



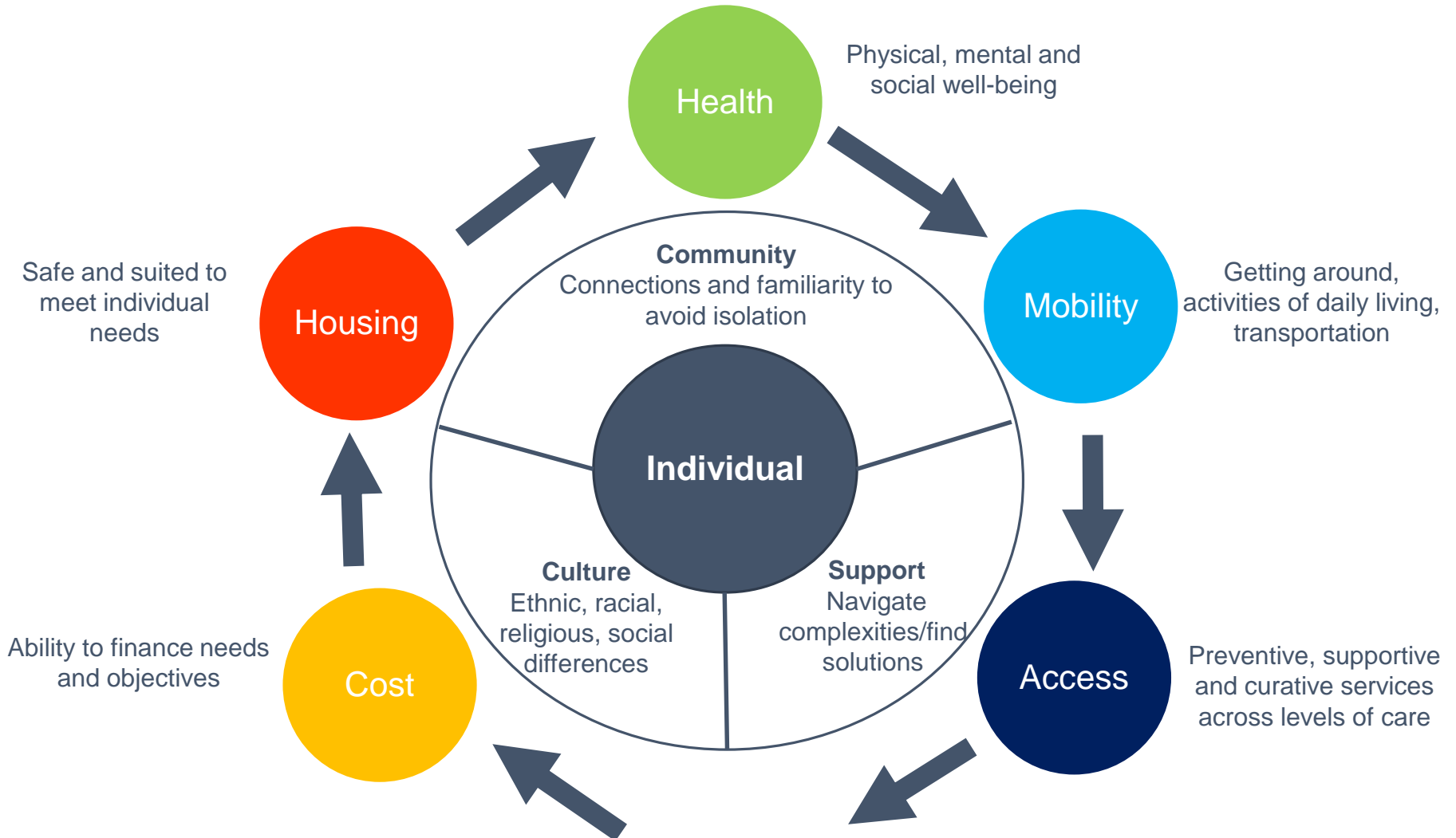
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LONG-TERM CARE IN DC

