HOME AND COMMUNITY BASED SUPPORT SERVICES

COUNTY EXECUTIVE'S SUMMIT ON AGING
DECEMBER 2015

READ AHEAD PAPER

MONTGOMERY COUNTY, MARYLAND

HOME AND COMMUNITY BASED SUPPORT SERVICES

BACKGROUND

The health status of older Americans has improved over the past several decades (West et. al. 2014). In 2010 approximately three-fourths of adults age 65 years and older reported their health status to be "excellent," "very good,' or "good." (Schiller et. al., 2012). However, as individuals age the percentage reporting excellent or very good health decreases. For example, while only 3% of individual's age 65-74 report a self-care disability, that figure more then triples among individuals age 75 and over (14% among women and 9% among men). Moreover, although current research portends a continued decrease in the disability rate among seniors, the overall dramatic growth in the number of older Americans means that there will still be an increase in the number of older adults with disabilities. This national trend holds true for Montgomery County residents (Figure1).
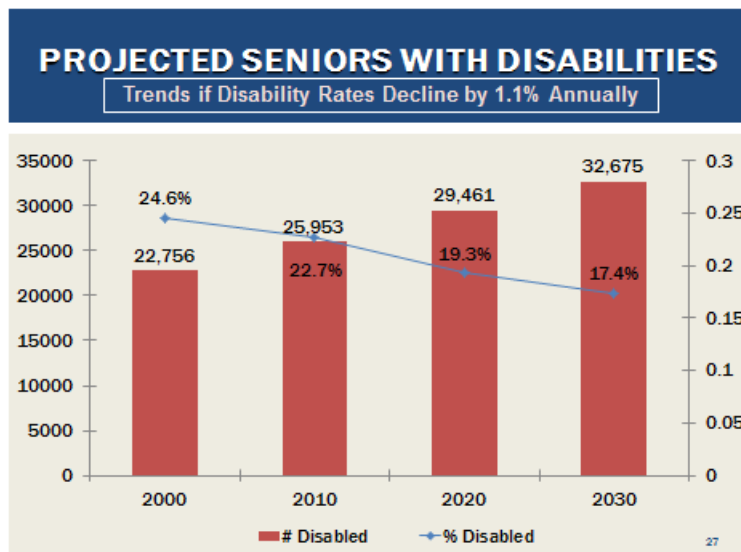

Figure 1

The increase in community-dwelling (i.e., non-institutionalized) Montgomery County residents projected to have a diagnosis of Alzheimer's Disease or a Related Disorder is particularly challenging (Figure 2).
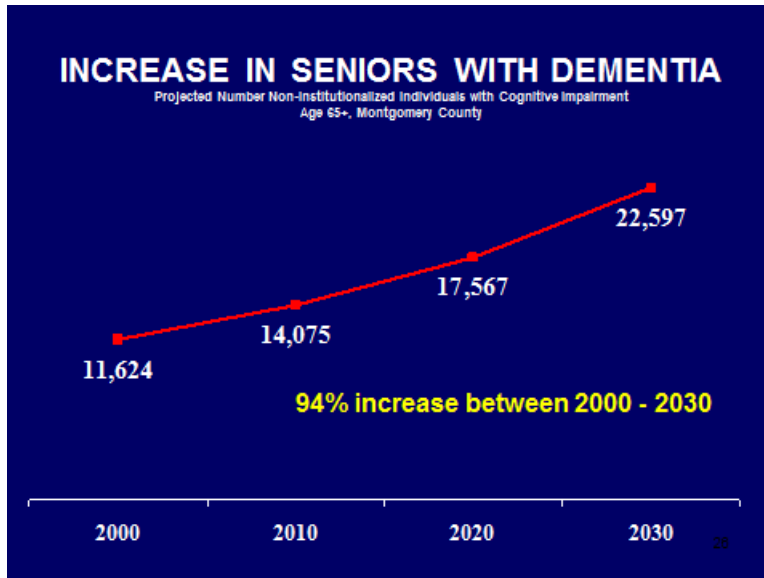

Figure 2

This increase in the overall number of older adults with self-care disabilities needs to be considered in the context of the by now well-established fact that the vast majority of older adults want to grow old in their own homes and, if that is not possible, at least in the same community (AARP, 2010). In 2005, 81 percent of householders aged 65 and older were homeowners, and only 3% had relocated to other dwellings in the past year (U.S Census Bureau, 2006; U.S. Department of Housing and Urban Development, 2006). A 2005 County survey found that not only did most seniors want to remain in their community but 75% of seniors age 65 and over stated that they want to always live in their current residence.

