Affordable Senior Housing Plus Services
A National Perspective

Robyn I. Stone
Executive Director, Center for Applied Research, LeadingAge

Alisha Sanders
Managing Director, Center for Housing Plus Services, LeadingAge

Taryn R. Patterson
Policy Research Associate, Center for Applied Research, LeadingAge

Health Center and Public Housing National Symposium
Alexandria VA ★ September 29, 2015
Why think about affordable senior housing plus services?

Demographics and health.
Seniors in assisted housing are . . .

**Poor**
Median income = $10,236

**Growing older**
Median age (2006) = 74
≈ 30% 80+
Median age (at move in) = 70
≈ 14% 80+

**Diverse**
Hispanic = 13%
Black = 19%
White = 56%
Other = 19%

Chronic conditions and functional limitations more prevalent among lower incomes, advanced ages, minorities

Source: *Section 202 Supportive Housing for the Elderly Program Status & Performance Measurement*; Data is for residents of Section 202 housing properties, 2006
“A Picture of Housing & Health”

- Match of 2008 HUD tenant-level administrative data to 2008 Medicare and Medicaid administrative data
  - 12 geographic areas
  - All types of HUD assistance (voucher, public housing, multi-family housing)
- Estimate enrollment of HUD-assisted Medicare beneficiaries in select Federal health assistance programs
  - Medicare Part D (prescription drug) Low Income Subsidy (LIS)
  - Medicare Savings Program
  - Full Medicaid
- Compare Medicare and Medicaid cost and utilization for HUD-assisted Medicare beneficiaries and unassisted beneficiaries in community
High Level of Chronic Illness

Proportion of Medicare beneficiaries dually enrolled in Medicaid

- HUD-assisted: 70% (n=180,338)
- Unassisted in community: 13% (n=2,843,291)

Proportion of Medicare-Medicaid enrollees with 5+ chronic conditions

- HUD-assisted MME: 54.5% (n=112,045)
- Unassisted MME in community: 43.1% (n=249,490)

Source: A Picture of Housing & Health, found at http://aspe.hhs.gov/daltcp/reports/2014/HUDpic.pdf
## High Medicare Use and Costs

<table>
<thead>
<tr>
<th>Medicare services utilization per 1000 member months</th>
<th>HUD-Assisted MMEs</th>
<th>Unassisted MMEs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute stay admissions</td>
<td>31.4</td>
<td>29.4</td>
<td>6.8%</td>
</tr>
<tr>
<td>Hospital readmissions</td>
<td>5.2</td>
<td>4.9</td>
<td>6.1%</td>
</tr>
<tr>
<td>Medicare home health visits</td>
<td>581.5</td>
<td>445.5</td>
<td>30.5%</td>
</tr>
<tr>
<td>Total emergency room visits</td>
<td>58.4</td>
<td>51.6</td>
<td>13.2%</td>
</tr>
<tr>
<td>Physician office visits</td>
<td>1,652.3</td>
<td>1,307.9</td>
<td>26.3%</td>
</tr>
<tr>
<td>Ambulatory surgery center visits</td>
<td>14.5</td>
<td>10.0</td>
<td>45.0%</td>
</tr>
</tbody>
</table>

| Average Medicare PMPM                              | $1,222            | $1,054         | 16%         |

<table>
<thead>
<tr>
<th>N</th>
<th>HUD-Assisted MMEs</th>
<th>Unassisted MMEs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=112,045</td>
<td>N=249,490</td>
<td>$1,222</td>
<td>$1,054</td>
</tr>
</tbody>
</table>
## High Medicaid Use and Costs

### Average Medicaid PMPM

<table>
<thead>
<tr>
<th></th>
<th>HUD-Assisted MMEs</th>
<th>Unassisted MMEs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>106,764</td>
<td>227,186</td>
<td></td>
</tr>
<tr>
<td><strong>Average Medicaid PMPM</strong></td>
<td>$1,180</td>
<td>$895</td>
<td>32%</td>
</tr>
</tbody>
</table>

### Medicaid services utilization per 1000 member months

<table>
<thead>
<tr>
<th>Service Type</th>
<th>HUD-Assisted MMEs</th>
<th>Unassisted MMEs</th>
<th>% Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>106,764</td>
<td>227,186</td>
<td></td>
</tr>
<tr>
<td>Personal Care services</td>
<td>4,512.4</td>
<td>2,149.1</td>
<td>110.0%</td>
</tr>
<tr>
<td>DME</td>
<td>380.0</td>
<td>227.7</td>
<td>66.9%</td>
</tr>
<tr>
<td>Other HCBS services</td>
<td>3,309.8</td>
<td>1,840.6</td>
<td>79.8%</td>
</tr>
</tbody>
</table>

*Other HCBS services includes private duty nursing, adult day care, home health, rehab, targeted case management, transportation and hospice.*
Why think about affordable senior housing plus services?

