

LeadingAge California  
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**Think You Have  
Retirement Covered?**

**Maybe Not.**

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Critical to Meet Anticipated Need | Pg. 8

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Founded in 1961, LeadingAge California is the state's leading advocate for quality, not-for-profit senior living and care. The association's advocacy, educational programs and public relations help its members best serve the needs of more than 100,000 of the state's older adults. LeadingAge California represents more than 600 nonprofit providers of senior living and care – including affordable housing, continuing care retirement communities, assisted living, skilled-nursing, and home and community-based care.

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# Incremental but Monumental Change

As we were working on this issue on financing long-term services and supports (LTSS), we heard stories about older adults facing low health literacy, skyrocketing medication costs, and communication gaps with their providers. We also met and talked with some amazing people both at LeadingAge California member communities and beyond who are providing critical health education and desperately needed care and services to this vulnerable population, with the common aim of promoting incremental, but ultimately monumental change on the behavioral and policy level.

In our feature article, “Think You Have Retirement Covered? Maybe Not.” our COO Eric Dowdy and Policy Director Jedd Hampton provide an overview of what long-term services and supports (LTSS) really are, discuss some of the common myths around LTSS – where it comes from, who needs it, who pays for it - and efforts at both the state and federal level to address this pressing issue.

For our Membership Spotlight, our Director of Membership, Melanie Ripley, sat down with Avenidas to talk about the changing landscape of senior care and look back over 50 years of providing care and services to older adults in the East Bay. We also spent some time with LifeSTEPS in Sacramento, learning about their RN Case Manager program and the myriad ways the program helps local seniors “age in place” and avoid rehospitalization.

Senator Hannah-Beth Jackson discusses solutions to help prepare for California's rapidly growing population of aging adults. Our business partner Suquino rounds out this issue with a discussion on the future of telehealth in senior care. CalPACE gives us an overview of their organization and their efforts in the area of LTSS.

As always, we welcome your suggestions and feedback. Please email me at [rdouglas@leadingageca.org](mailto:rdouglas@leadingageca.org).

Robin Douglas  
Editor-in-Chief

A NOTE FROM THE  
**editor**



**Robin Douglas**

Editor-in-Chief

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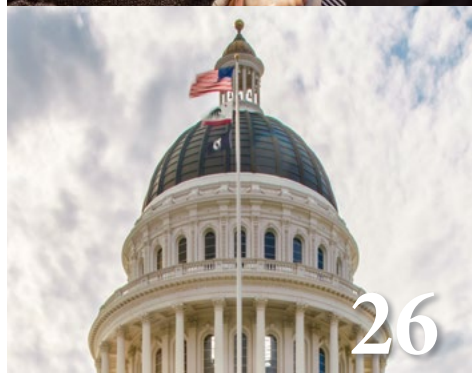
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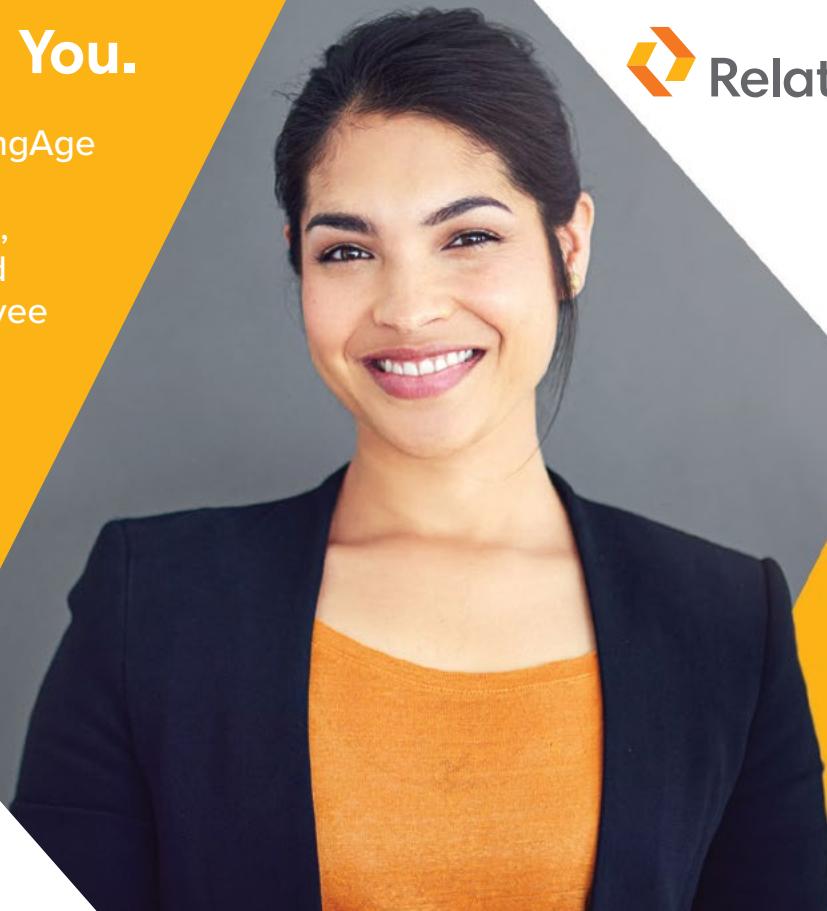
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## *A Changing Landscape*



I had lunch with my friend Hadley recently who is 86 and his husband, who is 89. They live in assisted living and face the challenges of financing their care needs, workforce shortages in their community, and growing demands for care as their physical needs change. Despite these challenges, Hadley described how fortunate they are to live there. We delved deeply into a discussion about the growing demographic and demand for long-term services and supports financing (LTSS) and that society generally isn't prepared. Even closer to home, my brother Dan lives in an affordable housing community and receives LTSS – he has a case manager who drives him to appointments, makes sure he gets his medications, and even takes him to the grocery store. As a result, he has never gone to the emergency room or hospital and is able to live in independent living. These two examples are similar to stories we are hearing across the state – what people currently receive, what they anticipate needing, and the related challenges of how to access and pay for LTSS.

