

Jewish Community Housing Corporation of Metropolitan NJ (JCHC)
Grant Proposal: JCHC Assisted Living Program Pilot
To
Friends Foundation for the Aging
March 14, 2022

Executive Summary

The JCHC is seeking \$35,000 in funding support for the start-up of an Assisted Living Program (ALP) for low-income seniors residing in its 2 HUD-subsidized housing with an overarching goal of supporting seniors to successfully "age in place." For that reason, the JCHC's pilot ALP seeks to bring assisted living services directly to its almost 200 low income senior residents. As a provider of a range of residential options for seniors, we are well aware that too many low-income seniors are forced to relocate to institutional care settings prematurely due to their inability to have their increasing health needs met.

Agency Background Information

The JCHC is a nonprofit, 501(c)(3) organization which was founded in 1983 with the mission of providing seniors with affordable homes in nurturing and enriching communities in Greater MetroWest NJ (encompasses 5 counties in northern NJ). To accomplish this mission, the JCHC has managed, maintained, and operated four apartment buildings which have provided over 450 units of affordable, market-rate and mixed income independent living, assisted living and memory care options in Essex and Morris Counties for close to 40 years. The JCHC provides additional services to its residents such as meals, social activities, lectures, trips, transportation to grocery stores, shopping centers and cultural events, and chaplaincy services. The JCHC also participates in the state-funded Congregate Housing Services Program, which permits the JCHC to offer housekeeping and laundry services and even an additional weekly meal to the residents living in our subsidized housing at a vastly reduced cost.

In terms of demographics, as of February 1, 2022, the two JCHC-operated buildings that would be the first to be served under the ALP had 205 residents with an average age of 82 years, of whom, 65% are female, 35% are male, 65% are Caucasian and 35% are persons of color (African American, Asian, or Hispanic). The JCHC's Management Team of executive officers and building management staff is comprised of 9 people, of which 4 are men, 6 are women, and 3 are persons of color (African American, Asian or Hispanic). The JCHC's regular Board consists of 14 men and 6 women, none of whom are people of color (We will be exploring new ways to recruit people of color on our Board).

Statement of Need

In New Jersey, the evidence of need for more long term care options is overwhelming. According to data from the U.S. Department of Housing and Urban Development (HUD), there are 345 multifamily buildings with just short of 34,000 apartments in Essex County alone that are subsidized by HUD under the Section 202/Section 8 Program. Seniors living in Essex County, New Jersey, which has the most residents in the state are often unable to find affordable long term options for housing. In fact, as reported by the National Low-Income Housing Coalition, there are about 159,000 low-income households comprised of seniors and disabled adults who would likely qualify for NJ ALP services. Additionally, a six-year old study of HUD-assisted tenants found that half lived with a disability, the majority were overweight, had higher rates of physical and psychological ailments and more than 2 ER visits a year.

At traditional assisted-living facilities (ALFs), residents benefit from an array of services, from assistance with Activities of Daily Living (ADL) to on-site healthcare. As a licensed ALF operator at one of our non-HUD subsidized buildings, the JCHC has the expertise and knows firsthand that these options are not very accessible to most seniors. A 2017 report by the NJ Division of Aging concluded that 54% of seniors lack the income to pay for their basic needs and care.

The message is clear: Due to our residents' advanced age, low income, and likelihood of disability or illness, many seniors cannot afford to both live in their home communities and meet their healthcare needs. The JCHC recognizes the important need for continuous assistance for residents while they age in place in their homes. JCHC's proposed ALP would bring these services directly to our eligible low and moderate income senior residents.

The ALP Target Population

As mentioned, the JCHC and its programs serve seniors aged 62 or older of all income levels in the Greater MetroWest New Jersey area. As per HUD guidelines, the JCHC defines low income as making 50% or less of the area medical income (AMI), while moderate income is defined as between 50 and 80% of the AMI. The JCHC's Assisted Living Program (ALP) would start by serving Medicaid-eligible seniors living in our 2 HUD subsidy apartment buildings. More specifically, the ALP would be implemented at our two HUD-subsidized apartment buildings: Jewish Federation Plaza, a 135-unit building located in West Orange, and the South Orange B'nai B'rith Federation House, a 66-unit building located

JCHC Assisted Living Program Pilot to the Friends Foundation for the Aging

in Essex County, NJ. Once the ALP is established, we plan to expand to serve two other groups. First, we would start to offer these services on an a la carte basis to the senior citizens living at our two market-rate independent living facilities which house another 200+ residents who might benefit from these services. Second, with a county-wide license from the State of New Jersey, the JCHC would offer the ALP to provide to low-income seniors at other HUD-subsidized in Essex County. We have already been consulting with different organizations such as New Jersey ALP Coalition, Capital Impact Partners, and Leading Age in order to learn how to partner on this pilot most effectively, so we can successfully replicate this pilot ALP.

