



Healthier at Home: Proposed Framework

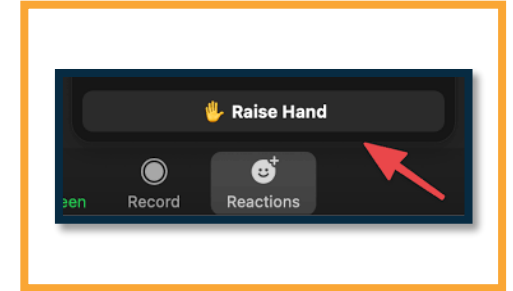
Stakeholder Webinar
July 18, 2023

How to Participate In Today's Session



Verbal Comments

- CDA will take public comments at designated times during the meeting, as indicated in the meeting agenda.
- Participants may “**raise their hand**” in the **Reactions** feature of Zoom or press *9 on their phone dial pad to enter the line for a verbal comment or question.



Written Comments

- Members of the public may submit comments and questions throughout the meeting using the **Zoom Q&A**.
- All comments will be recorded and reviewed by CDA staff.



Today's Speakers



Sarah Steenhausen

Deputy Director of Policy,
Research and Equity
California Department of Aging



Tanya Bautista

Chief of Policy
California Department of Aging



Juliette Mullin

Senior Manager
Manatt Health Strategies

Agenda

- 10:00 AM** Welcome and Background
- 10:05 AM** Overview of Healthier at Home Pilot Program
- 10:35 AM** Timeline
- 10:40 AM** Question and Discussion



Background

Master Plan for Aging: Five Bold Goals for 2030

The MPA is for people of all ages who are family, friends, neighbors, coworkers, and caregivers of older adults.



Goal 1:
Housing for All Ages
and Stages



Goal 2:
Health Reimagined



Goal 3:
Inclusion and Equity,
Not Isolation



Goal 4:
Caregiving that Works



Goal 5:
Affording Aging



Healthier-at-Home: \$12.5 million through June 2026



Who

Nurse and
Community Health Worker

What

Health education, navigation,
coaching and support

Where

Senior Housing Sites
*8 Counties: Contra Costa, Fresno, Orange,
Riverside, Sacramento, San Diego, Shasta,
Sonoma*

Why

Help older adults remain at home &
avoid institutionalization

About the Pilot Counties

Selected by the Legislature, pilot counties reflect a diverse range of demographics related to density, and resident age and income.



Pilot Counties

More
rural
counties
*

Shasta

Fresno

Sonoma

Riverside

More
urban
counties
*

San Diego

Contra Costa

Sacramento

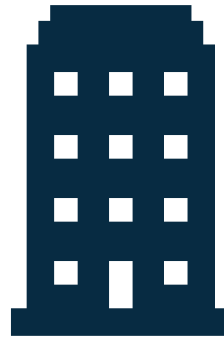
Orange

* Based on population density

Healthier-at-Home Pilot



CDA will award one or more grantees to pilot the model in eight counties.



Grantees will pilot the model in senior affordable housing developments over two years.



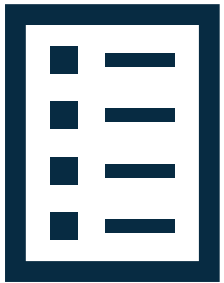
CDA will evaluate the pilot and publish a report for the Legislature and public.

Healthier-at-Home: Design Principles

- Leverage evidence-based models
- Imbed equity: Target older adults from under-resourced communities
- Evaluation: Inform future pathways for funding

CDA Design Process

CDA has conducted research, interviews, and focus groups to inform the design of the Healthier at Home pilot program.



Research on aging-in-place programs and landscape



Interviews with various aging-in-place stakeholders



Focus group to provide input on preliminary pilot design

Promising Programs, Promising Results

Myriad aging-in-place programs across the country have demonstrated success in addressing residents' needs and reducing medical costs.