A ROADMAP TO 2028

OCTOBER 5, 2018

“AGING IN COMMUNITY” A COMPLEX SET OF CONSIDERATIONS



OUR FOCUS

- Options that will allow us to age in our DC communities
- Particularly for middle income, frail older adults
- Largely focused on housing
- A trained and sufficient workforce (and supportive technology)

OUR OBJECTIVE

- Define and prioritize a potential set of next steps / actions
- Build a constituency to focus on LTC for middle income aging adults
- Educate government officials and key stakeholders to advance our priorities
- Agreed upon action plan allowing lead time for build of housing and workforce

A DEFINING ISSUE OF OUR TIME

2030 will be a historic turning point. All baby boomers will surpass age 65. 1 in 5 Americans will be of retirement age.¹

Aging Population

- 78M will be over 65 in 2035¹
- Older households with disability to increase by 76% to 31.2M by 2035²
- ~70% will eventually need help with bathing, food preparation, dressing, and medication management³

Long-Term Care

- 20% needing LTC are in institutional and 80% in home/community settings³
- Demand for affordable, memory care, chronic and post acute care options
- Opportunities for public / private partnerships and investment

Aging in Community

- 88% of senior households wish to stay in home and 89% in community⁴
- 3.5% of homes offer 1 floor, wide halls/doors, and zero-step entrance²
- Decrease in family caregivers; in-home care cost prohibitive for many lower and middle income

Workforce

- <3% of medical students choose geriatric electives⁵
- IOM Est need for 3.5M LTC workers by 2030 to maintain current ratios⁵
- Increasing ethnic/racial diversity, workforce shortage, wages, licensure and training are all considerations

¹US Census Bureau 2017 National Population Projections, September 2017

²Projections and Implications for Housing a Growing Population: Older Households 2015-2035. Harvard Joint Center For Housing Studies. December 2016

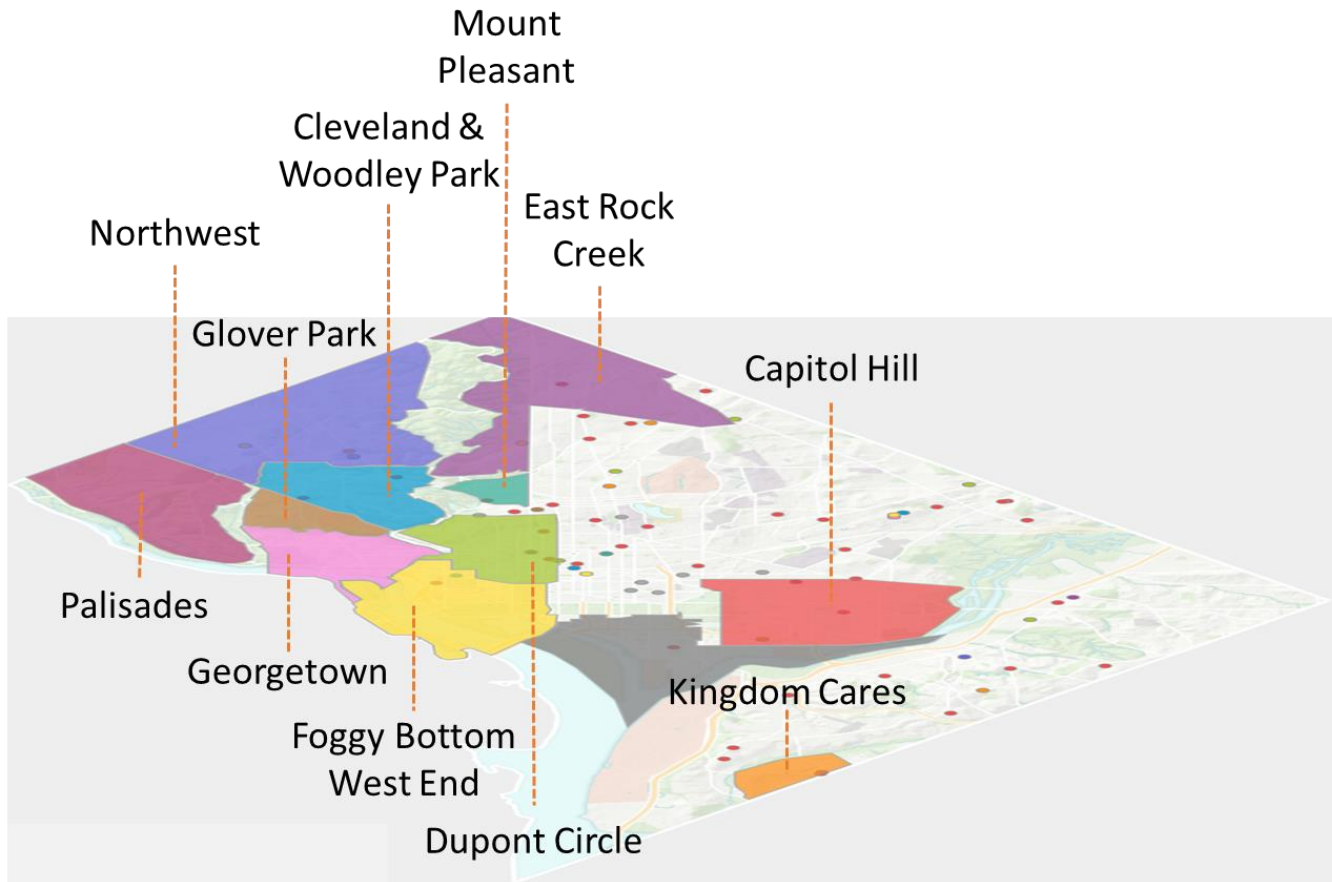
³Rising Demand for LTSS for Elderly, Congressional Budget Office, June 2013

