

# Age-Friendly DC Task Force Meeting

## November 8, 2018

- Meeting began at 10:20
- Meeting ended at 12 noon
- 18 Members of the Public present
- Quorum of Task Force members present
- 15 Task Force members and/or stand-ins present

Co-Chair Kim Alfonso

Transportation (DC govt) – Tyra Redus

Housing – (Community) Dr. Katrina Polk

Social Participation (DC govt) - Jeanne Locher

Social Participation (Community) – Winona Lake

Respect and Social Inclusion (DC govt) - Mathew McCollough

Civic Participation & Employment (DC govt) – Mary Terrell

Community Support & Health Services (DC govt) – Sharon Mebane

Community Support & Health Services (Community) – Dr. Sandra Lawson

Abuse, Neglect & Fraud (DC govt) – Dr. Sheila Lones

Abuse, Neglect & Fraud (Community) – Denice Roper

Financial Security (DC Govt) – Ashely Emerson

Lifelong Learning ( DC Govt) - Ramin Tahari

Lifelong Learning (Community) - Romaine Thomas

Business Subject Matter Expert - Nathan Regan

Gail Kohn, Age-Friendly DC Coordinator

Michael Grier, DMHHS Policy Analyst



# Age-Friendly DC Task Force Meeting

## November 8, 2018

The Powerpoint slides from the Age-Friendly DC Task Force meeting follow. Those of us who were there appreciated presentations:

- about Age-Friendly DC 2023 plan strategies in the three Pillars,
- becoming aware of research support from members of the Consortium of Universities of the Washington Metropolitan Area,
- knowing how much the Age-Friendly Business initiative has grown,
- and hearing good discussions formulated around excellent questions.

Thank you again to:

- Co-chair Kim Alfonso for her leadership,
- DOES' Ayesha Upshur and Leading Age DC's Christy Kramer about older workforce participation in long term care positions,
- DC Health's Caitlin Houck and DHCF's Melisa Byrd about regulating and paying for affordable assisted living residences,
- DHCF's Katherine Rogers about the Program for All-Inclusive Care for the Elderly (PACE) in DC.

More and better communication was an important theme in the discussion. E-mail and coming together were the preferred means.

Come to the next Age-Friendly DC Task Force meeting Thursday, March 14, 2019 10-12 at AARP-DC. You will all be invited through Outlook, but those who cannot receive Outlook should write the date and time down now. Attached you will find the Age-Friendly DC Task Force Committee meeting dates, times and locations listed on the last slide.





# Age-Friendly DC

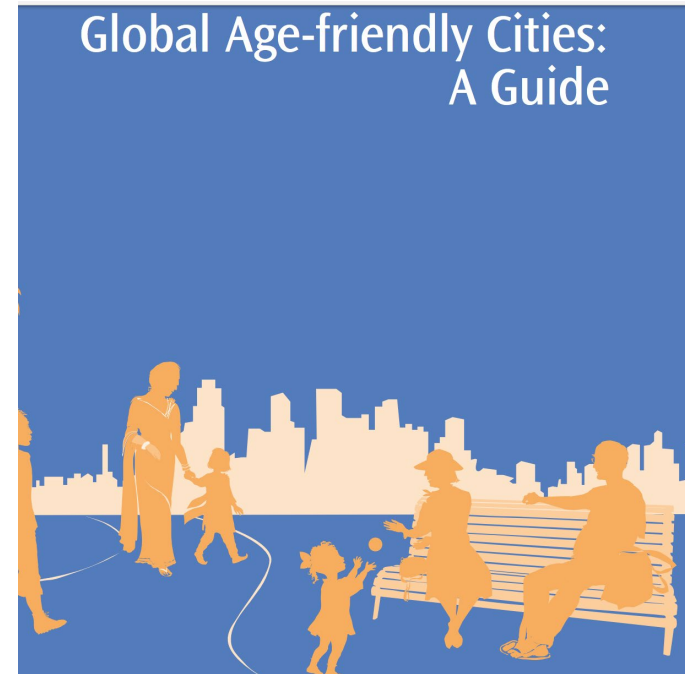
Transforming DC into an Easier City  
in which to Grow Older,  
Using World Health Organization  
and AARP Guidance



