2022 Commission on Aging Public Forum:
In-home Care: We Can Do Better

Executive Summary

On May 5, 2022, the Montgomery County Commission on Aging conducted its annual public forum. The event was convened to consider how in-home care needs of the County's growing older adult population are now being met and to explore approaches to better meet them. Presenters included nationally recognized experts in the field of long-term care, community service providers, advocates, and government representatives who focus on in-home care.

The Morning Keynote address "Making It Safe to Grow Old" was presented by Joanne Lynn, MD, Clinical Professor of Medicine, Division of Geriatrics and Palliative Care at The George Washington University. She described necessary elements of support that enable people to remain safely in their homes for as long as possible, including the need for adequate food, accessible housing, and transportation. The Afternoon Keynote address "Caregiver Considerations" was provided by Robyn Stone, DPh, Senior Vice-President for Research at Leading Age. Dr. Stone described several caregiver considerations, including the fact that our society needs to learn how best to deliver services to different cultures. Following both addresses expert panels discussed key elements of the presentations. Of note were the reports given by County employees Jennifer Long and Tina Purser Langley regarding the County's resources available to older adults and persons with disabilities, including caregiver and respite care services. Individuals were encouraged to call 240-777-3000 or visit the County's website (www.montgomerycountymd.gov) for more information.

Takeaways. Takeaways from the session included (1) there is a great need to improve the provision of long-term care and related support and personal services; (2) greater visibility of the need for improved, more affordable approaches to in-home services is essential; and (3) workforce issues must be addressed with respect to wages paid and the need to recruit qualified personnel.

Challenges. A few of the challenges identified to address in-home care needs included (1) getting elected officials to perceive in-home care as a pressing political imperative; (2) understanding and accounting for cultural differences when developing in-home programs; and (3) raising awareness of the public of the need for long-term care.

Opportunities. A number of opportunities exist for addressing in-home care needs including (1) the County's elected officials are (or can be made to be) responsive to public pressure; (2) there are many existing public and private initiatives that address key elements that are needed to support in-home care (such as housing, food insecurity, and transportation); and (3) Montgomery County can be an exemplar community to demonstrate better ways to assist its residents to remain in their homes as they age.

CoA Community for a Lifetime Award

The day also featured the presentation of the first CoA Community for a Lifetime Award. The awardees were Marcia Pruzan, Senior Fellow for Age-Friendly Montgomery; Carol Craig, Director of the Montgomery County Senior Nutrition Program (SNP); and Rhonda Brandes, Program Manager for SNP.

Full Forum Report

Purpose of the Public Forum

On May 5, 2022, the Montgomery County Commission on Aging (CoA) conducted its annual public forum. This year the forum was held in partnership with the City of Gaithersburg at the Activity Center at Bohrer Park in conjunction with the City's Active Aging Expo.

The event was convened to consider how in-home care needs of the County's growing older adult population are now being met and to explore approaches to better meet them. The Commission's goal was to educate, inspire, and motivate attendees to advocate for and work toward changes that will strengthen and improve current approaches. Presenters included nationally recognized experts in the field of long-term care, community service providers, advocates, and government representatives who focus on in-home care services.

Those in attendance included County residents, community service providers with an interest in helping older adults stay in their homes as they age, government officials, and elected leaders. Reading material on in-home care and related topics was available to all participants.

Opening Remarks

Several officials offered welcoming remarks, including County Executive Marc Elrich (via video); Barbara Selter, Chair, Montgomery County Commission on Aging; Judd Ashman, Mayor, City of Gaithersburg; Odile Brunetto, EdD, Chief, Montgomery County Aging and Disability Services; and Patrice McGhee, Director, Montgomery County Area Agency on Aging.

Morning Keynote: Making It Safe to Grow Old

The Keynote address was presented by Joanne Lynn, MD, Clinical Professor of Medicine, Division of Geriatrics and Palliative Care at The George Washington University.