The JCHC ALP Program—What it Looks Like and the Benefits for JCHC Residents

Once JCHC receives the Certificate of Need from the State, we can then apply for our ALP license, once approved we will receive a Medicaid Provider Number from the State. JCHC will hire a Certified Assisted Living Administrator (CALA) and licensed nurse to educate our residents about ALPs, the additional services they will get with no cost to them and help them apply for Medicaid. The JCHC ALP staff will be the central spoke in the wheel of coordinating care for each resident once approved by Medicaid. The services ALP staff are responsible for residents include:

- Creating & setting up individualized care plans
- Coordinating & providing housekeeping services
- Coordinating meal delivery (with NJ Meal to Meal)
- Providing assistance with Activities of Daily living
- Coordinating & administering medicine management
- Scheduling & providing support for telehealth visits
- Conducting education sessions with residents on nutrition, managing chronic diseases, and other topics (with pre & post surveys)
- Scheduling OT, PT, ST services for in-home therapy
- Arranging transportation to medical appointments
- Providing an on-call nurse for emergencies
- Scheduling craft, game and social activities

By participating in the JCHC ALP, each resident would gain more needed services to help him/her live in a clean and healthy environment and receive necessary help in bathing, dressing, eating, walking and toileting. In addition, the resident is able to age in place while receiving more services that he/she now qualifies for under Medicaid. Lastly, JCHC's ALP will be working with partners in the community for medical services, pharmacies, meal assistance and preparation in addition to social activities to engage with their peers, family and others in the community.

Objectives and Activities for the Pilot ALP

Through the Assisted Living Program (ALP), the JCHC will support seniors to successfully age in place. In order to reach our goal, our four (4) objectives are:

1.To Build the Organizational Capacity Needed to Implement and Sustain the Pilot ALP.

Initially, the JCHC will secure an ALP license from the State of New Jersey as well as a Certificate of Need. Second, the JCHC Director of Operations will review and enhance the policies at the JCHC's existing assisted living facility to adapt them to the ALP model. Thirdly, once the ALP license is obtained, JCHC will apply and secure Medicaid contracts and a Medicaid Provider Number. JCHC would then work alongside the State and local Medicaid Boards of Social Services and collaborative partners such as Atlantic Health System, elder navigators, health insurance providers to develop a list of services that would be available for residents. Lastly, JCHC will need to provide the support structure for this pilot program. Before the end of the first year, we plan to hire and train several new AL program staff including: A Certified Assisted Living Administrator, a Registered Nurse, and Wellness Nurse Manager, Personal Care Aide/Home Health Aides, a social worker and a Licensed Practical Nurse. We expect the initial capacity building process to take about 6 months, after which we will be ready to begin enrolling participants.

2. To Enroll Senior Residents at the JCHC's HUD Subsidized Apartment Buildings in the ALP.

Once the program is ready to begin enrolling seniors, the JCHC will survey the two HUD subsidized buildings to determine which senior residents would be eligible, utilizing the existing Congregate Coordinator at each building, their data, and established relationships with the residents to target those who likely need these services. Secondly, JCHC will market the pilot ALP to residents, resident family members, and community agencies housing seniors to build clientele. The JCHC will also market to physicians, hospitals and community agencies in order to create health partnerships that could provide referrals. Lastly, we expect to assist Medicaid-eligible residents to apply for Medicaid and other services for which they qualify. We anticipate that the initial enrollment would take about 6 to 7 months. (see timeline section for more information)

3. To Coordinate Health, Social Services and Care Management that Recognizes the Impact of Social Determinants of Health on our Residents.

