PACE Supportive Housing: A New Frontier

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The story
Supportive Housing

Provides a home for vulnerable individuals who need **HOUSING** and **SUPPORT SERVICES** to retain this stable housing and maintain healthy lives
Research

• Most studies focus on previously homeless populations
• Very little research on patients formerly in nursing home care or those trying to postpone it
• Study conclusions all point toward improvement in health outcomes, health care utilization, cost savings, and that the majority of people can STAY housed in the community
Staying at Home Program

- 11 public housing buildings for older adults
- 7 with SAH service program, 4 without (control)
- q6 month surveys Dec 2008 to June 2011 (total 736 in case group, 399 in control)
- 7 of 10 outcomes achieved; including decrease in nursing home transfers, decrease in ED visits and hospitalizations
- For every 100 residents in program, 4 NH admissions avoided ($69,000/year)

Home and Healthy for Good

- Started in 2006 through the Massachusetts Housing and Shelter Alliance
- Enrolled 816 people through 2015
- Chronically homeless for > 5 years
- One disabling condition (mental, medical, substance abuse)
- Cost savings of ~$9000 per person per year

Massachusetts: HHG

Average Public Service Usage Per HHG Tenant

- ER Visits
- Hospital Stays
- Ambulance Rides
- Days in Respite
- Days in Detox
- Days in Prison

Supportive Housing Can Produce Health Care Savings

Combining affordable housing with intensive services for a high-needs group saved an average of over $6,000 a year per person in health care

-23%  
Days in Hospital

-33%  
Emergency Room Visits

-42%  
Days in Nursing Home

Definitions

**PACE:** program providing fully integrated services in 31 states for nursing home eligible older adults

**Supportive Housing:** housing linked with social services tailored to the needs of the population served (www.NHI.org)

**PACE Supportive Housing:**

- Serves PACE participants exclusively
- PACE organization controls access to housing
- PACE organization provides 24-hour support by PACE staff
Survey

• Does your PACE organization have supportive housing as defined above?
• How many supportive housing units do you have? (<20, 20-50, >50)
• Is the supportive housing located in one building or multiple buildings?
• Do you have specific criteria for supportive housing?
• Contact person
Establishing a network

- 39 PACE organizations responded
- 12 have such programs
- More than half with > 50 units
- All have specific criteria for placement in supportive housing
- Many gave contact information and were willing to share their experiences
Upham’s Amory PACE Housing
Upham’s Amory PACE housing

- 12 apartments, each with kitchens
- Common area
- 7 medical assistants, 4 HHA/CNAs
- Additional home care staff to fill gaps and per individual care plans
- Three shifts: AM, PM, overnight
- Medication cueing
- Meals
- Activities
- Costs ~$6700 week (~$2300 per person/month)
Who can live here?

- Residents must have BHA housing and be enrolled in PACE
- Participants must agree to attend the PACE center daily.
- Participants sign a lease with same rights and responsibilities as any other tenant in the building
- *Eligibility is discussed on a case-by-case basis to determine who is appropriate*
Participant selection

- Reasons for referral
- Level of cognition
- Goals for supportive housing
- Current housing
- Legal issues
- ADLs/IADLs
- Nursing needs
- Community and social situation
- Center attendance
Challenges

• Nursing care: wounds, catheter care, narcotic administration
• Fall risk
• Drinking, cooking, and eating!
• Dementia vs. autonomy to make poor choices
• Overnight guests
• End-of-life care (3 expected deaths)
• When to transfer to LTC in a nursing home (5 transfers)
Back to James...
Thank you!
Elder Service Plan
Cambridge Health Alliance: Supportive Housing

Christopher Mauro, LICSW
Center Director
Elder Service Plan
Cambridge Health Alliance

- PACE program opened 1995
- Currently 415 participants, actively growing
- 13 cities/towns
- 1 Center, 1 ACS (opened 8/2016)
- 3 Interdisciplinary Teams
Elder Service Plan
Cambridge Health Alliance

Supportive Housing Program

- In partnership with Cambridge Housing Authority
- 3 buildings, 61 units
- 40% with Diabetes
- 40% with Dementia
- 60% with Psych diagnosis
- 3 participants blind
- 2 hoarders

CH Authority provides physical space & maintenance. Pts required to apply like other residents and sign lease. Pts must meet Federal/State public housing eligibility requirements.