⁴Healthy Aging Begins at Home, Bipartisan Policy Center, 2014 AARP Survey, May 2016

⁵Retooling An Aging America, Building the Health Care Workforce, Institutes of Medicine Issue Brief, Eldercare Workforce Alliance, 2008

SENIOR VILLAGES ACROSS DC ONE INTEGRAL COMPONENT TO “AGING IN PLACE”

There are 25% more seniors in DC than children in K-12 public schools. 52% live alone and 17% live in poverty.

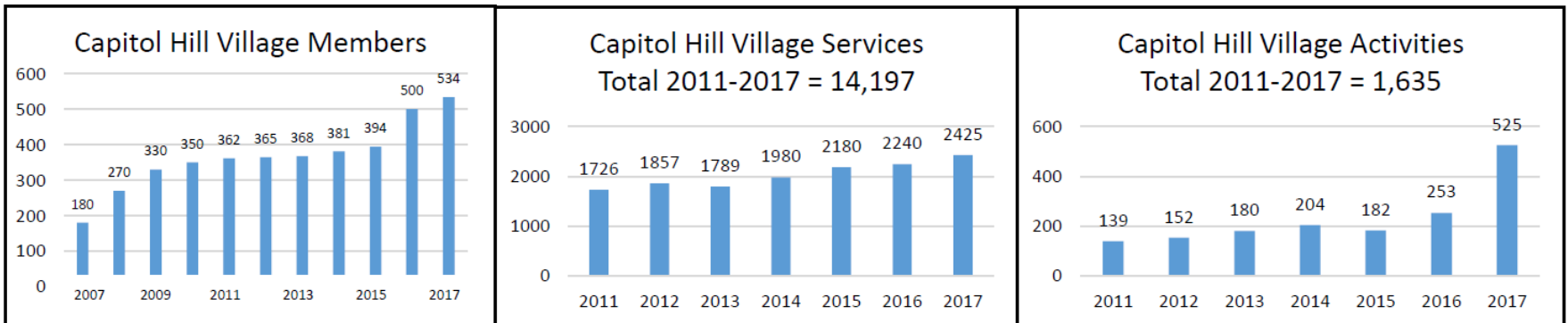


- Grassroots based
- Not-for-profit
- Trusted relationships -- neighbors & community
- Links to volunteer and paid services
- Dues and subsidized membership
- \$300K DCOA Funding, grants, other (varies)

CAPITOL HILL VILLAGE SUPPORTING SENIORS, FAMILIES AND DC VILLAGES

Keeping seniors socially engaged, continually learning, safe and connected.
Supporting families through education, resources and referrals.