The JCHC will assess and regularly reassess the needs of the residents, coordinating care accordingly including providers. JCHC staff will also provide preventive health care to at-risk seniors to help them avoid unnecessary expensive medical care. The ALP staff would also be responsible for scheduling and executing appropriate services such as therapy, aid with activities of daily living (e.g., going to the bathroom, getting dressed, bathing, preparing meals), ordering

and administering medication via certified medication aides and licensed practical nurses, telehealth services, and arranging medical transportation), medication management, and routine checkups. The JCHC will offer a telehealth services option for those who cannot or will not leave the premises due to COVID or other concerns. Lastly, the JCHC ALP staff will arrange for transportation for residents to go to their healthcare appointments. This coordination process will be ongoing, beginning approximately 8-9 months into the ALP program and involve all program staff.

4. To Educate and Engage with Residents to Better Manage their Health.

The JCHC will host both individual and group education sessions and seminars on topics relevant to the needs and concerns of our residents (e.g. fall prevention, nutrition, disease management), to be led by our collaborative partners. These education outreach sessions will occur monthly starting after the initial enrollment based upon the assessment of ALP participants. The anticipated end result will be that our residents can live in their homes for as long as they desire and are able, and will keep this particularly vulnerable population safer and healthier in the long term.

Projected Outcomes and Measurement of Successful Outcomes

The JCHC will measure and evaluate the success of the Pilot Assisted Living Program and its objectives in four areas.

1. Building Capacity

JCHC will acquire a license and a Certificate of Need to operate an ALP in Essex County in addition to a Medicaid Provider Number to provide and bill for ALP necessary services to our residents. All ALP staff are hired and on-boarded. Hiring will include: A Certified Assisted Living Administrator, A Registered Nurse, and Wellness Nurse Manager, Personal Care Aide/Home Health Aides, a social worker and a Licensed Practical Nurse. The number of staff and their performance will be re-evaluated at regular intervals as the program grows. Lastly, the JCHC agrees to form at least one hospital or medical group partner with the ALP and secure at least two Medicaid contracts (see timeline section for more information).

The Outputs will be Measured by the Following:

- Acquisition of a license to operate ALP in Essex County.
- Acquisition of Certificate of Need and Medicaid Provider number are obtained.
- Program staff are hired and trained, including: one Wellness Nurse Manager, one licensed Practical Nurse, on Registered Nurse, one social worker, two Home Health Aides/Personal Care Aides.

Measurement: All required staff are hired and complete the boarding process.

- Formation of health partnerships including at least one hospital or medical group partner with the ALP and secure at least 2 Medicaid contracts.

Measurement: Health partnership success will be measured based on the amount and scale of Medicaid contracts awarded & health partnerships made.

Measurement: Through Point Click Care, a health care management software, we will be able to run reports as to the number of referrals received and residents enrolled in ALP. An essential piece of our reporting outcomes, this technology is proposed to be funded in partially by the Friends Foundation for the Aging. Another critical area in funding that we have asked for funding from the Friends Foundation for the Aging is the need for medical equipment, storage for medications and furniture.

2. Program Participant Enrollment

ALP participant enrollment will be measured by tracking the use of services and the number of residents enrolled in the Pilot ALP. Within the first year of being licensed, JCHC will have 20 seniors receiving Medicaid benefits and enrolled in the pilot ALP, while the JCHC continues to market and expand the ALP. The ALP staff will develop individual person-centered services plans for all enrolled individuals are updated as they progress through their spectrum of care. Lastly, the number of emergency room visits, calls to EMS as well as hospitals stays and readmissions decrease by 20%. These measures can be captured through tracking on management software.

The Outputs will be Measured by the Following:

- Within the first year of being licensed we have 20 seniors receiving Medicaid benefits and enrollment in the pilot ALP while we continue to market and expand the pilot ALP.

Measurement: Through the baseline lifestyle and functional assessment, as well as minimum quarterly reassessment by the Care Coordination team resident information will be gathered and tracked via Point Click Care, and changes will be notes on reports.

- Individual person-centered service plans are developed for all enrolled seniors and are updated as they progress through their spectrum of care. We expect the number of emergency room visits, calls to EMS, as well as hospital stays and readmissions will drop by 20%.

Measurement: Through incident report tracking, we will be able to determine whether the program is successfully decreasing key incidences of EMS services, hospitalization and readmissions, and ER visits.