2009

CAPABLE

5-month intervention with RN, OT, and handy person to reduce ADLs/IDLs

2011

SASH

Vermont-wide program with RNs and CHWs embedded in affordable housing communities

2016

LifeSTEPS RN Coaching Pilot

Pilot program that provides low-income seniors with on-site RN services in California

2017

iWISH

HUD demonstration with Resident Wellness Director and Wellness Nurse in HUD-assisted housing developments



The Proposed Model

The Healthier at Home Team

An on-site Healthier at Home team - comprised of a Community Health Worker (CHW) and Registered Nurse (RN) - will partner with local and building teams to provide on-site aging-in-place support to residents of senior affordable housing developments.



**Healthier at
Home Team:
RN & CHW**



**Community
Partners**



**Senior
Affordable
Housing
Staff**



The Proposed Healthier at Home Model

CHW and RN will partner with community organizations and the building team to provide support services based on assessment findings.



Healthier at Home assessment & aging-in-place plan

Healthier at Home services in an aging-in-place plan may include:



Education on chronic conditions, medication management



Health system navigation and transition support



Caregiver support and education



Building activities



Referrals for social services, ECM/Community Supports, other services

Hypothesized Outcomes

Based on existing research about aging-in-place programs, we anticipate that an aging-in-place pilot would have the have an impact in the following areas:

Resident Quality of Life

Health Care and Social Services Utilization

Cost of Care

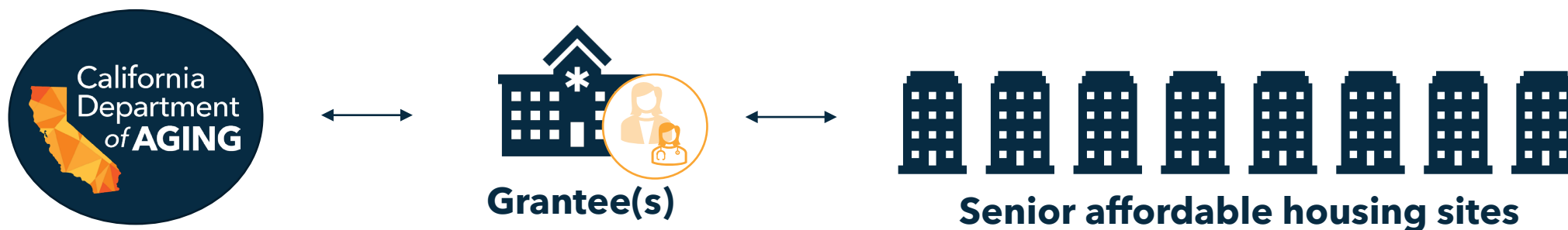
Caregiver Burden



The Proposed Pilot

CDA to Pilot Healthier at Home in Eight Counties*

CDA will work with **one (or more) grantee(s)** to administer the Healthier at Home pilot in senior affordable housing sites across eight pilot counties for two years.



Eligible Grantees*

An eligible grantee must:

- ☐ Be a **non-profit entity** operating in California
- ☐ Demonstrate the ability to operate across **one or more** pilot counties
- ☐ Have **care management** experience and infrastructure, including operational and clinical management
- ☐ Have **expertise** working with aging, low-income Californians
- ☐ Be a **HIPAA covered** entity and have a HIPAA-compliant documentation system that can be used for the pilot
- ☐ Demonstrate interest and ability to **identify and partner closely with senior affordable housing sites** in each pilot county served by the grantee

If they meet these requirements, eligible organizations may include, but are not limited to:

- Supportive housing services providers
- Care management organizations with experience supporting older Californians
- Housing organizations that have developed care management capabilities and infrastructure

Eligible Pilot Sites

In each pilot county, the grantee will identify and partner with one or more eligible pilot sites where they do not currently operate. The pilot sites are defined as follows:



1) Buildings must primarily serve older Californians.