The numbers are staggering: 88 million Californians over 65 by 2050. An 88 percent increase in older adults with self-care limitations. An 80 percent increase in demand for aging-related health care by 2020. A need for 2.5 million LTSS workers in the nation. And we are doing something about it.



Our Age On. Rage On.™ Campaign is heightening awareness across the state to the growing demographic, LTSS needs, and related workforce. People are calling us to speak on the radio, sit on panels, engage with legislators, and work on LTSS financing packages as a result of this increased visibility. Participating in the Caregivers San Diego Expo on April 13, 2019 – where more than 5,000 passed by our Age On. Rage On. booth – drove the point even closer with more than 200 people taking the pledge that day!

We are making a difference. Thank you for helping us.

Take the pledge at [AgeOnRageOn.com](http://AgeOnRageOn.com).

*Jeannee Parker Martin*

President and CEO



# Have **YOU** Heard?

**Eskaton Roseville** recently became the first assisted living community in California to provide every resident with an "Alexa" device, thanks to a partnership with K4Connect.

**Kingsley Manor** was featured in a *Next Avenue* article titled, "Colleges and Retirement Communities Partner to Offer Multigenerational Living."

**Channing House** Executive Director and CEO Mel Matsumoto has retired, with former COO Rhonda Bekkedahl succeeding him in the role.

**Rotary Terrace, a HumanGood community**, celebrated their grand opening in South San Francisco in May.

**The Center for Elders' Independence** celebrated the grand opening of a new Downtown Oakland Day Center in May.

**Motion Picture & Television Fund's** Lea Pipes, Vice President of Community Services, has also retired. Congrats!



## New Solutions to Keep Seniors Moving

# Think You Have Retirement Covered?

## Maybe Not.

*California's Efforts to Develop a Financial Plan Critical to Meet Anticipated Need*

By Eric Dowdy and Jedd Hampton

Numerous surveys show that people in the years before their retirement are unrealistic about costs for living expenses and healthcare needs. A survey by the Insured Retirement Institute of Baby Boomers conducted this year found that four in 10 believe Medicare will cover long-term care

costs and 45 percent have zero saved for their retirement years. Unrealistic expectations of retirement costs and a lack of financial preparedness cast a bleak picture for the approximately 10,000 Baby Boomers turning 65 every day for the next ten years.



The retirement landscape is also changing. With the evaporation of pensions and a heavier reliance on mutual funds and the stock market for lifetime income, guaranteed income is rare among this generation of retirees. According to recent news, without action from Congress, the Social Security Trust Fund will be depleted by 2035, cutting benefits by 25 percent. Healthcare costs are also unpredictable given the continuing news that Medicare Part A funds will run out by 2026, causing either a reduction in benefits or an increase in costs.

These erroneous retirement expectations and shifts in demographics that will place unprecedented demands on public programs call for a new approach to maintain seniors' health in social settings. For over a decade, an effort has been underway to establish a mechanism to finance services for older adults that allow seniors to stay healthy and independent. These services, known as Long-Term Services and Supports, are not a retirement plan nor is it health insurance, but a plan that includes a cash benefit for badly needed caregiving supports that promote independence while saving government funds on public programs.

### So, what is Long-Term Services and Supports (LTSS)?

LTSS is an array of services that assist people with physical or cognitive impairments to meet their basic activities of daily living, including: bathing, dressing, preparing meals, transportation and administering medication. These services help people remain independent, living within the community and provide relief to unpaid family caregivers. LTSS bridges medical care with a person-centered approach that provides the proper combination of social programs to meet a specific individual's needs.

### Five Myths of Long-Term Services and Supports

As indicated above, retirees entering their retirement years operate on incorrect information regarding the financial needs in their later years.

**The below are five common myths held by some:**

**1. Seniors who want to stay at home can be supported by their family.**

The toll exacted on unpaid family caregivers' health is profound. Research by the Family Caregiver Resource Center found higher levels of stress, anxiety, depression and other mental health effects among family caregivers.

**2. Costs for all my needs post-retirement will be covered by Medicare.**

Medicare only covers 100 days of skilled nursing care and does not cover dental or hearing, among other necessities. There is no coverage for assisted living or social supports such as assistance with meals, medication, and chores.

**3. I will buy private health insurance to cover those needs. Doesn't disability insurance pay for that any way?**

Private health insurance and disability insurance do not cover these services.

**4. I will be able to afford these services with my retirement savings.**

Only 50 percent of retirees have saved more than \$100,000 for retirement to meet their basic, every day expenses. Long-term services and supports are not generally factored into overall retirement savings goals by retirees because they erroneously believe that Medicare will cover these costs.

**5. I will buy a Long-Term Care Insurance policy that will pay for these costs.**

Private Long-Term Care insurance could pay for some of these services, but only nine percent of Americans carry such policies due to the expense and complexity of the plan.

### What is happening at the federal level?

Passed as part of the Affordable Care Act, the Community Living Assistance Services and Supports Act of 2010 (CLASS Act) was a key priority of the late Senator Ted Kennedy and would have created a "voluntary government program under which individuals will pay a monthly premium and will be

1 [https://www.myirionline.org/docs/default-source/default-document-library/iri\\_babyboomers\\_whitepaper\\_2019\\_final.pdf?sfvrsn=0](https://www.myirionline.org/docs/default-source/default-document-library/iri_babyboomers_whitepaper_2019_final.pdf?sfvrsn=0)  
2 <https://www.pewresearch.org/fact-tank/2010/12/29/baby-boomers-retire/>  
3 <https://www.cnn.com/2019/04/22/politics/social-security-medicare-trustees-report/index.html>  
4 <https://www.modernhealthcare.com/government/medicare-spending-shoot-up-2038-trustee-report-says>

eligible for modest benefits for their long-term care needs after five years of paying premiums.” The CLASS Act would have been funded via a monthly payroll deduction and provide enrollees with a lifetime cash benefit after meeting eligibility requirements. However, due to actuarial concerns the Act was abandoned by the Obama administration and deemed “not implementable,” and was formally repealed by Congress in 2012.

Since that time, LeadingAge national and its affiliates have been working at the state level to build momentum for a new, more workable path forward.

