A forum on Housing and Aging

Welcome!

November 17, 2016
New Holly Gathering Hall
9 am – 12 pm
Thank you to our program partners

HDC Senior Housing Affinity Group
Welcome!

November 17, 2016
New Holly Gathering Hall
9 am – 12 pm
Why Healthy Housing for Older Adults?
Seniors Aren’t Going Anywhere

- Preference to stay at home
- Lack of care setting alternatives
- Lack of production of affordable housing
- Fair Housing Protections
Proportional Contribution to Premature Death

- Behavioral Patterns: 40%
- Genetic Predisposition: 30%
- Social Circumstances: 15%
- Health Care: 10%
- Environmental Exposure: 5%
Behavior Begins at Home
Reaching the Highest Need

• Starting with HUD assisted housing makes sense

• Build out from there.....
Housing: the Decentralized Network We Need
Healthy Aging Begins at Home

The BPC recommends that CMS launch an initiative to integrate health care and LTSS in publicly assisted housing.

May, 2016
SASH: A Team Effort
Core Elements

• Uniform Assessment
• Shared Care Plan
• Centralized Database
• Evidence Based Practices
• Prevention
<table>
<thead>
<tr>
<th>0</th>
<th>Vitals</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Participant Information, Emergency Contacts, Provider and Legal</td>
</tr>
<tr>
<td>2</td>
<td>General Health, Wellness and Services</td>
</tr>
<tr>
<td>3</td>
<td>ADL/IADL</td>
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<tr>
<td>4</td>
<td>Falls</td>
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<tr>
<td>5</td>
<td>MACH-10 Falls Risk Assessment Tool</td>
</tr>
<tr>
<td>6</td>
<td>Mobility Survey</td>
</tr>
<tr>
<td>7</td>
<td>Nutritional Health Checklist</td>
</tr>
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<td>8</td>
<td>Cognitive Health Screening</td>
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<td>9</td>
<td>Program Evaluation Activities</td>
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<tr>
<td>AUDIT</td>
<td></td>
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<tr>
<td>GAD-7</td>
<td></td>
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<tr>
<td>Lubben Social Network Scale (LSNS-6)</td>
<td></td>
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<td>PHQ-9</td>
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<td>S-MAST-G</td>
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</tbody>
</table>
A Menu of Evidence Based Practices

- CAPABLE
- PEARLS
- MATTER OF BALANCE
- EAT BETTER MOVE MORE
- CHRONIC DISEASE SELF MANAGEMENT PROGRAM
- IMPACT
- HEALTHY IDEAS
- WRAP
Systems Change

- Panels/Population Health
- Capitated Payments/Global Budget
- Flexible funding
- No Discharge
- Scale
- Agnostic Model
Washington’s Got Housing!
Health Conditions in SASH Participants compared to Non-SASH Participants

Source: Vermont's All Payer Claims Database
Clinical Risk Groupers (CRG) in SASH Participants compared to Non-SASH Participants

Source: Vermont's All Payer Claims Database
## SASH Health Outcomes (Oct 2014 – Apr 2016)

<table>
<thead>
<tr>
<th></th>
<th>Oct 31 2014 (n=3076)</th>
<th>Apr 30 2015 (n=3603)</th>
<th>Oct 31 2015 (n=3807)</th>
<th>Apr 30 2016 (n=4098)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Advance Directives</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Documented</td>
<td>53%</td>
<td>53%</td>
<td>54%</td>
<td>59%</td>
</tr>
<tr>
<td><strong>Immunizations</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shingles Vaccine</td>
<td>20%</td>
<td>26%</td>
<td>30%</td>
<td>34%</td>
</tr>
<tr>
<td>Pneumococcal Vaccine</td>
<td>53%</td>
<td>57%</td>
<td>60%</td>
<td>63%</td>
</tr>
<tr>
<td>Flu Vaccine (seasonal)</td>
<td>19%</td>
<td>42%</td>
<td>11%</td>
<td>61%</td>
</tr>
<tr>
<td><strong>Falls</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fall (within 12 months)</td>
<td>29%</td>
<td>28%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Blood Pressure</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Checked within 6 months</td>
<td>52%</td>
<td>49%</td>
<td>39%</td>
<td>59%</td>
</tr>
<tr>
<td>If checked, in control</td>
<td>76%</td>
<td>74%</td>
<td>76%</td>
<td>77%</td>
</tr>
</tbody>
</table>
Percent of SASH participants who have fallen in the past 12 months

WHO fall rate in elderly

October 2014, April 2015, October 2015, April 2016

National Center for HEALTHY HOUSING
Major Findings: 2nd Annual Report

- January 2016
- SASH sample size = 1602
- 3 years of implementation

*SASH continues to slow the growth of total annual Medicare Expenditures*

*Growth in annual Medicare expenditures was statistically significantly lower, by an estimated $1,536 per beneficiary, in early panels*
APHA: 2016 Archstone Award for Excellence in Program Innovation