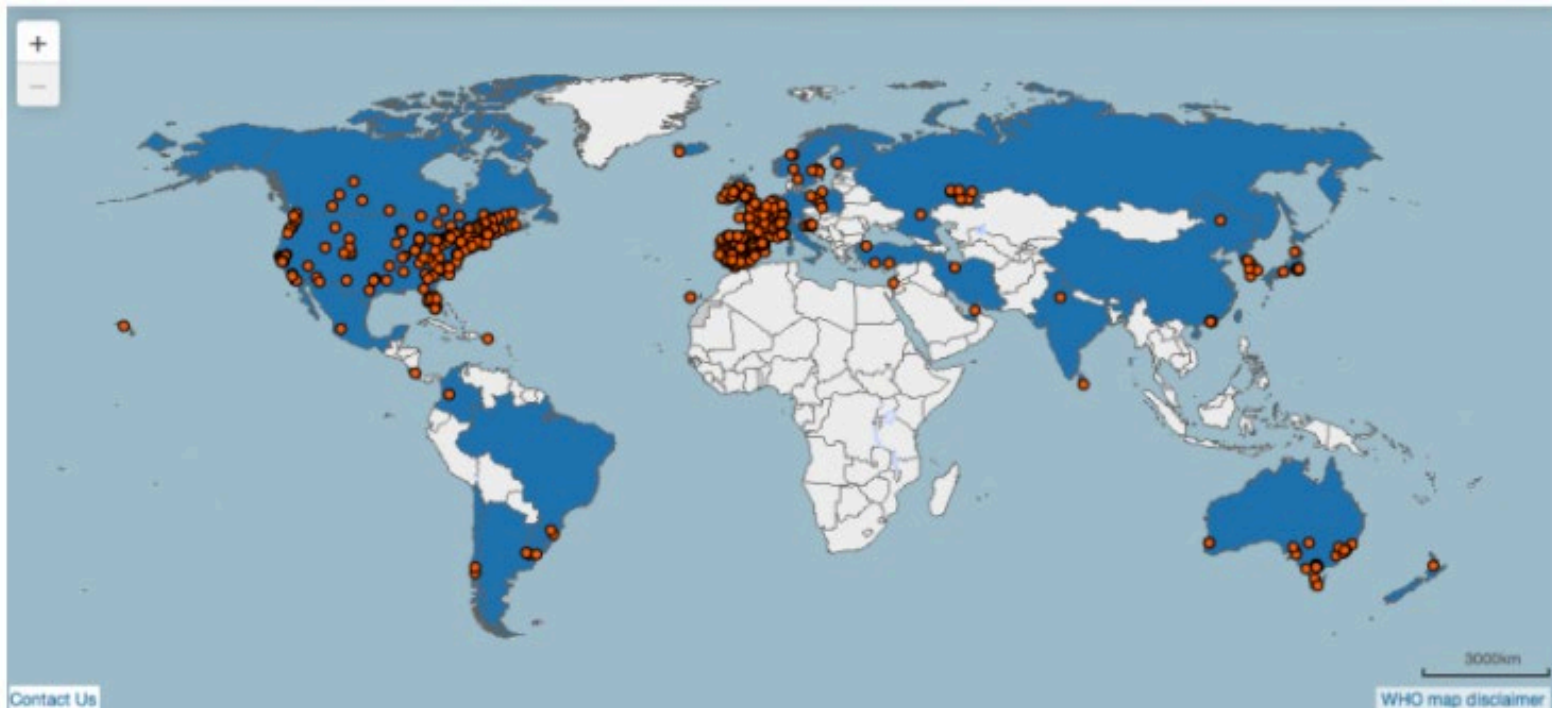
[agefriendly@dc.gov](mailto:agefriendly@dc.gov) | [agefriendly.dc.gov](http://agefriendly.dc.gov) | [@AgeFriendlyDC](https://twitter.com/AgeFriendlyDC)

# World Health Organization

- Conceived in June 2005
- Observed population aging and urbanization as two global trends
- Described Age-Friendly cities as optimizing health, participation and security



# Worldwide 700+ Age-Friendly Cities in nearly 50 countries with potential impact on more than 300 million lives





# Age-Friendly 2023 DC Strategic Plan

## Domains are organized into 3 Pillars



**Built Environment** – *Outdoor Spaces & Buildings, Transportation, Housing*



**Changing Attitudes about Growing Older** – *Social Participation, Respect & Social Inclusion, Civic Participation & Employment, Communication & Information*



**Lifelong Health & Security** – *Community Support & Health Services, Emergency Preparedness & Resilience, Abuse, Neglect & Fraud, Financial Security\*, Public Safety\*, Lifelong Learning\*, Caregiving\**

*\*New domains 2018-2023*



# Age-Friendly DC 2023 Strategic Plan Discussion

- *Changing Attitudes about Growing Older*  
...the plan for DC residents, including older workers, to be trained and gain experience as a result of the DOES-Leading Age providers partnership.
- *Built Environment*  
...the impact of DC assisted living regulations and Medicaid's daily reimbursement rate for assisted living residents living in qualified residences.
- *Lifelong Health and Security*  
...how PACE (Program for All-Inclusive Care for the Elderly) is expected to offer a holistic home-based affordable health care choice across DC for nursing home eligible residents.