Below we will explore what is happening across the U.S., and in California.

## What is Happening in Other States Across the Country?

### Washington

On April 16, 2019, the Washington State Senate passed H.B. 1087, the Long-Term Care Trust Act, which had already been passed by the State House earlier this year. “After four years of work,” said Katie Smith-Sloan, CEO of LeadingAge. “Washington is poised to be the first state in the nation that will offer a meaningful LTSS benefit to most people who need help with activities of daily living due to functional impairments.”

The state established the “Long-Term Care Trust Act,” where all Washingtonians employed in the state will pay a .58 percent payroll tax. After 10 years of paying into the trust fund, Washingtonians become eligible for the benefit (with a lifetime cap of \$36,500). To become eligible, a person must need assistance with three or more activities of daily living (ADLs). The benefits would cover most long-term care and related services, including equipment, supports and paid family caregivers. In a win-win for the government coffers, both State and federal savings are projected after the program begins in 2022, if enacted.

### Hawaii

In 2017, the Hawaii Legislature created the Kupuna Caregivers Program. This program helps family caregivers

who work at least 30 hours a week outside the home by providing up to \$70/day benefit in services that make caring for aging family members who are 60 and over more affordable and accessible. This program helps families pay for services, such as: adult day care costs, home health care costs, meal preparation and transportation costs.

### Maine

In 2018, Maine put forward a ballot initiative that would have created a “universal home care program” that would have provided long-term health and social services in home to older adults with physical or mental disabilities. For a variety of reasons, the Maine ballot measure failed to pass to the 2018 elections.

## What is LeadingAge California Doing About LTSS Financing?

LeadingAge California has been instrumental in leading the charge to find a viable option for financing LTSS in the state. The past several years, we have been facilitating stakeholder meetings with various interested parties throughout the state, seeking to find a solution to the problem of how middle class families will pay for long-term services and supports. Approximately two years ago, LeadingAge California became a founding member of the California Aging and Disability Alliance (CADA). CADA is comprised of 20 diverse organizations sharing a common commitment to creating a meaningful and realistic financing benefit to help Californians finance their LTSS needs.

Last year, CADA initiated and succeeded in securing \$3 million in the 2018-19 state budget to incorporate LTSS screening questions on the California Health Interview Survey, the largest population-based state health survey in the United States. CADA members worked with the CHIS team to develop the right questions and gather the data policy makers need to better understand the unmet demand for LTSS across California.

This year, we have continued our strong advocacy efforts with CADA’s \$1 million budget ask to allow California to conduct an actuarial study to determine

5 <https://www.marketwatch.com/story/now-the-bad-news-and-slightly-less-horrible-news-about-saving-for-retirement-2018-03-07>

6 <https://leadingage.org/faqs-america%E2%80%99s-long-term-services-and-supports>

7 [https://en.wikipedia.org/wiki/Community\\_Living\\_Assistance\\_Services\\_and\\_Supports\\_Act](https://en.wikipedia.org/wiki/Community_Living_Assistance_Services_and_Supports_Act)

8 <http://www.aaltci.org/long-term-care-insurance/learning-center/CLASS-Act.php/>

the feasibility of developing a statewide social benefit program to help families pay for LTSS. This actuarial study will look at California's population and needs and help us understand the feasibility and cost of different approaches. The study and analysis will provide critical guidance on:

- The scope of services provided under the benefit
- Eligibility criteria, including the level of individual need to qualify
- Projected cost estimates of LTSS financing options
- Projected savings to state-funded programs and services associated with each potential option

CADA is sponsoring SB 512 (Pan, D-Sacramento) this year. The bill would establish the California Long-Term Services and Supports Benefits Board to oversee a program to provide LTSS benefits to eligible Californians. SB 512 would also establish the California LTSS Benefits Trust that would manage and invest revenues made available to pay for LTSS for eligible older adults and persons with disabilities. Lastly, this bill

would establish the California LTSS Advisory Committee to provide recommendations to the Board. While this bill does not include a revenue source to pay for the benefit at this time, this bill essentially sets up the structure for a future benefit.

To help promote public awareness and understanding of the issues of LTSS financing, LeadingAge California has launched a statewide activation campaign named Age On. Rage On.™ The campaign has been successful at elevating the issue among lawmakers, stakeholders and the general public.

Find more information at [ageonrageon.com](http://ageonrageon.com)



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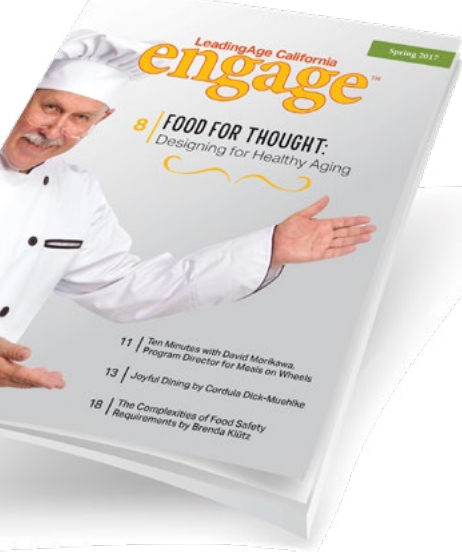
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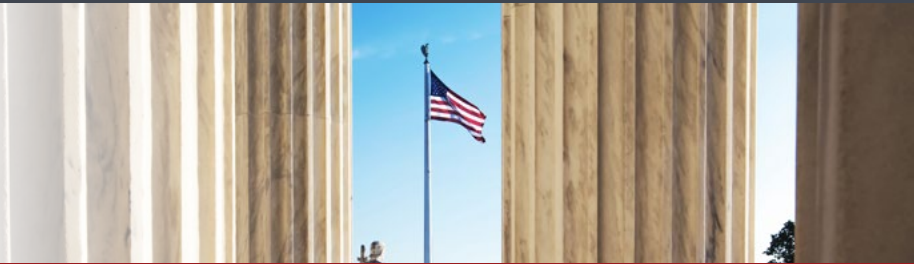


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## Member Spotlight on Avenidas

*LeadingAge California's Director of Membership, Melanie Ripley, recently sat down with Kristina Lugo, LCSW, Program Director for Avenidas Rose Kleiner Center in Mountain View.*

**Avenidas is celebrating its 50th anniversary this year. How have your programs and services evolved to meet the changing needs of today's seniors?**

Avenidas's programs and services were originally developed following a 1962 study on the needs and interests of older adults in the Palo Alto area. This was followed by further community-wide survey research approximately every 10 years. Understanding the needs and interests of older adults, and analyzing gaps in accessible and affordable services, has formed the basis of program planning over the years.