Public Policy.
Policy Priorities

- Expansion of home and community-based service options
- Improve health outcomes and lower health care costs
- Improve coordination and integration of health and long-term care services and supports – particular focus on dual eligibles
Example Reform Activities

- Medicare Advanced Primary Care Practices Demonstration
- State Demonstration to Integrate Care for Dual Eligible Individuals
- Money Follows the Person
- Balanced Payment Incentives Program
- Accountable Care Organizations
- Community-based Care Transitions Program
- Independence at Home Demonstration
- FQHC Advanced Practice Demonstration
- Medicaid Incentives for the Prevention of Chronic Diseases
- State Innovation Models Initiative
- Bundled Payments
- Comprehensive Primary Care Initiative
Why think about affordable senior housing plus services?

Putting it all together.
Putting It All Together

Potential synergies to advance new models and strategies

Housing residents are vulnerable population
Fair housing allows to stay + few alternatives options

Feds/states want to:
Enhance community options
Improve health outcomes and lower costs

Population trends (age, health, economic, etc.)
Desire to age in community

Growing evidence base that housing linked with services can support good outcomes
Value of Housing Plus Services

- Build on existing infrastructure of housing, health and community service networks
- Provides potential concentration of high-risk/high-cost individuals (many are dual eligibles)
- Offers economies of scale; can increase delivery efficiencies for providers and affordability for seniors
- Provides residents easy access to services; may encourage greater utilization and follow-through
- Offer a more regular staff presence on site with residents; can help build
  - Knowledge of resident needs, abilities and resources
  - A sense of trust among residents, which encourages better use of services
  - Early recognition of potential issues before they become costly crises
- Help preserve seniors’ autonomy and independence
Why think about affordable senior housing plus services?

The Research.
How Housing Matters

- What services are available onsite in HUD-assisted senior housing?
  - Surveyed 2,017 HUD-assisted senior housing properties in HHS/HUD dataset
  - Service staff and services or activities that were purposely available onsite to residents in 2008

- Does the availability of onsite services have any association with residents’ health care utilization and spending?
  * Limitation: only have information on availability, not utilization
## Survey Background

<table>
<thead>
<tr>
<th>Property Type</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Housing</td>
<td>85</td>
<td>16.6%</td>
</tr>
<tr>
<td>Section 202</td>
<td>236</td>
<td>46.1%</td>
</tr>
<tr>
<td>Other Multifamily</td>
<td>191</td>
<td>37.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Property Size (in units)</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 50</td>
<td>121</td>
<td>23.6%</td>
</tr>
<tr>
<td>50-99</td>
<td>153</td>
<td>29.9%</td>
</tr>
<tr>
<td>100+</td>
<td>238</td>
<td>46.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Staff Presence</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Service Coordinator</td>
<td>163</td>
<td>31.9%</td>
</tr>
<tr>
<td>Service Coordinator</td>
<td>296</td>
<td>57.8%</td>
</tr>
<tr>
<td>Service Coordinator &amp; Nurse</td>
<td>53</td>
<td>10.4%</td>
</tr>
</tbody>
</table>

