

# U.S. – Japan Aging in Place Bilateral Program

# Aging in Place Programs

- Supports and Services at Home, Vermont
- Naturally Occurring Retirement Community with Supportive Services Program
- Genesis Intergenerational Housing Program, Washington, DC
- Community Aging in Place—Advancing Better Living for Elders (CAPABLE), Maryland

# Supports and Services at Home (SASH)



- Developed in 2008 by Cathedral Square Cooperation in Vermont
- Care coordination model anchored in affordable senior housing
- Helps frail residents in its properties to access or receive adequate supports and safely remain in their homes

# SASH: Funding

- Original Funding
  - Multi-Payer Advanced Primary Care Practice demonstration
  - 1115 Medicaid waiver
  - State funds
  - Grant funds
- Current Funding
  - Medicare funds through an All-Payer Accountable Care Organization Model agreement

# SASH: Program Components

- Interdisciplinary team
  - Housing-based staff: Full-time SASH coordinator, part-time wellness nurse (serve 100 participants)
  - Network of community-based providers: health-related providers, social service providers, community mental health organizations, etc.
- Integrated with state's health reform efforts
  - Medical homes supported by community health teams
  - SASH extender of community health teams

# SASH: Services



- Comprehensive health and wellness assessment
- Individualized care plan
- One-on-one nurse coaching
- Care coordination
- Health evidence-based education and health promotion programs
- Monitor vital signs
- Assist with managing medications



# SASH: Evaluation

- 2<sup>nd</sup> annual report results: SASH helping bend Medicare cost curve
  - Based on first 3 years of implementation (July 2011 – June 2014)
  - June 2014 – 49 panels/3,485 participants (analysis includes only housing-based participants)
  - **Growth in annual total Medicare expenditures was \$1,536 lower per** participant in early panels (established before April 2012) than beneficiaries in comparison group
  - No statistically significant change in growth for participants in late panels (established after April 2012)

Source: Support and Services at Home (SASH) Evaluation: First Annual Report, found at: <http://aspe.hhs.gov/daltcp/reports/2014/SASH1.pdf>

# SASH: Evaluation (cont.)

- Program participants: Fewer problems with their medications and supported to help them remain in their homes
- Staff members: Identified medication problems early and prevented issues caused by medication mismanagement
- Coordinator and nurse: Helped to identify resources and supports to address issues
- Property managers: Better able to perform their primary function of managing the physical plant and leasing needs



# Naturally Occurring Retirement Communities with Supportive Services Program (NORC-SSP)

- Community development model that provides collaboration between formal and informal home and community-based services and supports to allow people to age in place
- Large proportion of older residents —not developed intentionally as housing for older adults
- Possible locations:
  - Apartment building
  - Housing complex with multiple buildings under common management
  - Area where a number of apartments are clustered together
- Middle-income and low-income populations
- Community residents are involved in NORC program planning and development

# NORC-SSP: Funding

- Public-private partnerships
- Typically supported with some combination of funds from:
  - Government agencies
  - Housing partners
  - Philanthropies
  - Corporations
  - Residents
  - In-kind support and services from NORC partners, other local organizations, businesses

# NORC-SSP: Services



- Social work services: Care planning and case management
- Nursing services
- Educational and recreational activities
- Opportunities for community engagement
- Ancillary services: Transportation, housekeeping, social adult day programs
- Lead agency contracts or partners with one or more local service providers, home care service agencies, transportation companies, health care providers, etc.

# NORC-SSP: Key Lessons

- Need workers and adequate caregivers to provide health care and non-medical care services
- Sufficient coordination of services and informal social and community networks
- Identify and overcome barriers that prevent utilization of existing programs and services
- Ensure social and recreational opportunities are available to the residents
- Inform and provide information to residents about the community services
- Educate and train service providers about the needs of older adults

# NORC-SSP: Benefits

- Promotes health (physical, psychological, and social) and well-being among the residents
- Residents become more aware of the available community-based resources
- Residents have increased perception of value and usefulness through participation in community activities and volunteering their time and expertise
- Promotes positive perceptions of health and expectations about community living
- Reduces incidence of heart disease, falls, and Alzheimer's disease, and prevents costly institutionalization

# NORC-SSP: Penn South Program for Seniors in New York City



- Started in 1985
- Developed by the United Hospital Fund based on funding from the United Jewish Appeal Federation
- Moderate income cooperative of 2,800 apartments
- Provides social services, health services, and cultural, recreational and other services as the need arises
- Staff: 5 social workers, program director, administrative assistance, porter to round out staff, and group worker who puts together the large list of programs presented each month
- Program has forestalled 450 hospital and 317 nursing home stays, saving over \$100 million for residents and taxpayers

