Moving Beyond the Boundaries of the Traditional Assisted Living Facility

Grantmakers In Aging Conference

October 2019
Total of 11 ALP providers – 90% serve Medicaid beneficiaries
Licensed, comprehensive assisted living services that would be found in ALR
ALP provides comprehensive assisted living services in publicly subsidized housing (e.g. HUD 202, LIHTC) and public housing

Target population
• High need, complex care needs – 2+ADL needs
• Nursing home eligible
• MLTSS eligible and low income, private pay clients
• At risk of transfer to higher level of care – skilled nursing

Source: 2018 AL Resident Profile, HCA-NJ
Elizabeth Davis
Executive Director
Geriatric Services, Inc.

Julia Stoumbus, M.S.
Program Director, Aging in Place
The Henry and Marilyn Taub Foundation
How PALS Got Started

- Why did Senior Housing Services decide to get into the ALP business?
  - Identified need in local community – numerous housing providers asking for help
  - Value of aging in place, especially for low income residents unable to access traditional assisted living community
  - Construction of the Brookdale, 62 unit HUD 202 subsidized senior building and anticipation of needs to come as residents age in place
PALS at Westwood House

- Westwood House is a privately owned HUD 202 subsidized building with 182 residents.
- Residents are typically low income secondary to retirement, have higher incomes & resource levels than residents in public housing authorities.
- WH rents space to PALS on its ground floor and program is staffed 12 hours per day, 7 days per week with RN on call at all times. WH also houses a community senior center and lunch program.
- To date, 48 WH residents have been served on PALS. Currently 19 Westwood House tenants are actively enrolled. (2 are private pay)
PALS at Garfield Housing Authority

- Garfield Housing Authority is a public housing authority
- Residents in GHA are typically very low income with limited resources and many are already on a Medicaid program.
- Garfield Housing Authority provides, at no cost, office space on the ground floor of one of its senior buildings. Program is staffed 12 hours per day, 7 days per week with an RN on call at all times. Building offers a congregate care program, that provides limited activities, lunch and housekeeping services at a modest charge.
- PALS started up at GHA in May 2019, has served 10 residents, currently 8 are enrolled and many in the process of enrolling.
PALS Program Participants Care Needs

- At least 60% have dementia and require careful assessment of safety issues relative to living in an independent setting
- Enrollment often occurs at time of crisis, need for services is immediate
- Care needs are advanced because of delay in enrollment
- Often referred to PALS by housing management because of poorly managed mental health needs and disruptive behavior
- Complex disease management including end stage renal disease, end stage emphysema, diabetes, hypertension, post-stroke, elevated fall risk
Participant Care Needs (Cont’d)

- Managing complex treatments plans & medication regimens
- Ongoing communication with multiple health care providers
- Managing special dietary needs
- Residents’ inability to manage finances and lack of support from family in this and other areas
Community Partners

- New Jersey Managed Long Term Services and Supports (MLTSS)
- Managed Care Organizations
- Subsidized Housing Providers - Private and Public Housing Authorities
- Local Health Care Providers including hospitals and rehab facilities
- Social Services Providers
- Home delivered meals programs
- Elder Law Attorneys
Barriers & Challenges

- Tenant denial around need for assistance
- Reluctance to spend down resources to qualify for MLTSS
- Discrepancies between ALPS and facility based assisted living in terms of regulations and reimbursement, i.e. GAP payments
- Lack of awareness and understanding of ALPs
- Reimbursement rate is low
- Medicaid application is lengthy and complicated
- Need to adapt to the unique nature of each housing project’s layout, management, occupancy and location
Moving Forward: The Importance of a Statewide Coalition

- There is power in numbers! Prior to 2019, there was very limited communication or collaboration among ALP providers. A Statewide Coalition provides opportunities to share best practices, identify shared challenges and opportunities for community education and advocacy around regulations and fair reimbursement.

- Ability to conduct a larger scale, scientific study of the program to demonstrate its impact on participants, health care costs and benefits to subsidized senior communities with large numbers of residents at advanced ages.
Vision for Impact, Aging in Place Program:

• **Seniors maintain the highest possible level of functioning and independence, with access to social connections, healthy living options, and high-quality services.**

• **Policies and systems support a well-trained professional workforce and facilitate aging-friendly community development in ways that are likely to be sustainable over time.**
Best thing about the program: **Equity!**

Brings a full package of assisted living services to low-income, vulnerable publicly subsidized housing residents so they can age in place.
Potential Impact

- Peer network for thought leadership
- Increased capacity for providers
- Guide for replication
- Standard documentation of care delivery and impact
- ALP advocacy group influencing state policy
- ALP model strengthened, sustainable
What makes us think this will work?

