



**MEETING THE NEEDS OF OLDER
ADULTS & ADULTS WITH DISABILITIES:**

*A Forum for the Grantees of the Home Safe, Community Care Expansion,
Project Roomkey, and Housing and Disability Advocacy Programs*

CHANGEWELLPROJECT
PARTNERING TO STRENGTHEN COMMUNITY SYSTEMS



Session 3: Exploring Assisted Living and Understanding When it is an Appropriate Resource

Moderator: Carol Wilkins, Consultant, Integrated Solutions for
People and Places



EXPLORING ASSISTED LIVING

Carol Wilkins, consultant

December 14, 2023



“Assisted Living” usually means a place to live – but it can also be the supports that allow a senior or person with disabilities to live in their own home as an alternative to a nursing home – or homelessness



Licensed residential care facilities

- Adult Residential Facilities (ARF) & Residential Care Facilities for the Elderly (RCF-E)
- Licensed by California Department of Social Services Community Care Licensing
- Room and board: housing – usually a shared bedroom + meals
- Provide non-medical care and supervision including help to manage medications, assistance with activities of daily living
- A very wide range of licensed facilities serve a people with a range of incomes
 - *Small facilities may be family-owned and operated*
 - *Some facilities are much larger, may be owned by corporations or real estate investment firms*
 - *Monthly charges vary widely!*

Licensed residential care for people who receive SSI benefits

- Some (but not all) licensed residential care facilities accept and serve low-income people who receive SSI benefits
- SSI beneficiaries receive higher state benefits (SSP) if they receive non-medical out of home care (NMOHC)
 - *For single adult SSI/SSP NMOHC rate in 2023 = \$1,492.82 / month*
 - *Residential Care Facilities charge residents \$1,324.82/month to cover room + board + care and supervision **
 - *Residents keep \$168/ month for personal needs*
- Some (but not all) residential care facilities also receive additional payments for services
 - *Some counties pay a “rate patch” to facilities that serve mental health consumers or people experiencing homelessness*
 - *Some licensed facilities receive funding for services through Medi-Cal Assisted Living Waiver*
 - *NEW: CCE preservation funding to counties can provide Operating Subsidy Payments (OSP) to cover facility operating deficits in facilities that serve SSI/SSP recipients, including people experiencing or at risk of homelessness*

Assisted Living Waiver (ALW) services

- Home and Community Based Services (HCBS) waiver program – under federal rules, participants must be eligible to receive nursing home level of care
- ALW available in only some counties:
 - *Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Clara, Sonoma*
- ALW covers services in licensed residential care or publicly subsidized housing (PSH)
 - *BUT ALW services in PSH only available in Los Angeles county (at this time)*
 - *Most ALW services paid @ daily rates (\$88.60 to \$250) depending on level of care*
 - *ALW does not pay for room + board*
- Waiting list has 2,826 people in October 2023 (total program enrollment 12,253)

Other ways Medi-Cal can fund assisted living (or comparable) caregiving services

- Home and Community Based Alternatives (HCBA) Waiver
 - *available statewide as alternative to nursing home care*
 - *services can be delivered to eligible people who live in housing settings*
 - *but this program now has a waiting list and adults experiencing or at risk of homelessness do not have priority*
- Community Supports may be offered through Medi-Cal Managed Care Plans (MCPs) – most * are time-limited
 - *Recuperative Care (Medical Respite) **
 - *Short-Term Post-Hospitalization Housing **
 - *Personal Care and Homemaker Services **
 - *Community Transition Services / Nursing Facility Transition to a Home **
 - *Nursing Facility Transition / Diversion to Assisted Living Facilities – similar to ALW*
- In Home Supportive Services (IHSS) – personal care and housekeeping help
 - *funded through county + state + federal Medicaid \$*
 - *San Francisco offers "contract mode" IHSS services through Home Bridge for people who have difficulty hiring and managing independent caregivers*
 - *In all other counties (for now), beneficiaries need to hire and manage their own caregivers, who get paid through local "public authorities"*

Assisting Older Adults Experiencing Homelessness in accessing housing through HDAP