Preliminary Results – Not for Public Disclosure
Available Services Staff, 2008

Preliminary Results – Not for Public Disclosure
Available Onsite Services, 2008

- Social activities: 74%
- Transportation: 44%
- Congregate meals: 33%
- Exercise and fitness: 49%
- Health education: 66%
- Health screening: 64%
- Homemaker assistance: 31%
- Personal care: 24%
- Medication assistance: 19%
- Primary health care: 10%
- Mental health: 10%
- Dental: 3%
- Podiatry: 27%
### Overview of Onsite Service Availability Association with Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Increase</th>
<th>Decrease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare ED visits without an admission per enrolled month, 2008</td>
<td>Exercise: 20% ($p&lt;.05$)</td>
<td></td>
</tr>
<tr>
<td>Odds of at least one Medicare ED visit without admission during 2008</td>
<td></td>
<td>Service coordinator: 14% ($p&lt;.05$)</td>
</tr>
<tr>
<td>Medicare acute inpatient admissions per enrolled month, 2008</td>
<td>Exercise: 12% ($p&lt;.05$)</td>
<td></td>
</tr>
<tr>
<td>Odds of at least one Medicare acute inpatient admission in 2008</td>
<td>Mental Health: 44% ($p&lt;.05$)</td>
<td>Exercise: 23% ($p&lt;.05$)</td>
</tr>
<tr>
<td>Odds of at least one Medicare acute inpatient admission in 2008</td>
<td></td>
<td>Service coordinator: 20% ($p&lt;.05$)</td>
</tr>
<tr>
<td>Odds of at least one Medicare acute inpatient admission in 2008</td>
<td></td>
<td>Nurse: 19% ($p&lt;.10$)</td>
</tr>
<tr>
<td>Medicare physician office visits per enrolled month, 2008</td>
<td></td>
<td>Primary Care: 8% ($p&lt;.10$)</td>
</tr>
<tr>
<td>Medicare medical payments per enrolled month, 2008</td>
<td></td>
<td>Exercise: 17% ($p&lt;.05$)</td>
</tr>
<tr>
<td>Medicare Part D payments per enrolled month, 2008</td>
<td></td>
<td>Primary Care: 12% ($p&lt;.10$)</td>
</tr>
<tr>
<td>Medicaid payments per enrolled month, 2008</td>
<td>Mental Health: 13% ($p&lt;.05$)</td>
<td>Medication management: 22% ($p&lt;.05$)</td>
</tr>
<tr>
<td>Medicaid payments per enrolled month, 2008</td>
<td>Exercise: 26% ($p&lt;.10$)</td>
<td></td>
</tr>
<tr>
<td>Medicaid payments per enrolled month, 2008</td>
<td>Service Coordinator: 13% ($p&lt;.10$)</td>
<td></td>
</tr>
</tbody>
</table>

Preliminary Results – Not for Public Disclosure
Outpatient ER visits per enrolled month

Note: Solid bars are significant at p<.05. Shaded bars are borderline significant at p<.10.

Preliminary Results – Not for Public Disclosure
Odds of at least one outpatient ER visit during 2008

Note: Solid bars are significant at p<.05. Shaded bars are borderline significant at p<.10.

Preliminary Results – Not for Public Disclosure
Acute stays per enrolled month

Presence of exercise
Presence of primary care
Presence of nurse

Note: Solid bars are significant at p<.05. Shaded bars are borderline significant at p<.10.

Preliminary Results – Not for Public Disclosure
Odds of at least one acute stay during 2008

Note: Solid bars are significant at p<.05. Shaded bars are borderline significant at p<.10. Preliminary Results – Not for Public Disclosure
Medicare expenditures (Medical only) per enrolled month

Note: Solid bars are significant at p<.05. Shaded bars are borderline significant at p<.10.

Preliminary Results – Not for Public Disclosure
Medicaid expenditures per enrolled month (among full benefit MMEs)

13% - 22%
26%
13%
-22%

Note: Solid bars are significant at p<.05. Shaded bars are borderline significant at p<.10.

Preliminary Results – Not for Public Disclosure
Supports and Services at Home (SASH), Vermont

- Developed by Cathedral Square Corporation
- Care coordination model anchored in senior housing
- Interdisciplinary team
  - Housing-based staff: SASH coordinator, wellness nurse
  - Network of community-based providers: home health agency, area agency on aging, mental health providers, etc.
- Linked in with state’s health reform efforts
  - Medical homes supported by community health teams
  - SASH extender of community health teams
- Statewide expansion supported through Medicare MAPCP demonstration
Comparing SASH participants to:
- Individuals in MAPCP demo, non-SASH properties (in VT)
- Individuals not in MAPCP demo, non-SASH properties (in NY)