Dr. Lynn announced that she was at the forum to act as a disrupter. She expressed her dismay that during the seven decades of her lifetime, very little has changed to improve the lot of older adults as they grow old. In 1965, with the advent of Medicare, no one anticipated the needs of an aging population because the average lifespan was considerably shorter than it is today. Now it is imperative to consider the needs of our aging population because individuals are living longer, experiencing more frailty and the consequent need for personal care and social support. Insurance, however, pays primarily for medical/interventional care. Dr. Lynn stated that more than half of Americans entering old age today can expect to have 2 years of serious self-care disability averaging $266,000 per person for about two years of serious self-care disability, of which more than half will be out-of-pocket. The population age 85 or older is set to double between 2015 and 2032, and triple by 2050. This aging will outpace the number of working-age family members who can help older adults financially or with unpaid care. In ten years, there will be twice as many people needing long-term care but there are no plans in place to address this growing need. We may well impoverish the next two generations: the grandchildren of this current generation will suffer most through delayed career starts due to the need to care for their elders. Dr. Lynn observed that during the pandemic, for every worker who could not join the workforce on account of childcare, there were four who could not join because of elder

care. Until we as a nation begin to address the challenges of a growing aging population, of necessity, people – mostly women – will have to be their own advocates.

"Where is the lobby, the social outcry, for long-term care and social supports and personal care?," she asked. Far too many people lack sufficient assets to grow old. We need to put money where it is needed and find better ways to finance the panoply of long-term care needs. Medicaid is a major source of coverage, but one must be impoverished to qualify. We need to assist people while they are young enough to plan for potential future needs. For a host of reasons, current long-term care insurance options are flawed.

Dr. Lynn asserted that we need to generate a way for people to responsibly get coverage by means of a catastrophic model based on the same social insurance principles as the Social Security program. A contribution of a portion of one's wages while working would generate insurance coverage for much of the cost of long periods of long-term care as well as a new market for new types of coverage for shorter periods. The Well-Being Insurance for Seniors to be at Home (WISH) Act, HR 4289, is an example of how a cash benefit would pay for assorted long-term care and support needs.

Dr. Lynn advised, that at this point, the particulars are less important than the need to transform the conversation from family crisis to a political issue. Financing long-term supportive services must not be swept aside yet again. Advocates must create a drumbeat that demands attention and solutions, including federal catastrophic long-term care insurance. We must pressure politicians to pay attention to the looming crisis. Dr. Lynn invited the audience to visit her website at www.drjoannelynn.org for the details of her proposal and help in contacting political leaders.

Dr. Lynn described necessary elements of support that enable people to remain safely in their homes for as long as possible. She cited the need for adequate food, accessible housing, and transportation. She noted that 50 years ago Singapore required all housing to be wheelchair-accessible. In the U.S., we still have no such requirement for universal design features in housing. She suggested regionalizing health care and social support services, as is done in Sweden, to facilitate coordinated care and more efficient deployment of personnel. Finally, she addressed the importance of addressing the needs of the direct care workforce. She observed that the 15 dollars an hour paid to a direct care worker cannot support a family, hence it is not a living wage. Direct care work is a difficult job that requires juggling multiple care needs, including the language and cultural preferences of those being cared for. But most of these workers are immigrants and women who are not unionized and thus have little leverage to seek higher wages. We must recognize that this is essential and valuable work that should command respect for the work performed, and adequately compensated.

Dr. Lynn proposed that these are all issues the CoA could incorporate into its agenda. She believes that there will be insurance coverage for long-term care and supports when there is a strong and vociferous lobby for the issue. Examples of excellence could be initiated in Montgomery County, where there would be national visibility because of the County's proximity to the nation's capital. She advised that it is essential to measure how we are doing to identify what needs to be done and to assess the impact on families of planned interventions. She insisted that resources have to be reallocated to components of the system that are presently

inadequately funded. She exhorted the audience to launch a "Toyota Revolution" in long-term care – not in ten years, but in three!

Following her talk, Dr. Lynn entertained questions from the audience.