Denver October 2016
HUD Supportive Services Demo

- 40 intervention sites/40 control sites

- $15M: 5 years
  
  *FR-5900-N-22*
What’s Next: Building on the Platform

- Tele-health
- Adding new interventions
- Build workforce
- Getting systems change models to scale nationally
Permanent Value Based Payment Methods

- Multi-payer pools
- Medicare Advantage at Home
- All Payer Models
- Financial Alignment Models
- Medicaid HMOs
- Medicaid Waivers
SCALE

- Congregate hubs
- Community dwellers
- All Medicare beneficiaries
- Family housing
- Homeowners
- Medicaid beneficiaries
Let’s Build a System

• Organize
• Seek pilot funding
• Define scope
• Collaborate with health care system reforms
• Determine sustainable payment method
Nancy Rockett Eldridge, Executive Director, NCHH
neldridge@nchh.org
www.SASHVT.org
www.nchh.org/program/olderadults.aspx

www.nchh.org  ♦  @NCHH  ♦  facebook.com/HealthyHousing
ALTSAMA: Aging and Long Term Support Administration

Vision
Seniors and people with disabilities living in good health, independence, dignity, and control over decisions that affect their lives

Mission
To Transform Lives by promoting choice, independence and safety through innovative services

Serving approximately 74,000 individuals per year

- Average monthly caseload 62,000
  - 36% individuals with disabilities
  - 64% seniors
The state's population is expected to grow by 25% over the next 20 years—from 6.8 million to 8.5 million.

Washington State's Population is expected to grow by 25% in the next 20 years.

An aging population:
- TODAY...
  - 1 in 8 residents is 65 years or older.
- BY 2030...
  - 1 in 5 will be 65 or older.

More will be over 65, as baby boomers enter retirement. Demand for long-term care and health care services will increase, driven by chronic health conditions.
Functional and Financial eligibility requires an individual assessment by HCS


Chapter 3, 7a – Assessment, Financial Eligibility for Core Programs

### Medicaid Eligibility Standards

#### Medicaid Personal Care Benefit

Client requires substantial assistance with at least one, or minimal assistance with more than two, of the following direct personal care tasks:

- Eating, toileting, self-medication
- Personal hygiene, bathing
- Specialized body care, dressing
- Transfer/positioning, ambulation

### Long-Term Care Income Standards

Income standards used to determine income eligibility and financial participation in long-term care

<table>
<thead>
<tr>
<th>Description</th>
<th>Effective</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid special income level (SMI) 30% of the FPL may change annually on January 1 based on consumer price index. Maximum gross income level for CNP Institutional Medicaid. Note</td>
<td>1/1/2015 - 12/31/2016</td>
<td>3199</td>
</tr>
<tr>
<td>Federal Benefit Rate (FBR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medically Needy Income Level (MNL)</td>
<td>1/1/2015 - 12/31/2016</td>
<td>733</td>
</tr>
<tr>
<td>Categorically Needy Income Level (CNL)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HC4 Medical Standards chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Poverty Level (FPL) increases annually on April 1</td>
<td>4/1/2016</td>
<td>990</td>
</tr>
<tr>
<td>Basic community spouse maintenance and family allocation. 150% of the two-person FPL increases annually on July 1 for spouse and dependent.</td>
<td>7/1/2015</td>
<td>1992</td>
</tr>
<tr>
<td>Maximum community spouse maintenance allowance. May change annually on January 1 based on the consumer price index. (with excess shelter costs)</td>
<td>1/1/2015 - 12/31/2016</td>
<td>2981</td>
</tr>
<tr>
<td>Excess shelter cost standard. increases annually on July 1. 30% of 150% of the 2-person</td>
<td>7/1/2015</td>
<td>598</td>
</tr>
<tr>
<td>Utility standard for determining excess shelter costs for a community spouse.</td>
<td>4/1/2016</td>
<td>420</td>
</tr>
</tbody>
</table>

Approx. 75% of ALTSA’s LTC clients pay between 0-$196 in participation (120% Federal Poverty Level, or $1,177 per month)
Long Term Care Core Programs

In-home support 64% (caseload approximately 40,000)
Includes:
- Community First Choice (State Plan)
  - Personal care (Individual and Agency Providers)
- Waiver services
  - COPES

Residential Care 20% (caseload approximately 12,000)
Includes:
- Adult Family Homes
- Assisted Living

Nursing Facilities 16% (caseload approximately 10,000)
1115 Transformation Waiver

Initiative 1
Transformation through Accountable Communities of Health

Delivery System Reform
- Each region, through its Accountable Community of Health, will be able to pursue projects that will transform the Medicaid delivery system to serve the whole person and use resources more wisely.