- Volunteer services
- Care services
- Social activities
- Transportation outreach
- Vetted vendors
- Educational programs
- Wellness programs
- Civic engagement
- Partnerships



A SNAPSHOT OF CHV SURVEY RESPONDENTS

The majority own their home



90% own their home
10% rent their home

(n=144)



Respondents average 27 years in current home

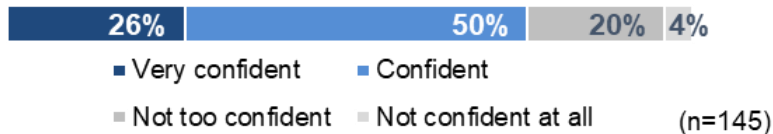
(n=148)



56% would like to remain in their home for the rest of their lives.

(n=146)

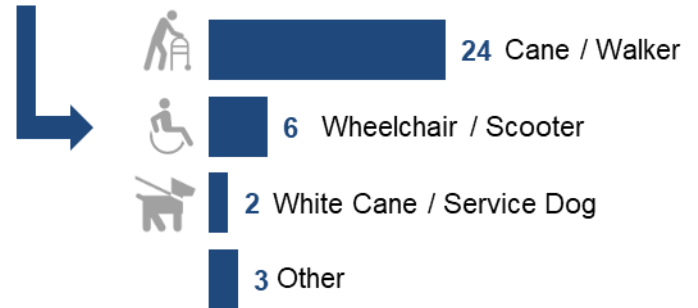
76% of respondents were confident they could get the help they needed to stay in their home



Mobility



18% reported using at least one device to assist with mobility (n=145)



Communication

Internet Access



Cell Phone / Smart Phone



FRAIL OLDER ADULTS IN DC

33% (or 24,000) of DCs 65+ population have one or more “difficulties” as defined by the US Census Bureau¹