One questioner agreed that wages to direct care workers are key but this requires that reimbursement to providers be increased. Dr. Lynn agreed that we need to find solutions to the wage and reimbursement issue. She reiterated, however, her concern for the low wages paid to direct care workers. Only about half of the 30 dollars charged for an 8-hour shift goes to the worker – a level of compensation she deemed inadequate and unfair.

Delegate Lili Qi, a member of the Maryland Assembly, reminded the audience that during the past Maryland legislative session an increased payment was mandated for providers and workers. She noted that the federal government plays a role in reimbursement. Dr. Lynn observed that competition for in-home care does not improve care. She suggested that we should think of the need for such services as a community service – like a utility.

A member of the audience advocated standards for proper care. Dr. Lynn agreed that we need to have accountability. She noted that we also need care systems that assume responsibility for an individual's total care and do so by coordinating and integrating care. To illustrate this model, she pointed to the Program of All-Inclusive Care to the Elderly (PACE) currently available for individuals eligible for both Medicare and Medicaid. During the height of the pandemic, PACE programs were innovative in meeting their enrollees' needs because PACE accepts responsibility for the care of their enrollees as a long-term proposition. As a result, the program had far fewer cases of COVID than elsewhere. Dr. Lynn acknowledged that PACE is not presently available to the "Gap" population (i.e., those who do not qualify for Medicaid but cannot afford to purchase needed in-home services) because the Center for Medicare and Medicaid Services interprets Part D Medicare in a way that makes the cost of prescription drugs prohibitively expensive.

Panel Presentation: Current Landscape

David Engel, CoA Commissioner, moderated the first panel and introduced the three panelists: Joan Ekobena, MBA, LPN, Director of Services, Visiting Angels; Kimberly Johnson, PhD, Assistant Administrator, Assessment, APS + Care Management Services; and Robyn Stone, DPh, Senior Vice-President for Research, Leading Age.

Joan Ekobena provided a definition of terms. She emphasized that home care support services are not medical services. She made the distinction between those services that are covered by Medicare as ordered by a physician and services that are not covered by Medicare and are intended to enable people to remain independent and safe in familiar surroundings. Such services include meal preparation, light housekeeping, hygiene assistance. Usually home care services are provided by unlicensed personnel. Ms. Ekobena presented slides (see Addendum A) that compared companion care to personal care, the former of which addresses instrumental activities of daily living and the latter activities of daily living. Additionally, her slides listed tips for talking to loved ones about the need for in-home care and warning signs to identify when a person might be in need of such assistance.

Kimberly Johnson discussed the County's In-home Aide Services Program, referred to as the Home Care Program and IHAS. The goal of the program is to provide for a safe environment and to allow the clients to remain in their own home and to maintain independence when possible. It provides personal care services to eligible persons: adults with disabilities, those with risk of abuse or neglect, and older adults at risk of placement in a nursing home. IHAS services include bathing, dressing, grooming, oral hygiene, eating, ambulating, and prompting medications; and chores services, such as cooking, laundry, light cleaning, and shopping. Referrals come to the County's Aging and Disabilities Resources Unit where the individuals are directed to a screener and a social worker. IHAS then refers the older adult to a contractor to initiate service. If Adult Protective Services is the referrer, service can be provided the same day.

Robyn Stone focused on two issues: housing and workforce. With respect to housing, she observed that it is good to have the goal of enabling people to remain in their homes, but there needs to be adequate housing to support this goal. While tax policy has encouraged home ownership, ownership rates for coming generations are lower than for the current older generation. Ownership is declining and housing debt is increasing (as are property taxes) – all of which are not conducive to aging in place. Further, many homes are not viable for the in-home strategy because they lack accessibility features. Thus, home modifications are necessary to allow people to remain safely in their homes, but these can be costly and many cannot afford them. We need more affordable housing. In rural areas, these problems are especially acute.

