



LeadingAge^{CA}
engage

The Companion News Site of Engage Magazine

[Home](#) > [All Provider Types](#) > [Affordable Senior Housing](#) >

[Beyond IWISH – Applying a Systems Change Approach to Integrating Care at Home](#)



[Affordable Senior Housing](#) [Engage Magazine](#) [Fall 2020](#) [General Interest](#)

Beyond IWISH – Applying A Systems Change Approach To Integrating Care At Home

November 19, 2020 LeadingAge California Comment(0)

by Meghan Rose, Esq.; Christina Green, MBA, MPH; Nancy Rockett Eldridge, MA; and Ayako Utsumi, MPH

One of the core principles of the Housing Recommendations in the Master Plan for Aging acknowledges that housing is an integral part of California's continuum of care. Without housing, it becomes exceedingly difficult to provide older adults and people with disabilities the care and services they need to live independently. Low- and middle-income older adults have a particularly hard time accessing long-term supports and services in California.

WHAT IS INTEGRATED CARE AT HOME?

Affordable senior housing communities provide a unique opportunity for California to ensure that low-and middle-income older adults receive long-term services and supports and avoid unnecessary institutionalization. Modeled after successful programs like Vermont's Support and Services at Home (SASH™) and the U.S. Department of Housing and Urban Development's (HUD) Integrated Wellness in Supportive Housing (IWISH), California's Integrated Care at Home Demonstration would create a population health system where a team of providers supports a large number of participants to create efficiencies while improving health outcomes.

A population health system can take advantage of the economies of scale afforded by congregate housing communities like affordable senior housing buildings, where many participants are located in one place. This demonstration would create a system of partnerships and communication networks that collectively support thousands of elderly as opposed to creating a separate partnership for each beneficiary.

HOW IS INTEGRATED CARE AT HOME STRUCTURED?

Practically, a comprehensive care plan for each participant would be coordinated through an On-Site Care Team and a Core Wellness Team. The On-Site Care Team would be located at an affordable senior housing community, and would consist of a Community Health Worker, who connects participants with healthcare and preventative programs and activities, and a Wellness Nurse who monitors overall wellness and provides health coaching. The Core Wellness Team would consist of community health, social services and mental health providers (including the onsite team), local community-based service providers, County Mental Health and home health agencies, to ensure comprehensive care for each participant.

To be successful, the Integrated Care at Home model would focus on three components of care management with the goals of improving population health, reducing costs and enabling aging in place safely. The three components of care management would include care transitions (i.e. helping individuals' transition from institutional care back to a community-based care setting), self-management of chronic conditions and care coordination.

WHO WOULD QUALIFY TO PARTICIPATE IN AN INTEGRATED CARE HOME DEMONSTRATION?

The demonstration would be open to Medicare eligible and dually eligible individuals living in affordable senior housing and the surrounding community. By using Medicare as the baseline for qualification, rather than Medi-Cal, California can provide desperately needed long-term services and supports to individuals in the "forgotten middle" – those who do not qualify for Medi-Cal, but cannot afford to pay out-of-pocket for long-term care.

California should partner with other interested states to apply for a Centers for Medicare and Medicaid Innovation (CMMI) grant for a multi-state integrated care at home demonstration project, with the goal of moving towards a multi-payer model to fund a permanent program in the future. The Integrated Care at Home model fits well with CMMI's purpose of supporting the development and testing of innovative health care payment and service delivery systems.

WHAT ARE THE BENEFITS OF AN INTEGRATED CARE AT HOME DEMONSTRATION?

Existing successful service enriched housing models, like SASH, have demonstrated numerous benefits including improved health outcomes and cost savings to Medicare and state Medicaid programs. Participants in Vermont's SASH program report a reduction in social isolation and loneliness, as well as an increased participation in their own health care. Programs similar to the proposed Integrated Care at Home have also shown to improve health equity for Black and Hispanic communities as well as low and middle-income older adults. Integrated Care at Home wellness programs help avoid unnecessary care and equitably access care when needed.

Christina Green is Program Manager of the UCLA Ziman Center for Real Estate's Housing as Health Care Initiative. Nancy Rockett Eldridge is CEO of the National Well Home Network. Meghan Rose is the General Counsel and Director of Housing Policy for LeadingAge California. Ayako Utsumi, MPH is founder of Valon Consulting focusing on the intersection of health, the built environment and affordable housing.

<http://engageheadlines.com/beyond-iwish-applying-a-systems-change-approach-to-integrating-care-at-home/>