Eligible buildings must limit occupancy to seniors (defined as individuals over age 55, or a higher age cutoff).



2) Buildings must provide affordable housing to low-income households.

Funding source for qualifying affordable housing sites include, but are not limited to:

- HUD-Assisted Housing Multifamily Properties
- Low-Income Housing Tax Credit (LIHTC) Housing
- Mixed-Income Housing
- Public Housing

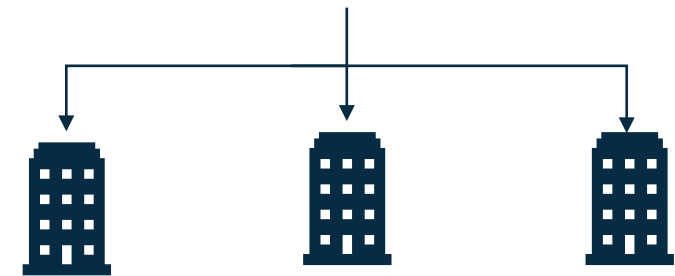
Grantee Pilot Site Selection*

In each pilot county, grantee will identify one or multiple building sites that would enable them to meet enrollment targets for that county over a two-year period.

- CDA's goal is to enroll approximately **600 residents** in each county.
 - Enrollment targets may vary by county population and affordable senior housing buildings.
- Grantees may **partner with multiple building sites in each county** to reach that enrollment target.
- Grantees will **hire and oversee**:
 - 1 CHW for every 100 residents
 - 1 RN for every 400 residents



Pilot County



	Site A	Site B	Site C
Total eligible residents	300	200	100
CHW FTE	3	2	1
RN FTE	.75	.5	.25

Example only, the number of buildings per pilot county and residents served per building will be determined by the grantee

**Subject to change*

Grantee Responsibilities*

Grantee will partner closely with each pilot site to:



Hire culturally and linguistically appropriate RNs and CHWs, and provide clinical and operational oversight



Establish technologies and workflows that are HIPAA-compliant and provide HIPAA training to sites



Enroll residents and provide services through the Healthier at Home model



Engage the community and connect with existing community resources



Collect data from pilot sites and support the program evaluation

Grant Awards in Two Phase*

Grantee will first be awarded a planning grant, and upon approval from the state, will be awarded the implementation grant.



Implementation Grant Phase

Grantee(s) will have ~3 months to hire all key staff and implement required workflows, and ~24 months to implement the pilot.



The Evaluation

Evaluation*

A robust evaluation is required by the legislature for the Healthier at Home pilot and will be a key component used to inform long-term design and funding for similar services.



Pilot Sites



Collection of data
from pilot sites



Evaluator



Analysis of
aggregate data for
State to review



State

Grantee will need to:

- Coordinate with pilot sites and program evaluator to obtain consent from residents to share data; distribute materials for data collection to residents; and collect ongoing program data as needed.
- Adhere to approaches for collection of operational data – including participant information and summary information from participants.



Timeline

Expected Application Timeline*

- CDA expects to release the Request for Application (RFA) this fall.
 - RFA will be posted on the Healthier at Home webpage here: https://aging.ca.gov/Information_and_Resources/Healthier_at_Home/
- Interested organizations will have approximately three months to apply.

Please direct any inquiries related to the Healthier at Home program to: HealthierAtHome@aging.ca.gov



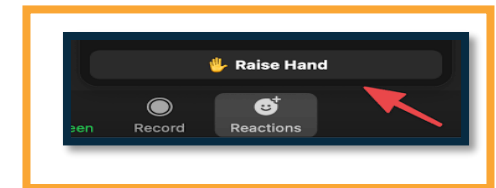
Questions and Discussion

Participants are invited to share perspectives on the proposal for the Healthier at Home Pilot.

- Any feedback or considerations for the Healthier at Home model?
- Any feedback on the pilot approach for CDA?
- Any questions about the grantee requirements or responsibilities?

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