- Program integration
- Leveraging resources
- Emerging Focus on Prevention



Brendan Phillips, MSW

Homeless Services Program Manager

Nevada County Health and Human Services

My role:

- **Oversee implementation of County-CoC joint action plan to address homelessness**
- **Manage contracts with providers**
- **Implementation/supervision of ECM**
- **Coordination of homeless response**

Health And Human Services Agency

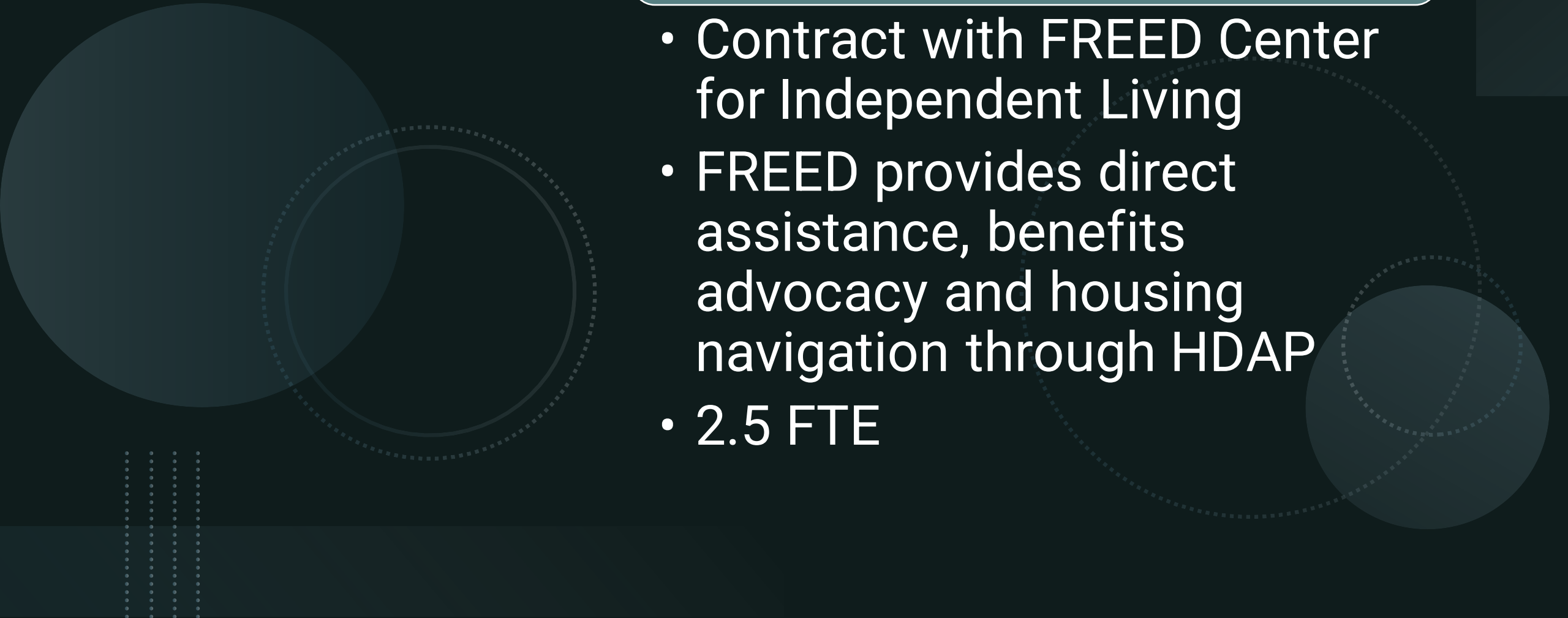
- Behavioral Health
- Child Support Services
- Housing and Community Services
- Probation
- Public Defender
- Public Health
- Social Services