Another factor that makes the focus on the accessibility, availability, affordability and acceptability of home and community-based support services imperative is the critical role and diminishing availability of informal caregivers. Family and other informal caregivers are the largest source of long-term care in the United States (Houser and Gibson, 2008). However, decreased fertility patterns, increased labor force participation, increased labor force mobility and family geographic dispersion have raised concerns about the availability of family caregivers (Davitt, et. al., 2015). In fact, research on what is referred to as the "dependency ratio" or availability of the number of potential

family caregivers to those requiring care, projects a sharp decline in availability for the reasons mentioned above (Figure 3).

CHALLENGES FACING CAREGIVERS

Currently, for every senior in need of care, there are 7 potential caregivers. In 2050, there will only be 3 potential caregivers for every senior in need of care.
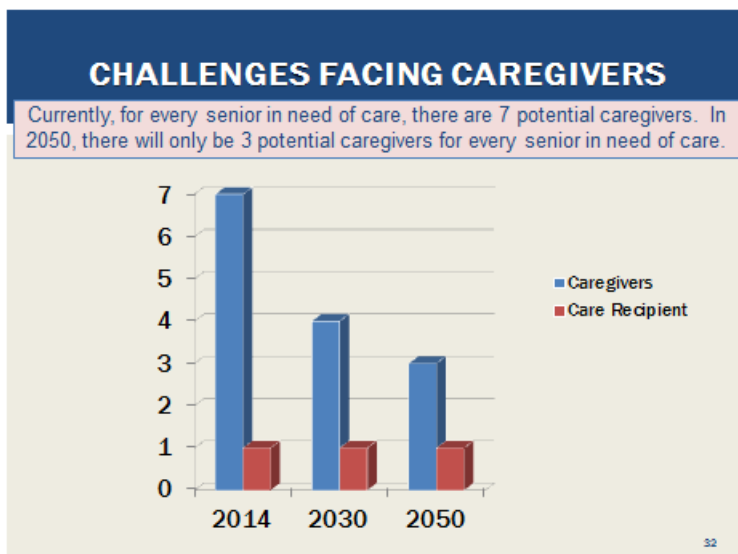
Figure 3

These three factors--the overall increase in the <u>number</u> of older adults with self-care limitations (despite the projected decrease in the disability <u>rate</u>), the strong preference of the majority of older adults wishing to "age in place/home," and the reduced availability of unpaid family caregivers—make it imperative that we focus on the accessibility, availability, affordability and acceptability of long-term home and community support services.

HOME AND COMMUNITY-BASED SUPPORT SERVICES

There is no single agreed upon list of the discrete yet interconnected services that comprise the home and community-based system of support services. The specific services and programs are unique to each community and even region of the Country. What is needed in an urban setting may be different from what is needed in a suburban or rural setting. Conceptually, home and community-based support services refer to those services and programs that enable the growing population of older adults to sustain their independence and age in place in their own homes and communities with safety, dignity and choice. (U.S. Administration for Community Living (ACL), Community Innovations for Aging in Place (CIAIP) 2015).