3. Provision of Coordinated Care

The receipt of Coordinated Care services will be measured by tracking on management software all care documentation from home health aides, medical notes from physicians, appointments kept, data tracking of services given & medical transportation provided.

The Outputs will be Measured by the Following:

- Participation of 20 seniors using one or more services an average of 180 days by the end of the first 12 months. Our longer term goals are service at least 20% of our residents and other low-income seniors.
- A 10% increase in utilization of telehealth opportunities for participants.
- At least a 50% decrease in missed healthcare appointments for participants. At least 75% decrease in medication non-adherence for participants.
- More than 50 ALP program participants utilize the ALP to arrange medical transportation.

Measurement: Services provided will be tracked using healthcare management software, care documentation from Home Health Aides, physician notes, appointment kept, and consultant reports. Data tracking will be spearheaded by the Wellness Nurse Manager and Certified Assisted Living Administrator. Other factors used for evaluation include the number of transportation services provided and telehealth appointments kept. Lastly, participant satisfaction surveys will be conducted every 6 months.

4. Education Engagement

Engagement will be tracked by documentation for residents attending health education classes & active participation. Pre and post surveys will be conducted in set timeframe.

The Outputs will be Measured by the Following:

- Both individual and monthly group education sessions and seminars will distribute a pre and post-survey to all education participants.
- The results will be analyzed by the JCHC management team and reported to the JCHC Executive Management Team.
- We expect that the anticipated end result will be that our residents can practice what they learned to leave more healthfully and engaged so they can live in their homes for as long as they desire and are able.

All measurement results will be shared with JCHC management and Executive Management through formal reports. The JCHC Board will be informed of the pilot ALP program in the Chief Operating Officer's Report at each quarterly Board meeting. We plan to replicate this pilot ALP program to other HUD subsidy apartment buildings in both Essex and Morris counties in addition to our eligible low income residents in JCHC's two other apartment buildings. Lastly, we hope to report on our innovative ALP pilot to Leading Age and other senior housing organizations.

Timeline for ALP Rollout 2022

- **March 2022:** Hired the Medicaid licensing/Provider number consultant
- **April 2022:** Apply for our Medicaid license, Certificate of Need, & Medicaid Provider #
- **April 2022:** Start to recruit seniors for ALP (we can start to market the program as coming soon and get residents who are eligible for Medicaid coverage on Medicaid)
- **March-April 2022:** Interview and hire the RN who is going to put the AL program together
- **April-July 2022:** Configure new office space at B'nai and Federation Plaza.
- **April-July 2022:** Order new EMR system, laptops, printer, office furniture, medical equipment, locked medicine cabinets, locked refrigerators for medicines, etc.
- **July 2022:** Begin process for MLTS contracts
- **July-August 2022:** Get approval from State for Medicaid license, Certificate of Need, & Medicaid Provider #
- **July-August 2022:** Start to recruit and hire additional care staff/conduct training
- **Sept-October 2022:** Start to operate the ALP

Sustainability

Once the JCHC has operationalized the pilot ALP over the first 12 months, the path to financial sustainability for the ALP will come through program expansion. As each additional participant brings in additional fee-for-service income, it will replace the grant funding that was necessary to cover the pilot ALP's fixed costs (primarily administrative staff). Specifically, the JCHC expansion plans for the ALP will take two forms:

JCHC Assisted Living Program Pilot to the Friends Foundation for the Aging

- Serving a larger proportion of the over 200 senior residents living at our 2 HUD-Subsidy buildings that we will reach during our first year.
- Reaching the low-income seniors in other apartment buildings. As the license granted by the State of NJ for the JCHC's pilot ALP would be for all of Essex County, we could reach out to the owners/managers of over 40 subsidized apartment buildings in Newark, East Orange, Irvington and other underserved areas in Essex and eventually Morris counties.

