CCRCs and the Wider Community

LeadingAge Maryland
2016 Annual Meeting

Presented by:
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Agenda

- Why the wider community
- Innovative program models
- Which one is right for your organization
Why now?
Source: Results of 2,950 completed surveys conducted by CLA in 10 metro areas.
Organizational Benefits

- Expand on organizational mission
- Serve more aging adults
- Increase ‘Brand’ awareness
- Create affinity to your brand
- Spread overhead
- Increase revenue and sources of revenue
- Increase referrals to all service lines
- Support tax exempt status
- Creative and inexpensive ways to become a provider for an ACO, bundled payment or third party payor.
- Possible opportunity to develop care management expertise
Intentional Care Management - CCRC and Wider Community

- Regular assessments and conversations
- Wellness education and support
- Disease process education
- Care plans
- Coordination of services
- Care transitions management
Intentional Care Management

- Older, frailer residents - ‘Independent Living is the new Assisted Living’
- We must be intentional in our support of residents - proactive in our support of their wellness and there during a health crisis
- Challenge - Who will pay??

- Casting a wider net can benefit residents in many ways.
Possible Shared Services

**Home Based Services**
- Home Health
- Hospice
- Home Care/Private Duty
- Care Management
- Referral & Support Phone Line

**Campus Services**
- Assisted Living
- Nursing Home
- Meeting Rooms
- Dining Services (Meals & Special Events)
- Pool and Fitness Center
- Social Activities
- Doctors Office
Possible Shared Services

**Misc. Services**

- Therapies
- Security
- Housekeeping and Maintenance
- Information Systems

**Transportation**

- Automobiles
- Drivers
Possible Shared Administrative Services

Financial Services
- Accounting
- Billing
- Audit and tax filing
- Investments management
- Accounts payable
- Purchasing

Human Resources
- Recruiting
- Benefits administration
- Payroll
‘One-Stop’ Program Models
Access to a continuum of services similar to a CCRC campus.
Village Model
Village Concept

- First village in Beacon Hill, Boston in 2001
- One-stop shopping concept
- 190 villages and 150 in development
- Village to Village Network developed to support this ‘movement’
- Typically developed by a group of volunteers - very grassroots.
- A handful are sponsored by CCRCs.
Village Concept

Villages

- are membership-driven, grass-roots organizations;
- are run by volunteers and paid staff;
- coordinate access to affordable services including transportation, inspiring health and wellness programs, home repairs, social and educational activities and trips;
- coordinate access to long-term care related services; and
- aren’t regulated - only provides access to services.
Village Concept

- Membership fees vary from $100 to $1,200 a year (avg. $600)
- Benefits vary from volunteer assistance to paid staff.
- Usually includes (pays for) only coordination and access
- Some membership fees include home care or transportation hours.
Sponsored by:
Messiah Lifeways
Mechanicsburg, PA
• Messiah Lifeways is a CCRC in the greater Harrisburg, PA area with a history of offering home and community based services such as home care, adult day care, senior centers, outpatient rehab and access to the campus fitness center and restaurant.

• Wanted a way to connect to older adults who wanted to age at home and to become the resource for aging.

• Through market research found that consumers who were choosing to age at home were very independent and were not very interested in having an ‘institutional’ partner such as Messiah Lifeways.

• They wanted vetted vendors and they wanted to volunteer to help others.
• After two years of research and **grassroots** planning by an advisory board of member volunteers, launched Connections in January, 2013 with 100 members.

• Wanted to have the program affordable but the village had to be self sustainable.

• Hub and spoke model, with central administrative supports at the CCRC.

• Unintentional benefits: hospitals and area insurance company are major financial sponsors. They see the village as a possible vehicle for care management and education.
• Membership costs $240/year for an individual and $360/year for a household.
• Membership benefits include:
  - Approved vendor list
  - Member hotline
  - Home safety inspection and emergency preparedness analysis
  - Social and educational programs
  - Members only web portal
Enhanced Membership - $1,175/year

- **Concierge & Coordination of:**
  - Transportation—arranging trips to doctor appointments, shopping, etc. through the use of volunteers or paid transportation.

- **Personal Support:**
  - Offering daily check-ins, grocery shopping trips, and coordination of care providers.

- **Health Navigation:**
  - A trusted partner in helping to navigate the health care system including help with transitions back home after a hospital stay.