Figure 4 (below) presents one model of services required for all older adults to successfully age in place—the services listed in the center and under the heading "Vulnerable Adults" are typically among those thought of as home and community support services.
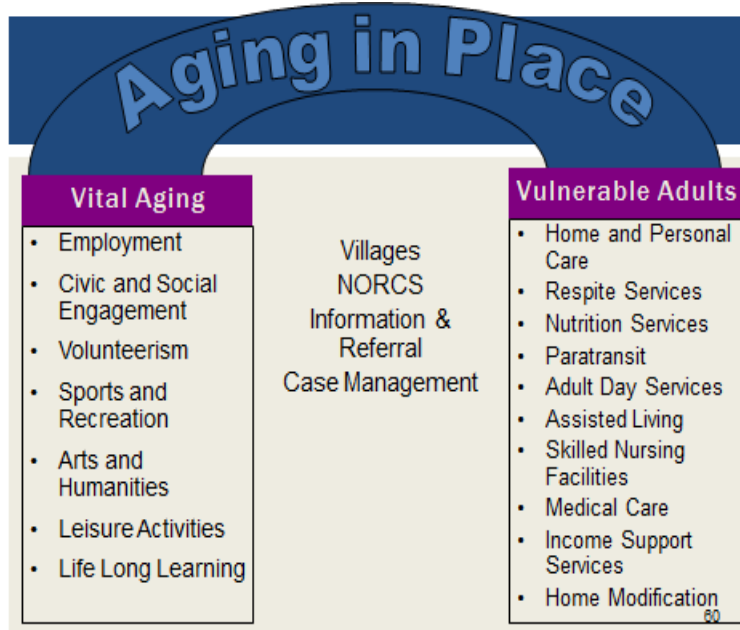

Figure 4

Additionally, Figure 5 presents a more comprehensive model of a "system" of long-term services and supports" that include institutional, linkages, and community-based services.
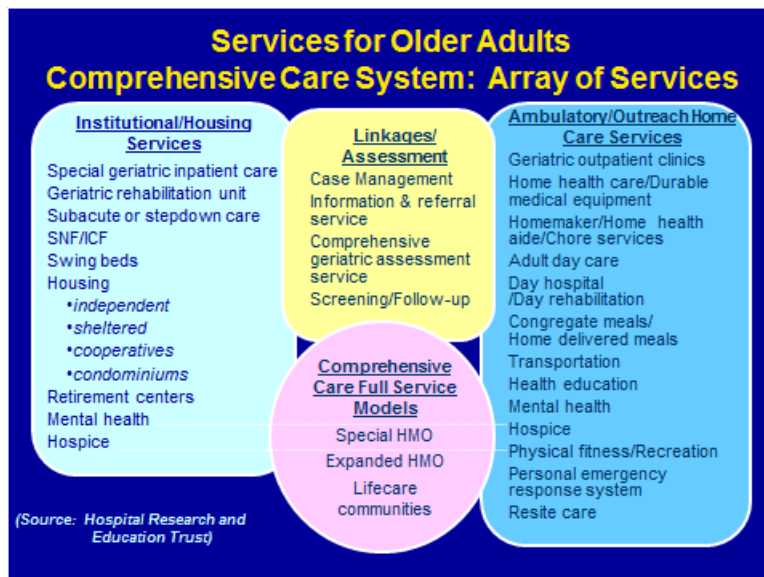

Figure 5

SELECT ACCOMPLISHMENTS

Long-term services and supports that have been implemented to help achieve the County Executive's goal of "Ensuring Vital Living for All of Our Residents," include:

- Senior Nutrition Program (SNP) Congregate Services:

    - Expanded the congregate meals services to four Adult Day Centers, two Congregate Housing Service Programs and residents with limited English skills are being served by six contractors who have the language skills needed to communicate with these residents. Provided 225,555 meals to 4,407 seniors at 42 congregate meal sites in FY15, i.e., 20% more clients than served in FY13.

    - Recently opened new lunch programs at White Oak and Mid-County Recreation Centers.

    - Improved choice by offering either hot or cold meal options.

    o Senior Nutrition Program - Home Delivered Meals

    - Doubled the number of meals delivered to the most frail and vulnerable residents age 60+ who are home-bound due to illness or disability. There's no waitlist for this program.

    - Served 1,977 homebound seniors with meals delivered to their homes in FY15, i.e., twice as many clients served compared with FY13, after expanding the number of buildings served to include 900 seniors residing in 18 low-income housing sites; and,

    - Initiated criminal background checks for all volunteers.

    o Community-Based Health and Social Support Services

    - In-home nurse monitoring services for more than 2,000 senior and disabled clients (FY15) receiving care through Community First Choice Program, a Medicaid waiver program.