Self-Care

Vision

Hearing

Independent Living

Ambulatory

Cognitive

49% have difficulty living independently

Of those who have difficulty living independently

47% have difficulty walking

~3,000 are married

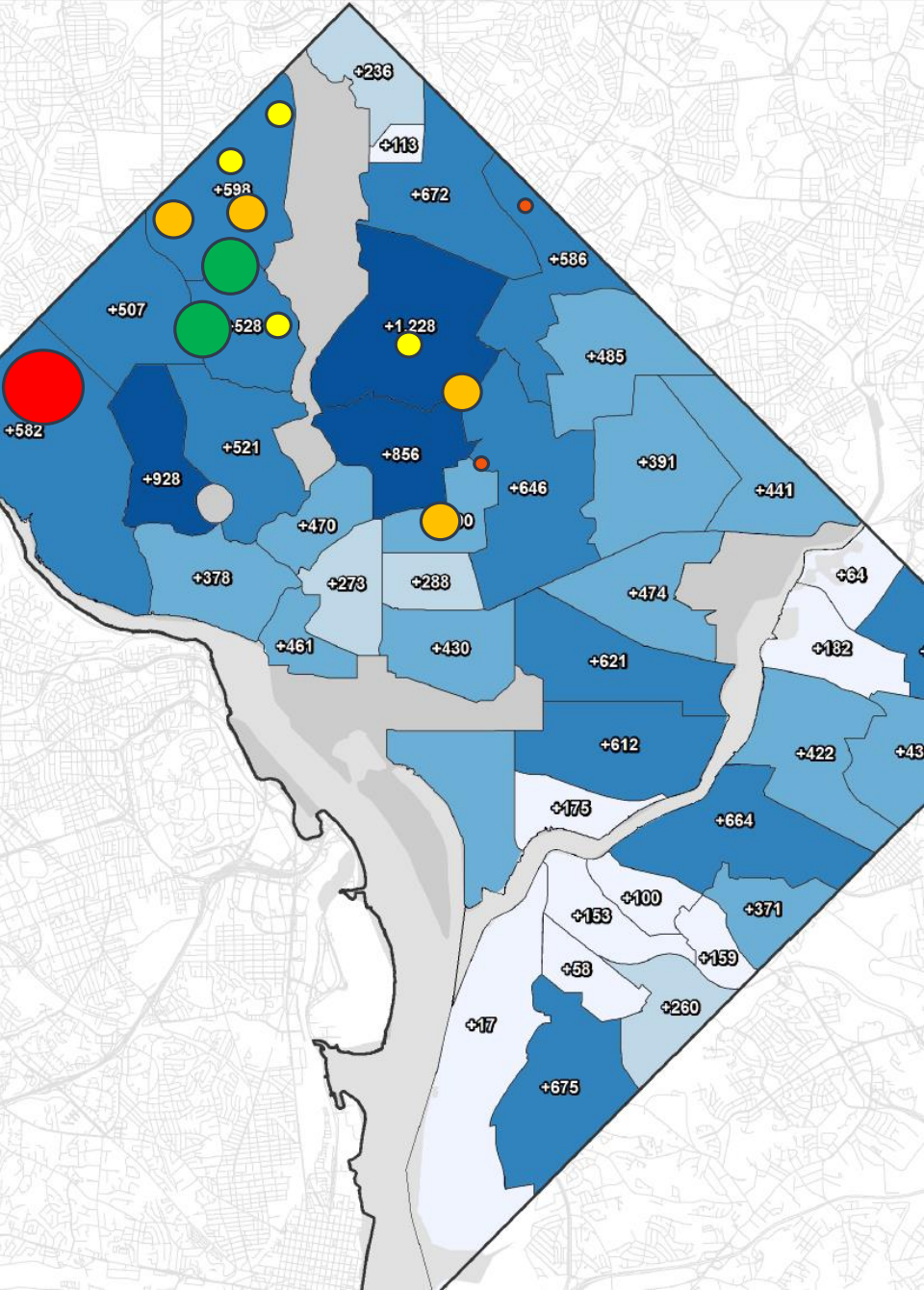
30% have difficulty with self-care

~4,000 live alone (30% are men)

26% have a cognitive disability

~2,600 women live with other family

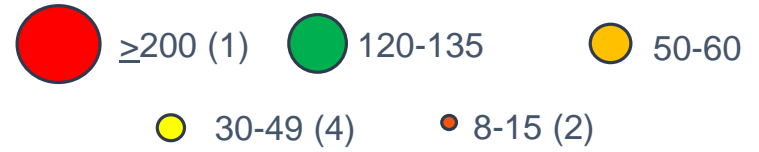
¹US Census Bureau, American Community Survey, 2012 – 2016 averages; analysis by Doug Hillmer



- Darkest blue shows highest projected growth in seniors 2015 – 2025
- ~52% will need LTC at some point¹
- By 2028 DC’s 65+, with a disability population to increase up to 30%
- 27 out of 100 will need long term care for 2 years or less
- 14 out of 100 will need long-term care for 5 years or more¹

Assisted Living Units

- 15 facilities
- Capacity for 851 residents
- 50% of wards have **NO** facilities
- Representing 49% adults 60 to 85+²



Day Programs & Capacity

- Downtown Cluster (45-48)
- Brookland (60)
- Forest Side Memory Care (10)
- Iona (50)

¹How the Medicaid Debate Affects Long-Term Care Insurance Decisions, Ron Lieber, New York Times, July 14, 2017