# Mature Workers in the Long Term Care Work Force

## What Works for Mature Workers

Workforce Development Strategies for an Aging  
Workforce





# What Older Workers Find Discouraging

- Disqualified based on benefits
- Employers value youth vs. experience
- Skills gap too pervasive



# DOES Programs for Mature Workers

Senior Community Service Employment Program	BACK TO WORK 50+ at DCDOES
<ul style="list-style-type: none"><li>• 55 and older</li><li>• Income Restricted</li><li>• 20 hours per week</li><li>• 48-month durational limit</li><li>• Minimum Wage (\$13.25)</li><li>• Federally Funded</li></ul>	<ul style="list-style-type: none"><li>• 50 and older (In particular 50 to 64)</li><li>• No income limits</li><li>• Desire to reenter the workforce full-time</li><li>• Flexible durational limit</li><li>• 6 week Technology Bootcamp and Work Readiness Training</li><li>• Locally funded</li></ul>



- **Formalizing employer partnerships, including Leading Age-DC**
- **Establishing employment pipelines**
  - **Expansion of training opportunities**
  - **Identifying employment opportunities to align with Age-Friendly initiatives (i.e. aging in place, active aging, multigenerational interactions)**



*LeadingAge*<sup>®</sup>

**The Trusted Voice  
for Aging**

**LeadingAge.org**



## **Aging Services Workforce**

Christy Kramer, Director, LeadingAge DC

# LEADINGAGE DC

LeadingAge is an association for not-for-profit aging services organizations through the continuum of care.

Includes:

- Senior Housing
- Villages
- HCBS
- Assisted Living
- Skilled Nursing
- Life Plan Communities





# STRATEGIC PRIORITIES

## Workforce:

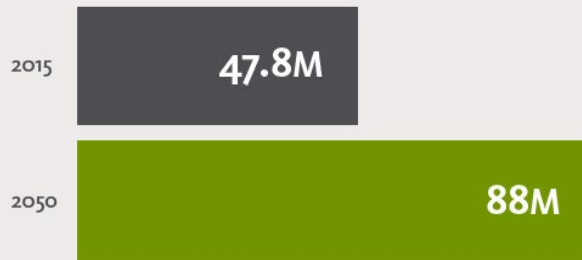
There is a national workforce crisis facing long-term services and supports.



## Several trends are fueling this national workforce crisis

### A Rapidly Growing Older Population

The population of adults age 65 and older will increase from 47.8 million in 2015 to 88 million in 2050.



### A Growing Need for Assistance



The U.S. Department of Health and Human Services estimates that nearly 70% of people who reach the age of 65 will ultimately need some form of long-term services and supports (LTSS).

76%



By 2035, the number of older households with a disability will increase by 76% to reach 31.2M

- 17M OLDER HOUSEHOLD WITH MOBILITY DISABILITY
- 12M SELF-CARE DISABILITY
- 27M ACTIVITY DISABILITY

### A Growing Need for Workers

The nation will need **2.5 million** LTSS workers by 2030 to keep up with the growth of America's aging population.



# WORKFORCE OPPORTUNITIES

## PART-TIME, FULL-TIME, AS NEEDED

The projected percentage increase in the number of positions employed in long-term care between 2010 and 2030 are the following:

94%

Counselors and  
social workers

93%

Community and  
social service  
workers

88%

Home health aides  
and personal  
care aides

73%

RNs

70%

LPNs

69%

Building and  
ground maintenance  
workers

68%

Nursing  
assistants

67%

Food preparation  
and serving  
workers



# STRATEGIC PRIORITIES

## Next Steps

1. Public and Private Partnerships
2. Strategically identify, prepare and connect District residents with aging services career opportunities

# Contact Us

Christy Kramer

Director, LeadingAge DC

[ckramer@leadingage.org](mailto:ckramer@leadingage.org)

[www.leadingagedc.org](http://www.leadingagedc.org)



# Age-Friendly DC Perspective for These Presentations

Approximate DC population –  
703,608

Approximate DC population 65 and older –  
98,500

Approximate DC population 65 and older with  
“difficulties” (Bureau of the Census 2016) –  
24,000



# DC Residents with “Difficulties”

Approximately:

- 15,000 have difficulty living independently
- 6,000 have difficulty with self care (bathing and dressing)
- 7,100 have difficulty with dementia or mental illness
- 18,000 have difficulty walking and climbing stairs

*Some residents may be counted in more than one category*

Source: Disability Status Report – DC

2018 Cornell University

Thank you for the data retrieval, Capitol Hill Village



# Updating Assisted Living Regulations

## Mission –

The mission of the Health Regulation and Licensing Administration (HRLA) is to protect the health of the residents of the District of Columbia and those that do business here by fostering excellence in health professional practice and building quality and safety in health-systems and facilities through an effective regulatory framework.