    - Friendly visitor, escorted grocery shopping, legal assistance and Alzheimer's services (FY15) via supportive (contractual) services.

    - Dental Care for Seniors in partnership with the City of Gaithersburg to serve 141 older adults via the Community Clinic, Inc. and Mantoni Mobile Dentistry.

- The In-home personal care and chore services (sliding fee scale) served more than 300 persons to assist vulnerable seniors remain safe and cared for in the community, while preventing unnecessary institutionalization; 76 more are on the waitlist.

- Home Care Chore services: Continued support to low-income frail elderly people with disabilities who need such support to help avoid institutionalization.

- Heavy Chore services: Continued services to seniors with hoarding issues to prevent eviction, condemnation or to correct health/safety conditions

- Enrolled 451 Montgomery County residents in Medicaid's new Community First Choice program between April and September 2015

- Mental Health Services for homebound seniors including coordination of medication with medical providers.

- Enhanced Older Adults Waiver Program to provide more case management and long-term services.

- Continued public guardianship program – span of program expanded recently as the caseload increased by almost 25% in one year, from 77 individuals to 101 individuals.

- Increased State Senior Care Gateway Grant to expand senior care service capacity and avoid institutionalization.

- Increased Adult Foster Care reimbursement rate for 122 clients in senior assisted living homes (increased from $1,350/month in 2012 to $1,550/month.)

- Provided Senior Group Homes Subsidy to 14 clients in FY15.

- Continued to offer respite service, on a short-term basis, to nearly 500 family caregivers who support frail elders. Currently, 453 caregivers are being served; 20% are seniors.

- Increased subsidies for Adult Day programs to help 30 individuals access the program two days per week, starting in 2014. Such programs provide clients socialization and medical supervision while providing respite for family caregivers.

- Caregiver Outreach: Approved a Senior Fellow position, along with operating funds, to coordinate outreach re: available services.

- The County has continued its Medication Management program that distributes throughout the community File of Life medical cards and 4x/day, 7 days/week pill boxes.

- HHS serves as lead agency of the Montgomery County Coalition for Care at the End of Life to encourage discussion and preparation of advance directives.

- Each year Montgomery County participates in a national falls prevention awareness day providing free workshops on falls prevention. This includes information on how to improve balance and what home modifications can be done to prevent falls and other hazards.

- The County created a new position, the Village Coordinator. The Village Coordinator is expanding the potential for new Villages in all parts of the County in addition to helping sustain on-going Villages. The Village movement is an outstanding opportunity to address residents social isolation among other issues.

Neighborhood Assistance with Activities of Daily Living:

- Continued convenient collection of refuse and recycling for frail residents:

- Continued exemption for curbside refuse and recycling for any individual who is unable to bring containers to the curb, due to physical limitations. Currently 1,149 residents use this exemption.

CHALLENGES

The County is confronted by a number of challenges in the coming years as it relates to ensuring that people have adequate supports to enable them to remain living independently in the community as they age. Challenges that need to be considered include, but are not limited to:

- Older adults and caregivers are often unaware of the public and private resources that do exist in the community.

- Older adults and caregivers frequently find the health and social services systems difficult to navigate.

- The cost of home and community-based support services make them unaffordable to a large segment of the population. Especially affected are seniors that are above income threshold to be eligible for public assistance programs (e.g. Medicaid Waivers) but lack the income and assets to purchase services in the private marketplace.

- Long-Term Care Insurance remains out or reach for many 'Boomers' and "sandwich generation" residents who are over-income and asset levels to qualify for public programs.

- The demands of caregiving for a family member with a chronic disabling condition impacts the physical and mental health of caregivers, their income, workplace performance and retirement benefits. A 2013 AARP study found that about 1 in 5 workers between the ages 45 and 74 had either taken leave or quit a job to care for an adult family member in the past 5 years. That amounted to an average $303,880 in lost income (including pension and Social Security benefits) per caregiver according to a MetLife estimate.