Early results: July 1, 2011-June 30, 2013
- SASH is bending cost curve: Growth in annual total Medicare expenditures was $1,756 - $2,197 lower for SASH participants in well-established panels than for two comparison groups
- Increase in all-cause hospitalizations (driven by later joiners) compared to both groups

Staying at Home Program, Pittsburgh PA

- Provided by University of Pittsburgh Medical Center
- Social worker and RN provide care coordination and additional health services in congregate housing
- Compared participants in 7 buildings with program to residents in 4 buildings without
- Participants were significantly:
  - Less likely to
    - Visit the ER
    - Have unscheduled hospital stays
    - Report negative health conditions
    - Move to a nursing home
  - More likely to
    - Visit the dentist
    - Use health care services
    - Use health services outside of hospital
    - Report health improvements

Presbyterian Senior Living & PinnacleHealth Partnership

- Weekly onsite clinic
  - Staffed by MD, RN, MSW; work with service coordinator

- Care navigation program – clinical and social

- ID high utilizers, but serve all
  - Identify barriers to care – navigate through health system or help coordinate needed social services
  - Coordinate with PCP (or serve as PCP, if one needed)

- Utilize Pinnacle’s EHR
Presbyterian Senior Living & PinnacleHealth Partnership

ER visits

Inpatient visits

<table>
<thead>
<tr>
<th>Period</th>
<th>ER Visits</th>
<th>Inpatient Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12-6/12</td>
<td>81</td>
<td>57</td>
</tr>
<tr>
<td>7/12-12/12</td>
<td>65</td>
<td>29</td>
</tr>
<tr>
<td>1/13-6/13</td>
<td>41</td>
<td>17</td>
</tr>
<tr>
<td>7/13-12/13</td>
<td>34</td>
<td>13</td>
</tr>
<tr>
<td>1/14-6/14</td>
<td>11</td>
<td>5</td>
</tr>
</tbody>
</table>
Housing and Healthcare Partnerships Toolkit

- Guide: “Housing & Health Care: Partners in Healthy Aging”
  - Understanding health care reform
  - Benefits of a housing and health partnership
  - Health care challenges that housing can help address
  - How housing and health entities can collaborate
  - Identifying and cultivating a partner
  - Structuring the partnership

www.LeadingAge.org/housinghealth
Housing and Healthcare Partnerships Toolkit

Housing and Health Care: Partners in Healthy Aging
A Guide to Collaboration

RESOURCES TO HELP IDENTIFY HEALTH CARE PARTNERS AND REFORM INITIATIVES

The healthcare landscape is complex, confusing and changing rapidly. If you aren’t already familiar with that landscape, review the following resource table. It will help you identify or recognize potential healthcare partners in your area, and get more information about reform initiatives that are occurring in your community.

Medicare Accountable Care Organizations (ACOs)
- List of ACOs, including the ACO’s website that frequently identifies participating hospitals, physicians or physician groups: https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care-O/Oay8x-mSk6
- List of hospitals, physicians or physician groups participating in a Medicare ACO: https://data.cms.gov/ACO/Medicare-Shared-Savings-Program-Accountable-Care-O/pfam-u3rp

Patient Centered Medical Homes (PCMHs)
- http://recognition.ncqa.org

Federally Qualified Health Centers (FQHCs)
- http://findahealthcenter.chrso.gov/Search_HCC.aspx

Medicare and Medicaid Integration Activities
- Information about and states participating in the Demonstration to Integrate Care for Dual Eligible Individual initiative: http://kff.org/medicaid/issue-brief/financial-alignment-demonstrations-for-dual-eligible-beneficiaries-compared
- Other state initiatives to integrate care for dual eligible individuals: http://www.nasuad.org/initiatives/tracking-state-activity/state-medicaid-integration-tracker

State and Local Reform Initiatives
- Check state agency websites to understand more about possible healthcare reform activities. Check those agencies in your state that are responsible for Medicaid, health and human service programs and aging programs.
  - National Association of Area Agencies on Aging: http://www.n4a.org
  - National Association of State Mental Health Program Directors: http://www.nasmhpd.org

Community Affiliated Health Plans
- www.communityplans.net
Housing and Healthcare Partnerships Toolkit

• Return on Investment Calculator
• **Videos**
  – How housing can help healthcare
  – Healthcare providers on the value of housing
  – Why housing should be interested
• Other Resource materials

www.LeadingAge.org/housinghealth