# The Rulemaking Process

- Purpose and Scope –

***To cure gaps in current Assisted Living Regulatory Act of 2000***

- Enhance & clarify requirements for operating an ALR
- Challenges: Aging in Place, Risk vs. Rights

***To preserve and promote the health & safety of the public by setting forth requirements to:***

- Meet Emergency Preparedness guidelines
- Investigate & report unusual incidents
- Ensure for residents' rights, consumer protections, & person-centered service provision



# The Rulemaking Process

- Purpose and Scope –

***To preserve and promote the health & safety of the public by setting forth requirements to:***

- Follow Discharge/Transfer Law in cases of involuntary discharge
- Ensure the availability of RN 24/7
- Sufficiently supervise private duty healthcare professionals working with ALR residents
- Ensure safe medication administration practices, including storage and recording medication errors





# The Rulemaking Process

## Steps in the process: Past, Present, Future

- ~~• Proposed Rulemaking Published in D.C. Register for public comment.~~
- ~~• 30-Day Comment Period: August 24 – September 24, 2018.~~
- **Agency Reviews and Considers Each Comment's Recommendation.**
- Either: (A) Agency adopts recommendations from Comments, rewrites rulemaking to implement the comments, and restarts proposed rulemaking process, including internal and external agency approvals; or (B) Agency does not adopt recommendations from comments, publishes rules in final form, addresses why comment recommendations were not implemented, and rules take permanent effect.



# Assisted Living Services and Medicaid

November 8, 2018

DC Department of Health Care Finance



# Assisted living services can be paid for by DC Medicaid

- Assisted living provides individuals a place to live, have access to, and receive the services they need to be as independent as possible
- Assisted living services are a DC Medicaid benefit for individuals in the Elderly and Persons with Disabilities (EPD) waiver
- Individuals can enroll in the waiver by meeting certain eligibility requirements



# Medicaid rates for assisted living services increased in 2017

- EPD waiver was renewed effective April 4, 2017 for a new five year period ending April 2022
- Changes to the EPD waiver included adding new services and changing reimbursement / payment rates
- Assisted Living reimbursement increased from \$60 per day to \$155 per day
  - Rates change annually based on inflation and DC living wage requirements



# Medicaid Reimbursement for Assisted Living

- The Medicaid rate for assisted living services is an all-inclusive rate that *includes*:
  - 24-hour supervision and oversight
  - Assistance with ADLs and IADLs
  - Laundry and housekeeping (consistent with Chore Aide and Homemaker service)
  - Coordinating social and recreational activities, scheduled transportation, and other activities to enable access to health and social services



# Medicaid Reimbursement for Assisted Living

- The Medicaid rate for assisted living services *does not* reimburse for:
  - 24-hour skilled care
  - Facility maintenance, upkeep, and improvement
  - Room and board





# Questions?

- Melisa Byrd, Senior Deputy Director/Medicaid Director
  - [Melisa.byrd@dc.gov](mailto:Melisa.byrd@dc.gov)



# Program for All-Inclusive Care for the Elderly--PACE in the District

November 8, 2018

Long Term Care Administration  
DC Department of Health Care Finance



# About PACE

- The Program of All-Inclusive Care for the Elderly (PACE) is a nationally recognized model of care integrating Medicare and Medicaid benefits for high-need beneficiaries: persons 55 and older meeting nursing facility level of care.
  - Blended payment model includes both Medicare and Medicaid financing
  - Services are integrated at a community-based site and include all regularly covered Medicare and Medicaid services
  - Central to the model is a comprehensive, interdisciplinary team of clinical professionals working to deliver high-quality and highly coordinated care



# About PACE

- The history of PACE dates back to the 1970s, but it was made a formal state plan option under Medicaid in 1997.
- 31 other state Medicaid programs cover PACE – including both Maryland and Virginia – but PACE programs tend to be limited in size and geography.



# Why PACE?

- **Highly integrated, person-centered care:** PACE is built around individuals, and PACE providers coordinate care through a team-based model that incorporates input from every provider, clinician, contractor or employee that interacts with the individual. This offers enhanced communication, collaboration, and integration of services, and it reflects a high degree of focus on the individual's and his/her family's needs and wishes.



