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Albemarle Area Program
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Pasquotank, Perquimans)
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(919) 335-0431

Blue Ridge Area Program (Buncombe,
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Catawba County Area Program
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