- **In Home Support:**
  - Connections will arrange the help you need from plumbers and mowers to caring for your home and pets while you are away.
Benefit to Messiah Lifeways

- Can anticipate a loyalty that would result in increased move-ins to all levels of care and increased utilization of HCBS.
- Increased brand awareness.
- Catalyst for relationships with hospitals and insurers.
Free Membership/Fee For Service Models
Background

- Sponsored by Ralston Center, a long-established, well-endowed senior services organization in Philadelphia, PA, who has affordable housing and health/wellness programming in a low-income neighborhood.
- Developed in 2010 to serve the ‘gap group,’ or those with annual incomes of $25,000 to $35,000 who are aging at home.
- Focus on two neighborhoods in Philadelphia - Mt. Airy and Germamtown.
- Licensed as a home care agency
Program Overview

- Free membership organization.
- Membership allows access to any service a person might need by calling MyWay.
- Start-up administrative staff includes 1 Exec Dir & 1 Admin Asst.
- Part-time MyWay staff provide: housekeeping, simple home repairs, transportation, errands and non-medical home care on an hourly, fee-for-service basis. No volunteer component.
- Other services are provided with referrals to screened vendors who offer discounts.
- Membership also includes a monthly newsletter, monthly social events, etc.
Performance to Date

- 35 percent of services purchased by gap group.
- Almost 3,000 members to date.
- Almost half of the members have purchased services.
- Types of services sold:
  - General Labor
  - Cleaning/Organizing
  - Home Care
  - Pet/Plant Care
  - Office/Technical Assistance
  - Trans./Errands
  - Snow Shoveling
  - Yard Work
  - Handyman
Continuing Care at Home (Life Care) Models
Continuing Care at Home Models

- CCRC “without walls”
- Life care plan where members pre-pay for guarantee of future services.
- Entrance fee plus monthly fees.
- Focus on wellness and prevention
- Care Coordinator assigned to each Member.
- Regulated as CCRCs.
- Admission only for independent seniors not in need of services (younger and healthier)
- Boutique program averaging 200-250 members.
Growth of Continuing Care at Home

Number of CCaH Programs

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Anticipate
Typical Package of Services

- Care Coordination
- Home Inspections
- Annual Physical
- Access to Campus
- Fitness Center Membership
- Social & Educational Opportunities
- Emergency Response System
- Homemaker and Personal Care Services
- Home Nursing
- Live-in Services
- Meals
- Transportation
- Adult Day Program
- Assisted Living
- Nursing Home
- Referrals for home maintenance, housekeeping, lawn care, etc.
Pricing & Contract

- Components of contract are similar to campus with additional language re: decision making and benefits caps.
- Average entrance fee ranges from $14,000 to $56,000
- Average monthly fee ranges from $200 to $500
- A variety of pricing plans including:
  - 100% of all services paid as needed;
  - a variety of co-pays for future services;
  - home care only;
  - long-term care insurance policy credit;
  - limited total life-time benefit amount;
  - refundable membership fee;
  - Long-term care insurance ‘look-alike’ (Type B).
Senior Center Models
Senior ‘Shopping Center’

• A comprehensive, one-stop resource for information and access to information, advice, care and services for seniors.

• Owned by the owner of a non-medical home care agency as a marketing tool. Offers one free care management session at the center.

• Center includes central reception, with offices located within for all types of senior services and meeting spaces for large and small gatherings.

• Resource library, and opportunities for organizations who don’t want an office to advertise.
Senior ‘Shopping Center’

- Businesses can have office in building or advertise through light boxes in the building—entitles businesses to hold workshops and seminars that are advertised to One Senior Place members.
- Having materials in the library $500/year—other advertising options range from $750-1500.
- Office rent depends upon the size of the space.
- Offices included hospice, insurance broker, CCRC, etc. One office is for senior living organizations with brochures and light boxes.
- 43-44 businesses in the network so far.
Expand the Brand Models
• Alexian Village is a single site CCRC located in Milwaukee, WI. Part of Alexian Brothers system.
• Introduced Club Alexian in 2008.
• Strategy to develop stronger relationships with waiting list.
• Operating out of marketing. No additional expenses.
• Free membership.
• Access to campus amenities and services.
Current Club Activities

Dental
Podiatry
Spa and Styling Services
Meals-To-Go
Therapies
Geriatrician
Durable Medical Supplies
Emergency Response System
Web Information Page
Social, Entertainment Events

Support Groups
Low Vision, Alzheimer Caregiver,
Pain Management Group

Fitness and Exercise Programs

Specialty Group Classes
Yoga; Balance Training,
Arthritis Exercise, Tai Chi,
PACE

Nutritional Counseling
Wellness Specific classes

Monthly Newsletter

Personalized ID Card with $100 credit available for all Alexian Village programs

Club Alexian
2,600 members.

