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## Trapped in the Gap: The Need for Aging in Place

Older adults qualify to reside in California's affordable housing (particularly in 50% to 60% AMI units) because of their low to moderate incomes. They want to age in community and continue to enjoy the rich social connections they have created with neighbors and friends. In order to age in community, they need home care to live safely and with dignity. At least one-third of affordable housing residents require more home supportive health care than they are currently receiving.

These residents are **Trapped in the Gap** (TIG). TIG older adults have incomes high enough to keep them from qualifying from State and Federal Support programs such as the Medi-Cal Aged and Disabled Federal Poverty Level Program, IHSS, and the other Medi-Cal waiver programs. (To qualify for this program, individual older adults must have incomes of less than \$1,211 with fewer than \$2,000 in assets<sup>1</sup>. However, TIG income and assets are not high enough to meet their monthly living and home care expenses. While most TIGS in affordable housing have incomes barely above \$1,211, others have incomes that reach the maximum allowable county income for tenancy, and still do not have the means to purchase private pay home care.

Of Older Adult residents who move out of Affordable Housing, many cite impossible home care costs as the reason. When considering the problem of "*Trapped in the Gap*", move-out statistics for older adults can be very telling. In analyzing 2014 move-out statistics for 7,666 older adult households served by LifeSTEPS, a couple of key numbers clearly stand out that punctuate the story of being *Trapped in the Gap*. Among several of the management companies affiliated with LifeSTEPS that

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operate affordable communities for older adults, 22-28% of those moving out cited “health/illness/need of more care” as being their reason.

Conversely, only 2% of move-outs from Housing Authority operated communities cited “health/illness/need more care” as their reason for moving out. It appears that those older adults living in Housing Authority properties with resident service coordinators are more likely to age-in-place than those in other communities. To support this assertion, the percentage of move-outs due to residents passing away in a Housing Authority community, among their friends and neighbors, was 20% in 2014; whereas the move-out rate due to being deceased ranged 0-14% within management company communities. This clearly indicates that older adults living in Housing Authority communities are, indeed, aging in place at a greater rate.

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### **Premature Skilled Nursing Facility Placement**

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Trapped in the Gappers are the older adults most likely to prematurely placement into skilled nursing or assisted living facilities (SN/AL). For example, if an individual had saved \$50,000 that they had hoped to bequeath to their children, moving into an assisted facility will wipe-out their savings very quickly – eliminating any inheritance, yet qualifying them for expensive state funded health care. Not only is this compassionately unnecessary, it is also creating intergenerational poverty because the loss of inheritance will perpetuate poverty to the next generation. After all, the \$50,000 that could have been inherited would have made a nice down-payment on a house or funded the attainment of a college degree: home ownership and education being the foundations for building equity and rising out of poverty.

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Had residents been able to access the health services they needed within their affordable community, they would have remained in their healthy and engaged community while aging in place. They would have continued to remain in relationship with friends and neighbors, participated in community events, while also receiving the support they needed to remain independent. While it is possible they had access to some supportive services in their affordable community, they did not have access to the home health services required to remain in their community – necessitating the premature placement into SN/AL.

### **Why are those living in Housing Authority communities aging in place at a much higher rate?**

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Some affordable housing residents with low incomes have received government assistance over their lifetimes and continue to receive support services such as Medi-Cal, In Home Supportive Services (IHSS) and the Multi-Purpose Senior Services Program (MSSP). Due to their lower incomes, they receive a combination of benefits that support them to age within their community: lower rents, access to on-site resident services, regular in-home health services, and daily connection to friends and neighbors.

This blend of supportive benefits leads residents to remain in their affordable home for a much longer period of time. As evidenced by the low move-out percentage due to health concerns, they are receiving the in-home care needed to remain in place, thus reducing the cost of institutional healthcare.