In the beginning, we provided information, referral and assistance, then later on we added a handyman service, an adult day healthcare program, recreation, enrichment and fitness programs. In the mid-1980s, several volunteer-led programs were added. These included a friendly visiting program, a computer

learning center, and an early literacy tutoring program. In the 1990s we became one of the first branches of the Stanford Health Library. In 2005, after an extensive program of focus group research, Avenidas started Avenidas Village to address the needs of those who desire to "Age in Place." It is now one of the largest Village organizations in the country.

In 2005, Avenidas completed new construction of the Rose Kleiner Center, emphasizing Avenidas' commitment to community-based long-term care services. Research on the interests and needs of older adults continued in the 20-teens with a three-year market research contract with IMPACTS research. Again, this community-wide research continues to guide the development of programs and services at Avenidas.

**You also completed a major expansion this year. Can you share some of the highlights and how these renovations will help further the mission of Avenidas?**

Renovation and expansion of Avenidas' home in the historic police and fire headquarters, over the last

few years, has highlighted the community support that Avenidas enjoys. From working with the city of Palo Alto to lengthen our lease, to attracting first, major donor support, and then community-wide support, Avenidas is successfully concluding a \$20 million renovation and expansion project which doubles the amount of public and program space in an updated center, using universal design principles, to meet the needs of older adults in the coming years. Incorporating a new wellness center, art facilities, technology center and fitness space, the new center is designed to meet the needs of each segment of the older adult population, whether they are seeking enrichment in their lives or looking for practical solutions to problems and needs.

**As we know, California’s senior population is entering a period of rapid growth, which means more seniors will require assistance with self-care. How is your adult-day healthcare program meeting this increasing demand?**

Bringing expert leadership to this effort, Avenidas has invested in key skilled staff to supplement and support the adult day health care program. Engaging two seasoned nurses, one serves as a Nurse Navigator helping folks get the care they need while remaining in their own homes; and one serves as a Clinical Outreach Coordinator helping explain the contributions that the Rose Kleiner Center can make to the system of care needed by those less independent community members, and their caregivers, who need support in order to remain in their own homes. Avenidas Care Partners is increasingly focused on caregiver education. We also recently started service offerings include a long-time annual caregiver conference, joined this year by the Avenidas Care Forum - a series of six Saturday sessions covering caregiving issues most relevant to family caregivers.

**Tell us about your resources for caregivers and how your Care Partners Program works.**

Developing from one of Avenidas’ original services, (Information and Assistance), Avenidas has long employed a Masters’ level, and often, a licensed clinical social worker. Staff address caregiving issues both within families and for those without family support and struggling to remain in the community. Families have a variety of choices on how to engage and seek support. They may participate in Caregiver Education sessions on such topics as: navigating your way within the healthcare system; caregiving conversations about quality of life and treatment

options; the emotional work within caregiving; the cost of caregiving and budgeting for respite; and caregiver health and wellness. For those who are interested, Avenidas Care Partners offers a number of support groups that provide a forum for talking about issues of common concern. Avenidas Care Partners is an elder care consultation program with multiple service lines staffed by social workers. The services include private individual and family consultations to help older adults navigate complex transitions in their lifestyles and healthcare, case management for frail low-income elders, caregiver group support and community liaison programs with varied partners, including Stanford University Medical School students, IDEO, Aging 2.0, local home care and assisted care communities, area health providers and aging policy makers.

**What resources do you offer for lower-income seniors?**

Avenidas provides many of its programs and services free or at low cost. Avenidas Care Partners also administers a small emergency fund for special needs. Avenidas receives City of Palo Alto support which provides for short-term individualized case management support working around a particular problem or issue. The Avenidas Rose Kleiner Center accepts Medi-Cal reimbursement for low-income dependent and older adults. The need to subsidize the difference between Medi-Cal reimbursement and the cost of service results in a significant organizational contribution in support of services for low-income seniors.

**Can you share a story about an older adult who has been positively impacted by your programs?**

Avenidas Rose Kleiner serves over 60 participants through Medi-Cal. Many of these participants often do not have a health spokesperson or family member to help advocate or meet their health needs. We have a newer participant that enrolled in 2018. He was lonely, not taking his medications, and neglecting his primary care needs. He was using the emergency department often. Upon enrollment to Rose Kleiner Center, he signed up with our Nurse Navigator program. Our Nurse Navigator started meeting with him regularly at the center, started attending Primary Care Appointments with him, and helped him connect the dots between his different services. He has reduced his use of the emergency department by 80 percent, increased a day at the center, and reports that he’s happy to have the support he needs to live independently. This is just one example of many!



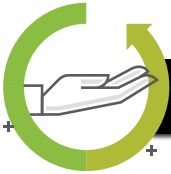
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# Dear Brenda

*Brenda Klütz has 30 years of experience in California state service; with over eight years of working in the Legislature as a consultant on Aging and Long-Term Care issues and 15 years with the Department of Health Services serving as the Assistant Deputy Director and Deputy Director. Currently, she provides LeadingAge California members technical support on issues related to reimbursement, licensing, and regulation interpretation.*

***Those of us who have been engaged in offering skilled nursing facility services are very familiar with state and federal expectations of the governing body. In the case of nonprofit organizations, the Board of Directors is acting on behalf of the licensee, with responsibilities for day-to-day operations being delegated to the nursing home administrator.***

Under state statutes and regulations, there are few references to the “governing body,” but rather speak to the responsibilities of the licensee. Since the governing body/board of directors is acting on behalf of the licensee (a nonprofit corporation), the licensee requirements apply to the governing body, with delegation to the administrator.