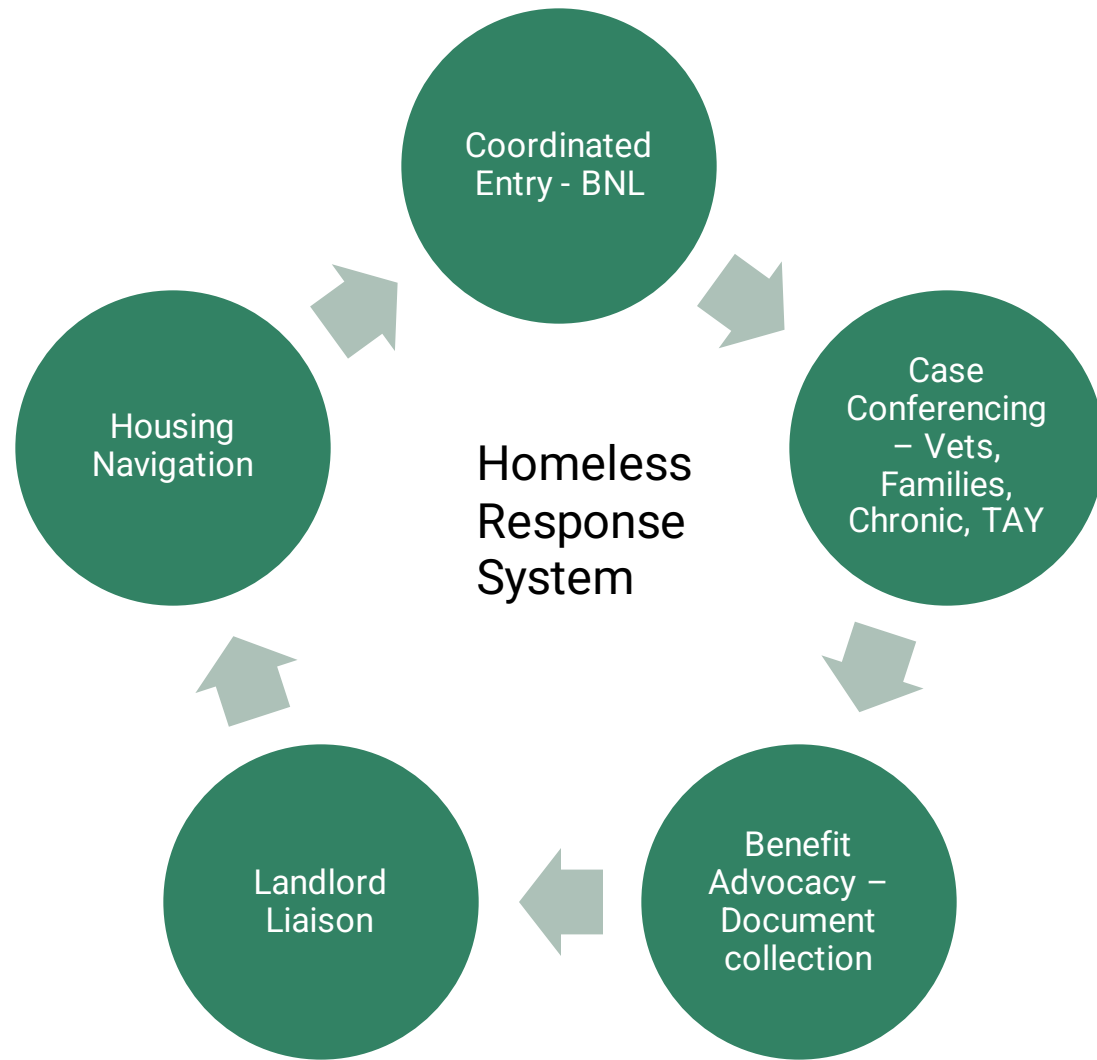
Better Together
NEVADA COUNTY



HDAP Program design -

- Contract with FREED Center for Independent Living
 - FREED provides direct assistance, benefits advocacy and housing navigation through HDAP
 - 2.5 FTE
- 

Program Integration:



Leveraging Resources

- Internal FREED program – fix it, Mobile home repair, TBI, Post Hospitalization, energy assistance
 - CalAIM*
 - COC funds - HHAP, Capacity Building and Vets flex
- Dedicated housing beds in various projects to HDAP population

Prevention

Sizable increase in newly homeless over the age of 55

Early detection, prevention and diversion

TOP PRIORITY: Utilizing HDAP program to target assistance to seniors on fixed income who are being priced out of housing