With respect to the workforce, virtually all care is provided by family caregivers, who are mostly women. We need to think how to support family members who perform this job. Recruiting and retaining home care workers needs to be given more attention. These jobs require serious competencies but we pay wages that are too low. We need new ways to attract people into this line of work. Multi-stakeholder coalitions would help stem the current practice of "institutional poaching." Instead, we should be investing in better ways to use resources including cluster care and other approaches to more efficiently deploy personnel locally. We need better data to help redistribute resources more effectively and efficiently. And, importantly, we must raise the wages of in-home care workers to ensure they are paid a living wage. We must be able to compete with Walmart and Amazon for workers!

To support the "Gap" population, new sources of financial support are necessary, although some current resources could be redistributed as well. For example, how might people's equity in their homes be used to help pay for some of the services they require? Currently, the manner in which in-home services are provided is built on complete fragmentation. Public policy has got to play a role.

Following the three presentations, the panel members entertained questions. One member of the audience emphasized the need for standards. Another suggested that technology could play a role in keeping people in their homes. Dr. Stone agreed but cautioned that it is important to pay attention to how people actually use the technology. One audience member observed that rural home care has to stop being a neglected issue. Home care workers could be economic drivers if we paid workers a living wage. Another inquired whether Medicare Advantage plans offer in-home care as a supplemental benefit. Dr. Stone responded that a few plans do but the benefits vary and are often limited.

CoA Community for a Lifetime Award

CoA Chair, Barbara Selter, presented the first Community for a Lifetime Award to Marcia Pruzan, Senior Fellow for Age-Friendly Montgomery; Carol Craig, Director of the Montgomery County Senior Nutrition Program (SNP); and Rhonda Brandes, Program Manager for SNP. Each recipient expressed appreciation for the honor.

Afternoon Keynote: Caregiver Considerations

Dr. Stone opened the session by commenting that when she was a federal government executive she realized the government's perspectives were very removed from what is happening in the "real world." Since then, she has had more direct contact with the population that needs caregivers: i.e., "where the rubber meets the road." She noted that many of the panelists participating in the forum work in the real world and are therefore knowledgeable about what individuals need.

Dr. Stone mentioned the potential role the County's many "Villages" can play in helping individuals get the services they need. She observed that the Villages can be a gap-filler to help people connect to services. While most of the Villages currently serve as social connectors, several are increasingly more involved in in-home and personal care. They are also connecting people with senior housing. And in some cases, Villages are trying to diversify their communities by reaching out to lower-income people.

Dr. Stone noted that there is a lot of diversity in Montgomery County: different groups of Latinos and Asians, a large Ethiopian population, and peoples of many other cultures. There is tremendous variation in the needs and wants of the different cultures. By 2030, about 30 percent of the U.S. population will be non-white. Our society needs to learn how best to deliver services to these different cultures; and the County will need to determine the types of cultural adaptions of in-home care, not only for the baby-boom generation, but for their children and grandchildren. Dr. Stone observed that the older population in Montgomery County is primarily white but the frontline workers are diverse. She asked, "Doesn't this need to be discussed?"

Panel: Information Sharing and Listening

The afternoon panel was moderated by Dr. Stone. The panel consisted of Tom Najjar, CEO, CarePlus Home Health, Inc.; Jennifer Long, Supervisor, Montgomery County Aging and Disability Resource Unit; and Tina Purser Langley, Montgomery County Senior Health and Wellness Coordinator.

In his talk, Tom Najjar discussed cluster care, a system of home care for older adults that allows the needs of many clients who live in proximity to be met by a team of workers. The care is customized to meet an individual's specific needs. Mr. Najjar's company (which refers to cluster care as Flexcare) uses this model successfully. Cluster care seems to work best in independent living residences. Individuals in independent living may need care for short visits of only 30-60 minutes rather than the standard 8-hour shift. However, with most agencies, individuals have to pay for care in 8-hour increments.

In the past few years, Mr. Najjar's company has expanded the use of cluster care. One requirement is that there needs to be an onsite office where the cluster is located. Currently, his company has four onsite locations. He stated that he would like to see the County use cluster care but it would require it to provide funding to support this type of assistance because it is otherwise not profitable for the provider entity. He noted that the city of San Diego offers this type of service.