Initiative 2
Enable Older Adults to Stay at Home; Delay or Avoid the Need for More Intensive Care

Benefit: Medicaid Alternative Care (MAC)
- Community based option for Medicaid clients and their families
- Services to support unpaid family caregivers

Benefit: Tailored Supports for Older Adults (TSOA)
- For individuals “at risk” of future Medicaid LTSS not currently meeting Medicaid financial eligibility criteria
- Primarily services to support unpaid family caregivers

Initiative 3
Targeted Foundational Community Supports

Benefit: Supportive Housing
- Individualized, critical services and supports that will assist Medicaid clients to obtain and maintain housing. The housing-related services do not include Medicaid payment for room and board.

Benefit: Supported Employment
- Services such as individualized job coaching and training, employer relations, and assistance with job placement.

Transformation Projects

Medicaid Benefits/Services
Initiative 2: Ages 55+ Eligible

Medicaid Alternative Care (MAC)
- Support unpaid caregivers, avoiding or delaying the need for more intensive Medicaid-funded services.
- Eligible for Medicaid but not currently using Medicaid-funded LTSS

Targeted Supports for Older Adults (TSOA)
- Avoid or delay the need for Medicaid-funded services
- Eligibility category and benefit package for people “at risk” of future Medicaid LTSS use who do not meet Medicaid financial eligibility criteria
Benefit packages: MAC & TSOA

Caregiver Assistance Services
• Services that take the place of those typically performed by unpaid caregiver

Training and Education
• Assist caregivers with gaining skills and knowledge to care for recipient

Specialized Medical Equipment & supplies
• Goods and supplies needed by the care receiver

Health Maintenance & Therapies
• Clinical or therapeutic services for caregiver to remain in role or care receiver to remain in home

Personal Assistance Services
• Supports involving the labor of another person to help recipient (TSOA only)
Initiative 3: Permanent Supportive Housing (PSH)
No age restriction

Benefit offered through three administrations:
- Health Care Authority (HCA)
- Behavioral Health Administration
- Aging and Long Term Support Administration (ALTSA)

Targeting individuals difficult to serve through traditional state plan/waiver services
• Must meet one of the following criteria:
  1. Chronically Homeless persons with disabilities (as defined by HUD), or
  2. Frequent or lengthy institutional contacts, or
  3. Frequent or lengthy adult residential care stays, or
  4. Frequent turnover of in-home caregivers or providers, or
  5. PRISM Risk score of 1.5 or above
Benefit Package - PSH

Housing transition services that provide direct support to help individuals obtain housing, including:

• Housing assessment and development of a plan to address barriers.
• Assistance with applications, community resources, and outreach to landlords.

Housing tenancy sustaining services that help individuals maintain their housing, including:

• Education, training, coaching, resolving disputes, and advocacy.

Supportive housing services do not include funds for room and board or the development of housing.
Health Homes: A program, not a place

Eligibility
• Medicaid eligible
• Has one chronic condition
• At risk for a second chronic condition
• Must have a PRISM score of 1.5 or higher

Housing
• Assists in access to housing
• Help maintain current housing
• Support health management
• Identifies gaps in care and makes referrals
• Provides transitional care after hospitalizations
• Assists with finding needed resources

July 2015-June 2016

66,957
Average annual enrollment

9.32%
Encounter Rate
Contacts

ALTSA
• Website  www.dshs.wa.gov/altsa

Healthcare Authority (HCA) 1115 Resources
• Website  www.hca.wa.gov/hw
• Email  medicaidtransformation@hca.wa.gov

Liz Prince
prince@dshs.wa.gov
360-725-2561
Healthy Aging and Supportive Housing
About CSH

Advancing housing solutions that:

- Improve the lives of vulnerable people
- Maximize public resources
- Build strong, healthy communities
Quality Supportive Housing

- Targets the most vulnerable people.
- Is affordable.
- Requires only standard lease obligations.
- Engages tenants in voluntary services.
- Coordinates among partners.
- Is integrated into the community.
Supportive Housing is for People Who:

- Are chronically homeless.
- Cycle through institutional and emergency systems and are at risk of long-term homelessness.
- Are being discharged from institutions and systems of care.
- Without housing, cannot access and make effective use of treatment and supportive services.
- Without services, do not succeed in housing
Unique Health Issues of Vulnerable Elders

**Early-onset geriatric conditions**
- 15-20 years earlier

**Mortality**
- 3-4 times higher mortality rates
- Life expectancy is 63 years (vs. 80 years for general population)

**Emergency Care**
- More frequent visits to ER
- More health crises than younger peers
Potential Growth in Homeless Population
Age 60 and Above

Homeless Population Age 60+

54,658
68,709
86,358
90,513
95,000

2010 2015 2020 2025 2050

Estimates Based Data from U.S. Census Bureau Decennial Census Special Tabulation and AHAR Report
Note: PIT estimates are extrapolated from projections generated using U.S. Census Bureau data and should be interpreted cautiously
## Supportive Housing Needs

