



O4a Annual Conference
**Service Innovation for
Senior Housing**

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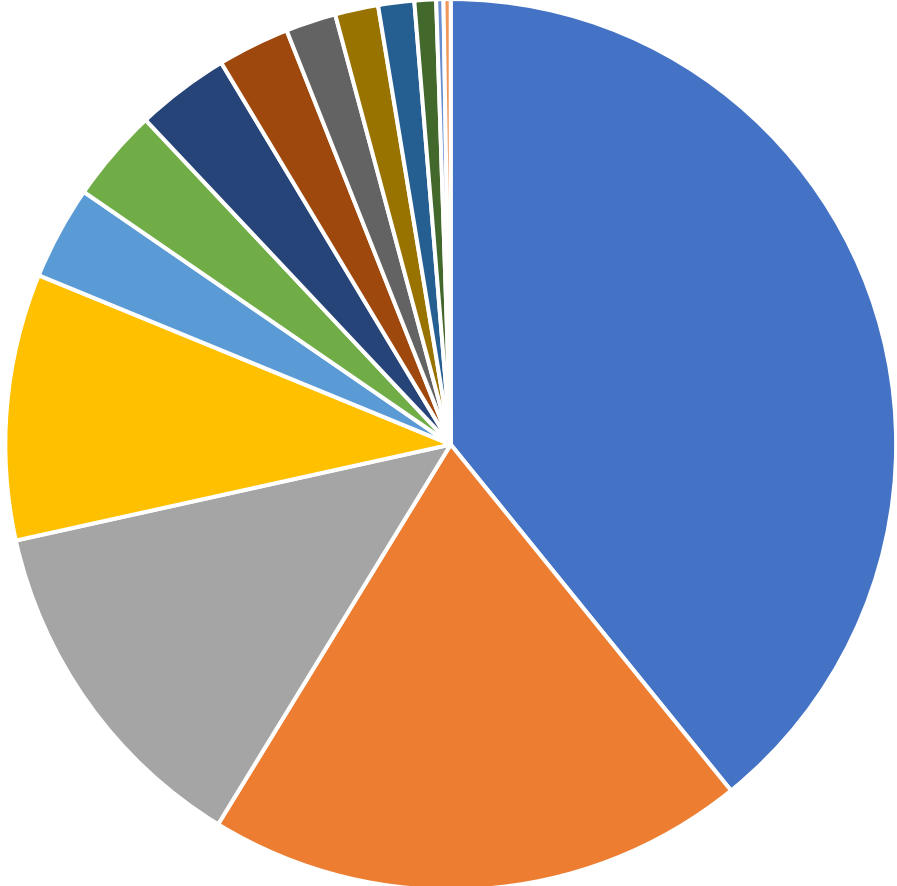
Mission:

Advancing solutions for exceptional care and successful living.

Vision:

The leader in quality, innovation, and value.

Current Membership makeup - LeadingAge Ohio



- Housing
- Nursing Facility
- Home Care & Hospice
- Residential Care Facility
- Independent Living-Market Rate
- Housing / RCF
- PACE
- Life Plan Community
- Hospice
- Nursing Facility / RCF
- Adult Day
- Home Care
- County Home
- Palliative Care

Objectives

- Explore recent innovations in service delivery advanced to maximize health in congregate senior housing.
- Analyze the effectiveness of these innovations in preventing institutionalization of community-residing older adults.
- Discuss potential challenges and opportunities in implementing and scaling innovations statewide.





**From “aging in place” to
“aging in community”**

71% of older adults are
unwilling to live
in a nursing home
in the future



The
John A. Hartford
Foundation



Housing & older adults

- Fixed incomes / rising property values, taxes & inflation = diminished ability to care for property
- Fewer family caregivers + workforce shortage = risk of social isolation
- 85 percent of older adults age in community vs. senior living