Nevada County-CoC Joint Plan

A. Prevention and Diversion - Reduce Inflow	
A1 - Increase availability of rental and mortgage assistance funding to prevent individuals and families from slipping into homelessness and implement a CoC-wide diversion strategy.	A2 – Expand services and housing opportunities to transition aged youth and families with children to prevent entry into the adult homeless system and long-term homelessness
B. Provide Outreach and Supportive Services - Reduce Time Spent Homeless and Return to Homeless	
B1 – Continue to support and strengthen outreach, engagement, and case management.	B2 – Strengthen housing focused case management and post housing supportive services
C. Expand Shelter - Increase Capacity	
C1 – Expand Year-Round shelter capacity	C2 – Expand and strengthen non-congregant, navigation-based, interim housing options
D. Increase Housing Stock - Increase Outflow	
D1 – Facilitate and promote partnerships for the development of affordable housing and supportive housing	D2 – Implement a centralized Landlord Liaison Program
E. Collaborate	
E1 – Support system wide improvement to data collection measures, collaboration on funding opportunities, and implementation of the County-CoC joint strategic plan	E2 – Strengthen the coordinated multi-disciplinary case conferencing team (Homeless Resource Team)



Better Together

NEVADA COUNTY

Reimagining St. Regis



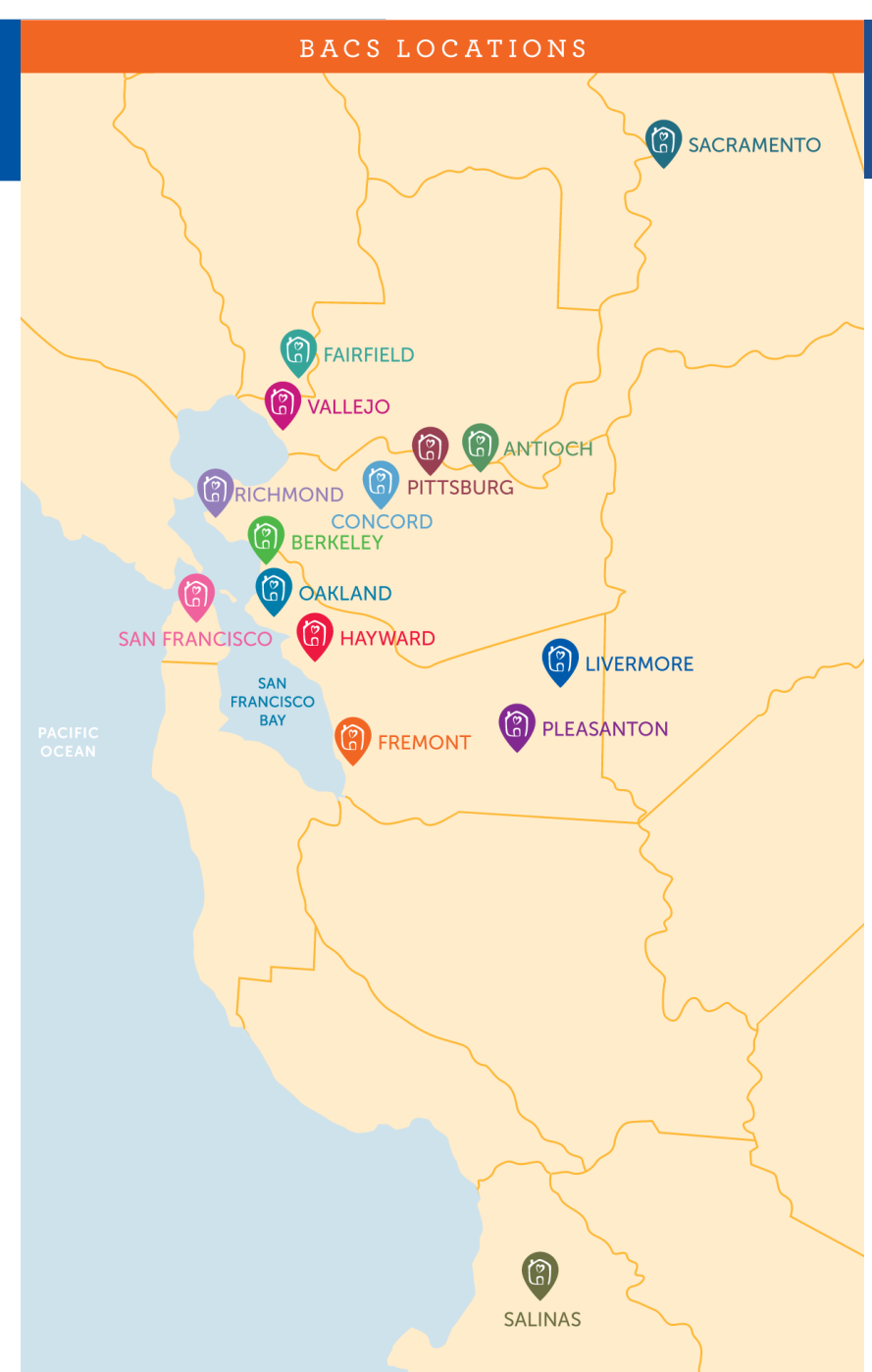
 **BACS**

Bay Area Community Services

Jonathan Russell, Chief Strategy and Impact Officer

BACS in Brief

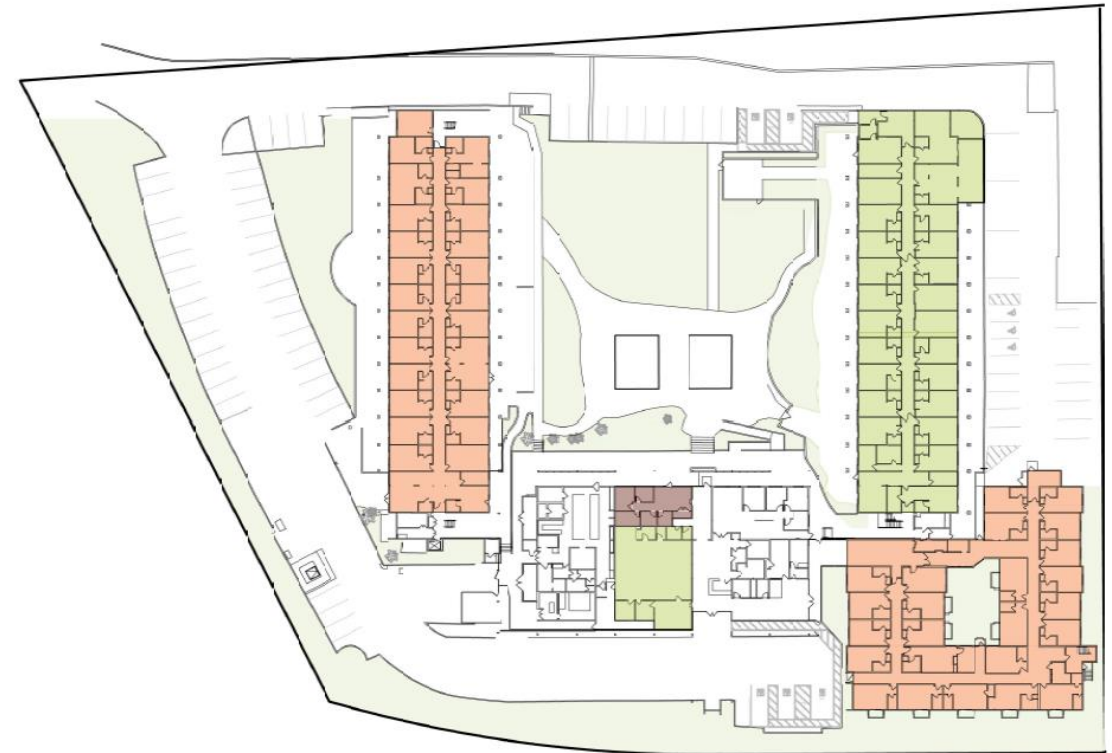
- Founded in 1953 with a mission to do whatever it takes to uplift our communities
- In five counties providing community-based and residential homelessness and mental health services
- 60 service contracts and 350+ units of housing and residential treatment
- Long history of aging/older adult services and SSI advocacy and care coordination services
- Committed to integrating BH and housing systems of care and innovating to meet emergent needs