• Captures the art and skills of 2 trusted partners (CIP and Ger. Services)
• Builds on CIP’s previous outcomes
• Improves operational framework
• Avoids premature nursing home placement (prevents in some cases)
• Saves costs (to system and to individuals)
• Raises awareness of model’s value
• Models are brought to scale thru collective action
HMTF Investment in PALS to date:

**Geriatric Services, Inc.**
• $295,000 over a 4-year period (to launch and pilot PALS small-scale)

**Rutgers University School of Social Work, Emily A Greenfield, PhD**
• $72,000 over 2-year period (to study the strategy and development of supportive services within publicly subsidized senior housing)

**Capital Impact Partners**
• $300,000 over 3.5 years (to replicate initiative statewide)

Includes subgrants for business analysis, evaluation, and participant organization stipends

CIP Funding stream includes support from Santander Bank and Morgan Stanley
How CIP Creates Impact

What We Do

Mission Driven Lending
- Aggregate & Direct Capital

Policy & Practice
- Fund & Program Incubation
- Partnerships & Convening events
- Cutting Edge Research

Impact Investing
- Investment Notes
- Innovative Investment Portfolio

Public Policy
- Advocate for Federal, State, & Local Programs

Where We Focus

Health Care
Education
Affordable Housing
Healthy Food
Cooperative Development
Dignified Aging
Placed-Based Revitalization

How Communities Benefit

Address Systemic Poverty
Effect system change at scale people have paths out of poverty

Create Equity
Support equitable access to services & opportunity regardless of race, ethnicity, gender, income or geography

Healthy Communities
Foster connections and social supports that strengthen links between health, education, housing and opportunity.

Inclusive Growth
Build diverse, mixed-income communities that promote economic mobility & empower individuals to break the barriers to success.
Statewide ALP Model Replication Initiative

Two year initiative – Launched in July 2019
- Strengthen the ecosystem
- Build awareness and capacity of model
- Evaluate for value, impact and quality
- Scale the model

Funding Structure:
The Henry and Marilyn Taub Foundation - $250,000
Morgan Stanley Community Development - $100,000
Evaluation of ALP Model

Publicly subsidized housing residents:
• Higher rates health conditions, diagnoses, co-morbidities and health care utilization
• Higher cost users of the health and long term care system
• Current system makes skilled nursing the default LTC option for public housing residents

ALP program can be scaled within existing affordable housing preventing the lag time waiting for new units of affordable assisted living to be built

Federal demonstrations and research in this area point to the value and potential cost savings to coordinate long term services and care delivery in existing subsidized housing.

Source: Health Starts at Home, CLPHA 2019
Evaluation of ALP Model

Focus:
Identify what the health, economic and social impact of services provided by Assisted Living Program (ALP) providers to low income, older adults in NJ.

Target population
• ALP participants and non-participants who live in publicly subsidized housing and are dually eligible for Medicare and Medicaid.
• Focus on the high cost, high need utilizers of the system.

Subgrants to ALP providers – offset administrative costs of participating

Outcomes:
• Influence future planning processes to scale the ALPs across the state,
• Better impact story – advocacy tools for ALP Providers to have a voice
• Identify the impact of the model on health costs and improving the quality of life of older adults.
Small Group Discussions
World Café™: Small Group Discussion

• Focus of discussions:
  – Provide unique feedback and reflection
  – Discuss how philanthropy can help scale model
  – Provide advice on key areas of evaluation
• Two rounds of discussion with table mates
• Identify a table “host” who will serve as recorder
• Step in/Step out
• Report out to the group
Small Group Discussions – Question 1

What models have you seen in other states serving this population that could inform and strengthen the ALP model?

What type of investments (funds, leadership etc.) could funders in aging make to help propel this model forward in other states?
Small Group Discussions – Question 2

What key components of evaluating these types of models is most compelling?

In your experience, what pieces of data have helped make the case for impact and value that engage payers and other key stakeholders?
Larger Group Discussion

• Reflections from group discussions

• What aha’s, BFO’s, surprises emerged at your tables? How might we act on this new understanding?

• What needs to happen next? Who else needs to be engaged? What strategies require collective action?
Thank you