# Why PACE?

- **Value-based payment model:** The payment model used in PACE offers incentives to providers to deliver appropriate, high-quality care, rather than delivering high volume or inappropriate services.
- **Integration of Medicare and Medicaid benefits:** For people dually eligible and enrolled in both Medicare and Medicaid, the array of services and coordination of benefits can be complex and confusing. PACE simplifies these delivery and payment arrangements into a single entity responsible for financing and delivering all care.





# The expected impact of PACE

- **PACE will serve 200-300 individuals in Wards 7 and 8.** All PACE models are required to serve a defined “service area” in which all participants must live; Wards 7 and 8 have a high proportion of our Medicaid enrollment, duals’ enrollment, and LTSS users.
- **PACE will serve some people already in our existing programs,** like the EPD waiver, and attract others to the Medicaid program. Individuals participating are not *required* to be dually eligible, and individuals not eligible for Medicare may be eligible for financial assistance from Medicaid.



# The expected impact of PACE

- **PACE will improve intermediate outcomes** of improved care coordination and potentially even more effective service delivery arrangements.
- **PACE may offer moderate effects on other outcomes**, such as improved beneficiary satisfaction and reduced inpatient hospital admissions.



# Updates from Task Force Experts

- **Promoting Age-Friendly Research**
  - Analyzing existing Data – See list of projects by Pillar
  - Collecting and Analyzing Data – DHCD (Housing), DCOA (Caregiving)
- **Accessing Philanthropic Resources**
- **Business Initiative Progress – over 75 Age-Friendly Businesses, list available [www.agefriendly.dc.gov](http://www.agefriendly.dc.gov)**



# Age-Friendly Business Initiative



- **PHYSICAL FACILITY:** *Create a Welcoming Atmosphere*
- **PERSONNEL:** *Provide Respectful and Excellent Customer Service*
- **PRODUCTS & SERVICES:** *Attract and Serve Customers 50 and over*
- **PRINT & WEB:** *Provide Easily Accessible Information*



# Upcoming Meetings

Thursday, March 14, 2019 AARP-DC

Thursday, September 12, 2019 J



**Age-Friendly Task Force Domain Committees**

- Meet every 6 months
- Open to all who are interested
- Meeting locations will alternate between DC government offices and Community organizations
- Standing Agenda
  - Review of progress on strategies
  - Actions needed to make progress on strategies
  - General Update from each participant on Age-Friendly DC- and Domain-relevant activities

**Built Environment**

1.	Outdoor Spaces & Buildings	Tues, Mar 5 10-12 noon DC Office of Planning, 1100 4 <sup>th</sup> St SW, Suite E650
2.	Transportation	Thurs. Feb 21 10:00-12:00 Noon Dept of Transportation, 55 M St SE, Suite 400
3.	Housing	Tues. Feb. 26 1-3 DC Housing & Comm Deve., 1800 Martin Luther King Jr. Ave SE

**Changing Attitudes about Growing Older**

4.	Social Participation	Thurs Jan 10 11-12:30pm 1350 Pennsylvania Ave NW 3 <sup>rd</sup> floor Mayors Office of Community Affairs
5.	Respect & Social Inclusion	Thurs, Jan 17 10-12 441 4 <sup>th</sup> St. NW Suite 729N
6.	Civic Participation & Employment	Wed, Jan 23, 10-12 noon Dept of Employment Services 4058 Minnesota Ave NE
7.	Communication & Information	Thurs. Dec 6 3-5pm 200 I (Eye) St SE 5 <sup>th</sup> Floor

**Lifelong Health and Security**

8.	Community Support & Health Services Healthy Eating	Tues, Dec 4 11-12 Noon Capital Area Food Bank 4900 Puerto Rico Ave NE
9.	Emergency Preparedness & Resilience	Tues, Feb 12, 1:30-3:30 2720 Martin Luther King Jr. Ave SE
10.	Abuse, Neglect & Fraud	Wed., Feb 20, 2-4 Location 64 New York Ave NE Conf Rm 415
11.	Financial Security	Tues. Jan 15, 4-5:30 pm 1050 1 <sup>st</sup> St NE
12.	Lifelong Learning	Tues, Jan 29 1-2:30 pm 1350 Pennsylvania Ave NW, Suite 307
13.	Public Safety	Tues, Feb 12 9:30-11am 200 I St SE
14.	Caregiving	Thurs, Feb 28 10-12 noon DC Office of Aging, 500 K St NE



# Comments/Questions

[www.agefriendly.dc.gov](http://www.agefriendly.dc.gov)

Gail Kohn

Age-Friendly DC Coordinator