St. Regis Project Site Details

Originally a mid-century hotel, converted to a retirement center in the 1970s – now reimaged as an integrated care campus

- *Location:* Hayward, Alameda County, CA
- *Previous Use:* 158 room (194 bed) private pay independent, assisted, and memory care
- *Project Scope:* Extensive site-wide rehab. First built in 1961 (additions in 1980)
- *Size:* 89,591 sq ft (buildings); 4.13 acres
- *Campus Layout:* 4 buildings; 2-3 floors
- *Local Amenities:* Bus stops within blocks; BART/AC Transit station less than .5 miles from site



Vision for Reimagining the Campus

Holistic campus providing behavioral health, crisis, and medical services, and interim and supportive housing with a special focus on older adults and other medically fragile individuals

- 70 units of PSH “+” for medically fragile and older adults with complex physical healthcare needs
- 40 Medical Respite beds
- 45 post-respite interim beds
- 40 SUD Residential beds (MAT and Harm Reduction)
- 35-40 behavioral health-enriched bridge housing beds
- Behavioral Health Urgent Care Clinic
- On-Site Federally Qualified Health Clinic



Project development is primarily funding by CDSS and DHCS capital infrastructure expansion programs launching in 2021 together with local county and city investments

- ✓ \$19.4 million awarded in 2022 through the CDSS Community Care Expansion program
 - Funding acquisition and Respite, Interim, and PSH Development
- ✓ \$18.6 million awarded in 2023 through DHCS Behavioral Health Continuum Infrastructure Expansion Program
 - Funding residential treatment, BHUC, and off-site developments
- ✓ \$7.5 million in Alameda County Measure A-1 bond funds
 - Funding the balance of the acquisition



As an integrated site with both licensed BH and unlicensed but service-rich housing settings, the project will leverage myriad sources in scaffolding ways

- ✓ PSH “basic” services funded by CalAIM Community Supports tenancy sustaining services
 - Additional MCP and HCBA funding will enrich services for medically fragile adults and leverage FQHC
- ✓ Recuperative Care/Med Respite funded by CalAIM
 - MCP per diem rates
- ✓ Interim and Bridge Housing funded by City and County
 - Cost Reimbursement contracts
- ✓ Licensed treatment/BH services and FQHC – Medi-Cal
 - SMHS and DMC-ODS billing and PPS (for FQHC)