²District of Columbia Office of Planning/State Data Center, September 8, 2015

HOUSING / PROGRAM DEFINITIONS

Option	Definition
Skilled Nursing	Routine medical care; Behavioral management; Short-term rehabilitation from Scheduled medical procedures; Safety; Custodial Care
Assisted Living	Safety; Assistance with Daily Living; Social Interaction
Greenhouse Skilled Nursing Facilities	Social Interaction; Routine Medical Care; Assistance with Activities of Daily Living; Behavioral Management
PACE Adult Day Care	Social Interaction; Case management of Acute Medical Care; Routine medical care; Case management to support Daily Living; Behavioral management; Support for unpaid care-givers
Medical House Call	Routine Medical Care; Case management of Routine MedicalCare; Case management to support Daily Living; Support for unpaid care-givers
Supportive Housing	Simple case management for medical or other issues; Social interaction. Also, the independent living portion of Continuing Care Retirement Communities (CCRCs).
Co-housing	Intense Social interaction; Voluntary personal care support
Home Health Care	Provided in person's residence by licensed health care professional or professional caregiver providing daily care to help ensure activities of daily living needs are met
Aging-in-Place Village	Social interaction; Intense Social interaction; Some case management (services offered by village vary)

INCOME LEVELS – A CRITICAL CONSIDERATION

Range of Annual income for Low, Medium and High Income Families and Numbers of Households of all Sizes in Each Income Category					
	Example Annual Salaries		Description of household income category	About how many households in this category?	Broad Category of Households
	1 person	2 people			
Poverty Level	\$12,140	\$16,145	<Poverty Level	2400	Low Income
30% of Median Family Income (MFI)	\$23,150	\$26,500	>Poverty Level<30% MFI	2100	
50% of Median Family Income (MFI)	\$38,600	\$44,100	>30% MFI<50% MFI	1600	
80% of Median Family Income (MFI)	\$61,750	\$70,600	>50% MFI <80% MFI	1500	
100% of Median Family Income (MFI)	\$77,188	\$88,250	>80% MFI <100% MFI	500	
			>Poverty Level <100% MFI	5700	Middle Income
			>100% MFI	2000	High Income
			someone 65 and over with a difficulty living independently	10,100	

CHOICES BY HOUSEHOLD INCOME – THOSE WITH DIFFICULTY

Low Income About 2400 Households	Middle Income About 5700 Households	High Income About 2000 Households
Annual Income: Below the Poverty Line. OR below \$16,145 for a household of two.	Annual Income: Between the Poverty Line and 100% of Median Family Income OR \$16,200 to \$88,250 for a household of two	Annual Income: Above the Median Family Income Or above \$88,250 for a household of two
Financial Benefit: Eligible for Long Term Care Paid for by Medicaid.	Additional Income: Maybe Long Term Care Insurance at upper middle income	Additional Income: Long term care insurance: \$56,575/yr. for \$155/per day
What are their Options for Long Term Care?	What are their Options for Long Term Care?	What are their Options for Long Term Care?
Home Care: Paid for by Medicaid Waivers	Home Care @ \$20/hr: Maybe 4 hours/day for 5 days a week: \$20,700	Home Care @ \$20/hr: One 8 hour shift per day for 7 days: \$58,400 24/7 care: \$175,200
Adult Day Programs: Paid for by Medicaid Waivers but less than 200 places in 4 day program sites.	Adult Day Programs: May qualify for big discounts at IONA and Downtown Cluster	Adult Day Programs: IONA @ \$29,904 per year
Assisted Living: None in 2018: 300 units planned for 2020 to accept Medicaid waivers	Assisted Living: In Prince George's County for \$18,000 to \$36,000	Assisted Living: Forest Side Memory Care: \$100,800 Residences at Thomas Circle: \$45,300
Skilled Nursing: Paid for by Medicaid	Skilled Nursing: Medicaid after spending down	Skilled Nursing: Ingleside: \$173,010 Thomas Circle: \$130,305

Discussion

What can we achieve by 2028?

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SCENARIOS TO HELP OUR DISCUSSION

- Low income couple, do not qualify for Medicaid. Increasing difficulty getting around home.
- Middle income couple, not enough resources to pay full costs. Husband has dementia.
- High income couple, both have dementia (one mild / on serious).
- Couple below the poverty line. She has advanced dementia and is in a nursing home an hour from her husband who must live with his house, car and no more than \$4000 in cash assets.
- Middle income single, lives alone. Has a stroke. Still in relatively good health, but needs skilled nursing

Next Steps