Jennifer Long presented PowerPoint slides (see Addendum B) that listed the array of services available to older adults and persons with disabilities. She emphasized that people are encouraged to call 240-777-3000 for assistance and information about such government services as energy assistance, food stamps, and Medicaid. She referred to the *Senior Resource Guide* and also the County's website as excellent sources of information.

Tina Purser Langley described the caregiver resources that are available in the County. She presented PowerPoint slides (see Addendum C) that listed the caregiver resources available through the County's Department of Health and Human Services. She noted in particular that respite care can be provided in or out of the home for older adults and persons with disabilities, although many people do not know that the County has these types of services. The County's website displays the organizations that provide respite care and Ms. Purser-Langley encouraged individuals in need to apply for those services. She gave examples of a few different sources and types of respite care such as Caring Matters, a local organization that provides free respite care. There are several of these types of organizations throughout the County, and many provide services in different languages. Medicaid provides some reimbursement. She noted that social daycare is another source. The Jewish Council for the Aging is an organization that provides those services and the charges for them are affordable.

Ms. Purser-Langley stated that in-home, non-medical programs such as companion care are provided by the County. And the County has a phone service that can accommodate any language over the phone – an important feature in diverse Montgomery County.

She finished by noting that the County provides several pamphlets and factsheets for caregivers. Also, the County provides the "File-of-Life" kit where individuals can record and make important patient information available to first responders.

Following their presentations, the panelists made additional observations and entertained questions from the audience.

Dr. Stone returned to the caregiver worker issue and noted that a promising approach to addressing workforce shortages can be to attract young people to the profession by establishing relationships with high schools, as has been done in New York City. Students go to patients' residences to provide services as part of the school curriculum. The organization has had great success and some of these students have pursued careers in the caregiver industry. Montgomery County currently has a relationship with Gaithersburg High School that is similar to the program in New York City. She asked the panelists whether this type of program could be expanded in Montgomery County.

Ms. Long and Ms. Purser-Langley responded that the program might work better with private caregiver agencies but it would be useful to explore further. Mr. Najjar noted that the licensing

requirements might raise some red flags and could be expensive. Dr. Stone stated that the New York City school system invested some money in the program, as did some Jewish community organizations. CoA Chair, Barbara Selter, commented that the County's Home Care Task Force is looking at this program and there may be some County funds available for it. Mr. Najjar agreed that high school students could be a potential source of new workers by offering career opportunities to students. Dr. Stone agreed there would have to be background checks for the students who enter people's homes, but formally linking the schools with the County programs makes sense.

A question was raised for Ms. Long as to whether the 3000 number operators offer guidance when callers are uncertain about what they need. Ms. Long responded that the operators try to educate callers and explain what services are available. Staff also send literature.
Ms. Purser-Langley said that there are also several online services available and the County is trying to inform the public about these services.

The question was asked about whether there is any type of public ombudsman program in the works to reach out and tell people what is available and to improve service. Ms. Purser-Langley responded that she does not think the County is ready for that yet.

Dr. Stone noted that her organization has been concerned about the explosion of home care needs in the country over the past 10 years. Members are very concerned about the frontline staff. Many agencies claim great reviews about how good their services are, but the aides employed by them tell a different story, often disagreeing with what the organization has said. It is possible to get 4 different stories: one from the organization, one from the caregiver, one from the patient, and one from the patient's family. She commented that an ombudsman program would be great but those programs are usually underfunded. This is another issue that needs to be studied. The quality assurance issue needs to be taken seriously.

A comment was made about a small program that the County and a few organizations fund called Light Care. It is similar to cluster care in that it is for individuals who do not need much assistance. This County program is free to low-income individuals.

A comment was made that inspectors are not visiting nursing home facilities as they have done in the past and this is a serious concern. Another comment was made that it is difficult to ensure that all in-home care workers are trained to perform the work correctly.