Los Angeles County- Housing Strategies for Most Vulnerable Residents

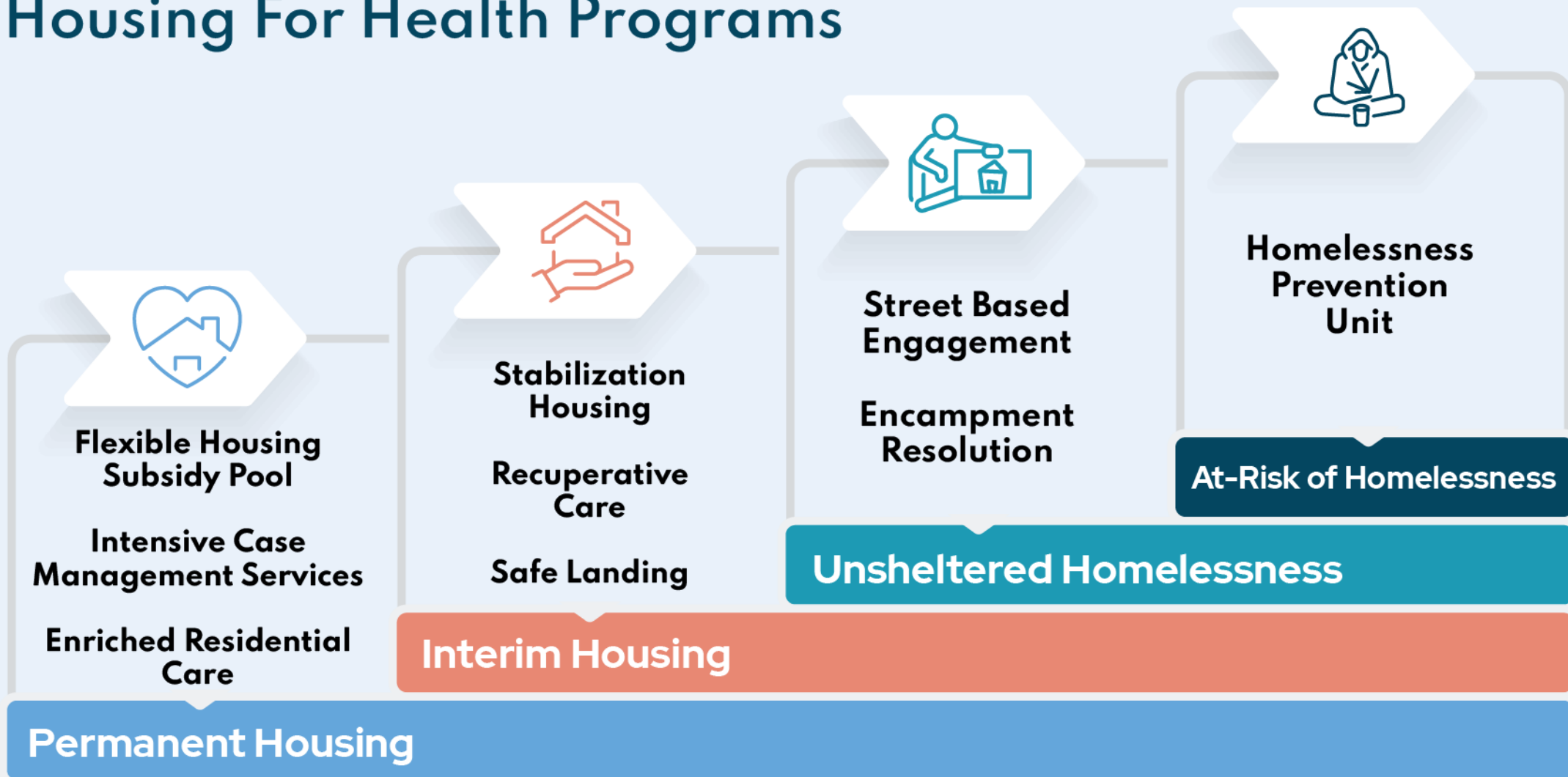
Libby Boyce, LCSW
Deputy Director
DHS-Housing for Health
December 14, 2023



Housing For Health Programs

BENEFITS ADVOCACY

MOBILE CLINIC





WHATEVER IT TAKES



ENRICHED RESIDENTIAL CARE

- Enriched Residential Care (ERC) was established in 2015. Board and Cares (ARF/RCFEs) refused our clients because they are very complex and have multiple conditions and they exist on a shoestring.
- ERC negotiates an additional rate to provide additional services for our clients.
- ERC enhances the well being of individuals who require assistance with daily activities to be permanently stabilized and housed. ERC uses licensed care settings that offer a range of services and supports to promote independence, social engagement, and overall health for residents.
- Current funders: DHS, Aging and Disability (Homesafe), Measure H, CFCI, HHIP.
- Serves unhoused individuals who require an assisted living setting and who meet the funding criteria ex: DHS funding serves those being discharged from DHS facility or who are empaneled to DHS, Homesafe are those who have been reported to APS.
- Participants must agree to turn over their SSI funding for this living arrangement (except for PNI).



INTERIM HOUSING TYPES

Stabilization Housing

- Provides bridge housing and support for homeless individuals prior to permanent housing placement.
- Medically and psychiatrically stable individuals who may be vulnerable to decompensation if not placed into shelter housing.
 - ✓ HIV/AIDS
 - ✓ Diabetes
 - ✓ Hepatitis
 - ✓ Mental Health (e.g. Schizophrenia, Depression, Bipolar, etc.)
 - ✓ ETOH