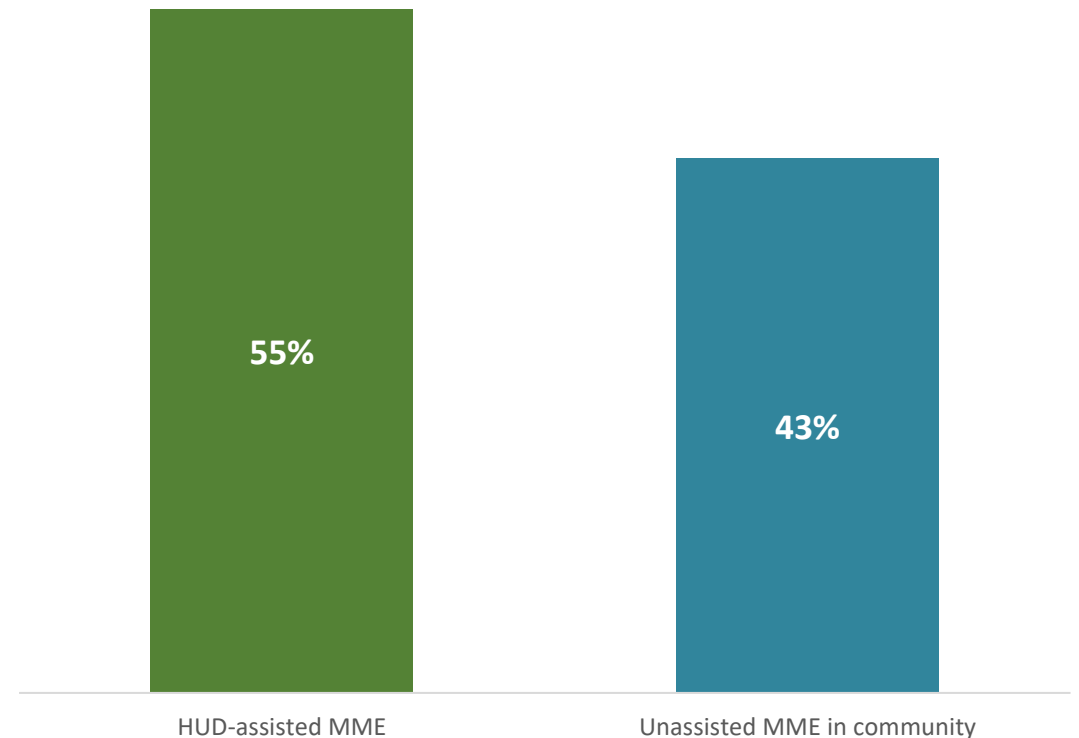


High Level of Chronic Illness

Approximately **68%** of HUD-assisted beneficiaries age 65+ are dually enrolled in Medicare and Medicaid¹

¹Of those who matched to Medicare and Medicaid, not number eligible

Proportion of FFS Medicare-Medicaid enrollees with 5+ chronic conditions





Types of senior housing

Housing affordable to individual at their income level

- Typically, defined as 30% of income
- Or affordable to a certain income level (e.g. 60% of area median income)

Eligibility based on income, not health/function

Landlord-tenant relationship

Voluntary service use

Types: HUD 202, LIHTC

But also... NORCs, middle market



Policy solutions

- Housing investment
- Tax policies

- Improved wages (reimbursement) for services
- Place-based care models



Place-based care models

What is affordable housing plus services?

- Independent affordable housing
- Onsite services and programming
 - Often anchored by a service coordinator
 - Available in about 50% of eligible HUD-funded senior communities; available in some LIHTC communities
 - Delivered by housing staff and/or community partners
 - Various funding sources: community-partner's/program's funding mechanism, in-kind, grant, etc.
- Population health approach

Barriers

- Housing policy, development & funding is separated from health policy, program development & funding
 - Despite the fact that housing assistance and place-based care nets significant savings for payors and providers
- Service density: enough care recipients and/or beneficiaries per geographic location / area to dedicate staff
- Scale: enough potential touches to warrant payor partnership
- Fragmentation of LTSS care delivery system & patchwork of funding sources
- Special considerations for suburban, rural areas
- Licensing concerns

Service Coordination models

Residents in properties with an onsite service coordinator had 18% lower odds of having a hospital stay during the year*

- Statewide service coordination network
- Service Coordinators as community health workers
- Naviguide program (United Church Homes)

Source: *Affordable Senior Housing: What's the Value?*, found at: <http://bit.ly/1QqMvpo>