Under federal certification, there are numerous requirements that set forth specific responsibilities of the governing body. Under federal requirements, CMS is clear about expectations. **42 CFR 483.70(d)** requires that:

- *Facilities must have a governing body*
- *The Governing Body appoints the administrator*
- *The Governing Body is responsible for the QAPI Program*

If there is a violation that falls under the responsibility of the governing body, surveyors may issue an additional deficiency under F-837 for lack of an active and engaged governing body.

Indeed, in Appendix PP under instructions to surveyors, CMS states:

- **INTENT §483.70(d)** This regulation is intended to ensure that the facility has an active (engaged and involved) governing body that is responsible for establishing and implementing policies regarding the management of the facility.
- **GUIDANCE §483.70(d)** The facility must determine:
  - ▶ A process and frequency by which the administrator reports to the governing body, the method of communication between the administrator and the governing body including, how the governing body responds back to the administrator and what specific types of problems and information (i.e., survey results, allegations of abuse or neglect, complaints, etc.) are reported or not reported directly to the governing body;
  - ▶ How the administrator is held accountable and reports information about the facility’s management and operation (i.e., audits, budgets, staffing, supplies, etc.); and
  - ▶ How the administrator and the governing body are involved with the facility-wide assessment in §483.70(e) Facility assessment at F838.



- **PROCEDURES §483.70(d)** Request the names and contact information of the members of the governing body at the Entrance Conference. If there are concerns, conduct an interview with the administrator and if possible, with one or more members of the governing body or designated person(s) functioning as the governing body.

*Why is an active and engaged governing body important?*

The governing body is acting in place of the licensee and is legally responsible for the overall operations, policies, procedures, staffing and other resources. Through reports from the administrator, the governing body is in the position of approving the facility budget. The health and safety, quality of care and quality of life of residents depends on a ongoing communication and partnership between the governing body and the administrator.

*How does your governing body communicate with the administrator? Is the governing body aware of facility quality indicators, complaints, self-reported events, staffing and resource needs?*

Providing skilled nursing care is a complex process. It is important that the governing body understands those complexities. It is always a good time to take a fresh look at the extent to which your community has an active and engaged Board of Directors that has clear and open communications with your administrator.

Visit [leadingageca.org/engage-magazine](http://leadingageca.org/engage-magazine) for examples of relevant state and federal requirements.

*Please contact Brenda Klutz if you have any questions or seek additional information:  
 BKlutz@leadingageca.org or (916) 469-3377.*



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For more than 50 years our attorneys have worked side-by-side with the nonprofit communities that form LeadingAge California. We continue to be inspired by our clients' commitment to the people they serve. We are proud to share that commitment and look forward to helping build a better future for seniors in California.

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## LifeSTEPS RN Case Manager Program

*The RN Case Manager program at LifeSTEPS began as a four-year pilot program, in partnership with USA Properties, to help seniors age in place and connect them with the medical and social services they need. A registered nurse serves as an RN Case Manager at three USA properties in the Sacramento region. We sat down with Staci Moore, RN and Beth Southorn, Executive Director of LifeSTEPS, to learn about the program.*

**Watch the video:** [youtube.com/leadingagecalifornia](https://youtube.com/leadingagecalifornia)

### **What is your primary goal with the program?**

**BETH:** Our biggest goal is finding ways for our seniors to age in place, where they're not having to be hospitalized over and over again, and they get the quality care they need when they come back from the hospital. And so for that reason we developed our nursing program.

### **Staci, what is a (more or less) typical day like?**

**STACI:** Typically, I'll see individual residents on a case-by-case basis, as well as have some sort of group activity, whether it's a healthcare class, or a social that's around chronic disease management such as diabetes or hypertension.

We also work with our director of social services.

Sometimes she'll be assessing a social need and come across a medical need and refer out to me. It's the same thing with property management – if maintenance is in to do something as simple as change a light bulb and they notice something's medically amiss with someone, they'll put in a work order for me and I'll get a referral to follow up with that person. It's definitely a team effort.

**BETH:** Having a community-based nurse, onsite, with the social worker, is really why this is a program that's working. It saves dollars and it saves dignity.

### What are some of the typical concerns you hear?

**STACI:** A lot of the residents' concerns are around medication management. Often times they've seen a provider, been put on new medication, and they don't understand what that medication is for or if it's safe to take with their other medications.

Some of them are trapped in the gap where they have Medicare but they make just a smidge too much money to qualify for Medi-Cal. So, a lot of those folks will have extremely high prescription costs. I've been seeing this particularly with diabetes medication.

What I focus on are simple ways to make better choices, and focus on those better choices as an act of self-care. If you frame it differently, the person might think, 'Oh, you know what, I'm being good to myself. I'm doing something nice for myself.' Then they're less likely to see it as punitive as 'I can't have this third piece of cake.'

### What keeps you motivated with your work?

**STACI:** There are a lot of seniors who need assistance.

Because if you don't know how to navigate the health care system, and then you've got the added burden of low health literacy, low socio-economic status, low resources, and you're wondering how you're going to be able to afford your medication plus your rent - *and* your groceries - those aren't fair choices for anyone to make.

I find a lot of satisfaction in coming to work and being able to do the job, because without someone helping them out, a lot of these folks would just fall through the cracks.



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# CalPACE is Working to Improve Access to LTSS for Californians

by Peter Hansel, CEO, CalPACE

The Program of All-Inclusive Care for the Elderly (PACE) was pioneered by On Lok in San Francisco over 35 years ago as a program for older adults and seniors age 55 and older who qualify to be in nursing homes but who want to remain in the community as long as possible. The premise of the program when it began was, and remains, simple - seniors, even those whose care needs are more extensive, prefer to be cared for in their homes and in community-based settings whenever possible.

From its early beginnings as a demonstration program, PACE has grown nationally, now offered in 31 states and serving close to 50,000 participants, most of whom qualify for Medicare and/or Medicaid. In California, 12 PACE sponsoring organizations, including several organizations that are members of LeadingAge California, are offering PACE services to over 8,000 participants in 14 counties.