Recuperative Care

- Provides short-term care and medical oversight to homeless individuals who are recovering from an acute illness or injury or have conditions that would be exacerbated by living on the street or in shelters.
- Medically and psychiatrically stable patients requiring low-level medical oversight for:
 - ✓ Wound care
 - ✓ Recovery from surgical procedure
 - ✓ Need additional time to recuperate from illness and/or injury
- Common Health Conditions:
 - ✓ End Stage Renal Disease
 - ✓ Congestive Heart Failure (EF > 20%)
 - ✓ Cancer
 - ✓ Decubitus (Stages I-III)



PERMANENT SUPPORTIVE HOUSING MODEL

- PSH consists of:
 - Rental subsidy including - Federal Housing Vouchers, Flexible Housing Subsidy Pool, Time-Limited Subsidies.
 - Wrap Around Services - HFH contracts with more than 50 community-based organizations to provide Intensive Case Management Services (ICMS).
 - Case Management to Client Ratios
 - 1:20 – High Acuity
 - 1:40 – Low Acuity

PERSONAL CARE AND HOMEMAKER SERVICES



Purpose:

- Extend in-home services to high acuity participants ineligible for IHSS or those unable to manage it independently.
- Act as a stable bridge service until participants secure an IHSS worker.

Highlights:

- Over 900 PCHS participants served since 2014.
- Part of the Cal AIM Community Services since March 2023, collaborating with 4 health plans.

Upcoming Expansion:

- Expanded PCHS to Interim Housing settings in Nov 2023 through the DHS Interim Housing Outreach Team (IHOP).

Outcomes of the PCHS program:

- Preventing the need for higher levels of care.
- Improved client well-being and stability.

PERSONAL CARE AND HOMEAKER SERVICES OFFERED

Activities of Daily Living (PSH&IH)

- Assistance with bathing, dressing, grooming, continence care
- Assisting with walking and moving around safely
- Monitoring safety of the home
- Follow a Physical Therapy Exercise program
- Follow Home Health & Hospice Directives

Instrumental Activities of Daily (PSH)

- Assisting participants in the following:
 - Grocery and clothes shopping assistance
 - Picking up prescriptions
 - Meal preparation
 - Medication reminders
 - Companionship
 - Light Housekeeping
 - Vacuum carpets, sweep floors, take out garbage, dishwashing, laundry, change bed linens, bathroom cleaning, and general tidying



INTERIM HOUSING OUTREACH PROGRAM (IHOP)

Components	Enhanced Care Assessment Teams	Care Giving Services
	Multidisciplinary assessment teams composed of health, mental health, and substance use personnel.	<ul style="list-style-type: none"> Grooming Bathing Laundry Shopping for food or clothing
	Medical and Functional (PT/OT) and Benefits Assessments.	Accompaniment to appointments
	Assessments include medical, behavioral, functional, and social service assessments.	Bridge to IHSS as well as for those not eligible for IHSS.
	Assessments will inform appropriate housing placements and service connections.	Reduce length of hospitalizations/SNF stays for unhoused.



STAR APARTMENTS-ALW

Assisted Living Waiver is MediCal Program to provide Alternatives to Nursing Home Care

- The Star is PSH that serves a very complex population
- DHS and service partner was able to get state approval for ALW in publicly subsidized housing
 - ALW services have been critical to the stability of some residents BUT it took a lot to get this done
 - Because of the ALW waiting list, slots in the waiver program only come up now and again

SECRET SAUCE-KNITTING IT ALL TOGETHER

- Creating a flexible model with inflexible funding sources.
 - Very little homeless specific funding.
 - Many funding sources are one-time only-systems don't want to accept this funding due to looming cliff.
 - HFH has 38 different funding sources.
 - Different regulations and data reporting expectations.
 - Really hard to make this all work and ensure maximum revenue potential.
 - Administrators do not want to take the risk.



CHALLENGES/GAPS IN SERVICES – MOST ACUTE

- Funding sources for placement are either not available or hard to navigate/access.
- ARF/RCFEs are not the best option for the most acute, unless you can add significant extra support.
- SMI/behavioral health issues can make it difficult for facilities to maintain complex clients.
- Must layer multiple resources and this creates silos and complex systems of care.
- Individuals do not want to give up their source of income.
- Many don't want to give up their independence and prefer PSH, even if that is not appropriate placement.

Thank you!

Q&A