Budget

The ALP pilot program will take approximately 9 months to start. JCHC requires funding for start-up costs to develop and implement this pilot Assisted Living Program. Funding support totaling \$133,080 has been received from the Healthcare Foundation of New Jersey (\$108,080) and the Fannie and Morris Sklaw Foundation (\$25,000) in addition to an in-kind funding from JCHC. We will need to raise an additional \$66,321 to meet our budget. We respectfully request funding from the Friends Foundation for the Aging in the amount of \$35,000 to partially pay for the technology we will use to track medical outcomes as well as the medical equipment and furniture needed to conduct medical care, store medications and patient information, and treatment of patients. To raise the balance of the funds, we will also be applying to the Grotta Fund for Senior Care in Spring 2022. Please refer to the Budget and Budget Narrative at the bottom of the budget for specific information.

Friends Foundation for the Aging and JCHC's Common Values

The pilot ALP is very much aligned with the Friends Foundation's values in several ways. The population served by this pilot program is among our most vulnerable, the low income elderly who often suffer from chronic diseases such as diabetes, COPD, and heart disease. Those eligible for HUD assisted subsidies most often are alone, have no support, and frequently have a hard time managing their health and medication, especially those residents with chronic illnesses. The pilot ALP would make important integration of various health services available to seniors and also provide the means of obtaining Medicaid to help pay for important support services needed to live with a greater quality of life. The pilot ALP also aligns with the Friends Foundation's values of supporting innovative programming to make positive changes in seniors lives but even more far-reaching as being a catalyst for systemic change as we roll out our pilot to other HUD subsidy apartment buildings in Essex and Morris counties. This pilot would allow the leveraging resources to make the pilot ALP sustainable and promoting cooperation in utilizing partners to work together to keep seniors in their homes safely and healthfully. We intend on partnering with the Friends Foundation for the Aging to enrich this ALP and share our outcomes and lessons learned as we embark on this program journey.

Conclusion

As an experienced owner, manager and builder of affordable housing for seniors, we have been very successful at providing these important services for almost 40 years. As our residents become older and less able to do things for themselves, we want to support their wishes to age in place homes. This pilot ALP will be able to coordinate care for low-income seniors who cannot afford healthcare health services. Once we are approved and licensed in Essex county by the State, we will help eligible seniors get Medicaid, provide coordinated care and related services with contracted providers, offer and coordinate transportation for medical services, and provide medication management in each resident's apartments. We will be able to broaden these services to other Essex County HUD subsidy apartment building senior residents. The ability to pilot and grow this much needed range of services would be a game-changer for low-income New Jersey seniors. JCHC's ALP will help residents who would have been forced to relocate in the past continue to stay in their community with their friends and family much longer, without making them sacrifice their health or other basic needs, thus enhancing their quality of life. We ask that the Friends Foundation for the Aging support our new ALP pilot to really make a difference in the health of our most vulnerable; the low-income chronically ill seniors who reside in HUD subsidy apartment buildings like JCHC manages.

Jewish Community Housing Corporation Assisted Living Pilot Program Budget for 2022-2023

	Total	Agency Resources	Friends Foundation Request	Healthcare Foundation of New Jersey	Fannie & Morris Sklaw Foundation	Other Grants (including Medicaid)
PROJECT INCOME						
In-Kind Contributions and Fee for Service						
JCHC/in-Kind Resources (COMMITTED)	\$ 25,500	\$ 25,500	\$ -	\$ -	\$ -	
Reimbursements and Fees-- Medicaid (PROJECTED)	\$ 102,600	\$ -	\$ -	\$ -	\$ -	\$ 102,600
Grants						
Healthcare Foundation of New Jersey (AWARDED)	\$ 108,080	\$ -	\$ -	\$ 108,080	\$ -	\$ -
Fannie and Morris Sklaw Foundation (AWARDED)	\$ 25,000	\$ -	\$ -	\$ -	\$ 25,000	\$ -
Friends Foundation for the Aging (SUBMITTED)	\$ 35,000	\$ -	\$ 35,000	\$ -	\$ -	\$ -
Grotta Fund for Senior Care (TO BE SUBMITTED)	\$ 31,000	\$ -	\$ -	\$ -	\$ -	\$ 31,000
Other Grants (TO BE SUBMITTED)	\$ 15,821	\$ -	\$ -	\$ -	\$ -	\$ 15,821
Total Pilot ALP Income	\$ 343,001	\$ 25,500	\$ 35,000	\$ 108,080	\$ 25,000	\$ 149,421
PROJECT EXPENSES						
Personnel						
Project Director (RN/CALA) 1.0 FTE @ \$120,000 per yr. for 9 months	\$ 90,000	\$ -	\$ -	\$ 60,000	\$ -	\$ 30,000
RN 0.5 FTE @ \$42 per hr. for 6 months	\$ 20,800	\$ -	\$ -	\$ -	\$ 20,800	
LPN 1.0 FTE @ \$33 pr hr. for 6 months	\$ 31,200	\$ -	\$ -	\$ -	\$ -	\$ 31,200
PCA 2.0 FTE @ \$18 per hr. for 6 months	\$ 35,360	\$ -	\$ -	\$ -	\$ -	\$ 35,360
Social Worker 0.8 FTE @ \$60,000 per year for 6 months	\$ 24,000	\$ -	\$ -	\$ 16,000	\$ -	\$ 8,000
Tax & Fringe (15.5%)	\$ 31,211	\$ -	\$ -	\$ 11,780	\$ 3,224	\$ 16,207
Total Personnel	\$ 232,571	\$ -	\$ -	\$ 87,780	\$ 24,024	\$ 120,767