ESP of CHA nominates current pts for apartments. ESP CMs assist with applications and logistics of lease up and moving.
Elder Service Plan
Cambridge Health Alliance

Criteria for entrance into SH
- Understand safety risks of community living
- Understand when to ask for help and from whom
- Physically able to ask for help
- Transfer with assist of one
- Not known to wander
- Tolerate up to 4hrs between staff contact

May need higher level of care if...
- Unable to manage continence with level of assist provided
- Requires assist to transfer above what is available
- Consistently refuses care
- Requires feeding assist
- Wanders
- Can no longer participate in management of apartment living, not following lease
- Family/Friend behavior interferes with care
Elder Service Plan
Cambridge Health Alliance

Staffing

- 17 FTE Personal Care Attendants & 1 Supervisor
- On site scheduled home care not 24hr care/supervision
- Care based on home care assignment developed by RN and Supervisor
- Annual competency program for PCAs
- e/o month Leadership Rounds

IDT that includes city of Cambridge oversees Pts in SH (1 home care RN, two MSWs, MD, NP, RD, rehab, CTRS)
Communication with IDT

• Supervisor attends morning meetings and care plan
• Supervisor is the link between PCAs and IDT
• Same home care RN, MD and NP assigned to all of SH
• PCAs communicate with clinic triage RN, transport, scheduling, etc when needed
• PCAs to be trained on new Epic – maybe tablet to document care provided?
Elder Service Plan
Cambridge Health Alliance

Difference between ALF (40%) and SH (15%)

• Psych not tolerated as well in ALF
• More community integration when living in SH
• Cost about the same (SH union so costs typically higher)
• Better quality service from ESP’s own PCAs, better communication with IDT, can change assignment rapidly as needed, add extra service if needed, etc.
• PCAs can be specially trained based on make up of participants at each site
• Both SH and ALF, push limits of typical population
PACE Housing: A New Frontier

Silvia Boswell
Executive Director of LIFE and Assistant Vice President
October 17, 2017
NewCourtland Housing Options

- Nursing Home Transition
- Independent Living
- Supportive Living
- Respite Care
- Cottages
Supportive Housing

- Home Care RN available 12pm-8pm
- Weekend RN available for home visits
- Home care is tailored to each senior as approved by IDT
- DME is provided as needed for independent living
- Pers (personal emergency response system)
NewCourtland Housing Options

- 2011- developed a variety of affordable housing
- Total of 298 units
- Our 4th center will open in April 2018 with 45 additional independent apartments
- Currently serve approximately 200 PACE participants in supportive housing
- The majority of our units are on the same campus as our PACE Centers
- In Pennsylvania, Assisted Living is not an entitlement
NewCourtland Findings

- NewCourtland LIFE Participants living in NewCourtland Diversified Housing consistently have lower overall Utilization than NewCourtland LIFE participants in the community.
  - Emergency Department
    - Fewer ER Visits than participants in the community
  - Hospitalizations
    - Fewer hospital days than participants in the community
  - Nursing Home
    - Participants that have moved from a Nursing Home into Nursing Home Transitional Housing are motivated to remain in the community
Nursing Home Transition

Nursing Home Transitions
• Seniors are monitored closely the first 15-30 days
  - Daily center attendance with program orientation
  - Home Health Aide 3:00pm until overnight
  - Home Health Aide: ratio 1:6
  - Medication surveillance and meals
  - Emergency response system provided
  - Ongoing adjustments and assessments by the interdisciplinary team
Screening Process

– Physical/Occupational Therapy
  • Complete safe transfers independently (Fire Safety)
  • Able to prepare meals

– Cognitive Abilities
  • Must be alert and oriented
  • Good judgment & insight

– Support from family-ideal

– Challenges: Some expect HHA’s around the clock as if they are still in a nursing home environment
Independent Living

• The apartments are filled with seniors who generally manage at least 60 - 75% of their ADLs and IADLS.
• The other 25% of care is managed through family, friends, and LIFE services
• LIFE provides assistance such as HHA’s for personal care, laundry, and light housekeeping
• LIFE has scheduled shopping trips and provides assistance with online grocery shopping
• On-campus housing is ideal for rounds by IDT including the physician and nurse practitioner
Independent Living

• Requirements:
  - Age 62 and older
  - 30% of income, or tiered based on income

• Amenities Include:
  – Activities and social worker on site
  – 24 hour security
  – Utilities are included, laundry on site
What We Can Do Better

Social Innovation and the Care Model

• Continue to explore new models of specialized housing
• Work hard to assimilate the family and housing staff into the care model

• Independence promotes purpose and self worth
• Don’t try to operate housing like a nursing home
• Work hard to learn and respect the final wishes of frail seniors