# Genesis Intergenerational Housing Program



# Genesis Intergenerational Housing Program

- Older adults who transition into senior housing find it difficult to establish new social connections and/or integrate into the broader community
  - Sense of being “left behind”
  - Affect older adults’ quality of life
- Intergenerational housing programs bring people together in purposeful, mutually beneficial activities
- Programs promote greater understanding and respect between generations and contributes to building more cohesive communities
- Senior housing ideal platform for intergenerational work and provides economies of scale to ensure sustainability



# Genesis: Overview

- Community in Washington, DC
- Opened In 2015
- 27 affordable apartments for seniors, young families transitioning out of foster care and their children, and for other families not connected to the foster care system
- Residents meet specific requirements for community participation and service

# Genesis: Origins and Basis of Model

- Based on Generations of Hope Community model pioneered at Hope Meadows in Illinois
  - Seniors range from affluent to low-income
- Older adults commit to providing support to vulnerable children and their adoptive families
- Children and adoptive families promote well-being of the older adults as they age
- Community events and activities designed to cultivate strong, interpersonal relationships and mutual support
  - Community dinners, tutoring, art classes, etc.

# Genesis: Partners

- Mi Casa, Inc., a DC-based affordable housing developer, developed Genesis through a collaboration with the following partners:
  - DC Child and Family Services Agency
  - DC Office on Aging
  - DC Department of Housing and Community Development
  - Generations of Hope
  - Latin American Youth Center
  - Vida Senior Centers

# Genesis: Staffing

- Program coordinator
- Community support specialist
  - Identifies residents' unique strengths and needs
  - Coordinates with outside social service providers, if necessary
- Program coordinator and community support specialist design and implement community programs and intergenerational activities for families and older adults

# Genesis: Resident Commitment

- Older adult resident commits to 100 hours of community participation every quarter (approximately 7-8 hours each week)
  - Time spent helping neighbors with a task or errand, participating in community events, after-school tutor, watch a child, etc.
- Non-senior adults are responsible for 50 hours every quarter (approximately 3-4 hours each week)
- Monthly rent based upon income and apartment size and residents are responsible for their own utilities and cable

# Intergenerational Housing Program: Benefits

- Develops cross-age relationships and engagement in high-quality intergenerational programs
- Decreases social isolation
- Increases older adults number of social networks or a high frequency in social activities
  - Productive use of time
  - Reaffirmation of worth
  - Increased satisfaction with life
  - Enhanced cognitive function
  - Improved mental and physical health
  - Improved feeling of self-esteem and self-worth

# Community Aging in Place—Advancing Better Living for Elders (CAPABLE), Maryland

- Older adults want to age in their own home but may have inability to take care of their basic needs
- Person-directed demonstration program for older adults with physical disabilities that addresses both modifiable individual limitations and the environment
- Helps seniors live more comfortably and safely in their homes to improve health outcomes and decrease medical costs

# CAPABLE: Demonstration Program

- Targeted functional goals identified for each person
- Inter-professional team work with the individual to overcome barriers that may interfere with achieving the goals
- Enrollment in Program: 5 months
- 10 in-home sessions; 60 minutes/session



# CAPABLE: Staffing

- Occupational therapist (Visits 6 times)
  - Conducts assessments, prioritizes goals, assesses home, and determines how the person can achieve the functional goals
  - Determines environmental repairs, modifications and assistive devices
- Registered Nurse (Visits 4 times)
  - Identifies and prioritizes 3 goals
  - Plans action to address each of the goals and refines strategies based on incremental changes the person makes between visits
- Handyman
  - Visits home to investigate the setting and determine changes that need to be made
  - Provides home repairs, installs assistive devices, and makes home modifications
  - Budget of approximately \$1,300 per home



# CAPABLE: Goal Areas

- Self-care to increase ability to perform ADLs and IADLs
- Communication with primary care provider
- Medication management
- Strength and balance to increase person's ability to stand, balance and recover from falls and near-falls
- Depression to enhance skills for mood management
- Pain to decrease pain to facilitate function

# CAPABLE: Program Evaluation Results

- Significant number of individuals who participated in the program decreased their difficulties with ADLs (75%) and with IADLs (65%)
- Number of self-care tasks that participants had difficulty with decreased by 50%
- Depressive symptoms improved in 53% of the participants
- Number of home hazards decreased from an average of 3.3 hazards to 1.4 hazards, an improvement of 78%

# CAPABLE: Program Expansion

- National Institutes of Health, Center for Medicare and Medicaid Innovation, the Robert Wood Johnson Foundation, and Rita and Alex Hillman Foundation expanded the program to 3 cities in Michigan
  - Expansion part of Michigan's Medicaid pilot program to integrate CAPABLE into Michigan's home and community based services for older adults: Michigan Medicaid waiver program
- Evaluation by Center for Medicare and Medicaid Innovation to determine rates at which CAPABLE participants and a matched group use nursing homes and hospitals and any cost savings.