Research shows that the PACE model achieves high levels of outcomes for the beneficiaries it serves, including low rates of hospitalization, delays in or avoidance of extended admissions to nursing facilities, extended longevity, high rates of participant satisfaction, and savings for the state and federal governments.

When it comes to long-term services and supports (LTSS) It is clear that California needs better solutions for its growing populations of seniors and persons with disabilities. Despite the fact that over half of persons turning 65 will need LTSS at some point in their lives, very few have the financial resources to pay for the services when they are needed. Many over-rely on family and informal caregivers and many end up spending down their life savings to qualify for Medi-Cal.

Fortunately, policy makers are beginning to pay attention. In January, the Governor initiated a call to action with his State of the State address, stating that it is time for California to develop a new master plan on aging. In response, several bills have been introduced to implement and focus attention on key areas in need of reforms, including a no wrong door approach to accessing state programs and services, LTSS workforce development, improving support for caregivers, and better supportive housing solutions.

With the support from the California Aging and Disability Alliance (CADA), of which CalPACE is a member, Senator Richard Pan (D-Sacramento) has introduced SB 512, which would create the framework for a new LTSS benefit program for eligible Californians, modeled in part on the successful CalSavers program. A pending budget proposal sponsored by CADA would appropriate funds for the state to conduct an actuarial study to help design LTSS benefit program options that best meet California's needs.

Several pending state and federal proposals would expand access to the successful PACE model. At the state level, CalPACE is sponsoring AB 1128 (Petrie-Norris), which would streamline the state approval and licensing processes for PACE and help speed up PACE expansions, as well as a budget proposal to better align the rates the state pays under Medi-Cal with the actual costs and risks that PACE organizations face.

A successful lobbying effort by the National PACE Association, in which CalPACE participated, led to the adoption by Congress in 2015 of the PACE Innovation Act, which authorizes the federal Centers for Medicare and Medicaid Services to conduct pilot projects using the PACE model to serve populations outside of the core group that PACE currently serves, including younger adults with disabilities and seniors at risk of nursing home placement.

Updated federal PACE regulations, expected to be released later this year, are expected to create new operating flexibilities for PACE, enabling it to adapt and expand more quickly and efficiently. Through better public awareness, changes in state and federal policy, and innovative approaches to service delivery, the LTSS needs of California's growing populations of seniors and persons with disabilities are beginning to be addressed. CalPACE is excited to play a role in making access to LTSS a reality for more Californians.



*Peter Hansel is CEO of CalPACE.  
Contact him at [phansel@calpace.org](mailto:phansel@calpace.org)  
or visit [www.calpace.org](http://www.calpace.org)*



# A Plan to Care for Aging Californians

A Few Minutes with Senator Hannah-Beth Jackson



## What are the major challenges California is facing in meeting the needs of the expanding population of older adults?

The PPIC estimates that California's older population is likely to double by 2030, bringing an increase of four million people over the age of 65. Twenty percent of older adults live in poverty now, and by adding four million, you can see we have a significant societal problem. In addition, many older adults who are dealing with a lack of transportation can suffer from isolation which can lead to serious health issues.

## You have been a strong advocate for older adults, which is evident in the bills you have introduced this year. What brought you to your work on behalf of older Californians?

The awareness that the state is aging, California's

changing demographic and the challenges I see my contemporaries facing.

## Can you tell us more about your bill, SB 280, dealing with Fall Prevention?

Eighty percent of falls happen at home in the bathroom. This bill includes simple modifications that reduce the risk of falls in the home. SB 280 considers building standard changes with the understanding that people stay in homes for many years. These small improvements to make homes safer could mean the difference between remaining at home instead of facing a future of institutional living. These small improvements can help save lives, reduce medical costs, and allow older adults to live safely and independently in their homes.



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













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 <p>\$135,920,000 Fixed Rate Bonds SOLE MANAGER November 2016</p>	 <p>\$36,055,000 Fixed Rate Bonds SOLE MANAGER November 2016</p>	 <p>\$13,240,000 Fixed Rate Bonds SOLE MANAGER October 2016</p>	 <p>\$71,429,000 Bank Financing INVESTMENT BANKING ADVISOR July 2016</p>	 <p>Has acquired BUYSIDE M&amp;A ADVISORY October 2015</p>
 <p>\$13,677,500 FHA-Insured Mortgage Loan MORTGAGE BANKING June 2015</p>	 <p>\$73,000,000 Bank Financing INVESTMENT BANKING ADVISOR March 2015</p>	 <p>\$84,745,000 Fixed Rate Bonds SOLE MANAGER November 2014</p>	 <p>\$144,105,000 Fixed Rate Bonds SOLE MANAGER August 2014</p>	 <p>\$119,700,000 million FHA-Insured Mortgage Loans Casa de Manila Claremont Manor Frederick Manor Kingsley Manor INVESTMENT BANKING ADVISOR 2013 - 2014</p>

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**1** Members from St. Paul's Towers pose for a photo.

**2** 2019 EMERGE fellows with former San Francisco Mayor Willie Brown.

**3** Assemblymember Laura Friedman (D-Glendale) received the Assemblymember of the Year Award.

**4** LeadingAge California members with Assemblymember Todd Gloria (D-San Diego) during Capitol visits.

**5** LeadingAge California COO Eric Dowdy with Assemblymember Cecilia Aguiar-Curry at the RISE Summit Welcome Reception.





# SCENE



6

6 Jeannee Parker Martin spoke on a panel at the CaregiverSD Community Expo in April.



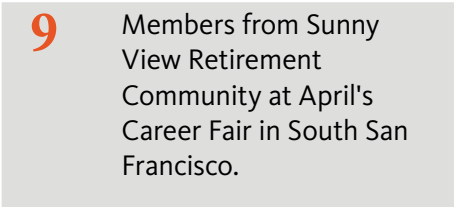
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7 Congresswoman Katie Hill visited members at Canterbury Village.