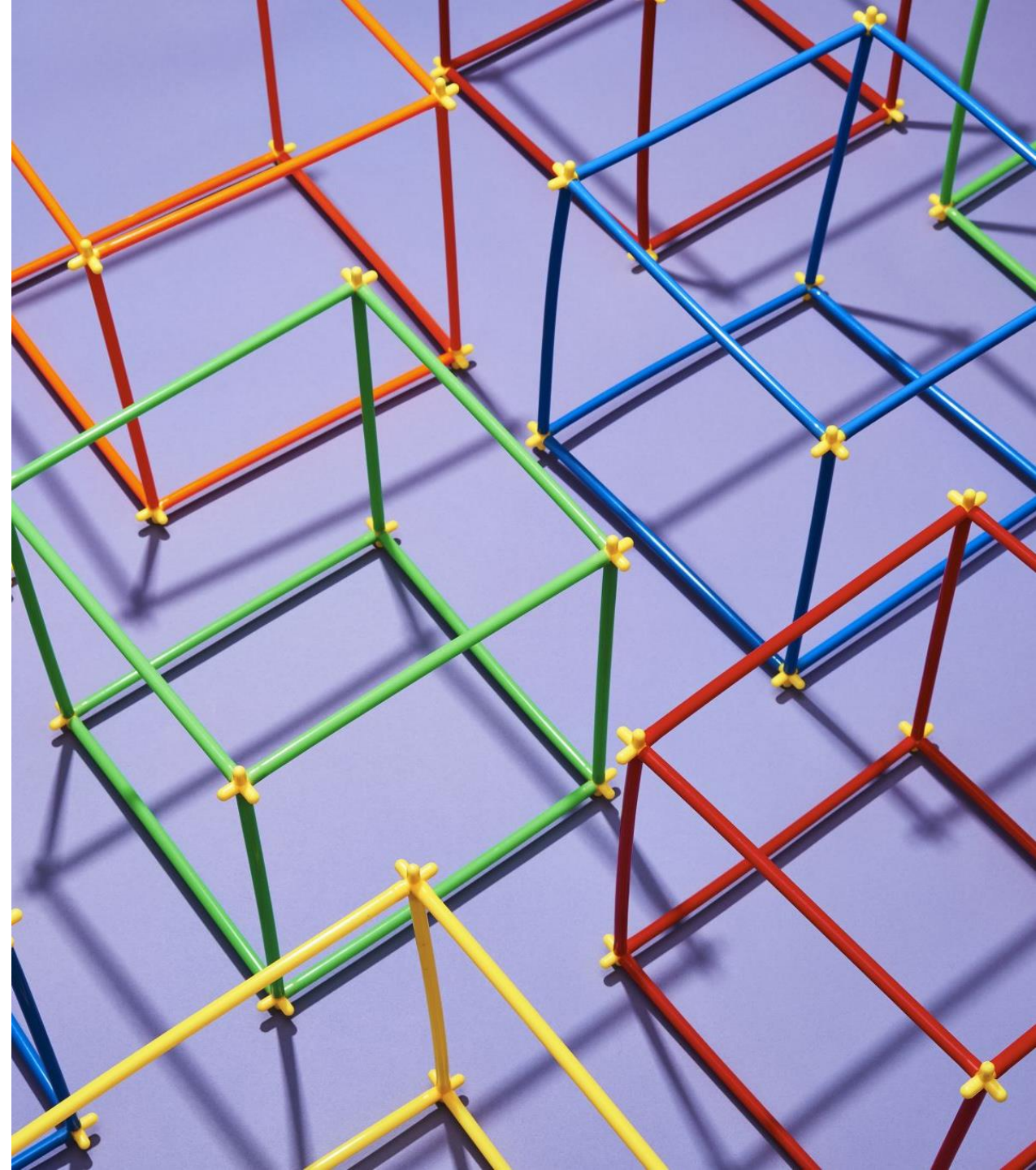
Full-risk models

- Program for All-inclusive Care for the Elderly
- Oak Street Health, CareMax
- Full-risk contracts between providers, payors



Future opportunities

- Service Coordination requirements in LIHTC awards
- Enhanced Community Living
 - PASSPORT service
 - Minimally utilized
 - Requires partnership between AAA and provider
- Affordable assisted living
 - Combine waiver payment with LIHTC and other financing





National models

- IWISH (Integrated Wellness in Supportive Housing) demonstration
 - 40 sites / 40 controls
 - Nurse & coordinator model with standardized assessments & data platform
- Community-residing elders: CAPABLE
 - Short term (4 months) bundle of prevention-focused interventions
- Services & Supports at Home (SASH)
 - Panel-based population health management anchored in affordable housing
- R3 (Right Care, Right Place, Right Time) demonstration
 - Nurse & wellness coordinator
- Self-Help Active Services for Aging Model (SHASAM)
 - On-site service coordination combined with telehealth supports



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Discussion