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services</td>
<td>• Staff to client ratio of 1-15&lt;br&gt;• Tenancy support and care coordination</td>
</tr>
<tr>
<td>Structural Changes</td>
<td>• Widening hallways and doorways&lt;br&gt;• Ramps, stair lifts</td>
</tr>
<tr>
<td>Features, Equipment, Technology</td>
<td>• Grab bars, handrails, removable shower heads,&lt;br&gt;monitoring and alert systems, brighter lighting,&lt;br&gt;adjustable-height closet rods, emergency lights</td>
</tr>
<tr>
<td>Assistive Devices</td>
<td>• Bath/shower benches, walkers, canes, wheelchairs&lt;br&gt;• Emergency pull cords, Braille, magnification</td>
</tr>
<tr>
<td>Configuration</td>
<td>• Position of furniture, raised furniture, raised toilet seats, lowered beds and countertops</td>
</tr>
</tbody>
</table>
Healthy Aging Supportive Housing Toolkit

Healthy Aging in Supportive Housing
Toolkit for service providers, developers & property managers

Available at csh.org

September 2016
Thank You!

Debbie Thiele
Director
National Consulting Services
debbie.thiele@csh.org
Demographics

• SHA houses over 10,000 elderly adults (50 years +)
• 6,300 of these adults are elderly: 62 or older. Average age: 70
• 58% of elders have a disability
• Average annual income for elders is $11,000
Social Services to Promote Independent Living

• SHA has multiple partners to provide social services to our aging population

• Key partnerships:
  – Aging and Disability Services – case management
  – ADS serves 1,200 annually, including 430 Medicaid Long Term Personal Care clients
  – Full Life Care, Neighborcare Health, University Schools of Nursing
Challenges and Opportunities We Face

• Leveraging our limited resources
• Coordination of services
• Sustainability of services
• Advocating with others to promote healthy aging and creating new resources
Where
Enhancing and enriching the lives of seniors through affordable housing

SHAG’s 28 communities are located in neighborhoods throughout the Puget Sound region.

Supporting seniors never gets old.
<table>
<thead>
<tr>
<th>Percentage</th>
<th>County</th>
<th>Average Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>35%</td>
<td>King County</td>
<td>$19,946</td>
</tr>
<tr>
<td>37%</td>
<td>Pierce County</td>
<td>$18,078</td>
</tr>
<tr>
<td>34%</td>
<td>Whatcom County</td>
<td>$16,637</td>
</tr>
<tr>
<td>35%</td>
<td>Thurston County</td>
<td>$19,034</td>
</tr>
<tr>
<td>40%</td>
<td>Snohomish County</td>
<td>$22,606</td>
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</tbody>
</table>

30-60% is the Average Median Income (AMI)

$18,797 is the average income of SHAG residents

Who we serve
SHAG RESIDENT LANDSCAPE

$18,797
AVERAGE INCOME

75
AVERAGE AGE

75%
SINGLE WOMEN

11%
SECTION 8

38.6%
DISABLED

9.3%
UNDER AGE 62

Who?
Supporting seniors never gets old.
COST OF LIVING PER MONTH

65+

$1,939
A SINGLE
1 BEDROOM RENTER

$876
housing

$356
health care

$277
misc.

$232
food

$197
transport

$2,731
A COUPLE
1 BEDROOM RENTERS

$876

$712

$409

$429

$309

The high cost of housing

Owner: 6-9 Years

In 2012, one third of adults aged 50 and over (nearly 20 million households) paid more than 30% of their income for housing, including nearly 9.6 million who paid more than 50% of their income for housing.

Why?

The typical renter over 65, however, can only afford 2 months of these supports.

The housing assistance gap

3.9 million

The number of low-income older renters eligible for housing assistance in 2011.

VS.

1.4 million

Due to a supply gap, the number of low-income older renters who actually received housing assistance in 2011.
Housing

- **Table #1**: Age Friendly Architecture and Universal Design
- **Table #2**: Alternative Funding & Development
- **Table #3**: PACE and other models
- **Table #4**: Community Building and Access
- **Table #5**: Medicaid Waiver 1115

Services

- **Table #6**: Veteran Services and VASH
- **Table #7**: Health and Wellness (includes nutrition and medication management)
- **Table #8**: Mental Health
- **Table #9**: ADLs and in-home care
- **Table #10**: Nutrition

Policy

- **Table #11**: Demographics and Diversity
- **Table #12**: Data
- **Table #13**: Healthcare transformation
- **Table #14**: Advocacy Strategies
- **Table #15**: Seattle – Age Friendly Communities
A forum on Housing and Aging

Thank you for attending!
A full Forum Report-Out will be available shortly