Mr. Najjar stated that from the private agency perspective, it is in their best financial interest to properly train its workers. These organizations do the best they can to monitor the training and work of the employees but there is always the unknown of whether the caregiver is doing his/her job correctly. The reputable organizations do try hard to make sure their employees do a good job.

Closing Remarks

CoA Chair Barbara Selter closed the meeting by thanking the City of Gaithersburg, the speakers, and the panel members. She also urged people to recommend and suggest use of the County's 3000 number.

Takeaways

- There is a great need to improve the provision of long-term care and related support and personal services. There is virtually nothing in place that can accommodate the demand for such services by the current or future generations.

- Greater visibility of the need for improved, more affordable approaches to in-home services is essential. Specific advocacy should be directed to elected and other officials at all levels of government to explain the criticality of the need and the CoA's interest in having these needs addressed now rather than at a future, unspecified date.

- Workforce issues must be addressed with respect to the wages paid to in-home workers as well as the need to recruit and retain qualified personnel. This can be viewed as a moral as well as an existential crisis.

- More efficient models are needed to meet current and future demands for the provision of in-home care.

- Data collection is essential to demonstrate and quantify the problem as well as to evaluate the success or failure of implementation strategies and new approaches.

- The public-at-large is unaware of existing resources that are available to assist them in obtaining services and support. Better communication about these resources is essential.

- There is no "one-size fits all" approach. The needs and preferences for long-term and in-home care services vary by cultural identity and population groups.

Challenges

- Most elected officials do not perceive in-home care as a pressing political imperative.

- In general, the electorate is tax averse, hence there is great reluctance for elected officials to raise taxes to support new services. In addition, there is no general agreement about sources of new revenue. Payroll taxes burden younger people, many of whom are not interested in supporting the needs of an older, often richer generation.

- There is a perceived conflict between supporting programs for older adults and those for children.

- Many (if not most) people are in denial until they are actually in need of need long-term care and social support services.

- Quality assurance is a major concern. Reports from agencies, workers, patients, and caregivers are inconsistent. There is very little rigorous evaluation or assessment of current services so it is very difficult to know whether people are receiving good care and value for money spent on in-home or long-term care services.

- The diversity of the County's population poses both a challenge and an opportunity. Cultural differences must be understood and accounted for in developing programs for long-term care, social, and personal support services.

Opportunities

- Montgomery County's elected officials are (or can be made to be) responsive to public pressure. They are available and open to meeting with constituents. CoA members, in their capacity as Commissioners as well as private citizens, can meet with their elected officials and leaders of specific legislative committees to raise the need for action on long-term and social supports legislation and financial support.
- There are many public and private initiatives that already address key elements that are needed to support in-home care (such as housing, food insecurity, and transportation).
- There is a County tradition for multi-stakeholder partnerships. The CoA can, at a minimum, encourage these but can also consider its active engagement in specific areas it identifies as a priority.
- Montgomery County can be an exemplar community to demonstrate better ways to assist its residents to remain in their homes as they age. There are examples of national and international strategies (e.g., mandated universal design, innovative ways to recruit and retain workforce) that have successfully addressed in-home support services. It is not necessary for Montgomery County to start from scratch.
- With a better understanding of the diverse needs of the many cultural groups residing in the County, tailored programs can be more effective.

Next Steps for the CoA

- The CoA should identify as a critical budget priority improved communications on multiple fronts, including ways to make the public aware of services and materials available through the County and other appropriate public and private agencies. An emphasis should be placed on those issues that have been identified by the CoA as high priority.
- The CoA should identify the improvement of long-term care and supports as a high priority issue that deserves ongoing attention.
- The CoA should identify, in consultation with staff, the specific data needs to support its advocacy efforts. Initially, consultation with public health and other departmental officials in housing and transportation is a first step to routinize the collection of data and to ensure consistency and standardization to facilitate comparisons.
- The CoA should review the report of the County Executive's Task Force on Long-term Care regarding workforce issues to identify recommendations that can be acted on by the CoA.
- The CoA should partner with an academic institution to gather information about national best practices in the CoA's priority areas to stimulate ideas for replication in Montgomery County.