- As one of the most racially and ethnically diverse communities in the U.S., Montgomery County providers of HCBS must be able to deliver these highly 'personal' services in a culturally competent, responsive and acceptable manner. This remains a challenge for many agencies in the long-term care arena.

- Although there is a belief that Boomers are in general healthier than previous generations, research published in the Journal of the American Medical Association in 2013 showed that Boomers were in worse health than their parents at about the same age. They had more disabilities and higher rates of chronic diseases. Just 13% of the studied Boomers said they were in excellent health, compared with 32% of people from the previous generation. Boomers were more likely to be obese, exercised less, and had higher rates of hypertension and high cholesterol. The connection between this lower health status and the future need for both health and supportive community services is self-evident.

- As reported in this paper, 75% of seniors age 65 and over stated that they want to always live in their current residence. However, the great majority of the homes that seniors want to age in were not designed to accommodate the physical and cognitive challenges of residents as they age-in-place. The U.S. Centers for Disease Control and Prevention states that "Each year, millions of older people—those 65 and older—fall. In fact, one out of three older people fall each year, but less than half tell their doctor. Falling once doubles your chances of falling again. Treating fall injuries is very costly. In 2013, direct medical costs for falls—what

patients and insurance companies pay—totaled $34 billion. Because the U.S. population is aging, both the number of falls and the costs to treat fall injuries are likely to rise." Many of these falls occurs in the person's home. There are multiple risk factors for falls including physical conditions and home hazards.

- An AARP Research Study defines social "isolation" as "the experience of diminished social connectedness stemming from a process whereby the impact of risk factors outweighs the impact of any existing protective factors. A person's lack of social connectedness is measured by the quality, type, frequency, and emotional satisfaction of social ties. Social isolation can impact health and quality of life, measured by an individual's physical, social, and psychological health; ability and motivation to access adequate support for themselves; and the quality of the environment and community in which they live."

RECOMMENDATIONS AND ACTION STEPS

Opportunities available to Montgomery County Government to address challenges include, but are not limited to:

- Increase awareness of existing public and private long-term services and supports among seniors and family caregivers by conducting an extensive outreach and education campaign via multiple media modalities in a wide range of languages.

- Ensure adequate staffing and other resources to provide accurate and convenient Information and Referral/Assistance services, Seniors/Caregiver Help Lines, and Navigator/Connector functions. This includes maintaining an accurate, current and accessible (i.e., user-friendly) Senior Website (with information available in the primary languages spoken by Montgomery County residents).

- Advocate for expansion of federal and State financed long-term services and supports to address the lengthy wait list--specifically the Medicaid Waivers that provide a robust package of services to eligible individuals and other options to enable aging-in-place such as Medical and Social Adult day Programs, personal Care Assistance, Assisted Living/Group Home subsidies, etc.)

- Promote the purchase of Long Term Care Insurance that covers both the cost of nursing homes and community support services.

- Support the key "Best Practices for Removing Barriers to Equal Employment" advocated by AARP, Alzheimer's Association and the National Alliance for Caregiving. Specifically:

  o Adopt a policy to value caregiving employees based on job performance rather than questioning their commitment due to competing caregiver responsibilities.

  o Provide workplace flexibility and alternate work schedules

  o Eliminate "no-fault absenteeism" policies for employees on stricter hourly schedules.

  o Provide education and training to managers on the stressors experienced by family caregivers and how to support caregivers while optimizing workplace productivity

  o Offer eldercare support, resources and referral services for employees with caregiving duties

  o Implement recruitment practices to target the hiring of skilled people with caregiving responsibilities who are looking to re-enter the workforce.

- Through dialogue, education and training ensure that caregiving employees who provide services are culturally competent, responsive and acceptable.

- Incorporate technology in the planning and delivery of services to promote maximum independence, dignity and choice.

- Provide information, education and training on risks for falls and other hazards through a variety of approaches more than once a year.

- Seek funds to enable professionals to conduct home assessments and provide recommendations on home modifications as preventive measures in addition to after the fact solutions.

- Expand the Friendly Visitors and other Programs that address the issue of social isolation.

- Provide more funds to expand the number of Villages and to support and sustain Villages and NORCs.