	Total	Agency Resources	Friends Foundation Request	Healthcare Foundation of New Jersey	Fannie & Morris Sklaw Foundation	Other Grants (including Medicaid)
Capital						
Furniture (locker for meds, locked refrigerators for meds, filing cabinets chairs)	\$ 20,000	\$ -	\$ 20,000	\$ -	\$ -	\$ -
Total Capital Expenses	\$ 20,000	\$	\$ 20,000	\$	\$	\$
Administrative						
Technology	\$ 28,430	\$ 2,500	\$ 15,000	\$ 1,300	\$ 976	\$ 8,654
Telephone	\$ 3,000	\$ 3,000	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 5,000	\$ 5,000	\$ -	\$ -	\$ -	\$ -
Total Administrative Costs	\$ 36,430	\$ 10,500	\$ 15,000	\$ 1,300	\$ 976	\$ 8,654
Program and Related						
Outside Consultants/Professionals	\$ 10,000	\$ -	\$ -	\$ 10,000	\$ -	\$ -
Professional Liability Insurance	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ 20,000
State Licensing Fee	\$ 9,000	\$ -	\$ -	\$ 9,000	\$ -	\$ -
Medical Supplies	\$ 15,000	\$ 15,000	\$ -	\$ -	\$ -	\$ -
Total Program and Related Costs	\$ 54,000	\$ 15,000	\$ -	\$ 19,000	\$ -	\$ 20,000
Total Pilot ALP Expenses	\$ 343,001	\$ 25,500	\$ 35,000	\$ 108,080	\$ 25,000	\$ 149,421

Received or Awarded Grants

Healthcare Foundation of New Jersey	\$ 108,080	Friends Foundation for the Aging	\$ 35,000
JCHC In-Kind Donation	\$ 25,500	Grotta Fund for Seniors	\$ 31,000
Fannie and Morris Sklaw Foundation	\$ 25,000	Total	\$ 66,000
Total	\$ 158,580		

Outstanding Grants

Budget Narrative

The total budget for the first year of the Pilot Assisted Living Program is \$343,001 of which personnel accounts for almost 75% of the program's costs. As we anticipate that it will take until late Spring 2022 to get approval for the State license, Certificate of Need and a Medicaid Provider Number. We would start offering services by early Fall, all staff would be hired during the Summer and would work for half the year. The one exception would be for the RN/CALA since they would be needed at an earlier point to get the program ready to start in Summer/Fall 2022. Other expenses we have requested the Friends Foundation to partially cover technology (\$15,000) includes the purchase of new Electronic Medical Record (EMR) software for clinical documentation. This is a critical piece to all staff to document and share with all care team members. The EMR will be used to issue reports, tracking resident outcomes, prescriptions and the supply of laptops that will be used by nurses, LPNs, social workers, PT and OT specialists doctors to document all services provided to the senior in real time. As part of the Friends Foundation Grant, we request \$20,000 to be spent on furniture, equipment and supplies for two offices, one at each HUD subsidy building, including two locked medicine cabinets, two locked refrigerators to store refrigerated meds, desks, chairs, medical examination tables, diagnostic medical equipment. Without this funding, our offices cannot be functional and all residents' medications will not be securely locked and safely stored and remains viable if medications need refrigeration.