These programs are helpful to be sure, but there are gaps. At times, IHSS often does not offer enough hours or there is inefficiency, and older adults have trouble recruiting viable workers. This is especially an issue for seniors who speak a different language than available workers. Some who qualify

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for IHSS are not receiving all the hours and quality services due to them because of supervision issues with flaky workers and uncommitted family members that are taking advantage (for those living with family members).

### **How do we create balance – and help older adults age-in-place in their communities?**

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There isn't a simple, across-the-landscape solution. While we believe that a number of measures can be taken to make institutional changes that help bring more awareness to the *Trapped in the Gap* issue (i.e. better training for Area Agency on Aging and HICAP employees), and much can be done at the policy level – including finding a way to offer a sliding scale of support to *Trapped in the Gap* seniors to access these services to age in community.

A supportive social service provider working with older adults since 1996, LifeSTEPS has a solution for many who are *Trapped in the Gap*.

Resident services are currently being paid by developers. To offer a solution to fill the gap in services and mitigate prematurely placed individuals into SN/AL, LifeSTEPS has become a certified Care Coordination Agency and California Community Transition agency (CCA/CCT). In this role we would receive funding from Medi-Cal to provide oversight of the Home Health agencies delivery of services to medically eligible residents in the communities we serve, ensuring that residents receive the care they need and that taxpayer funded services are being delivered in an efficient and professional manner. Our priority is that the older resident's needs are met with the highest standard of compassionate professionalism – empowering individuals to live independently for as long as possible.

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Unlike many Home Health agencies, LifeSTEPS is a 501(c)(3) nonprofit. We would take the “profits” and increase the services for those *Trapped in the Gap* – thus expanding the efficient use of public funds, meeting the needs of more people. In addition, the LifeSTEPS resident services coordinator would ensure that the needs of the entire community are met – not just those who require in-home services. This efficient model is borne out by the fact that only 2% of Housing Authority residents move out due to health concerns. Serving the entire community provides an effective prevention intervention that, based on trusting relationships that are built over time, can allow the service provider to meet needs in a more consistent manner, rather than only responding to health crises.

For example, a resident may be having difficulty taking a shower. The Home Health agency’s assessment may be influenced by the desire to increase hours of service; whereas, the LifeSTEPS’ nurse is looking for the best overall solution – which *may* include increased in-home health services, but also may only require that the resident be provided with a shower bench. Again, the emphasis is on the best solution that allows the resident to age-in-place for as long as possible, using state-funded services only when necessary.

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### **LifeSTEPS Provides Excellent Wrap-Around Care with Cost Savings**

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This approach saves money because residents become well established in their communities – they have a foundation of non-state funded services through LifeSTEPS they rely upon to meet their overall needs. Efficiency is created because there is one entity providing oversight of the overall delivery of services. Not only does this reduce the possibility of double billing, but there is the deeper issue of mission. LifeSTEPS’ mission is guided by providing services that empower individuals to be independent

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for as long as medically possible; while a Home Health agency may be influenced by a drive for more profits, and recommend the premature use of state-funded services.

Given this difference in mission, it makes sense that the resident services coordinator provides oversight because they can assess the overall needs of the community (whereas, a Home Health provider will only focus on those requiring in-home direct services, which will exclude the *Trapped in the Gap* community because they don't currently qualify for these services).

LifeSTEPS, as the resident services coordinator, is embedded in the community. We have a mission to keep people empowered and doing for themselves. We're in the unique position of being able to assess the needs of each individual resident with no agenda other than to ensure that as many people as possible age-in-place with dignity and independence. A Home Health agency has a goal of building as many hours as possible to increase profit. With respect to stewarding taxpayer dollars, which is the better solution? Especially if the outcomes for the entire community will be improved and more people will be served? By providing this kind of "whole community" oversight, LifeSTEPS' standard operating procedure is to not overuse services, but to ensure that services are only accessed when needed.

Source:

1. <http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/ACWDL2015/ACWDL15-12.pdf>

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