More than 50% of IL move-ins are members; SNF and AL admissions as well

Increased awareness of Alexian Village

Increased vitality on campus (very little push back from campus residents)

Focus group source

Offers platform for future development
‘Starbucks for Seniors’
Mather Lifeways (Chicago, IL)

- Café Plus - Designed to create a bridge to younger “older” adults to create awareness of their community. Similar to a Starbucks strategy for older adults. Focuses on interest driven activities rather than age-specific needs. Venues become local restaurants offering a variety of menu options. In addition the sites offer:
  - Programs
    ◊ Computer classes
    ◊ Art instruction
    ◊ Fitness classes
    ◊ Financial planning services
  - Community Resources
    ◊ Caregiver Resources
    ◊ Transportation Services
    ◊ Handyman Referral Sources
  - Funding is through an annual fee $60, additional fees for individuals utilizing the fitness equipment ($350) and food purchases.
The cafes do not break even but are viewed by Mather as investment in the community.
Health Care Models
Sponsored in part by:
Well Spring Retirement Community
Greensboro, NC
• Program of All-Inclusive Care for the Elderly
• Paid for by Medicare and Medicaid, some private pay.
• Manage acute and long-term care for nursing home eligible consumers living at home.
• Adult Day Center where consumer receives services and coordination of care.
• Well Spring is a single site CCRC in Greensboro, NC.
• Joint venture between WellSpring Retirement Community, Cone Health, Advanced Home Care and Hospice and Palliative Care of Greensboro.
• High level of trust because of shared board members.
• WellSpring interested in broadening its reach in the community and build their brand to be known as high quality senior services provider.
• Mitigate risk through partnership. Seen as great way to get ‘feet wet’ in home and community based services.
Health Care Utilization/Transitions Models
Sponsored by:
Clark Retirement, Holland Home, Porter Hills, and Sunset Retirement Communities and one support (non-profit) and Life EMS Ambulance (for-profit)

Grand Rapids, Michigan
• Assists older adults - particularly low income, frail elderly with chronic disease -- to remain living at home while improving their quality of life and access to healthcare along with access to services not currently reimbursed by insurance.

• Provide a single point of contact to reduce the complexities associated with navigating health care.

• Reduce healthcare costs by coordinating efforts and expertise to help participants avoid acute episodes, keep participants out of the hospital environment, and avoid unnecessary hospital readmissions.

• Initial participants selected by insurance providers based on health care needs.

• Participation is intended for life.
• Interdisciplinary teams include physician, navigator, volunteer coordinator, therapist, and aides.

• Inclusion of EMS provides 24/7 rapid response.

• Case manager/navigator (RN or social worker) forms relationship with participant and insures communication with all members of the team.

• Case manager/navigator accompanies participant to physician visits.

• Non-traditional services such as meals, transportation, telehealth, personal emergency response systems, and personal care are available through provider partners and community resources.

• Personal emergency response system connects participants directly to Tandem365 for all health related issues and questions – from routine to emergencies.
• Social workers help participants determine what they qualify for through community and Tandem365 resources.
• Volunteers assist with socialization, transportation, grocery shopping, light housekeeping, and visiting.
• Current census is 350.
• Once proved financial benefit - insurance companies are paying.
• Partners believe the program provides the opportunity to serve thousands in western Michigan and to be replicated nationally.
First Day Home

Sponsored by:
St Joseph of the Pines

North Carolina
First Day Home

• Program exists as a partnership between skilled nursing rehab facility and non-medical home care agency and is offered as a free service to patients who complete their full rehabilitation stay.
• Patients frequently want to leave the rehabilitation facility prior to completion of therapy, impacting not only their recovery, but also facility reimbursement.
• Patients departing early may experience a multiple day gap before being picked up by therapy and home health services, reducing effectiveness of rehabilitation and increasing likelihood of readmission.
• Patients face multiple challenges coordinating medical equipment (DME), medications, appointments, and nutrition upon returning home after nursing or hospital stays.
• Hospitals are working to avoid penalties for readmitting patients within 30 days.
First Day Home

Within 24 hours of discharge from skilled nursing, RN visits the participant at home:
- Set ups and reconciles medication
- Coordinates DME
- Calls doctors
- Brings a hot meal
- Evaluates home for patient safety
- Handles disposal of unneeded medication through local police department

Nursing facility and home care employees alternate scheduled follow up calls to patient.

Current 30 day follow up period is being expanded to 90 days for bundling.
First Day Home

- There were no hospital readmits among the 70 people participating during the first three months of program operation.
- The readmission rate for 168 patients in the seven months from May through December 2014 was 4%.
- 98% of patients surveyed after the program reported being satisfied with the service; 2% felt that the periodic calls were intrusive.
- Program benefits:
  - Improved clinical outcomes for patients.
  - Stronger connection with residents returning to the retirement community.
- Improved facility reimbursement.
Which Program is Right for Your Organization?

- What program will the market support?
- Who do you want to serve (economic level, geographic service area, healthy and/or disabled, payor, campus and non campus)?
- How much start-up capital do you have to invest?
- What licensure issues are there?
- What financial return do you want?
- Are you comfortable with the risks of life care and/or fee for service?
- Do you plan to partner or joint venture?
- Which model most closely aligns with your organization (culturally, missionally and operationally)