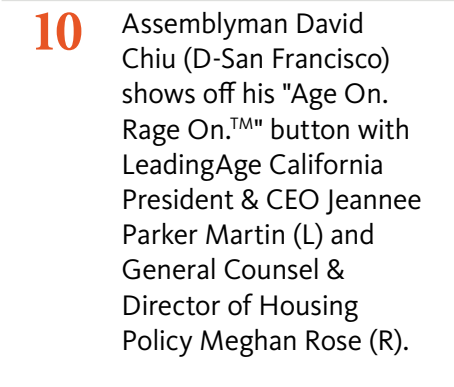


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8 Bethany Center Senior Housing's President and CEO Jerry Brown visiting photographer Heidi Wagner's Passion Project exhibit at the LeadingAge office.



9 Members from Sunny View Retirement Community at April's Career Fair in South San Francisco.



10 Assemblyman David Chiu (D-San Francisco) shows off his "Age On. Rage On.™" button with LeadingAge California President & CEO Jeannee Parker Martin (L) and General Counsel & Director of Housing Policy Meghan Rose (R).



9



10



A VIEW  
FROM THE  
CAPITOL

# LEADINGAGE CALIFORNIA IS ADVANCING SENIOR HOUSING CARE AND SERVICES IN 2019

*By Eric Dowdy, Chief Operating Officer, LeadingAge California*

The beginning of this legislative session was a busy one. The public policy staff at LeadingAge California spent the first part of the year pressing for needed changes in the senior housing, care and services field. This session, the association is sponsoring an impressive number of bills -

four separate pieces of legislation introduced that make needed changes in Nursing Home Administrator training and testing, advancing funding for affordable senior housing, and laying the foundation for a financing plan that helps older adults pay for supportive services. Much of the

attention of the aging policy field has been focused on the development of a Master Plan on Aging. This was one of then-candidate Newsom's promises made on the campaign trail. The Legislature was quick to act with a handful of bills introduced on this topic. SB 228 (Jackson, D-Santa Barbara) sets forth a framework for the Master Plan. Other bills, including: AB 1136 & AB 1287 (Nazarian), AB 1382 (Aguiar-Curry), and SB 611 (discussed below) add to certain components of The Master Plan and are moving through the Legislature. One of our key initiatives is to advance a funding stream for older adults to be able to afford the care and services they need to keep them in the most appropriate, least restrictive care setting as possible. LeadingAge California is a founding member of the California Aging & Disability Alliance (CADA), a coalition working to bring the LTSS financing vision to reality. The alliance has sponsored SB 512 (Pan, D-Sacramento), the bill that would set up the framework to evaluate and implement an LTSS benefit in the state. The group has also submitted a budget request for \$1 million to perform an actuarial study to confirm the financial feasibility of the plan.

We are pushing hard on our workforce initiatives. Part of a multi-year effort, LeadingAge California is advancing AB 1709 (Jones-Sawyer, D-Los Angeles). The bill exempts a Nursing Home Administrator from continuing education requirements for the first two years after initial certification. The bill also creates a universal preceptor program that would enable facilities to have a "corporate wide" preceptor who is able to train multiple Administrators in Training (AITs) at one time.

Our housing policy team has been working hard on the three bills sponsored by LeadingAge California. We continue to push Congress to fully fund Section 202 Housing. AJR 15 (Bloom, D-Santa Monica) calls on Congress to fund at least \$600 million per year for the Section 202 Supportive Housing program. SB 611 (Caballero, D-Salinas) would require the Governor to establish a "Master Plan for Aging Housing Task Force" and make policy recommendations to the Legislature and the California Department of

Housing and Community Development. The Task Force would look at barriers for construction of affordable senior housing and, among other things, assess the unmet need for such housing. Finally, SB 623 (Jackson, D-Santa Barbara) would require HCD to use annual, rather than decennial, census data when calculating the total amount of funding for senior housing from the Multicultural Housing Program.

The Legislative process moves quickly. Watch for more updates from us on important developments on these issues via our electronic newsletter Engage Headlines (biweekly) with late-breaking policy information and also visit our recently unveiled companion news site, [engageheadlines.com](http://engageheadlines.com).



**Questions?**

Contact Eric Dowdy,  
Chief Operating Officer,  
LeadingAge California at  
[edowdy@leadingageca.org](mailto:edowdy@leadingageca.org)

# Aging with Grace and Dignity:



## *Holistic and Personalized Connected Care with Telehealth*

One of the most critical challenges that we face as we age in life is to live with grace and dignity.

Aging brings an increase in the prevalence of chronic diseases, such as hypertension, diabetes, arthritis, and dementia. Skyrocketing healthcare costs, a growing aging population, and longer life expectancy demand that we, as a society, do more to preserve the dignity and independence of the elderly and disabled.

According to the National Council on Aging (NCOA), more than 80% of elderly adults suffer from at least one chronic disease. Seventy-five percent of U.S. healthcare

expenses are toward chronic disease management.

The NCOA's data on older adults and episodes of falling is equally alarming and threatens their independence and quality of life. Every 11 seconds, an older adult is treated in the emergency room for a fall; every 19 minutes, an older adult dies from a fall. The nation spends over \$50 billion a year treating older adults for the effects of falls. Medicare and Medicaid pay for 75 percent of these costs. If we cannot stem the rate of falls, it is projected that the cost for treatment costs will reach \$67.7 billion by 2020.

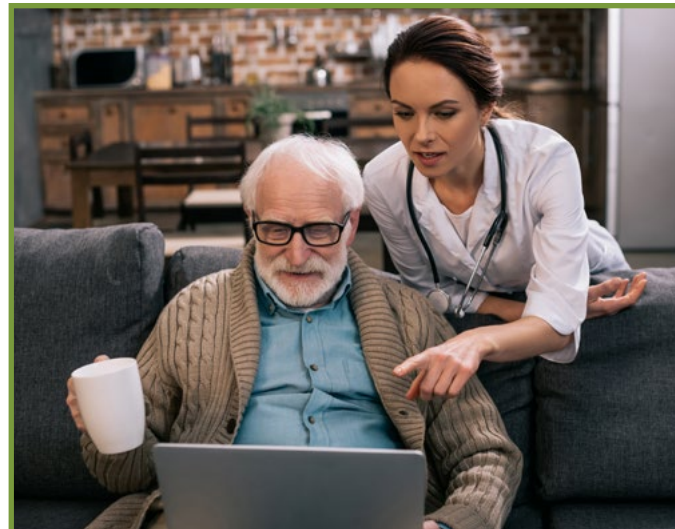
These statistics paint a bleak picture for an active, healthy future for our nation. Loss of independence, chronic illness, and skyrocketing healthcare costs threaten the health and well-being of our grandparents, parents and our own dreams in our retirement years.

**Critical healthcare challenges that we face are:**

- Lack of connected care between patient, provider, caretaker and payor slows down diagnosis and caretaking, impacting the level of care, planning, and understanding of patients
- A fragmented healthcare ecosystem beset with outdated legacy systems and silos of datasets from multiple devices fails to take advantage of digital transformation
- The lack of a cohesive, affordable system fails to account for holistic needs including access to physicians and caretakers, family and trusted caretakers joining in patient care, and connecting disparate systems to integrate the entire patient history and picture into one usable format
- Lack of automation with new medical technology has increased data entry workloads for doctors and healthcare professionals, leading to excessive admin tasks and burnout for professionals
- Limited access to affordable, on-demand healthcare and rising healthcare costs impede patients receiving proper care in a timely manner

Telehealth uses algorithms that process large datasets predicting patient analytics and outcomes, and early intelligence which can provide global monitoring of a patient’s health. This allows for virtual health consultations from a patient’s home and helps alleviate costs, especially for medical transportation. Telehealth allows for remote and face-to-face diagnostic discussions between medical staff, patients and their identified family members in conference-style communications. In addition, telemedicine can integrate third-party medical devices for real-time analytics.

Helping to curb LTSS costs, the adoption of telemedicine in senior communities offers an



affordable solution, especially for those who are homebound, those with limited transportation access, and those who have difficulties getting around. Savings come in the form of reductions on healthcare delivery, emergency visits, less hospital admissions and a reduction in prescription drugs through proactive monitoring. Another value in remote telemedicine is the ability for multiple providers to convene together on a call with the patient which allows for the provider to reach a resident base by combining virtual and in-person visits, resulting in higher resident/patient satisfaction through enhanced quality of care.



---

*Ravi Amble is President & CEO of Suquino, a LeadingAge California member. Saffron is a personalized holistic Telehealth care services platform dedicated to long-term care in an urban and rural demographic with emphasis on affordability.*

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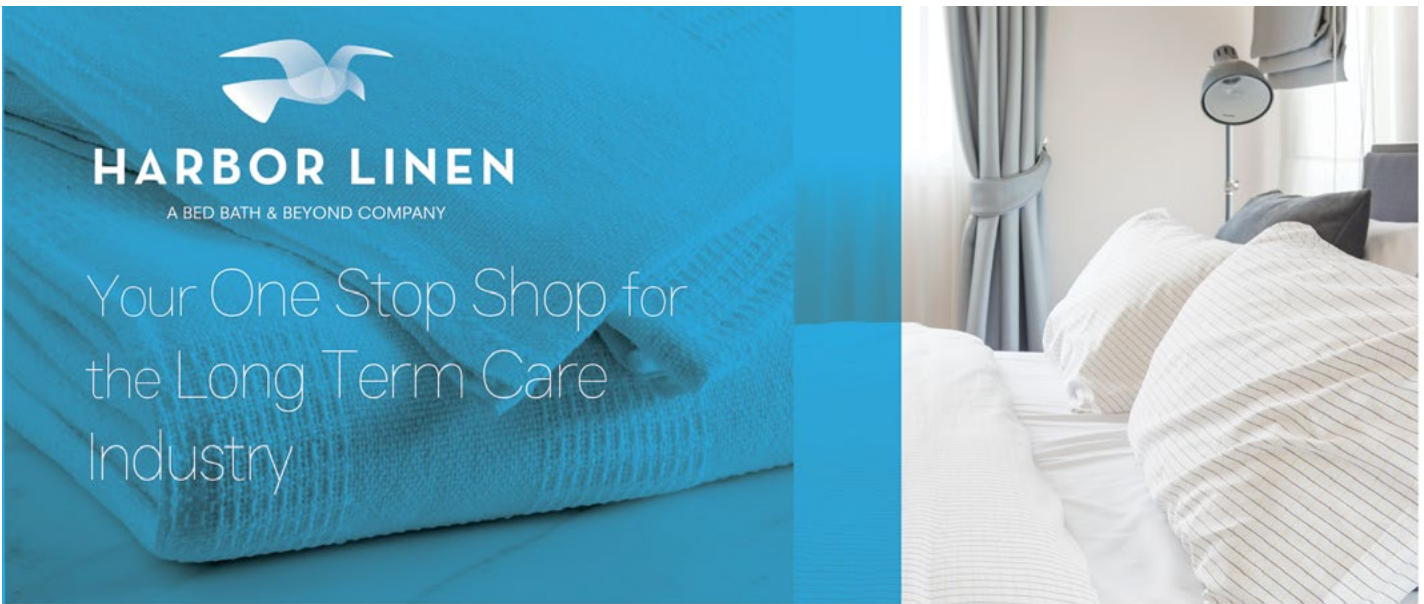
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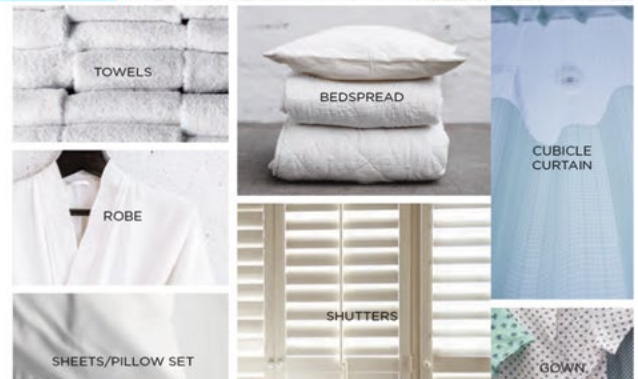
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